INTRODUCTION TO HUMAN SERVICES (PEARCE ET AL.)



Elizabeth B. Pearce
Linn-Benton Community College

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Introduction to Human Services

Elizabeth B. Pearce

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Preface

Elizabeth B. Pearce

Preface

Looking for an openly licensed text for the Introduction to Human Services class at Linn-Benton Community College in Albany, Oregon has been a challenge. Human Services is a relatively young field and while there are multiple commercial texts available, there are few openly licensed resources. I found an original text was written by candidates for the Master of Social Work degree at Ferris State University in 2017 that contains content that is applicable to human services careers as well. That text, combined with two other texts and original chapters form the text you have in front of you, *Introduction to Human Services.* During the 2020-2021 year I edited the text to update, fix broken links, and make additions. During 2021-2022 I am working with a team of contributing authors and an editor to produce a new second edition.

–Elizabeth B. Pearce

Authors and Editors

Elizabeth B. Pearce

This text reflects the efforts of multiple authors and institutions from several related disciplines.

Elizabeth B. Pearce, Linn-Benton Community College

Liz is a faculty member who teaches the Human Services classes at LBCC. She has combined sections of three different openly licensed texts, edited them for clarity, and in some cases expanded those chapters. In addition, she has written new chapters specifically focused on the field of Human Services. She is credited for her original work and as the second author on works from the Ferris State University chapters where she made substantial changes and additions.

She is proud to be a member of an institution that supports the work of open educational resources and open pedagogy, which strive to increase equity for students. Her passion is creating opportunities and resources for transformative learning. She is a long-time faculty member at Linn-Benton Community College, teaching Human Development and Family Sciences courses and advising future Human Services and Social Work professionals. In addition she leads and mentors faculty in several areas: equity-based teaching, active learning, technology use, and open pedagogy.

Liz earned a Bachelor of Arts in Child Study with a Performing Arts minor at Tufts University. After teaching young children for four years, she returned to earn a Master of Education degree in Administration, Planning, and Social Policy at the Harvard Graduate School of Education. She has also completed post-graduate coursework in child development, life course development theory, educational policy, and sociology at Wheelock College (now Boston University) and Oregon State University.

Ferris State University Department of Social Work

Ferris State University created an openly licensed text, *Introduction to Social Work at Ferris State University* in 2017.

From Dr. Jessica Gladden:

“This book was written by MSW students as their final project for their Capstone class. Students were each assigned a chapter of the book to write to show that they had achieved competency as a Master’s level social worker. Chapters were assigned based on student interest and experience in certain areas of the field.”

Individual authors are credited at the start of the chapters. In addition, Ferris State had a team of editors:

Dr. Jessica Gladden

Professor Danette Crozier

Dr. Kathryn Woods

Dr. Janet Vizina- Roubal

Professor Michael Berghoef

Ferris State thanks their Social Work librarian, Stacy Anderson, and our primary SCWK 110 professor, Elizabeth Post, for editing and putting the whole book together in the Pressbooks format.

Introduction to Social Welfare and Social Work, *Codes of Ethics*, *Cultural Competence*, and *Serving Specific Populations* all contain contributions or are comprised mostly from the work of Ferris State University authors.

Saylor Academy

Saylor Academy is a nonprofit initiative working since 2008 to offer free and open online courses to all who want to learn. Their authors of the text *Social Problems: Continuity and Change* are anonymous. Three parts include significant contributions from Saylor Academy: *Social Problems and Personal Troubles*, *Poverty*, and *Serving Families.*

DePaul University

Leonard A. Jason, Olya Glantsman, Jack F. O’Brien, and Kaitlyn N. Ramian are the lead authors of the *The Introduction to Community Psychology* text. Three chapters are used in *Serving Communities* part of this text , and the unique set of authors for each are credited there.

Letter to LBCC HDFS 262 students and other students using this text

Students,

This book is password protected because it is the “working draft” of a brand-new book. That means it has been developed enough to read, but that is not yet in its final form, ready to have the first edition published. In another year, another time, I would not have given students early access to this text; I would have waited until it was more finished and more complete. But this is not a typical year or a typical time. I can make this text available to you for no cost and it seemed like the right thing to do just now. Many students and families are struggling and I hope that paying for one fewer text makes a difference. I’ve worked hard to get it “ready enough” for you.

But I’m not releasing it early only because it is free. I also believe that this text will ultimately be superior to the text that students paid $160 for last year. It is more focused on students in this region and on today’s challenges. Human services professionals must be ready for those challenges and we will use this text to help us think about the crises that families currently face: unemployment, housing insecurity, mental health challenges, all worsened by the worldwide pandemic and the regional wildfires. We will look at the role that helping professionals play in these social problems.

This text also helps students think about major choices and careers. Many of you are considering human services, sociology, social work, psychology, criminal justice, public health, education or other related majors. While the focus on this text tis on Human Services and Social Work it also takes a broad look at careers, workplaces, and populations served.

I’ve written some chapters and I’ve utilized chapters from three other openly licensed textbooks. Eventually this book will look seamless and consistent, but not yet! Each of the other textbooks has different features (e.g. like textboxes, learning objectives, and self-checking quizzes). So it may feel a bit unsettling to get used to one style and then go to another style. That’s the trade off for “free” right now. I’ll be working to fix those inconsistencies for the next year. For now, I’ve tried to get rid of as many broken links and fix as much formatting as possible, as well as editing content that was out of date or inaccurate.

You can play a role. I’ll have a spreadsheet where you can enter problems or inconsistencies that you find. If you see something that is inaccurate or leaves someone out or needs updating, I want that feedback. The beauty of open licensing is that students can give feedback and can even help revise the textbook! And you will be key to the revision process.

By the way, I spent last year writing another textbook with a group of 13 LBCC students. I’m really proud of it! While it will also have revisions in years to come, it much more complete than this book, and I’d love for you to take a look at it. Contemporary Families: An Equity Lens will be used by about 300 students this year. It is not password protected; anyone can read it and we hope that colleges across the country will eventually adopt it.

I am interested in your feedback on this text at any time. Please feel free to email me directly with ideas, corrections or suggestions: pearcel@linnbenton.edu.

Best,

Liz

CHAPTER OVERVIEW

1: Introduction to the Human Services Field and Careers

1.1: Introduction to Human Services
1.2: Generalist Practice

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1.1: Introduction to Human Services

Elizabeth B. Pearce

What is Human Services?

People often ask me, “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.



Figure One. Human Services is a field that emphasizes collaboration, equity, and social justice.

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.

How does Human Services relate to other Fields?

Human services is a relatively new profession, having emerged from social welfare work in the 1950's and 1960's. social work became a more prominent field in the same era and these two fields are intertwined. Both careers are focused on helping people both individually and in groups and share a focus on social justice. One key distinction between these two fields is that social work has a specific licensing and credentialing system and human services does not. psychology, public health, education, and sociology are other related fields to human services. Students who are considering human services as a career are often considering these other fields as well.

Social Work

While there are many jobs and careers that are open to professionals in both fields, there are certain jobs that can only be held by a licensed social worker, usually signified by "LSW". Professionals from both fields may work side by side in settings such as addiction treatment centers, incarceration programs, government agencies and nonprofit agencies. Both professions offer degrees at multiple levels: Associate, Bachelor, Master, and Doctoral degrees. social work, however, has an additional credentialing system. States and other jurisdictions license social workers in varying but similar ways; most require completion of an accredited social work program at the bachelor degree level, "BSW" and the master's degree level, "MSW". Students who are interested in pursuing upper degrees in social work often major in human services or sociology in their early college years.

Psychology and Sociology

Where human services and social work are both applied fields with a focus on working with people, psychology and sociology are both more focused on theoretical understandings. Both are important foundations for the applied fields, but both dive more deeply into science, research, and theory than does human services. Psychology is focused on the study of the individual human mind and

the way it functions and how it affects behavior. Sociology is focused more on the study of society's structure, development and functioning.

The study of social problems, which is fundamental to human services, comes from the field of sociology. Sociologists research, teach, study and analyze organizational and societal behavior including social problems and how they affect people and society. To learn more about what sociologists do, watch several of these one minute interviews from the #lovesociology series.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://openoregon.pressbooks.pub/humanservices/?p=147#oembed-1

Psychology is another field that has specific credentialing associated with higher level degrees. Students who wish to become a psychologist are typically thinking about earning a doctoral degree in which they might treat patients in a clinical setting. Others will earn a doctorate so that they can perform scientific research related to the brain and behavior. The verywellmind website provides a list of twenty different kinds of research and applied positions for psychologists here.

Counselors and Therapists

Students sometimes ask about becoming a counselor or a mental-health therapist. These are also roles that are certified and licensed by states and other jurisdictions. It is important to look at the certification requirements in the state in which you reside or plan to reside. Almost always these roles require a master's degree and sometimes a doctoral degree. An undergraduate degree in human services, psychology, social work or a related field prepares students for these advanced degrees.

Criminal Justice

Criminal justice is another broad field, which encompasses all aspects of the systems related to law enforcement. This includes social processes such as laws, policies, and the practices of the court systems. It includes jobs such as police, lawyers, parole and probation officers, and correctional officers. It also includes all kinds of helping professions that may be placed within the justice system such as social workers, counselors, behavioral aides, and addiction counselors. These helpers may be embedded within a jail or prison, but they also might specifically work with people who are in other parts of the justice system. People who are interested in the remediation aspect of criminal justice work are often inspired by the grounding principles of human services. Students of human services who have also studied criminal justice may head toward careers in parole, probation, or other helping roles within a correctional facility.

Public Health, Education, and Early Childhood Education

All of these fields are also considered "helping careers" and are application based, just like human services. Public health is a very broad career that may range from research, to administration, to education all focused on the health of individuals and groups. education (grades K-12) and early childhood education are teaching and administrative fields focused on the care and education of children from birth to age 18 years.

Public Health

People with human services and with public health degrees might end up working side by side with one another in organizations that are focused on the health of people, but there will likely be more specialized jobs in that same organization that require a public health degree. There has been a great deal of focus on public health issues during the COVID-19 pandemic. If the field of public health is one you are considering, you can watch the Center for Disease Control's (CDC) webinar, Introduction to public health.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://openoregon.pressbooks.pub/humanservices/?p=147#oembed-2

Education and Early Childhood Education

Students who want to work with children of varying ages may be interested in the education or early childhood education fields. There is certainly an overlap with the human services field because there are many families with children who seek help from human services professionals. A primary difference between teaching children and serving families with children s that a teacher is responsible for designing and implementing curriculum for a group of children, and typically spends eight hours per day with those students. The human services professional is more likely to work with children with their parents present and for shorter periods of time. For example, someone with a human services degree might be a Family Support Specialist for Head Start or other early childhood education program. Teachers in public schools must be certified by the states that they live in; states vary whether this is

completed at the bachelor's or the master's degree level. This applies to K-12 teaching consistently and in some states to early childhood teaching.

Foundation for the Future

Figure two. Logo for the 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.

An undergraduate degree helps prepare you for an advanced degree and your career. Sometimes the degree is the same as your ultimate profession, and other times it is a related field to the higher level degree that you will earn. An associate's degree in Human Services can lead to bachelor's, master's and doctoral degrees in multiple fields including Human Services, Social Work, Counseling, Public Health, Psychology, or Sociology.



Figure three. A degree in human services is broad and can prepare you for a variety of advanced degrees and careers.

References

Kincaid, Susan O. (2009). Defining Human Services: A Discourse Analysis in *Human Services Education: A Journal of the National Organization for Human Services.* Retrieved from https://www.nationalhumanservices.org/assets/Journal/2009.pdf

National Organization for Human Services (n.d.) What is Human Services? Retrieved from https://www.nationalhumanservices.org/what-is-human-services

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1.2: Generalist Practice

Aikia Fricke; Ferris State University Department of Social Work; and Elizabeth B. Pearce

About the Author:



Figure One: Chapter Author Aikia Fricke

My Name is Aikia Fricke, I currently work for Community Mental Health for Central Michigan. I have worked with this agency since 2008, working as a clubhouse advocate, case manager, and most recently as an employment specialist. I obtained my BSW at Ferris State University in 2006, and I am currently an MSW candidate at Ferris State University. I am a full-time mother to four lovely children and a full-time wife to a wonderful and very supportive husband, as without his tremendous support furthering my education would not have been possible. I hope that you find this chapter interesting, informative, and helpful as many of you began your journey into the field of social work.

Generalist Practice

When looking at generalist practice primary theories, the first question that may come to mind is *what is generalist practice?* Generalist practice introduces students to the basic concepts of promoting human well-being and applying preventative and intervention methods to social problems at individual (micro), group (mezzo), and community (macro) levels while following ethical principles and critical thinking (Inderbitzen, 2014).

A generalist in a helping profession uses 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).

Micro, Mezzo, Macro Levels of Problem-Solving

Micro level practice is the most common practice scenario and happens directly with an individual client or family; in most cases this is considered to be case management and therapy service. Micro level work involves meeting with individuals, families or small groups to help identify, and manage emotional, social, financial, or mental challenges, such as helping individuals to find appropriate housing, health care, and social services. Micro-practice may even include helping military officials and families cope with military life and circumstances helping with school related resources, or working with clients around substance use, homelessness, or food insecurity.

The focus of micro level practice is to help individuals, families, and small groups by giving one on one support and provide skills to help manage challenges (Johnson & Yanca. 2010).

Mezzo (aka meso) level practice involves developing and implementing plans with communities such as neighborhoods, places of worship, and schools. Professionals interact directly with people and agencies that share the same passion , interest, location, or challenge. The big difference between micro and mezzo level social work is that instead of engaging in individual counseling and support, mezzo practitioners help groups of people. Human Service professionals might help establish a free food pantry within a

local place of worship, health clinics to provide services for the uninsured, or community budgeting/financial programs for low income families.

Macro level practice is similar to mezzo practice in that both tend to address social problems. But the macro practice is on a larger and less direct scale and often with a preventative approach. The responsibilities on a macro level typically are finding the root cause, the why, and the effects of citywide, state, and/or national social problems. Awareness of systems of privilege and oppression are foundational to this work.

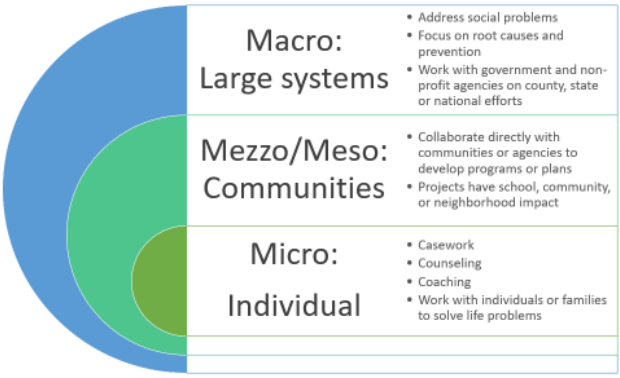


Figure Two: The human services and social work professions are broad and allow practitioners to move within the micro, mezzo, and macro levels.

Professionals are responsible for creation and implementation of human service programs to address large scale social problems. Macro level social workers often advocate to encourage state and federal governments to change policies to better serve vulnerable populations (Kirst-Ashman & Hull, 2015). They may be employed at non-profit organizations, public defense law firms , government departments, and human rights organizations.While macro human services or social workers typically do not provide therapy or other assistance (case management) to clients, they may interact directly with the individuals while conducting interviews if they are doing research that pertains to the populations and social inequalities of their interest.

The human services and social work professions are broad and allow practitioners to move within the micro, mezzo, and macro levels. Most begin at the micro level to understand the inequalities, disadvantages, and the needed advocacy for vulnerable populations.

Theories

We will examine the human services field from a variety of theoretical perspectives. A theoretical perspective, or more briefly, a "theory" is not just an idea that someone has. Rather it is a structural framework, explanation, or tool that has been tested and evaluated over time. Theories are developed and utilized via scholarship, research, discussion, and debate. Theories help us to understand the world in general, and in this instance the ways in which families and systems form, function, interact with, and experience the world.

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 helping professions because it focuses on 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,. The same information can be used to identify strengths and to cause a positive impact within that system (Flamand, 2017).

Ecological Systems Theory

The **Ecological Systems Theory** was created in the late 1970's by Urie Bronfenbrenner. He developed this theory to explain how environments affect a child's or individual's growth and development. The model is typically illustrated with six concentric circles that represent the individual, environments and interactions.

The main concept behind ecological approach is “person in environment” (P.I.E). The ecological approach implies that every person lives in an environment that can affect their outcome or circumstance. In helping professions individuals work to improve a person’s environment by helping them identify what is working well and what is negatively impacting them within their environments.

The **microsystem** is the smallest system, focusing on the relationship between a person and their direct environment, typically the places and people that the person sees every day often including parents and school for a child or partner, work/school for an adult. The **exosystem** are the people and places that an individual interacts with on a regular basis but not daily, perhaps a place of worship, club, lesson, or social group. The **mesosystem,** which lies between the micro and exo systems is representative of how those people and places interact and cooperate. If they work together well, it can have a positive effect on the individual. For example, if a student also has a job, is the employer willing to work around the school schedule? If a child goes to a child care program, do the teacher and the parent communicate clearly with each other? The mesosystem is really important because it is about the relationships and the interactions amongst important environments.

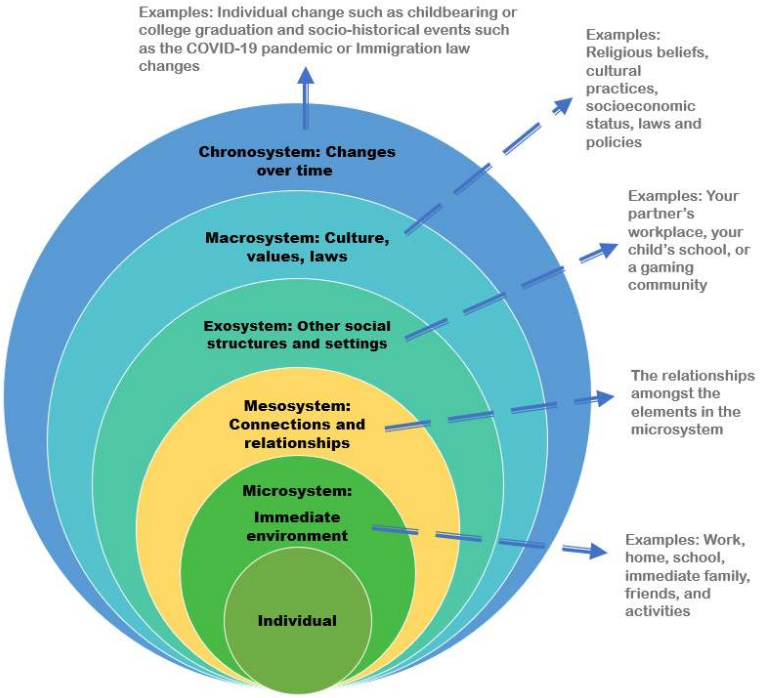


Figure Three: Ecological Systems Theory shows how the individual is influenced by different systems, from the microsystem to the chronosystem.

The **macrosystem** identifies the larger values and attitudes of the culture and varies by location and interest. The **chronosystem** describes time as a system that affects individuals. Large events and trends such as the dramatic increase in college costs and debt, the COVID-19 pandemic, and the dramatic increase in wildfires on the west coast of the United States are all examples of events in the chronosystem that affect individuals and families in the first part of the 21st century.

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.**

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://openoregon.pressbooks.pub/humanservices/?p=45#oembed-1

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 needsto be prepared to discuss and address these issues with their clients. The gitmind website rates the best free programs for creating genograms.

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.

Strengths Approach

The **Strengths Approach** was based on thinking by social worker Bertha Reynolds in the mid-20th century. who wrote several books that emphasized ideas that moved beyond the popular psychoanalytic approach of the time. It was formally developed by a team including Dennis Saleeby, Charles Rapp, and Anne Weick at the University of Kansas. The Strengths Approach emphasizes that

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

In the Strengths Approach, it is the professional's job to help the client identify their strengths. 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. When using the Strengths Approach not only is the human services professional or social worker helping the client to identify their personal strengths, but the worker is 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, to help with finding solutions to immediate problems., and to identify and build strengths to use in the future.

Problem-Solving and Planned Change Model

Helen Harris Perlman started her social work career after facing discrimination as a Jew who was unable to find a professorship in the humanities in the early 20th century. Once she became a caseworker and saw the problems that people face she found that she liked to help people, but felt that the main approach of long term psychotherapy was not effective in all cases. Instead she developed a problem solving approach that focused on one particular aspect of the client's life and on how to change it. The planned change process was introduced to the social work profession in 1957. To learn more about Helen Harris Perlman and her career at the University of Chicago, read here.

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

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

The **Engagement phase** is the first interaction between the professional 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 social 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 social worker is building a level of rapport and trust with the client.

The **Assessment phase** is the process occurring between social 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 or problem
- 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 social 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 social worker 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 social 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 social 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 social worker 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 social 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 social 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 social 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 social 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, or change in contact information.

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

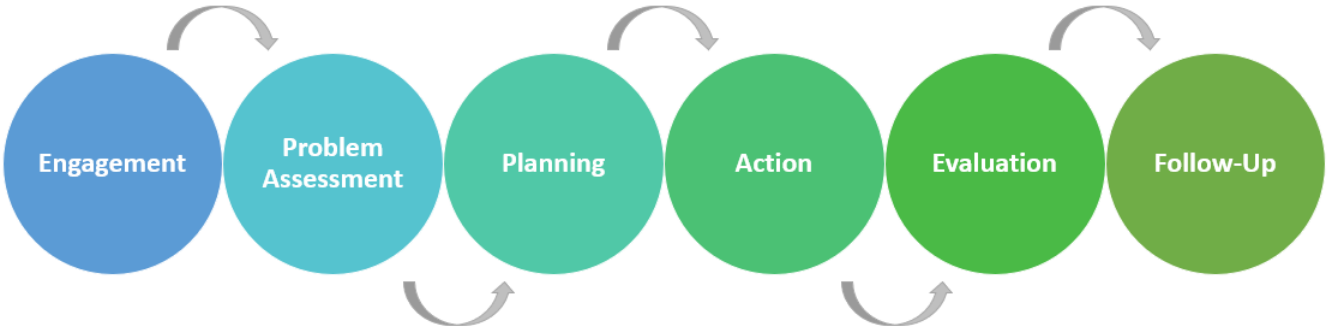


Figure Four: The Planned Change Model consists of a multi-step process.

Activity: Partner up with a classmate. Role play one person being the professional and the other being the client. Come up with a problem or concern and try to go through the planned change process. See if you can get through at least the first three steps.

Evidence-based Practice (EBP) and Social Problems

Evidence-based practice is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of a client. When working with clients it is important to combine research and clinical expertise. In the fields of human development and family sciences, sociology, and psychology there is constant research being conducted to assess various assessment and treatment modalities. The research that is conducted provides the evidence that professionals use to help our clients

improve their living situations and concerns. When new social problems emerge, there is a need to combine existing research and knowledge with best practices, and data that is collected by the government and large agencies in present time. For example, the COVID-19 pandemic presents new challenges and has uncovered existing inequities in our labor and health care systems. Helping professionals must be prepared to help individuals, families, and communities with emerging problems that affect their lives.



Figure Five: As a practicing social worker it is very important to stay abreast of the constant change of new information and changes.

People are the experts on their own lives. To be truly client-centered professionals must keep in mind what a person's values are, and what their preferences are for the outcome of their life situation. It can be tempting to think that as a professional one knows what is best but each individual must be respected.

When working with clients and evidence based practices it is important to know that research is constant surrounding evidence based practices, and as a practicing social worker it is very important to stay abreast of the constant change of new information and changes. It is important to be educated, to collaborate with others, and to respect your clients' personal values and preferences.

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CHAPTER OVERVIEW

2: Codes of Ethics

2.1: Ethics and Values in the Human Services
2.2: National Association of Social Workers Code of Ethics

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2.1: Ethics and Values in the Human Services

Elizabeth B. Pearce

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.

Ethical Standards for Human Services Professionals: https://www.nationalhumanservices.org/ethical-standards-for-hs-professionals

There is a code of ethics for the human services profession that will help you build that foundation. In fact you will be required to use that code as soon as you start working in this profession, including during your practicum and internship experiences. All professions have a code of ethics and those codes have many similarities in terms of how they relate to being responsible toward clients, colleagues, and society. Psychologists, attorneys, medical professionals, and social workers all embed these obligations and duties within their ethical codes. In this chapter we will focus on the Ethical Standards for Human Services Professionals; in the following chapter the National Association of Social Workers (NASW) Code of Ethics is analyzed.



Figure one. Ethics and values are intertwined with human, regional, national, and world cultures.

Whatever the profession, the code of ethics is embedded within the cultural ethos of the world and here, the cultural norms of the United States. As we examine ethics, we must also look at values and culture. It is important to note that different countries and cultures have differing values. and that there are many sub-cultures within the United States that conflict, complement and/or mirror the overriding norms of the country.

It is critical to pay attention to the cultures and values of the families that you work with, as well as being mindful of your own ethics and values. Looking at all of these elements together is complicated and that is why it is being highlighted right as you start learning about this profession. It takes time, experience, education and reflection to develop your foundation. This chapter will support that building process.

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.

Embedded in Personal Beliefs and Society

Let’s dig a little deeper into some of the ethical standards and how they might lead to questions and dilemmas for practitioners. We will focus on the ways that individual standards may support or conflict with one another. In addition, we contrast and compare common standards with national culture, policies and practices. We also look at ways to examine your own values more deeply and how those connect to the Ethical Standards for Human Services Professionals. It is worthwhile to view the ethical standards in these multiple contexts. Using and interpreting the ethical standards are a career-long process.

Privacy, Confidentiality and Safety

Standards three and four appear in the second section of the Ethical Standards, for Human Services Professionals, Responsibility to Clients.

STANDARD 3 Human service professionals protect the client's right to privacy and confidentiality except when such confidentiality would cause serious harm to the client or others, when agency guidelines state otherwise, or under other stated conditions (e.g., local, state, or federal laws). Human service professionals inform clients of the limits of confidentiality prior to the onset of the helping relationship.

STANDARD 4 If it is suspected that danger or harm may occur to the client or to others as a result of a client's behavior, the human service professional acts in an appropriate and professional manner to protect the safety of those individuals. This may involve, but is not limited to, seeking consultation, supervision, and/or breaking the confidentiality of the relationship.

These two standards helpfully highlight the conflict between them in the last sentence of Standard four, which states that it might include "breaking the confidentiality of the relationship." Similar conflicting ethical standards appear in most codes for helping professions. Facing the dilemma of whether to break confidentiality in order to preserve someone's safety is one that many human services professionals will confront during their careers. In those circumstances, the worker should take into consideration:

- The applicable laws and regulations of the region (e.g. when and to whom are reports made)
- The workplace policies
- The worker's role (e.g. counselor, manager, student, receptionist)
- The Ethical Standards
- Any other resources and expectations

Notice that the professional's own personal beliefs and values are not on this list. Nor are local or religious beliefs and values considered relevant to putting someone in danger. This relates to Standard thirty-four and the self-awareness that each professional is bound to keep of their own cultural backgrounds, values, and biases. What dilemmas might this pose for the professional?

Social Justice

Standards fourteen and sixteen appear in the third section of the Ethical Standards, for Human Services Professionals, Responsibility to the Public and Society.

STANDARD 14 Human service professionals are aware of social and political issues that differentially affect clients from diverse backgrounds.

STANDARD 16 Human service professionals advocate for social justice and seek to eliminate oppression. They raise awareness of underserved population in their communities and with the legislative system.

Let's look at a social issue (aka social problem) that is currently affecting the United States, but disproportionately affecting people who are in ethnic groups that have been traditionally underrepresented. A social problem is typically defined as one that affects many people, affects the health and well-being of society, includes multiple causes and effects, and needs a systemic solution. Social problems are discussed in depth in the What is a Social Problem? chapter.

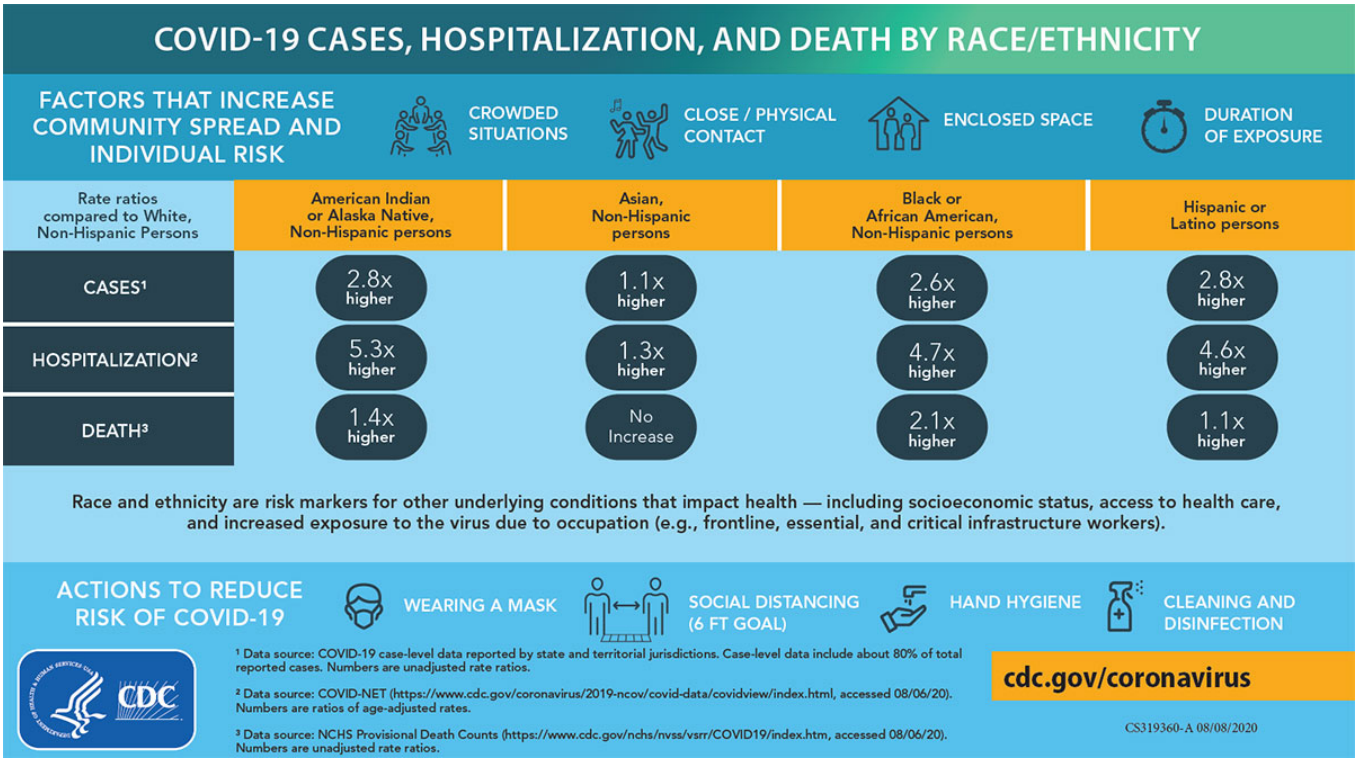
The COVID-19 pandemic is acknowledged to fit this definition. As a correlation, the disproportionate COVID-19 illness and death rate of people in ethnic minority groups could also be described as a social problem. In the United States (with data reported from 14 states) 33% of COVID-19 hospitalizations are among African Americans, although they make up 18% of the population in those states. In New York City, death rates were higher for Black (92 per 100,00) and Latinx (74 per 100,00) people than for White (45 per 100,000) or Asian (34 per 100,000) people. So Black and Latinx people who get COVID-19 are about twice as likely to die as are White and Asian people. Native American and Alaskan Native rates of death and sickness are also disproportionately greater. All of these trends are continuing to worsen. For the most up to date national and state data, click here.

While we have the data to know that this is a social problem, how does this related to the ethical standards? The next questions to ask are related. What contributes to underrepresented groups being more likely to get sick and also more likely to die if they are hospitalized for the illness?

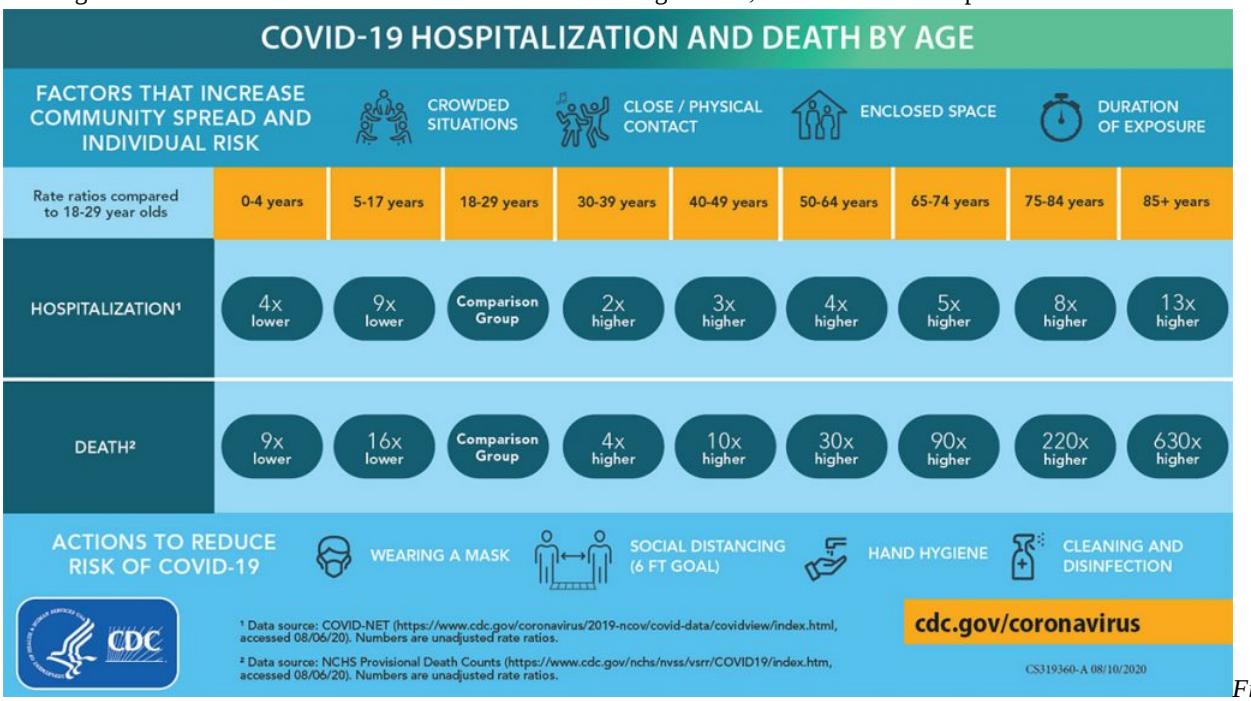
The answers are complex, but here are some conclusions drawn from the Centers for Disease Control and Prevention (CDC) and other data. People from underrepresented groups are more likely to:

- Live in densely populated areas and housing with fewer services such as medical clinics
- Use public transportation more
- Work in jobs that are essential and/or require exposure to the public such as transportation workers, store clerks, and factories supplying food or other essential products

- Work in jobs that have few or no benefits such as sick leave or health insurance, meaning that they may be more likely to go work even if they or family members are sick.



Although we have not discussed COVID-19 and age here, this chart is provided for contextual reasons.



Figures two and three: The CDC collects data related to disease, race, age, and ethnicity.

Access to health care services and health care insurance is inequitable in the United States. In particular, states that have not expanded Medicaid funding as allowed under the Affordable Care Act have higher populations of ethnically underserved groups.

Whether this information is brand new to you, or you are familiar with this data, it seems obvious that there are multiple social problems to be unraveled and examined. Poverty and low socioeconomic status intersect with the racial and ethnic inequities

examined here. All of us have been affected by the pandemic. Some of us have personal experiences with illness and death. related to the pandemic.

The question is, how does the human services professional adhere to ethical standards fourteen and sixteen? Standard fourteen talks about awareness. Just by reading this section of the text, your awareness has increased. What other steps could you take next to increase awareness? Standard sixteen moves to another level, requiring the human services professional to advocate for justice. Advocacy takes many forms. Here are a few ideas:

- Educate yourself about information literacy. What are reliable sources of information? Read and view those.
- Talk with people close to you. Share accurate information.
- Listen closely to people from underrepresented groups. Believe their experience. Stand by them.
- Write a letter or a postcard to your political representative.
- VOTE.
- Take part in the Census and the American Community Survey.
- Help amplify the voices of people of color (POC). Feature them on your social media.

In the field of human services there is an ethical responsibility to work toward a better society. The role a person plays in the workplace will define specific responsibilities and time, allotment but each professional will also have a commitment to the ethical standards and to working toward social justice.

Immersed in Values

Standard thirty-four appears in the seventh section of the *Ethical Standards for Human Services Professionals, Responsibility to Self.*

STANDARD 34 Human service professionals are aware of their own cultural backgrounds, beliefs, values, and biases. They recognize the potential impact of their backgrounds on their relationships with others and work diligently to provide culturally competent service to all of their clients.

Our personal values and beliefs come from multiple influences: our families, geography, the time we live in and one or more cultures that may include religion. They also come from the broadly held values, policies, and culture of the United States, and we will focus on that here for a moment.



Figure four. David Foster Wallace was an acclaimed American author.

> "There are these two young fish swimming along and they happen to meet an older fish swimming the other way, who nods at them and says "Morning, boys. How's the water?" And the two young fish swim on for a bit, and then eventually one of them looks over at the other and goes "What the hell is water?" –David Foster Wallace

When we are immersed in something, we may not know exactly what it is. In the example above, the fish may not know to contrast water with other environments like the earth, or air. Living in the United States we are grounded in ideas such as "freedom", "equality" and "patriotism." But what do those words mean to you? And what do they mean in the context of the United States?

For example, *The Declaration of Independence* is commonly quoted to demonstrate that the United States is founded on equality,

> *We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.*

But as we know, this declaration did not apply to all men in the United States, but only to men who were White, and in some cases was limited to land-owners (early in the history of the United States individual states regulated the right to vote, so there was

variability about which White men had access to equality, including voting). Not to mention women, at a time when the White culture defined sex and gender in a binary system.

Here is another concept of equality that also incorporates the idea of equity. As you view the image, which definition do you find yourself the most aligned with?

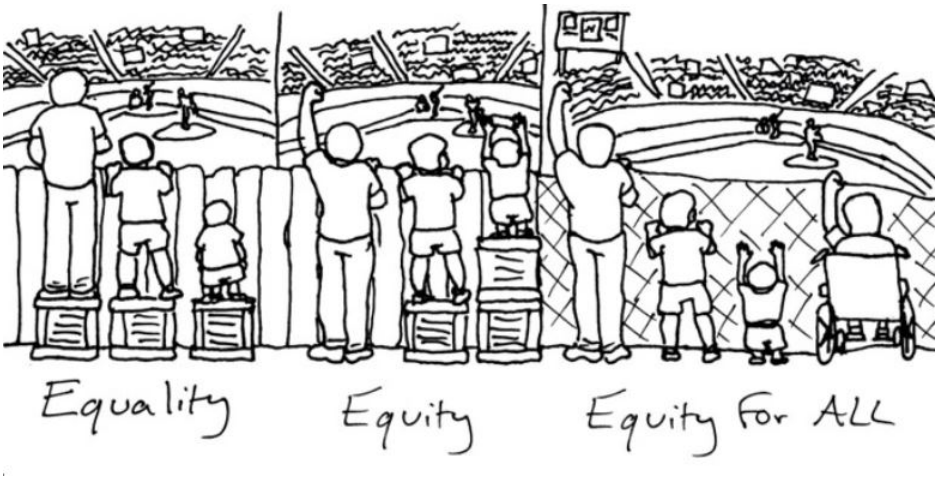


Figure five. Equality, Equity, Equity for All.

In this drawing, “equality” is represented by each person having the same size box; “equity” shows each person having a box or boxes that help that person see over the fence; and in “equity for all” the solid fence is removed and everyone can see the game.

One lesson is that each professional needs to spend time thinking deeply about what their own values are, and how they define those values. Examine the source of those values. If they come from “the water” that you are immersed in, it may be time to poke your head out, reexamine and redefine your perspectives and values.



Figure six. When you are immersed in an environment's conditions, it is important to periodically assess how it affects you.

Standard thirty-four is about awareness: deep knowledge about yourself and about how your culture, beliefs, biases and values potentially interact with those of your clients and of society. This level of understanding does not come quickly or easily. While some of a person's core beliefs and behaviors may be stable over time, most people grow, change, and deepen in their thinking and beliefs. Age, experience, education and action all contribute to greater self-awareness. Action can come in the form of reflective thinking and writing, interaction with other thinkers and practitioners, and via thoughtful listening and discussion. As a student in the field of human services, you are engaged in this process simply by reading, reflecting and discussing the ethical standards. You are not expected to have all of the answers, but you are expected to be engaged in the process.

Key Points

In this chapter the focus is on the Ethical Standards for Human Services Professionals, with a reminder that most helping professions have similar standards. In the next chapter, the National Association of Social Workers Code of Ethics will be analyzed as a comparison and to look more closely at ethical dilemmas.

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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Figures two and three. “COVID-19 cases, hospitalizations, and deaths by race and ethnicity” and “COVID-19 cases, hospitalizations, and deaths by age” from the Centers for Disease Control and Prevention are in the public domain

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2.2: National Association of Social Workers Code of Ethics

Colton J. Cnossen; Ferris State University Department of Social Work; and Elizabeth B. Pearce

About the author:



Figure One: Chapter author Colton J. Cnossen and his puppy, River

Colton Cnossen, the author of this chapter, graduated with honors from the master's program at Ferris State University in May of 2017. Cnossen also completed his undergrad in social work Ferris, and has been very passionate about contributing his knowledge to the field of social work. Cnossen hopes to work with youth throughout his career, particularly in a school setting or with a community mental health agency. Colton has coached middle school basketball the past five years and has been very successful. Coaching is something Cnossen wants to continue doing as he finds it a great way to help youth and give back to the community. Colton strongly encourages that all social workers find something they enjoy doing that is contributing to their local community.

Cnossen is a strong supporter of self-care and has been known as a master of self-care. He takes full advantage of every opportunity he can to keep his mind at peace. He truly enjoys being on the water, kayaking, boating, or fishing. Colton recently adopted an English Springer Spaniel puppy he named River. River has been a great fit for Colton's self-care plan and enjoys every adventure with him. Above is a photo of Colton and his puppy, River.

Some advice Colton has for you as a social worker is to design a self-care plan that truly brings you happiness, and stick to it. He also recommends finding things to be thankful for in life and to not overlook the small things.

This chapter has been updated and edited by Elizabeth B. Pearce.

Editor's Note:

This chapter was written in the spring of 2017, just a few months before the National Association of Social Workers (NASW) approved its most substantive update to the Code of Ethics since it was created in 1996. (NASW, 2017). Many of these revisions are related to the dramatic changes in technology and how ethics should be implemented via electronic means of communication and documentation. I have updated the links so that the current NASW Code of Ethics appears linked where the author Colton Cnossen originally linked the older version, but I have not yet updated all of the related content. –EB Pearce

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Social Work Mission: "To enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (Cournoyer, 2011, p. 160).

Ethics



Figure Two: NASW logo. All Rights Reserved. Used under fair use.

Social work is considered a helping profession. Like many other helping professions such as nursing, counseling, teaching, and psychiatry, social work has ethical guidelines that help direct us in our work. Social workers are vital members of the helping

community and can be seen assisting many other helping professions (Cournoyer, 2011). Helping professions address a multitude of problems or dilemmas often involving a person's physical, mental, social, intellectual, and spiritual well-being.

Therefore, as a social worker in the helping profession, you are responsible for important decisions, some of which have legal effects. Often these decisions involve ethical choices in the best interest of clients' lives. These decisions can be extremely difficult and emotionally charged and they may not always be the choices you are comfortable making.

The National Association of Social Work (NASW) Code of Ethics serves as guidelines for professional practice. It is relevant to all social workers, social work students, and social work educators regardless of their specific duties or settings. One should certainly use and become familiar with this website as a guide for learning about the Code of Ethics.

The NASW Code of Ethics in English: https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English
The NASW Code of Ethics in Spanish: https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-Spanish

To be an ethical and professional social worker one must have a thorough understanding of the Code of Ethics and the legal obligations social workers are responsible for (Cournoyer, 2011). When encountering specific dilemmas, you as a social worker are responsible for knowing what ethical principle or value best applies to that situation. You must also be able to think critically to determine the best outcome for all parties involved (Woodcock, 2011).

The purpose of this chapter is to provide you with a brief understanding of the NASW Code of Ethics as you begin your journey through a social work program. This chapter is designed to help explore and provide a base understanding of these terms and overall principles. The goal is to prepare you for future courses and your future career so you are familiar with the general concepts. You will continue to explore the NASW Code of Ethics throughout your education, and will become much more applicable through continuing courses.

Establishment of the Code of Ethics

Social work is grounded on the concepts of social justice and fairness and the idea that all people should be treated equally. Clearly, when looking at the history of our nation, not all people have been treated equally. In the nineteenth century, social work became known as the calling that responded to the needs of vulnerable populations and those living in poverty. Through the rise of settlement houses and charity organization societies in the twentieth century and during the Great Depression, social workers promoted and provided new ways to address structural problems (Reamer, 2006)

As social work endeavored to gain recognition as a profession, the need arose for a formal code of ethics. While there were many social workers who helped pave the way, Mary Richmond is considered to be one of the most important. In 1920, Mary Richmond provided an experimental Code of Ethics which served as a base for many other social workers seeking social justice, equality, and fairness for vulnerable and oppressed populations (Reamer, 2006). Richmond's Code of Ethics served as a guide to the first edition of the NASW Code of Ethics which was constructed in October of 1960. This document, developed by the NASW's Delegate Assembly of the National Association of Social Workers, officially defined the **duties and obligations** for which a social worker is responsible. The 1960 edition defined fourteen responsibilities social workers were obligated to fulfill based on the mission of social work, and even included a discrimination clause. With the first revision in place the social work profession established a sense of professionalism.



Figure Three: Mary Richmond, a significant pioneer in the field of social work.

For more information on Mary Richmond, see http://socialwelfare.library.vcu.edu/social-work/richmond-mary

The NASW Code of Ethics continues to be updated. Many significant revisions have been created as the needs of the increasingly diverse population social workers serve continue to change. Shortly after the publishing of the 1960 Code of Ethics, social workers

became concerned with the Code's suggestions for handling ethical dilemmas. In an effort to address these concerns, a task force was established to revise the original Code of Ethics (Reamer, 2006). In 1979, the NASW Delegate Assembly continued to work on the revisions as needed. It was not until the 1990's when the NASW Code of Ethics was significantly modified again.

During the 1990's the Code of Ethics had several impactful changes that were centered on the relationship between clients and social workers (Reamer, 2006). The profession began to stress the importance of maintaining professional boundaries with clients as social workers started to become more involved in clients' lives. Five new principles were also included in the Code of Ethics that were centered on social work impairment and dual relationships. This lead to a major revision due to the profession's developing understanding of ethical issues previously not addressed resulting in the public and media paying more attention to the NASW Code of Ethics.

In 2008, a major advancement occurred which incorporated the terms sexual orientation, gender identity, and immigration status into the non-discrimination standards in the Code of Ethics. This was a significant update because for a long period of time these groups of people have been heavily discriminated against in the United States and throughout the world.

The most recent updates to the NASW Code of Ethics occurred in 2017 and involved updating the Code to catch up with technological changes. To view an updated version, with the most recent changes highlighted in yellow, read here.

Overview of NASW Code of Ethics: Four Sections

The NASW Code of Ethics consists of four sections:

- Preamble
- Purpose
- Ethical Principles
- Ethical Standards

(Woodcock, 2011).

The first section, the preamble, is intended to outline Social Work's mission and core values while the second section provides a purpose and overview of the NASW Code of Ethics and how to handle or deal with ethical dilemmas (Woodcock, 2011). The third section, which is labeled Ethical Principles, helps define ethical principles based on Social Work's six core values. Finally, the fourth section provides detailed ethical standards for which social workers are held accountable. It is important that as future social workers you are familiar with all four sections as they are intended to serve as guidelines for practice.

Preamble

Social Work's mission is "to enhance human well-being and help meet the basic human needs of all people, with attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (Cournoyer, 2011, p. 160). With this mission, social workers should have a clear indication of what is expected when entering the field and practicing as a social worker. The six core values of Social Work are derived from the mission statement. These values will be further discussed in the chapter, but keep in mind the preamble section is rooted in these values.

Social workers should take pride in their work as they are seeking to improve the lives of others, and enhance the well-being of society. It is important to recognize social work's primary mission, but as social workers you will also need to best represent the agency or organization you are working for. Every agency or organization will have their own guidelines or rules; it is then your responsibility to incorporate those guidelines along with the NASW Code of Ethics. Social workers have many different roles and can be found in many areas of work, but the primary goal is to endorse social justice (Woodcock, 2011).

Purpose

The purpose of the NASW Code of Ethics is to hold social workers to a high standard of professionalism.

The *NASW Code of Ethics* serves six purposes:

1. The *Code* identifies core values on which social work's mission is based.
2. The *Code* summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The *Code* is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The *Code* provides ethical standards to which the general public can hold the social work profession accountable.

5. The *Code* socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. The *Code* articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.* In subscribing to this *Code*, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it. (NASW, 2008)

The NASW Code of Ethics cannot guarantee all ethical behavior, therefore it is up to you as a social worker to follow the Code of Ethics and best represent the profession. Become familiar with the Code of Ethics and continue to stay familiarized with them even beyond your education. There are going to be times when you as a social worker will not be sure what to do or what decision to make. This can be very frustrating. The Code of Ethics are intended to guide you through the process of difficult decision making so that you do come to the correct or best conclusion. Working closely with a supervisor will also be important.

When making ethical decisions where there is no clear answer on what to do, it becomes a difficult process. The simple answer is not always going to be present. Later in this chapter we will discuss ethical dilemmas, but remember to let the six core values, the NASW mission statement, and the Code of Ethics guide you in selecting the appropriate choice.

Ethical Principles

The ethical principles are based on the six core values of social work. These six values are important for all social workers to recognize and apply to their practice. They should help direct you in all ethical decisions or dilemmas you encounter. Social workers should also be conscientious of these values when working with clients, talking with co-workers, writing grants, or any other role a social worker performs, even if an ethical dilemma does not present itself. During your education, these six values will become much more significant than you may have imagined. You will learn true definitions of these terms and how to apply them to your practice.

What are important values in your life?

Today the term value is used in a variety of ways with many meanings. In the field of social work the six core values provide a framework for us that are connected in three important ways. First, the six core values have a direct relationship with clients, colleagues, and members of the broader society. Secondly, these six values derive from social works overall mission statement, and lastly, these six values relate to the resolution of ethical dilemmas and interventions that social workers use in their work (Reamer, 2006).

The six core values of social work are listed as:

- Service
- Social Justice
- Dignity and Worth of a Person
- Importance of Human Relationships
- Integrity
- Competence

Service

One of social work's primary goals is to help people who are in need and to address social problems (Cournoyer, 2011). This value defines what social workers should be responsible for and the dedication to their job. As a social worker, you are encouraged to volunteer your time and professional skills with no expectation of significant financial return (Reamer, 2011). Social workers need to be dedicated to their delivery of services and be fully committed to assisting to a client's needs.

Social Justice

Social Justice is a significant value for all social workers, as we seek to promote equality for all people. This is often done by advocating for fair laws or policies, on behalf of clients (Cournoyer, 2011). When promoting social justice, social workers have a specific focus on vulnerable and oppressed individuals or groups of people (Reamer, 2006).

Dignity and Worth of a Person

As a social worker, you must respect that individuals come from a variety of different backgrounds and cultures and that all people deserve to be treated with respect. Social workers should certainly support equality without assigning levels of worth to an individual or group and it is important to honor in the uniqueness of all individuals. Social workers should also be consistent with

all values, ethical principles, and ethical standards of the profession when working with clients (Reamer, 2006). As social workers, one of your duties is to help others find their worth as a person.

Importance of Human Relationships

While recognizing the worth of all individuals, social workers should also respect the relationship of humans as they are important for change or working through dilemmas (Reamer, 2011). Social workers should work to strengthen relationships among people of all backgrounds. Relationships are a key in being successful in the field and promoting all ethics and values.

Integrity

Integrity is a significant value as it underlines the trustworthy manner all social workers should demonstrate. Social workers should be honest, responsible, and promote the ethical practices to the fullest (Reamer, 2006). You should also be aware of the profession's mission, vision, values, and ethical standards and apply them in a consistent manner as well as promote all ethical practices for any agency they are affiliated with. Social workers should take pride in their work.

Competence

Social workers should frequently enhance their professional knowledge and skills. As a social worker, it is important to continue to strive to best serve clients and represent the profession. Social workers must be competent in their practice and also know when they do not have the knowledge base or skill set, and therefore must refer out for services.

Ethical Standards

The ethical standards of social work consist of six important criteria for which all social workers are held responsible.

- To clients
- To colleagues
- In practice settings
- As professionals
- To the social work profession
- To broader society

Common ethical violations to be aware of consist of the following:

- Sexual activity with clients and colleagues
- Dual relationship
- Boundary violations
- Failure to seek supervision
- Failure to use practice skills
- Fraudulent behavior
- Premature termination
- Inadequate provisions for case transfer or referral
- Failure to discuss policies as part of informed consent with clients (Cournoyer, 2011)

Summary

The NASW Code of Ethics is a living document and will continue to be adjusted as new developments and issues arise. Therefore, as a social worker, you are responsible to stay updated on all changes that are made and apply them to your practice. The Code of Ethics enforces the belief that the public will not be taken advantage of by the work of social workers for their own benefit and that clients will be treated fairly.

Legal Duties/Obligations

Another critical role of becoming a social worker is the legal obligations or duties you are responsible for. These duties are very serious and all social workers must abide by them. These duties or obligations consist of the:

- Duty to maintain confidentiality
- Duty to report
- Duty to inform
- Duty to respect privacy

- Duty to warn and protect

Duty to Maintain Confidentiality

Another important term in this chapter is the term confidentiality**.** Confidentiality, is extremely important for social workers as they have a duty to maintain **confidentiality** with all clients and the conversations they have with them. The term confidentiality indicates that any information shared by a client or pertaining to a client will not be shared with third parties (Cournoyer, 2011). It must remain between the social worker and the client. If confidentiality is broken, it can be a serious violation.

When meeting with clients for the first time it is mandatory to inform the client of their rights of confidentiality. No matter who is trying to seek information about a client you are working with, you must follow your duty to maintain confidentiality. Even if a client is deceased, you as the social worker are still obligated to protect the information you have obtained. Social workers should not only protect the information gained from clients, but they should also respect information shared by colleagues.

An important confidentiality law that you are likely to encounter as a social worker is the U.S. Health Insurance Portability and Accountability Act (HIPAA) which is commonly found in the health profession. HIPAA assures that client information will remain private and between them and the professional, and includes provisions for the protection of health information, records, or other information (Cournoyer, 2011). If a client wishes to give consent for their information to be shared, then they will be asked to sign a release form provided by the social worker giving permission to share that information.

Duty to Report

There are times when a social worker is required to break the confidentiality rule. These circumstances are the only time that a social worker is legally obligated to breach confidentiality agreements and must be taken very seriously. This is known as **duty to report**. As a social worker, you are a *mandated reporter* and have a legal obligation to report to the designated authority if a client disclosed any of the following:

- they are going to harm or kill another person or indications of outrages against humanity
- abuse or neglect of a child, disabled person or senior citizen
- have a plan to commit suicide and admit to wanting to commit suicide

(Cournoyer, 2011)

For example, if a client discloses they have or plan to abuse a child or if a person's life is at imminent risk, then you are required to act. These are the times when confidentiality agreements are broken and the social worker must report to a supervisor or the proper authority, so the authority can take further action. If not reported, the social worker can face serious legal offenses. Upon taking a job and throughout your education you will learn who the proper person or agency is that you should report to.

At times, it may be difficult to determine if you should report or not report. This can be known as an ethical dilemma. Throughout your education you will better learn about the times when you as a social worker will be required to breach confidentiality. For now it is extremely important to understand that as a social worker there are times when it is necessary to report.

Duty to Inform

Another important duty you will be obligated to abide by is **duty to inform**. As a social worker, you are required to educate clients concerning the scope of your services. This consists of informing the client about confidentiality, duty to report, but also the cost, length of treatment, risks, alternative services and anything else your agency requires (Cournoyer, 2011). When you are hired by an agency they will certainly walk you through the steps of your duty to inform and what they require, but it is your obligation as a social worker to best inform the client of your role. This is often completed early in the process when you are first meeting with a client.

If you are taking any actions regarding the care of client, it is your job to inform them and consult with the client first. It is best to inform the client in advance and have informed consent. Not informing a client of your role can be a form of malpractice.

Duty to Respect Privacy

When becoming a social worker, it is extremely important to follow your **duty to respect the privacy** of the people you serve and work with. As a social worker, you should protect all information obtained during services and respect the client's right to privacy. Privacy differs from confidentiality because it refers to the client's right to choose what to share and what to not share with a social worker. Social workers must respect that there may be things the client does not wish to disclose and we must not force them to do so.

Often social workers help or assist people during vulnerable times and become a part of many people's lives. As a social worker, it is your duty to respect the relationship you have with clients and to not intrude on their lives outside of your sessions. For example, if you are working in a small town and run into a client you regularly meet with at the grocery store it is in your best interest as a social worker to respect the privacy of that individual and not approach them. Nor should you approach them and begin talking about what you previously talked about during one of your sessions together. You should discuss these possibilities with your client so they are aware of how you will react to them if you meet them in a public setting.

Duty to Warn and Protect

Another duty social workers take on is the responsibility to warn potential victims a client may harm (Cournoyer, 2011). Along with many other helping professions a social worker is obligated to act to insure that anybody who may be in danger is aware of the possible danger. Therefore, as a social worker you must take serious action in deciding if a client is serious about harming another person. This is a great example of an ethical dilemma, deciding if the client is serious and has intent. If they do, then you are obligated to **warn and protect**. It is best to consult with a supervisor if there is any indication a client has stated he or she is going to act out and kill or harm another individual.

✔ Case Study: *Tarasoff v. Regents of the University of California*

A case to be familiar with is the well-known *Tarasoff v. Regents of the University of California* case that helped ensure helping professions become obligated to act and protect the lives of third parties. Tatiana Tarasoff was a student studying at the University of California Berkley who met a fellow student named Prosenjit Poddar. The two briefly shared a romantic interaction, but Tarasoff decided to inform Poddar she wanted to date other men.

Afterward, Poddar became aggravated by this and he decided to see a psychologist by the name of Dr. Lawrence Moore. During sessions with Dr. Moore, Poddar mentioned that he intended to harm and kill Tatiana Tarasoff. After receiving a mental health diagnosis and held for a short time, Poddar was released and later killed Tatiana Tarasoff. At no point did Dr. Lawrence inform Tatiana or her parents of the possible danger Poddar had disclosed. After the murder of Tatiana Tarasoff, her parents brought the case against the Regents, in which the Supreme Court ruled that mental health professionals have a duty to protect individuals of a third party who may be threatened or at harm by a client, in which now is known as duty to warn and protect.

From (Dolgoff, Harrington, & Loewenberg, 2009).

Malpractice

Another key term to be aware of related to the NASW Code of Ethics is **malpractice**. Malpractice can be defined as a form of negligence which occurs when a licensed social worker is not consistent with the professions' Code of Ethics, standards of care, and is negligent to his or her legal duties and obligations (Reamer, 2006). Often this involves poor delivery of services or a social worker failing to meet the standard of care at his or her agency.

Malpractice lawsuits do occur within the helping professions, not just social work, but due to the nature of the intimacy of social workers' roles it is extremely important to best represent the NASW Code of Ethics. If not, serious consequences can follow.

Three common forms of malpractice include:

- Malfeasance: when the social worker intentionally engages in practice known to be harmful
- Misfeasance: when the social worker makes a mistake in the application of an acceptable practice
- Nonfeasance: when the social worker fails to apply standard and acceptable practice if the circumstances include such practice (Cournoyer, 2011).

Clearly, malpractice can occur even if one intentionally or unintentionally is aware of the wrongdoing. For example, a genuine mistake social workers make is simply forgetting to obtain a client's consent before sharing confidential records with third parties. This alone can lead to serious civil lawsuits and can jeopardize your social work license. When these mistakes occur, the social worker does not intend to provide harm, but due to the many responsibilities social workers have it is easy to forget and unintentionally make this mistake (Reamer, 2006).

Some common examples of malpractice include the following (Reamer, 2006; Cournoyer, 2011):

- Failure to report abuse of neglect of a child
- Failure to consult or refer other health professionals

- Failure to prevent a client from committing suicide
- Failure to warn or protect third parties of harm or abuse
- Failure to diagnose or incorrectly diagnosis for treatment
- Failure to provide treatment without consent
- Failure to renew their social work license
- Inappropriate or inaccurate billing of services
- Breach of confidentiality, even if the client is deceased
- Being sexually involved with a client
- Professional incompetence

It is your job as a social worker to know exactly what kinds of unethical behavior or misconduct result in malpractice. Simply acting inconsistent with the professions standard of care can place you in a civil lawsuit you may have never thought possible (Reamer, 2006). As a practicing social worker, it is important to have insurance coverage to protect you in case of a lawsuit. You will often be covered by your agency, and the NASW also provides legal coverage to social workers.

Ethical Dilemmas

Discussed earlier, as a social worker you are likely to face a situation where there is no clear answer or a time when you as a social worker are forced to choose between two or more decisions, but contradictory decisions with often undesirable outcomes for one or more persons (Dolgoff, Harrington, & Loewenberg, 2009). These are known as ethical dilemmas.

Dilemmas will occur often and you must be prepared to handle them. Whether you are working with individual clients, families, small groups, or community organizations in policy and planning, administration, or research and evaluation there will be ethical decisions/dilemmas along the way (Reamer, 2006).

Some social workers are uncomfortable with making difficult ethical decisions and ignore them while other social workers see a clear solution while dealing with difficult decisions (Dolgoff, Harrington, & Loewenberg, 2009). Ethical dilemmas are often known as the grey area of social work. Therefore, as a social worker, you must know yourself very well; be conscious of the Code of Ethics and let it guide you in making these decisions.

Some common ethical dilemmas include:

- Confidentiality and privacy issues
- Divided loyalties
- Professional boundaries with clients (this is a common and one of the most difficult dilemmas)
- Delivery of services
- When to terminate services
- Budget cuts (administration positions)
- Hiring and firing of staff members (administration positions)
- Conflicts of interest
- Relationship between professional and personal values

(Reamer, 2006)

Why are professional boundaries so important? What makes holding these boundaries a common dilemma?

There are many tips and suggestions for ethical problem solving, Dolgoff, Harrington, & Lowewenberg (2009) suggest considering the following when making ethical decisions:

- Who is my client?
- What obligations do I owe my client?
- Do I have professional obligations to people other than my clients? If so what are my obligations?
- What are my own personal values? Are these values compatible with the professions six core values?
- What are my ethical priorities when these value sets are not identical?
- What is the ethical way to respond when I have conflicting professional responsibilities to different people?

Often social workers are alone when they must make difficult choices and can't always seek supervision right away. Therefore, you must be prepared to handle these situations on your own. After encountering an ethical decision alone, it is still a great idea to seek supervision afterward and talk the process over with a supervisor.

Social workers are encouraged to adopt this model; it is very helpful when struggling with ethical dilemmas, (Cournoyer, 2011; Congress, 2000, p. 10):

ETHIC Model of Decision Making
E—Examine relevant personal, societal, agency, client, and professional values
T—Think about what ethical standard of the NASW Code of Ethics applies, as well as relevant laws and case decisions
H—Hypothesize about possible consequences of different decisions
I—Identify who will benefit and who will be harmed
C—Consult with supervisor and colleagues about the most ethical choice

The following are examples of ethical decisions you may encounter. Use these dilemmas as practice to work through a situation (Dolgoff, Harrington, & Loewenberg, 2009):

- A client tells you that he intends to embezzle funds from his employer. (What do you do?)
- A client who is HIV positive tells you that he has unprotected sex with his partners because he does not want his partners to know about his medical condition. (What do you do?)
- You discover that another social worker knows about a child abuse situation and has not yet reported the case to Child Protective Services (CPS), which is required by law. (What do you do?)
- You are a medical social worker and a surgeon at a children's hospital strongly recommends that a child have surgery. The parents of the child refuse to consent with the surgery due to the complications and risks. The surgeon asks you to convince the parents to agree to let him operate regardless of the parents' concerns. (What do you do?)
- A client has disclosed he is very angry with his cousin and wants to hurt him. (Do you breach confidentiality?)
- A previous client of mine has passed away, is it okay to talk about what that client has disclosed? (Does confidentiality end with death?)

Summary

The NASW Code of Ethics does not list any value or ethic as more important than the next; you must consider all values and ethics as equal. To be a professional social worker you should be well acquainted with the Social Work Code of Ethics along with the six core values. Mentioned earlier, it is necessary to be familiar with the Code of Ethics to be an ethical social worker and to able to work with clients (Cournoyer, 2011). The NASW Code of Ethics is not something to take lightly and as you advance through your social work education these values and ethics will become much more ingrained. Having a copy of the NASW Code of Ethics with you or in your office is certainly a useful idea. Keep in mind that simply forgetting or unintentionally providing a standard of care can result in a malpractice lawsuit.

Ethical decision-making takes skill and practice, and is a never-ending process (Reamer, 2006). The more you prepare yourself, know yourself, and follow the Code of Ethics the greater skill you will obtain as a professional social worker (Cournoyer, 2011). There will always be ethical dilemmas during your career no matter the setting of your work. It is important to treat each dilemma as its own by using the suggested tips. Consulting with a supervisor before or after an ethical dilemma is a great suggestion. Supervisors are there to help and support you through difficult times.

Remember the Code of Ethics and values originated from the idea that all people are deserving of respectful, equal, ethical service. As a social worker, you are responsible for continuing and promoting social justice. In addition, you should always apply the ethical standards and legal duties to your work.

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CHAPTER OVERVIEW

3: Social Problems and Personal Troubles

3.1: What Is a Social Problem?

3.2: Sociological Perspectives on Social Problems

3.3: Continuity and Change in Social Problems

3.4: Doing Research on Social Problems

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3.1: What Is a Social Problem?

Learning Objectives

1. Define “social problem.”
2. Explain the objective and subjective components of the definition of a social problem.
3. Understand the social constructionist view of social problems.
4. List the stages of the natural history of social problems.

A social problem is any condition or behavior that has negative consequences for large numbers of people and that is generally recognized as a condition or behavior that needs to be addressed. This definition has both an *objective* component and a *subjective* component.

The *objective* component is this: for any condition or behavior to be considered a social problem, it must have negative consequences for large numbers of people. How do we know if a social problem has negative consequences? Reasonable people can and do disagree on whether such consequences exist and, if so, on their extent and seriousness, but ordinarily a body of data accumulates—from work by academic researchers, government agencies, and other sources—that strongly points to extensive and serious consequences. The reasons for these consequences are sometimes debated. For example in the case of climate change: although the overwhelming majority of climate scientists say that climate change (changes in the earth’s climate due to the buildup of greenhouse gases in the atmosphere) is real and serious, the percentage of Americans who agree with scientists is lower. In a 2011 poll 64 percent said they “think that global warming is happening.”[1] While the majority of Americans believe in 2020 that climate change is a social problem[2], there is still a discrepancy between the scientific community and the public’s view. Social identity and location influence viewpoints, according to Gallup polls that have found that people in the West and Northeast,[3] as well as younger adults,[4] are more likely to believe that climate change is at least partially caused by human behavior and needs to be addressed.

This type of dispute points to the *subjective* component: there must be a perception that the condition or behavior needs to be addressed for it to be considered a social problem and that viewpoint can change over time and location. This component lies at the heart of the social constructionist view of social problems.[5] In this view, many types of negative conditions and behaviors exist. Many of these are considered sufficiently negative to acquire the status of a social problem; some do not receive this consideration and thus do not become a social problem; and some become considered a social problem only if citizens, policymakers, or other parties call attention to the condition or behavior.

The history of attention given to rape and sexual assault in the United States before and after the 1970s provides an example of this latter situation. These acts of sexual violence against women have probably occurred from the beginning of humanity and certainly were very common in the United States before the 1970s. Although men were sometimes arrested and prosecuted for rape and sexual assault, sexual violence was otherwise ignored by legal policymakers and received little attention in college textbooks and the news media, and many people thought that rape and sexual assault were just something that happened (Allison & Wrightsman, 1993). Thus although sexual violence existed, it was not considered a social problem. When the contemporary women’s movement began in the late 1970s, it soon focused on rape and sexual assault as serious crimes and as manifestations of women’s inequality. Thanks to this focus, rape and sexual assault eventually entered the public consciousness, views of these crimes began to change, and legal policymakers began to give them more attention. In short, sexual violence against women became a social problem.



Before the 1970s, rape and sexual assault certainly existed and were very common, but they were generally ignored and not considered a social problem. When the contemporary women's movement arose during the 1970s, it focused on sexual violence against women and turned this behavior into a social problem.

Women's e News – Placards at the Rally To Take Rape Seriously – CC BY 2.0.

The social constructionist view raises an interesting question: When is a social problem a social problem? According to some sociologists who adopt this view, negative conditions and behaviors are *not* a social problem unless they are recognized as such by policymakers, large numbers of lay citizens, or other segments of our society; these sociologists would thus say that rape and sexual assault before the 1970s were not a social problem because our society as a whole paid them little attention. Other sociologists say that negative conditions and behaviors *should be* considered a social problem even if they receive little or no attention; these sociologists would thus say that rape and sexual assault before the 1970s were a social problem.

This type of debate is probably akin to the age-old question: If a tree falls in a forest and no one is there to hear it, is a sound made? As such, it is not easy to answer, but it does reinforce one of the key beliefs of the social constructionist view: Perception matters at least as much as reality, and sometimes more so. In line with this belief, social constructionism emphasizes that citizens, interest groups, policymakers, and other parties often compete to influence popular perceptions of many types of conditions and behaviors. They try to influence news media coverage and popular views of the nature and extent of any negative consequences that may be occurring, the reasons underlying the condition or behavior in question, and possible solutions to the problem.



Sometimes a condition or behavior becomes a social problem even if there is little or no basis for this perception. A historical example involves women in college. During the late 1800s, medical authorities and other experts warned women not to go to college for two reasons: they feared that the stress of college would disrupt women's

menstrual cycles, and they thought that women would not do well on exams while they were menstruating.

CollegeDegrees360 – College Girls – CC BY-SA 2.0.

Social constructionism's emphasis on perception has a provocative implication: Just as a condition or behavior may not be considered a social problem even if there is strong basis for this perception, so may a condition or behavior be considered a social problem even if there is little or no basis for this perception. The "issue" of women in college provides a historical example of this latter possibility. In the late 1800s, leading physicians and medical researchers in the United States wrote journal articles, textbooks, and newspaper columns in which they warned women not to go to college. The reason? They feared that the stress of college would disrupt women's menstrual cycles, and they also feared that women would not do well in exams during "that time of the month" (Ehrenreich & English, 2005)! We now know better, of course, but the sexist beliefs of these writers turned the idea of women going to college into a social problem and helped to reinforce restrictions by colleges and universities on the admission of women.

In a related dynamic, various parties can distort certain aspects of a social problem that does exist: politicians can give speeches, the news media can use scary headlines and heavy coverage to capture readers' or viewers' interest, businesses can use advertising and influence news coverage. News media coverage of violent crime provides many examples of this dynamic (Robinson, 2011; Surette, 2011). The news media overdramatize violent crime, which is far less common than property crime like burglary and larceny, by featuring so many stories about it, and this coverage contributes to public fear of crime. Media stories about violent crime also tend to be more common when the accused offender is black and the victim is white and when the offender is a juvenile. This type of coverage is thought to heighten the public's prejudice toward African Americans and to contribute to negative views about teenagers.

The Natural History of a Social Problem

We have just discussed some of the difficulties in defining a social problem and the fact that various parties often try to influence public perceptions of social problems. These issues aside, most social problems go through a *natural history* consisting of several stages of their development (Spector & Kitsuse, 2001).

Stage 1: Emergence and Claims Making

A social problem emerges when a social entity (such as a social change group, the news media, or influential politicians) begins to call attention to a condition or behavior that it perceives to be undesirable and in need of remedy. As part of this process, it tries to influence public perceptions of the problem, the reasons for it, and possible solutions to it. Because the social entity is making claims about all these matters, this aspect of Stage 1 is termed the claims-making process. Not all efforts to turn a condition or behavior into a social problem succeed, and if they do not succeed, a social problem does not emerge. Because of the resources they have or do not have, some social entities are more likely than others to succeed at this stage. A few ordinary individuals have little influence in the public sphere, but masses of individuals who engage in protest or other political activity have greater ability to help a social problem emerge. Because politicians have the ear of the news media and other types of influence, their views about social problems are often very influential. Most studies of this stage of a social problem focus on the efforts of social change groups and the larger social movement to which they may belong, as most social problems begin with bottom-up efforts from such groups.



A social problem emerges when a social change group successfully calls attention to a condition or behavior that it considers serious. Protests like the one depicted here have raised the environmental consciousness of Americans and helped put pressure on businesses to be environmentally responsible.

ItzaFineDay – Financing Climate Change – CC BY 2.0.

Stage 2: Legitimacy

Once a social group succeeds in turning a condition or behavior into a social problem, it usually tries to persuade the government (local, state, and/or federal) to take some action—spending and policymaking—to address the problem. As part of this effort, it tries to convince the government that its claims about the problem are legitimate—that they make sense and are supported by *empirical* (research-based) evidence. To the extent that the group succeeds in convincing the government of the legitimacy of its claims, government action is that much more likely to occur.

Stage 3: Renewed Claims Making

Even if government action does occur, social change groups often conclude that the action is too limited in goals or scope to be able to successfully address the social problem. If they reach this conclusion, they often decide to press their demands anew. They do so by reasserting their claims and by criticizing the official response they have received from the government or other established interests, such as big businesses. This stage may involve a fair amount of tension between the social change groups and these targets of their claims.

Stage 4: Development of Alternative Strategies

Despite the renewed claims making, social change groups often conclude that the government and established interests are not responding adequately to their claims. Although the groups may continue to press their claims, they nonetheless realize that these claims may fail to win an adequate response from established interests. This realization leads them to develop their own strategies for addressing the social problem.

Key Takeaways

- The definition of a social problem has both an objective component and a subjective component. The objective component involves empirical evidence of the negative consequences of a social condition or behavior, while the subjective component involves the perception that the condition or behavior is indeed a problem that needs to be addressed.
- The social constructionist view emphasizes that a condition or behavior does not become a social problem unless there is a perception that it should be considered a social problem.
- The natural history of a social problem consists of four stages: emergence and claims making, legitimacy, renewed claims making, and alternative strategies.

For Your Review

1. What do you think is the most important social problem facing our nation right now? Explain your answer.
2. Do you agree with the social constructionist view that a negative social condition or behavior is not a social problem unless there is a perception that it should be considered a social problem? Why or why not?

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3.2: Sociological Perspectives on Social Problems

Learning Objectives

1. Define the sociological imagination.
2. Explain what is meant by the blaming-the-victim belief.
3. Summarize the most important beliefs and assumptions of functionalism and conflict theory.
4. Summarize the most important beliefs and assumptions of symbolic interactionism and exchange theory.

The sociological understanding of social problems rests heavily on the concept of the *sociological imagination*. We discuss this concept in some detail before turning to various theoretical perspectives that provide a further context for understanding social problems.

The Sociological Imagination

Many individuals experience one or more social problems personally. For example, many people are poor and unemployed, many are in poor health, and many have family problems, drink too much alcohol, or commit crime. When we hear about these individuals, it is easy to think that their problems are theirs alone, and that they and other individuals with the same problems are entirely to blame for their difficulties.

Sociology takes a different approach, as it stresses that individual problems are often rooted in problems stemming from aspects of society itself. This key insight informed C. Wright Mills's (1959) (Mills, 1959) classic distinction between personal troubles and public issues. *Personal troubles* refer to a problem affecting individuals that the affected individual, as well as other members of society, typically blame on the individual's own personal and moral failings. Examples include such different problems as eating disorders, divorce, and unemployment. *Public issues*, whose source lies in the social structure and culture of a society, refer to social problems affecting many individuals. Problems in society thus help account for problems that individuals experience. Mills felt that many problems ordinarily considered private troubles are best understood as public issues, and he coined the term sociological imagination to refer to the ability to appreciate the structural basis for individual problems.

To illustrate Mills's viewpoint, let's use our sociological imaginations to understand some contemporary social problems. We will start with unemployment, which Mills himself discussed. If only a few people were unemployed, Mills wrote, we could reasonably explain their unemployment by saying they were lazy, lacked good work habits, and so forth. If so, their unemployment would be their own personal trouble. But when millions of people are out of work, unemployment is best understood as a public issue because, as Mills (Mills, 1959) put it, "the very structure of opportunities has collapsed. Both the correct statement of the problem and the range of possible solutions require us to consider the economic and political institutions of the society, and not merely the personal situation and character of a scatter of individuals."



When only a few people are out of work, it is fair to say that their unemployment is their personal trouble. However, when millions of people are out of work, as has been true since the economic downturn began in 2008, this massive unemployment is more accurately viewed as a public issue. As such, its causes lie not in the unemployed individuals but rather in our society's economic and social systems.

Rawle C. Jackman – The line of hope… – CC BY-NC-ND 2.0.

The high US unemployment rate stemming from the severe economic downturn that began in 2008 provides a telling example of the point Mills was making. Millions of people lost their jobs through no fault of their own. While some individuals are undoubtedly unemployed because they are lazy or lack good work habits, a more structural explanation focusing on lack of opportunity is needed to explain why so many people were out of work. If so, unemployment is best understood as a public issue rather than a personal trouble.

Another social problem is eating disorders. We usually consider a person's eating disorder to be a personal trouble that stems from a lack of control, low self-esteem, or another personal problem. This explanation may be OK as far as it goes, but it does not help us understand why so many people have the personal problems that lead to eating disorders. Perhaps more important, this belief also neglects the larger social and cultural forces that help explain such disorders. For example, most Americans with eating disorders are women, not men. This gender difference forces us to ask what it is about being a woman in American society that makes eating disorders so much more common. To begin to answer this question, we need to look to the standard of beauty for women that emphasizes a slender body (Boyd, et. al., 2011). If this cultural standard did not exist, far fewer American women would suffer from eating disorders than do now. Because it does exist, even if every girl and woman with an eating disorder were cured, others would take their places unless we could somehow change this standard. Viewed in this way, eating disorders are best understood as a public issue, not just as a personal trouble.

Picking up on Mills's insights, William Ryan (1976) (Ryan, 1976) pointed out that Americans typically think that social problems such as poverty and unemployment stem from personal failings of the people experiencing these problems, not from structural problems in the larger society. Using Mills's terms, Americans tend to think of social problems as personal troubles rather than public issues. As Ryan put it, they tend to believe in blaming the victim rather than blaming the system.

To help us understand a blaming-the-victim ideology, let's consider why poor children in urban areas often learn very little in their schools. According to Ryan, a blaming-the-victim approach would say the children's parents do not care about their learning, fail to teach them good study habits, and do not encourage them to take school seriously. This type of explanation, he wrote, may apply to some parents, but it ignores a much more important reason: the sad shape of America's urban schools, which, he said, are overcrowded, decrepit structures housing old textbooks and out-of-date equipment. To improve the schooling of children in urban areas, he wrote, we must improve the schools themselves and not just try to "improve" the parents.

As this example suggests, a blaming-the-victim approach points to solutions to social problems such as poverty and illiteracy that are very different from those suggested by a more structural approach that blames the system. If we blame the victim, we would spend our limited dollars to address the personal failings of individuals who suffer from poverty, illiteracy, poor health, eating disorders, and other difficulties. If instead we blame the system, we would focus our attention on the various social conditions (decrepit schools, cultural standards of female beauty, and the like) that account for these difficulties. A sociological understanding suggests that the latter approach is ultimately needed to help us deal successfully with the social problems facing us today.

Theoretical Perspectives

Three theoretical perspectives guide sociological thinking on social problems: *functionalist* theory, *conflict* theory, and *symbolic interactionist* theory. These perspectives look at the same social problems, but they do so in different ways. Their views taken together offer a fuller understanding of social problems than any of the views can offer alone. Table 1.1 "Theory Snapshot" summarizes the three perspectives.

Table 1.1 Theory Snapshot

Theoretical perspective	Major assumptions	Views of social problems
Functionalism	Social stability is necessary for a strong society, and adequate socialization and social integration are necessary for social stability. Society's social institutions perform important functions to help ensure social stability. Slow social change is desirable, but rapid social change threatens social order.	Social problems weaken a society's stability but do not reflect fundamental faults in how the society is structured. Solutions to social problems should take the form of gradual social reform rather than sudden and far-reaching change. Despite their negative effects, social problems often also serve important functions for society.

Theoretical perspective	Major assumptions	Views of social problems
Conflict theory	Society is characterized by pervasive inequality based on social class, race, gender, and other factors. Far-reaching social change is needed to reduce or eliminate social inequality and to create an egalitarian society.	Social problems arise from fundamental faults in the structure of a society and both reflect and reinforce inequalities based on social class, race, gender, and other dimensions. Successful solutions to social problems must involve far-reaching change in the structure of society.
Symbolic interactionism	People construct their roles as they interact; they do not merely learn the roles that society has set out for them. As this interaction occurs, individuals negotiate their definitions of the situations in which they find themselves and socially construct the reality of these situations. In so doing, they rely heavily on symbols such as words and gestures to reach a shared understanding of their interaction.	Social problems arise from the interaction of individuals. People who engage in socially problematic behaviors often learn these behaviors from other people. Individuals also learn their perceptions of social problems from other people.

Functionalism

Functionalism, also known as the functionalist theory or perspective, arose out of two great revolutions of the eighteenth and nineteenth centuries. The first was the French Revolution of 1789, whose intense violence and bloody terror shook Europe to its core. The aristocracy throughout Europe feared that revolution would spread to their own lands, and intellectuals feared that social order was crumbling.

The Industrial Revolution of the nineteenth century reinforced these concerns. Starting first in Europe and then in the United States, the Industrial Revolution led to many changes, including the rise and growth of cities as people left their farms to live near factories. As the cities grew, people lived in increasingly poor, crowded, and decrepit conditions, and crime was rampant. Here was additional evidence, if European intellectuals needed it, of the breakdown of social order.

In response, the intellectuals began to write that a strong society, as exemplified by strong social bonds and rules and effective socialization, was needed to prevent social order from disintegrating. Without a strong society and effective socialization, they warned, social order breaks down, and violence and other signs of social disorder result.

This general framework reached fruition in the writings of Émile Durkheim (1858–1917), a French scholar largely responsible for the sociological perspective, as we now know it. Adopting the conservative intellectuals' view of the need for a strong society, Durkheim felt that human beings have desires that result in chaos unless society limits them (Durkheim, 1952). It does so, he wrote, through two related social mechanisms: socialization and social integration. Socialization helps us learn society's rules and the need to cooperate, as people end up generally agreeing on important norms and values, while social integration, or our ties to other people and to social institutions such as religion and the family, helps socialize us and integrate us into society and reinforce our respect for its rules.

Today's functionalist perspective arises out of Durkheim's work and that of other conservative intellectuals of the nineteenth century. It uses the human body as a model for understanding society. In the human body, our various organs and other body parts serve important *functions* for the ongoing health and stability of our body. Our eyes help us see, our ears help us hear, our heart circulates our blood, and so forth. Just as we can understand the body by describing and understanding the functions that its parts serve for its health and stability, so can we understand society by describing and understanding the functions that its parts—or, more accurately, its social institutions—serve for the ongoing health and stability of society. Thus functionalism emphasizes the importance of social institutions such as the family, religion, and education for producing a stable society.



Émile Durkheim was a founder of sociology and is largely credited with developing the functionalist perspective.

Marxists.org – public domain.

Similar to the view of the conservative intellectuals from which it grew, functionalism is skeptical of rapid social change and other major social upheaval. The analogy to the human body helps us understand this skepticism. In our bodies, any sudden, rapid change is a sign of danger to our health. If we break a bone in one of our legs, we have trouble walking; if we lose sight in both our eyes, we can no longer see. Slow changes, such as the growth of our hair and our nails, are fine and even normal, but sudden changes like those just described are obviously troublesome. By analogy, sudden and rapid changes in society and its social institutions are troublesome according to the functionalist perspective. If the human body evolved to its present form and functions because these made sense from an evolutionary perspective, so did society evolve to its present form and functions because these made sense. Any sudden change in society thus threatens its stability and future.

As these comments might suggest, functionalism views social problems as arising from society's natural evolution. When a social problem does occur, it might threaten a society's stability, but it does not mean that fundamental flaws in the society exist. Accordingly, gradual social reform should be all that is needed to address the social problem.

Functionalism even suggests that social problems must be functional in some ways for society, because otherwise these problems would not continue. This is certainly a controversial suggestion, but it is true that many social problems do serve important functions for our society. For example, crime is a major social problem, but it is also good for the economy because it creates hundreds of thousands of jobs in law enforcement, courts and corrections, home security, and other sectors of the economy whose major role is to deal with crime. If crime disappeared, many people would be out of work! Similarly, poverty is also a major social problem, but one function that poverty serves is that poor people do jobs that otherwise might not get done because other people would not want to do them (Gans, 1972). Like crime, poverty also provides employment for people across the nation, such as those who work in social service agencies that help poor people.

Conflict Theory

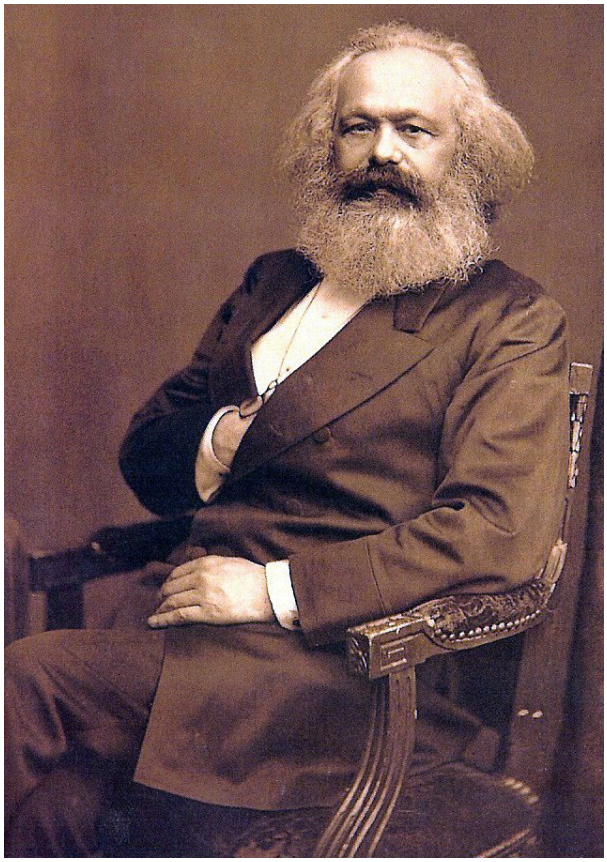
In many ways, conflict theory is the opposite of functionalism but ironically also grew out of the Industrial Revolution, thanks largely to Karl Marx (1818–1883) and his collaborator, Friedrich Engels (1820–1895). Whereas conservative intellectuals feared the mass violence resulting from industrialization, Marx and Engels deplored the conditions they felt were responsible for the mass violence and the capitalist society they felt was responsible for these conditions. Instead of fearing the breakdown of social order that mass violence represented, they felt that revolutionary violence was needed to eliminate capitalism and the poverty and misery they saw as its inevitable results (Marx, 1906; Marx & Engels, 1962).

According to Marx and Engels, every society is divided into two classes based on the ownership of the means of production (tools, factories, and the like). In a capitalist society, the *bourgeoisie*, or ruling class, owns the means of production, while the *proletariat*, or working class, does not own the means of production and instead is oppressed and exploited by the bourgeoisie. This difference creates an automatic conflict of interests between the two groups. Simply put, the bourgeoisie is interested in maintaining its position at the top of society, while the proletariat's interest lies in rising up from the bottom and overthrowing the bourgeoisie to create an egalitarian society.

In a capitalist society, Marx and Engels wrote, revolution is inevitable because of structural contradictions arising from the very nature of capitalism. Because profit is the main goal of capitalism, the bourgeoisie's interest lies in maximizing profit. To do so, capitalists try to keep wages as low as possible and to spend as little money as possible on working conditions. This central fact of

capitalism, said Marx and Engels, eventually prompts the rise of class consciousness, or an awareness of the reasons for their oppression, among workers. Their class consciousness in turn leads them to revolt against the bourgeoisie to eliminate the oppression and exploitation they suffer.

Marx and Engels' view of conflict arising from unequal positions held by members of society lies at the heart of today's conflict theory. This theory emphasizes that different groups in society have different interests stemming from their different social positions. These different interests in turn lead to different views on important social issues. Some versions of the theory root conflict in divisions based on race and ethnicity, gender, and other such differences, while other versions follow Marx and Engels in seeing conflict arising out of different positions in the economic structure. In general, however, conflict theory emphasizes that the various parts of society contribute to ongoing inequality, whereas functionalist theory, as we have seen, stresses that they contribute to the ongoing stability of society. Thus while functionalist theory emphasizes the benefits of the various parts of society for ongoing social stability, conflict theory favors social change to reduce inequality.



Karl Marx and his collaborator Friedrich Engels were intense critics of capitalism. Their work inspired the later development of conflict theory in sociology.

Wikimedia Commons – public domain.

Feminist theory has developed in sociology and other disciplines since the 1970s and for our purposes will be considered a specific application of conflict theory. In this case, the conflict concerns gender inequality rather than the class inequality emphasized by Marx and Engels. Although many variations of feminist theory exist, they all emphasize that society is filled with gender inequality such that women are the subordinate sex in many dimensions of social, political, and economic life (Lorber, 2010). Liberal feminists view gender inequality as arising out of gender differences in socialization, while Marxist feminists say that this inequality is a result of the rise of capitalism, which made women dependent on men for economic support. On the other hand, radical feminists view gender inequality as present in all societies, not just capitalist ones. Several chapters in this book emphasize the perspectives of feminist sociologists and other social scientists.

Conflict theory in its various forms views social problems as arising from society's inherent inequality. Depending on which version of conflict theory is being considered, the inequality contributing to social problems is based on social class, race and

ethnicity, gender, or some other dimension of society's hierarchy. Because any of these inequalities represents a fundamental flaw in society, conflict theory assumes that fundamental social change is needed to address society's many social problems.

Symbolic Interactionism

Symbolic interactionism focuses on the interaction of individuals and on how they interpret their interaction. Its roots lie in the work of early 1900s American sociologists, social psychologists, and philosophers who were interested in human consciousness and action. Herbert Blumer (1969) (Blumer, 1969), a sociologist at the University of Chicago, built on their writings to develop symbolic interactionism, a term he coined. Drawing on Blumer's work, symbolic interactionists feel that people do not merely learn the roles that society has set out for them; instead they construct these roles as they interact. As they interact, they negotiate their definitions of the situations in which they find themselves and socially construct the reality of these situations. In doing so, they rely heavily on symbols such as words and gestures to reach a shared understanding of their interaction.



Symbolic interactionism focuses on individuals, such as the people conversing here. Sociologists favoring this approach examine how and why individuals interact and interpret the meanings of their interaction.

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An example is the familiar symbol of shaking hands. In the United States and many other societies, shaking hands is a symbol of greeting and friendship. This simple act indicates that you are a nice, polite person with whom someone should feel comfortable. To reinforce this symbol's importance for understanding a bit of interaction, consider a situation where someone *refuses* to shake hands. This action is usually intended as a sign of dislike or as an insult, and the other person interprets it as such. Their understanding of the situation and subsequent interaction will be very different from those arising from the more typical shaking of hands. As the term *symbolic interactionism* implies, their understanding of this encounter arises from what they do when they interact and from their use and interpretation of the various symbols included in their interaction. According to symbolic interactionists, social order is possible because people learn what various symbols (such as shaking hands) mean and apply these meanings to different kinds of situations. If you visited a society where sticking your right hand out to greet someone was interpreted as a threatening gesture, you would quickly learn the value of common understandings of symbols.

Symbolic interactionism views social problems as arising from the interaction of individuals. This interaction matters in two important respects. First, socially problematic behaviors such as crime and drug use are often learned from our interaction with people who engage in these behaviors; we adopt their attitudes that justify committing these behaviors, and we learn any special techniques that might be needed to commit these behaviors. Second, we also learn our perceptions of a social problem from our interaction with other people, whose perceptions and beliefs influence our own perceptions and beliefs.

Because symbolic interactionism emphasizes the perception of social problems, it is closely aligned with the social constructionist view discussed earlier. Both perspectives emphasize the subjective nature of social problems. By doing so, they remind us that perceptions often matter at least as much as objective reality in determining whether a given condition or behavior rises to the level of a social problem and in the types of possible solutions that various parties might favor for a particular social problem.

Applying the Three Perspectives



To explain armed robbery, symbolic interactionists focus on how armed robbers decide when and where to rob a victim and on how their interactions with other criminals reinforce their own criminal tendencies.

Geoffrey Fairchild – The Robbery – CC BY 2.0.

To help you further understand the different views of these three theoretical perspectives, let's see what they would probably say about *armed robbery*, a very serious form of crime, while recognizing that the three perspectives together provide a more comprehensive understanding of armed robbery than any one perspective provides by itself.

A functionalist approach might suggest that armed robbery actually serves positive functions for society, such as the job-creating function mentioned earlier for crime in general. It would still think that efforts should be made to reduce armed robbery, but it would also assume that far-reaching changes in our society would be neither wise nor necessary as part of the effort to reduce crime.

Conflict theory would take a very different approach to understanding armed robbery. It might note that most street criminals are poor and thus emphasize that armed robbery is the result of the despair and frustration of living in poverty and facing a lack of jobs and other opportunities for economic and social success. The roots of street crime, from the perspective of conflict theory, thus lie in society at least as much as they lie in the individuals committing such crime. To reduce armed robbery and other street crime, conflict theory would advocate far-reaching changes in the economic structure of society.

For its part, symbolic interactionism would focus on how armed robbers make such decisions as when and where to rob someone and on how their interactions with other criminals reinforce their own criminal tendencies. It would also investigate how victims of armed robbery behave when confronted by a robber. To reduce armed robbery, it would advocate programs that reduce the opportunities for interaction among potential criminal offenders, for example, after-school programs that keep at-risk youths busy in "conventional" activities so that they have less time to spend with youths who might help them get into trouble.

Key Takeaways

- According to C. Wright Mills, the sociological imagination involves the ability to recognize that private troubles are rooted in public issues and structural problems.
- Functionalism emphasizes the importance of social institutions for social stability and implies that far-reaching social change will be socially harmful.
- Conflict theory emphasizes social inequality and suggests that far-reaching social change is needed to achieve a just society.
- Symbolic interactionism emphasizes the social meanings and understandings that individuals derive from their social interaction.

For Your Review

1. Select an example of a "private trouble" and explain how and why it may reflect a structural problem in society.
2. At this point in your study of social problems, which one of the three sociological theoretical perspectives sounds most appealing to you? Why?

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3.3: Continuity and Change in Social Problems

Learning Objectives

1. Explain what is meant by this book's subtitle, "Continuity and Change."
2. List the three sources of changes to social problems.
3. Describe how the United States compares to other democracies regarding the seriousness of social problems.

This book's subtitle, "Continuity and Change," conveys a theme that will guide every chapter's discussion. Social problems are, first of all, *persistent*. They have continued for decades and even centuries, and they show no sign of ending anytime soon. In view of social problems' long history, certainty of continuing for some time to come, and serious consequences, it is easy to feel overwhelmed when reading about them, to think that little can be done about them, and even to become a bit depressed. As a result, it is easy for students to come away from social problems courses with a rather pessimistic, "doom and gloom" outlook (Johnson, 2005).



An important source of change in social problems is protest by a social change group or movement.

M 2 – Fantasia Protest, Castro Theater, 1991 – CC BY-NC-ND 2.0.

That is why this book stresses the second part of the subtitle, *change*. Although social problems are indeed persistent, it is also true that certain problems are less serious now than in the past. Change is possible. As just one of many examples, consider the conditions that workers face in the United States. As Chapter 12 "Work and the Economy" discusses, many workers today are unemployed, have low wages, or work in substandard and even dangerous workplaces. Yet they are immeasurably better off than a century ago, thanks to the US labor movement that began during the 1870s. Workers now have the eight-hour day, the minimum wage (even if many people think it is too low), the right to strike, and workplaces that are much safer than when the labor movement began. In two more examples, people of color and women have made incredible advances since the 1960s, even if, as Chapter 3 "Racial and Ethnic Inequality" and Chapter 4 "Gender Inequality" discuss, they continue to experience racial and gender inequality, respectively. To repeat: Change is possible.

How does change occur? One source of change in social problems is social science theory and research. Over the decades, theory and research in sociology and the other social sciences have pointed to the reasons for social problems, to potentially successful ways of addressing them, and to actual policies that succeeded in addressing some aspect of a social problem. Accordingly, the discussion in each chapter of this book is based on sound social science theory and research, and each chapter will present examples of how the findings from sociological and other social science research have either contributed to public policy related to the chapter's social problem or have the potential of doing so.

The actions of individuals and groups may also make a difference. Many people have public-service jobs or volunteer in all sorts of activities involving a social problem: they assist at a food pantry, they help clean up a riverbank, and so forth. Others take on a more activist orientation by becoming involved in small social change groups or a larger social movement. Our nation is a better place today because of the labor movement, the Southern civil rights movement, the women's movement, the gay rights movement, the environmental movement, and other efforts too numerous to mention. According to Frances Fox Piven (2006) (Piven, 2006), a former president of the American Sociological Association, it is through such efforts that "ordinary people change America," as the subtitle of her book on this subject reads.

Sharing this view, anthropologist Margaret Mead once said, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” Change thus is not easy, but it can and does occur. Eleanor Roosevelt (Roosevelt, 1960) recognized this when she wrote, “Surely, in the light of history, it is more intelligent to hope rather than to fear, to try rather than not to try. For one thing we know beyond all doubt: Nothing has ever been achieved by the person who says, ‘It can’t be done.’” In the optimistic spirit of these two famous women, we will see examples throughout this book of people making a difference in their jobs, volunteer activities, and involvement in social change efforts.



Many other democracies rank higher than the United States on poverty, health, and other social indicators. For this reason, the United States may have much to learn from their positive examples.

Alex Loach – Houses of Parliament, London, England – CC BY-NC-ND 2.0.

Change also occurs in social problems because policymakers (elected or appointed officials and other individuals) pass laws or enact policies that successfully address a social problem. They often do so only because of the pressure of a social movement, but sometimes they have the vision to act without such pressure. It is also true that many officials fail to take action despite the pressure of a social movement, so those who do take action should be applauded. A recent example involves the governor of New York, Andrew Cuomo, who made the legalization of same-sex marriage a top priority for his state when he took office in January 2011. After the New York state legislature narrowly approved same-sex marriage six months later, Cuomo’s advocacy was widely credited for enabling this to happen (Barbaro, 2011).

A final source of change is the lessons learned from other nations’ experiences with social problems. Sometimes these lessons for the United States are positive ones, as when another nation has tackled a social problem more successfully than the United States, and sometimes these lessons are negative ones, as when another nation has a more serious problem than the United States and/or has made mistakes in addressing this problem. The United States can learn from the good examples of some other nations, and it can also learn from the bad ones. For this reason, each chapter of this book discusses such examples. In this regard, the United States has much to learn from the experiences of other long-standing democracies like Canada, the nations of Western Europe, and Australia and New Zealand. Despite its great wealth, the United States ranks *below* most of its democratic peers on many social indicators, such as poverty, health, and so on (Holland, 2011; Russell, 2011). A major reason for this difference is that other democratic governments are far more proactive, in terms of attention and spending, than the US federal and state governments in helping their citizens. Because the United States has much to learn from their positive example, this book’s chapters all discuss policies that enable other democracies to address certain social problems far more successfully than the United States has addressed them.

Key Takeaways

- Social problems are persistent, but they have also changed over the years, and many social problems are less serious now than in the past.
- Three sources of change to social problems include social science research, the efforts of citizens acting alone or especially in social change groups, and the experiences of other nations.

For Your Review

1. Have you participated in any volunteer or other activity involving a social problem? If so, why did you do so? If not, why have you not participated in such an effort?
2. Do you share Eleanor Roosevelt’s optimism that social change is possible? Why or why not?

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3.4: Doing Research on Social Problems

Learning Objectives

1. List the major advantages and disadvantages of surveys, observational studies, and experiments.
2. Explain why scholars who study social problems often rely on existing data.

Sound research is an essential tool for understanding the sources, dynamics, and consequences of social problems and possible solutions to them. This section briefly describes the major ways in which sociologists gather information about social problems. Table 1.2 "Major Sociological Research Methods" summarizes the advantages and disadvantages of each method.

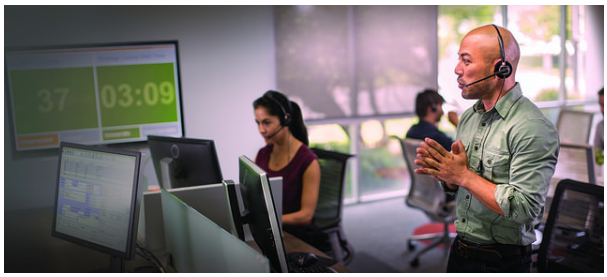
Table 1.2 Major Sociological Research Methods

Method	Advantages	Disadvantages
Survey	Many people can be included. If given to a random sample of the population, a survey's results can be generalized to the population.	Large surveys are expensive and time consuming. Although much information is gathered, this information is relatively superficial.
Experiments	If random assignment is used, experiments provide fairly convincing data on cause and effect.	Because experiments do not involve random samples of the population and most often involve college students, their results cannot readily be generalized to the population.
Observation (field research)	Observational studies may provide rich, detailed information about the people who are observed.	Because observation studies do not involve random samples of the population, their results cannot readily be generalized to the population.
Existing data	Because existing data have already been gathered, the researcher does not have to spend the time and money to gather data.	The data set that is being analyzed may not contain data on all the variables in which a sociologist is interested or may contain data on variables that are not measured in ways the sociologist prefers.

Surveys

The *survey* is the most common method by which sociologists gather their data. The Gallup poll is perhaps the most well-known example of a survey and, like all surveys, gathers its data with the help of a questionnaire that is given to a group of respondents. The Gallup poll is an example of a survey conducted by a private organization, but sociologists do their own surveys, as does the government and many organizations in addition to Gallup. Many surveys are administered to respondents who are randomly chosen and thus constitute a random sample. In a random sample, everyone in the population (whether it be the whole US population or just the population of a state or city, all the college students in a state or city or all the students at just one college, etc.) has the same chance of being included in the survey. The beauty of a random sample is that it allows us to generalize the results of the sample to the population from which the sample comes. This means that we can be fairly sure of the behavior and attitudes of the whole US population by knowing the behavior and attitudes of just four hundred people randomly chosen from that population.

Some surveys are *face-to-face* surveys, in which interviewers meet with respondents to ask them questions. This type of survey can yield much information, because interviewers typically will spend at least an hour asking their questions, and a high response rate (the percentage of all people in the sample who agree to be interviewed), which is important to be able to generalize the survey's results to the entire population. On the downside, this type of survey can be very expensive and time consuming to conduct.



Surveys are very useful for gathering various kinds of information relevant to social problems. Advances in technology have made telephone surveys involving random-digit dialing perhaps the most popular way of conducting a survey.

plantronicsgermany – Encore520 call center man standing – CC BY-ND 2.0.

Because of these drawbacks, sociologists and other researchers have turned to telephone surveys. Most Gallup polls are conducted over the telephone. Computers do random-digit dialing, which results in a random sample of all telephone numbers being selected. Although the response rate and the number of questions asked are both lower than in face-to-face surveys (people can just hang up the phone at the outset or let their answering machine take the call), the ease and low expense of telephone surveys are making them increasingly popular. Surveys done over the Internet are also becoming more popular, as they can reach many people at very low expense. A major problem with web surveys is that their results cannot necessarily be generalized to the entire population because not everyone has access to the Internet.

Surveys are used in the study of social problems to gather information about the behavior and attitudes of people regarding one or more problems. For example, many surveys ask people about their use of alcohol, tobacco, and other drugs or about their experiences of being unemployed or in poor health. Many of the chapters in this book will present evidence gathered by surveys carried out by sociologists and other social scientists, various governmental agencies, and private research and public interest firms.

Experiments

Experiments are the primary form of research in the natural and physical sciences, but in the social sciences they are for the most part found only in psychology. Some sociologists still use experiments, however, and they remain a powerful tool of social research.

The major advantage of experiments, whether they are done in the natural and physical sciences or in the social sciences, is that the researcher can be fairly sure of a cause-and-effect relationship because of the way the experiment is set up. Although many different experimental designs exist, the typical experiment consists of an experimental group and a control group, with subjects *randomly assigned* to either group. The researcher does something to the experimental group that is not done to the control group. If the two groups differ later in some variable, then it is safe to say that the condition to which the experimental group was subjected was responsible for the difference that resulted.

Most experiments take place in the laboratory, which for psychologists may be a room with a one-way mirror, but some experiments occur in the field, or in a natural setting (*field experiments*). In Minneapolis, Minnesota, in the early 1980s, sociologists were involved in a much-discussed field experiment sponsored by the federal government. The researchers wanted to see whether arresting men for domestic violence made it less likely that they would commit such violence again. To test this hypothesis, the researchers had police do one of the following after arriving at the scene of a domestic dispute: They either arrested the suspect, separated him from his wife or partner for several hours, or warned him to stop but did not arrest or separate him. The researchers then determined the percentage of men in each group who committed repeated domestic violence during the next six months and found that those who were arrested had the lowest rate of recidivism, or repeat offending (Sherman & Berk, 1984). This finding led many jurisdictions across the United States to adopt a policy of mandatory arrest for domestic violence suspects. However, replications of the Minneapolis experiment in other cities found that arrest sometimes reduced recidivism for domestic violence but also sometimes increased it, depending on which city was being studied and on certain characteristics of the suspects, including whether they were employed at the time of their arrest (Sherman, 1992).

As the Minneapolis study suggests, perhaps the most important problem with experiments is that their results are not *generalizable* beyond the specific subjects studied. The subjects in most psychology experiments, for example, are college students, who obviously are not typical of average Americans: They are younger, more educated, and more likely to be middle class. Despite this problem, experiments in psychology and other social sciences have given us very valuable insights into the sources of attitudes and behavior. Scholars of social problems are increasingly using field experiments to study the effectiveness of various policies and programs aimed at addressing social problems. We will examine the results of several such experiments in the chapters ahead.

Observational Studies

Observational research, also called *field research*, is a staple of sociology. Sociologists have long gone into the field to observe people and social settings, and the result has been many rich descriptions and analyses of behavior in juvenile gangs, bars, urban street corners, and even whole communities.

Observational studies consist of both participant observation and nonparticipant observation. Their names describe how they differ. In participant observation, the researcher is part of the group that she or he is studying, spends time with the group, and might even

live with people in the group. Several classical social problems studies of this type exist, many of them involving people in urban neighborhoods (Liebow, 1967; Liebow, 1993; Whyte, 1943). In nonparticipant observation, the researcher observes a group of people but does not otherwise interact with them. If you went to your local shopping mall to observe, say, whether people walking with children looked happier than people without children, you would be engaging in nonparticipant observation.

Similar to experiments, observational studies cannot automatically be generalized to other settings or members of the population. But in many ways they provide a richer account of people's lives than surveys do, and they remain an important method of research on social problems.

Existing Data

Sometimes sociologists do not gather their own data but instead analyze *existing data* that someone else has gathered. The US Census Bureau, for example, gathers data on all kinds of areas relevant to the lives of Americans, and many sociologists analyze census data on such social problems as poverty, unemployment, and illness. Sociologists interested in crime and the criminal justice system may analyze data from court records, while medical sociologists often analyze data from patient records at hospitals. Analysis of existing data such as these is called secondary data analysis. Its advantage to sociologists is that someone else has already spent the time and money to gather the data. A disadvantage is that the data set being analyzed may not contain data on all the topics in which a sociologist may be interested or may contain data on topics that are not measured in ways the sociologist might prefer.

The Scientific Method and Objectivity

This section began by stressing the need for sound research in the study of social problems. But what are the elements of sound research? At a minimum, such research should follow the rules of the *scientific method*. As you probably learned in high school and/or college science classes, these rules—formulating hypotheses, gathering and testing data, drawing conclusions, and so forth—help guarantee that research yields the most accurate and reliable conclusions possible.

An overriding principle of the scientific method is that research should be conducted as *objectively* as possible. Researchers are often passionate about their work, but they must take care not to let the findings they expect and even hope to uncover affect how they do their research. This in turn means that they must not conduct their research in a manner that helps achieve the results they expect to find. Such bias can happen unconsciously, and the scientific method helps reduce the potential for this bias as much as possible.

This potential is arguably greater in the social sciences than in the natural and physical sciences. The political views of chemists and physicists typically do not affect how an experiment is performed and how the outcome of the experiment is interpreted. In contrast, researchers in the social sciences, and perhaps particularly in sociology, often have strong feelings about the topics they are studying. Their social and political beliefs may thus influence how they perform their research on these topics and how they interpret the results of this research. Following the scientific method helps reduce this possible influence.

Key Takeaways

- The major types of research on social problems include surveys, experiments, observational studies, and the use of existing data.
- Surveys are the most common method, and the results of surveys of random samples may be generalized to the populations from which the samples come.
- Observation studies and existing data are also common methods in social problems research. Observation studies enable the gathering of rich, detailed information, but their results cannot necessarily be generalized beyond the people studied.
- Research on social problems should follow the scientific method to yield the most accurate and objective conclusions possible.

For Your Review

1. Have you ever been a respondent or subject in any type of sociological or psychological research project? If so, how did it feel to be studied?
2. Which type of social problems research method sounds most interesting to you? Why?

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CHAPTER OVERVIEW

4: Poverty

4.1: Poverty is a Social Problem
4.2: The Measurement and Extent of Poverty
4.3: Who the Poor Are- Social Patterns of Poverty
4.4: Explaining Poverty
4.5: The Consequences of Poverty
4.6: Global Poverty
4.7: Reducing Poverty
4.8: Section Summary

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4.1: Poverty is a Social Problem

Social Problems in the News

"Survey: More US Kids Go to School Hungry," the headline said. As the US economy continued to struggle, a nationwide survey of 638 public school teachers in grades K–8 conducted for Share Our Strength, a nonprofit organization working to end childhood hunger, found alarming evidence of children coming to school with empty stomachs. More than two-thirds of the teachers said they had students who "regularly come to school too hungry to learn—some having had no dinner the night before," according to the news article. More than 60 percent of the teachers said the problem had worsened during the past year, and more than 40 percent called it a "serious" problem. Many of the teachers said they spent their own money to buy food for their students. As an elementary school teacher explained, "I've had lots of students come to school—not just one or two—who put their heads down and cry because they haven't eaten since lunch yesterday" (United Press International, 2011).

The United States is one of the richest nations in the world. Many Americans live in luxury or at least are comfortably well-off. Yet, as this poignant news story of childhood hunger reminds us, many Americans also live in poverty or near poverty. This chapter explains why poverty exists and why the US poverty rate is so high, and it discusses the devastating consequences of poverty for the millions of Americans who live in or near poverty. It also examines poverty in the poorest nations of the world and outlines efforts for reducing poverty in the United States and these nations.

Although this chapter will paint a disturbing picture of poverty, there is still cause for hope. As we shall see, the "war on poverty" that began in the United States during the 1960s dramatically reduced poverty. Inspired by books with titles like *The Other America: Poverty in the United States* (Harrington, 1962) and *In the Midst of Plenty: The Poor in America* (Bagdikian, 1964) that described the plight of the poor in heartbreaking detail, the federal government established various funding programs and other policies that greatly lowered the poverty rate in less than a decade (Schwartz, 1984). Since the 1960s and 1970s, however, the United States has cut back on these programs, and the poor are no longer on the national agenda. Other wealthy democracies provide much more funding and many more services for their poor than does the United States, and their poverty rates are much lower than ours.

Still, the history of the war on poverty and the experience of these other nations both demonstrate that US poverty can be reduced with appropriate policies and programs. If the United States were to go back to the future by remembering its earlier war on poverty and by learning from other Western democracies, it could again lower poverty and help millions of Americans lead better, healthier, and more productive lives.

But why should we care about poverty in the first place? As this chapter discusses, many politicians and much of the public blame the poor for being poor, and they oppose increasing federal spending to help the poor and even want to reduce such spending. As poverty expert Mark R. Rank (Rank, 2011) summarizes this way of thinking, "All too often we view poverty as someone else's problem." Rank says this unsympathetic view is shortsighted because, as he puts it, "poverty affects us all" (Rank, 2011). This is true, he explains, for at least two reasons.

First, the United States spends much more money than it needs to because of the consequences of poverty. Poor people experience worse health, family problems, higher crime rates, and many other problems, all of which our nation spends billions of dollars annually to address. In fact, childhood poverty has been estimated to cost the US economy an estimated $500 billion annually because of the problems it leads to, including unemployment, low-paid employment, higher crime rates, and physical and mental health problems (Eckholm, 2007). If the US poverty rate were no higher than that of other democracies, billions of tax dollars and other resources would be saved.

Second, the majority of Americans can actually expect to be poor or near poor at some point in their lives, with about 75 percent of Americans in the 20–75 age range living in poverty or near poverty for at least one year in their lives. As Rank (Rank, 2011) observes, most Americans "will find ourselves below the poverty line and using a social safety net program at some point." Because poverty costs the United States so much money and because so many people experience poverty, says Rank, everyone should want the United States to do everything possible to reduce poverty.

Sociologist John Iceland (Iceland, 2006) adds two additional reasons for why everyone should care about poverty and want it reduced. First, a high rate of poverty impairs our nation's economic progress: When a large number of people cannot afford to purchase goods and services, economic growth is more difficult to achieve. Second, poverty produces crime and other social problems that affect people across the socioeconomic ladder. Reductions in poverty would help not only the poor but also people who are not poor.

We begin our examination of poverty by discussing how poverty is measured and how much poverty exists.

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4.2: The Measurement and Extent of Poverty

Learning Objectives

1. Understand how official poverty in the United States is measured.
2. Describe problems in the measurement of official poverty.
3. Describe the extent of official poverty.

When US officials became concerned about poverty during the 1960s, they quickly realized they needed to find out how much poverty we had. To do so, a measure of official poverty, or a poverty line, was needed. A government economist, Mollie Orshanky, first calculated this line in 1963 by multiplying the cost of a very minimal diet by three, as a 1955 government study had determined that the typical American family spent one-third of its income on food. Thus a family whose cash income is lower than three times the cost of a very minimal diet is considered officially poor.

This way of calculating the official poverty line has not changed since 1963. It is thus out of date for many reasons. For example, many expenses, such as heat and electricity, child care, transportation, and health care, now occupy a greater percentage of the typical family's budget than was true in 1963. In addition, this official measure ignores a family's noncash income from benefits such as food stamps and tax credits. As a national measure, the poverty line also fails to take into account regional differences in the cost of living. All these problems make the official measurement of poverty highly suspect. As one poverty expert observes, "The official measure no longer corresponds to reality. It doesn't get either side of the equation right—how much the poor have or how much they need. No one really trusts the data" (DeParle, et. al., 2011). We'll return to this issue shortly.



The measure of official poverty began in 1963 and stipulates that a family whose income is lower than three times the cost of a minimal diet is considered officially poor. This measure has not changed since 1963 even though family expenses have risen greatly in many areas.
Wikimedia Commons – public domain.

The poverty line is adjusted annually for inflation and takes into account the number of people in a family: The larger the family size, the higher the poverty line. In 2010, the poverty line for a nonfarm family of four (two adults, two children) was $22,213. A four-person family earning even one more dollar than $22,213 in 2010 was *not* officially poor, even though its "extra" income hardly lifted it out of dire economic straits. Poverty experts have calculated a no-frills budget that enables a family to meet its basic needs in food, clothing, shelter, and so forth; this budget is about twice the poverty line. Families with incomes between the poverty line and twice the poverty line (or *twice poverty*) are barely making ends meet, but they are not considered officially poor. When we talk here about the poverty level, then, keep in mind that we are talking only about *official* poverty and that there are many families and individuals living in near poverty who have trouble meeting their basic needs, especially when they face unusually high medical expenses, motor vehicle expenses, or the like. For this reason, many analysts think families need incomes twice as high as the federal poverty level just to get by (Wright, et. al., 2011). They thus use *twice-poverty* data (i.e., family incomes below twice the poverty line) to provide a more accurate understanding of how many Americans face serious financial difficulties, even if they are not living in official poverty.

The Extent of Poverty

With this caveat in mind, how many Americans are poor? The US Census Bureau gives us some answers that use the traditional, official measure of poverty developed in 1963. In 2010, 15.1 percent of the US population, or 46.2 million Americans, lived in official poverty (DeNavas-Walt, et. al., 2011). This percentage represented a decline from the early 1990s but was higher than 2000

and even higher than the rate in the late 1960s (see Figure 2.1 “US Poverty, 1959–2010”). If we were winning the war on poverty in the 1960s (notice the sharp drop in the 1960s in Figure 2.1 “US Poverty, 1959–2010”), since then poverty has fought us to a standstill.

Figure 2.1 US Poverty, 1959–2010



Source: Data from US Census Bureau. (2011). Historical poverty tables: People.

Another way of understanding the extent of poverty is to consider episodic poverty, defined by the Census Bureau as being poor for at least two consecutive months in some time period. From 2004 to 2007, the last years for which data are available, almost one-third of the US public, equal to about 95 million people, were poor for at least two consecutive months, although only 2.2 percent were poor for all three years (DeNavas-Walt, et al., 2010). As these figures indicate, people go into and out of poverty, but even those who go out of it do not usually move very far from it. And as we have seen, the majority of Americans can expect to experience poverty or near poverty at some point in their lives.

The problems in the official poverty measure that were noted earlier have led the Census Bureau to develop a *Supplemental Poverty Measure*. This measure takes into account the many family expenses in addition to food; it also takes into account geographic differences in the cost of living, taxes paid and tax credits received, and the provision of food stamps, Medicaid, and certain other kinds of government aid. This new measure yields an estimate of poverty that is higher than the rather simplistic official poverty measure that, as noted earlier, is based solely on the size of a family and the cost of food and the amount of a family’s cash income. According to this new measure, the 2010 poverty rate was 16.0 percent, equal to 49.1 million Americans (Short, 2011). Because the official poverty measure identified 46.2 million people as poor, the new, more accurate measure increased the number of poor people in the United States by almost 3 million. Without the help of Social Security, food stamps, and other federal programs, at least 25 million additional people would be classified as poor (Sherman, 2011). These programs thus are essential in keeping many people above the poverty level, even if they still have trouble making ends meet and even though the poverty rate remains unacceptably high.

A final figure is worth noting. Recall that many poverty experts think that twice-poverty data—the percentage and number of people living in families with incomes below twice the official poverty level—are a better gauge than the official poverty level of the actual extent of poverty, broadly defined, in the United States. Using the twice-poverty threshold, about one-third of the US population, or more than 100 million Americans, live in poverty or near poverty (Pereyra, 2011). Those in near poverty are just one crisis—losing a job or sustaining a serious illness or injury—away from poverty. Twice-poverty data paint a very discouraging picture.

Key Takeaways

- The official poverty rate is based on the size of a family and a minimal food budget; this measure underestimates the true extent of poverty.
- The official poverty rate in 2010 was 15.1 percent, equal to more than 46 million Americans.
- About one-third of the US population, or more than 100 million Americans, have incomes no higher than twice the poverty line.

For Your Review

1. Write a short essay that summarizes the problems by which the official poverty rate is determined.
2. Sit down with some classmates and estimate what a family of four (two parents, two young children) in your area would have to pay annually for food, clothing, shelter, energy, and other necessities of life. What figure do you end up with? How does this sum of money compare with the official poverty line of $22,213 in 2010 for a family of four?

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4.3: Who the Poor Are- Social Patterns of Poverty

Learning Objectives

1. Describe racial/ethnic differences in the poverty rate.
2. Discuss how family structure is related to the poverty rate.
3. Explain what poverty and labor force participation data imply about the belief that many poor people lack the motivation to work.

Who are the poor? Although the official poverty rate in 2010 was 15.1 percent, this rate differs by the important sociodemographic characteristics of race/ethnicity, gender, and age, and it also differs by region of the nation and by family structure. The poverty rate differences based on these variables are critical to understanding the nature and social patterning of poverty in the United States. We look at each of these variables in turn with 2010 census data (DeNavas-Walt, et, al., 2011).

Race/Ethnicity

Here is a quick quiz; please circle the correct answer.

- Most poor people in the United States are
  1. Black/African American
  2. Latino
  3. Native American
  4. Asian
  5. White

What did you circle? If you are like the majority of people who answer a similar question in public opinion surveys, you would have circled *a. Black/African American*. When Americans think about poor people, they tend to picture African Americans (White, 2007). This popular image is thought to reduce the public's sympathy for poor people and to lead them to oppose increased government aid for the poor. The public's views on these matters are, in turn, thought to play a key role in government poverty policy. It is thus essential for the public to have an accurate understanding of the racial/ethnic patterning of poverty.



The most typical poor people in the United States are non-Latino whites. These individuals comprise 42.4 percent of all poor Americans.

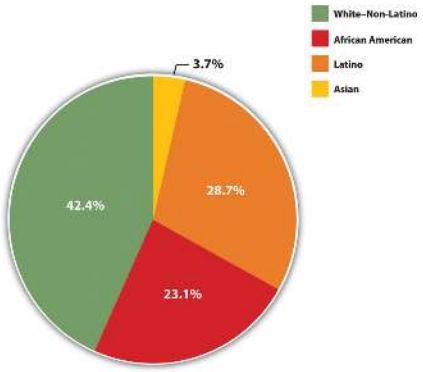
Franco Folini – Homeless guys with dogs – CC BY-SA 2.0.

Unfortunately, the public's racial image of poor people is mistaken, as census data reveal that *the most typical poor person is white (non-Latino)*. To be more precise, 42.4 percent of poor people are white (non-Latino), 28.7 percent are Latino, 23.1 percent are black, and 3.7 percent are Asian (see Figure 2.2 "Racial and Ethnic Composition of the Poor, 2010 (Percentage of Poor Persons Who Belong to Each Group)"). As these figures show, non-Latino whites certainly comprise the greatest number of the American poor. Turning these percentages into numbers, they account for 19.6 million of the 46.2 million poor Americans.

It is also true, though, that race and ethnicity affect the chances of being poor. While only 9.9 percent of non-Latino whites are poor, 27.4 percent of African Americans, 12.1 percent of Asians, and 26.6 percent of Latinos (who may be of any race) are poor

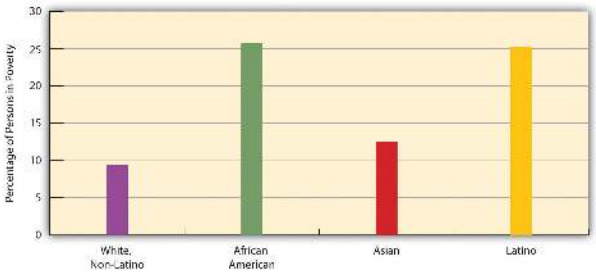
(see Figure 2.3 “Race, Ethnicity, and Poverty, 2010 (Percentage of Each Group That Is Poor)”). Thus African Americans and Latinos are almost three times as likely as non-Latino whites to be poor. (Because there are so many non-Latino whites in the United States, the greatest number of poor people are non-Latino white, even if the percentage of whites who are poor is relatively low.) The higher poverty rates of people of color are so striking and important that they have been termed the “colors of poverty” (Lin & Harris, 2008).

Figure 2.2 Racial and Ethnic Composition of the Poor, 2010 (Percentage of Poor Persons Who Belong to Each Group)



Source: Data from DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2011). *Income, poverty, and health insurance coverage in the United States: 2010* (Current Population Report P60-239). Washington, DC: US Census Bureau.

Figure 2.3 Race, Ethnicity, and Poverty, 2010 (Percentage of Each Group That Is Poor)



Source: Data from DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2011). *Income, poverty, and health insurance coverage in the United States: 2010* (Current Population Report P60-239). Washington, DC: US Census Bureau.

Gender

One thing that many women know all too well is that women are more likely than men to be poor. According to the census, 16.2 percent of all females live in poverty, compared to only 14.0 percent of all males. These figures translate to a large gender gap in the actual number of poor people, as 25.2 million women and girls live in poverty, compared to only 21.0 million men and boys, for a difference of 4.2 million people. The high rate of female poverty is called the *feminization of poverty* (Iceland, 2006). We will see additional evidence of this pattern when we look at the section on family structure that follows.

Age

Turning to age, at any one time 22 percent of children under age 18 are poor (amounting to 16.4 million children), a figure that rises to about 39 percent of African American children and 35 percent of Latino children. About 37 percent of all children live in poverty for at least one year before turning 18 (Ratcliffe & McKernan, 2010). The poverty rate for US children is the highest of all wealthy democracies and in fact is 1.5 to 9 times greater than the corresponding rates in Canada and Western Europe (Mishel, et. al., 2009). As high as the US childhood poverty rate is, twice-poverty data again paint an even more discouraging picture. Children living in families with incomes below twice the official poverty level are called *low-income children*, and their families are called *low-income families*. Almost 44 percent of American children, or some 32.5 million kids, live in such families (Addy & Wright, 2012). Almost two-thirds of African American children and Latino children live in low-income families.



The poverty rate for US children is the highest in the Western world.

Wikimedia Commons – CC BY-SA 3.0.

At the other end of the age distribution, 9 percent of people aged 65 or older are poor (amounting to about 3.5 million seniors). Turning around these age figures, almost 36 percent of all poor people in the United States are children, and almost 8 percent of the poor are 65 or older. Thus more than 43.4 percent of Americans living in poverty are children or the elderly.

Region

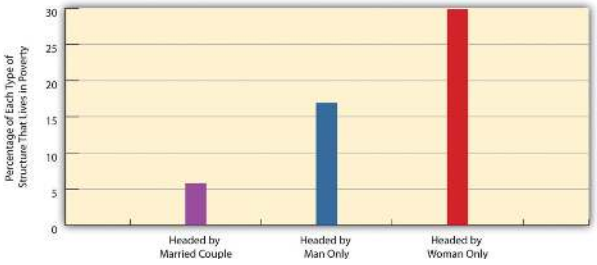
Poverty rates differ around the country. Some states have higher poverty rates than other states, and some counties within a state are poorer than other counties within that state. A basic way of understanding geographical differences in poverty is to examine the poverty rates of the four major regions of the nation. When we do this, the South is the poorest region, with a poverty rate of 16.9 percent. The West is next (15.3 percent), followed by the Midwest (13.9 percent) and then the Northeast (12.8 percent). The South's high poverty rate is thought to be an important reason for the high rate of illnesses and other health problems it experiences compared to the other regions (Ramshaw, 2011).

Family Structure

There are many types of family structures, including a married couple living with their children; an unmarried couple living with one or more children; a household with children headed by only one parent, usually a woman; a household with two adults and no children; and a household with only one adult living alone. Across the nation, poverty rates differ from one type of family structure to another.

Not surprisingly, poverty rates are higher in families with one adult than in those with two adults (because they often are bringing in two incomes), and, in one-adult families, they are higher in families headed by a woman than in those headed by a man (because women generally have lower incomes than men). Of all families headed by just a woman, 31.6 percent live in poverty, compared to only 15.8 percent of families headed by just a man. In contrast, only 6.2 percent of families headed by a married couple live in poverty (see Figure 2.4 "Family Structure and Poverty Rate (Percentage of Each Type of Structure That Lives in Poverty)"). The figure for female-headed families provides additional evidence for the feminization of poverty concept introduced earlier.

Figure 2.4 Family Structure and Poverty Rate (Percentage of Each Type of Structure That Lives in Poverty)



Source: Data from DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2011). *Income, poverty, and health insurance coverage in the United States: 2010* (Current Population Report P60-239). Washington, DC: US Census Bureau.

We saw earlier that 22 percent of American children are poor. This figure varies according to the type of family structure in which the children live. Whereas only 11.6 percent of children residing with married parents live in poverty, 46.9 percent of those living with only their mother live in poverty. This latter figure rises to 53.3 percent for African American children and 57.0 percent for Latino children (US Census Bureau, 2012). Yet regardless of their race or ethnicity, children living just with their mothers are at particularly great risk of living in poverty.

Labor Force Status

As this chapter discusses later, many Americans think the poor are lazy and lack the motivation to work and, as is often said, "really could work if they wanted to." However, government data on the poor show that most poor people are, in fact, either working, unemployed but looking for work, or unable to work because of their age or health. Table 2.1 "Poverty and Labor Force Participation, 2010" shows the relevant data. We discuss these numbers in some detail because of their importance, so please follow along carefully.

Table 2.1 Poverty and Labor Force Participation, 2010

Total number of poor people	46,180,000
Number of poor people under age 18	16,401,000
Number of poor people ages 65 and older	3,521,000
Number of poor people ages 18–64	26,258,000
Number of poor people ages 18–64 who were:	
Working full- or part-time	9,053,000
Unemployed but looking for work	3,616,000
Disabled	4,247,000
In the armed forces	77,000
Able-bodied but not in the labor force	9,254,000

Source: Data from US Census Bureau. (2010). Current population survey (CPS) table creator. Retrieved from http://www.census.gov/cps/data/cpstablecreator.html.

Let's examine this table to see the story it tells. Of the roughly 46.2 million poor people, almost 20 million were either under age 18 or at least 65. Because of their ages, we would not expect them to be working. Of the remaining 26.3 million poor adults ages 18–64, almost 17 million, or about two-thirds, fell into one of these categories: (a) they worked full-time or part-time, (b) they were unemployed but looking for work during a year of very high unemployment due to the nation's faltering economy, (c) they did not work because of a disability, or (d) they were in the armed forces. Subtracting all these adults leaves about 9.3 million able-bodied people ages 18–64.

Doing some arithmetic, we thus see that almost 37 million of the 46.2 million poor people we started with, or 80 percent, with were either working or unemployed but looking for work, too young or too old to work, disabled, or in the armed forces. It would thus be inaccurate to describe the vast majority of the poor as lazy and lacking the motivation to work.

What about the 9.3 million able-bodied poor people who are ages 18–64 but not in the labor force, who compose only 20 percent of the poor to begin with? Most of them were either taking care of small children or elderly parents or other relatives, retired for health reasons, or in school (US Census Bureau, 2012); some also left the labor force out of frustration and did not look for work (and thus were not counted officially as unemployed). Taking all these numbers and categories into account, it turns out that the percentage of poor people who "really could work if they wanted to" is rather miniscule, and the common belief that they "really could work if they wanted to" is nothing more than a myth.

People Making a Difference

Feeding "Motel Kids" Near Disneyland

Just blocks from Disneyland in Anaheim, California, more than 1,000 families live in cheap motels frequently used by drug dealers and prostitutes. Because they cannot afford the deposit for an apartment, the motels are their only alternative to homelessness. As Bruno Serato, a local Italian restaurant owner, observed, "Some people are stuck, they have no money. They need to live in that room. They've lost everything they have. They have no other choice. No choice."

Serato learned about these families back in 2005, when he saw a boy at the local Boys & Girls Club eating a bag of potato chips as his only food for dinner. He was told that the boy lived with his family in a motel and that the Boys & Girls Club had a "motel kids" program that drove children in vans after school to their motels. Although the children got free breakfast and lunch at school, they often went hungry at night. Serato soon began serving pasta dinners to some seventy children at the club every evening, a number that had grown by spring 2011 to almost three hundred children nightly. Serato also pays to have the children transported to the club for their dinners, and he estimates that the food and transportation cost him about $2,000 monthly. His program had served more than 300,000 pasta dinners to motel kids by 2011.

Two of the children who eat Serato's pasta are Carlos and Anthony Gomez, 12, who live in a motel room with the other members of their family. Their father was grateful for the pasta: "I no longer worry as much, about them [coming home] and there being no food. I know that they eat over there at [the] Boys & Girls Club."

Bruno Serato is merely happy to be helping out. "They're customers," he explains. "My favorite customers" (Toner, 2011).

For more information about Bruno Serato's efforts, visit his charity site at https://www.chefbrunoserato.com/about/

Key Takeaways

- Although people of color have higher poverty rates than non-Latino whites, the most typical poor person in the United States is non-Latino white.
- The US childhood poverty rate is the highest of all Western democracies.
- Labor force participation data indicate that the belief that poor people lack motivation to work is in fact a myth.

For Your Review

1. Why do you think the majority of Americans assume poor people lack the motivation to work?
2. Explain to a friend how labor force participation data indicate that it is inaccurate to think that poor people lack the motivation to work.

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4.4: Explaining Poverty

Learning Objectives

1. Describe the assumptions of the functionalist and conflict views of stratification and of poverty.
2. Explain the focus of symbolic interactionist work on poverty.
3. Understand the difference between the individualist and structural explanations of poverty.

Why does poverty exist, and why and how do poor people end up being poor? The sociological perspectives introduced in the prior chapter about social problems provides some possible answers to these questions through their attempt to explain why American society is *stratified*—that is, why it has a range of wealth ranging from the extremely wealthy to the extremely poor. We review what these perspectives say generally about social stratification (rankings of people based on wealth and other resources a society values) before turning to explanations focusing specifically on poverty.

In general, the functionalist perspective and conflict perspective both try to explain why social stratification exists and endures, while the symbolic interactionist perspective discusses the differences that stratification produces for everyday interaction. Table 2.2 "Theory Snapshot" summarizes these three approaches.

Table 2.2 Theory Snapshot

Theoretical perspective	Major assumptions
Functionalism	Stratification is necessary to induce people with special intelligence, knowledge, and skills to enter the most important occupations. For this reason, stratification is necessary and inevitable.
Conflict theory	Stratification results from lack of opportunity and from discrimination and prejudice against the poor, women, and people of color. It is neither necessary nor inevitable.
Symbolic interactionism	Stratification affects people's beliefs, lifestyles, daily interaction, and conceptions of themselves.

The Functionalist View

As discussed earlier, functionalist theory assumes that society's structures and processes exist because they serve important functions for society's stability and continuity. In line with this view, functionalist theorists in sociology assume that stratification exists because it also serves important functions for society. This explanation was developed more than sixty years ago by Kingsley Davis and Wilbert Moore (Davis & Moore, 1945) in the form of several logical assumptions that imply stratification is both necessary and inevitable. When applied to American society, their assumptions would be as follows:

1. **Some jobs are more important than other jobs.** For example, the job of a brain surgeon is more important than the job of shoe shining.
2. **Some jobs require more skills and knowledge than other jobs.** To stay with our example, it takes more skills and knowledge to perform brain surgery than to shine shoes.
3. **Relatively few people have the ability to acquire the skills and knowledge that are needed to do these important, highly skilled jobs.** Most of us would be able to do a decent job of shining shoes, but very few of us would be able to become brain surgeons.
4. **To encourage the people with the skills and knowledge to do the important, highly skilled jobs, society must promise them higher incomes or other rewards.** If this is true, some people automatically end up higher in society's ranking system than others, and stratification is thus necessary and inevitable.

To illustrate their assumptions, say we have a society where shining shoes and doing brain surgery both give us incomes of $150,000 per year. (This example is *very* hypothetical, but please keep reading.) If you decide to shine shoes, you can begin making this money at age 16, but if you decide to become a brain surgeon, you will not start making this same amount until about age 35, as you must first go to college and medical school and then acquire several more years of medical training. While you have spent nineteen additional years beyond age 16 getting this education and training and taking out tens of thousands of dollars in student loans, you could have spent those years shining shoes and making $150,000 a year, or $2.85 million overall. Which job would you choose?



Functional theory argues that the promise of very high incomes is necessary to encourage talented people to pursue important careers such as surgery. If physicians and shoe shiners made the same high income, would enough people decide to become physicians?

Public Domain Images – CC0 public domain.

As this example suggests, many people might not choose to become brain surgeons unless considerable financial and other rewards awaited them. By extension, we might not have enough people filling society's important jobs unless they know they will be similarly rewarded. If this is true, we must have stratification. And if we must have stratification, then that means some people will have much less money than other people. If stratification is inevitable, then, poverty is also inevitable. The functionalist view further implies that if people are poor, it is because they do not have the ability to acquire the skills and knowledge necessary for the important, high-paying jobs.

The functionalist view sounds very logical, but a few years after Davis and Moore published their theory, other sociologists pointed out some serious problems in their argument (Tumin, 1953; Wrong, 1959).

First, it is difficult to compare the importance of many types of jobs. For example, which is more important, doing brain surgery or mining coal? Although you might be tempted to answer with brain surgery, if no coal were mined then much of our society could not function. In another example, which job is more important, attorney or professor? (Be careful how you answer this one!)

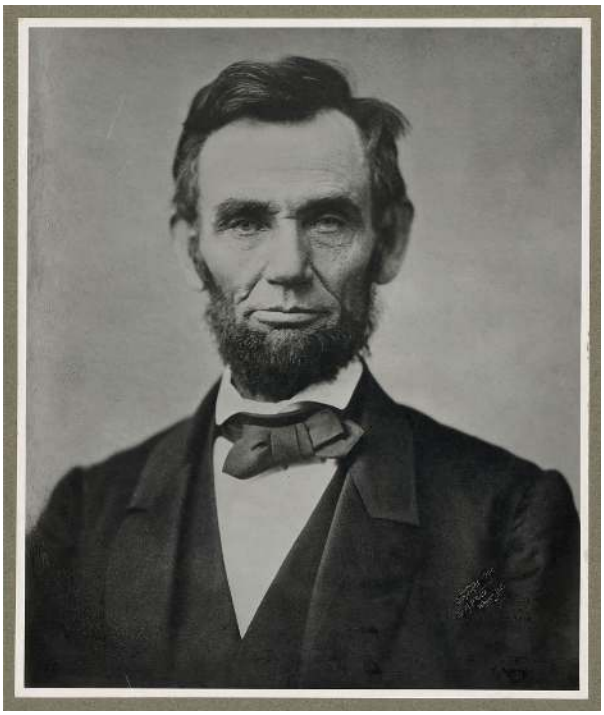
Second, the functionalist explanation implies that the most important jobs have the highest incomes and the least important jobs the lowest incomes, but many examples, including the ones just mentioned, counter this view. Coal miners make much less money than physicians, and professors, for better or worse, earn much less on the average than lawyers. A professional athlete making millions of dollars a year earns many times the income of the president of the United States, but who is more important to the nation? Elementary school teachers do a very important job in our society, but their salaries are much lower than those of sports agents, advertising executives, and many other people whose jobs are far less essential.

Third, the functionalist view assumes that people move up the economic ladder based on their abilities, skills, knowledge, and, more generally, their merit. This implies that if they do not move up the ladder, they lack the necessary merit. However, this view ignores the fact that much of our stratification stems from lack of equal opportunity. As later chapters in this book discuss, because of their race, ethnicity, gender, and class standing at birth, some people have less opportunity than others to acquire the skills and training they need to fill the types of jobs addressed by the functionalist approach.

Finally, the functionalist explanation might make sense up to a point, but it does not justify the extremes of wealth and poverty found in the United States and other nations. Even if we do have to promise higher incomes to get enough people to become physicians, does that mean we also need the amount of poverty we have? Do CEOs of corporations really need to make millions of dollars per year to get enough qualified people to become CEOs? Do people take on a position as CEO or other high-paying job at least partly because of the challenge, working conditions, and other positive aspects they offer? The functionalist view does not answer these questions adequately.

One other line of functionalist thinking focuses more directly on poverty than generally on stratification. This particular functionalist view provocatively argues that poverty exists because it serves certain positive functions for our society. These functions include the following: (1) poor people do the work that other people do not want to do; (2) the programs that help poor people provide a lot of jobs for the people employed by the programs; (3) the poor purchase goods, such as day-old bread and used clothing, that other people do not wish to purchase, and thus extend the economic value of these goods; and (4) the poor provide jobs for doctors, lawyers, teachers, and other professionals who may not be competent enough to be employed in positions catering to wealthier patients, clients, students, and so forth (Gans, 1972). Because poverty serves all these functions and more, according to this argument, the middle and upper classes have a vested interested in neglecting poverty to help ensure its continued existence.

The Conflict View



Because he was born in a log cabin and later became president, Abraham Lincoln's life epitomizes the American Dream, which is the belief that people born into poverty can become successful through hard work. The popularity of this belief leads many Americans to blame poor people for their poverty.

US Library of Congress – public domain.

Conflict theory's explanation of stratification draws on Karl Marx's view of class societies and incorporates the critique of the functionalist view just discussed. Many different explanations grounded in conflict theory exist, but they all assume that stratification stems from a fundamental conflict between the needs and interests of the powerful, or "haves," in society and those of the weak, or "have-nots" (Kerbo, 2012). The former take advantage of their position at the top of society to stay at the top, even if it means oppressing those at the bottom. At a minimum, they can heavily influence the law, the media, and other institutions in a way that maintains society's class structure.

In general, conflict theory attributes stratification and thus poverty to lack of opportunity from discrimination and prejudice against the poor, women, and people of color. In this regard, it reflects one of the early critiques of the functionalist view that the previous section outlined. To reiterate an earlier point, several of the remaining chapters of this book discuss the various obstacles that make it difficult for the poor, women, and people of color in the United States to move up the socioeconomic ladder and to otherwise enjoy healthy and productive lives.

Symbolic Interactionism

Consistent with its micro orientation, symbolic interactionism tries to understand stratification and thus poverty by looking at people's interaction and understandings in their daily lives. Unlike the functionalist and conflict views, it does not try to explain

why we have stratification in the first place. Rather, it examines the differences that stratification makes for people's lifestyles and their interaction with other people.

Many detailed, insightful sociological books on the lives of the urban and rural poor reflect the symbolic interactionist perspective (Anderson, 1999; C. M. Duncan, 2000; Liebow, 1993; Rank, 1994). These books focus on different people in different places, but they all make very clear that the poor often lead lives of quiet desperation and must find ways of coping with the fact of being poor. In these books, the consequences of poverty discussed later in this chapter acquire a human face, and readers learn in great detail what it is like to live in poverty on a daily basis.

Some classic journalistic accounts by authors not trained in the social sciences also present eloquent descriptions of poor people's lives (Bagdikian, 1964; Harrington, 1962). Writing in this tradition, a newspaper columnist who grew up in poverty recently recalled, "I know the feel of thick calluses on the bottom of shoeless feet. I know the bite of the cold breeze that slithers through a drafty house. I know the weight of constant worry over not having enough to fill a belly or fight an illness…Poverty is brutal, consuming and unforgiving. It strikes at the soul" (Blow, 2011).



Sociological accounts of the poor provide a vivid portrait of what it is like to live in poverty on a daily basis.

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On a more lighthearted note, examples of the symbolic interactionist framework are also seen in the many literary works and films that portray the difficulties that the rich and poor have in interacting on the relatively few occasions when they do interact. For example, in the film *Pretty Woman*, Richard Gere plays a rich businessman who hires a prostitute, played by Julia Roberts, to accompany him to swank parties and other affairs. Roberts has to buy a new wardrobe and learn how to dine and behave in these social settings, and much of the film's humor and poignancy come from her awkwardness in learning the lifestyle of the rich.

Specific Explanations of Poverty

The functionalist and conflict views focus broadly on social stratification but only indirectly on poverty. When poverty finally attracted national attention during the 1960s, scholars began to try specifically to understand why poor people become poor and remain poor. Two competing explanations developed, with the basic debate turning on whether poverty arises from problems either within the poor themselves or in the society in which they live (Rank, 2011). The first type of explanation follows logically from the functional theory of stratification and may be considered an individualistic explanation. The second type of explanation follows from conflict theory and is a structural explanation that focuses on problems in American society that produce poverty. Table 2.3 "Explanations of Poverty" summarizes these explanations.

Table 2.3 Explanations of Poverty

Explanation	Major assumptions
Individualistic	Poverty results from the fact that poor people lack the motivation to work and have certain beliefs and values that contribute to their poverty.
Structural	Poverty results from problems in society that lead to a lack of opportunity and a lack of jobs.

It is critical to determine which explanation makes more sense because, as sociologist Theresa C. Davidson (Davidson, 2009) observes, "beliefs about the causes of poverty shape attitudes toward the poor." To be more precise, the particular explanation that people favor affects their view of government efforts to help the poor. Those who attribute poverty to problems in the larger society

are much more likely than those who attribute it to deficiencies among the poor to believe that the government should do more to help the poor (Bradley & Cole, 2002). The explanation for poverty we favor presumably affects the amount of sympathy we have for the poor, and our sympathy, or lack of sympathy, in turn affects our views about the government's role in helping the poor. With this backdrop in mind, what do the individualistic and structural explanations of poverty say?

Individualistic Explanation

According to the individualistic explanation, the poor have personal problems and deficiencies that are responsible for their poverty. In the past, the poor were thought to be biologically inferior, a view that has not entirely faded, but today the much more common belief is that they lack the ambition and motivation to work hard and to achieve success. According to survey evidence, the majority of Americans share this belief (Davidson, 2009). A more sophisticated version of this type of explanation is called the *culture of poverty* theory (Banfield, 1974; Lewis, 1966; Murray, 2012). According to this theory, the poor generally have beliefs and values that differ from those of the nonpoor and that doom them to continued poverty. For example, they are said to be impulsive and to live for the present rather than the future.

Regardless of which version one might hold, the individualistic explanation is a blaming-the-victim approach. Critics say this explanation ignores discrimination and other problems in American society and exaggerates the degree to which the poor and nonpoor do in fact hold different values (Ehrenreich, 2012; Holland, 2011; Schmidt, 2012). Regarding the latter point, they note that poor employed adults work more hours per week than wealthier adults and that poor parents interviewed in surveys value education for their children at least as much as wealthier parents. These and other similarities in values and beliefs lead critics of the individualistic explanation to conclude that poor people's poverty cannot reasonably be said to result from a culture of poverty.

Structural Explanation

According to the second, structural explanation, which is a blaming-the-system approach, US poverty stems from problems in American society that lead to a lack of equal opportunity and a lack of jobs. These problems include (a) racial, ethnic, gender, and age discrimination; (b) lack of good schooling and adequate health care; and (c) structural changes in the American economic system, such as the departure of manufacturing companies from American cities in the 1980s and 1990s that led to the loss of thousands of jobs. These problems help create a vicious cycle of poverty in which children of the poor are often fated to end up in poverty or near poverty themselves as adults.

As Rank (Rank, 2011) summarizes this view, "American poverty is largely the result of failings at the economic and political levels, rather than at the individual level…In contrast to [the individualistic] perspective, the basic problem lies in a shortage of viable opportunities for all Americans." Rank points out that the US economy during the past few decades has created more low-paying and part-time jobs and jobs without benefits, meaning that Americans increasingly find themselves in jobs that barely lift them out of poverty, if at all. Sociologist Fred Block and colleagues share this critique of the individualistic perspective: "Most of our policies incorrectly assume that people can avoid or overcome poverty through hard work alone. Yet this assumption ignores the realities of our failing urban schools, increasing employment insecurities, and the lack of affordable housing, health care, and child care. It ignores the fact that the American Dream is rapidly becoming unattainable for an increasing number of Americans, whether employed or not" (Block, et. al., 2006).

Most sociologists favor the structural explanation. As later chapters in this book document, racial and ethnic discrimination, lack of adequate schooling and health care, and other problems make it difficult to rise out of poverty. On the other hand, some ethnographic research supports the individualistic explanation by showing that the poor do have certain values and follow certain practices that augment their plight (Small, et. al., 2010). For example, the poor have higher rates of cigarette smoking (34 percent of people with annual incomes between $6,000 and $11,999 smoke, compared to only 13 percent of those with incomes $90,000 or greater [Goszkowski, 2008]), which helps cause them to have more serious health problems.

Adopting an integrated perspective, some researchers say these values and practices are ultimately the result of poverty itself (Small et, al., 2010). These scholars concede a culture of poverty does exist, but they also say it exists because it helps the poor cope daily with the structural effects of being poor. If these effects lead to a culture of poverty, they add, poverty then becomes self-perpetuating. If poverty is both cultural and structural in origin, these scholars say, efforts to improve the lives of people in the "other America" must involve increased structural opportunities for the poor and changes in some of their values and practices.

Key Takeaways

- According to the functionalist view, stratification is a necessary and inevitable consequence of the need to use the promise of financial reward to encourage talented people to pursue important jobs and careers.

- According to conflict theory, stratification results from lack of opportunity and discrimination against the poor and people of color.
- According to symbolic interactionism, social class affects how people interact in everyday life and how *they view certain aspects of the social world*.
- The individualistic view attributes poverty to individual failings of poor people themselves, while the structural view attributes poverty to problems in the larger society.

For Your Review

1. In explaining poverty in the United States, which view, individualist or structural, makes more sense to you? Why?
2. Suppose you could wave a magic wand and invent a society where everyone had about the same income no matter which job he or she performed. Do you think it would be difficult to persuade enough people to become physicians or to pursue other important careers? Explain your answer.

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4.5: The Consequences of Poverty

Learning Objectives

1. Describe the family and housing problems associated with poverty.
2. Explain how poverty affects health and educational attainment.

Regardless of its causes, poverty has devastating consequences for the people who live in it. Much research conducted and/or analyzed by scholars, government agencies, and nonprofit organizations has documented the effects of poverty (and near poverty) on the lives of the poor (Lindsey, 2009; Moore, et. al., 2009; Ratcliffe & McKernan, 2010; Sanders, 2011). Many of these studies focus on childhood poverty, and these studies make it very clear that childhood poverty has lifelong consequences. In general, poor children are more likely to be poor as adults, more likely to drop out of high school, more likely to become a teenaged parent, and more likely to have employment problems. Although only 1 percent of children who are never poor end up being poor as young adults, 32 percent of poor children become poor as young adults (Ratcliffe & McKernan, 2010).



Poor children are more likely to have inadequate nutrition and to experience health, behavioral, and cognitive problems.

Kelly Short – Poverty: "Damaged Child," Oklahoma City, OK, USA, 1936. (Colorized). – CC BY-SA 2.0.

A recent study used government data to follow children born between 1968 and 1975 until they were ages 30 to 37 (Duncan & Magnuson, 2011). The researchers compared individuals who lived in poverty in early childhood to those whose families had incomes at least twice the poverty line in early childhood. Compared to the latter group, adults who were poor in early childhood

- had completed two fewer years of schooling on the average;
- had incomes that were less than half of those earned by adults who had wealthier childhoods;
- received $826 more annually in food stamps on the average;
- were almost three times more likely to report being in poor health;
- were twice as likely to have been arrested (males only); and
- were five times as likely to have borne a child (females only).

We discuss some of the major specific consequences of poverty here and will return to them in later chapters.

Family Problems

The poor are at greater risk for family problems, including divorce and domestic violence. A major reason for many of the problems families experience is stress. Even in families that are not poor, running a household can cause stress, children can cause stress, and paying the bills can cause stress. Families that are poor have more stress because of their poverty, and the ordinary stresses of family life become even more intense in poor families. The various kinds of family problems thus happen more

commonly in poor families than in wealthier families. Compounding this situation, when these problems occur, poor families have fewer resources than wealthier families to deal with these problems.

Children and Our Future

Getting under Children's Skin: The Biological Effects of Childhood Poverty

As the text discusses, childhood poverty often has lifelong consequences. Poor children are more likely to be poor when they become adults, and they are at greater risk for antisocial behavior when young, and for unemployment, criminal behavior, and other problems when they reach adolescence and young adulthood.

According to growing evidence, one reason poverty has these consequences is that it has certain neural effects on poor children that impair their cognitive abilities and thus their behavior and learning potential. As Greg J. Duncan and Katherine Magnuson (Duncan & Magnuson, 2011, p. 23) observe, "Emerging research in neuroscience and developmental psychology suggests that poverty early in a child's life may be particularly harmful because the astonishingly rapid development of young children's brains leaves them sensitive (and vulnerable) to environmental conditions."

In short, poverty can change the way the brain develops in young children. The major reason for this effect is stress. Children growing up in poverty experience multiple stressful events: neighborhood crime and drug use; divorce, parental conflict, and other family problems, including abuse and neglect by their parents; parental financial problems and unemployment; physical and mental health problems of one or more family members; and so forth. Their great levels of stress in turn affect their bodies in certain harmful ways. As two poverty scholars note, "It's not just that poverty-induced stress is mentally taxing. If it's experienced early enough in childhood, it can in fact get 'under the skin' and change the way in which the body copes with the environment and the way in which the brain develops. These deep, enduring, and sometimes irreversible physiological changes are the very human price of running a high-poverty society" (Grusky & Wimer, 2011, p. 2).

One way poverty gets "under children's skin" is as follows (Evans, et. al., 2011). Poor children's high levels of stress produce unusually high levels of stress hormones such as cortisol and higher levels of blood pressure. Because these high levels impair their neural development, their memory and language development skills suffer. This result in turn affects their behavior and learning potential. For other physiological reasons, high levels of stress also affect the immune system, so that poor children are more likely to develop various illnesses during childhood and to have high blood pressure and other health problems when they grow older, and cause other biological changes that make poor children more likely to end up being obese and to have drug and alcohol problems.

The policy implications of the scientific research on childhood poverty are clear. As public health scholar Jack P. Shonkoff (Shonkoff, 2011) explains, "Viewing this scientific evidence within a biodevelopmental framework points to the particular importance of addressing the needs of our most disadvantaged children at the earliest ages." Duncan and Magnuson (Duncan & Magnuson, 2011) agree that "greater policy attention should be given to remediating situations involving deep and persistent poverty occurring early in childhood." To reduce poverty's harmful physiological effects on children, Skonkoff advocates efforts to promote strong, stable relationships among all members of poor families; to improve the quality of the home and neighborhood physical environments in which poor children grow; and to improve the nutrition of poor children. Duncan and Magnuson call for more generous income transfers to poor families with young children and note that many European democracies provide many kinds of support to such families. The recent scientific evidence on early childhood poverty underscores the importance of doing everything possible to reduce the harmful effects of poverty during the first few years of life.

Health, Illness, and Medical Care

The poor are also more likely to have many kinds of health problems, including infant mortality, earlier adulthood mortality, and mental illness, and they are also more likely to receive inadequate medical care. Poor children are more likely to have inadequate nutrition and, partly for this reason, to suffer health, behavioral, and cognitive problems. These problems in turn impair their ability to do well in school and land stable employment as adults, helping to ensure that poverty will persist across generations. Many poor people are uninsured or underinsured, at least until the US health-care reform legislation of 2010 takes full effect a few years from now, and many have to visit health clinics that are overcrowded and understaffed.

It is unclear how much of poor people's worse health stems from their lack of money and lack of good health care versus behavior such as smoking and eating unhealthy diets. It is also true that lack of wealth and health care can contribute to less health lifestyles

such as less exercise or living in food deserts where there is less access to healthy food. Regardless of the exact reasons, however, the fact remains that poor health is a major consequence of poverty. According to recent research, this fact means that poverty is responsible for almost 150,000 deaths annually, a figure about equal to the number of deaths from lung cancer (Bakalar, 2011).

Education

Poor children typically go to rundown schools with inadequate facilities where they receive inadequate schooling. They are much less likely than wealthier children to graduate from high school or to go to college. Their lack of education in turn restricts them and their own children to poverty, once again helping to ensure a vicious cycle of continuing poverty across generations. As the chapter about families explains, scholars debate whether the poor school performance of poor children stems more from the inadequacy of their schools and schooling versus their own poverty. Regardless of exactly why poor children are more likely to do poorly in school and to have low educational attainment, these educational problems are another major consequence of poverty.

Housing and Homelessness

The poor are, not surprisingly, more likely to be homeless than the nonpoor but also more likely to live in dilapidated housing and unable to buy their own homes. Many poor families spend more than half their income on rent, and they tend to live in poor neighborhoods that lack job opportunities, good schools, and other features of modern life that wealthier people take for granted. The lack of adequate housing for the poor remains a major national problem. Even worse is outright homelessness. An estimated 1.6 million people, including more than 300,000 children, are homeless at least part of the year (Lee, et. al., 2010).

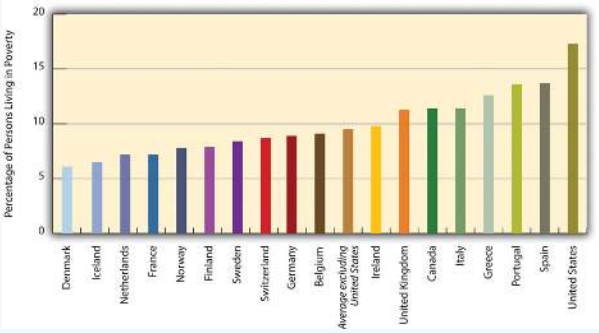
Crime and Victimization

The poor (and near poor) people account for the bulk of street crime perpetrators (homicide, robbery, burglary, etc.), and bulk of victims. That chapter will outline several reasons for this dual connection between poverty and street crime, but they include the deep frustration and stress of living in poverty and the fact that many poor people live in high-crime neighborhoods. In such neighborhoods, children are more likely to grow up under the influence of older peers who are already in gangs or otherwise committing crime, and people of any age are more likely to become crime victims. Moreover, because poor and near-poor people are more likely to commit street crime, they also comprise most of the people arrested for street crimes, convicted of street crime, and imprisoned for street crime. Most of the more than 2 million people now in the nation's prisons and jails come from poor or near-poor backgrounds. Criminal behavior and criminal victimization, then, are other major consequences of poverty.

Lessons from Other Societies

Poverty and Poverty Policy in Other Western Democracies

To compare international poverty rates, scholars commonly use a measure of the percentage of households in a nation that receive less than half of the nation's median household income after taxes and cash transfers from the government. In data from the late 2000s, 17.3 percent of US households lived in poverty as defined by this measure. By comparison, other Western democracies had the rates depicted in the figure that follows. The average poverty rate of the nations in the figure excluding the United States is 9.5 percent. The US rate is thus almost twice as high as the average for all the other democracies.



This graph illustrates the poverty rates in western democracies (i.e., the percentage of persons living with less than half of the median household income) as of the late 2000s

Source: Data from Organisation for Economic Co-operation and Development (OECD). (2011). Society at a glance 2011: OECD social indicators.

Why is there so much more poverty in the United States than in its Western counterparts? Several differences between the United States and the other nations stand out (Brady, 2009; Russell, 2011). First, other Western nations have higher minimum wages and stronger labor unions than the United States has, and these lead to incomes that help push people above poverty. Second, these other nations spend a much greater proportion of their gross domestic product on social expenditures (income support and social services such as child-care subsidies and housing allowances) than does the United States. As sociologist John Iceland (Iceland, 2006) notes, "Such countries often invest heavily in both universal benefits, such as maternity leave, child care, and medical care, and in promoting work among [poor] families…The United States, in comparison with other advanced nations, lacks national health insurance, provides less publicly supported housing, and spends less on job training and job creation." Block and colleagues agree: "These other countries all take a more comprehensive government approach to combating poverty, and they assume that it is caused by economic and structural factors rather than bad behavior" (Block et, al., 2006).

The experience of the United Kingdom provides a striking contrast between the effectiveness of the expansive approach used in other wealthy democracies and the inadequacy of the American approach. In 1994, about 30 percent of British children lived in poverty; by 2009, that figure had fallen by more than half to 12 percent. Meanwhile, the US 2009 child poverty rate, was almost 21 percent.

Britain used three strategies to reduce its child poverty rate and to help poor children and their families in other ways. First, it induced more poor parents to work through a series of new measures, including a national minimum wage higher than its US counterpart and various tax savings for low-income workers. Because of these measures, the percentage of single parents who worked rose from 45 percent in 1997 to 57 percent in 2008. Second, Britain increased child welfare benefits regardless of whether a parent worked. Third, it increased paid maternity leave from four months to nine months, implemented two weeks of paid paternity leave, established universal preschool (which both helps children's cognitive abilities and makes it easier for parents to afford to work), increased child-care aid, and made it possible for parents of young children to adjust their working hours to their parental responsibilities (Waldfogel, 2010). While the British child poverty rate fell dramatically because of these strategies, the US child poverty rate stagnated.

In short, the United States has so much more poverty than other democracies in part because it spends so much less than they do on helping the poor. The United States certainly has the wealth to follow their example, but it has chosen not to do so, and a high poverty rate is the unfortunate result. As the Nobel laureate economist Paul Krugman (2006, p. A25) summarizes this lesson, "Government truly can be a force for good. Decades of propaganda have conditioned many Americans to assume that government is always incompetent…But the [British experience has] shown that a government that seriously tries to reduce poverty can achieve a lot."

Key Takeaways

- Poor people are more likely to have several kinds of family problems, including divorce and family conflict.
- Poor people are more likely to have several kinds of health problems.
- Children growing up in poverty are less likely to graduate high school or go to college, and they are more likely to commit street crime.

For Your Review

1. Write a brief essay that summarizes the consequences of poverty.
2. Why do you think poor children are more likely to develop health problems?

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4.6: Global Poverty

Learning Objectives

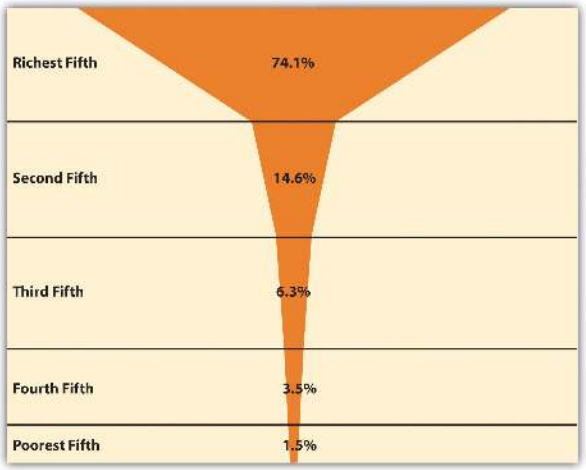
1. Describe where poor nations tend to be located.
2. Explain the difference between the modernization and dependency theories of poverty.
3. List some of the consequences of global poverty.

As serious as poverty is in the United States, poverty in much of the rest of the world is beyond comprehension to the average American. Many of the world's poor live in such desperate circumstances that they would envy the lives of poor Americans. Without at all meaning to minimize the plight of the American poor, this section provides a brief look at the world's poor and at the dimensions of global poverty

Global Inequality

The world has a few very rich nations and many very poor nations, and there is an enormous gulf between these two extremes. If the world were one nation, its median annual income (at which half of the world's population is below this income and half is above it) would be only $1,700 (Dikhanov, 2005). The richest fifth of the world's population would have three-fourths of the world's entire income, while the poorest fifth of the world's population would have only 1.5 percent of the world's income, and the poorest two-fifths would have only 5.0 percent of the world's income (Dikhanov, 2005). Reflecting this latter fact, these poorest two-fifths, or about 2 billion people, live on less than $2 per day (United Nations Development Programme, 2009). As Figure 2.5 "Global Income Distribution (Percentage of World Income Held by Each Fifth of World Population)" illustrates, this distribution of income resembles a champagne glass.

Figure 2.5 Global Income Distribution (Percentage of World Income Held by Each Fifth of World Population)



Source: Data from Dikhanov, Y. (2005). Trends in global income distribution, 1970–2000, and scenarios for 2015. New York, NY: United Nations Development Programme.

To understand global inequality, it is helpful to classify nations into a small number of categories based on their degree of wealth or poverty, their level of industrialization and economic development, and related factors. Over the decades, scholars and international organizations such as the United Nations and the World Bank have used various classification systems, or typologies. A popular typology today simply ranks nations into groups called *wealthy* (or high-income) nations, *middle-income* nations, and *poor* (or low-income) nations, based on measures such as gross domestic product (**GDP**) per capita (the total value of a nation's goods and services divided by its population). This typology has the advantage of emphasizing the most important variable in global stratification: how much wealth a nation has. At the risk of being somewhat simplistic, the other important differences among the world's nations all stem from their degree of wealth or poverty. Figure 2.6 "Global Stratification Map" depicts these three categories of nations (with the middle category divided into upper-middle and lower-middle). As should be clear, whether a nation is wealthy, middle income, or poor is heavily related to the continent on which it is found.

Figure 2.6 Global Stratification Map



Source: Adapted from UNEP/GRID-Arendal Maps and Graphics Library. (2009).Country income groups (World Bank classification). Retrieved from http://maps.grida.no/go/graphic/country-income-groups-world-bank-classification.

Measuring Global Poverty



The World Bank has begun to emphasize vulnerability to poverty. Many people who are not officially poor have a good chance of becoming poor within a year. Strategies to prevent this from happening are a major focus of the World Bank.

Wikimedia Commons – CC BY-SA 2.0.

How do we know which nations are poor? A very common measure of global poverty was developed by the World Bank, an international institution funded by wealthy nations that provides loans, grants, and other aid to help poor and middle-income nations. Each year the World Bank publishes its World Development Report, which provides statistics and other information on the economic and social well-being of the globe's almost two hundred nations. The World Bank puts the official global poverty line (which is considered a measure of extreme poverty) at income under $1.25 per person per day, which amounts to about $456 yearly per person or $1,825 for a family of four. According to this measure, 1.4 billion people, making up more than one-fifth of the world's population and more than one-fourth of the population of developing (poor and middle-income) nations, are poor. This level of poverty rises to 40 percent of South Asia and 51 percent of sub-Saharan Africa (Haughton & Khandker, 2009).

In a new development, the World Bank has begun emphasizing the concept of vulnerability to poverty, which refers to a significant probability that people who are not officially poor will become poor within the next year. Determining vulnerability to poverty is important because it enables antipoverty strategies to be aimed at those most at risk for sliding into poverty, with the hope of preventing them from doing so.

Vulnerability to poverty appears widespread; in several developing nations, about one-fourth of the population is always poor, while almost one-third is vulnerable to poverty or is slipping into and out of poverty. In these nations, more than half the population is always or sometimes poor. (Haughton & Khandker, 2009) summarize this situation: "As typically defined, vulnerability to poverty is more widespread than poverty itself. A wide swathe of society risks poverty at some point of time; put another way, in most societies, only a relatively modest portion of society may be considered as economically secure."

Explaining Global Poverty

Explanations of global poverty parallel those of US poverty in their focus on individualistic versus structural problems. One type of explanation takes an individualistic approach by, in effect, blaming the people in the poorest nations for their own poverty, while a

second explanation takes a structural approach in blaming the plight of poor nations on their treatment by the richest ones. Table 2.4 "Theory Snapshot" summarizes the two sets of explanations.

Table 2.4 Theory Snapshot

Theory	Major assumptions
Modernization theory	Wealthy nations became wealthy because early on they were able to develop the necessary beliefs, values, and practices for trade, industrialization, and rapid economic growth to occur. Poor nations remained poor because they failed to develop these beliefs, values, and practices; instead, they continued to follow traditional beliefs and practices that stymied industrial development and modernization.
Dependency theory	The poverty of poor nations stems from their colonization by European nations, which exploited the poor nations' resources and either enslaved their populations or used them as cheap labor. The colonized nations were thus unable to develop a professional and business class that would have enabled them to enter the industrial age and to otherwise develop their economies.

Modernization Theory

The individualistic explanation is called modernization theory (Rostow, 1990). According to this theory, rich nations became wealthy because early on they were able to develop the "correct" beliefs, values, and practices—in short, the correct culture—for trade, industrialization, and rapid economic growth to occur. These cultural traits include a willingness to work hard, to abandon tradition in favor of new ways of thinking and doing things, and to adopt a future orientation rather than one focused on maintaining present conditions. Thus Western European nations began to emerge several centuries ago as economic powers because their populations adopted the kinds of values and practices just listed. In contrast, nations in other parts of the world never became wealthy and remain poor today because they never developed the appropriate values and practices. Instead, they continued to follow traditional beliefs and practices that stymied industrial development and modernization.



According to modernization theory, poor nations are poor because their people never developed values such as an emphasis on hard work.

United Nations Photo – OLS Brings Support to Strained Medical Services – CC BY-NC-ND 2.0.

Modernization theory has much in common with the culture of poverty theory discussed earlier. It attributes the poverty of poor nations to their failure to develop the "proper" beliefs, values, and practices necessary for economic success both at the beginning of industrialization during the nineteenth century and in the two centuries that have since transpired. Because modernization theory implies that people in poor nations do not have the talent and ability to improve their lot, it may be considered a functionalist explanation of global inequality.

Dependency Theory

The structural explanation for global stratification is called dependency theory, which may be considered a conflict explanation of global inequality. Not surprisingly, this theory's views sharply challenge modernization theory's assumptions (Packenham, 1992). Whereas modernization theory attributes global stratification to the "wrong" cultural values and practices in poor nations, dependency theory blames global stratification on the exploitation of these nations by wealthy nations. According to this view, poor nations never got the chance to pursue economic growth because early on they were conquered and colonized by European ones. The European nations stole the poor nations' resources and either enslaved their populations or used them as cheap labor. They

installed their own governments and often prevented the local populace from getting a good education. As a result, the colonized nations were unable to develop a professional and business class that would have enabled them to enter the industrial age and to otherwise develop their economies. Along the way, wealthy nations sold their own goods to colonized nations and forced them to run up enormous debt that continues to amount today.

In today's world, huge multinational corporations continue to exploit the labor and resources of the poorest nations, say dependency theorists. These corporations run sweatshops in many nations, in which workers toil in inhumane conditions at extremely low wages (Sluiter, 2009). Often the corporations work hand-in-hand with corrupt officials in the poor nations to strengthen their economic stake in the countries.

Comparing the Theories

Which makes more sense, modernization theory or dependency theory? As with many theories, both make sense to some degree, but both have their faults. Modernization theory places too much blame on poor nations for their own poverty and ignores the long history of exploitation of poor nations by rich nations and multinational corporations alike. For its part, dependency theory cannot explain why some of the poorest countries are poor even though they were never European colonies; neither can it explain why some former colonies such as Hong Kong have been able to attain enough economic growth to leave the rank of the poorest nations. Together, both theories help us understand the reasons for global stratification, but most sociologists would probably favor dependency theory because of its emphasis on structural factors in the world's historic and current economy.

The Lives of the World's Poor

Poor nations are the least industrialized and most agricultural of all the world's countries. They consist primarily of nations in Africa and parts of Asia and constitute roughly half of the world's population. Many of these nations rely heavily on one or two crops, and if weather conditions render a crop unproductive in a particular season, the nations' hungry become even hungrier. By the same token, if economic conditions reduce the price of a crop or other natural resource, the income from exports of these commodities plummets, and these already poor nations become even poorer.



People in poor nations live in the most miserable conditions possible.

United Nations Photo – Maslakh Camp for Displaced, Afghanistan – CC BY-NC-ND 2.0.

By any standard, the more than 1.4 billion people in poor nations live a desperate existence in the most miserable conditions possible. They suffer from AIDS and other deadly diseases, live on the edge of starvation, and lack indoor plumbing, electricity, and other modern conveniences that most Americans take for granted. Most of us have seen unforgettable photos or video footage of African children with stick-thin limbs and distended stomachs reflecting severe malnutrition.

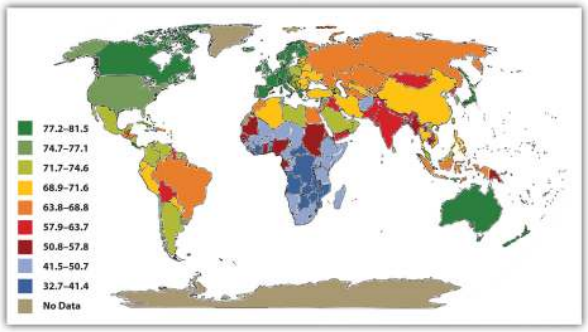
It would be nice if these images were merely fiction, but unfortunately they are far too real. AIDS, malaria, starvation, and other deadly diseases are common. Many children die before reaching adolescence, and many adults die before reaching what in the richest nations would be considered middle age. Many people in the poorest nations are illiterate, and a college education remains as foreign to them as their way of life would be to us. The images of the world's poor that we see in television news reports or in film documentaries fade quickly from our minds. Meanwhile, millions of people on our planet die every year because they do not

have enough to eat, because they lack access to clean water or adequate sanitation, or because they lack access to medicine that is found in every CVS, Rite Aid, and Walgreens in the United States. We now examine some specific dimensions and consequences of global poverty.

Life Expectancy

When we look around the world, we see that global poverty is literally a matter of life and death. The clearest evidence of this fact comes from data on life expectancy, or the average number of years that a nation's citizens can be expected to live. Life expectancy certainly differs within each nation, with some people dying younger and others dying older, but poverty and related conditions affect a nation's overall life expectancy to a startling degree.

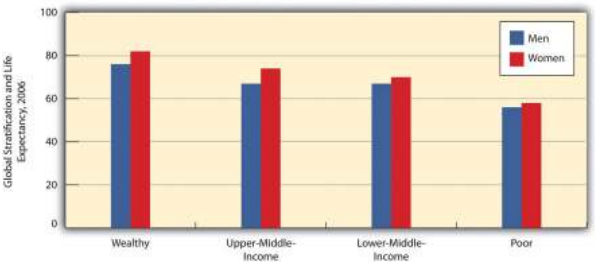
Figure 2.7 Average Life Expectancy across the Globe (Years)



Source: Adapted from Global Education Project. (2004). Human conditions: World life expectancy map. Retrieved from http://www.theglobaleducationproject.org/earth/human-conditions.php.

A map of global life expectancy appears in Figure 2.7 "Average Life Expectancy across the Globe (Years)". Life expectancy is highest in North America, Western Europe, and certain other regions of the world and lowest in Africa and South Asia, where *life expectancy in many nations is some 30 years shorter than in other regions*. Another way of visualizing the relationship between global poverty and life expectancy appears in Figure 2.8 "Global Poverty and Life Expectancy, 2006", which depicts average life expectancy for wealthy nations, upper-middle-income nations, lower-middle-income nations, and poor nations. Men in wealthy nations can expect to live 76 years on average, compared to only 56 in poor nations; women in wealthy nations can expect to live 82 years, compared to only 58 in poor nations. Life expectancy in poor nations is thus 20 and 24 years lower, respectively, for the two sexes.

Figure 2.8 Global Poverty and Life Expectancy, 2006

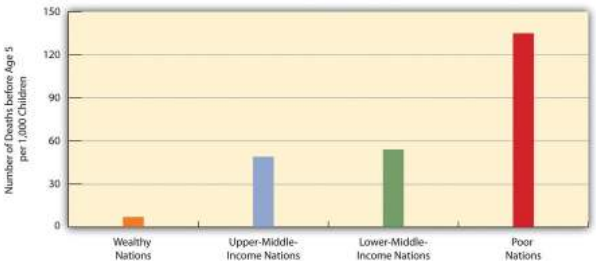


Source: Data from World Bank. (2009). World development report 2009. Washington, DC: Author.

Child Mortality

A key contributor to life expectancy and also a significant consequence of global poverty in its own right is child mortality, the number of children who die before age 5 per 1,000 children. As Figure 2.9 "Global Poverty and Child Mortality, 2006" shows, the rate of child mortality in poor nations is 135 per 1,000 children, meaning that 13.5 percent of all children in these nations die before age 5. In a few African nations, child mortality exceeds 200 per 1,000. In contrast, the rate in wealthy nations is only 7 per 1,000. Children in poor nations are thus about 19 times (13.5 ÷ 0.7) more likely to die before age 5 than children in wealthy nations.

Figure 2.9 Global Poverty and Child Mortality, 2006



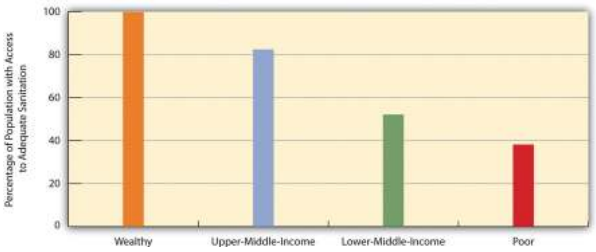
Source: Data from World Bank. (2009). World development report 2009. Washington, DC: Author.

Sanitation and Clean Water

Two other important indicators of a nation's health are access to adequate sanitation (disposal of human waste) and access to clean water. When people lack adequate sanitation and clean water, they are at much greater risk for life-threatening diarrhea, serious infectious diseases such as cholera and typhoid, and parasitic diseases such as schistosomiasis (World Health Organization, 2010). About 2.4 billion people around the world, almost all of them in poor and middle-income nations, do not have adequate sanitation, and more than 2 million, most of them children, die annually from diarrhea. More than 40 million people worldwide, almost all of them again in poor and middle-income nations, suffer from a parasitic infection caused by flatworms.

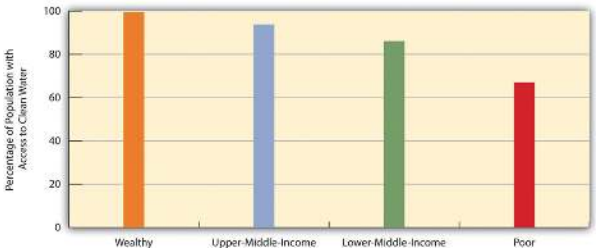
As Figure 2.10 "Global Stratification and Access to Adequate Sanitation, 2006" and Figure 2.11 "Global Stratification and Access to Clean Water, 2006" show, access to adequate sanitation and clean water is strongly related to national wealth. Poor nations are much less likely than wealthier nations to have adequate access to both sanitation and clean water. Adequate sanitation is virtually universal in wealthy nations but is available to only 38 percent of people in poor nations. Clean water is also nearly universal in wealthy nations but is available to only 67 percent of people in poor nations.

Figure 2.10 Global Stratification and Access to Adequate Sanitation, 2006



Source: Data from World Bank. (2010). Health nutrition and population statistics. Retrieved from http://databank.worldbank.org/ddp/home.do.

Figure 2.11 Global Stratification and Access to Clean Water, 2006



Source: Data from World Bank. (2010). Health nutrition and population statistics. Retrieved from http://databank.worldbank.org/ddp/home.do.

Malnutrition



About one-fifth of the population of poor nations, about 800 million individuals, are malnourished.

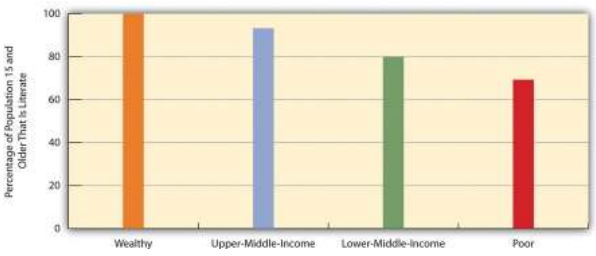
Dr. Lyle Conrad at the Centers for Disease Control and Prevention- ID# 6874 – public domain.

Another health indicator is malnutrition. This problem is caused by a lack of good food combined with infections and diseases such as diarrhea that sap the body of essential nutrients. About one-fifth of the population of poor nations, or about 800 million individuals, are malnourished; looking just at children, in developing nations more than one-fourth of children under age 5, or about 150 million altogether, are underweight. Half of all these children live in only three nations: Bangladesh, India, and Pakistan; almost half the children in these and other South Asian nations are underweight. Children who are malnourished are at much greater risk for fat and muscle loss, brain damage, blindness, and death; perhaps you have seen video footage of children in Africa or South Asia who are so starved that they look like skeletons. Not surprisingly, child malnutrition contributes heavily to the extremely high rates of child mortality that we just examined and is estimated to be responsible for more than 5 million deaths of children annually (United Nations Children's Fund [UNICEF], 2006; World Health Organization, 2010).

Adult Literacy

Moving from the area of health, a final indicator of human development is adult literacy, the percentage of people 15 and older who can read and write a simple sentence. Once again we see that people in poor and middle-income nations are far worse off (see Figure 2.12 "Global Poverty and Adult Literacy, 2008"). In poor nations, only about 69 percent of adults 15 and older can read and write a simple sentence. The high rate of illiteracy in poor nations not only reflects their poverty but also contributes to it, as people who cannot read and write are obviously at a huge disadvantage in the labor market.

Figure 2.12 Global Poverty and Adult Literacy, 2008



Source: Data from World Bank. (2010). Health nutrition and population statistics. Retrieved from http://databank.worldbank.org/ddp/home.do.

Applying Social Research

Unintended Consequences of Welfare Reform

Aid to Families with Dependent Children (AFDC) was a major government program to help the poor from the 1930s to the 1960s. Under this program, states allocated federal money to provide cash payments to poor families with children. Although the program was heavily criticized for allegedly providing an incentive to poor mothers both to have more children and to not join the workforce, research studies found little or no basis for this criticism. Still, many politicians and much of the public accepted the criticism as true, and AFDC became so unpopular that it was replaced in 1997 by a new program, Temporary Assistance for Needy Families (TANF), which is still a major program today.

TANF is more restrictive in many respects than AFDC was. In particular, it limits the amount of time a poor family can receive federal funds to five years, and allows states to impose a shorter duration for funding, which many have done. In addition, it requires single parents in families receiving TANF funds to work at least thirty hours a week (or twenty hours a week if they have a child under the age of 6) and two parents to work at least thirty-five hours per week combined. In most states, going to school to obtain a degree does not count as the equivalent of working and thus does not make a parent eligible for TANF payments. Only short-term programs or workshops to develop job skills qualify.

Did welfare reform involving TANF work? Many adults formerly on AFDC found jobs, TANF payments nationwide have been much lower than AFDC payments, and many fewer families receive TANF payments than used to receive AFDC payments. All these facts lead many observers to hail TANF as a successful program. However, sociologists and other scholars who study TANF families say the numbers are misleading because poor families have in effect been excluded from TANF funding because of its strict requirements. The reduced payments and lower number of funded families indicate the failure of TANF, they say, not its success.

Several problems explain why TANF has had these unintended consequences. First, many families are poor for many more than five years, and the five-year time limit under TANF means that they receive financial help for only some of the years they live in poverty. Second, because the federal and state governments provide relatively little financial aid for child care, many parents simply cannot afford to work, and if they don't work, they lose their TANF payments. Third, jobs are certainly difficult to find, especially if, as is typical, a poor parent has relatively little education and few job skills, and if parents cannot find a job, they again lose their TANF payments. Fourth, many parents cannot work because they have physical or mental health problems or because they are taking care of a family member or friend with a health problem; these parents, too, become ineligible for TANF payments.

Sociologist Lorna Rivera put a human face to these problems in a study of fifty poor women in Boston, Massachusetts. She lived among them, interviewed them individually, and conducted focus groups. She found that TANF worsened the situation of these women for the reasons just stated, and concluded that welfare reform left these and other poor women "uneducated, underemployed, underpaid, and unable to effectively move themselves and their families forward."

Ironically, some studies suggest that welfare reform impaired the health of black women for several reasons. Many ended up with jobs with long bus commutes and odd hours, leading to sleep deprivation and less time for medical visits. Many of these new workers also suddenly had to struggle to find affordable day care for their children. These problems are thought to have increased their stress levels and, in turn, harmed their health.

The research by social scientists on the effects of TANF reveals that the United States took a large step backward when it passed welfare reform in the 1990s. Far from reducing poverty, welfare reform only worsened it. This research underscores the need for the United States to develop better strategies for reducing poverty similar to those used by other Western democracies, as discussed in the Note 2.19 "Lessons from Other Societies" box in this chapter.

Sources: (Blitstein, 2009; Mink, 2008; Parrott & Sherman, 2008; Rivera, 2008)

Key Takeaways

- People in poor nations live in the worst conditions possible. Deadly diseases are common, and many children die before reaching adolescence.
- According to the modernization theory, rich nations became rich because their peoples possessed certain values, beliefs, and practices that helped them become wealthy. Conversely, poor nations remained poor because their peoples did not possess these values, beliefs, and practices.
- According to the dependency theory, poor nations have remained poor because they have been exploited by rich nations and by multinational corporations.

For Your Review

1. Considering all the ways in which poor nations fare much worse than wealthy nations, which one seems to you to be the most important problem that poor nations experience? Explain your answer.
2. Which theory of global poverty, modernization or dependency, makes more sense to you? Why?

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4.7: Reducing Poverty

Learning Objectives

1. Explain why the United States neglects its poor.
2. List any three potentially promising strategies to reduce US poverty.
3. Describe how to reduce global poverty from a sociological perspective.

As this chapter noted at the outset, the United States greatly reduced poverty during the 1960s through a series of programs and policies that composed the so-called war on poverty. You saw evidence of the success of the war on poverty when the poverty rate declined from 22.2 percent in 1960 to a low of 11.1 percent in 1973 before fluctuating from year to year and then rising since 2000. We have seen that other democracies have much lower poverty rates than the United States because, as many scholars believe, they have better funded and more extensive programs to help their poor (Brady, 2009; Russell, 2011).

The lessons from the 1960s' war on poverty and the experience of other democracies are clear: It is very possible to reduce poverty if, and only if, a nation is willing to fund and implement appropriate programs and policies that address the causes of poverty and that help the poor deal with the immediate and ongoing difficulties they experience.

A major reason that the US poverty rate reached its low in 1973 and never went lower during the past four decades is that the United States retreated from its war on poverty by cutting back on the programs and services it had provided during that good war (Soss, et. al., 2007). Another major reason is that changes in the national economy during the past few decades have meant that well-paying manufacturing jobs have been replaced by low-paying service jobs with fewer benefits (Wilson, 2010). Yet this has also happened in other democracies, and their poverty rates remain lower than the US rate because, unlike the United States, they have continued to try to help their poor rather than neglect them.

Why does the United States neglect its poor? Many scholars attribute this neglect to the fact that many citizens and politicians think the poor are poor because of their own failings. As summarized by sociologist Mark R. Rank (Rank, 2011), these failings include "not working hard enough, failure to acquire sufficient skills, or just making bad decisions." By thus blaming the poor for their fate, citizens and politicians think the poor do not deserve to have the US government help them, and so the government does not help, or at least not nearly as much as other democracies do. We have seen that the facts do not support the myth that the poor lack motivation to work, but that does not lessen the blame given the poor for being poor.

To renew the US effort to help the poor, it is essential that the actual facts about poverty become better known so that a fundamental shift in thinking about poverty and the poor can occur. Rank (Rank, 2011) says that one aspect of this shift must include the recognition, as noted at the beginning of this chapter, that "poverty affects us all" because it costs so many tax dollars to help the poor and because a majority of the public can expect to be poor or near poor at some point in their lives. A second aspect of this shift in thinking, adds Rank, is the recognition (following a blaming-the-system approach) that poverty stems much more from the lack of opportunity, lack of jobs, declining government help for the poor, and other structural failings of American society than from individual failings of the poor themselves. A third aspect of this shift in thinking, he concludes, is that poverty must become seen as a "moral problem" and as "an injustice of a substantial magnitude" (Rank, 2011). As he forcefully argues, "Something is seriously wrong when we find that, in a country with the most abundant resources in the world, there are children without enough to eat, families who cannot afford health care, and people sleeping on the streets for lack of shelter" (Rank, 2011). This situation, he says, must become seen as a "moral outrage" (Rank, 2011).

Sociologist Joe Soss (Soss, 2011) argues that a change in thinking is not enough for a renewed antipoverty effort to occur. What is needed, he says, is political protest and other political activity by the poor and on behalf of the poor. Soss notes that "political conflict and mass mobilization played key roles" in providing the impetus for social-welfare programs in the 1930s and 1960s in the United States, and he adds that the lower poverty rates of Western European democracies "are products of labor movements, unions, and parties that mobilized workers to demand more adequate social supports." These twin histories lead Soss to conclude that the United States will not increase its antipoverty efforts unless a new wave of political activity by and on behalf of the poor arises. As he argues, "History suggests that major antipoverty victories can be achieved. But they won't be achieved by good will and smart ideas alone. They'll be won politically, when people—in poor communities, in advocacy groups, in government, in the academy, and elsewhere—mobilize to advance antipoverty agendas in ways that make politics as usual untenable."

Antipoverty Programs and Policies



To help reduce poverty, it is essential to help poor parents pay for child care.

Herald Post – Family Child Care – CC BY-NC 2.0.

If a renewed antipoverty effort does occur for whatever reason, what types of programs and policies show promise for effectively reducing poverty? Here a sociological vision is essential. It is easy to understand why the hungry schoolchildren described in the news story that began this chapter might be going without food during a very faltering national economy. Yet a sociological understanding of poverty emphasizes its structural basis in bad times and good times alike. Poverty is rooted in social and economic problems of the larger society rather than in the lack of willpower, laziness, or other moral failings of poor individuals themselves. Individuals born into poverty suffer from a lack of opportunity from their first months up through adulthood, and poverty becomes a self-perpetuating, vicious cycle. To the extent a culture of poverty might exist, it is best seen as a logical and perhaps even inevitable outcome of, and adaptation to, the problem of being poor and not the primary force driving poverty itself.

This sort of understanding suggests that efforts to reduce poverty must address first and foremost the structural basis for poverty while not ignoring certain beliefs and practices of the poor that also make a difference. An extensive literature on poverty policy outlines many types of policies and programs that follow this dual approach (Cancian & Danziger, 2009; Greenberg, et. al., 2007; Iceland, 2006; Lindsey, 2009; Moore et al., 2009; Rank, 2004). If these were fully adopted, funded, and implemented, as they are in many other democracies, they would offer great promise for reducing poverty. As two poverty experts recently wrote, “We are optimistic that poverty can be reduced significantly in the long term if the public and policymakers can muster the political will to pursue a range of promising antipoverty policies” (M. Cancian & S. Danziger, 2009, p. 32).Cancian, M., & Danziger, S. H. (2009). *Changing poverty, changing policies*. New York, NY: Russell Sage Foundation. Although a full discussion of these policies is beyond the scope of this chapter, the following measures are commonly cited as holding strong potential for reducing poverty, and they are found in varying degrees in other Western democracies:

1. Adopt a national “full employment” policy for the poor, involving federally funded job training and public works programs, and increase the minimum wage so that individuals working full-time will earn enough to lift their families out of poverty.
2. Increase federal aid for the working poor, including higher earned income credits and child-care subsidies for those with children.
3. Establish well-funded early childhood intervention programs, including home visitations by trained professionals, for poor families.
4. Provide poor families with enough income to enable them to pay for food and housing.
5. Increase the supply of affordable housing.
6. Improve the schools that poor children attend and the schooling they receive and expand early childhood education programs for poor children.
7. Provide better nutrition and health services for poor families with young children.
8. Establish universal health insurance.
9. Increase Pell Grants and other financial aid for higher education.

Global Poverty

Years of international aid to poor nations have helped them somewhat, but, as this chapter has shown, their situation remains dire. International aid experts acknowledge that efforts to achieve economic growth in poor nations have largely failed, but they disagree why this is so and what alternative strategies may prove more successful (Cohen & Easterly, 2009).Cohen, J., & Easterly, W.

(Eds.). (2009). *What works in development? Thinking big and thinking small*. Washington, DC: Brookings Institution Press. One very promising trend has been a switch from macro efforts focusing on infrastructure problems and on social institutions, such as the schools, to micro efforts, such as providing cash payments or small loans directly to poor people in poor nations (a practice called *microfinancing*) and giving them bed nets to prevent mosquito bites (Banerjee & Duflo, 2011; Hanlon, Barrientos, & Hulme, 2010; Karlan & Appel, 2011).Banerjee, A. V., & Duflo, E. (2011). *Poor economics: A radical rethinking of the way to fight global poverty*. New York, NY: PublicAffairs; Hanlon, J., Barrientos, A., & Hulme, D. (2010). *Just give money to the poor: The development revolution from the global south*. Sterling, VA: Kumarian Press; Karlan, D., & Appel, J. (2011). *More than good intentions: How a new economics is helping to solve global poverty*. New York, NY: Dutton. However, the evidence on the success of these efforts is mixed (Bennett, 2009; The Economist, 2010).Bennett, D. (2009, September 20). Small change. *The Boston Globe*. Retrieved from http://www.boston.com/bostonglobe/ideas/articles/2009/09/20/small_change_does_microlending_actually_fight_poverty/; The Economist. (2010). A better mattress. *The Economist, 394*(8673), 75–76. Much more to help the world's poor certainly needs to be done.

In this regard, sociology's structural approach is in line with dependency theory and suggests that global stratification results from the history of colonialism and from continuing exploitation today of poor nations' resources by wealthy nations and multinational corporations. To the extent such exploitation exists, global poverty will lessen if and only if this exploitation lessens. A sociological approach also emphasizes the role that class, gender, and ethnic inequality play in perpetuating global poverty. For global poverty to be reduced, gender and ethnic inequality must be reduced.

Writers Nicholas D. Kristof and Sheryl WuDunn (2010)Kristoff, N. D., & WuDunn, S. (2010). *Half the sky: Turning oppression into opportunity for women worldwide*. New York, NY: Vintage Books. emphasize the need to focus efforts to reduce global poverty of women. We have already seen one reason this emphasis makes sense: women are much worse off than men in poor nations in many ways, so helping them is crucial for both economic and humanitarian reasons. An additional reason is especially illuminating: When women in poor nations acquire extra money, they typically spend it on food, clothing, and medicine, essentials for their families. However, when men in poor nations acquire extra money, they often spend it on alcohol, tobacco, and gambling. This gender difference might sound like a stereotype, but it does indicate that aid to women will help in many ways, while aid to men might be less effective and often even wasted.

Key Takeaways

- According to some sociologists, a change in thinking about poverty and the poor and political action by and on behalf of the poor are necessary for a renewed effort to help poor Americans.
- Potentially successful antipoverty programs and policies to help the US poor include expanding their employment opportunities and providing them much greater amounts of financial and other aid.
- To help people in poor nations, gender and ethnic inequality must be addressed.

For Your Review

1. Write a brief essay summarizing the changes in thinking that some sociologists argue must occur before a renewed effort to reduce poverty can take place.
2. Write a brief essay summarizing any four policies or programs that could potentially lower US poverty.

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4.8: Section Summary

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CHAPTER OVERVIEW

5: History of Social Welfare

5.1: Introduction to Social Welfare and Social Work

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5.1: Introduction to Social Welfare and Social Work

Micah Beckman; Ferris State University Department of Social Work; and Elizabeth B. Pearce

This chapter was written by Micah Beckman, a social work MSW student, as her final Capstone project. The purpose of this chapter is to provide introductory knowledge regarding the history surrounding the social work profession and orient students to the professional roles and knowledge required to become an effective social worker. Self-Awareness and its importance are discussed and activities are provided to help students explore their individual strengths, weaknesses, beliefs, and motivations. Key characteristics and skills essential to the social work profession are identified and discussed for those students who are wishing to pursue a career within the social work profession.

The History of Social Welfare and Social Work in the United States

Watch this video that describes the history of social welfare in the United States from the 1870's through the beginning of the 21st century and identifies the challenges that the helping professions face today: Legacies of Social Change

The inception of social welfare practices in the United States can be traced back to the late 1800's beginning with charity work performed by local churches and communities seeking to meet the needs of the poor. Some of the earliest interventions were designed to meet basic human needs of populations and placed great value in providing support, assistance, and resources to families and communities in an attempt to alleviate suffering (Nsonwu, Casey, Cook & Armendariz, 2013). The profession now known as social work ultimately began as a result of a practice originally known as "helping" others to improve the well being of individuals, families, and communities. Throughout the years the social work profession has played vital roles in the facilitation of social changes aimed at diminishing inequalities among various populations. Through the practice of "helping," social workers were able to address many social problems that plagued vulnerable populations through facilitating, advocating, and influencing individuals, communities, politicians, and law makers (Langer & Leitz, 2014).

Throughout the progressive movement era, many social workers emerged and were identified as key players known to have advanced the profession. These individuals came to be known as *pioneers* of the social work profession as their careers were devoted to improving the well being of individuals, families, and communities. In an effort to help conceptualize the social work profession, we will look closer at the origin of the social practice, as well as discuss a few pioneers and their contributions to the social work profession (Hansan, 2013).

Jane Addams is considered to be the founder of the social work profession. In 1889 Addams, along with Ellen Gates Starr, founded Hull-House, a successful settlement house located in an area of Chicago that was largely populated by immigrants. Residents of Hull-House were provided with multiple services which included daycare and kindergarten facilities for the children of the participants. Throughout her career Addams' continued to contribute to the social work profession by advocating for the rights and well-being of women and children on several important issues, one of those issues being the implementation of child labor laws (Hansan, 2010). She also was a leader in the quest for world peace, and was the first American woman winner of the Nobel Peace Prize.

In the early 20th century, Robert Hunter's book *Poverty* was published. Hunter's book placed a spotlight on America's poor and challenged society's long held belief that poverty signified moral failure (Hansan, 2013). Hunter's book demonstrated a critical need to implement specific social measures in order to prevent the destruction of the working class population on the verge of poverty. Hunter additionally identified conditions known to breed poverty calling into question the need but also the tolerance for these unjust conditions particularly by a professed Christian population (Hunter, 1904).

Another pioneer of the social work profession is Mary Richmond. Throughout her career, Richmond searched for answers surrounding the reasons and causes of poverty while also examining the interactions between individuals and their environments. Richmond believed that intervention and treatment needed to be focused on the person's strengths within their environment and the resources in that environment. As a result of this belief, Richmond developed the circle diagram as a way to help her clients identify sources of power available to them within their own environment. One of Richmond's biggest contributions to the social work profession was her book *Social Diagnosis* which was published in 1917. Richmond's book focused on the practice of casework with individuals and was the first book to identify a systematic and methodological way to document and diagnose clients (*Social Welfare History Project*, 2011).

Jane Hoey's career as a social worker in the government began in 1916 when she was appointed as the Assistant Secretary of the Board of Child Welfare in New York City. Throughout the course of her career she would work in multiple social welfare agencies:

serving as the Director of Field Service for the Atlanta Division of the American Red Cross, the Secretary of the Bronx Committee of the New York TB and Health Association, the Director of the Welfare Council of New York City, and ultimately as the Director of the Bureau of Public Assistance. Hoey is best known for her role in the enactment of the Social Security Public Assistance Act which became law in 1935. Following the law's enactment, Hoey became the Director of the Bureau of Public Assistance within the Social Security Administration and was responsible for organizing and implementing the distribution of the public welfare provisions (*Social Welfare History Project*, 2011).

Additional Resources

Mary Richmond's *Social Diagnosis*

https://archive.org/details/socialdiagnosis00richiala

Robert Hunter's *Poverty*

https://archive.org/details/povertypoor00huntuoft

Social Work: What is it?

For over a century the answer to this question has been not only varied but also debated among members of the general public as well as in the professional social work community. Embedded within definitions of "social work" are common themes which can help to conceptualize social work. Although there are many varying definitions used to describe social work, what matters the most is the purpose of social work and what guides and directs social work practice. According to the Council on Social Work Education (CSWE), the purpose of the social work profession is to "promote human and community well-being"; which can be achieved through promoting social and economic justice and preventing conditions that limit human rights for all people.

Even after defining social work and identifying the purpose of the social work profession, there continues to be some misalignment among the profession with the overall mission of social work. This is not surprising considering the increasingly diverse populations being served by the profession. What is becoming increasing clear as the diversity of client systems continues to expand, is the critical importance of professional competence in order to meet the unique needs of individuals as well as emerging social issues. In an effort to better prepare new social workers to respond to these new challenges and social issues, the CSWE adopted a competency-based education framework, Educational Policy and Accreditation Standards, which gives students the opportunity to demonstrate and integrate social work knowledge and skills in various practice settings. More than ever social work requires a broad knowledge base in order to effectively meet the needs of others but also to help clients find hope in the process. Finding hope is essential to the social work practice as hope helps to empower diverse populations facing unique challenges (Clark & Hoffler, 2014).

The feelings associated with a sense of hope are considered to be fundamental to the social work practice. Hope is essential to social work as it allows those facing challenges to believe in a positive outcome and hope can play a major role in how the challenges/circumstances are viewed. A sense of hope is as essential to clients as it is for social workers who are helping clients. Social workers struggling to feel hope may communicate this verbally and non-verbally in their approach with their clients, ultimately impacting the effectiveness of the intervention. This is one of several reasons individuals wishing to pursue a career in social work should explore their personal values, overall worldview, beliefs, abilities, skills, and priorities as well as personal and career goals. This type of exploration is essential to determining whether or not a career in the social work field will be a good fit. In addition, individuals should also consider the demands, stressors, and challenges common to the social work practice giving serious consideration to whether helping the most vulnerable populations will negatively impact their own physical and/or mental health and overall quality of life (Sheafor, Horejsi, & Horejsi, 2000).

Additional Activities:

When in Doubt, Give Hope. (Speech starts at 2:20)

Allison Brunner a newly graduated MSW talks about her anxieties and doubts that recent graduates feel with their professional responsibility to hold hope for their clients. She describes her own doubts as a social worker, relates those to her personal moments of doubt and shares how she drew from those experiences to help her client. Using our experiences to benefit our clients rather than ourselves, is what we call "professional use of self." And as Carl Rogers demonstrated many years ago, bringing our genuine self to the clinical relationship is one of the most important things we can do to help our clients.

Retrieved from: http://www.socialworkpodcast.com/GraduationSpeech2009.mp3

Bachelors of Social Work (BSW) versus Masters of Social Work (MSW)

According to the Bureau of Labor Statistics, the minimum pre-requisite needed to gain employment in the social work profession is a Bachelor's Degree in Social Work (BSW). Those with specific career goals may be required to obtain a higher level of education. Regulation and licensing are governed by states and vary. Most will plan to pursue a Master's Degree in Social Work (MSW).

There are some similarities between the two degrees which include the expectation that both BSW and MSW students complete supervised field placements within a social service type agency. The requirements related to the length of placement, expected tasks, and/or hours may vary based on degree. Common social service agency placements for both BSW and MSW students include places such as hospitals, schools, or mental health or substance abuse clinics. In addition to this requirement, both BSW and MSW graduates must be granted a license in the state they wish to practice. Licensure for an MSW may require supervised clinical experience following graduation and a passing score on the Association of Social Work Boards (ASWB) licensing examination. For more information on the exam and licensing visit the ASWB website.

The Council on Social Work Education (CSWE), which accredits U.S. social work programs, designates BSW undergraduate programs teach students about diverse populations, human behavior, social welfare policy, and ethics in social work. Additionally, students are required to complete a supervised field placement at a social service agency. Baccalaureate social workers have the ability to obtain specialty certification in certain areas through their state chapter of the National Association of Social Workers (NASW), which offers specialty certification available in child, youth and family social work, gerontology, casework, and hospice, and palliative care. Master's degree programs focus on developing clinical assessment and management skills and prepare students for work in a more targeted areas depending on the student's interest.

The other important differences between the two degrees involves the type of employment each degree holder is eligible for and the earning potential based on the degree. MSW graduates typically earn a significantly higher salaries than BSW graduates. Individuals with a BSW degree tend to be employed in entry level jobs as caseworkers and are expected to provide direct services to clients through assessing, coordinating, and referring to area resources. The Michigan Board of Social Workers outlines the scope of practice/expected duties for social workers based on education and designated practice area (see chart below).

MSW graduates are often employed in clinical settings such as a hospital or a private practice setting and also in various administrative positions. MSW graduates can obtain either a Macro or Clinical license. The scope of practice differs depending on the type of MSW license. According to the National Association of Social Workers (NASW), a licensed Master Social Worker with macro designation can expect to be involved in administration, management, and supervision of human service organizations and perform functions that seek to improve the overall population's quality of life through a policy/administrative perspective. These tasks range from collaboration, coordination, mediation, and consultation within organizations and/or communities, community organizing and development, research and evaluation, and advocacy/social justice work through involvement in the legislative process. A licensed Master Social Worker with a clinical designation (micro) typically work directly with individuals, families, and/or groups in an effort to improve the client's overall quality of life. Social workers can expect to perform the following tasks/functions: advocating for care, protecting the vulnerable, providing psychotherapy as defined as "assessment, diagnosis, or treatment of mental, emotional, or behavioral disorders, conditions, addictions, or other biopsychosocial problems."

Social Work Task or Function	Tech	BSW	MSW	
			Macro	Clinical
Administration of assessment checklists requiring interpretation	YES	YES	YES	YES
Administration and interpretation of assessment checklists			YES	YES
Advocacy for group/communities		YES	YES	YES
Advocacy for individual		YES	YES	YES
Case Intervention planning and evaluation				YES
Case Management (for individual, family, couple, group)		YES		YES
Child or adult custody determination		YES		YES
Child or adult custody assessments and recommendations				YES
Child welfare case management		YES		YES
Community organization		YES	YES	
Conduct case-finding activities in community	YES	YES	YES	YES
Consultation regarding agency practice and policy development			YES	YES
Consultation regarding clinical issues				YES
Coordination and evaluation of service delivery			YES	
Development of social welfare policy			YES	
Diagnosis of mental, emotional or substance abuse disorders with a diagnostic code				YES
Directing clinical programs				YES
Directing social work agencies but not clinical practice			YES	
Directing social work agencies including clinical practice			YES	YES
Identification of presenting problem		YES		YES
Impart general information and referral for assistance		YES	YES	YES
Interventions with individuals, couples, families or groups to enhance or restore the capacity for social functioning		YES		
Intervention methods using specialized and formal interactions				YES
Interviewing clients regarding client's situation	YES	YES	YES	YES
Monitor client's compliance with program's expectations	YES	YES	YES	YES
Pre-admission general assessment for mental health facilities		YES		YES
Private practice – clinical				YES
Private practice – macro			YES	
Program Intervention planning and evaluation		YES	YES	
Provide assistance regarding community resources	YES	YES	YES	YES
Provide information about available services	YES	YES	YES	YES
Provide life-skills training	YES	YES	YES	YES
Provide linkages to community services	YES	YES	YES	YES
Provision of training regarding community needs and problems			YES	
Psychosocial assessment		YES		YES
Psychotherapy with adults				YES
Psychotherapy with children				YES
Research – design and analysis			YES	YES
Research – data collection		YES	YES	YES
Supervision of clinical social workers				YES
Supervision of macro social workers			YES	
Teaching or education of client		YES	YES	YES
Treatment planning and evaluation				YES

Social Work Scope of Practice, created by the Michigan Department of Licensing and Regulatory Affairs (LARA)

What is a client? What's in a name?

It is important that the social work profession accurately define and describe the relationship that exists between those who receive services and those who provide services (social workers). Over the years many terms have been used to describe the service-recipient relationship. Many of these terms have been scrutinized as failing to accurately describe the relationship that exists between the social worker and the service recipient. McLaughlin (2008) identified four terms commonly used to describe the social worker-service user relationship as patients, consumers, and service users. It is important to explore the language used to conceptualize this relationship because the social work profession seeks to empower the most disadvantaged and vulnerable of the population the language we use matters.

"Client" is the most widely used term used to describe the social work relationship.

The meaning and implications of the term "client" have been questioned as it gives the impression that the social worker is in a position of power over the client. In this instance a client would be viewed as someone who needs help but does not have the ability to help themselves, due to some deficiency either a lack of skills or ability, and therefore requires the knowledge of a social worker (McLaughlin, 2008).

The term "consumer" has been used to describe the relationship of those who use services the state offers. The meaning and implications of using the term "consumer" suggests that those receiving services has options and choices and the social worker is acting as a manager or a monitor of services and/or resources (McLaughlin, 2008).

The term "service user" has also been used in various social work settings. However "service user" may not be appropriate for use in all types of social work practice. For example social workers working in the arena of children's protective services are mandated to respond to child abuse and neglect based on agency and state law. In this situation the service user would most likely object to the social worker's response, therefore the service user would not be officially involved in the decision making process. Over the years social workers have been given a major role in the assessment of needs and risks over client groups and this role is often

associated with a policing or surveillance role. In this way the relationship that exists between the client and social worker may get confusing and ambiguous (McLaughlin, 2008).

Common Roles of Social Workers

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

Broker

A social worker acting as a broker assists and links people with services or resources. In this role social 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 social 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 social 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. Social workers 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 social worker as an advocate seeks to protect client's rights and ensure access and utilization of services they are entitled to receive. Social workers may perform advocacy work by advocating for a single client or by representing groups of clients with a common problem or identified need. Social workers 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 the social work profession as it is necessary to promote overall wellbeing. The National Association of Social Workers (NASW) (2015) "has specified social workers' responsibility to the community and broader society since its adoption in 1960, and in 1996, strengthened its call to require *all* social workers to "engage in social and political action" to "expand choice and opportunity" and "equity and social justice for all people" (p. 27). Social workers 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. Social workers acting as advocates should always consider whether they are acting and advocating in a way that maximizes client self-determination (Zastrow, 2016).

Educator

Social workers acting as a teacher or educator often help in times of crisis for many clients. In this role social workers 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 social 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 social worker acting as a counselor helps clients express their needs, clarify their problems, explore resolution strategies, and applies 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

Social 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 social workers and often times is what dictates the services and resources identified as needs for clients. Often time's social workers acting in this role find themselves in precarious situations as the relationship between

the client and social worker may be conflicting, especially when working in the mental health field. While working as a risk assessor in the mental health field the social worker may experience conflict between encouraging client self-determination and addressing safety risks.

Mediator

It is common that social workers act as mediators and negotiators as conflict is the root of many areas of social work. Social workers acting in these roles are required to take a neutral stance in order to find compromises between divided parties. In this role social 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 social worker in the role of researcher or program evaluator uses their practice experience to inform future research. The social worker is aware of current research and able to integrate their knowledge with the current research. Social 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

Social 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 social workers facilitate that process by understanding group dynamics. Psychoeducational groups are led by social 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. Social workers who facilitate counseling groups help participants resolve problems in various areas that can include: personal, social, educational, or career concerns. In psychotherapy groups social worker address psychological and interpersonal problems that are negatively impacting member's lives (Corey, Corey, & Corey, 2014).

Characteristics and Skills of Effective Social Workers

Much like the definition of the term "social work," the characteristics and skills required to become an effective social worker are also hard to define and require versatility in this complex and constantly changing environment. Competent and effective social workers are expected to have knowledge in varying intervention strategies and skills in order to enhance functioning and empower others. Effective social workers also must be willing to consider the needs of those being served when designing interventions seeking to enhance the wellbeing of others. In doing so many social workers may adopt specific roles or a combination of roles in order to effectively and efficiently meet the identified need(s). Some common elements and skills have been identified as effective across micro and macro practice settings. It is important to remember that when we are discussing effective social workers it is not just about *what* they do, it is also about *how* they do it (Sheafor, Horejsi & Horejsi, 2000).

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).

Competence

Competence is essential in the social work world as there are numerous treatment approaches and intervention strategies available for clients. That being said, it is impossible for a social worker to be competent in every intervention strategy or treatment option. Social workers are expected to be knowledgeable in areas and intervention strategies they will be utilizing with their clients. According to Sheafor, Horejsi, and Horejsi (2000), generalist practice social workers need to be prepared to treat a diverse population of clients, which requires knowledge in a variety of assessment and intervention techniques.

Effective social workers can identify personal values, political beliefs and assumptions but also are willing to develop knowledge of other cultures through formal education and interaction. Professional development allows social workers to develop skills that will enable them to implement successful interventions. Cultural competence is also an area that should be considered when determining effectiveness. All social workers should continually seek cultural knowledge; through education and direct interaction. Culture is an area that is constantly changing and social workers should be prepared to engage in life-long learning in order to seek competence.

Empathy

One of the most critical elements is the relationship between the social worker and the client. Specifically whether or not the client feels the social worker is genuine, supportive and empathetic towards them. A sense of empathy from the social worker increases the chances of building a therapeutic relationship with the client. Because of this, ability to empathize is essential for social workers. Dr. Brown (2013) suggests that empathy is the best way to ease someone's pain and suffering and is the skill that fuels connections. Empathy is a choice that requires individuals to acknowledge their own vulnerabilities which is often why the ability to empathize is considered a difficult skill to develop.

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).

Communication skills

Communication in the social work profession encompasses a wide-range of activities beyond the ability to communicate effectively with their clients and other professionals. Determining the best approach to utilize when communicating with clients and other professionals will require the use of critical thinking skills. Many social workers are often working in the role of helping others who are seeking to make changes. Therefore, effective social workers will use a combination of different strategies to help move clients towards change. Social workers with effective communication skills avoid directly telling other's what to do and rely heavily of their ability to communicate in order to empower clients to identify their own solutions. Developing and utilizing effective communication skills help clients establish trust and promotes rapport building between the social worker and the client which increases the chances of a successful intervention.

It is important to understand that effective communication skills go beyond one's ability to communicate verbally and includes the ability to communicate through written reports as well as non-verbally while displaying active listening skills. Effective non-verbal communication requires the social worker to portray and display an empathetic, non-judgmental attitude when listening and engaging with clients. Effective written communication skills include the ability to communicate concisely, professionally, and honestly in various written formats as there are multiple mediums in which a social worker must be able to communicate. Because of this, competency in using word processors, email systems, spreadsheets, databases and knowledge of grammar and spelling are an important communication skill. These tasks may seem simple and appear obvious, however may prove challenging. Over time communication skills can be learned with practice, regular reflection, and self-assessment (Sheafor, Horejsi & Horejsi, 2000).

Additional Resources

Brené Brown's TED Talk about the power of vulnerability:

https://www.ted.com/talks/brene_brown_on_vulnerability

Brené Brownon empathy:

https://youtu.be/1Evwgu369Jw

Challenges Ahead

Rothman and Mizrahi (2014) identified a need to rectify an imbalance that exists between micro and macro social work practice to not only strengthen the profession, but to overcome the multitude of problems facing society. Historically the social work profession has addressed the needs of the population with a dual approach, encompasses both macro and micro practice social

workers to achieve social progress. This approach requires involvement from social workers at every level of practice to bring about social reform as well as meet the needs of individuals and families.

In 2013 the American Academy of Social Work and Social Welfare (AASWSW) initiated an innovative approach to achieving social progress powered by science called "The Grand Challenges of Social Work." The AASWSW identified 12 challenges and major social problems impacting today's society. Today's social workers will need to address and implement effective approaches known to improve individual and family wellbeing in order to begin strengthening the social fabric of America.

The 12 original challenges are as follows:

The challenge to ensure healthy development for all youth: The AASWSW has identified the need to prevent behavioral health problems emerging in over six million young people yearly. Evidence has identified several effective prevention based approaches to address the severe mental, emotional, and behavior problems affecting today's youth.

The challenge to close the health gap: More than 60 million Americans have inadequate access to basic health care. Even more disturbing – the majority of people with inadequate access also experience discrimination and poverty. There is an extreme need to develop new strategies targeted at improving the health of our society.

The challenge to stop family violence: Assaults by parents, partners, and adult children are common American tragedies that often result in serious injury, including death. This type of violence impacts society through various arenas. Effective intervention strategies have been identified and if implemented could help break the cycle of violence for many families.

The challenge to advance long and productive lives: Through identifying and engaging individuals with healthy and productive activities, overall health and well-being can be improved.

The challenge to eradicate social isolation: Social workers can help with this challenge by educating the public about the impacts of social isolation as well as, promote effective ways to make social connections.

The challenge to end homelessness: Over 1.5 million American's experience homelessness at least one night a year. Homelessness affects health and well-being and often has lasting impacts on personal development. The challenge will be to implement and expand on proven approaches as well as, implement policies that promote affordable housing.

The challenge to create social responses to a changing environment: Climate change and urban development exacerbate the already existing social and environmental inequalities of marginalized communities. The challenge will be to develop improved social responses based on this knowledge as well as, helping those impacted by the changing environment through developing policies specific to helping those in need.

The challenge to harness technology for social good: A unique opportunity to access and target various populations and social problems exists because of advances to technology. The challenge will be for social workers to find ways to use technology to not only access knowledge, but to gain expertise for the advancement of the social work profession.

The challenge to promote "smart decarceration": With the United States having the world's largest percentage of its population behind bars this could prove to truly be a grand challenge. "Smart Decarceration" calls for a reduction in the number of people imprisoned, as well as the willingness of a nation to embrace a new and proactive way of addressing safety.

The challenge to reduce extreme inequality: One out of every five children live in poverty, while the top 1% owns almost half of the wealth in the U.S. Poor health outcomes and decreased overall well-being have been documented results of living in poverty. Inequality can be reduced through increased access to education, wages, tax benefits, and/or home ownership. Social workers should seek to adopt policies that promote equality.

The challenge to build financial capability for all: Nearly half of all American households are financially insecure, which means they do not have adequate savings to meet their basic living expense for three months. By adopting policies that support security in retirement accounts as well as, access to financial services that provide for financial literacy there can be a significant reduction in the economic hardships faced by families.

The challenge to achieve equal opportunity and justice: Historic and current prejudice and injustice in the United States impacts several groups of people by impeding and excluding access to education and employment. In order to overcome this challenge social workers must embrace and appreciate diversity and begin shedding light onto unfair practices.

Leadership of this effort now has its own website: Grand Challenges for Social Work and has added a thirteenth challenge.

Eliminate racism: The United States has been built on a history of racism and this impacts millions of lives every day. Ongoing racist policies and bias foster continuing inequality. Social Work has provided leadership but still has more to do and the organization is developing a model to eliminate racism.

Additional Reading

Bent-Goodley, T.B. (2017). Readying the profession for changing times. *Social Work, 62*(2), 101-103.

Link to article in the LBCC library

Activities

Activity #1

25 questions to help you get to know yourself

http://www.mistysansom.com/know-who-you-are-with-these-25-questions

- What does your ideal day look like?
- What did you want to be when you were younger?
- Who are you most inspired by? Why?
- Who would you love to meet? What would you ask?
- What habit would you most like to break? What habit would you most like to start?
- Think of a person you truly admire. What qualities do you like about that person?
- How do you like to relax?
- When was the last time you did something you were afraid of?
- What are you most proud of?
- What are you most afraid of?
- If life stopped today, what would you regret not doing?
- Who would you like to connect (or reconnect) with? Why?
- What qualities do you admire in others?
- What practical skills do you wish you had?
- Imagine you're in your 90s. What memories would you like to have? What stories do you want to tell?
- What is your favorite book/movie/song? Why?
- If you could make one change in the world, what would it be?
- What do you love to do for, or give to others (not an object – something from you personally)?
- What excites you?
- What do you wish you did more of?
- Pretend money is no object. What would you do?
- What area of your life, right now, makes you feel the best? Which area makes you feel the worst? Why?
- Let's jump forward a year. What would you like to have achieved in the past year?
- What piece of advice would you give to five year old you? Sixteen year old you? Twenty-one year old you? Right now?
- How do you want to be remembered in life?

Activity #2:

Character Strengths Survey

https://www.viacharacter.org/www/Character-Strengths-Survey

PODCASTS

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CHAPTER OVERVIEW

6: Families Past and Present

6.1: The Changing Family

6.2: Overview of the Family

6.3: Sociological Perspectives on the Family

6.4: Changes and Problems in American Families

6.5: Families in the Future

6.6: Section Summary

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6.1: The Changing Family

Social Problems in the News

"Help for Domestic Violence Victims Declining," the headline said. In Georgia, donations and other financial assistance to battered women's shelters were dwindling because of the faltering economy. This decreased funding was forcing the shelters to cut back their hours and lay off employees. As Meg Rogers, the head of a shelter with a six-month waiting list explained, "We are having to make some very tough decisions."

Reflecting her experience, shelters in Georgia had to turn away more than 2,600 women and their children in the past year because of lack of space. Many women had to return to the men who were abusing them. This situation troubled Rogers. "I think their safety is being compromised," she said. "They may go to the abuser's family even if they don't go back to the abuser." A domestic violence survivor also worried about their fate and said she owed her own life to a women's shelter: "I love them to this day and I'm alive because of them."

Source: Simmons, 2011

Once upon a time, domestic violence did not exist, or so the popular television shows of the 1950s would have had us believe. Neither did single-parent households, gay couples, interracial couples, mothers working outside the home, heterosexual spouses deciding not to have children, or other family forms and situations that are increasingly common today. Domestic violence existed, of course, but it was not something that television shows and other popular media back then depicted. The other family forms and situations also existed to some degree but have become much more common today.



Families shown in today's television shows are very different from the traditional family depicted in popular television shows of the 1950s. Television families from the 1950s consisted of two heterosexual parents, with the father working outside the home and the mother staying at home with two or more wholesome children.

The Bees Knees Daily – Cast photo of the Cleaver Family from "Leave It To Beaver" – CC BY-NC-SA 2.0.

The 1950s gave us *Leave It to Beaver* and other television shows that depicted loving, happy, "traditional" families living in the suburbs. The father worked outside the home, the mother stayed at home to take care of the kids and do housework, and their children were wholesome youngsters who rarely got into trouble and certainly did not use drugs or have sex. Today we have ABC's *Modern Family*, which features one traditional family (two heterosexual parents and their three children) and two nontraditional families (one with an older white man and a younger Latina woman and her child, and another with two gay men and their adopted

child). Many other television shows today and in recent decades have featured divorced couples or individuals, domestic violence, and teenagers doing drugs or committing crime.

In the real world, we hear that parents are too busy working at their jobs to raise their kids properly. We hear of domestic violence as in the story from Georgia at the start of this chapter. We hear of kids living without fathers, because their parents are divorced or never were married in the first place. We hear of young people having babies, using drugs, and committing violence. We hear that the breakdown of the nuclear family, the entrance of women into the labor force, and the growth of single-parent households are responsible for these problems. Some observers urge women to work only part-time or not at all so they can spend more time with their children. Some yearn wistfully for a return to the 1950s, when everything seemed so much easier and better. Children had what they needed back then: one parent to earn the money, and another parent to take care of them full time until they started kindergarten, when this parent would be there for them when they came home from school.

Families have indeed changed, but this yearning for the 1950s falls into what historian Stephanie Coontz (2000) calls the "nostalgia trap." The 1950s television shows did depict what some families were like back then, but they failed to show what many other families were like. Moreover, the changes in families since that time have probably not had all the harmful effects that many observers allege. Historical and cross-cultural evidence even suggests that the *Leave It to Beaver*-style family of the 1950s was a relatively recent and atypical phenomenon and that many other types of families can thrive just as well as the 1950s television families did.

This chapter expands on these points and looks at today's families and the changes they have undergone. It also examines some of the controversies and problems now surrounding families and relationships.

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6.2: Overview of the Family

Learning Objectives

1. Describe why many children throughout history have not lived in a nuclear family.
2. Understand the status of the nuclear family in the United States since the colonial period.
3. Describe the major marriage and family arrangements in the United States today.

A family is a group of two or more people who are related by blood, marriage, adoption, or a mutual commitment and who care for one another. Defined in this way, the family is universal or nearly universal: Some form of the family has existed in every society, or nearly every society, that we know about (Starbuck, 2010). Yet it is also true that many types of families have existed, and the cross-cultural and historical record indicates that these different forms of the family can all "work": They provide practical and emotional support for their members and they socialize their children.

It is important to keep this last statement in mind, because Americans until the last few decades thought of only one type of family, and that is the nuclear family: A married heterosexual couple and their young children living by themselves under one roof. The nuclear family has existed in most societies with which scholars are familiar. An extended family, which consists of parents, their children, and other relatives, has a nuclear family at its core and was quite common in prehistoric societies. Many *one-parent* families begin as (two-parent) nuclear families that dissolve upon divorce or separation or, more rarely, the death of one of the parents. In recent decades, one-parent families have become more common in the United States because of divorce and births out of wedlock, but they were actually very common throughout most of human history because many spouses died early in life and because many babies were born out of wedlock.



Although the nuclear family is a common family arrangement today, historically many children lived with only one parent because spouses died early and many babies were born out of wedlock.

Wikimedia Commons – CC BY 2.0.

Although many prehistoric societies featured nuclear families, a few societies studied by anthropologists have not had them. In these societies, a father does not live with a woman after she has his child and sees them either irregularly or not at all. Despite the absence of a father and the lack of a nuclear family, this type of family arrangement seems to have worked well in these societies. In particular, children are cared for and grow up to be productive members of their societies (Smith, 1996).

These examples do not invalidate the fact that nuclear families are almost universal. But they do indicate that the functions of the nuclear family can be achieved through other family arrangements. If that is true, perhaps the oft-cited concern over the "breakdown" of the 1950s-style nuclear family in modern America is at least somewhat undeserved. As indicated by the examples just given, children can and do thrive without two parents. To say this is meant neither to extol divorce, births out of wedlock, and

fatherless families nor to minimize the problems they may involve. Rather, it is meant simply to indicate that the nuclear family is not the only viable form of family organization (Seccombe, 2012).

In fact, although nuclear families remain the norm in most societies, in practice they are something of a historical rarity: Until about a century ago, many spouses died by their mid-forties, and many babies were born out of wedlock. In medieval Europe, for example, people died early from disease, malnutrition, and other problems. One consequence of early mortality was that many children could expect to outlive at least one of their parents and thus essentially were raised in one-parent families or in stepfamilies (Gottlieb, 1993).

During the American colonial period, different family types abounded, and the nuclear family was by no means the only type (Coontz, 1995). Nomadic Native American groups had relatively small nuclear families, while nonnomadic groups had larger extended families. Because nuclear families among African Americans slaves were difficult to achieve, slaves adapted by developing extended families, adopting orphans, and taking in other people not related by blood or marriage. Many European parents of colonial children died because average life expectancy was only 45 years. The one-third to one-half of children who outlived at least one of their parents lived in stepfamilies or with just their surviving parent. Mothers were so busy working the land and doing other tasks that they devoted relatively little time to child care, which instead was entrusted to older children or servants.

Moving much forward in US history, an important change in American families occurred during the 1940s after World War II ended. As men came home after serving in the military in Europe and Japan, books, magazines, and newspapers exhorted women to have babies, and babies they did have: People got married at younger ages and the birth rate soared, resulting in the now famous *baby boom generation*. Meanwhile, divorce rates dropped. The national economy thrived as auto and other factory jobs multiplied, and many families for the first time could dream of owning their own homes. Suburbs sprang up, and many families moved to them. Many families during the 1950s did indeed fit the *Leave It to Beaver* model of the breadwinner-homemaker suburban nuclear family. Following the Depression of the 1930s and the war of the 1940s, the 1950s seemed an almost idyllic decade.

Even so, less than 60 percent of American children during the 1950s lived in breadwinner-homemaker nuclear families. Moreover, many lived in poverty, as the poverty rate then was almost twice as high as it is today. Teenage pregnancy rates were about twice as high as today. Although not publicized back then, alcoholism and violence in families were common. Historians have found that many women in this era were unhappy with their homemaker roles, Mrs. Cleaver (Beaver's mother) to the contrary, suffering from what Betty Friedan (1963) famously called the "feminine mystique."

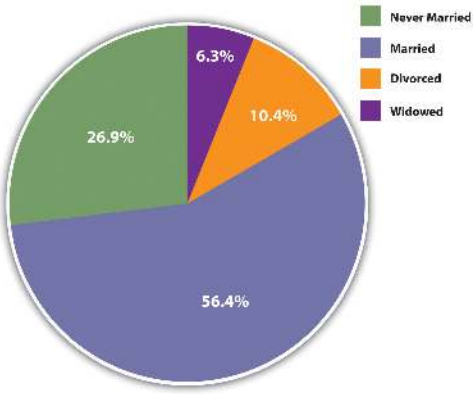
During the 1960s and 1970s, women began to enter the labor force. They did so to increase their families' incomes and to achieve greater self-fulfillment. More than 60 percent of married women with children under 6 years of age are now in the labor force, compared to less than 19 percent in 1960. At about the same time, divorce rates increased for several reasons that we examine later in this chapter. Changes in the American family had begun, and along with them various controversies and problems.

Marriage and the Family in the United States Today

In the United States today, marriage remains an important institution. Only about 27 percent of all adults (18 or older) have never been married, 56 percent are currently married, 10 percent are divorced, and 6 percent are widowed (see Figure 10.1 "Marital Status of the US Population 18 Years of Age or Older, 2010"). Thus 72 percent of American adults have been married, whether or not they are currently married. Because more than half of the never-married people are under 30, it is fair to say that many of them will be getting married sometime in the future. When we look just at people aged 45–54, about 87 percent are currently married or had been married at some point in their lives. In a 2010 poll, only 5 percent of Americans under age 30 said they did not want to get married (Luscombe, 2010). These figures all indicate that marriage continues to be an important ideal in American life, even if not all marriages succeed. As one sociologist has said, "Getting married is a way to show family and friends that you have a successful personal life. It's like the ultimate merit badge" (Luscombe, 2010).

Although marriage remains an important institution, two recent trends do suggest that its importance is declining for some segments of the population (Cohn, Passel, Wang, & Livingston, 2011). First, although 71 percent of adults have been married, this figure represents a drop from 85 percent in 1960. Second, education greatly affects whether we marry and stay married, and marriage is less common among people without a college degree.

Figure 10.1 Marital Status of the US Population 18 Years of Age or Older, 2010



Source: Data from US Census Bureau. (2012). *Statistical abstract of the United States: 2012*. Washington, DC: US Government Printing Office. Retrieved from http://www.census.gov/compendia/statab.

Recent figures provide striking evidence of this relationship. Almost two-thirds (64 percent) of college graduates are currently married, compared to less than half (47 percent) of high school graduates and high school dropouts combined. People with no more than a high school degree are less likely than college graduates to marry at all, and they are more likely to get divorced, as we shall discuss again later, if they do marry.

This difference in marriage rates worsens the financial situation that people with lower education already face. As one observer noted, "As marriage increasingly becomes a phenomenon of the better-off and better-educated, the incomes of two-earner married couples diverge more from those of struggling single adults" (Marcus, 2011). One of the many consequences of this education gap in marriage is that the children of one-parent households are less likely than those of two-parent households to graduate high school and to attend college. In this manner, a parent's low education helps to perpetuate low education among the parent's children.

The United States Compared to Other Democracies

In several ways, the United States differs from other Western democracies in its view of marriage and in its behavior involving marriage and other intimate relationships (Cherlin, 2010; Hull, Meier, & Ortyl, 2012). First, Americans place more emphasis than their Western counterparts on the ideal of romantic love as a basis for marriage and other intimate relationships and on the cultural importance of marriage. Second, the United States has higher rates of marriage than other Western nations. Third, the United States also has higher rates of divorce than other Western nations; for example, 42 percent of American marriages end in divorce after fifteen years, compared to only 8 percent in Italy and Spain. Fourth, Americans are much more likely than other Western citizens to remarry once they are divorced, to cohabit in short-term relationships, and, in general, to move from one intimate relationship to another, a practice called *serial monogamy*. This practice leads to instability that can have negative impacts on any children that may be involved and also on the adults involved.



Americans place more emphasis than Europeans on the ideal of romantic love as the basis for marriage. This emphasis helps account for why the United States has a higher divorce rate than many European nations.

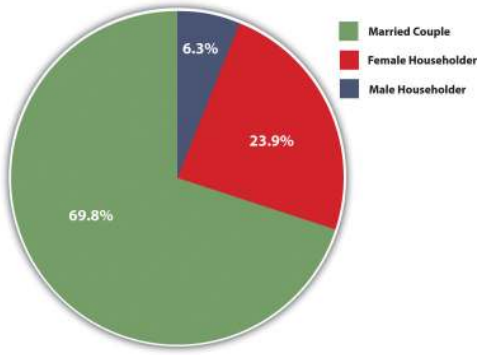
Ken Witherow – Digimem Studio Photo Shoot – CC BY 2.0.

The US emphasis on romantic love helps account for its high rates of marriage, divorce, and serial monogamy. It leads people to want to be in an intimate relationship, marital or cohabiting. Then when couples get married because they are in love, many quickly find that passionate romantic love can quickly fade; because their expectations of romantic love were so high, they become more disenchanted once this happens and unhappy in their marriage. As sociologist Andrew J. Cherlin (2010, p. 4) observes, "Americans are conflicted about lifelong marriage: they value the stability and security of marriage, but they tend to believe that individuals who are unhappy with their marriages should be allowed to end them." Still, the ideal of romantic love persists even after divorce, leading to remarriage and/or other intimate relationships.

Children and Families

The United States has about 36 million families with children under 18. About 70 percent of these are married-couple families, while 30 percent (up from about 14 percent in the 1950s) are one-parent families. Most of these latter families are headed by the mother (see Figure 10.2 "Family Households with Children under 18 Years of Age, 2010").

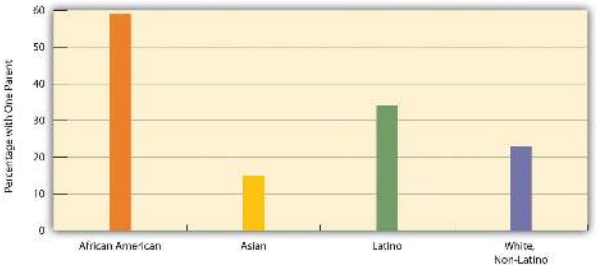
Figure 10.2 Family Households with Children under 18 Years of Age, 2010



Source: Data from US Census Bureau. (2012). *Statistical abstract of the United States: 2012*. Washington, DC: US Government Printing Office. Retrieved from http://www.census.gov/compendia/statab.

The proportion of families with children under 18 that have only one parent varies significantly by race and ethnicity: Latino and African American families are more likely than white and Asian American households to have only one parent (see Figure 10.3 "Race, Ethnicity, and Percentage of Family Groups with Only One Parent, 2010"). Similarly, whereas 30 percent of all children do not live with both their biological parents, this figure, too, varies by race and ethnicity: about 61 percent of African American children, 15 percent of Asian children, 33 percent of Latino children, and 23 percent of non-Latino white children.

Figure 10.3 Race, Ethnicity, and Percentage of Family Groups with Only One Parent, 2010



Source: Data from US Census Bureau. (2012). *Statistical abstract of the United States: 2012*. Washington, DC: US Government Printing Office. Retrieved from http://www.census.gov/compendia/statab.

We will discuss several other issues affecting children later in this chapter. But before we move on, it is worth noting that children, despite all the joy and fulfillment they so often bring to parents, also tend to reduce parents' emotional well-being. As a recent review summarized the evidence, "Parents in the United States experience depression and emotional distress more often than their childless adult counterparts. Parents of young children report far more depression, emotional distress and other negative emotions than non-parents, and parents of grown children have no better well-being than adults who never had children" (Simon, 2008, p. 41).

Children have these effects because raising them can be both stressful and expensive. Depending on household income, the average child costs parents between $134,000 and $270,000 from birth until age 18. College education obviously can cost tens of thousands of dollars beyond that. Robin W. Simon (2008) argues that American parents' stress would be reduced if the government provided better and more affordable day care and after-school options, flexible work schedules, and tax credits for various parenting costs. She also thinks that the expectations Americans have of the joy of parenthood are unrealistically positive and that parental stress would be reduced if expectations became more realistic.

Key Takeaways

- Although the nuclear family has been very common, many children throughout history have not lived in a nuclear family, in part because a parent would die at an early age.
- Most Americans eventually marry. This fact means that marriage remains an important ideal in American life, even if not all marriages succeed.
- About 30 percent of children live with only one parent, almost always their mother.

For Your Review

1. Write a brief essay in which you describe the advantages and disadvantages of the 1950s-type nuclear family in which the father works outside the home and the mother stays at home.
2. The text notes that most people eventually marry. In view of the fact that so many marriages end in divorce, why do you think that so many people continue to marry?
3. Some of the children who live only with their mothers were born out of wedlock. Do you think the parents should have married for the sake of their child? Why or why not?

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6.3: Sociological Perspectives on the Family

Learning Objective

1. Summarize understandings of the family as presented by functional, conflict, and social interactionist theories.

Sociological views on today's families and their problems generally fall into the functional, conflict, and social interactionist approaches introduced previously in the "Sociological Perspectives on Social Problems" chapter. Let's review these views, which are summarized in Table 10.1 "Theory Snapshot".

Table 10.1 Theory Snapshot

Theoretical perspective	Major assumptions
Functionalism	The family performs several essential functions for society. It socializes children, it provides emotional and practical support for its members, it helps regulate sexual activity and sexual reproduction, and it provides its members with a social identity. Family problems stem from sudden or far-reaching changes in the family's structure or processes; these problems threaten the family's stability and weaken society.
Conflict theory	The family contributes to social inequality by reinforcing economic inequality and by reinforcing patriarchy. Family problems stem from economic inequality and from patriarchal ideology. The family can also be a source of conflict, including physical violence and emotional cruelty, for its own members.
Symbolic interactionism	The interaction of family members and intimate couples involves shared understandings of their situations. Wives and husbands have different styles of communication, and social class affects the expectations that spouses have of their marriages and of each other. Family problems stem from different understandings and expectations that spouses have of their marriage.

Social Functions of the Family

Recall that the functional perspective emphasizes that social institutions perform several important functions to help preserve social stability and otherwise keep a society working. A functional understanding of the family thus stresses the ways in which the family as a social institution helps make society possible. As such, the family performs several important functions.

First, the family is the primary unit for *socializing children*. No society is possible without adequate socialization of its young. In most societies, the family is the major unit in which socialization happens. Parents, siblings, and, if the family is extended rather than nuclear, other relatives all help socialize children from the time they are born.



One of the most important functions of the family is the socialization of children. In most societies the family is the major unit through which socialization occurs.

Colleen Kelly – Kids Playing Monopoly Chicago – CC BY 2.0.

Second, the family is ideally a major source of *practical and emotional support* for its members. It provides them food, clothing, shelter, and other essentials, and it also provides them love, comfort, and help in times of emotional distress, and other types of support.

Third, the family helps *regulate sexual activity and sexual reproduction*. All societies have norms governing with whom and how often a person should have sex. The family is the major unit for teaching these norms and the major unit through which sexual

reproduction occurs. One reason for this is to ensure that infants have adequate emotional and practical care when they are born.

Fourth, the family provides its members with a *social identity*. Children are born into their parents' social class, race and ethnicity, religion, and so forth. Some children have advantages throughout life because of the social identity they acquire from their parents, while others face many obstacles because the social class or race/ethnicity into which they are born is at the bottom of the social hierarchy.

Beyond discussing the family's functions, the functional perspective on the family maintains that sudden or far-reaching changes in conventional family structure and processes threaten the family's stability and thus that of society. For example, most sociology and marriage-and-family textbooks during the 1950s maintained that the male breadwinner–female homemaker nuclear family was the best arrangement for children, as it provided for a family's economic and child-rearing needs. Any shift in this arrangement, they warned, would harm children and, by extension, the family as a social institution and even society itself. Textbooks no longer contain this warning, but many conservative observers continue to worry about the impact on children of working mothers and one-parent families. We return to their concerns shortly.

The Family and Conflict

Conflict theorists agree that the family serves the important functions just listed, but they also point to problems within the family that the functional perspective minimizes or overlooks altogether.

First, the family as a social institution contributes to social inequality. Because families pass along their wealth to their children, and because families differ greatly in the amount of wealth they have, the family helps reinforce existing inequality. As it developed through the centuries, and especially during industrialization, the family also became more and more of a patriarchal unit (since men made money working in factories while women stayed home), helping to reinforce men's status at the top of the social hierarchy.

Second, the family can also be a source of conflict for its own members. Although the functional perspective assumes the family provides its members emotional comfort and support, many families do just the opposite and are far from the harmonious, happy groups depicted in the 1950s television shows. Instead, they argue, shout, and use emotional cruelty and physical violence. We return to family violence later in this chapter.

The conflict perspective emphasizes that many of the problems we see in today's families stem from economic inequality and from patriarchy. The problems that many families experience reflect the fact that they live in poverty or near poverty. Money does not always bring happiness, but a dire lack of money produces stress and other difficulties that impair a family's functioning and relationships. The Note 10.9 "Applying Social Research" box discusses other ways in which social class influences the family.

Conflict within a family also stems from patriarchy. Husbands usually earn more money than wives, and many men continue to feel that they are the head of their families. When women resist this old-fashioned notion, spousal conflict occurs.

Applying Social Research

Social Class and the Family

A growing amount of social science research documents social class differences in how well a family functions: the quality of its relationships and the cognitive, psychological, and social development of its children. This focus reflects the fact that what happens during the first months and years of life may have profound effects on how well a newborn prospers during childhood, adolescence, and beyond. To the extent this is true, the social class differences that have been found have troublesome implications.

According to sociologist Frank E. Furstenberg Jr., "steep differences exist across social classes" in mothers' prenatal experiences, such as the quality of their diet and health care, as well as in the health care that their infants receive. As a result, he says, "children enter the world endowed unequally." This inequality worsens after they are born for several reasons.

First, low-income families are much more likely to experience *negative events*, such as death, poor health, unemployment, divorce, and criminal victimization. When these negative events do occur, says Furstenberg, "social class affects a family's ability to cushion their blow…Life is simply harder and more brutish at the bottom." These negative events produce great amounts of stress; as Chapter 2 "Poverty" discussed, this stress in turn causes children to experience various developmental problems.

Second, low-income parents are much less likely to read and speak regularly to their infants and young children, who thus are slower to develop cognitive and reading skills; this problem in turn impairs their school performance when they enter elementary school.

Third, low-income parents are also less able to expose their children to cultural experiences (e.g., museum visits) outside the home, to develop their talents in the arts and other areas, and to otherwise be involved in the many nonschool activities that are important for a child's development. In contrast, wealthier parents keep their children very busy in these activities in a pattern that sociologist Annette Lareau calls *concerted cultivation*. These children's involvement in these activities provides them various life skills that help enhance their performance in school and later in the workplace.

Fourth, low-income children grow up in low-income neighborhoods, which often have inadequate schools and many other problems, including toxins such as lead paint, that impair a child's development. In contrast, says Furstenberg, children from wealthier families "are very likely to attend better schools and live in better neighborhoods. It is as if the playing field for families is tilted in ways that are barely visible to the naked eye."

Fifth, low-income families are less able to afford to send a child to college, and they are more likely to lack the social contacts that wealthier parents can use to help their child get a good job after college.

For all these reasons, social class profoundly shapes how children fare from conception through early adulthood and beyond. Because this body of research documents many negative consequences of living in a low-income family, it reinforces the need for wide-ranging efforts to help such families.

Sources: Bandy, Andrews, & Moore, 2012; Furstenberg, 2010; Lareau, 2010

Families and Social Interaction

Social interactionist perspectives on the family examine how family members and intimate couples interact on a daily basis and arrive at shared understandings of their situations. Studies grounded in social interactionism give us a keen understanding of how and why families operate the way they do.

Some studies, for example, focus on how husbands and wives communicate and the degree to which they communicate successfully (Tannen, 2001). A classic study by Mirra Komarovsky (1964) found that wives in blue-collar marriages liked to talk with their husbands about problems they were having, while husbands tended to be quiet when problems occurred. Such gender differences are less common in middle-class families, where men are better educated and more emotionally expressive than their working-class counterparts, but gender differences in communication still exist in these families. Another classic study by Lillian Rubin (1976) found that wives in middle-class families say that ideal husbands are ones who communicate well and share their feelings, while wives in working-class families are more apt to say that ideal husbands are ones who do not drink too much and who go to work every day.

According to the symbolic interactionist perspective, family problems often stem from the different understandings, perceptions, and expectations that spouses have of their marriage and of their family. When these differences become too extreme and the spouses cannot reconcile their disagreements, spousal conflict and possibly divorce may occur (Kaufman & Taniguchi, 2006).

Key Takeaways

- The family ideally serves several functions for society. It socializes children, provides practical and emotional support for its members, regulates sexual reproduction, and provides its members with a social identity.
- Reflecting conflict theory's emphases, the family may also produce several problems. In particular, it may contribute for several reasons to social inequality, and it may subject its members to violence, arguments, and other forms of conflict.
- Social interactionist understandings of the family emphasize how family members interact on a daily basis. In this regard, several studies find that husbands and wives communicate differently in certain ways that sometimes impede effective communication.

For Your Review

1. As you think how best to understand the family, do you favor the views and assumptions of functional theory, conflict theory, or social interactionist theory? Explain your answer.
2. Do you think the family continues to serve the function of regulating sexual behavior and sexual reproduction? Why or why not?

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6.4: Changes and Problems in American Families

Learning Objectives

1. Discuss why the US divorce rate rose during the 1960s and 1970s and summarize the major individual-level factors accounting for divorce today.
2. Describe the effects of divorce for spouses and children.
3. Summarize the evidence on how children fare when their mothers work outside the home.
4. Describe the extent of family violence and explain why it occurs.



According to the census, roughly 6 million opposite-sex couples are currently cohabiting in the United States. The average cohabitation lasts less than two years.

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American families have undergone many changes since the 1950s. Scholars, politicians, and the public have strong and often conflicting views on the reasons for these changes and on their consequences. We now look at some of the most important issues affecting US families through the lens of the latest social scientific evidence. Because Chapter 5 "Sexual Orientation and Inequality" on sexual orientation and inequality discussed same-sex marriage and families, please refer back to that chapter for material on this very important topic.

Cohabitation

Some people who are not currently married nonetheless cohabit, or live together, with someone of the opposite sex in a romantic relationship. The census reports that about 6 million opposite-sex couples are currently cohabiting; these couples constitute about 10 percent of all opposite-sex couples (married plus unmarried) who live together. The average cohabitation lasts less than two years and ends when the couple either splits up or gets married; about half of cohabiting couples do marry, and half split up. More than half of people in their twenties and thirties have cohabited, and roughly one-fourth of this age group is currently cohabiting (Brown, 2005). Roughly 55 percent of cohabiting couples have no biological children, about 45 percent live with a biological child of one of the partners, and 21 percent live with their own biological child. (These figures add to more than 100 percent because many couples live with their own child and a child of a partner.) About 5 percent of children live with biological parents who are cohabiting.

Interestingly, many studies find that married couples who have cohabited with each other before getting married are *more* likely to divorce than married couples who did not cohabit (Jose, O'Leary, & Moyer, 2010). As sociologist Susan L Brown (2005, p. 34) notes, this apparent consequence is ironic: "The primary reason people cohabit is to test their relationship's viability for marriage. Sorting out bad relationships through cohabitation is how many people think they can avoid divorce. Yet living together before marriage actually increases a couple's risk of divorce." Two reasons may account for this result. First, cohabitation may change the relationship between a couple and increase the chance they will divorce if they get married anyway. Second, individuals who are willing to live together without being married may not be very committed to the idea of marriage and thus may be more willing to divorce if they are unhappy in their eventual marriage.

Recent research compares the psychological well-being of cohabiting and married adults and also the behavior of children whose biological parent or parents are cohabiting rather than married (Apel & Kaukinen, 2008; Brown, 2005). On average, married adults

are happier and otherwise have greater psychological well-being than cohabiting adults, while the latter, in turn, fare better psychologically than adults not living with anyone. Research has not yet clarified the reasons for these differences, but it seems that people with the greatest psychological and economic well-being are most likely to marry. If this is true, it is not the state of being married per se that accounts for the difference in well-being between married and cohabiting couples, but rather the extent of well-being that affects decisions to marry or not marry. Another difference between cohabitation and marriage concerns relationship violence. Among young adults (aged 18–28), this type of violence is more common among cohabiting couples than among married or dating couples. The reasons for this difference remain unknown but may again reflect differences in the types of people who choose to cohabit (Brown & Bulanda, 2008).

The children of cohabiting parents tend to exhibit lower well-being of various types than those of married parents: They are more likely to engage in delinquency and other antisocial behavior, and they have lower academic performance and worse emotional adjustment. The reasons for these differences remain to be clarified but may again stem from the types of people who choose to cohabit rather than marry.

Divorce and Single-Parent Households

The US divorce rate has risen since the early 1900s, with several peaks and valleys, and is now the highest in the industrial world. It rose sharply during the Great Depression and World War II, probably because of the economic distress of the former and the family disruption caused by the latter, and fell sharply after the war as the economy thrived and as marriage and family were proclaimed as patriotic ideals. It dropped a bit more during the 1950s before rising sharply through the 1960s and 1970s (Cherlin, 2009). The divorce rate has since declined somewhat (see Figure 10.4 "Number of Divorces per 1,000 Married Women Aged 15 or Older, 1960–2009") and today is only slightly higher than its peak at the end of World War II. Still, the best estimates say that 40–50 percent of all new marriages will one day end in divorce (Teachman, 2008). The surprising announcement in June 2010 of the separation of former vice president Al Gore and his wife, Tipper, was a poignant reminder that divorce is a common outcome of many marriages.

Figure 10.4 Number of Divorces per 1,000 Married Women Aged 15 or Older, 1960–2009



Source: Data from Wilcox, W. B. (Ed.). (2010). *The state of our unions, 2010: Marriage in America*. Charlottesville, VA: National Marriage Project.

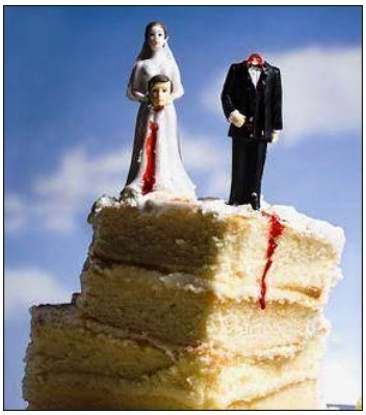
Reasons for Divorce

We cannot be certain about why the divorce rate rose so much during the 1960s and 1970s, but we can rule out two oft-cited causes. First, there is little reason to believe that marriages became any less happy during this period. We do not have good data to compare marriages then and now, but the best guess is that marital satisfaction did not decline after the 1950s ended. What did change was that people after the 1950s became more willing to seek divorces in marriages that were already unhappy.

Second, although the contemporary women's movement is sometimes blamed for the divorce rate by making women think marriage is an oppressive institution, the trends in Figure 10.4 "Number of Divorces per 1,000 Married Women Aged 15 or Older, 1960–2009" suggest this blame is misplaced. The women's movement emerged in the late 1960s and was capturing headlines by the early 1970s. Although the divorce rate obviously rose after that time, it also started rising several years *before* the women's movement emerged and captured headlines. If the divorce rate began rising before the women's movement started, it is illogical to blame the women's movement. Instead, other structural and cultural forces must have been at work, just as they were at other times in the last century, as just noted, when the divorce rate rose and fell.

Why, then, did divorce increase during the 1960s and 1970s? One reason is the increasing economic independence of women. As women entered the labor force in the 1960s and 1970s, they became more economically independent of their husbands, even if their jobs typically paid less than their husbands' jobs. When women in unhappy marriages do become more economically independent, they are more able to afford to get divorced than when they have to rely entirely on their husbands' earnings (Hiedemann, Suhomlinova, & O'Rand, 1998). When both spouses work outside the home, moreover, it is more difficult to juggle the many

demands of family life, and family life can be more stressful. Such stress can reduce marital happiness and make divorce more likely. Spouses may also have less time for each other when both are working outside the home, making it more difficult to deal with problems they may be having.



Disapproval of divorce has declined since the 1950s, and divorce is now considered a normal if unfortunate part of life.

John C Bullas BSc MSc PhD MCIHT MIAT – Divorce Cakes a_005 – CC BY-NC-ND 2.0.

It is also true that disapproval of divorce has declined since the 1950s, even if negative views of it still remain (Cherlin, 2009). Not too long ago, divorce was considered a terrible thing; now it is considered a normal if unfortunate part of life. We no longer say a bad marriage should continue for the sake of the children. When New York Governor Nelson Rockefeller ran for president in the early 1960s, the fact that he had been divorced hurt his popularity, but when California Governor Ronald Reagan ran for president less than two decades later, the fact that he had been divorced was hardly noted. Many presidential candidates and other politicians today have been divorced. But is the growing acceptability of divorce a cause of the rising divorce rate, or is it the result of the rising divorce rate? Or is it both a cause and a result? This important causal order question is difficult to resolve.

Another reason divorce rose during the 1960s and 1970s may be that divorces became easier to obtain legally. In the past, most states required couples to prove that one or both had committed actions such as mental cruelty, adultery, or other such behaviors in order to get divorced. Today almost all states have no-fault divorce laws that allow a couple to divorce if they say their marriage has failed from irreconcilable differences. Because divorce has become easier and less expensive to obtain, more divorces occur. But are no-fault divorce laws a cause or result of the post-1950s rise in the divorce rate? The divorce rate increase preceded the establishment of most states' no-fault laws, but it is probably also true that the laws helped make additional divorces more possible. Thus no-fault divorce laws are probably one reason for the rising divorce rate after the 1950s, but only one reason (Kneip & Bauer, 2009).

We have just looked at possible reasons for divorce rate trends, but we can also examine the reasons why certain marriages are more or less likely to end in divorce within a given time period. Although, as noted earlier, 40–50 percent of all new marriages will probably end in divorce, it is also true that some marriages are more likely to end than others. Family scholars identify several correlates of divorce (Clarke-Stewart & Brentano, 2006; Wilcox, 2010). An important one is age at marriage: Teenagers who get married are much more likely to get divorced than people who marry well into their twenties or beyond, partly because they have financial difficulties and are not yet emotionally mature. A second correlate of divorce is social class: People who are poor and have less formal education at the time of their marriage are much more likely to get divorced than people who begin their marriages in economic comfort and with higher levels of education.

Effects of Divorce and Single-Parent Households

Much research exists on the effects of divorce on spouses and their children, and scholars often disagree on what these effects are. One thing is clear: Divorce plunges many women into poverty or near-poverty (Gadalla, 2008; Wilcox, 2010). Many have been working only part time or not at all outside the home, and divorce takes away their husband's economic support. Even women working full time often have trouble making ends meet, because many are in low-paying jobs. One-parent families headed by a woman for any reason are much poorer ($32,031 in 2010 median annual income) than those headed by a man ($49,718). Meanwhile, the median income of married-couple families is much higher ($72,751). Almost 32 percent of all single-parent

families headed by women are officially poor, compared to only about 16 percent of single-parent families headed by men and 6 percent of married-couple families (DeNavas-Walt, Proctor, & Smith, 2011).

Although the economic consequences of divorce seem clear, what are the psychological consequences for husbands, wives, and their children? Are they better off if a divorce occurs, worse off, or about the same?

Effects on Spouses

The research evidence for spouses is very conflicting. Many studies find that divorced spouses are, on average, less happy and have poorer mental health after their divorce, but some studies find that happiness and mental health often improve after divorce (Cherlin, 2009; Waite, Luo, & Lewin, 2009). The postdivorce time period that is studied may affect what results are found: For some people psychological well-being may decline in the immediate aftermath of a divorce, given how difficult the divorce process often is, but rise over the next few years. The contentiousness of the marriage also matters. Some marriages ending in divorce have been filled with hostility, conflict, and sometimes violence, while other marriages ending in divorce have not been very contentious at all, even if they have failed. Individuals seem to fare better psychologically after ending a very contentious marriage but fare worse after ending a less contentious marriage (Amato & Hohmann-Marriott, 2007).

Effects on Children

What about the children? Parents used to stay together "for the sake of the children," thinking that divorce would cause their children more harm than good. Studies of this issue generally find that children in divorced families are indeed more likely, on average, to do worse in school, to use drugs and alcohol and suffer other behavioral problems, and to experience emotional distress and other psychological problems (Wilcox, 2010). The trauma of the divorce and the difficulties that single parents encounter in caring for and disciplining children are thought to account for these effects.

However, two considerations suggest that children of divorce may fare worse for reasons other than divorce trauma and the resulting single-parent situation. First, most children whose parents divorce end up living with their mothers. As we just noted, many divorced women and their children live in poverty or near poverty. To the extent that these children fare worse in many ways, their mothers' low incomes may be a contributing factor. Studies of this issue find that divorced mothers' low incomes do, in fact, help explain some of the difficulties that their children experience (Demo & Fine, 2010). Divorce trauma and single-parenthood still matter for children's well-being in many of these studies, but the worsened financial situation of divorced women and their children also makes a difference.

Second, it is possible that children do worse after a divorce because of the parental conflict that led to the divorce, not because of the divorce itself. It is well known that the quality of the relationship between a child's parents affects the child's behavior and emotional well-being (Moore, Kinghorn, & Bandy, 2011). This fact raises the possibility that children may fare better if their parents end a troubled marriage than if their parents stay married. Recent studies have investigated this issue, and their findings generally mirror the evidence for spouses just cited: Children generally fare better if their parents end a highly contentious marriage, but they fare worse if their parents end a marriage that has not been highly contentious (Hull et al., 2012). As one researcher summarizes this new body of research, "All these new studies have discovered the same thing: The average impact of divorce in society at large is to neither increase nor decrease the behavior problems of children. They suggest that divorce, in and of itself, is not the cause of the elevated behavior problems we see in children of divorce" (Li, 2010, p. 174). Commenting on divorces from highly contentious marriages, sociologist Virginia E. Rutter (2010, p. 169) bluntly concludes, "There are times and situations when divorce is beneficial to the people who divorce and to their children."

Fathers and Children

Recall that most children whose parents are not married, either because they divorced or because they never were married, live with their mothers. Another factor that affects how children in these situations fare is the closeness of the child-father relationship. Whether or not children live with their fathers, they fare better in many respects when they have an emotionally close relationship with their fathers. This type of relationship is certainly more possible when they live with their fathers, and this is a reason that children who live with both their parents fare better on average than children who live only with their mother. However, some children who do live with their fathers are less close to them than some children who live apart from their fathers.

Recent research by sociologist Alan Booth and colleagues (Booth, Scott, & King, 2010) found that the former children fare worse than the latter children. As Booth et al. (2010, p. 600) summarize this result, "We find that adolescents who are close to their nonresident fathers report higher self-esteem, less delinquency, and fewer depressive symptoms than adolescents who live with a

father with whom they are not close. It appears that adolescents benefit more from a close bond to a nonresident father than a weak bond to a resident father." To the extent this is true, they add, "youth are not always better off in two-parent families." In fact, children who are not close to a father with whom they live have lower self-esteem than children who are not close to a father with whom they do not live. Overall, though, children fare best when they live with fathers with whom they have a close relationship: "It does not appear that strong affection alone can overcome the problems associated with father absence from the child's residence."

Marriage and Well-Being

Is marriage good for people? This is the flip side of the question we have just addressed on whether divorce is bad for people. Are people better off if they get married? Or are they better off if they stay single?

In 1972, sociologist Jessie Bernard (1972) famously said that every marriage includes a "her marriage" and a "his marriage." By this she meant that husbands and wives view and define their marriages differently. When spouses from the same marriage are interviewed, they disagree on such things as how often they should have sex, how often they actually do have sex, and who does various household tasks. Women do most of the housework and child care, while men are freer to work and do other things outside the home. Citing various studies, she said that marriage is better for men than for women. Married women, she said, have poorer mental health than unmarried women, while married men have better mental health than unmarried men. In short, she said that marriage was good for men but bad for women.



Married people are generally happier than unmarried people and score higher on other measures of psychological well-being.

Silvia Sala – CC BY-NC-ND 2.0.

Critics later said that Bernard misinterpreted her data on women and that married women are also better off than unmarried women (Glenn, 1997). Recent research generally finds that marriage does benefit both sexes: Married people, women and men alike, are generally happier than unmarried people (whether never married, divorced, or widowed), score better on other measures of psychological well-being, are physically healthier, have better sex lives, and have lower death rates (Waite et al., 2009; Wilcox, 2010). There is even evidence that marriage helps keep men from committing crime (Theobald & Farrington, 2011)! Marriage has these benefits for several reasons, including the emotional and practical support spouses give each other, their greater financial resources compared to those of unmarried people, and the sense of obligation they have toward each other.

Three issues qualify the general conclusion that marriage is beneficial (Frech & Williams, 2007). First, it would be more accurate to say that good marriages are beneficial, because bad marriages certainly are not, and stressful marriages can impair physical and mental health (Parker-Pope, 2010). Second, although marriage is generally beneficial, its benefits seem greater for older adults than for younger adults, for whites than for African Americans, and for individuals who were psychologically depressed before marriage than for those who were not depressed. Third, psychologically happy and healthy people may be the ones who get married in the first place and are less apt to get divorced once they do marry. If so, marriage does not promote psychological well-being; rather, psychological well-being promotes marriage. Research testing this *selectivity hypothesis* finds that both processes occur: Psychologically healthy people are more apt to get and stay married, but marriage also promotes psychological well-being.

Working Mothers and Day Care

As noted earlier, women are now much more likely to be working outside the home than a few decades ago. This is true for both married and unmarried women and also for women with and without children. As women have entered the labor force, the question

of who takes care of the children has prompted much debate and controversy. Many observers say young children suffer if they do not have a parent, implicitly their mother, taking care of them full-time until they start school and being there every day when they get home from school. The public is divided on the issue of more mothers working outside the home: 21 percent say this trend is "a good thing for society"; 37 percent say it is "a bad thing for society"; and 46 percent say it "doesn't make much difference" (Morin, 2010). What does research say about how young children fare if their mothers work? (Notice that no one seems to worry that fathers work!)

Early studies compared the degree of attachment shown to their mothers by children in day care and that shown by children who stay at home with their mothers. In one type of study, children were put in a laboratory room with their mothers and observed as the mothers left and returned. The day-care kids usually treated their mothers' departure and returning casually and acted as if they did not care that their mothers were leaving or returning. In contrast the stay-at-home kids acted very upset when their mothers left and seemed much happier and even relieved when they returned. Several researchers concluded that these findings indicated that day-care children lacked sufficient emotional attachment to their mothers (Schwartz, 1983). However, other researchers reached a very different conclusion: The day-care children's apparent nonchalance when their mothers left and returned simply reflected the fact that they always saw her leave and return every day when they went to day care. The lack of concern over her behavior showed only that they were more independent and self-confident than the stay-at-home children, who were fearful when their mothers left, and not that they were less attached to their mothers (Coontz, 1997).

More recent research has compared stay-at-home children and day-care children starting with infancy, with some of the most notable studies using data from a large study funded by the National Institute of Child Health and Human Development, a branch of the National Institutes of Health (Rabin, 2008). This research finds that day-care children exhibit better cognitive skills (reading and arithmetic) than stay-at-home children but are also slightly more likely to engage in aggressive behavior that is well within the normal range of children's behavior. This research has also yielded two other conclusions. First, the quality of parenting and other factors such as parent's education and income matter much more for children's cognitive and social development than whether or not they are in day care. Second, to the extent that day care is beneficial for children, it is high-quality day care that is beneficial, as low-quality day care can be harmful.



Children in day care exhibit better cognitive skills than stay-at-home children but are also slightly more likely to engage in aggressive behavior that is within the normal range of children's behavior.

njxw – Daycare – CC BY-NC-ND 2.0.

This latter conclusion is an important finding, because many day-care settings in the United States are not high quality. Unfortunately, many parents who use day care cannot afford high-quality care, which can cost hundreds of dollars monthly. This problem reflects the fact that the United States lags far behind other Western democracies in providing subsidies for day care (see Note 10.21 "Lessons from Other Societies" later in this chapter). Because working women are certainly here to stay and because high-quality day care seems at least as good for children as full-time care by a parent, it is essential that the United States make good day care available and affordable.

Affordable child care is especially essential for low-income parents. After the United States plunged into economic recession in 2008, many states reduced their subsidies for child care. As a result, many low-income parents who wanted to continue working or to start a job could not afford to do so because child care can be very expensive: For a family living below the poverty line, child care comprises one-third of the family budget on the average. As the head of a California organization that advocates for working

parents explained, “You can’t expect a family with young children to get on their feet and get jobs without child care” (Goodman, 2010, p. A1).

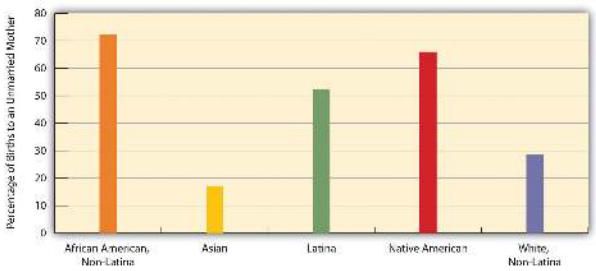
Racial and Ethnic Diversity in Marriages and Families

Marriages and families in the United States exhibit a fair amount of racial and ethnic diversity, as we saw earlier in this chapter. Children are more likely to live with only one parent among Latino and especially African American families than among white and Asian American families. Moreover, African American, Latino, and Native American children and their families are especially likely to live in poverty. As a result, they are at much greater risk for the many problems that children in poverty experience (see Chapter 2 “Poverty”).

Beyond these cold facts lie other racial and ethnic differences in family life (Wright, Mindel, Tran, & Habenstein, 2012). Studies of Latino and Asian American families find they have especially strong family bonds and loyalty. Extended families in both groups and among Native Americans are common, and these extended families have proven a valuable shield against the problems all three groups face because of their race/ethnicity and poverty.

The status of the African American family has been the source of much controversy for several decades. Perhaps the major reason for this controversy is the large number of African American children living in single-parent households: Whereas 41 percent of all births are to unmarried women (up from 28 percent in 1990), such births account for 72 percent of all births to African American women (see Figure 10.5 “Percentage of Births to Unmarried Mothers, by Race/Ethnicity 2010”).

Figure 10.5 Percentage of Births to Unmarried Mothers, by Race/Ethnicity 2010



Source: Data from US Census Bureau. (2012). *Statistical abstract of the United States: 2012*. Washington, DC: US Government Printing Office. Retrieved from http://www.census.gov/compendia/statab.

Many scholars attribute the high number of fatherless families among African Americans to the forcible separation of families during slavery and to the fact that so many young black males today are unemployed, in prison or jail, or facing other problems (Patterson, 1998). Some observers say this high number of fatherless families in turn contributes to African Americans’ poverty, crime, and other problems (Haskins, 2009). But other observers argue that this blame is misplaced to at least some extent. Extended families and strong female-headed households in the African American community, they say, have compensated for the absence of fathers (Willie & Reddick, 2010). The problems African Americans face, they add, stem to a large degree from their experience of racism, segregated neighborhoods, lack of job opportunities, and other structural difficulties (Sampson, 2009). Even if fatherless families contribute to these problems, these scholars say, these other factors play a larger role.

Family Violence

Although family violence has received much attention since the 1970s, families were violent long before scholars began studying family violence and the public began hearing about it. We can divide family violence into two types: violence against intimates (spouses, live-in partners, boyfriends, or girlfriends) and violence against children. (Violence against elders also occurs and was discussed in Chapter 6 “Aging and Ageism”.)

Violence against Intimates

Intimates commit violence against each other in many ways: they can hit with their fists, slap with an open hand, throw an object, push or shove, or use or threaten to use a weapon. When all these acts and others are combined, we find that much intimate violence occurs. While we can never be certain of the exact number of intimates who are attacked, the US Department of Justice estimates from its National Crime Victimization Survey (NCVS) that about 509,000 acts of violence (2010 data) are committed annually by one intimate against another intimate; 80 percent of these acts are committed by men against women (Truman, 2011). Another national survey about a decade ago found that 22 percent of US women had been physically assaulted by a spouse or

partner at some point in their lives (Tjaden & Thoennes, 1998). This figure, if still true, translates to more than 20 million women today. A national survey of Canadian women found that 29 percent had been attacked by a spouse or partner (Randall & Haskell, 1995). Taken together, these different figures all indicate that intimate partner violence is very common and affects millions of people.



According to some estimates, about one-fifth of US women have been assaulted by a spouse or partner at least once in their lives.

Neil Moralee – Not Defeated. – CC BY 2.0.

Some observers claim that husbands are just as likely as wives to be beaten by a spouse, and there is evidence that husbands experience an act of violence from their wives about as often as wives do from their husbands. Yet this "gender equivalence" argument has been roundly criticized. Although women do commit violence against husbands and boyfriends, their violence is less serious (e.g., a slap compared to using a fist) and usually in self-defense to their husbands' violence. And although some studies find an equal number of violent acts committed by husbands and wives, other studies find much more violence committed by husbands (Johnson, 2006).

Why do men hit their wives, partners, and girlfriends? As with rape (see Chapter 4 "Gender Inequality"), sociologists answer this question by citing both structural and cultural factors. Structurally, women are the subordinate gender in a patriarchal society and, as such, are more likely to be victims of violence, whether it is rape or intimate violence. Intimate violence is more common in poor families, and economic inequality thus may lead men to take out their frustration over their poverty on their wives and girlfriends (Martin, Vieraitis, & Britto, 2006).

Cultural myths also help explain why men hit their wives and girlfriends (Gosselin, 2010). Many men continue to believe that their wives should not only love and honor them but also obey them, as the traditional marriage vow says. If they view their wives in this way, it becomes that much easier to hit them. In another myth, many people ask why women do not leave home if the hitting they suffer is really that bad; the implication is that the hitting cannot be that bad because they do not leave home. This reasoning ignores the fact that many women *do* try to leave home, which often angers their husbands and ironically puts the women more at risk for being hit, or they do not leave home because they have nowhere to go (Kim & Gray, 2008). As the news story that began this chapter discussed, battered women's shelters are still few in number and can accommodate a woman and her children for only two or three weeks. Many battered women also have little money of their own and simply cannot afford to leave home. The belief that battering cannot be that bad if women hit by their husbands do not leave home ignores all these factors and is thus a myth that reinforces spousal violence against women. (See Note 10.15 "People Making a Difference" for a profile of the woman who started the first women's shelter.)

People Making a Difference

The Founder of the First Battered Women's Shelter

Sandra Ramos deserves our thanks because she founded the first known shelter for battered women in North America back in the late 1970s.

Her life changed one night in 1970 when she was only 28 years old and working as a waitress at a jazz club. One night a woman from her church in New Jersey came to her home seeking refuge from a man who was abusing her. Ramos took in the

woman and her children and soon did the same with other abused women and their children. Within a few months, twenty-two women and children were living inside her house. “It was kind of chaotic,” recalls Maria, 47, the oldest of Ramos’s three children. “It was a small house; we didn’t have a lot of room. But she reaches out to people she sees suffering. She does everything in her power to help them.”

When authorities threatened to arrest Ramos if she did not remove all these people from her home, she conducted sit-ins and engaged in other actions to call attention to the women’s plight. She eventually won county funding to start the first women’s shelter.

Today Ramos leads a New Jersey nonprofit organization, Strengthen Our Sisters, that operates several shelters and halfway houses for women and children. Her first shelter and these later ones have housed thousands of women and children since the late 1970s, and at any one time today they house about 180 women and their children.

One woman whom Ramos helped was Geraldine Wright, who was born in the Dominican Republic. Wright says she owes Ramos a great debt. “Sandy makes you feel like, OK, you’re going through this, but it’s going to get better,” she says. “One of the best things I did for myself and my children was come to the shelter. She helped me feel strong, which I usually wasn’t. She helped me get a job here at the shelter so that I could find a place and pay the rent.”

Since that first woman knocked on her door in 1970, Sandra Ramos has worked unceasingly for the rights and welfare of abused women. She has fittingly been called “one of the nation’s most well-known and tireless advocates on behalf of battered women.” For more than forty years, Sandra Ramos has made a considerable difference.

Source: Llorente, 2009

Child Abuse

Child abuse takes many forms. Children can be physically or sexually assaulted, and they may also suffer from emotional abuse and practical neglect. Whatever form it takes, child abuse is a serious national 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 on their parents, they might blame themselves for being abused, or they might not know whom they could talk to about their abuse. Whatever the reason, they usually remain silent, thus making it very difficult to know how much abuse takes place.



Government data estimate that about 800,000 children are abused or neglected each year. Because most children do not report their abuse or neglect, the actual number is probably much higher.

Jane Fox – Child Abuse mental – CC BY-ND 2.0.

Using information from child protective agencies throughout the country, the US Department of Health and Human Services estimates that almost 800,000 children (2008 data) are victims of child abuse and neglect annually (Administration on Children Youth and Families, 2010). This figure includes some 122,000 cases of physical abuse; 69,000 cases of sexual abuse; 539,000 cases of neglect; 55,000 cases of psychological maltreatment; and 17,000 cases of medical neglect. The total figure represents about 1 percent of all children under the age of 18. Obviously this is just the tip of the iceberg, as many cases of child abuse never become known. A 1994 Gallup poll asked adult respondents about physical abuse they suffered as children. Twelve percent said they had been abused (punched, kicked, or choked), yielding an estimate of 23 million adults in the United States who were physically abused as children (D. W. Moore, 1994). Some studies estimate that about 25 percent of girls and 10 percent of boys are sexually abused at least once before turning 18 (Garbarino, 1989). In a study of a random sample of women in Toronto, Canada, 42 percent said they had been sexually abused before turning 16 (Randall & Haskell, 1995). Whatever the true figure is, most child abuse is committed by parents, stepparents, and other people the children know, not by strangers.

Children and Our Future

Is Spanking a Good Idea?

As the text discusses, spanking underlies many episodes of child abuse. Nonetheless, many Americans approve of spanking. In the 2010 General Social Survey, 69 percent of respondents agreed that "it is sometimes necessary to discipline a child with a good, hard, spanking." Reflecting this "spare the rod and spoil the child" belief, most parents have spanked their children. National survey evidence finds that two-thirds of parents of toddlers ages 19–35 months have spanked their child at least once, and one-fourth spank their child sometimes or often.

The reason that many people approve of spanking and that many parents spank is clear: They believe that spanking will teach a child a lesson and improve a child's behavior and/or attitude. However, most child and parenting experts believe the opposite is true. When children are spanked, they say, and especially when they are spanked regularly, they are more likely to misbehave as a result. If so, spanking ironically produces the opposite result from what a parent intends.

Spanking has this effect for several reasons. First, it teaches children that they should behave to avoid being punished. This lesson makes children more likely to misbehave if they think they will not get caught, as they'd not learn to behave for its own sake. Second, spanking also teaches children that it is OK to hit someone to solve an interpersonal dispute and even to hit someone if you love her or him, because that is what spanking is all about. Third, children who are spanked may come to resent their parents and thus be more likely to misbehave because their bond with their parents weakens.

This harmful effect of spanking is especially likely when spanking is frequent. As Alan Kazin, a former president of the American Psychological Association (APA) explains, "Corporal punishment has really serious side effects. Children who are hit become more aggressive." When spanking is rare, this effect may or may not occur, according to research on this issue, but this research also finds that other forms of discipline are as effective as a rare spanking in teaching a child to behave. This fact leads Kazin to say that even rare spanking should be avoided. "It suppresses [misbehavior] momentarily. But you haven't really changed its probability of occurring. Physical punishment is not needed to change behavior. It's just not needed."

Sources: Berlin et al., 2009; Harder, 2007; Park, 2010; Regalado, Sareen, Inkelas, Wissow, & Halfon, 2004

Why does child abuse occur? Structurally speaking, children are another powerless group and, as such, are easy targets of violence. Moreover, the best evidence indicates that child abuse is more common in poorer families. The stress these families suffer from their poverty is thought to be a major reason for the child abuse occurring within them (Gosselin, 2010). As with spousal violence, then, economic inequality is partly to blame for child abuse. Cultural values and practices also matter. In a nation where spanking is common, it is inevitable that physical child abuse will occur, because there is a very thin line between a hard spanking and physical abuse: Not everyone defines a good, hard spanking in the same way. As two family violence scholars once noted, "Although most physical punishment [of children] does not turn into physical abuse, most physical abuse begins as ordinary physical punishment" (Wauchope & Straus, 1990, p. 147). (See Note 10.17 "Children and Our Future" for a further discussion of spanking.)

Abused children are much more likely than children who are not abused to end up with various developmental, psychological, and behavioral problems throughout their life course. In particular, they are more likely to be aggressive, to use alcohol and other drugs, to be anxious and depressed, and to get divorced if they marry (Trickett, Noll, & Putnam, 2011).

Key Takeaways

- The divorce rate rose for several reasons during the 1960s and 1970s but has generally leveled off since then.
- Divorce often lowers the psychological well-being of spouses and their children, but the consequences of divorce also depend on the level of contention in the marriage that has ended.
- Despite continuing controversy over the welfare of children whose mothers work outside the home, research indicates that children in high-quality day care fare better in cognitive development than those who stay at home.
- Violence between intimates is fairly common and stems from gender inequality, income inequality, and several cultural myths that minimize the harm that intimate violence causes.
- At least 800,000 children are abused or neglected each year in the United States. Because most abused children do not report the abuse, the number of cases of abuse and neglect is undoubtedly much higher.

For Your Review

1. Think of someone you know (either yourself, a relative, or a friend) whose parents are divorced. Write a brief essay in which you discuss how the divorce affected this person.
2. Do you think it is ever acceptable for a spouse to slap or hit another spouse? Why or why not?

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6.5: Families in the Future

Learning Objective

1. Understand the implications of social science theory and research for how to address family problems.

As perhaps our most important social institution, the family seems to arouse strong passions from almost everyone. Sociological theory and research, along with research from the other social sciences, have important implications for how our society should address the various family issues discussed in this chapter.

One set of implications concerns the many children and families living in poverty. The households in which they live are mostly headed by women, and the majority of these households are the result of divorce. The programs and policies outlined in the Poverty section are certainly relevant for any efforts to help these families. These efforts include, but are not limited to, increased government financial support, subsidies for child care, vocational training and financial aid for schooling for women who wish to return to the labor force or to increase their wages, early childhood visitation and intervention programs, and increases in programs providing nutrition and medical care to poor women and their children (Cherlin, 2009). In all these efforts, the United States has much to learn from the nations of Western Europe as described in the textbox below.

Lessons from Other Societies

Putting Families First: Helping Families in Western Europe

The nations of Western Europe make a much greater effort than the United States to help families with young children. According to sociologist James W. Russell, these nations believe that taking care of their children is a communal responsibility because "society as a whole benefits from having children adequately reared. Children grow up to take over the responsibilities of maintaining the survival of the society. They will also be available to provide needed services to both their own parents and aging adults who did not raise their own children. An aging adult who did not have children may need the services of a younger doctor who was raised by someone else." In contrast, says Russell, the United States tends to believe that families need to be self-reliant and should not expect very much help from the government. This difference in philosophy leads Western European nations to provide much more support than the United States for families with young children.

This support takes several forms whose nature and extent vary among the Western European nations. Most of the nations, for example, provide at least four months of *paid* maternity leave after the birth of a child; in contrast, the United States guarantees only three months of *unpaid* leave, and only for employees who work for companies that employ at least fifty people. Many European nations also provide paid parental leave after the maternity leave benefits expire; the Untied States does not provide this benefit. In Sweden, parents share 450 days of paid leave to care for a new child.

In another striking difference from the United States, all European nations have a family allowance program, which provides cash payments to parents for every child they have after their first child. The intent here is to not only help these families, but also to encourage them to have children to help counter declining birth rates in Europe.

A third very important difference is that European nations provide free or heavily subsidized child care of generally high quality to enable parents to work outside the home. For example, France provides free child care for children ages 2–6 and pays 75 percent of the cost of child care for children under 2.

In these and other ways, the nations of Western Europe help their families with young children and thus their societies as a whole. The United States has much to learn from their example.

Sources: Russell, 2011; Shahmehri, 2007

Another issue and set of implications from social science research concern family violence. To the extent that much violence against intimates and children is rooted in the frustration and stress accompanying poverty, efforts that reduce poverty will also reduce family violence. And to the extent that gender inequality helps explain violence against women, continuing and strengthening efforts to reduce gender inequality should also reduce violence against intimates, as most of this violence is directed by men against women. Further, if, as many scholars believe, the violent nature of masculinity helps account for violence men commit against their wives and girlfriends, then efforts to change male gender-role socialization should also help.

Turning to child abuse, because so much child abuse remains unknown to child protective authorities, it is difficult to reduce its seriousness and extent. However, certain steps might still help. Because child abuse seems more common among poorer families, then efforts that reduce poverty should also reduce child abuse. The home visitation programs that help poor children also help reduce child abuse. Although, as noted earlier, approval of spanking is deeply rooted in our culture, a national educational campaign to warn about the dangers of spanking, including its promotion of children's misbehavior, may eventually reduce the use of spanking and thus the incidence of child physical abuse.

Divorce is a final issue for which research by sociologists and other scholars is relevant. Much evidence suggests that divorce from low-conflict marriages has negative consequences for spouses and children, and some evidence suggests that these consequences arise not from the divorce itself but rather from the conflict preceding the divorce and the poverty into which many newly single-parent households are plunged. There is also evidence that spouses and children fare better after a divorce from a highly contentious marriage. Efforts to help preserve marriages should certainly continue, but these efforts should proceed cautiously or not proceed at all for the marriages that are highly contentious. To the extent that marital conflict partly arises from financial difficulties, once again government efforts that help reduce poverty should also help preserve marriages.

Key Takeaways

- Efforts to help children and families living in poverty or near poverty should be expanded.
- Efforts to help preserve marriages should proceed cautiously or not at all for highly contentious marriages.

For Your Review

1. Why do you think the United States lags behind other democracies in efforts to help families?
2. What do you think is the single most important policy or action that our government should take to help America's families?

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CHAPTER OVERVIEW

7: Serving Families

7.1: Child Welfare and Foster Care
7.2: Aging Populations

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7.1: Child Welfare and Foster Care

Eden Airbets; Ferris State University Department of Social Work; and Elizabeth B. Pearce



Author Eden Airbets, MSW

I am a MSW who just completed the advanced standing program at Ferris State University. I am married and currently have a six-month-old baby. My passion is working with abused children and helping them build resilience. My ultimate goal is to counsel sexually abused children in hopes of empowering them to move beyond the trauma to do great things. I have experience with the child welfare system from interning at DHHS in undergrad, and interning at Child and Family Resiliency Center that used to exist at FSU. Using this experience and further research, my goal is to educate future social workers about the Child Welfare System. I will utilize the opportunities I have had to make an impact in their lives and encourage them to do amazing things. (2017)

One hundred years from now it won't matter what car I drove, what kind of house I lived in, how much I had in my bank account, nor what my clothes looked like. But, the world may be a little better because I was important in the life of a child.
– Unknown

In this chapter, you will learn many of the basics of child welfare and foster care. In addition, you will learn about family, what the basic definition of family is, the various family functions, and how these play a role in the child welfare system. Family is the foundation of the child welfare system. The child welfare system is necessary to help keep children safe, including providing safe places to live through other family members or even foster care. Before the welfare system existed, the safety of children was completely in the purview of parents. While parents still have primary responsibility for the raising of children, the welfare system is there to provide back-up when it is deemed that children are not safe.

This chapter describes the necessity of the child welfare system and the ways that it can help families and children. Some myths about the child welfare system will be addressed.

To gain an overview/understanding of what a child may experience with their family, abuse, and in the Child Welfare System (Child Protective Services and Foster Care), please follow this link and watch the one or more of the videos. These videos may evoke heavy emotions; decide how much you can handle.

ReMoved: https://www.removedfilm.com/pages/watch

Family

Families are the foundation of society. Family is where children learn the basic skills necessary to succeed. Children learn how to interact with others, learn what love is, and more. There are numerous types of family structures, and each culture has its own family practice. A basic definition of family, according to the United States Census Bureau, is a group of people (two or more) that are related in various ways including birth, marriage, or adoption, and share residence with one another. This section will outline various family structures along with highlighting some families within different cultures.

Family Structure

The family structure is ever changing and can have various effects on the family as they move forward. A traditional family, also known as nuclear family, is defined by Edwards (2007) as a married couple and their biological children. This is one of the more reinforced family structures in the dominant society. It should be noted that a child starts out with their traditional family, and as they grow, becomes more involved in outside activities, or even move out to live with others. Thus, the family grows to beyond relatives and includes friends. Another thing to keep in mind is the idea that a child may start out in one type of family structure and then the structure or dynamic of that family may change due to divorce, death, parents marrying again, or even just an addition to the family through adoption, foster care and more.

Single-parent families are families with one parent and their child/children. The parent has sole responsibility for caring for their child. Though most think of it being single mothers, this includes fathers as well, and can happen in various other ways. The parents could separate and/or divorce/break-up and do what is known as co-parenting. Edwards (2009), coins the term as co-custody family. This is shared responsibility, in which both parents take care of the child at different points (i.e one parent may have them for a week and the other would have them on weekends or every other weekend). The co-parenting can be set up in various ways either through legal custody arrangements, or just by mutual agreement. Single parent families can also occur by a spouse passing away. Counseling after death or divorce is a recommended resource.

Often parents who are divorced or become a single parent by other means potentially remarry to others who may or may not have children of their own. This in turn creates what is known as step-family or blended family. Step-family refers to the dynamics of a re-married couple who have children but do not all share DNA. This means that the mother may have a child, but the child is only the fathers' responsibility through marriage and not by any other means (same with the father having a child who does not share DNA with the mother). Another aspect to consider when step-families are created is that when they then have children together it creates a blended-family. Though the children may not be biologically related to both parents, they can still have a secure and strong bond/attachment with said parent. Some children may refer to their step-parent as their mother or father, and some may refer to them by first name. When working with the children within this family structure, validate them by addressing their caregivers the same way they do. This in turn will help build the rapport with the child needed to be able to help them to the best of our ability.

An extended family is a family that includes members outside of the nuclear family. This term encompasses the grandparents, aunts, uncles, cousins and more. In some cultures, the extended family members, more specifically grandparents, live with the nuclear family. Now, especially in American society, we see a lot of the elderly being placed in nursing homes. Even if they do stay home, usually they rely on home health practitioners for support.

Keep in mind that these are only a handful of the various kinds of families. Families can also be transnational (members living in different countries), interracial, or have one or more members who are part of the LGBTQ+ community. Families who are in marginalized groups are more vulnerable in general and may experience additional stress.

Family Function

One of the foundational functions of a family is to care for their children. Clinical Psychologist Diana Baumrind founded three models of parenting styles. These include **authoritarian**, **permissive**, and **authoritative** parents. Enrique et al. (2007) added **uninvolved** parenting as a style in child rearing.

Authoritarian parenting is defined by Baumrind (1966) as a parenting style that attempts to shape or control a child's behavior with a set of absolute standards. They are typically the type of parents that lay out the rules with "no questions asked" mentality. Therefore, they expect their rules to be followed with no explanation at all.

Permissive parenting is known more as the responsive type rather than the demanding type. Characteristically, they are very "lenient, do not require mature behavior, and avoid confrontation" (Enrique et al., 2007). Baumrind (1966) describes permissive parenting as a style that does not expect or demand help around the house, orderly behavior and so on. However, she also describes them as parents who are more accepting of the child's behavior.

Authoritative parenting is described by Baumrind (1966) as the parent attempting to "direct the child's activities in a rational, issue oriented manner. Encourages verbal give and take," and more (p. 891). Authoritative parenting is seen as more ideal and valued as this parenting style tends to encourage structure, and firmness with rules, but it does not restrict the child in any way.

Uninvolved parenting can take on many forms, but in every form the parents do not involve themselves in their child's lives. Enrique et. al (2007), discuss that with uninvolved parenting parents are either too involved in other activities (work, friends, etc.) that they do not have the time or energy for their child(ren), or they may have even rejected their child.



Caring for children is a primary function of the family.

It is important to consider that the parenting styles listed above only describe normative behaviors; meaning, they are not taking into consideration homes with abusive parents or other variations that could occur. A “crucial role for parents is to influence, teach, and control their children” (Enrique et. al, 2007). In other words, caregivers have a tremendous amount of impact on a child’s life. For example, a child who grew up in a household where the parents are accepting of everyone, non-judgmental, and respectful, may then portray the same behaviors in other environments. Thus, the four primary parenting styles simply describe some of the various ways in which parents attempt to interact and influence their children.

Each parenting style has positive and negative aspects and having a balance is key. Baumrind (1966) discusses the various effects of different parenting styles and found that authoritative parenting tends to have a positive effect on children. She mentioned that having firm control was associated with conscious development and being too rigid could lead to hostility in children. Authoritative parenting, as mentioned above, is a mixture of give and take, and firm control. This typically allows the parents to have their children obey rules, and to discuss many variables as well to help the child understand the punishment.

Baumrind (1966) states that the key to avoiding negative outcomes when parenting children is to offer firmness and structure, but to not be repressive, hostile or restrictive. She goes on to mention that partaking in a more rigid and restrictive parenting style can lead to antisocial behavior, rebelliousness, and hostility. Authoritarian parenting, where the parents are more rigid – almost as if a drill sergeant – can have many negative effects, like hostility in children. Being more restrictive can lead to decreasing self-assertiveness in children, as well, according to Baumrind (1966).

Family Culture and Values

In the field of social work, it is highly important to remember that we are to validate the families we work with and not judge them. We must acknowledge the family’s culture by respecting their belief systems and values. For example, if a family comes to you and you notice that the female is looking down and not making eye contact, consider the fact that in their culture that may be how the female shows respect to her husband, and possibly other authoritative figures. Thus, interacting with the family in the way they feel comfortable (i.e talking to the husband first) will help one build a solid rapport (close relationship) with the family group.

Enrique et al. (2007), provides the following ideas for working with families:

Working with Families

1. Avoid stereotyping
2. When introducing new ideas, materials, and more respect the family's need for control
3. Recognize the parenting styles being utilized, and their boundaries
4. Recognize that everything may be a family affair with some families
5. Help families notice their strengths within each other
6. Ask for family's input when coming up with solutions to conflict
7. Encourage families to plan ways to increase stability and security (i.e. bedtime rituals etc.)
8. Observe and engage with the family to learn the different dynamics (i.e. male head of the household, or is it the female?)
9. Provide opportunities for the family to discuss what their beliefs are about children (should they be seen not heard etc.)
10. Maintain an objective viewpoint when working with conflict within the family system

Child Welfare

Child welfare is necessary in our society to help maintain child safety and keep families working cohesively. The Child Welfare Information Gateway (CWIG) (http://www.childwelfare.gov) defines child welfare as a field of services that aims to protect children and ensure family have the tools to care for their children successfully. Many people see this happen through an agency like the Department of Health and Human Services (DHHS) which is present in every state. To ensure the safety of children, DHHS is responsible for performing various tasks. These tasks include things like coordinating services to help prevent abuse or neglect, and providing services to families who need help protecting and caring for children. They are also responsible for investigating reports of potential abuse and/or neglect, and then determining if alternative placement of children is necessary. They are also in charge of various other aspects including support services to children, achieving reunification, and more. Child protective service workers and foster care workers are the more specific workers in which these work functions are performed.



Child welfare wordcloud

Brief History

According to Myers (2008), the first organization that was solely focused on protection was known as the New York Society for the Prevention of Cruelty to Children. This agency was established in 1875, and prior to that many children in our society went without protection, although many people were still prosecuted by the criminal justice system. Organized protection services came about after the rescue of 11-year-old Mary Ellen Wilson who was continuously beaten and neglected in her home.

If you want to learn more about how her story inspired the creation of the New York Society for the Prevention of Cruelty to Children follow this link: http://www.facesofchildabuse.org/mary-ellen-wilson.html

The federal government did not become more involved in child welfare until approximately 1935 when they became more involved with the funding of the agencies. Thus, it was the Great Depression that sparked the start of the Child Welfare System. Child Welfare, including how child abuse and neglect is defined is regulated by individual states. As an example, in 1975, Michigan passed the Child Protection Law. which defines various abuses, central registry and various other aspects that involve the child welfare system. The act provides guidelines for people to follow in regard to when to report (and what is grounds for a report, the court processes, and more).

https://www.michigan.gov/documents/DHS-PUB-0003_167609_7.pdf

Indian Child Welfare Act (ICWA)

ICWA is another segment of child welfare specifically for Native American families. “In 1958 until 1967 the Child Welfare League of America has contracted with the Bureau of Indian Affairs with the purpose of placing Native American children with white families in hopes of assimilating the children to mainstream culture.” (ICWA Law Center). This practice often left the children in boarding schools severing the relationship with the families. In response, the Indian Child Welfare Act was put into place in 1978. This act highlights the recognition of tribal sovereignty, preservation of Indian families, and tribal and family connectedness. To learn more about the ICWA visit the link provided.

http://www.icwlc.org/education-hub/understanding-the-icwa/

Child Protection Services

Michigan’s Child Protection Services (called Child Protective Services in Oregon) or CPS, is a segment within the Department of Health and Human Services. The role of CPS is filled by a variety of disciplines including but not limited to Human Services, Social Work, Criminal Justice, Public Health, and Psychology. According to the Michigan Department of Health and Human Services website CPS is “responsible investigating allegations of child abuse and neglect” (MDHHS, 2017c). There are many rules and regulations when it comes to the process of a CPS investigation and the removal of a child from the home. Keep in mind that though many think of CPS workers as being “kid snatchers” the intent of CPS is not to remove children just because they feel like it. Instead, their goal is to keep the family together if possible. They remove children if their safety is being threatened. The link provided outlines in more detail the grounds for a removal. If services alone cannot help provide protection and safety to children then a removal is necessary. https://dhhs.michigan.gov/OLMWEB/EX/PS/Public/PSM/715-2.pdf

The process of a CPS investigation starts out with a report called in of a suspected child abuse/neglect case. Chapter 2: Social Work Values and Ethics provides a definition of mandated reporting as well as the people who are mandated reporters. After a report has been made, CPS has 24 hours to begin the investigation, unless there are mitigating circumstances in which the investigation needs to be started sooner. There are different priority levels in which an investigation takes place. This is explained in the Child Protective Services Manual.

Priority one is when the child is in immediate danger, and thus CPS has 12 hours to begin the investigation and 24 hours to interview the victim. Priority two is when it is determined that the child is not in immediate danger/risk. The CPS worker then has 24 hours to begin the investigation, and 72 hours to initiate an interview with the child. After the investigation has begun, CPS then has 30 days to complete the investigation (unless there are circumstances that cause a need for an extension) and to determine whether or not the child needs to be removed, if further support services are needed, or if there is no need for an intervention.

According to the Michigan government, the investigation typically includes face to face interviews with the alleged victims, caregivers, and the person who supposedly committed the act of abuse. They do a thorough search of the home making sure that there is food, running water, electricity, a bed to sleep in and that the house is well kept and clear of any safety hazards. The investigator then digs into previous reports, potential criminal history, and school and medical reports as well. They do a safety risk assessment, and analyze the child’s behavior and risk of future abuse/neglect, and then complete an assessment of the family’s needs and strengths as well.

The purpose of the assessments and interviews is to get a well-rounded understanding of what is going on. They are searching for things like alternative explanations of what was reported, if the child has any injuries, the condition of the home, adequate supervision, and do the best they can in finding out if the caretakers are abusing or neglecting the child in any way and more.

The next step is determination for removal (follow this link, Removal, to learn more about what the state finds as grounds for removal). There must be enough evidence to prove that the child was abused or neglected in some way.

MDHHS identifies five categories in which a case is placed depending on the evidence that was found during the investigation. They range from Category I to Category V.

- **Category I:** Department determines that there is enough evidence of abuse or neglect and court petition is needed and required.
- **Category II:** Department determines that there is enough evidence of abuse or neglect, and the risk assessments show high risks
- **Category III:** Department determines that there enough evidence of abuse and neglect, and the risk assessments show a low or moderate risk
- **Category IV:** Department did not find enough evidence of abuse and or neglect and the department must then assist the child’s family in participating in community based services.

- **Category V:** In this instance CPS was unable to locate the family, or there was no evidence of abuse or neglect. It is also possible that the courts may have declined to issue an order in which the family would be required to cooperate in the investigation.

These categories were listed at the Michigan government website (link below). In Category I and Category II cases, the person who committed the act of violence will be placed on the Child Abuse and Neglect Central Registry.

http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_7194-159484–,00.html

Though removals may be necessary, they are still traumatic for the child. The child has a bond with the caregiver, and that caregiver is all they know. If there is more than one child involved, CPS will try and keep the children together. A child who has been through any type of abuse in their home still has a strong emotional bond between all members of the family. That is why many people are confused as to why the victim may want to return to their families who harmed them. That is where their bond is, and it will take time for them to understand that what has happened is wrong and they deserve better.

CPS workers work in a high stress position. They often are entering into environments in which the safety of a child, and even their own safety, is of great concern. Vicarious Trauma (often known as secondary trauma) is another type of trauma in which CPS workers will need to be aware of. Vicarious trauma is defined by the National Children's Traumatic Institute as the "experience of professionals who are exposed to others' traumatic experiences and in turn develop their own traumatic systems and reactions" (NCTSN, 2012, p. 1).

Due to the high stress, and the emotional toll that this job can have on a person, self-care is highly important. Self-Care is in a sense something that a person does to help them cope with stress. This can be through meditation, doing an activity that they enjoy, going for a walk and more. YouTube, is a great resource to look up guided meditation videos. NCTSN (2012) discusses that without coping mechanisms, or even seeking out help for it, the reaction from one person can impact other workers until it spreads. The spreading is then as if the whole agency is one person who has experienced secondary trauma, thus burnout rates increase.

Key Term

Burnout: "prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by three dimensions of exhaustion, cynicism, and inefficacy" (Maslach, Schaufeli, Leiter, 2001, p. 397). In a sense, a person no longer has the passion or empathy they once had. The link below is an article that describes the signs of burnout, and what to do for prevention.

Prevention is the key to fighting against burnout. http://www.naswassurance.org/pdf/PP_Burnout_Final.pdf



Abused children often suffer from trauma throughout their adult lives. Patients that were exposed to trauma in early childhood can express their anxieties through drawings.

Types of Abuse and Trauma

Children involved in the Child Welfare System have often experienced trauma. Trauma is defined by the National Child Traumatic Stress Network as frightening events that are overwhelming to anyone who experiences them (NTCSN, 2017). Often a person feels that their safety is a concern and are on high alert to anticipate what may or may not happen next. There are three different types of trauma: acute, chronic and complex.

Before defining the different types of trauma, one must understand that all types of trauma impact the brain. The stress hormone cortisol is released, then creating the fight or flight mentality. These reactions can occur any time after a traumatic experience. The organization Futures without Violence provides a video that explains the effects of trauma on the brain and provides many explanations of how one can help others' who have experienced trauma: https://www.futureswithoutviolence.org/children-youth-teens/changing-minds-the-campaign-to-end-childhood-trauma/

Acute Trauma and Chronic Trauma

Acute Trauma is a single traumatic incident. An example would be a car accident or even a natural disaster. It may only be a single incident, but it can have lasting effects such as fear of being in a vehicle. Chronic Trauma is a traumatic experience that is repeated over a period of time. This type of trauma would include domestic violence, and war. Both have lasting effects on many people and the consequences can be hard to overcome.

Complex Trauma

Complex Trauma is a repeated traumatic experience that has been inflicted by a caregiver. This includes, but is not limited to, physical abuse, sexual abuse, and verbal/emotional abuse (also known as psychological abuse). Complex trauma leaves a child confused and conflicted. The person who inflicted harm was supposed to be the one protecting them and keeping them safe. When that does not happen the child is then in a predicament where they do not know who to trust. A main type of trauma that will be highlighted in this chapter is complex trauma. This type of trauma occurs in various forms of abuse which are defined below.

Abuse comes in many forms including physical, emotional/verbal, and sexual abuse. According to the National Child Traumatic Stress Network (NCTSN, 2017) physical abuse is defined as any act, completed or attempted, that physically hurts or injures a child. NCTSN also describes that acts of physical abuse include hitting, kicking, scratching, pulling hair, and more. Child Protection Services typically get reports of bruises, and other noticeable marks when investigating a report of physical abuse.

Emotional abuse is a nonphysical maltreatment of a child through verbal language. NSPCC (National Society for the Prevention of Cruelty to Children) states that emotional abuse includes "humiliation, threatening, ignoring, manipulating, and more." (https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/emotional-abuse/what-is-emotional-abuse/) Emotional abuse can be combined with other forms of abuse like physical and sexual abuse. Most reports emotional abuse is harder to prove and thus physical or sexual abuse tends to be the main cause of removal in a home.

Sexual Abuse

Sexual abuse has multiple facets. Overall, sexual abuse is a "type of maltreatment, violation, and exploitation that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator. It includes contact for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities." (American Society for the Positive Care of Children, 2017). The person who inflicted harm will typically use force, threats, or coercion to those who cannot/do not give consent.

Sexual abuse by a known person typically involves a grooming process . According to the National Center for Victims of Crime, there are seven grooming steps that tend to take place when sexual abuse may or already has occurred. They are good steps to watch for to potentially help prevent a potentially abusive situation from occurring. Most, if not all, sexual abuse is inflicted by someone the victim knows and usually trusts. Not all sexual abuse is inflicted by someone the victim knows; it can be inflicted by those the victim does not know as well.

Grooming Steps

- **Identify/Target Victim**: anyone can be a victim pending the type of person the offender may be attracted to
- **Gaining Trust/Access**: the person intending to inflict harm may look for vulnerabilities
- **Play a Role in Child's Life**: could be a mentor, may manipulate the relationship to make themselves appear to be the only one that knows the victim
- **Isolating the Child**: Offering rides away from current surroundings is an example.

- **Creating Secrecy Around Relationship**: reinforce the relationship through private communication. Coercion may be used like threatening harm to themselves, or others and more.
- **Initiating Sexual Contact:** At this point the offender has control of the relationship, may start as 'friendly' touching, but can lead to penetration or worse over time
- **Controlling the Relationship**: Secrecy is needed in order to keep the process going. Fear is usually the key factor as to why abuse is often not reported. Victim blaming (it's your fault I am doing this, no one will believe you,) often happens at this point along with continued threat of potential harm to them or their families

This information comes from the National Center for Victims of Crime: Grooming Dynamic.

Abuse does not always have to be physical, sexual, or verbal assault. It can also be neglect. According to the National Society for the Prevention of Cruelty to Children (NSPCC), neglect is the failure to meet the basic needs of a child. The NSPCC website states that neglect is the most common form of abuse. According to Crossen-Tower (2010) there are three categories of neglect: physical, medical, and emotional. NSPCC adds educational neglect to the list.

When Working with Trauma Victims

When working with children who have been abused, or a family who has experienced trauma, remember that building resiliency is a key factor. Resilience is defined by the American Psychological Association (APA) as having the ability to adapt when facing adversity including trauma (APA, 2017) This, in a sense, means that one is able to bounce back after facing trauma. However, this does not mean that there will not be any kind of consequences or negative impact as a result of trauma. A resilient individual will have the tools needed to move past the traumatic experience and potential future traumas.

To help children build resiliency, the APA suggests a variety of different techniques (APA, 2017). One is to help the client build connections. Finding a support person they can be close to and trust will help them have the ability to attach and bond appropriately. This, in turn, will also help them be able to work through the events that they have experienced. Another factor is to help them find a positive view of themselves. Trauma can often have a negative effect on the victims view of themselves. Building up their confidence will not only help them bounce back from present traumatic experiences, but give them the confidence to be able to move past future experiences as well.

Everyone deals with traumatic experiences differently. One child may be able to bounce back quickly after being abused or neglected, while another may be portraying heavy side effects such as resentment, anger, aggression, withdrawal and more. Here is a case example of how an adolescent has responded to a traumatic experience.

Case Study

** Names have been changed to ensure confidentiality remained intact.

Jane Doe is a 16-year-old white female living with her mother, Amy Doe. Jane has been exposed to sexual abuse. The abuse that she has been exposed to has occurred since she was born. Jane Doe has negative behaviors as a result of the abuse that have taken place since the age of twelve. These behaviors include self-harm, and multiple suicide attempts. Other behaviors that can be linked to the trauma include hyperactivity, eating problems, excessive mood swings, chronic sadness, and presents herself with a flat affect. Jane Doe was referred to mental health services to receive counseling.

In the case of Jane Doe, what would you as a social worker do when working with this client? Why?

Childhood trauma is discussed heavily in this chapter as being some form of abuse or neglect, but that is not the only trauma to be aware of. The death of a loved one, car accidents, divorce, domestic violence, and negative experiences are equally as traumatic and age does not matter. There can also be medical trauma. Maybe you or someone you know has been diagnosed with an illness, or maybe you went in for a simple surgery and things did not go as planned so now there may be something else wrong. It is all trauma, and it is ALL IMPORTANT.

The intent of this chapter is to simply define the trauma that specifically relates to child welfare, not to minimize other traumatic events. Do not discredit yourself or others who may have been through a traumatic event that is not necessarily defined in this chapter. Go to www.nctsn.org to you will learn more about trauma, resiliency and more.

The National Child Traumatic Stress Network (NCTSN) uses a trauma screening checklist that lists various events that can be considered a traumatic event. This being said, we must take note that everyone has experienced some sort of trauma in their lives,

and work in an empathetic way to help build resilience, and even just to educate them that what they have experienced was traumatic. The links provided below are checklists for different age groups – one is for ages 0-5 and the other for ages 6-18 – which provide the lists of traumas, and the emotional, and behavioral responses that may have occurred in response to the trauma. http://www.nctsn.org/sites/default/files/assets/pdfs/trauma_screening_checklist_0-18_final.pdf

Thus, when working with victims of trauma, regardless of the type, age, sex, and more, empathy is an important tool to utilize. When working with a client avoid assuming that they are making anything up, or that their behavior that are being portrayed are intentional. As mentioned above, trauma has a huge impact on the brain. The primary areas of the brain in which are more heavily impacted is the hippocampus, medial prefrontal cortex, and the amygdala which is our alarm system (Bremmer, 2006). Work with the client and understand that they are protecting themselves the only way they know how.

Watch the video to gain more understanding of trauma on the brain, how the repeated exposure to a traumatic story affects the brain, and what to do and what not to do when working with a victim of trauma: **https://www.youtube.com/watch?v=4-tcKYx24aA**



Circle of friends

Foster Care, Guardianships, and Adoption

Foster Care

According to The National Foster Parent Association, the United States foster care system developed from the English Poor Law of 1562. This law stated that children from poor homes would enter into indentured services until they were at an age in which they could care for themselves. The first child in the US to enter into the foster care system was in 1636, and he went by the name Benjamin Eaton. Charles Loring Brace was the first to initiate a free foster home movement in 1853. To learn more about foster parenting, check out the National Foster Parent Association: https://nfpaonline.org/

Today foster care is known as a temporary placement in which children who have been removed from their families take up residence either with other family members (first choice, or non-relatives (alternative if no family is able or available to step in). Children who are in foster care were usually abused or neglected in some way and the risk of them being abused again is very high. Referring back to the categories of the different case levels in CPS, category I or II would typically encompass cases where the children were placed into foster care.

Foster care is usually the last result, and is also considered to be a short-term intervention. Thus, immediately after removal reunification is sought after to bring the child back to their family. Reunification, according to DHHS, is simply stated as returning to their homes. At this point, when reunification is mentioned many people are shocked and ask, “How is that possible? They hurt their kids!” Remember, as stated above, that the children still have a strong bond with their caregivers even though they have been abused. DHHS will NOT let a child back into their family’s home if it is deemed unsafe. For a parent to get their child back they have to prove to the courts through petitions that they are fit and can adequately care for their child. During this whole process foster care workers are looking out for the best interest of the child. If it is deemed that the parents have followed through with all of the recommendations made by CPS, foster care, and the courts, and that they have completed them successfully they have a chance to get their child back.

When a child is removed it does not necessarily mean that the parental rights are terminated. Foster care is intended to be short term, not a permanent solution. However, there are situations in which parental rights are terminated. Termination of parental rights

ultimately means that they no longer have guardianship of their child. The Probate Code of 1939: Act 288 (http://legislature.mi.gov/doc.aspx?m...ct-288-of-1939) outlines the protocols and reasons in which termination is permitted. An example that the act gives includes if the parent caused, or could have prevented, physical or sexual abuse and the courts deem that the abuse will most likely continue if they remain or return to their parents' home. Once a parents' rights are terminated they no longer have the ability to legally care for their child and may not have the opportunity to regain custody of their child. Thus, termination happens after sufficient evidence has been provided to the courts showing that the child would indeed be in imminent danger if returned to the parents.

Steps to Become a Foster Parents

On the other end there are many steps to take to become a foster parent. The Michigan DHHS website lists five steps that have to be completed in order for anyone to become official foster parents. These steps are listed below:

- **Call a Navigator**: Foster Care Navigators are experienced foster parents who can answer questions and find an agency.
- **Attend an Orientation**: Review guidelines, illustrate what to expect, and has representatives to help answer questions.
- **Complete Application**: agency chosen provides a licensing application packet (one must be licensed in order to officially become a foster parent). Refer to link to learn more about the application process.
- **Participate in a Home Evaluation**: Have to pass an on-site home evaluation performed by licensing agent. Interviews and home visits will be done multiple times.
- **Attend Free Training**: Agency will schedule a PRIDE (Parent Resources for Information Development and Education) training with the prospective foster parent. Must complete 12 hours and once they are licensed they have 18 months to go through it again.

http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117—,00.html

Guardianships

With permanency being the goal, guardianship is one way to help provide permanency to children who may or may not be able to return home. This is an alternative to potentially avoid bouncing from one foster home to another. Guardianships, however, do not necessarily mean that the parental rights are terminated. This option provides permanency yet allows the parents to still have access to the child through visitation. For this process, there is a court hearing and the court decides if the potential guardians are deemed appropriate. They have to pass home visits and more, just like a foster parent. Anyone can be a guardian, but it is common for other family members to apply for guardianships to help avoid the child having to go to people who are not within the family system.

Key Terms

Permanency: is essentially finding or creating a permanent place for home, and care.

Guardianship: In lieu of terminating parental rights, a guardianship allows caregivers to legally make decisions on behalf of a child who has been removed from their home.

(MDHHS, 2014)

Adoption

If a child cannot be returned to the family, and the parental rights have been terminated, adoption is sought after. At this point, parental rights had already been terminated and thus can no longer go home to their birth family. The goal is to find permanency as quick as possible. According to MDHHS, nearly 3,000 foster children are up for adoption at any point in time, and of those 3,000 children, about 300 do not find homes for adoption (MDHHS, 2017).

Many youth in the foster care system age out. Aging out simply means that the youth turned 18 before finding a permanent home. According to the organization, Children's Rights (www.childrensrights.org), more than 20,000 foster children aged out of the system in 2015. To top that off, they state that those who age out of the system are less likely to achieve a high school diploma. By the ages of about 26, 80% of youth who aged out of the foster care system were able to get a diploma or a GED in comparison with 94% of the general population. Michigan uses many private agencies in which their focus is finding parents to adopt children who cannot go back to their parents.

Social Work Roles in Foster Care and Adoption

Just like a CPS worker, a Foster Care worker can come from a variety of backgrounds including human services, social work, criminal justice, sociology, and psychology. Within the role of a Foster Care worker, their ultimate priority is to identify and place children who cannot remain with their parents due to safety concerns. MDHHS has protocols in place which outline the duties of a foster care worker. These include home visits and various other tasks such as interviews with biological parents and schools.

Before a child is placed with a foster family, or if the child is relocating to another foster home, there are protocols that a foster care worker follows. These protocols include providing Medicaid card/records, enrolling or insuring the children are attending school, and providing education records to the caregiver within five days of placement. If the child is attending the same school they previously attended then a transportation plan is to be discussed. One last example of what a Foster Care worker does is discussing any revision or plans for parents or siblings to be able to visit the child. Foster Care workers are responsible for visiting a child in the foster home. In a sense, they are searching for the same things a CPS worker would, mainly a safe place to live, ensuring that medical needs are taken care of and safe sleeping requirements are met, and then gathering information of how the child feels about being placed in that home. They meet with the caregivers as well to discuss various aspect of the child including medical (i.e doctor visits, dental visits etc.), education, and behaviors portrayed in the home.

There are also protocols set in place for human trafficking victims. Refer to Chapter 9 to learn more about human trafficking and what the definition of it is. In regard to foster care, there are seven behaviors or characteristics that a foster care worker must look for to determine whether or not the child indeed was a victim. The responses they gather will determine if further assessment and care is needed.

Foster Care and Human Trafficking Behaviors/Characteristics

- History of running away
- Withdrawal or lack of interest in previous activities
- Signs of current physical abuse, and/or sexually transmitted diseases
- Inexplicable appearance of expensive gifts, clothing, cell phones, tattoos, or other costly items
- Presence of an older boyfriend/girlfriend
- Drug addiction
- Gang Involvement

These behaviors may or may not indicate trafficking. However, more investigation should take place. If you, or anyone you know suspects that two or more of these items are happening call Centralized Intake at 1-855-444-3911. Foster Care workers are expected to call this number if the victim meets two or more of these assessment points. (MDHHS, 2015)

Summary

In this chapter, we have discussed family and what family is. We discussed various parenting styles and how they have an effect on children. There are many aspects that influence the family dynamics and how they function. We went on to discuss the history of child welfare, and discussed child protective services, trauma, and foster care, adoption, and guardianships. There is always more to learn about the child welfare system as it encompasses a wide range of services in our communities. Even the history of the system is a huge topic.

Key factors to remember are that a child has a right to be safe and cared for, and when the parents of the child fail to do just that, it is the duty of the state to step in and ensure that they are safe and can be kept safe. Regardless of rumors that people have heard (such as CPS workers being “kid snatchers”), the state looks for the best interest of the child and that is the ultimate factor within this system.

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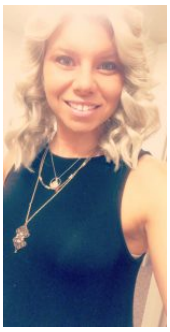
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7.2: Aging Populations

Emma Rutkowski and Kimberly Bomar and Ferris State University Department of Social Work



Emma Rutkowski

Emma Rutkowski originally started at Ferris State University as a Pre-Nursing Student.I found my way to the Social Work program and graduated with my BSW in 2018 and then completed the one year advanced standing MSW program in 2019. My passion is hospice care and I am hoping to continue as a hospice care social worker. I plan to continue my love of rugby wherever my journey takes me. I would not be where I am today without the love and support of my family, boyfriend, amazing classmates, and professors. Thank you for everything; peace, love, and happiness to all that enter this field of social work and everyone you will meet. You will do amazing things!



Kimberly Bomar, Photo by Ashley Barlow

Kimberly Bomar graduated from Ferris State University with a BSW in 1992. I then went on to work as parole officer for the State of Michigan for 15 years and at the same time obtained my MS in Criminal Justice Administration in 2000. Some years later I moved to California where I worked for the Masonic Senior Outreach program as a care manager for senior members before returning to Michigan in 2016. This lead to my role at Catholic Charities as a Sex Offender Therapist. I then returned back to Ferris State University as a student in the advance standing program and earned my MSW degree. My heart belongs to the many seniors I've helped. The rewards they offer by just a smile or holding their hand, and the gratitude they show is more than words can say. I hope those who enter this field resonate with the passion both Emma and I have felt in our work within this population. They are amazing, loving people who believe we are providing a service to them, while in fact, they are fulfilling our lifelong campaign for devotion. My contribution to this chapter as co-editor is dedicated to my mother who is my amazing rock, my daughter, who I strive to emulate, and my father and son who are both in heaven and have taken a large part of my heart with them. I hope to make them all proud.

Key Term	Definition	Source
Abuse	Harm or threatened harm to an adult's health or welfare caused by another person. Abuse may be physical, sexual or emotional.	(State of Michigan, 2019)
Aging Shock		

The uncovered cost of prescriptions drugs, medical care not paid by Medicare or their private insurance and the actual cost of the private that is expected to pay the gaps that Medicare does not pay and the uncovered costs of long-term care.

(Knickman & Snell, 2002)

Bereavement

A form of depression with anxiety symptoms that is a common reaction to the loss of a loved one. It may be accompanied by insomnia, hyperactivity, and other effects. Although bereavement does not necessarily lead to depressive illness, it may be a triggering factor in a person who is otherwise vulnerable to depression.

Bereavement (2001)

Burnout

A process involving gradually increasing emotional exhaustion in workers, along with a negative attitude toward clients and reduced commitment to the profession (Maslach, 1993)

(State of Michigan, 2019)

Compassion Fatigue

A set of physical and psychological symptoms appearing in social workers who are exposed to client suffering that occurs as a result of traumatizing events such as physical or sexual abuse, combat, domestic violence, or the suicide or unexpected death of a loved one (Figley, 1995).

(State of Michigan, 2019)

Compassion Stress

Is the residue of emotional energy from the empathetic response to the client and is the on-going demand for action to relieve the suffering of a client.

(State of Michigan, 2019)

Elderly

Any person that is 65 years of age or older.

(Niles-Yokum & Wagner,2015)

Empathetic Response

Is the extent to which the psychotherapist makes an effort to reduce the suffering of the sufferer through empathetic understanding.

(State of Michigan, 2019)

Exploitation

Misuse of an adult’s funds, property, or personal dignity by another person.

(State of Michigan, 2019)

Exposure to the Client

Is experiencing the emotional energy of the suffering of clients through direct exposure.

(State of Michigan, 2019)

Grief

A nearly universal pattern of physical and emotional responses to bereavement, separation, or loss. It is time linked and must be differentiated from depression. The physical components are similar to those of fear, hunger, rage, and pain. The emotional components proceed in stages from alarm to disbelief and denial, to anger and guilt, to a search for a source of comfort, and, finally, to adjustment to the loss.

Grief (2001)

Life Disruption

Is the unexpected changes in schedule, routine, and managing life responsibilities that demand attention (e.g., illness, changes in life style, social status, or professional or personal responsibilities).

(State of Michigan, 2019)

Material abuse

Including theft, fraud, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

(O'Connor & Rowe, 2005, p. 48)

Neglect

Including the failure of a designated care to meet the needs of a dependent old person, forced isolation from services or supportive networks, or failure to provide access to appropriate health or social care.

(O'Connor & Rowe, 2005, p. 48)

Physical abuse

Including physical harm or injury, physical coercion and physical restraint

(O'Connor & Rowe, 2005, p. 48)

Prolonged Exposure

Is the ongoing sense of responsibility for the care of the suffering, over a protracted period of time.

(State of Michigan, 2019)

Psychological abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation and verbal abuse.

(O'Connor & Rowe, 2005, p. 48)

Sexual Abuse

including rape, sexual assault or sexual acts to which the vulnerable older adult has not consented, could not consent, or was pressured into consenting.

(O'Connor & Rowe, 2005, p. 48)

Stigma

A mark of shame or disgrace. A strain.

(Merriam-Webster, 2019)

Self-care

Promote specific outcomes such as a "sense of subjective well-being".

(Lee & Miller, 2013, p. 97)

Senescence

Refers to the aging process, including biological, emotional, intellectual, social, and spiritual changes.

(Lee & Miller, 2013, p. 97)

Vulnerable

A condition in which an adult is unable to protect himself or herself from abuse, neglect, or exploitation because of a mental or physical impairment or advanced age.

(State of Michigan, 2019)

Elderly Population Statistics

Prior to the 17th century, statistics show the elderly made up less than 2% of the population in the United States. A male's life expectancy estimated 30 to 38 years of age due to lack of proper health care, farming accidents', unhealthy working conditions,

war fatalities and lack of proper nutrition. A women's life expectancy was significantly decreased due to bearing many children and suffering poor medical services during childbirth (Egendorf, 2002). Following World War II, we experienced the fastest growth in population, this generation is known as the baby boomers. This population has now become our highest elderly population and with this significant increase, the influx poses both benefits and challenges to our society (Tice & Perkins, 1996).



Seventy-six million people were born between 1946 and 1964 making this the largest and longest-lived generation in the history of the United States. (Torres-Gil, 1992). This is identified as the baby boomer generation. As a result of the baby boomer generation, the number of Americans aged 65 or older is projected to more than double from 46 million today to over 98 million by 2060, increasing from 15% to 24% (Mather, 2016). As a result of improved healthcare, better working conditions and families choosing to have less children, the life expectancy for a man is now 74 years of age and women's life expectancy is now 80 years of age (Merck Manual, 2004). This produces many new challenges to our current social structure. Social security and medical costs have increased, including the cost of uncovered expenses of medications and long term care.

Baby boomers have introduced a new lifestyle, building careers, having fewer children and waiting till later in life to have children. It is estimated since this population is not reproducing at a rate much less than historically, the population in the United States will decrease as a result (Colby, S., & Ortman, J., 2014 p.2). The decrease in population will help to stabilize the social structure and medical costs.

Diversity of Population



Populations representing about 16% of the elder population: 8% African American, 5.5% Hispanic, 2.1% Asian-Pacific Islander and less than 1% American Indian and native Alaskan. The majority elder population is comprised of whites, at a rate of 74%. (Older Americans, 2000, p.1). In order to understand the needs and circumstances of the diverse population in the United States, it is important to know the demographics of the clients we are serving. One plan does not fit all solutions. Some fail miserably. The various demographics we must know of the population we attempt to serve include: health, age, work, marital status, sex, sexual orientation, race and culture. Whether they have family support, access to transportation and disposable income. We must establish wants and needs before determining what services and products will be put into place. If we do not understand the needs of the population we are serving, we will likely fail when creating services to help. (ODPHD, 2013).

Stages of Development

"Growing older and dealing with long-term care includes help from many people, family members, friends, medical professionals and practitioners in the community. Sometimes aging is gradual and sometimes it's abrupt with many bumps and emergencies. As people age, the majority develop at least one health problem resulting in functional decline" (Marak, C. 2016, p 1). Many seniors live healthy, independent lives, without experiencing the stages of decline.

Stage 1: Self Sufficiency. Seniors are more independent and able to manage their own health issues. They may begin to acknowledge what the community has to offer for seniors and determine if their homes may need safety features in the future. But

for the present time, the elderly enjoys the sense of accomplishments their independence offers. Programs established to help seniors remain in their own homes are Area Agency on Aging, Senior SAFE Program and Life Alert, to name just a few.

Stage 2: Interdependence. Seniors may begin relying on others such as a partner, older children or friends for assistance. Many seniors view this stage as a time of decline because they are no longer able to accomplish the tasks they once could. This is the stage where help may be brought in to assist with minor tasks on a regular basis. It is also a time when safety and security should be addressed by installing safety bars in the bathtub and hallways, ramps for wheelchairs and walkers and obtaining life alert pendants in the case of a fall or emergency.

Stage 3: Dependency. As the aging process continues, the need for more assistance with activities of daily living (ADL's) may increase. These activities include bathing, toileting, cooking, and shopping. There may also be a decline in memory or psychological functions. At this stage, the senior may experience more physical ailments and chronic pain. As these conditions advance, it may be necessary to move to a senior facility with the level of care necessary for the senior. More often, the needs can be provided by a caregiver for more advanced care and needs Other medical issues, including increased pain can be managed by the primary care physician. This option can become very costly and as additional care is needed, for the safety and care of the elderly, a move to a facility may be the best option.

Stage 4: Crisis Management. In the event of continued decline, the family may recognize they are unable to continue providing the level of care necessary to keep their loved one safe or manage their needs. In this case, family will make decisions regarding the best options for appropriate care such as seeking constant in-home care by a professional or moving the senior to a facility where the care needs can be met.

Stage 5: End of Life. If the senior is able to remain in the home with sufficient care and pain management, many are able to remain in the home until their demise. If hospice is involved, they assist to manage pain and help the family to deal with complex end-of-life decisions. Many professions such as home health aides, nursing home personnel, hospice providers and care physicians are involved at this stage. If the senior is in a facility or needs to be moved for care during the end of life stage, they will be cared for by professionals in a skilled nursing facility (Marak, C., 2016, p 1).

Elderly will progress through the stages of development differently. Some will live life without pain and suffering and pass easily, while others may suffer Alzheimer's disease or symptoms of dementia and require the care offered by a memory care facility. As we are all very different and have been exposed to different lifestyles, we will move through these stages, each at our own pace and tolerances (Marak, C. 2016).



Physical Changes

According to Busse, (1989), there may be several meanings to the word "aging". "As a biologic term, it is used to describe those inherent biologic changes that take place through time and ultimately end with death." (Busse, 1989 pg. 3-4). This definition is at odds with the process of growth and development. Aging begins the moment a person is born. A baby develops into a child, teen and then an adult. But at some point, the aging process changes. The body begins to decline in function, ultimately leading to death. The term used to describe the beginning decline is called senescence. As aging occurs, the body's cells age and the organs functioning declines.

- Change in vision is a sign of aging.
- A seniors hearing may also decline, resulting in the need for hearing aids.
- The skin becomes thinner, less elastic, drier and finely wrinkled.

- A elder's ability to taste and smell may also diminish as they age.
- Bones and joints become less dense and weaker due to the decrease in the body's ability to absorb calcium. This causes high risk of falls and broken bones.
- The elder loses muscle tissue over time and muscle strength tends to decrease.
- The heart and blood vessels change. The walls of the heart become stiffer and the heart fills with blood more slowly.
- The artery walls become thicker and the blood flow changes.
- The aged lungs may weaken, and the kidneys and urinary tract are often affected by age.
- The most common reported chronic conditions among the elderly are arthritis, high blood pressure, heart disease, hearing loss, problems of bones and tendons, cataracts, chronic sinusitis, diabetes and vision loss. This is a condensed list (Merck Manual of Health and Aging, 2004, pp 7-16).

Cognitive and Emotional Changes

As with the body, the mind is also susceptible to illness. Among the most common challenges facing the elderly are medical conditions that attack the brain, specifically the memory. Alzheimer's disease and dementia are the most common and both directly affect cognition at various levels. Dementia is a general term for loss of memory as well as other mental and physical abilities severe enough to interfere with daily activities. Dementia is not a disease, rather a multitude of symptoms that do not lead to a known disease and is caused by physical changes in the brain. Dementia is common among stroke victims (Mayo Clinic, 1998). There are 9 types of dementia. Alzheimer's Disease comes in three known forms. Early onset which occurs in those under age 65, usually age 40 to 45, experiencing memory loss and difficulty with daily activities. Late onset occurs in those over 65 years of age and is the most common form of Alzheimer's disease. The third and most rare form is called Familial Alzheimer's Disease. It occurs in less than 1% of all cases of Alzheimer's and is a gene known to exist in at least two generations of the family. (Alzheimer's and Dementia, 2017). For those suffering Alzheimer's Disease or dementia, it is not uncommon for them to experience a multitude of behaviors and symptoms. Along with memory loss, a senior suffering Alzheimer's or dementia may incur loss of communication skills, loss of attention, perceptual problems, depression, agitation, suspiciousness, angry outburst, delusions and hallucinations.

Although depression is a common for those with Alzheimer's disease and dementia, it is also very common among the elderly in general. Charles M. Schulz, Peanuts author and illustrator provided a scenario that perfectly depicts the emotional pain many feel as indicated by Charlie Brown.

"Charlie Brown was sitting at Lucy's psychiatric booth. He asked, "Can you cure loneliness?" She replied, "For a nickel I can cure anything." Charlie Brown then asked, "Can you cure deep down, black, bottom of the well, no hope end of the world, what's the use loneliness?" Lucy protested, "For the same nickel?!" (Blazer, 1990, p.62-63).

Depression among elderly is a serious condition. Many become depressed due to the decline in their ability to function as they did in early years. Others are fearful of thoughts of end of life, while many suffer severe loneliness as the traditional family unit has changed so drastically over the years. Many lose their spouses and find it difficult to continue on while the severe loneliness and depression sets in. Many elderly men served in wars and suffer Post Traumatic Stress Syndrome.

Suicide is the 8th leading cause of death in the U.S. Persons 65 and older make up 12.5 of the total U.S. population and account for 20.9% of suicides annually. Suicide rates among the elderly increased significantly following the Great Depression, then declined until 1981 through 1987, again increasing from 17 to 20 per 100,000 persons. Among older men, suicide rates increase with age. Among women, the rates are lower at 6.6 per 100,000. Women are more likely to commit suicide at midlife. Although many factors can account for the reasons a senior may consider suicide, such as failing health, lack of independence, loss of spouse, it has been found a relationship between major depressive condition and death by suicide has been identified (Blazer, 1990)

Paranoia, suspiciousness and agitation are common behaviors among elderly. As the memory begins to fail, many elderly people become paranoid and suspicious about things they do not understand or cannot remember. The feeling of not knowing where they are or who the people are around them brings on much anxiety. If the anxiety increases, sudden outbursts often are the outcome of the paranoia or suspiciousness and agitation. When working with people who suffer these behaviors, it is necessary to make them feel safe and validate their thoughts but to also help them understand they do not need to feel fearful or frustrated. It is essential to help the senior feel safe when experiencing these episodes of paranoia, suspiciousness and agitation.

Additional emotional issues are often a result of alcohol abuse by elderly. Alcohol is a depressant and if used long term or abused can lead to more severe depression and many physical issues such as memory loss called alcohol amnesiac disorder which causes

difficulty with both short- and long-term memory and an inability to learn new information. This is also identified as one of the 9 types of dementia. (Blazer, 2004).

Often seniors want to feel valued and listened to, especially as they evaluate their life. Oftentimes we deny them the privilege to share with us the knowledge and invaluable presence that we too could offer future generations. The history and knowledge of the elderly is priceless.



Social Change

The elderly struggle with change in their social lives and capabilities. Some have been identified in other sections of this chapter but apply to their involvement in society as well. The most pertinent issues identified by both social workers and the elderly who were questioned provided the following list from (Aging Care, 2019):

- Loneliness from losing a spouse and friends
- Inability to independently manage regular activities of living
- Difficulty coping and accepting physical changes of aging
- Frustration with ongoing medical problems and increasing number of medications
- Social isolation as adult children are engaged in their own lives
- Feeling inadequate from the inability to continue to work
- Boredom from retirement and lack of routine activities
- Financial stresses from the loss of regular income
- STD's are currently on the rise with the senior population
- Younger generation taking advantage of elderly's vulnerability (Aging Care, 2019)

Spiritual

For most elderly, religion plays a major role in their life, with approximately half attending religious services weekly. "Older adults' level of religious participation is greater than that in any other age group. For older people, the religious community is the largest source of social support outside of the family and involvement in religious organizations is the most comon type of voluntary social activity" (Kaplin & Berkman, 2019, p.1).

When caring for the elderly, religion and spiritual beliefs often play a significant part in the care provided for the seniors. As the elderly ages and necessary increased care is provided, the elderly may have special wishes in accordance with their religious beliefs or spiritual beliefs. It is essential to know if spirituality or religion are important to the elderly as the beliefs may offer assistance with the elderly coping skills acceptance of their declining health and decreased fear of their final demise (Erichsen & Bussing, 2013, p. 1).

The Stigma of Aging



There are many myths and stigmas that have been associated with elderly population. A myth as defined is, “a usually traditional story of ostensibly historical events that serves to unfold part of the world view of a people or explain a practice, belief, or natural phenomenon” (Merriam-Webster, 2019, p.1). Stigma is defined as, “a mark of shame or discredit” (Merriam-Webster, 2019 p. 1). The term stigmatization is evident in the prevailing of “if I can buy enough pills, cream, and hair, I can avoid becoming old” (Esposito, 1987). Seniors efforts to avoid the uncontrollable outcomes of old age reveal the stigma and negative attitudes associated with advanced age. “Ageism refers to the negative attitudes, stereotypes and behaviors directed toward older adults based solely on their perceived age” (Frankelstein, Burke & Raju, 1995, p.662-663).

Ideally ageism will be replaced by truths. For instance, mental health issues among the elderly can decline with mental health services. Further, older adults are not the victims of deterioration that comes with age but are the survivors of life and the strengths of the elderly must be recognized and celebrated and used as the cornerstone in intervention and prevention services (Zastrow, 1993). The way a senior ages depends on several factors including their lifestyle choices, culture they live in, as well as their supports (Thornton, 2002). This is a bulleted list as follows of different myths and stigmas that have been negatively associated with the elderly population.

✔ The following is a list of negative stigmas and beliefs about seniors:

- All elderly people are ill or disabled (Thornton, 2002).
- Pain is a normal part of life and the aging process (Ellison, White, & Farrar, 2015).
- Elderly people live boring lives and do not have romantic and sexual relationships.
- Elderly are uneducated or even able to learn as the world is continuously changing around us (Thornton, 2002).
- The elderly people are mentally incompetent and are able to be educated and learn new tasks just as a younger person is able to.
- The elderly people are a financial drain on our medical institution (Zastrow, 1993).
- Barriers to delivering mental services to older people is ageism, the “negative image of and attitudes toward people simply because they are old. (Zastrow, 1993).

✔ The invaluable presence of an elderly person is one that is too often overlooked. Positive attributes and beliefs about the elderly population:

- They provide the social and cultural continuity that holds our communities together.
- Wisdom comes with age and experience. The older generation is also a great storehouse of knowledge and history.
- Like a tree needs its roots for growth and nourishment, a society needs roots to keep it grounded in its traditional values and history.
- Grandparents are often available for babysitting and spending quality time with their grandchildren, teaching values and respect.
- Families who have active, healthy grandparents living nearby have the opportunity to develop strong relationships between the kids and their elderly relatives that can greatly enrich the lives of both generations. They can also provide positive role models for young children who probably have little contact with older adults and may regard aging as something negative and depressing.
- For many seniors, old age is a time to become deeply engaged in their churches, local politics, schools and cultural and community organizations.
- They know how to socialize and treat other people in face-to-face conversations without the need for modern technology.
- Many are more conscious of their diet and their health. They watch what they eat, and exercise in order to stay active.
- Seniors have time for themselves, to vacation, volunteer, take classes and garden, among many other activities they may not have had time to do when raising a family.
- Seniors become active in senior centers and organizations to meet other elderly people for social purposes such as dances, playing cards, bingo and dating (Pitlane Magazine, 2019).

Working with the Elderly

In the field of social work, it is important to be able to work with other disciplines of work including physicians, nurses, nurse assistants, chaplains, dietitians, volunteers, dentists, and other social workers at various agencies. There is a need to have client centered goals and plans of care from all disciplines that work with the client (Wright, Lockyer, Fidler, & Hofmeister, 2007).

Discipline	Role	Source
Social Worker	• Helps the client and family with funeral arrangements • Provides financial assistance • Provides resources • Psychosocial support needs to the clients and their families • Identifies and assists with environmental factors and barriers that arise • Assessments for mental health concerns	(Csikai & Weisenfluh, 2013) (Monroe & DeLoach, 2004) (Reese & Raymer, 2004)
Physician	• Attend's to client's long-term care needs • Leader of the team • Collaboration	(Wright, Lockyer, Fidler, & Hofmeister, 2007)
Nurse	• Informs team of medical concerns • Monitors client's vitals and measurements • Explains medications and health care needs	(Greene, 1984)
Nursing Assistant	• Help the client 's with activities of daily living (ADLs) including feeding, bathing, and dressing. • "Nurse aides' duties include functional, psychosocial, and delegated care activities such as physical care and emotional support"	(Huey-Ming, 2004)
Chaplain	• Spiritual Care • Provide education and support both with religion and non-religious support to clients and staff members. • bereavement supports • Help with funeral home decisions as well as help with leading a memorial service	(Williams, Wright, Cobb, & Shiels, 2004)
Dietitian	• Monitor for proper nutrition • Monitor weight • Assess for malnutrition	(Kang et al., 2018)
Volunteer Coordinator	• Completes volunteer requests/referrals	

- Attends weekly meetings to discuss volunteers

(Claxton-Oldfield, & Jones, 2012)

Volunteers

- Make phone calls
- Provide emotional support as being a friendly visitor
- May aid with rides for various client needs

(Ghesquiere et al., 2015)

Elder Abuse and Neglect

Elder abuse and neglect are under reported in the United States for many reasons including fear and embarrassment by the elderly (O'Connor & Rowe, 2005). Elder victims of abuse risks that include; functional disability, lack of social supports, poor physical health, cognitive impairment, mental health issues, lower social economic status, gender, age, and financial dependence (Pillemar, Burnes, Riffin, & Lachs, 2016). There is an Adult Protective Services (APS) Hotline for reporting a suspected abuse or neglect situation referred to as centralized intake: 855-444-3911 (State of Michigan, 2019). It is important to understand that all social workers are mandated reporters of elder abuse and neglect (State of Michigan, 2019). There is not one specific cause for elderly abuse and neglect. There are many reasons including various dynamics, cultural norms, negligence and lack of education and support (Muehlbauer & Crane, 2006). Potential causes of abuse could be due to mental illness, substance abuse, and the need to abuse from the perpetrator (Pillemar, Burnes, Riffin, & Lachs, 2016). There are several types of abuse defined as follows in Table 1: Kinds of Elder Abuse and their Definitions (Muehlbauer & Crane, 2006, p.44).

TABLE 1

KINDS OF ELDER ABUSE AND THEIR DEFINITIONS

Kind of Abuse	*Definition*
Physical	Use of force that causes unnecessary pain or injury, even if the reason is to help, can be regarded as abusive behavior. Physical abuse can include deliberate or inadvertent hitting, beating, pushing, kicking, pinching, burning, biting, overmedicating, undermedicating, or force-feeding; improper use of physical or chemical restraints; and exposure to severe weather.
Emotional or psychological	Behavior that causes an older adult to have fear, mental anguish, or emotional pain or distress can be considered abusive. This kind of abuse can include name-calling, intimidation, insults, and threats; treating the older adult like a child; and isolating the older adult from family, friends, and social contact by force, threats, or manipulation.
Neglect	Neglect can range from withholding appropriate attention from the individual to intentionally failing to meet the older adults' physical, social, or emotional needs. It can include failure to provide food, water, clothing, medication, or assistance with activities of daily living or personal hygiene. In addition, failure to manage older adults' money responsibly and withholding necessary health care can be considered neglect.
Sexual	Any nonconsensual intimate contact, such as inappropriate touching, photographing the individual in suggestive poses, forcing the individual to look at pornography, forcing sexual contact with a third party, or any unwanted sexual behavior can be considered sexual abuse. This kind of abuse may also include acts such as sexual exhibition, rape, sodomy, or coerced nudity. Sexual abuse is not often reported as a kind of elder abuse.
Financial	Financial exploitation includes fraud, taking money under false pretenses, forgery, forced property transfers, purchasing expensive items without permission, or denying older adults access to their own funds or home. It includes the improper use of legal guardianship arrangements, powers of attorney, or conservatorships, as well as a variety of scams by salespeople, health-related services, mortgage companies, or friends.

Adapted from Kleinschmidt (1997).

It is important as a social worker to be able to assess the signs and symptoms of elder abuse. It can be difficult to recognize the signs and symptoms of abuse as some elderly are nonverbal and unable to share what is occurring (Muehlbauer & Crane, 2006). Table 2 below lists common signs and symptoms of elder abuse (Muehlbauer & Crane, 2006, p.46).

TABLE 2

SIGNS AND SYMPTOMS OF ELDER ABUSE

Kind of Abuse	*Sign or Symptom*
Physical	• Bruises or grip marks around the arms or neck • Rope marks or welts on the wrists or ankles • Repeated unexplained injuries • Dismissive attitude or statements about injuries • Refusal to go to the same emergency department for repeated injuries
Emotional or psychological	• Uncommunicative and unresponsive attitude • Unreasonably fearful or suspicious behavior • Lack of interest in social contacts • Chronic physical or psychiatric health problems • Evasiveness
Sexual	• Unexplained vaginal or anal bleeding • Torn or bloody underwear • Bruised breasts • Venereal diseases or vaginal infections
Financial	• Life circumstances that do not match the size of the estate • Large withdrawals from bank accounts, switching accounts, or unusual automated teller machine activity • Signatures on checks that do not match the older adult's signature
Neglect	• Sunken eyes or loss of weight • Extreme thirst • Bed sores

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://openoregon.pressbooks.pub/humanservices/?p=130#oembed-1

Adult Protective Services (APS) Case Study: Janice

Janice, a 50 year old women is diagnosed with Schizophrenia and Bipolar Disorder. She was fired from her job as a professor from a University due to not taking her medications and making threats and allegations of a "witch hunt" for her. This client lives alone in a trailer in the middle of the woods. There is no heat or electricity in the home. Several medical professionals have called and reported that she is unable to take care of herself on her own. This client has not been deemed incompetent by two physicians. The APS worker attempts to visit the client and each time is asked to leave the premises. The APS worker noticed some bruises on Janice's wrists and her arms. The APS worker attempts to address the bruises when Janice says, "Get off my property and never come back or I will call the police!" The APS worker has reported these allegations to her

supervisor as well as to the police department. The client has been hospitalized for her medications, but once out of the hospital the client does not continue taking medications. The client is currently not able to pay her bills and the home is in the process of being foreclosed from the client. The bank has reported that there have been several cash withdrawals from the account from ATMs all over the state. The client has refused the APS worker to assist and will not leave the home. The APS worker is unaware of any family or friends of this client in the area. There are also no shelters in the area that will take a client that is non-compliant with taking medications.

- If you were the APS worker, what other resources could you reach out to?
- What would you do to help the client?
- As the APS worker, can you identify any ethical dilemmas, explain?

Medical Care and Insurance

Medicare



Medicare is a supplemental insurance that was created in the U.S. after the Social Security Amendment in 1965 (Rajaram & Bilimoria, 2015). People are eligible for Medicare if they are at least 65 years of age, have end stage renal disease or amyotrophic lateral sclerosis, or have another specific disability (Rajaram & Bilimoria, 2015). There are certain needs that Medicare does not cover including long term skilled nursing facility stays. There are four different sections of Medicare including Part A, Part B, Part C, and Part D (Rajaram & Bilimoria, 2015). This link https://www.ssa.gov/benefits/medicare/is where a senior can apply for Medicare. Rajaram & Bilimoria (2015) explain the four parts of Medicare as:

Part A

- Inpatient hospitalizations
- Short term stays in skilled nursing facilities
- Home health care
- Hospice care

Part B

- Outpatient services
- Primary care appointments
- Medical equipment
- Lab tests
- Vaccinations
- Cancer screenings

Part C

- Have all benefits of Part A and B
- Private health plans
- Vision
- Dental

Part D

- Prescription drug coverage



Case Study: Jacob

You are working as the social worker for a Commission on Aging agency and one of your clients, Jacob walks into your office. Jacob is an 88-year-old Native American male. He is an U.S. Marine Corps Veteran. Medicare is Jacob's only insurance. Jacob shares with you that he was unable to purchase his medications last week because the cost is too high with his fixed income of social security.

- What would you do as the social worker to help Jacob?
- What resources do you think could be available for Jacob?

Advanced Directives

As seniors, we have many choices regarding health care and end of life wishes. The Do-Not-Resuscitate orders and Comfort Care Only orders are important for family members who may not know the wishes regarding life sustaining practices. Therefore, if these decisions are made prior and family is made aware , the wishes of the loved one is often carried out with much less stress and ease to both the family and the senior making the decision. If the decision is not made prior to the time it becomes necessary, the loved one may not have the opportunity to have their wishes known. If the DNR or the Advance Directive is not in place, the doctor will make every effort to resuscitate a senior. The Advance Directive and DNR is done in the event an elder is incapacitated to guide decisions about medical treatment.

A Living Will is a document that directs the care in the event of an elderly's mental incapacitation. A Durable Power of Attorney is a document in which a senior will appoint a person to make decisions in the event they are incapacitated and unable to make the decisions themselves. A Living Will is a document or type of Advance Directive in which a person gives specific directions about treatments that should be following in the event of his or her incapacitation, and usually addresses life-sustaining medical treatment such as removal from life supports, providing food and drink (Pietsch ad Braun, p. 41). Understanding rights as an elderly regarding your wishes for health care is essential as it alleviates much stress for those who would otherwise need to make these decisions. Most seniors have decided under which circumstances they would wish to be resuscitated. It is imperative that each senior make family members or their physician aware of their decisions. Most hospitals will allow these documents to be signed and notarized and filed at the hospital in the event of crisis. It is very important to have documents signed and available for use In the event of an emergency. (Pietsch and Braun, 2000, p. 41).

Placement

In many cases elderly people find they are unable to manage their own care in their homes without some assistance and modifications to their homes for safety purposes. Seniors can make their homes safe by installing ramps, safety bars in bathing areas and widen doorways for walkers and wheel chairs. Oftentimes, the first step taken to keep the elderly in their own home or a family members home, is to hire a caregiver to aid with activities of daily living, medication management and meal preparation. The caregiver will often provide transportation to doctor and dental appointments, errands and any other travel.

https://youtu.be/L0MAZog6IMs

Independent Living Facilities

Many elderly people find that it is either too costly to safely update their own homes or may live in a property with many stairs that are difficult to climb. In the event they need a safer environment, many will seek out independent living facilities where they live in a community of other elderly people where the apartments or homes are built with safety features already I place within the units and where there are many activities and social events specifically designed to help the resident avoid isolation and make new friends. Independent living is typically for those who do not have healthcare needs, but some may need a caregiver to come in and assist with bathing, household chores or to run errands. Many Independent living facilities have a dining room for meals and transportation available for medical appointments and weekly trips to run errands and outing for the residents (National Institute on Aging, 2019).

Assisted Living Facilities

Once care levels increase and the resident is unable to manage their own care without the assistance of daily caregivers, the resident may be encouraged to move to an assisted living facility. Many independent living facilities offer assisted living units on the same property, so the move is minimal. An assisted living level of care, depending on the needs of the senior are often set up to allow one to two to a room, where they may set up their own living areas and meals are often taken in the dining room. The seniors may need assistance ambulating to the dining room resulting in a staff member to assist them with a walker or in a wheel chair. In assisted living facilities, the seniors are usually able to move about the facility without much help, but staff and medical care is available 24/7. There are activities provided for the seniors to encourage them to leave their rooms and engage in social events. Many seniors who move to assisted living facilities state they wish they had moved much sooner as the facilities offers the seniors the opportunity to socialize with others their age and offer a plethora of activities and day trips that seniors who remain in their own homes may have been missing out on. It is not uncommon for family members to take their loved ones out for outside medical appointments, such as dental, medical tests not performed on site and family time. Some seniors are able to be checked out for a night or two in order to spend time with family. For those families who wish to take their loved one out of town, they may make arrangements with another facility in the town they are visiting to place their loved one in an assisted living facility, so as not to interrupt their care, but to allow the senior to continue to be part of the family actives. This is all coordinated with both assisted living facilities prior to travel (Caregivers Library).

Adult Group Homes

Another option for the elderly who are unable to socialize and ambulate, but do not need the level of care of skilled nursing, a group home might be an option for them. The social activities are limited, and the level of care is more individualized with 24/7 care and generally only 10 to 20 seniors living in the home at any given time. All transportation is generally offered, and meals are served family style with all seniors eating together. Many of the seniors in elderly group homes are unable to participate in social activates or engage in extensive conversation. This option is generally utilized once they are unable to manage to ambulate in the assisted living facility and has deteriorated to a high level of care but are not yet bed bound . Many senior can remain in the group home until end of life with hospice care. Some group homes offer “field trips” such as color tours and outings to see the holiday lights. These trips are short, and the seniors generally do not leave the bus (National Institute on Aging, 2019).

Skilled Nursing Facilities

Skilled nursing facilities, often referred to as nursing homes are designed for those who need constant care and are unable to ambulate or perform any of their own ADL’s. This is often the final placement prior to their death. Many suffer significant illness or have been deemed unsafe and unable to be provided the level of care in any offer type of facility. Meals are provided to the residents in their rooms where they do not need to leave their beds. For those who can ambulate but need extensive medical care, there is often limited social activities for them. They may meet in common areas to socialize but rarely do they leave the facility unless a family member checks them out for the day (Caregivers Library).

Memory care facilities are also essential for the elderly who suffer Alzheimer’s disease or dementia. These are often locked wings of assisted living facilities or locked group homes. The care is specialized and considered high level of care as the senior often cannot remember how to toilet themselves, dress, eat by themselves or shower. They need 24/7 care and are a risk for wandering which is the purpose of a locked facility (National Institute on Aging, 2019).



Elderly and the Community

As has been indicated in the above portion of this chapter, the elderly struggle with a variety of issues. But in accordance with their integration and acceptance in the community, various conditions of each community may make a difference in the severity of struggles they endure. Some communities are much more understanding of the needs of their elderly residents and provide social outlets for them. They also redesign their public areas with the elder's needs in mind and utilize the experiences and intelligence of this population. This is often found in smaller upscale towns where the elderly population is high, and their needs are heard.

For those living in low income or medium income areas in their own homes, many live in areas where the lifestyle is fast paced, transportation is limited to local buses or trains and businesses do not cater to the elderly. Many times, the elderly become victims due to their vulnerability and inability to keep up. Society as a whole tends to have little patience for the aged. They are concerned for their own time and space; they often miss the opportunities they could take to assist someone in need. Understanding that we will all be old one day and know how it feels to be left behind (Merck Manual of Health and Aging, 2004), should keep us all humble and aware of the needs of the older population.

There are many organizations available for elders in need of services. Both public and private social service agencies can either provide services or will have social workers to help locate the appropriate resources for the elderly.

Some agencies included, but are not limited to:

- American Association of Retired Persons
- Area on Aging
- Rotary Club
- Veterans organizations
- Masonic Orders
- United Way
- AARP
- Salvation Army

These are only a few and many more may be available to those living in larger cities (Phillips and Roman, 1984, p. 105-108).

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://openoregon.pressbooks.pub/humanservices/?p=130#oembed-2

Video shows people laughing (Closed Caption)

The History of Hospice Care

The original concept of hospice care comes from England and has become more popular in the United States (Holden, 1980). There are over three thousand hospices within the United States (Monroe & DeLoach, 2004). Hospice has continued to evolve and develop and has been integrated into the health care system (Monroe & DeLoach, 2004). The concept of hospice started when physician, Dame Saunders, worked with dying clients in 1948. Saunder's work inspired the creation of St Christopher's Hospice in 1967 (National Hospice and Palliative Care Organization, 2016). Hospice was established in the United States in 1974 in Connecticut (National Hospice and Palliative Care Organization, 2016). It took a while to progress with hospice and achieve the hospice benefit through Medicaid in Tax Equity and Fiscal Responsibility Act of 1982. Then in 1984, "JCAHO initiated hospice

accreditation" (National Hospice and Palliative Care Organization, 2016) Once the Medicare Hospice Benefit (MHB) was created in 1982, hospice care began to become more popular in the United States. Specifically, in 2005 when hospice care clients reached 1.2 million people. (Connor, 2008) As displayed in the chart below by Connor (2008):

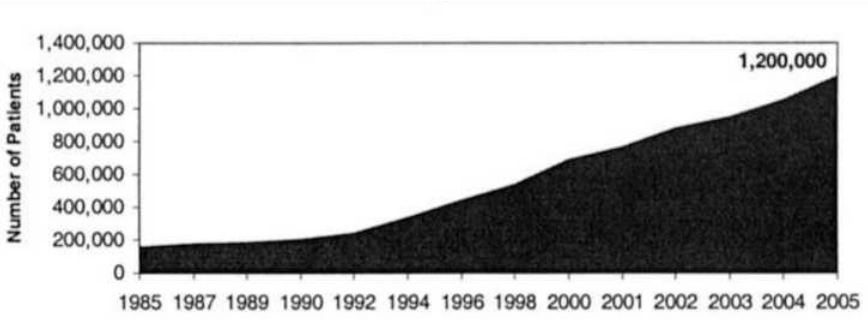


Figure 1. Hospice patients served 1985-2005.

As found by National Hospice and Palliative Care Organization (2015) there needs to be two physicians that give a senior a life limiting diagnosis of 6 months or less. Clients can be on hospice at any place that they are comfortable being. The National Hospice and Palliative Care Organization (2018) asserted:

Hospice services can be provided to a terminally ill person wherever they live. This means a client living in a nursing facility or long-term care facility can receive specialized visits from hospice nurses, home health aides, chaplains, social workers, and volunteers, in addition to other care and services provided by the nursing facility. The hospice and the nursing home will have a written agreement in place in order for the hospice to serve residents of the facility (p.1).

There are for-profit, and non-profit hospices (Hospice Analytics, 2018). Hospice care has turned into a competition among hospices to give the best quality of care to the clients. There is a great benefit to having many different options for hospice care. It allows the client to have more control over their end of life decisions. There are more than 5,000 hospices in the United states. The hospices participate in the Medicare program, the first program began in 1974 and has expanded significantly since then across the United States (Fine, 2018). Hospice is growing as the baby boomer generation is aging, in 2020 it is predicted that 20 percent of the population will be elderly in the United States (Niles-Yokum & Wagner,2015).



Hospice Care

Hospice allows clients to be in the comfort of their homes and not be in a hospital environment. As stated by Holden (1980), "High person, low technology" is a good phrase to explain the idea of getting rid of all the hospital equipment and make the client more comfortable (Holden, 1980). Hospice care is not about dying; it is about living and having a good quality of life with celebration. Having an interdisciplinary team implies that all the needs are being met for the client both spiritually, emotionally, and physically (McPhee, Arcand, & MacDonald, 1979). An interdisciplinary team is a group made up of the "physicians, nurses, social workers, chaplains, physiotherapists, dietitians, and volunteers" (McPhee, Arcand, MacDonald, 1979, p.1).

Hospice care is a valuable resource for those near the end of life. It can be a great resource for clients regardless of where their home is. It is beneficial for the clients in nursing homes because they get more professional care experts to a client (Amar, 1994).

National Hospice and Palliative Care Organization (2018) states the following:

> *Hospice care is available 'on-call' after the administrative office has closed, seven days a week, 24 hours a day. Most hospices have nurses available to respond to a call for help within minutes, if necessary. Some hospice programs have chaplains and social workers on call as well (p.1). Both the social worker and nurse are suggested to be present for*

> *family at the time of death to offer support to family members and answer questions (Donovan, 1984).*

Differences between Palliative Care and Hospice Care

Palliative Care

- Comfort care that allows for aggressive treatment (U.S. National Library of Medicine, 2018).
- Can be used from start of diagnosis until death (American College of Physicians, 2018).
- Serves hospital bound clients (American College of Physicians, 2018).

Hospice Care

- Does not serve clients that are in the hospital's care unless that is the only way to control the severity of the pain symptoms (American College of Physicians, 2018).
- Care begins after treatment of the disease is stopped and when it is clear that the person is not going to survive the illness.
- Most often offered only when the person is expected to live 6 months or less (The U.S. National Library of Medicine, 2018, p.1).

Both

- Offered to any person regardless of demographics, including: race, gender, religion, ethnicity, social economic status, and age (National Hospice and Palliative Care Organization, 2009).
- Provide comfort (The U.S. National Library of Medicine, 2018)

Barriers to Hospice Care

Hospice can be a very difficult discussion and it can be challenging to bring this up to loved ones or a professional hospice staff member. This can be prevented by having the discussion earlier on before the last stages of life (National Hospice and Palliative Care Organization, 2018). Most people have little education on what hospice can offer and what the mission, values, and goals are (Cagle et al., 2015).

Many hospice clients have a great deal of pain. One of the barriers of hospice care is the controversial topic of opioid usage for pain particularly in older adults (Spitz, Moore, Papaleontiou, Granieri, Turner, & Reid, 2011). There are drugs that cause sedation to help with restlessness and pain. However, the ethical issue becomes whether it is better to allow the client to be in pain and able to communicate and eat on their own (Dean, Miller, & Woodwark, 2014). There are barriers to finding appropriate medications for pain management (Cagle et al.,2015). There is a concern about addiction, dependence, and abuse of the medications (Spitz et al., 2011). A fear that the opioids may not reach the client due to unethical doing by a caregiver is another reason to refuse opioid distribution (Spitz et al., 2011). Many physicians are hesitant to distribute opioids and look for alternatives to pain management for clients such as massage therapy (Spitz et al., 2011).

There are negative stigmas that have been associated with hospice and the end of life process. An idea to have a longer stay on hospice by using hospice to treat conditions that could not be stabilized while being at home (McPhee, Arcand, MacDonald, 1979). There is the stigma attached with hospice that is a form of giving up. There are false perceptions that taking medications makes a senior a drug addict or weak for needing pain management control (Cagle et al., 2015).



Hospice clients may feel suicidal and depressed due to the fact they are near the end stages of life (Fine, 2001). Some agencies may monitor the length of visits, which can cause clients not to get the best care or feel as though they were engaged in an appropriate amount of time needed for a life review intervention (Csikai & Weisenfluh, 2013).

It could be very difficult knowing that your lifespan has 6 months or less to be lived. Some clients feel they have unfinished business to attend to. There is a primal fear of death. It may or may not been an unexpected diagnosis (Kumar, D'Souza, & Sisodia, 2013). Some elderly may be living a normal life and suddenly have pain. Once going to a doctor for a checkup, a client may be given an untreatable life-threatening diagnosis. However, some clients may be sick for a long time and not be afraid of dying and be completely at peace with the dying process. Suicidal ideation is common among hospice clients and it is important address why a client is having suicidal feelings.

Barriers are specifically formed when members of the interdisciplinary team do not collaborate appropriately prior to client care (Donovan, 1984). This causes a ripple effect for the client 's care. There are barriers with the services and resources available to the care team depending on the area. There may be resources available for client benefit in rural compared to urban areas.

Barriers can be very challenging to work through. It is critical to work with the team, which includes: a social worker, nurses, nurse aides, medical director, volunteer coordinator, music therapists, chaplains, and volunteers to brainstorm solutions to these barriers. Education is a good way to help people understand various aspects of social work that many have been mis conceptualized.

Ethical Considerations in Hospice Care

There are ethical dilemmas in all aspects of social work. Csikai (2004) asserted, "During this process hospital social workers may encounter ethical dilemmas regarding quality-of-life, privacy, and confidentiality, interpersonal conflicts, disclosure and truth telling, value conflicts, rationing of health care, and treatment options" (Csikai, 2004, p.1). Euthanasia and assisted suicide are also ethical dilemmas that comes up in conversations with clients on occasion (Csikai, 2004). People have seen this as a legal option in some states and staff struggle with this because it is not legal in all states to practice even when that is the client 's wish (Csikai, 2004).

Ethical Dilemmas in End of Life Care

It is important to talk about ethical dilemmas when needed and many refer to ethical committees or to their interdisciplinary teams (Csikai, 2004). In the National Association of Social Work (NASW) Code of Ethics to empower a client and give them control. It is mentioned in the NASW Code of Ethics the importance for social workers to promote self-determination under the value of dignity and worth of a person. However, the social work field is not black and white; this causes a struggle when a clinician has to decide if a client is competent to make a decision(Ganzini, Harvath, Jackson, Goy, Miller, & Delorit, 2002). Many ethical dilemmas occur daily and hospice staff must address concerns with their supervisors or managers as needed to give the client the best outcome (Fine, 2001, p.131).Here are some examples of ethical dillemmas as follows in chart below.

- There is worry that the motives for suicide may not just be about the quality of life, but related to finances, feeling like a bother, and other ethical issues (Ganzini et al., 2002).
- There are concerns with the opioid epidemic and risks for abuse and addiction of drugs (Csikai, 2004).
- Is the client is safe in their own home? A client may be at risk of falling while alone, but if they are competent, they can choose to live alone in unsafe environments (Wilson, Gott, & Ingleton, 2011).
- Clinicians should assess for the risk of suicide in all client s who are depressed (Fine, 2001, p.131).

Death and Dying

There are several signs and symptoms that are common during the last few months of a client 's life. Some of the symptoms include respiratory issues, skin irritations, weakness, swelling, restlessness, confusion, and fatigue (Kehl & Kowalkowski, 2012). There is always a chance that a client may not experience these symptoms at all during the last few days of a client's life (Kehl & Kowalkowski, 2012). During the last few weeks hospice staff may refer to the client as "transitioning" meaning they are nearing the end of life (Kehl & Kowalkowski, 2012). Donovan (1984) explained, the social worker has a vital role within the hospice team. The social worker helps the client and family with funeral arrangements, financial assistance, resources, and support. Life review is one intervention that does reduce physical pain and depressive symptoms, improving the client's quality of life (Csikai & Weisenfluh, 2013).

The social worker and the nurse work hand and hand with the client. Both the social worker and nurse are suggested to be present for family at the time of death to offer support to family members and answer questions (Donovan, 1984). The social worker should be present throughout the client's journey through hospice to help with any issues that may arise (Reese & Raymer, 2004). Monroe & DeLoach explained, "The hospice social worker also makes clinical assessments, provides referrals, facilitates discharge planning, ensures continuity of care, serves as an advocate, offers crisis intervention, and serves as a counselor" (Monroe & DeLoach, 2004).

Grief and Loss

Every person will experience grief differently and will have various bereavement risk levels depending on the person and situation. As the social worker you will complete a bereavement risk assessment based on a specific scale. Most people will be able to function and return to their daily life activities following acute grief process. However, some may develop a mental health diagnosis because the grief may influence a person's ability to function in their daily lives (Ghesquiere, Aldridge, Johnson-Hürzeler, Kaplan, Bruce, & Bradley, 2015). If grief becomes severe and is left untreated or assessed it may lead to thoughts of suicide or even suicide (Ghesquiere et al., 2015). The social worker should do a bereavement assessment and this information should be distributed to the entire hospice care team especially the Bereavement Coordinator (Ghesquiere et al., 2015). There are different types of grief such as normal grief, anticipatory grief, and complicated grief.

Normal Grief

- An individual's behavior is acceptable for the circumstances and requires normal bereavement follow up (Egan & Arnold, 2003).

Anticipatory Grief

- "occurs before a death, usually at the time of diagnosis. A client may anticipate loss of good health (and in some cases a body part), independence, financial stability, cognitive ability, autonomy, and life itself" (Egan & Arnold, 2003, p.44)

Complicated Grief

- When a death is unexpected, the death is prolonged and even painful, or the relationships are complex and have past tension, and little support or resources (Egan & Arnold, 2003).
- Symptoms of reactive distress to the death (e.g., disbelief or bitterness) and disruption in social relationships or identity" (Ghesquiere et al., 2015, p.1).

Self Care and Social Work

There is a need to practice self-care as it has shown to be beneficial to an elder's health and resilience (Lee & Miller, 2013). There has been a link between effective self-care and being able to cope with stress and traumatic situations. Self-care can help a social worker become a better advocate and have a life long career in social work (Lee & Miller, 2013). Social work leaders recognize the seriousness of the consequences of work-related fatigue, stress and compassion fatigue. "Figley (1995) coined the term Psychological symptoms of this type of secondary traumatic stress include depression, anxiety, fear, rage, shame, emotional numbing, cynicism, suspiciousness, poor self-esteem, and intrusive thoughts or avoidance of reminders about client trauma". Physiological symptoms include hypertension, sleep disturbances, serious illness and a relatively high mortality rate in helping professionals (Beaton & Murphy, 1995).

Burnout has been an ongoing issue with workers in the human service field. It is a gradual emotional exhaustion that may lead to a negative attitude toward clients and reduced commitment to the profession (Maslach, 1993). When the work demand are high with limited rewards and appreciation, burnout occurs at a significantly high rate.

Some effective means of self-care include:

- Practice mindfulness.
- Start a "positivity" file.
- Get up and move.
- Shake up your routine
- Write it down (and throw it away).
- Activate your self-soothing system
- Take time out for yourself
- Work should be left at the office or job site.

Challenges and Strengths



There are difficulties as well as benefits to the aging process and the transition into becoming an elder. One challenge is that of changing needs that affect housing options. Some are forced to move from their home they have lived in their entire life into some type of facility due to not having caregivers or being able to care for themselves (Ellison, White, Farrar, 2015). Many elderly people also have experienced a significant amount of losses in their life including family, friends, a spouse, partners, and even children as they have aged (Ellison, White, Farrar, 2015).

During the aging process doctor visits may multiply, medical costs are rising, which can impact one's retirement budget. Challenges also include the declining of health that threatens a senior's day to day activities. Although it is inevitable health issues progress with age, it is important to prepare mentally prior to the occurrence by learning more about coping skills related to health issues. Challenges also include completing simple tasks once easily accomplished but escalating in difficulty as the body ages and weakens. It may become necessary to have a home care provider to assist with daily tasks. The elderly often worry about financial security. Most live on fixed incomes and are unable to afford the comforts of life they used to enjoy. Loneliness is a major concern of the elderly. They are unable to move about as they once did and find socialization difficult due to lack of mobility. Financial predators are those unscrupulous people looking to prey on the vulnerability of senior citizens by trying scare tactics to get them to provide banking information to them or to sell them unnecessary services or goods (Best for Seniors Online, 2019). Other challenges experienced by seniors are abuse and neglect in the nursing homes and assisted living facilities due to under-staffing issues, leading to discontented staff. Transportation and lack of mobility are also challenges of the elderly. They often must rely on others for help getting to doctors' appointments, grocery shopping or other necessary errands. Likely the hardest hurdle for seniors to manage is the continuous changes in technology that hinders those who are not familiar with current technology (Agency for Health Care Administration, 2013).

Although challenges are experienced by the elderly, many seniors experience positive and healthy benefits as they age. Seniors who believe in themselves and their capabilities, remain active and stay engaged intellectually have a higher probability of a less challenging experience as they age. Also, those who have strong spiritual beliefs often handle adversity due to their resiliency and faith. Focusing on the strengths and encouraging active and healthy lifestyles can make significant improvements in an elder's health of their body and mind (Merck Manual of Health and Aging, 2004). Seniors have a lifetime of valuable information to pass on to their family and friends. Many still believe a handshake is all that is needed to make an agreement. The elderly tend to hold to their values and beliefs of hard work and honesty. " By not listening, society is allowing parents, grandparents, and great grandparents to slip away without allowing them the opportunity to teach. As they leave us, we are refusing them the privilege to share with us the knowledge and invaluable presence that we too could one day offer our own children.
The presence of the elderly is worth more than silver and gold, their presence is priceless" (Debate. org, 20).

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CHAPTER OVERVIEW

8: Diversity, Cultural Competence, and Cultural Humility

8.1: Cultural Competence
8.2: Diversity and Cultural Humility

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8.1: Cultural Competence

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"I believe that strong and vibrant cultures themselves nurture tolerance and justice. All cultures worth the name protect support and encourage diversity; and justice is the practical mechanism which enables them to do so." *—Dr. Nafis Sadik, former UNFPA Executive Director*

Introduction

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

Culture

Many different disciplines perceive culture and cultural identity differently; therefore we will begin with a general definition then expand to a more specific definition as it relates to social work.

General Definition

Several general definitions of culture include:

1. A configuration of learned behaviors and results of behavior whose component elements are shared and transmitted by the members of a particular society (Linton, 1945)

2. The shared knowledge and schemes created by a set of people for perceiving, interpreting, expressing, and responding to the social realities around them (Lederach, 1995)

3. Learned and shared human patterns or models for living; day-to-day living patterns, these patterns and models pervade all aspects of human social interaction (Damen, 1987)

Culture has been defined in a number of ways, but most simply as the learned and shared behavior of a community of interacting human beings (Useem & Useem, 1963).

Social Work Definition

There is no standard popular definition or explanation of 'culture' in social work 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 which 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.

Race and Ethnicity

Now that we have an understanding of the concept of culture, let's discuss race and ethnicity. First, we need to have a basic understanding of ethnocentrism and how it affects our thinking and judgments. Ethnocentrism is a commonly used word in circles where ethnicity, inter-ethnic relations, and similar social issues are of concern. The usual definition of the term is "thinking one's own group's ways are superior to others" or "judging other groups as inferior to one's own." "Ethnic" refers to cultural heritage, and "centrism" refers to the central starting point… so "ethnocentrism" basically refers to judging other groups from our own cultural point of view. But even this does not address the underlying issue of why people misjudge others.

Most people, using a superficial definition, believe that they are not ethnocentric, but are rather "open minded" and "tolerant." However, everyone is ethnocentric and there is no way not to be ethnocentric; it can neither be avoided because we only know what

we have experienced in our own reality nor can it be willed away by a positive or well-meaning attitude. Yet this can have consequences within our own society and in international relations. We may be well meaning in inter-ethnic relations, for example, but can unintentionally offend others, generate ill feelings, and even set up situations that harm others. For example, it is easy *not* to see the life concerns of others (particularly minorities and the disadvantaged) or conversely to pity them for their inabilities to deal with life situations (like poverty or high crime rates). How do *we* feel when someone doesn't recognize our concerns or feels sorry for us because we can't "just let go" of a stressful situation?

A lack of understanding can also inhibit constructive resolutions when we face conflicts between social groups. It is easy to assume that others "should" have certain perspectives or values. How often are *we* prone to address conflicts when others tell us how we should think and feel? It can, however, be an opportunity to recognize and resolve our own biases and to learn more about potentials we all have for being human… a lifelong process of learning and growth.

What is the difference between race and ethnicity? Many people tend to think of race and ethnicity as one and the same. Often the words are used interchangeably. Looking up the definition in a dictionary doesn't usually make it any clearer. However, these two words do have separate meanings. Understanding their distinctions is significant and increasingly important, particularly because diversity in the world is continuing to grow. This is especially important as social workers in terms of advocating and practicing non-discrimination.

What Is Race?

Race is a powerful social category forged historically through oppression, slavery, and conquest. Most geneticists agree that racial taxonomies at the DNA level are invalid. Genetic differences within any designated racial group are often greater than differences between racial groups. Most genetic markers do not differ sufficiently by race to be useful in medical research (Duster, 2009; Cosmides, 2003).

Stated simply, race is the word used to describe the physical characteristics of a person. These characteristics can include everything from skin color, eye color, facial structure, or hair color. This term is physiological in nature and refers to distinct populations within the larger species. Race was once a common scientific field of study. Today, however, most scientists agree that genetic differences among races do not exist which means we are all the same inside. Clearly, we all have the same make-up which consists of vitamins, minerals, water, and oxygen.

What Is Ethnicity?

Ethnicity denotes groups, such as Irish, Fijian, or Sioux, for example, that share a common identity-based ancestry, language, or culture. It is often based on religion, beliefs, and customs as well as memories of migration or colonization (Cornell & Hartmann, 2007). In scientific analysis, it can be important to distinguish between race and ethnicity. Biological anthropologist, Fatimah Jackson (2003), provides a pertinent example of cultural practices being misread as biological differences. Micro ethnic groups living in the Mississippi Delta, she writes, use sassafras in traditional cooking. Sassafras increases susceptibility to pancreatic cancer. Medical practitioners who do not carefully disaggregate cultural and biological traits might interpret a geographic cluster of pancreatic cancer as related to a genetic or racial trait when, in fact, the disease is produced by cultural practices—in this case, shared culinary habits.

Ethnicity, on the other hand, is the word used to describe the cultural identity of a person. These identities can include language, religion, nationality, ancestry, dress, and customs. The members of a particular ethnicity tend to identify with each other based on these shared cultural traits. This term is considered anthropological in nature because it is based on learned behaviors.

Difference *between Race and Ethnicity*

One example of the difference between these two terms can be seen by examining people who share the same ethnicity. Two people can identify their ethnicity as American, yet their races may be black and white. Additionally, a person born of Asian descent that grew up in Germany may identify racially as Asian and ethnically as German. People who share the same race may also have distinct ethnicities. For example, people identifying as white may have German, Irish, or British ethnicity.

Socially Constructed Differences

Most researchers believe that the idea of race and ethnicity has been socially constructed. This is because their definitions change over time, based on widely accepted public opinion. Race was once believed to be due to genetic differences and biological morphologies. This belief gave way to *racism*, the idea of racial superiority and inferiority. For example, when Italian immigrants began arriving in the United States, they were not considered part of the "white race." The same is true of Irish and Eastern

European immigrants. The widely accepted view that these individuals were not white led to restrictions of immigration policies upon the arrival of "non-white" immigrants. In fact, during this time, people from these areas were considered of the "Alpine" or "Mediterranean" races. Today these race categories no longer exist. Instead, due to policy changes, people from these groups began to be accepted into the wider "white" race. They are now identified as individual *ethnic groups*. This shows that, like the idea of race, the idea of ethnicity also changes over time based on widely held public opinion.

Humans vary remarkably in wealth, exposure to environmental toxins, and access to medicine. These factors can create health disparities. Krieger (2000) describes disparities that result from racial discrimination as "biological expressions of race relations." African Americans, for example, have higher rates of mortality than other racial groups for 8 of the top 10 causes of death in the U.S. (Race, Ethnicity, and Genetics Working Group, 2005). Although these disparities can be explained in part by social class, they are not reducible to class distinctions.

When we talk about power and privilege, we talk in terms of race, ethnicity, gender and class. And with good reason as these are some of the strongest cases of privilege in our culture. We also need to understand that one of the strongest aspects of power and privilege is that very often those who have it are not even aware of the extent of their privilege.

Racism and Prejudice

According to Gordon Allport, an American psychologist, ***prejudice*** is an affective feeling toward a person or group member based solely on their group membership. The word is often used to refer to preconceived, usually unfavorable, feelings toward people or a person because of their beliefs, values, race/ethnicity, or other personal characteristics (Allport, 1979). In this case, it refers to a positive or negative evaluation of another person based on their perceived group membership.

If you open a dictionary, the definition that typically falls under "***racism***" is: a belief or doctrine that inherent differences among the various human racial groups determine cultural or individual achievement, usually involving the idea that one's own race is superior and has the right to dominate others or that a particular racial group is inferior to the others. But racism is a lot more complicated than that. Racism is a "learned" form of hate that can be unlearned. It is systemic and institutional; basically it is prejudice plus power (influence, status and authority). Laws, restrictions and other norms in our society have been created by the majority in order to create these prejudices against another, differing group. For example, these things can include: slavery, wage gap, workplace and employment discrimination, police brutality, and so on.

There are many other definitions and concepts that make up this giant, tangled web. For example, with "***white privilege***," people who are white benefit from societal structures simply by existing in them. Of course, some people do not consciously choose to benefit, but that doesn't mean there isn't a type of advantage for them. You may not hate someone for the color of his/her skin, but you may benefit from the systems that have been set up.

White privilege does not mean that white people have or grew up with everything handed to them. Being privileged does not mean someone had or has an easy life. The thing about privilege is that it can make people blind to struggles they are not aware of.

In 1989, Wellesley College professor Peggy McIntosh wrote an essay called "White Privilege: Unpacking the Invisible Knapsack." McIntosh observes that people who are white, in the U.S. are "taught to see racism only in individual acts of meanness, not in invisible systems conferring dominance on my group." To illustrate these invisible systems, McIntosh wrote a list of 26 invisible privileges whites benefit from.

McIntosh' White Privilege Checklist from her original article (1989): https://nationalseedproject.org/Key-SEED-Texts/white-privilege-unpacking-the-invisible-knapsack

McIntosh (1989) further describes white privilege as an "invisible package of unearned assets, which one can count on each day. White privilege is like an invisible weightless knapsack of special provisions, maps, passports, code books, visas, clothes, tools, and blank checks."

Minority Groups

The term "**minority**" is applied to various groups who hold few or no positions of power in a given society. These groups are sometimes referred to as underrepresented, marginalized, or minoritized with a similar definition. The term minority doesn't necessarily refer to a numeric minority. Women, for example, make up roughly half the population but are often considered a *minority group*.

Minority does not just refer to a statistical measure and can instead refer to categories of persons who hold few or no positions of social power in a given society. For example: gender and sexuality minorities, religious minorities, and people with disabilities.



Gender Equality Symbol

Recognition of lesbian, gay, bisexual, and transgender people as a minority group or groups has gained prominence in Western culture since the nineteenth century. The abbreviation “LGBTQ” is currently used to group these identities together. The term queer is sometimes understood as an umbrella term for all non-normative sexualities and gender expressions but does not always signify a minority; rather, as with many gay rights activists of the 1960s and 1970s, it sometimes represents an attempt to highlight sexual diversity in everyone.

There is a growing realization that sexual and gender minorities face discrimination, violence, and criminalization. For example, nearly eighty countries criminalize homosexuality in some way (Park, 2016). Cultural stigma prohibits sexual and gender minorities from reaching their full potential. ***Stigma*** is an attribute, or mark on, another person. In the context of social interaction, it is a shared belief about someone’s characteristics and traits.

For example, the attribute might be wearing a turban. Many people might share a belief that a man wearing a turban is dangerous. Stigma assigns meaning to an otherwise meaningless attribute such as wearing a turban equates to certain political beliefs.

Gender minorities can be identified and grouped according to any one of the three different categories:

- People whose inter self-identity does not match gender assigned at birth
- People whose gender expression (or socially assigned gender) does not match gender assigned at birth
- People whose social expression does not conform to relevant cultural norms and expectations of gender.

Sexual minorities can be identified and grouped according to:

- People who describe themselves using sexual minority terminology
- People whose sexual partners are the same gender, or a minority gender
- People who experience attraction to individuals of the same or a minority gender

While in most societies the numbers of men and women are roughly equal, the status of women as an oppressed group has led some, such as feminists and other participants in women’s rights movements, to identify them as a minority group.

Religious Minorities



Symbols of many different religions

Persons belonging to religious minorities have a faith which is different from that held by the majority population or the population group that is in power. It is now accepted in many multicultural societies around the world that people should have the freedom to choose their own religion as well as including not having any religion (atheism or agnosticism), and including the right to convert from one religion to another. However, in some countries, this freedom is still either formally restricted or subject to cultural bias from the majority population.

For example, Burma’s population is 90 percent Theravada Buddhist, a faith the government embraces and promotes over Christianity, Islam and Hinduism. Minority populations that adhere to these and other faiths are denied building permits, banned from proselytizing and pressured to convert to the majority faith. Religious groups must register with the government, and Burmese

citizens must list their faith on official documents. Burma's constitution provides for limited religious freedom, but individual laws and government officials actively restrict it (U.S. Commission on International Religious Freedom, 2016).

People with Disabilities



Forms of disabilities

The disability rights movement has contributed to an understanding of people with disabilities as a minority or a coalition of minorities who are disadvantaged by society, not just as people who are disadvantaged by their impairments. Advocates of disability rights emphasize differences in physical or psychological functioning rather than inferiority: for example, some people with autism argue for acceptance of neuro-diversity in the same way opponents of racism argue for acceptance of ethnic diversity. The deaf community is often regarded as a linguistic and cultural minority rather than a group with disabilities, and some deaf people do not see themselves as having a disability at all. Rather, they are disadvantaged by technologies and social institutions that are designed to cater to the dominant, hearing-unimpaired group.

Immigration

Immigration involves the permanent movement from one country to another. Social workers are often called upon to work with immigrants. Immigrants represent a significant portion of the U.S. population. In 2010, 40 million people (12.9%) of the total population were foreign-born (U.S. Census Bureau, 2010).

People with different national origins often find it difficult to integrate into mainstream culture, especially when language barriers exist or they experience immigration issues. Social workers play a crucial role in many immigration cases. A social worker is often the first person people talk to about their immigration struggles. Social workers often help clients gather key evidence, write detailed evaluations, assist with citizenship or change of legal status, or are the primary contact with police officers. There is a range of immigration status which immigrant children, youth and parents may hold. Immigrants may fall into one of the following categories:

- legal permanent residents
- naturalized citizens
- refugees
- undocumented persons

Each category or status can carry different legal rights and access to services.

Asylum	Provides specific protections to individuals who have reason (e.g. political, economic, etc.) to fear returning to their native country.
Deferred Action	Provides individuals who came to the US under the age of 16, protection from CHILDHOOD ARRIVALS deportation and an opportunity to receive employment authorization to two (DACA) 2 years. At the end of the two year period, individuals may apply for renewal.
Special Immigrant	Provides lawful permanent residence to immigrant children and youth who JUVENILE STATUS (SUS) are under the jurisdiction of the juvenile court and who have not been able to reunify with their families as a result of abuse, neglect or abandonment. Timing is critical; the SUS application must be processed while the child or youth is under the jurisdiction of the court.
T-VISA	Provides immigration relief to human trafficking victims who can demonstrate they have suffered tremendous hardships. Victims must have cooperated with reasonable requests during the investigation or in the prosecution of the accused.

U-VISA	Provides temporary visas to victims of crime. Victims must possess information related to the criminal activity and must cooperate with the criminal investigation and prosecution of the accused.
VIOLENCE AGAINST	Provides an abused victim an opportunity to seek permanent residency under WOMEN ACT (VAWA) the immigration provisions of the Violence Against Women Act (VAWA). The victim is eligible if he or she experiences abuse at the hands of a US citizen or permanent resident parent or stepparent.

Source: NASW Quick Resource Guide, 2013

A large number of immigrant households are comprised of mixed-status families (Capps & Passel, 2004; Torrico, 2010) which can mean that only some family members can access public funded services. For many immigration cases, it is important that a knowledgeable social worker be involved in the process.

Cultural Competency

It is important for social workers to have an understanding of the concept of culture in order to have ***cultural competence***. This can be defined as a set of behaviors, attitudes, and policies that come together in a system, agency, or program. It can also be among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups. Another way to describe cultural competence is a point on a continuum that represents the policies and practices of an organization, or the values and behavior of an individual which enable that organization or person to interact effectively in a culturally diverse environment. The competency of social workers is limited when they do not possess tools of acknowledgment that can affect them when working with diverse populations.

The social work profession is built upon culturally sensitive practices that advocate for social and economic justice for those who are disadvantaged, oppressed, and/or discriminated against. Standard 1.05(c) in the National Association of Social Workers' (NASW) Code of Ethics (NASW, 2008), reminds social workers of their duty to be culturally competent and to purposefully "obtain education about and seek to understand the nature of social diversity and oppression." NASW's National Committee on Racial and Ethnic Diversity (NASW, 2001) highlights this necessity by identifying standards that make up culturally competent practices, including self-awareness, cross-cultural knowledge, skills, and leadership.

Although "diversity is taking on a broader meaning to include the sociocultural experiences of people of different genders, social classes, religious and spiritual beliefs, sexual orientations, ages, and physical and mental abilities" (p. 8), the historical impact of race on American society continues to play an integral part in the development and effectiveness of culturally competent practice. Having cross cultural sensitivity and cultural competence remains challenging as the concept of culture and how it relates to individuals continues to evolve.

Social workers must possess the skills to be able to understand a broad spectrum of varying cultures and have an understanding of important and influential beliefs related to that specific culture. An informed social worker will better understand how culture and diversity may impact how we present services and treatment and what interventions could produce better outcomes for those we serve. It would be useful for a social worker to be bilingual but not required as most agencies have access to interpreters.

Ethnic and Cultural Differences

We've established that understanding and appreciating diversity are essential for social workers to practice effectively with clients. The following section discusses some of the values, beliefs, and perspectives assumed by several cultural groups in our society: Hispanic, Native Americans, African Americans, Asian Americans, and Muslim Americans.



Celebration of Hispanic American Heritage

Hispanics

As we know, no one term is acceptable to all groups of people. Hispanic and Latino/Latina have generally been used to refer to people originating in countries in which Spanish is spoken. Latinx is a more recent term taken on by some who do not believe that a gender binary should not define people. However, we have also established that the terms refer to people originating in a wide range of places. Others prefer to be addressed by their specific countries of origin. For example, people from Puerto Rico prefer to be addressed as Puerto Ricans. The three primary Hispanic groups in the United States in terms of size are Mexican Americans (over 66% of all Hispanics), Puerto Ricans (almost 9%), and Cuban Americans (almost 3.5%) (U.S. Census Bureau, 2010). Other groups include those from the Dominican Republic and from other countries in Central and South America (Santiag-Rivera, Arredondo, & Gallardo-Cooper, 2002). It's important not to make stereotyped assumptions about such a diverse group.

Specific variations exist within the many sub-groups; we will discuss some cultural themes important to Hispanic families in general. Hispanic heritage is rich and diverse, but the groups tend to share similarities in terms of values, beliefs, attitudes, culture, and self-perception. These include the significance of a common language, the importance of family and other support systems, spirituality, and the traditional strictness of gender roles.

The first theme important in understanding the environment for children growing up in Hispanic families is the significance of a common language. According to the Pew Research Center, almost 60% of Latinos/Latinas indicate they speak English only or speak it fluently; however, almost 32% of Latinos/Latinas indicate they speak Spanish fluently. (Krogstad, Stepler, & Lopez, 2015).

A second theme reflecting a major strength in many Hispanic families is the significance placed on relationships with nuclear and extended family, including aunts, uncles, cousins, and grandparents, as well as close friends.

A third theme characterizing many Hispanic families is the importance of spirituality and religion. Catholicism is a defining role for family and gender roles for Latino or Hispanic people.

A fourth theme often characterizing Hispanic families is the strict gender roles. This is reflected in two major concepts: *Machismo* is the idea of male "superiority" that "defines the man as provider, protector, and head of the household", *marianismo*, on the other hand, is the idea that, "after the Virgin Mary," females are valued for their "female spiritual sensitivity and self-sacrifice for the good of husband and children"??? (Santiago-Rivera, Arredondo, and Gallardo-Cooper, 2002).

For more information on Hispanic Americans: http://www.dimensionsofculture.com/2011/03/cultural-values-of-latino-patients-and-families/



End of the Line

Native Americans

In the United States, there are about 700 native groups (Indian and Eskimo) that still exist. Of that number, about 556, including some 223 village groups in Alaska, are formally recognized. (For a listing of federally recognized Indian entities, log on to https://www.federalregister.gov/documents/2020/01/30/2020-01707/indian-entities-recognized-by-and-eligible-to-receive-services-from-the-united-states-bureau-of) (Sutton, 2004).

Each Native American group has always had a name for itself – a name that often translates to something like "The People." However, groups have often been known to the outside world by other names (i.e. American Indian, Native American, and First Nation's Peoples) (Weaver, 2008). Whenever possible, it's best to identify the participants' specific group. As part of their increasing pride and power, many groups are trying to revive their original names and asking that these be used instead of other names. For example, the Chippewa, Ottawa, and Potawatomi want to be called Anishinaabe ("The People from Above").

Several themes characterize many Native American people. These include the importance of extended family and respect for older adults, noninterference, harmony with nature, the concept of time, and spirituality.

As with Hispanic people, family ties including those with extended family, are very important. The sense of self is secondary compared to that of the family and of the tribe. It is tradition to consult tribal leaders, elders, and spiritual leaders when conflicts emerge. It is also very common to have extended family members living together in one household.

Children receive supervision and instruction not only from their parents but also from relatives of several generations. In the Anishinaabe culture, it is the aunts and uncles who provide the discipline. The idea is that parents love their children and do not have the capability to see the "naughty" in their children. Aunts and uncles, who also love the children, have the ability to recognize when a child needs guidance and are obligated to provide it.

A second significant concept in Native American culture involves the emphasis on noninterference. The highest form of respect for another person is respecting their natural right to self-determination. For example, Native parents use noncoercive parenting styles that encourage the child's self-determination. Unlike many other cultures, it is not uncommon to see children running around during religious ceremonies instead of sitting and paying attention. The hope is that the children will pick up on different things, said and done, and someday decide to participate.

A third theme that characterizes Native American culture is that of harmony with nature. Western culture generally tends to measure its advancement by the distance it places between itself and nature. In contrast, Native cultures tend to view greater closeness to the natural world and its cycles as a measure of significant achievement.

A fourth concept basic to Native people's lives, and related to harmony with nature, is the concept of time, often termed "Indian Time". Time is considered an aspect of nature which flows along with life. It is not something that should take precedence over relationships. It is more important to have human relationships rather than to be punctual. The idea is that it will happen when it is supposed to, not because of a certain time.

For more information on Native Americans: http://pluralism.org/religions/native-american-traditions/



The flag of the US and Ghana

African Americans

There are about 41.8 million African Americans in the United States (U.S. Census Bureau, 2010). African Americans, like other racial, cultural, and ethnic groups, reflect great diversity. Despite this diversity four general commonalities exist: importance of extended family, role flexibility, high respect for older adults, and strong religious beliefs and a close relationship with the church.

Like Hispanic and Native Americans, extended family ties are very important for African American families. Often children are raised not only by the nuclear family consisting of parents and children but also by extended family members (Martin, 1980). Children often receive nurture and support from multiple caring family members, who also provide each other with mutual aid.

A second theme characterizing African American families is role flexibility. Often time's mothers play both roles of mother and father (Barbarin, 1983). Older children are also accustomed to being the parent figure so that the parents can work. Sometimes older African American children drop out of school so they can go to work and help their families financially.

A third theme common among African American families is respect for older adults. Older adults are held in high regard. It is a belief that older adults should be provided in home care by their children.

A fourth theme in African American life involves strong religious beliefs and a close relationship with the church. Many African American families consider the church to be a part of the extended family. Religion is considered to be what contributed to their resilience, their survival of slavery, and their ability to overcome struggles.

For more information on African Americans: African Americans in U.S. History in Context



Painted Indian Elephant Figurines

Asian Americans

In 2001, Asian Americans in the United States numbered more than 12.5 million and represented more than thirty different nationalities and ethnic groups, including Samoan, Tongan, Guamanian, and native Hawaiian from the Pacific Islands; Lao, Hmong, Mien, Vietnamese, Cambodian, Thai, Burmese, Malay, and Filipinos from Southeast Asia; Pakistani, Bangladeshi, Indian, and Sri Lankan from South Asia; Afghani and Iranian from Central Asia; and Korean, Japanese, and Chinese from East Asia. In 2000, the three largest Asian nationalities in the United States were Chinese, Filipinos, and Asian Indians. The diversity of Asian Americans, in terms of their various languages, cultures, and histories, is remarkable (Kiang, 2017). Obviously, there is a huge variation among these groups despite the fact that they are clustered under the same umbrella term *Asian Americans.*

All U.S. Asians –17,320,856

Chinese	4,010,114
Filipino	3,416,840
Indian	3,183,063
Vietnamese	1,737,433
Korean	1,706,822
Japanese	1,304,286
Pakistani	409,163

Cambodian	276,667
Hmong	260,073
Thai	237,583
Laotian	232,130
Bangladeshi	147,300
Burmese	100,200
Indonesian	95,270
Nepalese	59,490
Sri Lankan	45,381
Malaysian	26,179
Bhutanese	19,439
Mongolian	18,344
Okinawan	11,326

Source: *The Asian Population: 2010*, U.S. Census Bureau, Retrieved March 2012

Four themes tend to be similar throughout the diverse groups. These include family as the primary unit and individuality as secondary in importance, interdependence among family, filial piety, and their involvement in patriarchal hierarchy.

Like previous cultures discussed, Asian families stand out for their strong emphasis on family. More than half (54%) say that having a successful marriage is one of the most important things in life. Two-thirds of Asian-American adults (67%) say that being a good parent is one of the most important things in life (Pew Research Survey, 2012). Their living arrangements align with these values.

A second theme, related to the significance of the family, involves interdependence. For example, they are more likely than the general public to live in multi-generational family households. Some 28% live with at least two adult generations under the same roof. This is slightly more than the share of African-Americans and Hispanics who live in such households.

A third theme concerns a strong sense of *filial piety*—"a devotion to and compliance with parental and familial authority, to the point of sacrificing individual desires and ambitions." About two-thirds say parents should have a lot or some influence in choosing one's profession (66%) and spouse (61%) (Pew Research Survey, 2012).

A fourth theme characterizing many Asian American families involves the vertical family structure of patriarchal lineage and hierarchal relationships. This is common in traditional Asian-American families, but there is diversity in practice across cultures. Based on the teachings of Confucius, responsibility moves from father to son, elder brother to younger brother, and husband to wife. Women are expected to be passive, and nurture the well-being of the family. A mother forms a close bond with her children, favoring her eldest son over her husband.

For more information on Asian Americans: http://www.asian-nation.org



Muslim-American Flag

Muslim Americans

Since the U.S. Census Bureau does not ask questions about religion, there is no official government count of the U.S. Muslim population. It has been estimated, by Pew Research, in 2015 that there were 3.3 million Muslims of all ages in the United States. Islam is the second largest religion in the world and third largest in the United States (Lipka, 2017). As a social worker, it is likely that you will work with an individual who identifies as a Muslim.

It is important to understand that, unlike the previous cultures discussed, we are attempting to give a brief overview of the religion Islam and not the people. Like any religious group, religious beliefs and practices of Muslims vary depending on many factors including where they live. Each of these cultures practices Islam to a different degree just as many Christians practice their religion at different degrees. For example, a Muslim individual from Saudi Arabia may be very strict with the way that women should dress while an individual from Turkey may be more relaxed.

Social values are divided into three groups: necessities (*dharuriyyat)*; convenience (*hajiat)*; and refinements *(kamaliat).* Human basic values consist of life (al nafs), reason (al'aql), descent (nasab), property (al mal) and religion (al din) (Akunduz, 2002). Islam protects these primary human values and prohibits any violation of them.

Muslims around the world are almost universally united by a belief in one God and the Prophet Muhammad, and the practice of certain religious rituals.

For a brief introduction to Islam go to: http://www.islamicity.com/mosque/Intro_Islam.htm

Islam emphasizes practice as well as belief. Law rather than theology is the central religious discipline and locus for defining the path of Islam and preserving its way of life.

The essential duties of all Muslims, the Five Pillars (Bala, 2017), are:

- The Shahadah (Witness)
- The Salat (Prayer)
- The Zakat (Alms)
- The Sawm or Siyam (Fasting)
- The Hajj (Pilgrimage)

Islam law states there is no god but God and Muhammad is the messenger of God (Shahadah), worship or prayer should occur five times daily with community prayers at the mosque on Fridays (salat), charity (zakah), fasting during the month of Ramadan(siyam), and pilgrimage (hajj) to Mecca at least once in a lifetime. Jihad, or struggle in the way of God, is sometimes considered the sixth pillar. Jihad includes both internal spiritual struggles and external war waged in defense of the Muslim community (Bala, 2017).

Women are the dominant players in family and home. Men are considered to be the economic providers. Women are expected to cover their bodies, except their hands and faces, in front of men other than than their brothers, husbands, fathers and sons. This is an expression of modesty so as not to sexually provoke or invite unacceptable sexual behavior.

Of course, any discussion of these general cultural themes of values and behaviors is just that—general. Actual practices vary dramatically from one ethnic group to another and from one family to another. It's important not to make assumptions about an individual's values and expectations simply because that person belongs to a different group.

For more information on Muslim Americans: https://www.cfr.org/backgrounder/muslims-united-states

Case Study: Lia Lee

This true story involves the life of Lia Lee, a Hmong child who is epileptic, which was made famous by the author Anne Fadiman in her book "The Spirit Catches You and You Fall Down". Lia began having epileptic seizures when she was about three months old. The Hmong regard this disease with ambivalence. They acknowledge that it is potentially dangerous and life threatening, but they also consider it to be an illness of some distinction, an illness in which a healing spirit enters the body. The Hmong saw it as divine, because many of their shamans (spiritual leaders) were afflicted with it.

Over the first few months of her life, Lia had over twenty seizures which made her parents (Foua-mother and Nao Kao-father) take her to the emergency room. There was obviously a great difference between American doctors and Hmong shamans. A shaman might spend eight hours in a Hmong home while an American doctor demanded the patient come to the hospital where the doctor might only see him for twenty minutes. Shamans could render an immediate diagnosis while the doctors had to run

many tests and then sometimes didn't know what was wrong anyway. Shamans never undressed their patients while doctors, on the other hand, put their hands and fingers into body orifices. Most significantly, shamans knew you had to treat the soul as well as the body unlike American doctors.

Besides the differences between doctors and shamans, there was a feeling among the Hmong that doctors' procedures were actually more likely to threaten their health than to restore it. For example, the Hmong believe that there is only a finite amount of blood in the body, and doctors are continually taking it. Hmong people believe that when they are unconscious, their souls are at large, so anesthesia may lead to illness or death. Surgery is taboo and so are autopsies and embalming for the Hmong. The only form of medical treatment that was gratefully accepted by the Hmong was antibiotics. They had no fear of needles and frequently practiced dermal treatments like acupuncture, massage, pinching, scraping the skin, heating a cup to the skin or even burning the skin. The fact that epilepsy has a divine nature to them and the fact that the doctors see it only as a disease to be either cured or controlled foreshadows problems yet to come between the two cultures.

The greatest problem, for both the Lees and the hospital, was Lia's medication. Most of the time, she was on a combination of several different medications. By the time she was four, she had changed prescriptions 23 times. Add to this the fact that Lia's parents were illiterate in both English and Hmong; they often forgot what the doctors told them. The doctors never assumed anything other than that the Lees would give Lia her medicines properly, but time soon proved that Lia's mother especially was either confused or lying about how she administered the medicines. This is where the hospital social worker (Jeanine Hilt) initially stepped in to help. Jeanine worked with the Lee family to simplify the medication regimen.

Later, the Lee's had come to the conclusion that the medicines were causing the seizures and fever therefore, they refused the medications. The nurses soon come to the realization that the Lees were non-compliant. Due to the parent's non-compliance, the doctor felt he had no choice but to refer Lia's case to the health department and child protective services. He recommended she be placed in a foster home so that compliance of medications could be obtained. The Superior Court of the State of California immediately acted upon his request and declared that Lia should be removed from the custody of her parents.

Months later, with the efforts of social worker Jeanine, Lia is reunited with her family. The family is overjoyed to have her home again. However, the celebratory mood soon began to dissipate as the Lees realized that Lia had been returned to them in damaged condition. She didn't know people she had known before, and she could speak very little. From their perspective, the courts and the foster care system had made her sicker, but of course, the doctors felt it was due to the damage done when the Lees failed to comply with their orders. As a result of Lia's condition, the Lees stepped up her traditional medicine.

Lia's family spent large amounts of their money on such things as amulets. They tried every known cure in their medical library even to the point of changing Lia's name to Kou on the premise that the *dab* (spirit) that stole her soul would be tricked into thinking she was someone else, and the soul could return. They even took her to a shaman in Minnesota for help.

The doctors would have been surprised to learn that the Hmong actually took their children's health seriously since they so readily spurned American care. At the hospital, Lia's case metastasized into a mass of complaints that grew angrier with each passing year. Especially the nurses were angry that the Lees were so ungrateful for the $250,000 worth of care they received for free. They were angry that the Lees had been noncompliant and believed that Lia did not need to be in the state she was in. They believed the Lees just hadn't given her the medication.

Lia's brain impairment is never resolved and she eventually becomes vegetative for the rest of her life. Lia is taken home by her parents to be loved and cared for by them. The doctors in Merced and other medical communities begin to realize that understanding the cultural differences of an immigrant must be considered when treating them as patients. However, in the end, the doctors still believe that the bottom line means save the patient's life while the Hmong believed that it was the patient' soul.

When the author of the book asked why the doctors never asked the Hmong how they treated their illnesses, he replied that because they dressed in American clothing, had American driver's licenses and shopped in supermarkets, it never occurred to the medical staff that they might practice unconventional healing arts. Jeanine Hilt was the only one who ever asked the Lees how they were treating Lia's developmental delays. She is the only person who fought against the medical establishment on Lia's behalf. She had simplified Lia' medication regimen, secured them their disability money and advocated to the courts for her return home and she never described them as closemouthed and dim.

Case study from: Fadiman, A. (1997). *The Spirit Catches You and YouFall Down*. New York: Farrar, Straus and Giroux

Summary

Being culturally competent and having cross-cultural awareness is an ongoing process. It is helpful in understanding the circumstances and social issues from a client's perspective. Competency is also important as social workers must attend to their own perspectives about their own cultural identity and how the client may view us. The need to assess all aspects of a client's belief system, values, and how they view themselves within their own culture is as important as assessing their whole bio-psychosocial history. By having some understanding of and sensitivity to other cultures means that we can also help others learn about different views and perspectives. Most importantly, we can dispel any generalizations or myths about a certain culture. With better insight we can appropriately match client's needs in respect to resources and services.

A social worker's aim is to advance social justice, equality and to end discrimination. In many ways, it has been observed, that a person's or group's culture has played a large part of many incidents of inequality and disenfranchisement in the past, both in our country's history and across the globe. One of our most important goals is to be the voice of our client(s) whether it is for an individual, a group, a neighborhood, or organization, in order to make sure that their rights are not violated and they are treated with dignity and respect. Learning to deal with how and what types of social issues regarding injustices exist, will help when we are dealing with real life discrimination and inequality that occurs and may be affecting our clients. By understanding and identifying social injustice and inequality, we can offset mechanisms of oppression and how they work.

Having cross cultural sensitivity and cultural competence remains challenging as the concept of culture and how it relates to individuals continues to evolve. Social workers must possess the skills to be able to understand a broad spectrum of varying cultures and have an understanding of important and influential beliefs related to that specific culture. An informed social worker will better understand how culture and diversity may impact how we present services and treatment and what interventions could produce better outcomes for those we serve.

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8.2: Diversity and Cultural Humility

Nghi D. Thai and Ashlee Lien

Chapter Objectives

By the end of this chapter, you will be able to:

- Understand cultural humility as an approach to diversity
- Identify and define dimensions of diversity
- Appreciate the complexity of identity
- Identify important cultural considerations for working within diverse communities



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Respect for diversity has been established as a core value for Community Psychology (Jason, Glantsman, O'Brien, & Ramian, 2019). Appreciating diversity in communities includes understanding dimensions of diversity and how to work within diverse community contexts, but also includes a consideration of how to work within systems of inequality. Community psychologists must be mindful of diverse perspectives and experiences when conducting research and designing interventions, as well as working to combat oppression and promote justice and equality. By working within a framework of cultural humility, this chapter attempts to provide a basic understanding of the dimensions of diversity that are most common in Community Psychology research and practice. Further, we explore how these dimensions contribute to complex identities and considerations for community practice.

CULTURAL HUMILITY



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As our world becomes increasingly diverse and interconnected, understanding different cultures becomes crucial. Without a basic understanding of the beliefs and experiences of individuals, professionals can unintentionally contribute to prejudice and discrimination or negatively impact professional relationships and effectiveness of services. To understand cultural experiences, it

is important to consider the **context** of social identity, history, and individual and community experiences with prejudice and discrimination. It is also important to acknowledge that our understanding of cultural differences evolves through an ongoing learning process (Tervalon & Murray-Garcia, 1998).



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Cultural competence is generally defined as possessing the skills and knowledge of a culture in order to effectively work with individual members of the culture. This definition includes an appreciation of cultural differences and the ability to effectively work with individuals. The assumption that any individual can gain enough knowledge or competence to understand the experiences of members of any culture, however, is problematic. Gaining expertise in cultural competence as traditionally defined seems unattainable, as it involves the need for knowledge and mastery. Instead, true cultural competence requires engaging in an ongoing process of learning about the experiences of other cultures (Tervalon & Murray-Garcia, 1998). Further reading on cultural competence by Stanley Sue can be found here.

Cultural humility is the ability to remain open to learning about other cultures while acknowledging one's own lack of competence and recognizing power dynamics that impact the relationship. Within cultural humility it is important to engage in continuous self-reflection, recognize the impact of power dynamics on individuals and communities, embrace "not knowing", and commit to lifelong learning. This approach to diversity encourages a curious spirit and the ability to openly engage with others in the process of learning about a different culture. As a result, it is important to address power imbalances and develop meaningful relationships with community members in order to create positive change. A guide to cultural humility is offered by Culturally Connected.

DIMENSIONS OF DIVERSITY



"Harmony Day (5475651018)" by DIAC images is licensed under CC BY 2.0

The recognition and appreciation of diversity is a core principle for the field of Community Psychology. Although it is impossible to discuss all of the dimensions of human diversity in this section, we present some common dimensions examined in Community Psychology research and action and point toward where our field could place more emphasis. We also acknowledge the importance of **intersectionality**, which will be touched upon throughout this chapter, and the process of cultural humility in understanding diversity.

Culture



"Culture is something that unites people." by Exchanges Photos is licensed under CC0 1.0

Culture is an important dimension of diversity for community psychologists to examine. In general, culture has been challenging to define, with modern definitions viewing culture as a dynamic concept that changes both individuals and societies together over time. Further, culture in today's society refers to more than just cultural and ethnic groups but also includes racial groups, religious groups, sexual minority groups, socioeconomic groups, nation-states, and corporations. While numerous definitions for culture are available, there are key defining components, such as shared meanings and shared experiences by individuals in a group that are passed down over time with each generation. That is, cultures have shared beliefs, values, practices, definitions, and other elements that are expressed through family socialization, formal schooling, shared language, social roles, and norms for feeling, thinking, and acting (Cohen, 2009).

Using a Community Psychology approach, culture can be examined at multiple ecological levels to understand its impact. This means that culture can influence the norms and practices of individuals, families, organizations, local communities, and the broader society. For example, cultural influences can have an impact on how members function and interact with one another. Further, culture should be understood within a broader context of power relationships, and how power is used and distributed (Trickett, 2011).

Race



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While physical differences often are used to define race, in general, there is no consensus for this term. Typically, **race** has been defined using observable physical or biological criteria, such as skin color, hair color or texture, facial features, etc. However, these biological assumptions of race have been determined to be inaccurate and harmful by biologists, anthropologists, psychologists, and other scientists. Research has proven no biological foundations to race and that human racial groups are more alike than different; in fact, most genetic variation exists within racial groups rather than between groups. Therefore, racial differences in areas such as academics or intelligence are not based on biological differences but are instead related to economic, historical, and social factors (Betancourt & Lopez, 1993).

Instead, race has been socially constructed and has different social and psychological meanings in many societies (Betancourt & Lopez, 1993). In the US, people of color experience more racial prejudice and discrimination than white people. The meanings and definitions of race have also changed over time and are often driven by policies and laws (e.g., one drop rule or laws).

Case Study 8.1
Is Race a Selected Identity?



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Rachel Dolezal, also known as Nkechi Amare Diallo, was born to white parents with no known African ancestry. As a young adult, she became involved in civil rights, became a college instructor of Africana Studies, and began self-identifying as a black woman. She even became president of the Spokane, Washington chapter of the National Association for the Advancement of Colored People (NAACP). She resigned from her position with the NAACP and was dismissed from her role as an instructor after information surfaced casting doubt upon her racial heritage. She later acknowledged that she was born to white parents but continued to insist that she strongly identifies as a black woman. Read more here.

Ethnicity



"Elderly Japanese Women" by Teo Romera is licensed under CC BY-SA 2.0

Ethnicity refers to one's social identity based on the culture of origin, ancestry, or affiliation with a cultural group (Pinderhughes, 1989). Ethnicity is not the same as **nationality**, which is a person's status of belonging to a specific nation by birth or citizenship (e.g., an individual can be of Japanese ethnicity but British nationality because they were born in the United Kingdom). Ethnicity is defined by aspects of subjective culture such as customs, language, and social ties (Resnicow, Braithwaite, Ahluwalia, & Baranowski, 1999).

While ethnic groups are combined into broad categories for research or demographic purposes in the US, there are many ethnicities among the ones you may be familiar with. Latina/o/x or Hispanic may refer to persons of Mexican, Puerto Rican, Cuban, Spanish, Dominican, or many other ancestries. Asian Americans have roots from over 20 countries in Asia and India, with the six largest Asian ethnic subgroups in the US being the Chinese, Asian Indians, Filipinos, Vietnamese, Koreans, and Japanese (read more here).

Gender



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Gender refers to the socially constructed perceptions of what it means to be male or female in our society and how those genders may be reflected and interpreted by society. Gender is different from **sex**, which is a biological descriptor involving chromosomes and internal/external reproductive organs. As a socially constructed concept, gender has magnified the perceived differences between females and males leading to limitations in attitudes, roles, and how social institutions are organized. For example, how do gender norms influence types of jobs viewed as appropriate or not appropriate for women or men? How are household or parenting responsibilities divided between men and women?

Gender is not just a demographic category but also influences gender norms, the distribution of power and resources, access to opportunities, and other important processes (Bond, 1999). For those who live outside of these traditional expectations for gender, the experience can be challenging. In general, the binary categories for sex, gender, gender identity, and so forth have received the most attention from both society and the research community, with only more attention to other gender identities (e.g., gender-neutral, transgender, nonbinary, and GenderQueer) in recent years (Kosciw, Palmer, & Kull, 2015).

But the attention to other gender identities is increasing, both academically and publicly. One example is the case of Nicole Maines challenging her elementary school's restroom policy, which resulted in a victory when the Maine Supreme Judicial Court ruled that she had been excluded from the restroom because of her transgender identity. While community psychologists are making efforts to conduct more research on the various gender identities on the gender spectrum, more research needs to continue in this area.

Age



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Community Psychology's emphasis on context has also included **aging**, or the developmental changes and transitions that come with being a child, adolescent, or adult. Power dynamics, relationships, physical and psychological health concerns, community participation, life satisfaction, and so forth can all vary for these different age groups (Cheng & Heller, 2009). Although the field has started to include aging issues in research, Cheng and Heller (2009) searched for publications on older adults in major Community Psychology journals and found that this segment of the population has been neglected. Although the skills, values, and training of community psychologists would likely make a difference in the lives of older adults, the attitudes within our profession and society are current barriers.

Social Class



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Like the other components of diversity, **social class** is socially constructed and can affect our choices and opportunities. This dimension can include a person's income or material wealth, educational status, and/or occupational status. It can include assumptions about where a person belongs in society and indicate differences in power, privilege, economic opportunities and resources, and social capital. Social class and culture can also shape a person's worldview or understanding of the world; influencing how they feel, act, and fit in; and impacting the types of schools they attend, access to health care, or jobs they work at throughout life. The differences in norms, values, and practices between lower and upper social classes can also have impacts on well-being and health outcomes (Cohen, 2009). Social class and its intersection with other components of one's identity are important for community psychologists to understand. *Unnatural Causes: Is Inequality Making Us Sick?* is a seven-part documentary that focuses on the connection between social class, racism, and health.

Sexual Orientation



"SCOTUS APRIL 2015 LGBTQ 54663" by Ted Eytan is licensed under CC BY-SA 2.0

Sexual orientation refers to a person's emotional, romantic, erotic, and spiritual attractions toward another in relation to their own sex or gender. The definition focuses on feelings rather than behaviors since individuals who identify with a minority sexual orientation experience significant stigma and oppression in our society (Flanders, Robinson, Legge, & Tarasoff, 2016). Sexual orientation exists on a continuum or multiple continuums and crosses all dimensions of diversity (e.g., race, ethnicity, social class, ability, religion, etc.). Sexual orientation is different from **gender identity** or **gender expression**. Over time, gay, lesbian, asexual, and bisexual identities have extended to other sexual orientations such as pansexual, polysexual, and fluid, and increasingly more research is being conducted on these populations within the field of Community Psychology (Kosciw et al., 2015). As a historically marginalized and oppressed group with inadequate representation in the literature, sexual minority groups face a variety of problems and issues that necessitate further research. The empowering and participatory approaches and methods used in Community Psychology can be beneficial for research with sexual minority groups.

Ability/Disability



"20180611_Special Olympics_01687" by Special Olympics nationale Sommerspiele 2018 is licensed under CC0 1.0

Disabilities refer to visible or hidden and temporary or permanent conditions that provide barriers or challenges, and impact individuals of every age and social group. Traditional views of disability follow a medical model, primarily explaining diagnoses and treatment models from a pathological perspective (Goodley & Lawthom, 2010). In this traditional approach, individuals diagnosed with a disability are often discussed as objects of study instead of complex individuals impacted by their environment. Community Psychology, however, follows a social model of ability in which diagnoses are viewed from a social and environmental perspective and consider multiple ecological levels. The experiences of individuals are strongly valued, and **community-based participatory research** is a valuable way to explore experiences while empowering members of a community with varying levels of ability/disability. Learn more by watching the Employment Choice for People with Severe Physical Disabilities video.

Culture must be considered when viewing ability from a social perspective (Goodley & Lawthom, 2000), and may impact whether or not certain behaviors are considered sufficient for inclusion in a diagnosis. For example, cultural differences in the assessment of "typical" development have impacted the diagnosis of Autism Spectrum Disorders in different countries. Further, diagnoses or symptoms can be culturally-specific, and culture may influence how symptoms are communicated. The experience of culture can significantly impact lived experience for individuals diagnosed with a disability.

It is important to consider how intersectionality impacts the experience of disability. For example, students of color and other underserved groups have a higher rate of diagnosis of learning disabilities, emotional and behavioral disabilities, and intellectual disabilities (Artiles, Kozleski, Trent, Osher, & Ortiz, 2010), which may be due to economic, historical, and social factors. Diagnosis must be considered as disabled youth are at a disadvantage in a number of indicators of educational performance, leading to more substantial disparities later in life.

How one identifies individuals with a particular label indicating their race, gender or sexuality is rather complicated, and unless investigators are careful in their definitions of these terms, many problems can be encountered, as has been reviewed above. Identifying who has a disability or health condition can also be a challenge and can have real, tangible consequences for an affected group. As an example, if prevalence research suggests that a particular disability or health condition is relatively rare, it is possible that few federal and state resources will be devoted to those individuals. But if the methodology for selecting individuals is flawed,

then the prevalence rates will be inaccurate and potentially biased. This is what occurred with the health condition known as chronic fatigue syndrome, now also known as myalgic encephalomyelitis, as indicated in Case Study 8.2.

Case Study 8.2
How Flawed Research Can Lead to More Stigma



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When the Centers for Disease Control tried to estimate the prevalence of those with this illness, they concluded that only about 20,000 people had this condition in the US, and most with this illness tended to be white, middle-class women, which is what led to the stigmatizing label "Yuppie Flu disease." However, the way the investigators conducted this research was flawed; they asked healthcare personnel to identify individuals with this illness, but as many healthcare professionals did not believe that this was a real or legitimate, they tended to refer few individuals to the study. In addition, as many individuals with a chronic health condition do not have access to the healthcare system, many individuals with this illness were not able to be brought into the prevalence study. However, when a group of community psychologists used better research methods that involved deriving their sample from randomly contacting people in the community, without depending on referrals from physicians, they estimated that about a million individuals had ME/CFS. In addition, those identified tended to be from lower socioeconomic status groups and communities of color (just the opposite of what led to the characterization of Yuppie Flu) (Jason et al., 1999). The findings from this study were widely disseminated and led to reductions in some of the bias and stigmatization that has been directed to those with this illness.

The impact of disability on identity and intersection with other social identities is important for community psychologists to understand. Community Psychology's unique perspective has contributed to applied research conducted among communities and individuals with disabilities. The need for understanding, empowerment, and advocacy through participatory action research continues to exist for individuals with disabilities.

Religion & Spirituality



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There are many definitions of **religion**, most of which typically include shared systems of beliefs and values, symbols, feelings, actions, experiences, and a source of community unity (Cohen, 2009). Religion emphasizes beliefs and practices, relationships with the divine, and faith, all of which differentiate it from common definitions of culture. Further, religion is an important predictor for well-being, satisfaction, and other life outcomes (Tarakeshwar, Stanton, & Pargament, 2003). While religion has been neglected in psychological research, it has been included in Community Psychology's conceptualization of diversity since the beginning of the field.

Religion and spirituality were formerly considered a joint concept but have been differentiated in the past century. Definitions of **spirituality** typically focus on relationships with a higher power and a quest for meaning. The differentiation between religion and

spirituality has become more relevant recently as many individuals consider themselves more spiritual than they are religious. Community Psychology has long considered religion as a dimension of diversity, but the importance of spirituality in our understanding of community has been a more recent development.

The importance of religion and spirituality to physical and emotional well-being and a strong sense of community merits the inclusion of both, in research and practice (Tarakeshwar et al., 2003). Community psychologists understand the importance of working in natural settings, which frequently include religious and spiritual settings. Collaboration with religious organizations and embedding interventions into these settings may have positive impacts on individuals in the community and may also help religious organizations reach goals.

IMPACT OF IDENTITIES



"Black Lives Matter DC, March For Our Lives, Washington DC" by Lorie Shaull is licensed under CC BY-SA 2.0

While the various dimensions of diversity discussed above are a start to understanding human diversity, they do not fully describe an individual, community, or population. Instead, we must consider that these dimensions do not exist independently of each other and that the interaction of these dimensions is referred to as intersectionality (Crenshaw, 1989). Intersectionality focuses on how the dimensions can overlap and give rise to different experiences as well as multiple privileges or inequities; for example, racial/ethnic and sexual minority men will experience more health disparities than white and/or heterosexual men. Community psychologists recognize the significance of intersectionality, but published research in this area is still lacking compared to other disciplines. "The urgency of intersectionality" video can help you learn more about intersectionality.

Privilege, or the unearned advantages that individuals have based on membership in a dominant group (e.g., race, gender, social class, sexual orientation, ability), contribute to the systems of oppression for non-privileged individuals and groups. While privilege can come in multiple forms and individuals can have multiple privileges; white privilege, or the advantages that white people have in society, are important for psychologists to examine more extensively to understand how white people participate in systems of oppression for racial minority groups in the US (Todd, McConnell, & Suffin, 2014). For example, white experiences and perspectives tend to be pervasive in curriculum, policy, pedagogy, and practices (Suyemoto & Fox Tree, 2006) at the exclusion of work and research by people of color.

Janet Helms' (1995) important work on the white racial identity model describes how white people move from a racist identity to a non-racist identity as they become more aware, move beyond an effective understanding of racial minorities to an experiential one, and understand their role in a racist society. Other community psychologists have explored how to create organizational contexts that are more inclusive and address white privilege (Bond, 1999) or have examined how white privilege influences commitment and interest toward social justice (Todd et al., 2014). While community psychologists are contributing to this research, more studies are needed to understand the relationship between identity, privilege, and social justice and action in community contexts.

Diversity in Practice

Using a framework of cultural humility, community psychologists consider context. This provides the ability to view various dimensions of diversity while considering the impacts of prejudice and discrimination. It is also important to consider how cultural practices differ in all settings in which the individual operates. Considering context expands the perspective of culture to include historical context, intersectionality of identities, and the experience of prejudice and discrimination.

The Society for Community Research and Action (SCRA) has identified sociocultural and cross-cultural competence as one of the 18 foundational principles of Community Psychology practice, and defines it as "the ability to value, integrate, and bridge multiple

worldviews, cultures, and identities." SCRA expands upon the importance of recognizing multiple contexts to integrate elements of cultural humility in practice settings. Prior to working in communities, it is important to examine one's own worldview and consider how it interacts with the community through culture and power dynamics. It is important to recognize and articulate dynamics related to culture and power differentials with the communities in which community psychologists work. Due to the complexity of these dynamics, respecting diversity in practice may require the formation of relationships with various members of a community who may be able to serve as a guide for working with the community in culturally valid ways.

Diversity in Research



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Adopting cultural humility is necessary for considering diversity in research. In research, it is important to consider how questions are asked or which samples are included in a study. In addition, the importance of topics of research to diverse communities must be considered, which may require developing research topics and questions with the populations that are being impacted. Participatory action research is a valuable tool for developing topics in an inclusive way and is a method frequently used by community psychologists to find solutions in the social environment (Kidd & Kral, 2005).

Research must also consider the power dynamics between the researcher and the community as well as the dynamics within the community. The use of culturally-anchored methodologies is important for exploring research questions in the appropriate context. Marginalized groups are often compared to a majority group, but these comparisons may not always acknowledge the implications of power dynamics present in such comparisons. When developing the methodology, it is important for the researcher to acknowledge one's own cultural assumptions, experiences, and positions of power. Recognition of these aspects of self will lead to a more careful framing of the research question within context. Finally, it is important to consider where to disseminate research findings to reach wide audiences.

DESIGNING CULTURALLY-SITUATED COMMUNITY PROGRAMS



"Subminimum Wage Bill Signing" by Seattle City Council is licensed under CC BY 2.0

Designing programs in the community need to start with an understanding of the diverse cultures and communities in which they will be situated. To that end, collaborative and ecological systems approaches used by community psychologists are incorporated throughout the design of community prevention and intervention programs. Altogether, these approaches situate culture at every level of planning a program from the conceptualization to the implementation. In Case Study 8.3, Trickett (2011) provides a cautionary example of what can happen when culture is not more deeply considered in community interventions.

Case Study
Water Boiling in a Peruvian Town



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In “Water Boiling in a Peruvian Town” by Ed Wellin (1955; see Trickett, 2011), a three-year public health intervention was implemented to decrease the water-related health risks in Los Molinos, a rural Peruvian town. The promotion of the evidence-based practice of boiling water targeted women, with the assumption that increased knowledge about the health benefits of boiling water would persuade them to change. The intervention was delivered by a health worker who took up residence in Los Molinos and her goal was to have the women boil their water before using it. The intervention turned out to be unsuccessful—the majority of women did not start this practice, due to several factors steeped in cultural beliefs and local customs or conditions. For example, the cultural meanings of hot and cold in their culture meant that boiled water was used for certain health issues, but it was not associated with germs or diseases. Over time, boiled water was culturally linked to illness and very much disliked by the local people. The intervention’s impact was also further affected by the women’s inability to boil because of their daily routines, social ostracization for boiling because of the meanings of cold and hot water, and lack of interest in women’s lives by the gendered town’s leadership.

This case study demonstrates the significant impact of culture on well-intentioned and scientifically-based interventions meant to improve community health and well-being. For that reason, Trickett provides recommendations about how Community Psychology can contribute more to the understanding of culture in research and practice. Some of these recommendations include focusing on communities more than programs, understanding that choice is more important than change, working with local experts in the community, and using research designs and methods that are appropriate for diverse cultures and populations.

Another approach proposed by Resnicow and colleagues (1999) considers surface structure and deep structure for designing culturally-anchored community programs. Surface structure includes aspects of the program that are observable such as gender, race, and ethnicity of the staff members; setting; language(s) used; and choices of cultural components, such as music or food. Deep structure includes knowing the historical, social, and psychological aspects of the culture to understand core cultural values, beliefs, and practices. However, attending to both surface and deep structures will not guarantee the success of the program. Matching the race or ethnicity of the staff to program participants is not always enough to establish trust or resolve all cultural differences. Similarly, programs using deep structures may appeal differently to those with different acculturation statuses; therefore, more research is necessary to determine the effectiveness of these culturally anchored programs.

Overall, as our knowledge and work with diverse communities continues to expand, the culturally-situated and anchored approaches used by community psychologists will continue to be very important for designing programs. Central to this will be the evolving development of a cultural Community Psychology which incorporates theories and methods from cross-cultural and cultural psychology in research and practice (O’Donnell & Tharp, 2012).

SUMMING UP



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This chapter presented the framework of cultural humility as an ongoing approach to working with diverse communities. It is important to recognize various dimensions of diversity and how they intersect to produce unique experiences of inequity or privilege. Community psychologists go beyond traditional research and practice by working with members of marginalized groups to challenge oppression through participatory action research and to provide tools for empowerment and self-directed change.

Critical Thought Questions

1. How would you explain the differences between cultural humility and cultural competence? Why is cultural humility more beneficial for understanding diversity?
2. How do race and ethnicity differ? How is race socially constructed?
3. What gender norms are present in today's society? Would you say these gender norms are beneficial or not? Why?
4. Why is it important to focus more research on the spectrum of sexual identities?
5. Although disability involves a physical/biological reality, it is also a social construction. How is disability a social construction?
6. What is intersectionality and how does it impact a person's experiences?
7. Why should the culture of a community be considered before designing community programs?

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CHAPTER OVERVIEW

9: Human Services Settings

9.1: Introduction

9.2: The Health Care System and Health Care Settings

9.3: Mental Health and Substance Use

9.4: Criminal Justice Settings

9.5: Service Members

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9.1: Introduction

Elizabeth B. Pearce

The next four chapters were written by individual writers, all of whom are associated with Ferris State University in Michigan. Some were MSW candidates at the time and others had already entered the field. I have provided some very limited updates to each chapter including fixing broken links, identifying others, making some small edits for clarity, and updating information (such as the current status of reporting Intimate Partner Violence). More updating will be done over the 2021 – 2022 school year. In addition, openly licensed images will be substituted for the current photos, whose origin is undetermined.

As you read about these settings consider:

- What are the needs and strengths that each population possesses?
- What characteristics and skills do social work and human services professionals need to work in these settings or with these populations?
- Which ethical standards might be emphasized?
- What understandings of social justice do you need in these settings?

I am also curious to know what other settings and populations you are wondering about. As we write future editions of this text, other settings and client groups will be included. For example, I'm considering sections on services in school settings as well as the work of social workers and human services professionals in government settings. What would you add?

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9.2: The Health Care System and Health Care Settings

Katlin Ann Hetzel and Ferris State University Department of Social Work



Katlin A. Hetzel, BSW, MSW

I attended Ferris State for my Bachelors of Social Work and my Master of Social Work. My passion for social work revolves around mental health, forensic and criminal mental health, substance abuse, and human trafficking. I have volunteered as an intern at Fieldstone Psychiatric Hospital and SBGB Substance Abuse outpatient treatment center in Battle Creek, Michigan. I completed my first year graduate internship at MRC Pathways Clubhouse and my master's clinical internship at Grand Rapids Home for Veterans in Grand Rapids, Michigan as a clinical case manager for Veterans with severe mental illnesses.

In 2010, I moved to Louisville Kentucky where I worked as a Youth Counselor at a residential treatment facility for boys and girls. In 2011, I was offered a job as a Substance Abuse Therapist in Lusk Wyoming at the Wyoming Department of Corrections Woman's Maximum Security Prison. I hope to continue working in the criminal justice and psychiatric field and eventually private practice.

Medical social work is viewed as one of the most significant fields in practice. It has been acknowledged as the first subspecialty discipline to practice in hospital, public health, and clinical settings (Allen & Spitzer, 2016).

Medical Social Work

Medical social work can be defined as a specific form of specialized medical and public health care that focuses on the relationship between disease and human maladjustment (NASW, 2012; Gehlert, 2011).

In the 20th century, social service departments in hospitals were developed to address problems associated with the increase of immigration and poverty. The need for medical social work in the United States has intensified due to the substantial inequality of health care resources. Individuals and families that live in poverty or who are a part of some racial-ethnic groups are additionally at a disadvantage because they are more prone to experience higher rates of acute and or chronic illnesses. Unequal distribution of healthcare insurance coverage in the United States hinders some people from seeking medical treatments due to their socioeconomic status. In 2013, more than 42 million people in the United States were uninsured. Numbers have continued to increase and the dramatic loss of jobs due to the pandemic COVID-19 caused has worsened this inequity.

Medical social workers practice in a variety of healthcare settings such as hospitals, community clinics, preventative public health programs, acute care, hospice, and out-patient medical centers that focus on specialized treatments or populations. These professionals help patients and their families through life changing and sometimes traumatic medical experiences. They often monitor and evaluate a patient's mental and emotional health as they transition through a variety of medical treatments. Medical social workers also often find themselves helping the patient and family solve problems be that of financial difficulties or one-to-one counseling to help cope with new stressors (Mizrahi & Davis, 2008; NASW, 2016).

All medical social workers must familiarize themselves with cross-cultural knowledge in order to provide effective health care. They do this by familiarizing themselves with an array of different ethnicities, cultural beliefs, practices, and values that shape their family system. In addition, they must practice cultural humility to learn about each client, their family, and culture. Medical social workers must have the ability to recognize how oppression can affect an individual's bio-psycho-social-spiritual well-being. As

future social workers, being able to understand and identify these issues will enhance your skills as a professional to provide excellent health care (Mizrahi & Davis, 2008; NASW, 2016).

Goals of Practice

The National Association of Social Workers (NASW) Standard for Social Work Practice in Health Care Setting (2016), describes eight standards of practice for health care social workers to follow. The eight goals were created as a guideline so that medical social workers would deliver excellent care.

Eight Standards of Practice for Health Care Social Workers

- All medical social workers in the healthcare arena must practice in accordance with the social work code of ethics.
- Advocate for client's right to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in decision making that affects their overall health and well-being.
- Encourage social work participation in the development, refinement, and integration of best practices in health care.
- Enhance the quality of social work services provided to clients and families in health care settings.
- Promote social work participation in system wide quality improvement and research efforts within health care settings.
- Provide a basis for the development of continuing education materials and programs related to social work in health care settings.
- Promote social work participation in the development and refinement of public policy at the local, state, federal, and tribal levels to support the well-being of clients, families, and communities served by the rapidly evolving U.S. health care system.
- Inform policymakers, employers, and the public about the essential role of social workers across the health care continuum.

The first and second standards of practice are extremely important to remember as you become professional social workers. All medical social workers must practice in accordance to the social work code of ethics. The social work code of ethics is rooted in a set of core values. Social work's primary goal is to provide excellent service and to promote social justice for all patients, thereby ensuring that all medical and psychological services are met. Medical social workers must also embrace the importance of human relationships by building a positive and lasting rapport with clients. Always strive for professional competence by increasing the use of education and research and applying them to practice (NASW, 2016). For more information, please refer to Chapter 2 regarding the social work code of ethics.

Medical social workers advocate for the patient's right to self-determination. Every patient is entitled to make their own decision based on treatment recommendations. The treatment team may desire and advocate for the best medical care for their patient; however, it is ultimately the patient's decision to follow through with treatment. There are times when a patient may not be able to speak for themselves. You could encounter these situations when the patient is a child or if an adult has a cognitive impairment that enables them to make decisions for themselves. In these cases, the family has the authority to make the decision based on what they feel is the best course of action (NASW, 2016).

Case Study

In 1983, the University of Arizona was beginning to perform an experimental procedure on infants who were born with a congenital heart defect called Transposition of the Great Arteries (TGA). Katherine Frasier was born with this rare heart condition. Katherine's parents realized that their options to save their daughter's life were minimal because of the lack of research on TGA. The medical team insisted that they wait to do the procedure until Katherine has gone into congestive heart failure. The physicians at the hospital insisted the new experimental medical procedure would save their daughter's life. The team of physicians, social workers and nurses corresponded with the University of Boston Children's Hospital whom at the time was the only hospital who could successfully perform this operation.

At that time, Ms. Frasier's family did not have the financial resources to travel to Boston as a family. Traveling also meant that Katherine's father would not be able to attend because of his job in the military. The physicians repeatedly told her parents that this procedure was the only option and recommendation for treatment. However, they did not take into account that the procedure had never been done by the cardiologists at the University of Arizona. Katherine's parents decided that it would be best if the physicians found another form of treatment.

The pediatric social worker stayed in contact with the family hourly and provided emotional support to Katherine's family. She also insisted that the treatment team expand to other disciplines for more possible options.

> Dr. Copeland, a world renowned heart transplant surgeon, was recommended to join the team. Dr. Copeland knew of another way to repair Katherine's heart. Katherine's parents agreed to allow him to operate that same day. Through the dedication of the social worker and treatment team that advocated for the Frasier's right to self-determination, Katherine is still leading a productive and fulfilling life advocating for her pediatric patients the way her social worker did 30 years ago.

Team Work

The use of multidisciplinary team is an effective part of healthcare treatment. A multidisciplinary team is defined as a group of professionals that specialize in different disciplines that come together to deliver quality health care that addresses the patient's well-being (Mitchell, Tieman & Shelby-James, 2008; Nancarrow et al., 2013; Allen & Spitzer, 2015). Using this approach allows the team to provide better-quality outcomes and to enhance client satisfaction.

There are two other types of treatment teams in the healthcare setting:

1) An interdisciplinary team involves members from the same disciplinary background. An example would be: a team of medical social workers discuss possible treatment plans according to the results of a patient's assessment. Working in a team allows for individual ideas to be heard and as a group develop a specific treatment plan.

2) An interdisciplinary team that includes individuals from different disciplines who collaborate to resolve a variety of issues. Medical social workers, physicians, nurses, and activity therapists experience different types of interactions with patients in which different behaviors are assessed. Together these disciplines paint an overall picture of how team work can increase patients' quality of life (Allen & Spitzer, 2015).

Biopsychosocial-Spiritual Assessments

A recommended health care approach to psychological evaluations is through the use of a biopsychosocial-spiritual assessment (NASW, 2016; Social Work Licensure Exam, 2008). This approach focuses on the individual as a whole and takes into account their biological, psychosocial, social, and spiritual sense of self. Together the interdisciplinary team can focus on the individual's treatment from all professional perspectives. Using this approach allows for each practice the ability to provide optimal health care (Gehlert & Browne, 2011).

The term biopsychosocial assessment or biopsychosocial-spiritual assessment is an approach you will hear throughout school. This model examines not just the medical aspect of care whose primary focus is on the biological causes of a disease. Rather, the biopsychosocial-spiritual model examines a patient's well-being through a holistic approach (Gehlert & Browne, 2011; McDaniel, Hepworth & Doherty, 2014; Allen & Spitzer, 2015).

Biopsychosocial Spiritual Assessment

The Biopsychosocial Spiritual (BPSS) Assessment offers a historical context for what the client presents with and assesses the client's history, strengths, and resources.

How do these four areas contribute to the client's current functioning?

Biology: basic needs – the client's access to food, shelter, etc.

Psychosocial: history, personality, self-concept, medication, diagnosis and treatment history

Social: support system (friends, family, social environment). Knowledge of life stages and development are essential

Spiritual: sense of self, sense of meaning and purpose in life, religion and its context in client's life

ROPES method of identifying strengths: Resources, Options, Possibilities, Exceptions, and Solutions

(Social Work Licensure Exam, 2009)

Medical Social Work Job Descriptions

According to *The Social Workers in Hospitals and Medical Centers Occupation Profile* (2017), medical social workers employ a myriad of skills and approaches to ensure quality health care.

The following list is an example of tasks that most medical social workers use when providing services.

- Conducting initial psychosocial-spiritual assessments and screenings for patients and making referrals for individual, family and or group therapy if needed;

- Educating the patient and family members of the individual's illness and treatment options as well as possible consequences of various treatments or refusal of treatment;
- Helping patient and their families adjust to the hospital dynamics and exploring emotional and social responses to the illness and treatment;
- Educating the patient and family on the roles of the healthcare team. Assisting patients and their families in communicating with one another and to the members of the multidisciplinary team;
- Facilitating decision making on behalf of patients and families.
- Educating hospital staff on patient's psychosocial issues;
- Coordinating patient discharge with a safety plan and continued care planning by providing patient navigation services;
- Arranging resources/funds for finances, medications, medical equipment and other special needs services

(National Association of Social Workers, 2016)

Emergency Room Social Worker

Emergency room social workers provide services to triage patients. One of their main functions is to diagnose and assess patients who show signs of mental illness. The medical social worker also performs discharge planning as a means of assurance that every patient will have a safety plan when discharged from the hospital (Fusenig, 2012).

The following is a list of tasks that emergency room social workers may perform:

- Performs mental health assessments and suicide evaluations;
- Conduct stress evaluations;
- Death notifications to family members;
- Counsels victims of violent crimes, domestic violence, substance abusers and families of deceased or terminally ill patients;
- Refers patients to community resources;
- Provides financial assistance;
- Conducts child and adult protective service reporting;
- Conducts domestic violence and sex trafficking screenings;
- Diagnoses and conducts mental health intake evaluations to establish proper psychiatric care;
- Conducts discharge planning; knowledge of community resources and services

(Fusenig, 2012)

Hospice or Palliative Care Social Workers

Hospice social workers work in a variety of different medical settings. At times, there are hospice organizations that come into a hospital to provide assistance to those who are nearing the end of their life.

The following is a list of tasks that hospice and palliative care social workers perform:

- Ensuring that patients and family members have access to resources that will provide physical comfort;
- Providing emotional and or spiritual support to patients and their family members;
- Lead support groups for family members and in-service trainings to nurses, physicians, and other social workers who are involved in the treatment process;
- Ensure proper medical transitions from palliative care to hospice care if needed;
- Act as care coordinators; providing treatment planning with other members of the patient's treatment team

(SocialWorkLicensure.Org, 2017)

Pediatric Cardiology Social Worker

To learn about this work, click on the link below. It takes you to an interview with a pediatric and clinical social worker from Marin Community Clinics (MCC). She explains her role on the pediatric intensive care unit. She describes daily activities and the different types of challenges that one may experience working with children and their families (Louie, 2017).

https://www.onlinemswprograms.com/in-focus/interview-with-andrea-kido-lcsw-on-clinical-social-work.html

Summary

Medical social workers play a very important role in the care and needs of all patients in the health care system. Above was brief introduction to the different types of medical social work job descriptions. Always keep in mind, as you pursue your education in

social work, and possibly later in the health care field; the profession will always be centered on the code of ethics. Everything we do is focused on the rules and regulations of the social work code of ethics.

Recommended Readings and Videos

Video:



What does a medical social worker do? Kristin Scheeler, MSSW, CAPSW, OSW-C

Websites:

Interviews With Medical Social Workers

NASW Standards for Social Work Practice in Health Care Settings

Books:

Allen, K. M., & Spitzer, W. J. (2015). *Social work practice in healthcare: Advanced approaches and emerging trends.* Los Angeles: SAGE.

Gehlert, S., & Browne, T. (Eds.). (2011). *Handbook of health social work. (*2nd ed.). Hoboken, NJ: Wiley.

Public Health Social Work

Public health social work originated in the early 20th century to address communicable diseases, poverty, sanitation, and hygiene. It is defined as a collection of human service programs that has a common goal: identify, reduce and or eliminate the social stressors among the most vulnerable populations. A public health social worker's main role is to establish preventative measures and to intervene in the health and social problems that affect communities and populations.

Epidemiological Approach

Public health social workers focus on the epidemiological approach to identify health related issues and diseases that affect certain populations. Epidemiology is a branch of medicine that researches the occurrence, delivery and possible control of diseases (CDC, 2017).

To better understand this approach, think of epidemiology as the basic science of public health. Epidemiology is a method that is used to develop and test a hypothesis (CDC, 2017).

Consider this example from Michigan and Ferris State University. Public health social workers and medical researchers study the occurrence and patterns of health events. In 2016, it was estimated that the population of Big Rapids, Michigan, is 10,475. people Three thousand students and faculty at Ferris State University (almost a third of the population) developed the same strain of bronchitis within a three-month period. Studying this outbreak allows public health workers to compare the same outbreak of bronchitis to other populations in the state of Michigan. A pattern was established by the number of students and faculty at the university and in other cities that have the same strain of bronchitis. The occurrences also depend on the following variables: has the strain appeared in the same seasons? It is more prone to males or female? What is the average age of the individuals? Has it happened during the same weeks? Has it happened daily? The overall question is: what will public health social workers do about it?

Having the ability to compare the universities outbreak and the outbreaks throughout the state with the same symptomology will help to determine how the outbreak started and possibly the location where it began. In the end, findings will help provide evidence that will allow public health social workers to develop prevention and education interventions to help to limit and contain future outbreaks.

Roles of a Public Health Social Worker:

- Find people who need help
- Assess the needs of your clients, their situations and support networks
- Come up with plans to improve their overall well-being
- Help clients to make adjustments to life challenges, including divorce, illness and unemployment
- Work with communities on public health efforts to prevent public health problems
- Assist clients in working with government agencies to receive benefits
- Respond to situations of crisis, including child abuse or natural disasters
- Follow up with clients to see if their personal situations have improved

(Allen & Spitzer, 2015)

Ethical Dilemma in Public Health

A good example of an ethical dilemma that could be considered a concern is when public health clinics call an individual who has contracted a sexually transmitted disease (STD). When women and men go into their family doctor for a yearly physical, they may be checked for STDs. If the results come back positive, the individual is notified by the doctor's office to discuss an intervention. The next phone call is from a public health department either in a hospital or out-patient clinic.

In order for public health officials to gather information concerning STDs in the community, they have the right to gain certain information that will help to control the disease. For a clearer understanding, let's refer to what is known as Health Insurance Portability and Accountably Act (HIPAA) (DHHS, 2003).

Whenever you go to the hospital you always sign a HIPAA disclosure form. By signing this form, you are allowing health care providers the means to share medical information without written consent. HIPAA also allows healthcare providers to share important information regarding an individual's treatment plan, diagnosis and medications to another healthcare provider (DHHS, 2003).

For example: Jane Doe goes to see her primary health physician at Spectrums Family Health Center in Grand Rapids Michigan. Jane Doe is rushed to the emergency room the same day at Spectrums Children's Hospital. The emergency room technicians will already have Jane Doe's information because it has been documented and saved on Spectrums Health Care System Network.

Considering STDs, if a person is at risk of contracting or spreading a disease their healthcare provider has the right to disclose information. The information is revealed because it is a public health concern that effects the community. Health care providers release this information to help prevent and control another incident (DHHS, 2017).

Advocacy and Policy for Medical and Public Health Social Work

One of the most important roles of all social workers is to advocate for their clients. In the healthcare system, social workers do this by representing, promoting change, speaking on behalf of the client, assessing rights and benefits, and securing social justice. It is pertinent that all receive fair and equitable access to all medical services and benefits (NASW, 2012).

The healthcare system is driven by policies that outline the rules and regulations of the organization. Policies are developed based off the organizations ideas of acceptable and well-defined standards of healthcare practices. These policies are also implemented to reduce chaos, confusion, and legal issues that may arise due to unethical practice.

Some of these policies include:

- Patient care recipient rights.
- Abuse and neglect, investigation policies.
- Administrative policies
- Information management policies – HIPAA
- Accreditation Standards
- Medication Procedures

All physicians, nurses, social workers, administrative staff, and patient care workers must abide by all policies to produce effective outcomes for the organization.

Summary

Not all public health social workers will be found in the scenario above. One of the main roles of a public health social worker is to provide communities and vulnerable populations with the resources to help eliminate a social epidemic. This is usually done through community outreach programs and governmental agencies that focus on interventions and education to help improve community living.

Intimate Partner Violence

"Violence sprouts in intimacy. *Except for police and army, family is, probably, the most violent social group and a home is the most violent social space of our society. A person is most likely to be hit or killed in his/her own home by another member of the family than anywhere else or by anyone else"* (Stark & Flitcraft, 1996)



Intimate partner violence

Intimate partner violence has been recognized in the United States and other countries as a significant public health issue. This type of violence is universally condemned due to its heinous nature. The term, intimate partner violence (IPV) is defined as any incident or pattern of behaviors (physical, psychological, sexual or verbal) used by one partner to maintain power and control over the relationship. IPV is also considered to be an act of violence that takes place between intimate partners (heterosexual, cohabitating, married, same sex or dating (McGarry, Ali, & Hinchliff, 2016; Stark & Filtcraft, 1998).

Internationally the definition of intimate partner violence is "the use of power, threatened actions against oneself, another person, or a group or community, that either results in the likelihood of resulting in injury, death, psychological harm, mal-development or deprivation" (Haegerich & Dahlberg, 2011, p. 392-393). This definition is important because IPV also affects other cultures, ethnicities, sex, and races differently. In some countries, such as the Democratic Republic of Congo, intimate partner violence is not considered a crime. Spousal rape has been accepted as a marital tradition. Domestic and sexual violence against children and young women has been an acceptable practice by older males. In Egypt, domestic violence "is firmly entrenched in the country's Muslim traditions" for example, Sharia Law (Achieng, 2017, p. 1).

Historically, in the United States, IPV has been considered an act of violence committed by men towards women. Although, this is still a societal belief, according to the *National Intimate Partner and Sexual Violence Survey of 2010 – 2012*, more than "1 in 4 men (28.5%) in the United States have experienced rape, physical violence and or stalking by an intimate partner in their lifetime and 1 in 7 men (13.8%) have experienced severe physical violence by an intimate partner (e.g., hit with a fist or something hard, beaten, slammed against something at some point in their lifetime" (Achieng, 2017, p.2).

Four Types of Violence

There are four different types of intimate partner violence. The most prevalent are defined in the text box below.

Physical Violence consists of touching or painful physical contacts that include intimidation of the victim through pushing, slapping, hair pulling, arm twisting, disfiguration, bruising, burning, beating, punching, and use of weapons.

Sexual Violence consists of making degrading comments, touching in unpleasant means of harm, addressing a partner in a degrading way during sexual intercourse which includes marital rape.

Psychological & Emotional Violence consists of threatening, intimidating, killing of pets, deprivation of fundamental needs (food, clothing, shelter, sleep), and distorting reality through control and manipulation.

Mandatory Reporting of IPV

In many intimate partner violence cases, victims have the tendency to not disclose to medical professionals or law enforcement due to possible repercussions from the offender. Many victims fear retaliation, family separations, violation of confidentiality and

security. In these instances, a social worker could do more harm than possibly helping the situation.

As of 2010 not all states have laws that make it mandatory to report actual or suspected victims of IPV (Durborrow et al, 2010). Social workers can be put into these challenging positions when weighing confidentiality, safety and ethical obligations. Some argue if an individual is in a IPV situation it should be reported to the police because it is considered a punishable crime.

Potential positive outcomes and limitations from mandatory reporting by medical social workers include:

- Increase victim's safety due to early detections and interventions;
- Improvement of patient care due to early identifications. This would allow
- physicians and social workers to preform rape kits, treatment of any diseases or injuries due to the assault;
- Allow social workers to immediately assess trauma and to advocate for resources as soon as the incident occurred;
- Could improve hospitals resources and outcomes by better documentation of DVA into medical records which will increase the availability of data to facilitate future research and;
- Mandatory reporting could undermine a key component of DV interventions of empowering the individual's rights to self-disclosure

(Hamberger, 2004)

Prevention of IPV in Healthcare

There are four primary steps that medical and public health social workers take to insure a prevention plan. Public health and medical social workers focus primarily on the individual, family, and community to help reduce violence and its consequences. To reduce the occurrences of violence, social workers and community action agencies develop interventions to educate communities through public awareness using television commercials, billboards, radio broadcasts, DV trainings, self-defense classes, and DV screenings in hospitals (Haegerich & Dahlberg, 2011).

Four approaches to prevention of IPV include:

- Measure the incidence and burden over time through public health surveillance.
- Identify factors that place people at risk for, or protect people from, experiencing violence as the victim or perpetrator.
- Developing and testing strategies through rigorous evaluation that modify risk and protective factors to prevent violence from occurring.
- Facilitating the dissemination, adoption, and adaptations of effective strategies in communities to affect change

(Dahlberg & Haegerich, 2011)

Recommended Readings, Websites and Videos

Readings

The National Partner and Domestic Violence Survey 2011

Violence Prevention: The Evidence

Domestic Violence Websites

National Domestic Violence Hotline

National Network to End Domestic Violence

Sex and Human Trafficking



Human trafficking isn't talked about

Human trafficking is defined as the recruitment, transportation, and or harboring of a person by means of threat, force or another form of coercion, abduction, fraud, and deception. It is through the abuse of power over vulnerable individual's that perpetrators are able to exploit them. It is often combined with extreme violence, torture and degrading treatment that leave psychological wounds for the rest of their lives. Human and sex trafficking is a violation of human rights. It is estimated to effect more than two million victims worldwide (Ahn, Albert & et.al, 2013; Gajic-Veljanoski & Stewart, 2007).

There are two primary forms of human tracking: 1) forced labor and 2) sex trafficking. This section will focus on sex trafficking due to the increased prevalence in the United States. Additionally, this section will also focus on the roles that public and medical social workers take to identify victims and to provide proper medical care (Gajic-Veljanoski & Stewart, 2007).

Sex trafficking is defined as a commercial sex act which is conducted by force, fraud, coercion, or in which the child or adult is made to perform sexual acts for money. A majority of victims in the United States come from countries such as east and south Asia, Latin America, Russia, and Eastern European countries (Salett, 2006).

Medical social workers play a vital role in the identification of victims. Below is a list of clues that social workers and other medical professionals look for when assisting patients in hospitals. Victims have a tendency to not disclose their issues due to the fear of law enforcement, repercussions to family members and most are not aware of agencies that offer services specifically to the population.

Medical social workers can also help eliminate the potential of sex trafficking by:

- Identifying victims and assist them with the proper resources for medical, psychological and shelter;
- Serve on organizational committees or as board members who specifically focus on assisting sex trafficking victims and help to improve rehabilitation and reintegration into society and;
- Educate vulnerable populations such as children in schools or prostitutes that come through the emergency room on possible preventative measures and signs to look for when being encountered by certain populations

(Salett, 2006; Ahn, Albert & et.al, 2013)

What to Look For

- Multiple people in a cramped space
- People living with their employer
- Inability to speak to individuals alone
- Employers holding identity documentation
- Inability to move or leave current job
- Bruises or other signs of battery
- Submissive, fearful or depressed demeanor
- Little or no pay
- Recent arrivals from Asia, Latin America, Eastern European Countries, Canada, Africa or India

(Salett, 2006)

Facts and Statistics

The following facts and statistics were taken from the *U.S. Department of State Trafficking in Persons Report* (2017):

- Traffickers usually recruit victims from vulnerable populations such as: 1) young children who have run away from home. 2) adult females and males who have been involved in prostitution or escort services, 3) desire for a better future, 4) poor education, 5) history of abuse or violence, 6) single-parenting families, and 7) desperate socioeconomic status;
- Estimated global earnings of more than $31 billion a year;
- Worldwide, between 4 – 27 million individuals have been or are victims of sex trafficking or forced labor;
- The majority of victims (80%) are women and girls;
- Over 70% of trafficked women with children are single mothers;
- During recruitment processes, some are promised substantial earnings and jobs as nannies, waitresses, and modeling;
- In 2016, the National Center for Missing & Exploited Children estimated that 1 in 6 endangered runaways reported to them were likely sex trafficking victims;
- In a 2014 report, the Urban Institute estimated that the underground sex economy ranged from $39.9 million in Denver, Colorado, to $290 million in Atlanta, Georgia and;
- In 2016, we learned of 8,042 cases of human trafficking.

Summary of Intimate Partner Violence and Sex Trafficking in the United States

In health care settings, medical social workers will encounter victims and survivors of domestic violence and sex trafficking often. Having the knowledge of the increased prevalence of these two societal epidemics will allow social workers to identify victims, promote educational resources and to prevent the increase of violence.

Summary

This chapter examined the roles of medical and public health social workers. Medical social work is a sophisticated and challenging practice that is conducted in multidisciplinary and fast-paced environments. Therefore, professional social workers in this field need to have a clear and concise understanding of the NASW code of ethics and how it relates to patient care. Medical social workers are in charge of advocating for diverse, sometimes vulnerable individuals and communities. Hospitals and insurance companies have become engrossed with enhancing the intake of profits. Because of that, it seems they lack the desire to enhance and develop a promising health care system that will support all populations.

As students considering social work and human services careers, it is important to educate yourselves by researching and enhancing your knowledge of all work arenas. Medical social work is important because it embraces the importance of team work, advocacy, and a commitment to the individual's medical and personal health care.

Also remember, just because you may not hear about a societal epidemic (sex trafficking and domestic violence) does not mean it is not around you. Develop awareness of local, national, and international conditions. Be a change agent who develops knowledge and interventions that will enhance the quality of health care to the world.

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9.3: Mental Health and Substance Use

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Introduction

Mental health and substance abuse are multifaceted, challenging, and dynamic areas of the human service field. As professionals in this field, social workers help to make long lasting, life altering changes in people's lives.

While numerous books have been written about mental disorders and substance use both broadly and specifically, this chapter will seek to introduce you to current information about mental disorders and substance use in the United States. This chapter will include, among other things, a brief history of both mental health and substance use, the current terminologies and definitions that professionals use in the field, some of the most commonly occurring disorders and/or substances that a social worker is likely to encounter in general practice, and briefly discuss the co-occurrence of mental disorders and substance use.



Van Gogh's Man in a Straw Hat

Vincent Van Gogh (self-portrait: Above) may have suffered from numerous conditions including bipolar disorder or manic-depressive disorder (Wolf, 2001). He is an example of how mental disorders and creativity can go hand in hand and how people living with a mental disorder can still be productive members of society.

As We Get Started

As we begin, it is important to understand some of the keywords, definitions, and sources that will be used. These are a small sample of the vast vocabulary that is used to identify and describe the mental disorders and substance use disorders that social workers may encounter in professional settings.

Key Terms

- **Behavior** – the response of an individual, group, or species to its environment
- **Co-occurring** – to appear together in sequence or simultaneously.
- **Delusion** – a false belief or opinion.
- **Dual Diagnosis** – when a person has two separate illnesses and each illness needs a treatment plan (DBSA, 2016).
- **Hallucination** – a sensory experience of something that does not exist outside the mind, caused by various physical and mental disorders, or by reaction to certain toxic substances, and usually manifested as visual or auditory images.
- **Inpatient** – a patient who stays in a hospital while receiving medical care or treatment.
- **Mania** – excessive excitement or enthusiasm; craze.
- **Manic** – pertaining to or affected by mania.
- **Mental Disorder** – any of the various forms of psychosis or severe neurosis.
- **Outpatient** – a patient who receives treatment at a hospital, as in an emergency room or clinic, but is not hospitalized.
- **Prevalence** – being widespread; of in wide extent or occurrence.
- **Psychosis** – a mental disorder characterized by symptoms, such as delusions or hallucinations, that indicate impaired contact with reality.

Definitions retrieved via Dictionary.com (2017), unless otherwise noted.

Mental Health

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013), also known as the DSM-5, is a living document created by social workers, psychologists, medical doctors and many other professionals. The DSM-5 is the primary reference source social workers and other helping professions use to describe a mental disorder. In this text, just as in the DSM-5, "mental disorder" will be used as a broad term to describe several issues related to emotion, mental state, and behavior. However, this text is not enough to help people with a mental disorder. It takes a generalist approach from social workers, as well as other health professionals, to not just identify the disorder but then advocate on behalf of that person, provide supportive services, and work with the many challenges that accompany mental health disorders. Being a generalist means that the social worker employs various methods of treatment, expertise and skills to assist the client. Examples of methods used might be a *strengths based approach* where the client is encouraged to focus on and use their inherent strengths (not just physical ones) to improve other areas of their life. Social workers also focus on the *person in environment*. This means that social workers are aware of the impact the person has on their environment and how the environment impacts the person.

According to the National Alliance on Mental Illness (NAMI), approximately one in five adults in the United States experience some type of mental disorder in a given year. This means that, in a population of over 325 million people, over 43 million people will experience some form of mental health issue within a year. Among those that do experience a mental disorder, 9.8 million of those will experience a "severe" mental disorder meaning that it dramatically interferes or limits their ability to function in their everyday life. Of all the adults in the United States with a mental disorder, only 41% received mental health services in the past year. For those with a severe disorder, only 63% received any form of treatment or services (NAMI, 2017). Looking at those numbers it is clear to see that the need to identify, de-stigmatize and help individuals living with mental disorders, will impact millions of people.

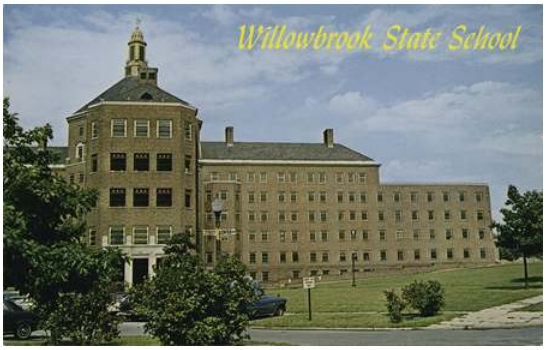
There are six categories of mental disorders that this chapter will focus on as well as the variety of disorders found within those categories. These categories contain some of the most common disorders that a social worker will encounter in her or his career. This chapter also provides a brief description of the disorders as well as the estimated occurrence, or prevalence, of each one within the United States.

The selected categories are:

- Anxiety Disorders
- Psychotic Disorders
- Bipolar Disorders
- Depressive Disorders
- Trauma Disorders
- Personality Disorders.

History of Mental Health

Historically, people suffering from a mental disorder have also suffered abuse, experimentation, torture, and even death. As you go forth as a member of the social work or other helping profession, it is imperative that you understand how long of a road it has been and how much further the profession needs to go in the ethical treatment of people with a mental disorder. This link to a 27-minute video provides an example of mental health and developmentally disabled care from just a few decades ago. The Willowbrook State School in New York City is one example of a tragic and disturbing look the past treatment of those with a mental disorder and the developmentally disabled.



Willowbrook State Institution

As you can see from the video, the Willowbrook Institute lacked funding, professionals, and knowledge of what their patients needed to be able to live successfully. Unfortunately, the Willowbrook Institute was not an isolated incident, nor was it a new occurrence. Historically, those with a mental disorder have been looked down upon, shunned, stigmatized, vilified, criminalized or tortured. This kind of treatment has been documented as far back as the middle ages of Europe all the way to the mid 1900's-United States where those with a mental disorder were placed in either hospitals or prisons.

This treatment continued up until 1963 when John F. Kennedy signed the Community Mental Health Act. President Kennedy described it as "a bold new approach", and provided federal grants to states to construct community mental health centers (CMHC), to improve the delivery of mental health services, preventions, diagnosis, and treatment to individuals who reside in the community. To be able to supply federal funding for these statewide institutions, the Medicaid Act was passed in 1965. This Act allowed community-based care facilities to charge for reimbursement of funds while excluding payments to psychiatric institutions.



JFK signing The Community Mental Health Act

The Community Mental Health Act resulted in a mass "deinstitutionalization" across the country, and by 1980 nearly 75% of the psychiatric hospital population had declined. By 2009 less than 2% of those suffering from a mental health disorder remained in institutions. Unfortunately, this resulted in some unintended consequences. For example, community-based institutions could not keep up with the mass exodus of people from the psychiatric hospitals. This was the result of several factors such as a lack of space within the inpatient and outpatient settings, a lack of funding for proper care, and a lack of funding to improve care facilities. This lack of resources has negatively impacted the care and treatment of adults, children, families, and communities across the country.

Identified Disorders

Having a mental disorder is often compared to having a physical illness (APA, 2015) and the comparison is one that professionals can often overlook. Just as there are varying degrees of physical illnesses, there are also varying degrees of mental disorders. The mental disorders can be managed in similar ways to physical ones. By maintaining medications, therapy, and problem-solving with

the individual, social workers can help the person to not only stabilize, but excel in, their life. In fact, there are many successful individuals both in today's world and throughout history, such as Vincent Van Gogh, who have found ways to cope with their mental disorders. Van Gogh most likely had one, maybe even two, mental disorders. Despite, or maybe because of, these challenges he was able to produce some of the most iconic and famous pieces of modern art to this date.

Being aware of the following mental disorders will allow you, as a human services or social work professional to better understand what the person is experiencing and how to help them meet their needs in the best possible way.

While every case is different, it is important to start thinking about some of the ways that mental disorders may present themselves. To assist you in this task some brief case studies have been provided throughout the chapter. These case studies are based on the experiences and case notes of real people and professionals.

All information and statistics following are from the DSM-5 unless otherwise indicated.

Anxiety Disorders

Anxiety disorders are characterized by shared features like excessive *fear* (the emotional response to real or perceived imminent threat) and *anxiety* (anticipation of future threat) and other related behavioral disturbances.

- Social Anxiety Disorder or "Social Phobia" is an extreme fear of being judged by others in social situations. The fear is so intense that it will disrupt or impair the person's ability to function in their everyday life. There is about a 7% prevalence in the United States for this disorder.

- Generalized Anxiety Disorder is an excessive, often unfounded, feeling of worry about the numerous everyday activities that a person could engage in. Approximately 2.9% of adults in the United States report symptoms or seek treatment for this disorder.

- Phobias are, simply put, an irrational fear of something. You may have heard of arachnophobia (fear of spiders) or acrophobia (fear of heights). In the United States, approximately 7%-9% of the population reports having a specific phobia and around 75% of this population will fear more than one object.

- Panic Disorder is defined as a debilitating fear or anxiety that occurs without any reasonable explanation. It is estimated that 2%-3% of the United States adult population will experience an episode of panic disorder in a year.

Case Study: Kristen

Kristen is a 38-year-old divorced mother of two teenagers. She has had a successful, well-paying career for the past several years in upper-level management. Even though she has worked for the same company for over 6 years, she's found herself worrying constantly about losing her job and being unable to provide for her children. This worry has been troubling her for the past 8 months. Despite her best efforts, she hasn't been able to shake the negative thoughts.

Kristen has found herself feeling restless, tired, and tense. She often paces in her office when alone. When she goes to bed at night, it's as if her brain won't shut off. She finds herself mentally rehearsing all the worse-case scenarios regarding losing her job, including ending up homeless (Case Studies, 2015).

What do you think Kristen might be diagnosed with?

Psychotic Disorders

Psychotic disorders among the most serious and challenging disorders. This is because these disorders affect an individual's interpretation of reality which then negatively impacts the person's ability to function in their environments. Across the spectrum of psychotic disorders there are common symptoms such as *hallucinations*, *delusions*, or *behaviors* that are considered socially abnormal.

- Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves (NAMI, 2016). These disturbances may present as hallucinations or delusions. Adults in the United States report a lifetime prevalence of 0.3%-0.7%, with an age of onset often occurring in the early to mid-20s.

- Delusional Disorder is the presence of one or more delusions. These delusions must be present for at least one month to the DSM-5 definition for this disorder. The prevalence of this disorder occurs in 0.2% of adults in the United States.

- Schizoaffective Disorder is characterized by schizophrenic symptoms, such as delusions or hallucinations, but with an added component of a mood disorder like mania and depression. About 0.3% of the United States adult population with be diagnosed

with schizoaffective disorder in a year (NAMI, n.d.).

Case Study: Martin

Martin is a 21-year-old business major at a large university. Over the past few weeks his family and friends have overheard him whispering in an agitated voice even though there is no one nearby. Lately, he has refused to answer or make calls on his cell phone, claiming that if he does it will activate a deadly chip that was implanted in his brain by evil aliens.

His parents have tried to get him to go to a psychiatrist for an evaluation, but he refuses. He has accused them of conspiring with the aliens to have him killed so they can remove his brain and put it inside one of their own. He has stopped attended classes altogether. He is now so far behind in his coursework that he will fail if something doesn't change very soon (Case Studies, 2015).

What do you think Martin could be diagnosed with?

Bipolar Disorders

A bipolar disorder can be defined as a variance in brain functioning that can cause unusual shifts in mood, energy, or activity levels. These shifts interfere with the person's ability to carry out day-to-day tasks. These disorders can display a range of heightened emotions in the form of manic episodes (extreme ups) to depressive episodes (extreme downs) (NAMI, 2016).

● Bipolar Disorder I is a period of mania presented as persistently elevated, irritable mood, and persistently increased activity accompanied by feelings of euphoria (being excessively cheerful) or feeling "on top of the world." The prevalence of adults in the United States with this disorder is 0.6%.

● Bipolar Disorder II is a milder form of mood elevation, involving mild episodes of mania, where one feels hyperactive and elated, that alternate with periods of severe depression, feeling down or sad for no obvious reason. Across a one-year span in the United States, about 0.8% of adults will meet criteria for this disorder.

Depressive Disorders

Depression affects an estimated 300 million people globally and more than 15 million adults (6.7% of the population) in the United States. There are several levels of depression as well as minor levels that co-occur with other disorders or that are brought on by substance use/withdrawal.

● Major Depressive Disorder is a period of low mood for at least two weeks that is present most of the time in most situations. This may look like low self-esteem, low energy, or loss of enjoyment in pleasurable activities. Major depressive disorder will affect about 6.7% of the adult population in the United States (Facts and Statistics, 2016)

● Persistent Depressive Disorder, while lacking the severity of major depression, is a chronic, or ongoing, period of depression, usually for at least two years. Approximately 1.5% of the adult population of the United States will qualify under its criteria (ADAA, 2016)

Case Study: Jessica

Jessica is a 28-year-old married female. She has struggled with significant feelings of worthlessness and shame due to her inability to perform as well as she always has in the past. Jessica has found it increasingly difficult to concentrate at work. Jessica's husband has noticed that she has called in sick on several occasions. On those days, she stays in bed all day, watching TV or sleeping. He's overheard her having frequent tearful phone conversations with her closest friend which have him worried. When he tries to get her to open up about it, she pushes him away with an abrupt "everything's fine."

Although she hasn't ever considered suicide, Jessica has found herself increasingly dissatisfied with her life. She's been having frequent thoughts of wishing she was dead. She feels like she has every reason to be happy, yet can't seem to shake the sense of doom and gloom that has been clouding each day as of late.

What do you think Jessica might be diagnosed with?

Trauma Disorders

● Post-traumatic Stress Disorder (PTSD) can be brought on after experiencing, witnessing, or hearing about a traumatic event. This is most often associated with military personnel/veterans or victims of war. However, traumatic events can be shootings, physical

assaults, or rape. After a month of being removed from the event a person may experience sleeplessness, increased heart rate, mood shifts, physically lashing out, or any combination of responses. These changes may be brought on by any stimulus in the environment that reminds the person of the terrifying event or from experiencing recurring thoughts about the event. In the United States, about 3.5% of adults will report experiencing some form of PTSD within a given year.

● Acute Stress Disorder can be described as the symptoms of post-traumatic stress disorder lasting for three days to one month. If it lasts for longer than one month, it than meets the criteria for PTSD. Acute Stress Disorder is reported in less than 20% of non-assault related events; it is reported in 20%-50% from related events like rape, assault, or witnessing a mass shooting.

Case Study: Josh

Josh is a 27-year-old male whose fiancée of four years was killed by a drunk driver 3 months ago. She died in his arms in the middle of the crosswalk. No matter how hard he tries to forget, he frequently finds himself reliving the entire incident.

He had to quit his job because his office was located in the building right next to the place of the incident. The few times that he attempted to return to work were unbearable for him. He has since avoided that entire area of town.

Normally an outgoing, fun-loving guy, Josh has become increasingly withdrawn, "jumpy", and irritable. He's stopped working out, playing his guitar, or playing basketball, all activities he once really enjoyed. His parents worry about how detached and emotionally flat he's become.

(DeepDiveAdmin, 2015)

What do you think Josh might be diagnosed with?

Personality Disorders

A personality disorder is a pattern of inner experiences and behavior that deviates from the expectations of the individual's culture, is continuous, enduring and inflexible; it often has an onset in adolescence or early adulthood and leads to distress or impairment in the person's life.

These types of personality disorders are often experienced by people seeking community mental health treatment and the homeless population, both areas social workers are employed. Some personality disorders that you might encounter include:

● Paranoid personality disorder which is a pattern of distrust and suspicion of others' motives. These motives may be interpreted as malevolent or harmful to the person experiencing the paranoia. Paranoid personality disorder may be as prevalent as 4.4% among adults in the United States.

● Schizoid personality disorder is a pattern of detachment from social relationships and a restricted range of emotional expression. The prevalence of this disorder ranges from 3.1%-4.9% of the United States adult population.

● Antisocial personality disorder is a pattern of disregard for, and violation of, the rights of others. Those who display the symptoms of this disorder may habitually lie, commit aggressive or violent acts with little to no remorse, and violate social norms. The prevalence of this disorder ranges from 0.2%-3.3%.

● Borderline personality disorder is a pattern of instability in interpersonal relationships, self-image, and affect. People with borderline personality disorder may be overly impulsive or not understand social norms. It is estimated that 1.6% to as much as 5.9% of the United States adult population will be diagnosed with this disorder.

● Narcissistic personality disorder is a pattern of grandiosity, need for admiration, and lack of empathy. 6.2% of the adult population will report for this disorder within a year.

● Obsessive-compulsive personality disorder is a pattern of preoccupation with orderliness, perfectionism, and control. This preoccupation may impair their social lives, health, or ability to function in the outside environment. The prevalence for this disorder ranges from 2.7%-7.9% in a one-year period among the adult population in the United States.

Practice Settings

There are two medical practice settings where you as the social worker are likely to encounter people with mental disorders: inpatient (hospitals, medical & psychiatric) and outpatient (substance abuse centers, mental health clinics). Though there are some similarities in goals and strategies, the differences are certainly worth noting.

Inpatient services in these settings are provided by social workers who work with individuals or groups to provide treatment in a variety of forms. The inpatient worker also works with friends, family, and employers to help the person return to their outside life. The social worker may advocate and work with other agencies to provide assistance or resources for individuals under their purview of care.

When a patient is ready to leave a psychiatric facility, the social worker may connect them to an outpatient clinic. In these settings, outpatient workers assist the individuals or groups in maintaining healthy functioning in their environment through therapy or clinical activities. The social worker in this setting will conduct therapy or planning sessions, contact outside agencies, and advocate for their client's best interests.

In addition, you are likely to encounter clients with mental disorders in almost any setting or job. Depressive and anxiety disorders are especially prevalent throughout the population. Any setting that addresses unmet needs such as homelessness, food insecurity, loss and grief, or abuse will include clients that may come to the service with one need identified but may also have treated or untreated mental disorders.

Vulnerable Populations

While many people living with a mental disorder live fulfilling lives those who have a "severe" mental disorder are considered a vulnerable population. When we refer to people or a population as vulnerable this means it is "the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters" (WHO, 2017). This vast population overlaps with several other populations that will/have been covered in this book:

- Veterans
- Children
- Poor/Disenfranchised
- LGBTQ+
- Minorities
- Homeless
- Prisoners
- Seniors

Current Issues

This section needs to be updated. What current social issues and problems would you include here, ones that affect the helping professions, mental health, and substance abuse?

Regardless of what your decisions or thoughts are on these issues are, the social work profession must always be vigilant to who/what/where/why/when of funding. We must also be aware politically of who's in charge, what their agenda is, and if it impacts our profession, impacts the people we serve, and if it is in line with our professional ethics.

Summary

The field of mental health is not perfect. Studies can only give us so much insight into the symptoms, behaviors, predictors, prevalence and other criteria used in identifying mental disorders. The DSM-5, while a useful tool, is still scrutinized for numerous reasons. For instance, this is the fifth edition of this text meaning that things have changed in definitions and classifications across the decades. The DSM-5, unlike its four previous versions, is being treated as a "living document" and will be amended more frequently in coming years than its previous versions. With this idea of a "living document" in mind, it is important to ask some questions. Is the DSM-5 a tool that attaches "labels" to people, thereby inhibiting the treatment that they seek? Is it a tool used only for insurance purposes? Does the collaboration between various backgrounds help or hurt the cause for proper mental health care? There are many more questions, critiques, and changes surrounding, not just the DSM-5, but therapy styles as well as our ever-improving understanding of the brain and we in the social work profession must be aware of them.

These changes have resulted in improvements to how we approach the concept of "mental disorders" as well as adhere more closely to the social work and helping professional core values and perspectives. For example, homosexuality used to be classified as a mental disorder but it was removed from the second edition of the DSM in 1973. Gender dysphoria is now more closely

understood as the anxiety experienced due to the pressures of social norms rather than an internal struggle. The DSM mirrors and reflects back to society and will continue to change.

Substance Use, Dependence, and Abuse

For decades, a war has raged across the globe. The financial costs have been high, the lives impacted even higher. During this time, we have been told to "Just Say No" and many have been arrested and imprisoned for participating in this war. The enemy in this war has taken many forms and continues to persist in modern times. It is not terror and it is not a tyrannical government. This is a war against drug abuse.

History of Substance Use

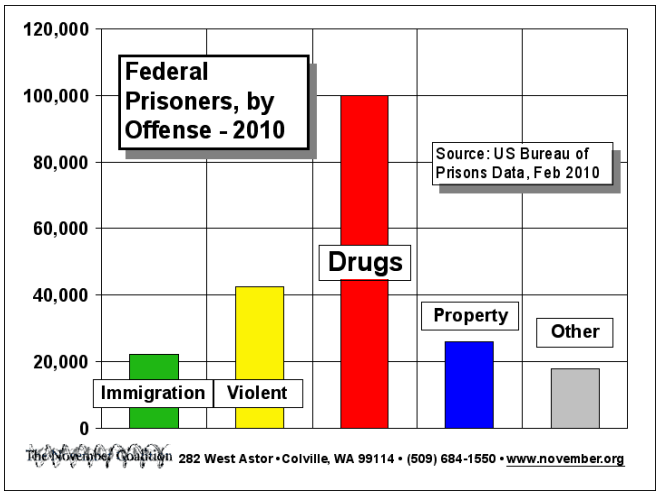
Discussing substance use/abuse would be incomplete without mentioning the "war on drugs" and the historical impact substances/drugs have had on our economy, population, education, law enforcement, and policy.

Made popular in 1971, President Richard Nixon declared drug abuse "public enemy number one." This statement came along with a dedication of more federal resources towards "prevention of new addicts and the rehabilitation of those who are addicted." This was not a new idea by any means. The drug war may have started as early as 1860 from certain laws at local levels. After that came the first federal law, the Harrison Narcotics Tax Act, which was signed into law in 1914. Then came Prohibition that, though ultimately unsuccessfully in its attempt to make alcohol illegal, was still an attempt at eliminating an object of public consumption (Thirty Years of America's Drug War a Chronology, 2014).

This is just the tip of the iceberg as far as the historical legislation of the war on drugs. But the question we should ask is: Are these policies and means of "combating drugs" really working?

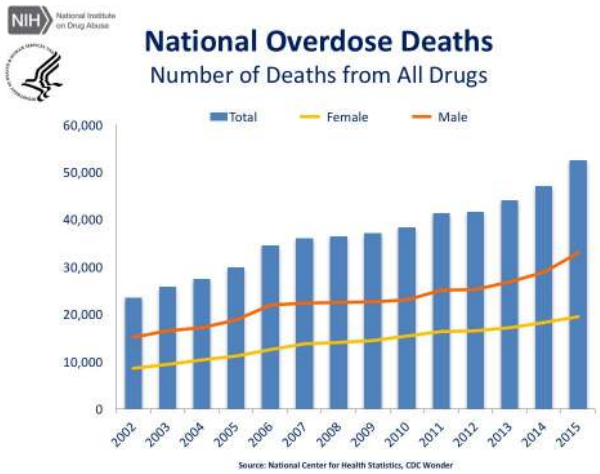
According to The National Center on Addiction and Substance Abuse (2017), over $51 billion dollars is spent annually in the United States to combat illegal drugs and their use. For every dollar spent however, only two cents goes towards prevention and treatment of those seeking assistance from a substance use disorder. The rest of the money goes towards prosecution, imprisonment, and hospital costs.

These policies have also lead to an increase the incarceration of individuals, many of whom are in jail or prison for possession, not selling or distribution (Bureau of Justice Statistics, 2007).



Federal Prisoners by Offense, 2010

While incarcerations increase, the numbers of deaths from overdoses continue to increase as well.



National Overdose Deaths, Number of Deaths from All Drugs, 2002 – 2015

To be clear, this is not to say that there should not be drug laws. Rather, the suggestion here is to consider that maybe these laws and investments are causing more harm to the victims of drug use. Perhaps these laws are not designed to prevent their use or help users to rehabilitate, as Nixon and other leaders originally intended all those years ago?

The World Health Organization (WHO) states:

"Policies which influence the levels and patterns of substance use and related harm can significantly reduce the public health problems attributable to substance use, and interventions at the health care system level can work towards the restoration of health in affected individuals." (WHO, 2017)

Changing Terminology

It is important to note that the DSM-5 does not use the term "addiction" as a classification term. Some in the helping professions believe the term "addiction" can carry a negative connotation and is a very ambiguous definition. Therefore, the phrase "substance use disorder" is used as a more neutral term by these professionals for the purposes of describing the variety of ways that this disorder can be identified.

Key Terms

- **Abstinence** – the act or practice of restraining oneself from indulging in something.
- **Depressant**– a drug that reduces bodily functioning or instinct (ex. Tranquilizers, Klonopin, or Xanax.
- **Hallucinations** – perception like experiences that occur with an external stimulus; vivid/clear, involuntary, and can occur in all levels of sensation.
- **Hallucinogen** – a drug that causes hallucinations (ex. PCP, Ketamine and Peyote).Harm Reduction – a set of strategies aimed at reducing negative consequences from drug use. Also hold a belief in/respect for the rights of the people who use drugs.
- **Inhalants** – vapors introduced to the body by breathing it in (ex. Paint thinners and many household chemicals).
- **Stimulant** – a substance that increases attention, energy, heart rate, and respiration (ex. Cocaine and Ritalin).
- **Opioids** – a compound derived from the opium plant (ex. Morphine, methadone, and heroine).

Definitions retrieved via Dictionary.com (2017), unless otherwise noted

But, as you head into the social work profession you may find often times that the terms addiction, substance use, substance abuse, and dependency may be used interchangeably or be used to refer to the same thing. For example, the term "addiction" or "addict" can be seen on government websites whereas DSM-5 employs the term "substance use disorder". These words are explaining the same events, symptoms, and treatments but from two different professional standpoints, the medical (government) person centered.

The goal of the DSM-5, as well as the social work profession, is to mitigate or prevent the self-imposed and social stigmas that can result from being labeled as "an addict." By limiting harmful stereotypes and using person centered language (i.e. saying someone has a disorder rather than calling them an addict), the client may view the disorder as a manageable part of their life rather than

being all of who they are. This is an important concept for social workers to be sensitive to and it is with that in mind that this chapter will use the term Substance Use/Substance Use Disorder.

Substance Use Disorder (SUD)

Substance use disorder (SUD) is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance related problems.

There are four key criteria that people must meet to be considered as having a Substance Use Disorder are impaired control, social impairment, risky use, and pharmacological criteria.

All information and statistics following are from the DSM-5 unless otherwise indicated.

SUDs include but are not limited to things such as:

● Alcohol Use Disorder is defined by a cluster of behavioral and physical symptoms, which can include withdrawal, tolerance, and craving. The prevalence of this disorder is very common in the United States with an 8.5% rate among those 18 years and older.

● Cannabis Use Disorder consist of behavioral and physiological symptoms that result from a long or heavy duration of cannabis use. This use disorder will often co-occur with other, more severe, substance use disorders like alcohol, stimulants or hallucinogens. While the full prevalence may be underreported, a study by Hasin et al. (2015) reveal that three out of ten (30%) marijuana users will qualify as having a use disorder.

● Hallucinogens are any drug that can produce alterations in perception and mood (See: Key Terms). Across a twelve-month span, it is estimated about 0.5% of the adult United States population will report symptoms of this disorder.

● Inhalants are classified as any substance that people only consume through inhaling. The result of this type of use is a mind-altering nature. Inhalants include things like gasoline, aerosol spray, or prescription medicines called nitrites (National Institute on Drug Abuse, 2017). This use disorder is most common in youth with about .4% of 12-17-year-olds reporting misuse although 10% of 13-year-olds do report using inhalants at least once.

● Opioids are a class of drugs that include the illegal drug heroin as well as legal drugs like morphine and codeine. These drugs deliver pain relief and euphoria when consumed. The consumption of prescribed opiates like morphine or OxyContin, becomes a substance use disorder when the opioids are consumed outside of a controlled environment or through self-administered dosages. In the United States, the prevalence of opioid use disorder is approximately 0.37% in adults.

● Stimulant use disorder is an abuse of substances like cocaine or methamphetamines. Symptoms of this disorder include cravings for stimulants, failure to control use when attempted, spending a great deal time obtaining and using stimulants, and withdrawal symptoms that occur after stopping or reducing use (SAMHSA, 2015)

● Tobacco use disorder occurs in people who use tobacco products in greater amounts or longer durations than originally intended. There is a strong desire to consume tobacco, increase intolerance to nicotine, and people may be unsuccessful at quitting tobacco products. The prevalence in the United States of tobacco use disorder is 13% (DSM-5, 2013) – a substantial number considering the estimated 66.9 million smokers of tobacco products (SAMHSA, 2015).

Substance Use Disorder Practice Settings

A social worker choosing the field of substance treatment will find themselves in two medical settings: inpatient and outpatient. Similar to the practice settings of mental disorders, substance use clinicians can work in inpatient clinics that house people trying to alleviate themselves of their substance use as well as enhance their health,; an example of this can be seen in the film *28 Days* starring Sandra Bullock. These types of facilities may have individual or group counseling sessions, provide drug screens, and provide time for the individual to reflect on their situation (Davis, 2013).

Outpatient clinics are another option for practice settings. These facilities offer potential clients scheduling flexibility and are not as intensive or hands on as inpatient facilities. These types of facilities allow clients to receive services like counseling, education, medication and support information at their own pace (AddictionCenter.com, 2017).

Similarly to mental disorders, you are likely to encounter clients with substance abuse disorders in almost any setting or job. Any setting that addresses unmet needs such as homelessness, food insecurity, loss and grief, or abuse will include clients that may come to the service with that need presenting as the issue but also with a substance abuse disorder.

Current Issues

There is a current drug use trend in the United States referred to as the Opioid epidemic. According to the Centers for Disease Control and Prevention (CDC) (2017), the majority of drug overdose deaths in the United States, six out of ten, in fact, involve some form of an opioid. This epidemic appears to be rooted in the use of prescription opiates. According to CDC statistics, nearly half of the opioid overdoses in the United States were linked to prescription pills like OxyContin, Methadone, and Vicodin (CDC, 2017).

But what happens when the person who has been using prescription opioids can no longer afford them? They may turn to heroin. According to CNN reporter, Dr. Sanjay Gupta (2016), the price for heroin is almost one tenth the price per milligram than it is for a prescription. This may be one of the many reason we see such a rise in heroin use and, is often the case, death. They may also experiment with more dangerous drugs, such as fentanyl, as has been the case in Ohio, which has formulated an Opiate Action Team (Opiate Action Team, 2017).

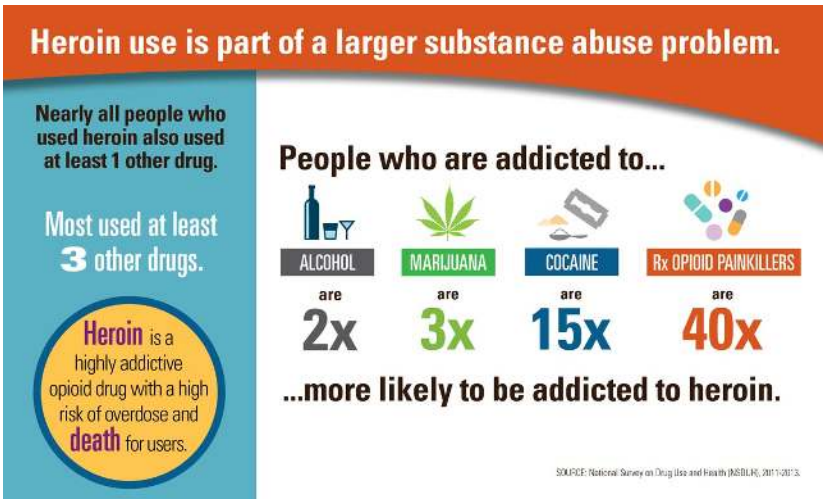


Chart showing that heroin use is part of a larger substance abuse problem

This increased trend in drug use has impacted a wide range of people and demographics, many of whom were never at "serious" risk for drug abuse before, like women, people with higher incomes, and the privately insured. Statistics show that 45% of people who used heroin were also addicted to some form of opiate painkiller (CDC, 2017).

Similar trends and concerns to that of Ohio can be seen across the United States. Here are some resources that describe the national challenge of the opioid epidemic.

https://www.hhs.gov/opioids/about-the-epidemic/index.html

http://www.npr.org/tags/141914251/opioids

http://www.radiolab.org/story/addiction

The above links provide examples of the impacts and strategies that people and agencies dealing with the dramatic impact that opioids are currently having, not just on the country but all over the world.

Social workers and all helping professionals are at the forefront of combating this epidemic. They are meeting clients in hospitals as they recover from overdoses, counseling those seeking rehabilitation, working with insurance companies to distribute funds and ensure correct coverage, as well as educating youth on the dangers of opiates.

Philosophies of Treatment

As we can see, there is a large spectrum of substances that have different effects on the body and brain. If you choose to enter the field of substance treatment, you are bound to encounter different ways organizations or practitioners choose to treat their clients. Two main philosophies of substance treatment are Abstinence and Harm Reduction.

Some places may encourage the practice of *abstinence*. You may have heard this term regarding alcohol or sex because abstinence is defined as "the act or practice of restraining oneself from indulging in something" (Oxford Living Dictionaries, 2017). Some substance use treatment programs like Alcoholics Anonymous (AA) promote this type of behavior (DualDiagnosis.org, 2017).

According to *Principles of Harm Reduction* (2017), *harm reduction*, like many practices throughout social work, has the base philosophy of meeting people "where they are at" when it comes to their substance use. When working with a person who is suffering from a drug use problem (change the word problem) the social worker acknowledges that drugs are a part of part of this world, in both positive and negative terms (i.e. medications and illegal drugs). Rather than attacking or condemning the patient's behavior, the clinician works with the person to minimize the use as well as the harmful effects of these substances thereby reducing the overall harm that is being done.

Both strategies have their limitations. For example, is it reasonable to ask someone to abstain without relapsing? How does a relapse impact the individual's recovery? Will it be condemned or understood as part of healing? Can a person really get clean if they are still on a substance? Do we continually tolerate relapse or establish consequences for the undesired behavior? How much time is the counselor and client willing to take? Will the approach be safe for the client to participate in?

According to DualDiagnosis.org, 30% of people who participate in harm reduction or moderation type programs will end up in an abstinence-only program. However, according to a study conducted across a 33-month period, the success rate of abstinence only programs is very low – 5.9% for females and 9% for males (Recovery: Abstinence vs. Moderation, 2017). However, there is a current trend in this area of treatment moving more toward the use of interventions with evidence of effectiveness but information is currently limited.

Mental Disorder and Substance Abuse

Whether you are a social worker in mental health or substance treatment, inpatient or outpatient, there is an almost guarantee that you will encounter people who have both a mental disorder and substance use disorder in your career. This is referred to as a *dual diagnosis* where the presence of a mental disorder occurs along with the use of a substance.

According to the National Institute on Drug Abuse (2017), people who have a substance use disorder are nearly twice as likely to also be diagnosed with either a mood or anxiety disorder. However, a mental disorder can also lead to substance use in a sort of chicken vs. egg situation. For example, let's say there is someone who has a diagnosis of depression who also uses a stimulant to try to alleviate it. Or perhaps someone has a diagnosis of alcohol use disorder and because of this use, they have developed depression. These are two potential examples of a dual diagnosis.

✔ Case Study: Katie

Katie is a 26-year-old female. She has come into services due to a previous suicidal attempt. Her initial assessment gives her a diagnosis of Major Depressive Disorder and a secondary assessment of Alcohol Use Disorder. She remembers drinking since she was about 12 years old; she reports that she drinks to lessen the feelings of "sadness and feeling down." She also reports that she feels "just as bad, if not worse" if she stops the drinking.Katie has attempted services in the past but discontinued them because she says, "I was fine after about 10 months of being with them so I stopped taking my medication and wanted to get on with my life." Katie reports that she has a boyfriend who is very supportive and a mother in town. Her father is out of the picture but Katie reports he also had a history of substance use.

Consider how you would approach this case: What are some things you would want to know? What would you address first? Why? Feel free to discuss this in class.

As you can see, it takes a discerning professional to figure out the best path of treatment, plan for change with the individual, provide supports, assist in maintaining healthy coping, and a vast array of other tasks and responsibilities.

Resources, Tools, and Strategies

Social workers can seek several avenues to assist their clients. As you may already be aware, social work strives to institute evidence based practice (EBP) when dealing directly with clients. These practices may include Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, or Motivational Interviewing.

Social workers must also be familiar with medications that have been prescribed for treatment and their potential benefits, drawbacks, or chance for abuse (i.e. opiates).

Social workers working in inpatient settings may also help guide their clients through the process of detoxification from substance use. This process can be a long, painful, arduous process for many people and the support that a caring social worker can provide is an invaluable resource.

Social workers may lead support groups. These are organizations, generally outpatient, where clients gather to share their stories, successes, setbacks, hopes, and needs as they recover or maintain their mental or physical health regarding their disorder or substance use.

Finally, it behooves the social worker to know the person they are assisting. Establishing rapport, trust, and familiarity with the client's personality, lifestyle, family structure, culture, and environment are invaluable pieces of information. The impact that a mental disorder or substance use disorder can have on these different systems are not isolated to one; rather these systems impact each other.

For example, someone experiencing a substance use disorder may withdraw from work or family functions seeking out isolation. They may make friends with similar substance use disorders, thereby creating a new environment that encourages the behavior. The person then may not have the support to seek positive change when they decide to finally pursue help.

Similarly, someone who is diagnosed as paranoid schizophrenic may not be able to function in their working environment. This lack of employment may impact their social circles and places of enjoyment, even where they now shop. This change in lifestyle may, in turn, impact family dynamics. The family, once a great support, may now be uninformed, resentful, or frightened of the sudden change in their loved one. The rejection of family may then have an impact on the belief in oneself to recover, cope and maintain their mental health.

As a social worker in these fields, your role will be to help clients through these, potentially difficult, times. You will connect their clients to local resources, advocate for best practices to achieve client goals and outcomes, and offer non-judgmental supports to their clients. You yourself may even be that resource that people contact for individual therapy/counseling, or group therapy/counseling. Here is the United States Department of Health and Human Services list of resources and national hotlines.

Career Outlook

The area of social work that specifically deals with mental disorders and/or substance use has been around for decades and shows no signs of slowing down. In 2014 the number of social workers employed in the mental health and substance use fields was 117,800. The field is projected to add 22,300 jobs over the next 10 years, resulting in 19% job growth (U.S. Department of Labor, 2017).

Unfortunately, the Bureau of Labor Statistics (2017) also indicates that the social workers in the mental health and substance use fields tend to make less than their peers. Workers in mental health and substance use can expect to make an average of $42,700 compared to the top average pay of $60,230 from fields like private clinical or veterans administration workers. (NOTE: Payment tends to be degree dependent; those with BSW degrees tend to make less than those with MSWs.)

Summary

Social workers have, and will continue to, advocate for the understanding of and pursuit of social justice for some of the most misunderstood and vulnerable among us. These workers will encounter a variety of individual and co-occurring disorders in their profession.

Social workers in the mental health and substance use fields continue to improve treatment outcomes with a better understanding of the brain, trauma, and evidence based practice (EBP) models to provide treatment and care. These treatments can be in a variety of settings from community mental health (CMH) facilities, to hospitals, to private clinics.

There are many challenges in the country, as well as the world, and social workers are well equipped to combat many of these challenges going forward. This field will continue to grow over the next decade although the funding and pay scale for services is currently in question.

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Note: this list has not yet been updated and had the links checked–EBP

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9.4: Criminal Justice Settings

Kassandra Weinberg and Ferris State University Department of Social Work

Kassandra Weinberg, MSW, is a graduate of Ferris State University as of August, 2017. Her undergraduate degrees are from Olivet College double majoring in Psychology and Criminal Justice, which was the inspiration behind requesting to complete this chapter. Her professional experiences have consisted of completing various internships within settings combining criminal justice and social work including the Ingham County Youth Center, Children's Protective Services, Eagle Village, and Bethany Christian Services working as a counselor. As of summer 2017 when this project was completed she was eagerly planning her upcoming wedding, and also enjoys reading, watching netflix, and spending time with her family and four cats.



Introduction

As you have learned from previous chapters, a social worker can find themselves involved in numerous diverse systems depending on their client population and area of specialty. One of the most intimidating and controversial of these systems is the United States criminal justice system. Whether a social worker is tasked with working with inmates housed in jail or prison, rehabilitating individuals on probation or parole, investigating potential child abuse, or defending the rights of crime victims, the criminal justice system is sure to have an enormous impact on nearly every aspect of a client's case and personal life. In order to best aid clients who have found themselves wrapped up in this complex system it is crucial that we as social workers have at least a basic knowledge of what the system is, how it works, basic terminology, and most importantly, the rights held by not only our clients but each person who lives in this country.



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 which are determined by the individual's area of residence, type of offense, and more. The most common of these include state (police) and federal (FBI) jurisdictions. The simplest way to compare these two is to think of an individual who commits multiple crimes in one state with an individual who commits one or multiple crimes in one state and then moves to another. Since the individual in the second scenario has moved, the two states involved would be competing for jurisdiction, making it necessary to involve the Federal Bureau of Investigations (FBI) as they have national jurisdiction. Other examples of jurisdictions include county, city, tribal government, or military installation (NCVC, 2008a).

Components of Criminal Justice

These descriptions are taken from NCVC's The Criminal Justice System *unless otherwise noted.*

Most of these criminal justice systems consist of five components- law enforcement, prosecution, defense attorneys, courts, and corrections. Each of these play a unique but critical role in criminal justice proceedings.

Law enforcement officers are tasked with hearing and investigating reports for crimes which happen in their jurisdiction. These officers investigate crimes by gathering and protecting evidence, making arrests, providing testimony during court processes, and conducting follow-up investigations as needed.

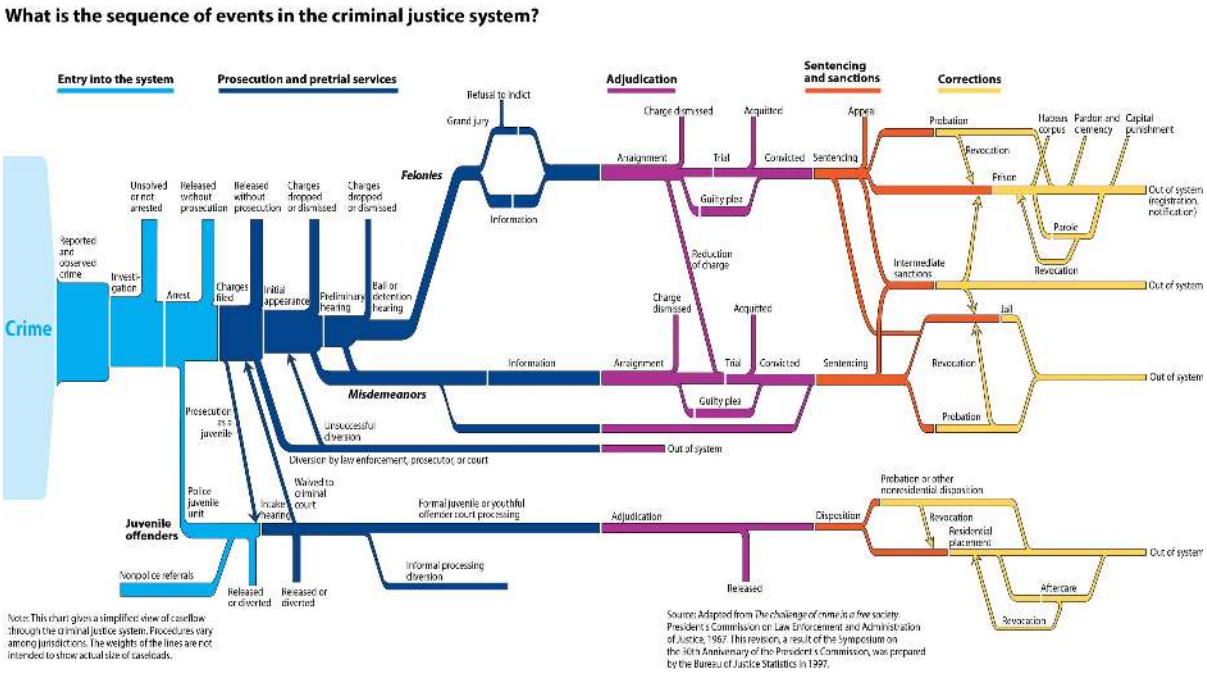
After law enforcement officers investigate a criminal offense, it is up to the prosecution to represent the state or federal government throughout the court process. Prosecutors must review the evidence gathered by officers and determine whether to file formal charges against the suspect or to drop the case. They are also tasked with presenting the evidence in court, questioning witnesses, determining what charges a suspect will be charged with, and more.

While the prosecution represents the state or federal government, it is the job of defense attorneys to represent the individuals accused of a criminal offense. They can either be hired by the defendant themselves or assigned by the court since legal representation is a basic right outlined in the Constitution.

Both the prosecution and defense attorneys are involved in the courts which are run by judges. Their role is to ensure that the law is followed along with overseeing what happens in court. Judges are able to determine whether or not to release offenders before a trial, accept or reject plea agreements, oversee trials, and sentence individuals convicted of illegal acts. Judges are easily some of the most powerful individuals in the criminal justice system.

Finally, after an individual has been investigated, tried, convicted, and sentenced, they enter the last criminal justice component of corrections including jails and prisons. These terms are often used interchangeably, but in reality jails are used to house individuals sentenced to less than one year of incarceration as well as those awaiting trial, while prisons house individuals sentenced to be incarcerated for a year or more. Correction officers are tasked with supervising convicted individuals in jail or prison, and also include probation (jail) and parole (prison) officers who are responsible for monitoring these individuals either after they have completed their sentence or in some cases in lieu of incarceration. Corrections officers typically prepare pre-sentencing reports on the individual which are used to help judges decide on sentences as well as overseeing the day to day custody of incarcerated inmates (NCVC, 2008).

*The image provided outlines the process from arrest to incarceration including the components discussed above. As a social worker within criminal justice settings it is often beneficial to be aware of the complexity of criminal justice proceedings as well as basic timelines in order support and advocate for clients. For more information and detailed descriptions of each step in the criminal justice system process, see The American Bar Association's guide, *How Courts Work*.



What is the sequence of events in the criminal justice system? https://www.bjs.gov/content/justsys.cfm

The Courts

In order to understand the role of a social worker in court room proceedings, a basic understanding of the various types of courts and their roles are first required. Look to the next sections to learn a few of the most common types of courts that a social worker may find themselves involved in.



Courthouse in Washoe County, Nevada

The descriptions below were obtained from Michigan Courts, The Learning Center website.

United States Supreme Court

The Supreme Court of the United States is the “highest” court in the land. It has ultimate authority to hear appeals in nearly all cases decided in the federal court system. It can also hear appeals from state high appellate courts that involve a “federal question,” such as an issue involving a federal statute or arising under the Constitution of the United States. This essentially means that an individual who disagrees with a decision reached in a lower court has the right to apply for a second opinion from a higher court. They are able to practice this right by moving all the way from local courts to the top of the diagram, the US Supreme Court which can not be overruled. With that said, fewer than 100 cases are actually heard and decided by the Supreme Court each year.

There are currently nine justices on the Supreme Court: one chief justice and eight associate justices. These individuals can be thought of as a team of judges who are considered to be some of the most ethical individuals in the country nominated only by the President of the United States. The key to the number of justices is that it is an odd number when the decision on a case comes down to a vote. In order for a decision to be reached, a minimum of five justice votes are required either for or against the defendant. After each side’s argument has been presented the justices crafts a written explanation of their decision called an opinion. With that said, there can be more than one “opinion” since not all of the Justices need to agree in order for a decision to be reached. Most commonly opinions are either titled as “the majority opinion”, or “the minority opinion” and outline the details of the “winning” and “losing” arguments.

The main conditions for a Justice to hold office is found in Article III Section 1 of the Constitution, “[t]he Judges, both of the supreme and inferior Courts, shall hold their Offices during good Behavior, and shall, at stated Times, receive for their Services, a Compensation, which shall not be diminished during their Continuance in Office” (Constitution, 2017). Essentially this means that Justices serve for life, only being replaced due to death, retirement, or impeachment for unethical behavior. Since 2005, John G. Roberts Jr. has served as the Chief Justice and the oldest and longest serving justice is 80-year-old Anthony Kennedy appointed in 1988.

Supreme Court facts and landmark cases are available through the following links at ConstitutionFacts.com:

https://www.constitutionfacts.com/us-supreme-court/fascinating-facts/

https://www.constitutionfacts.com/us-supreme-court/landmark-cases/

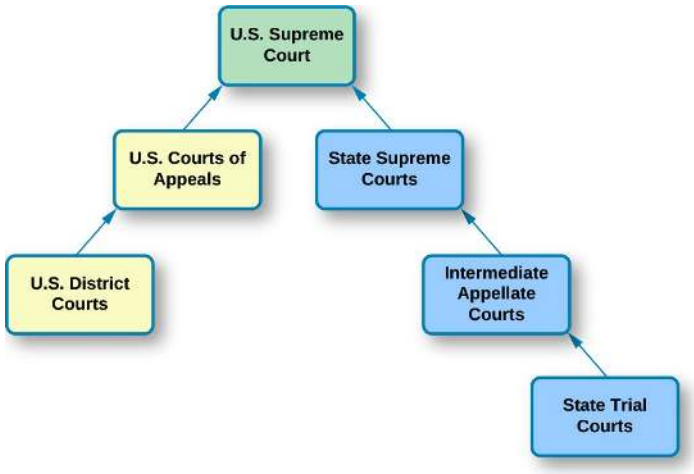
Michigan Supreme Court

Each state has its own Supreme Court. Here we will use Michigan as an example. The State of Michigan Supreme Court is the highest court in the state and can be overruled only by the Supreme Court of the United States. The Michigan Supreme Court has seven justices, one of whom is elected to be the Chief Justice as in the US Supreme Court. Following the diagram provided below, the state and federal court systems can be thought of like a pyramid starting with local courts and working all the way to the US Supreme Court. At this level, if an individual is dissatisfied with a decision from the Michigan Court of Appeals they can complete a written “application for leave to appeal”. This essentially means that they would like to invoke their right to appeal a court

decision which they believe is unjust. The Michigan Supreme Court receives approximately 2,000 applications each year and "grants leave" – meaning they will hear the case – in about 100 of these cases. Unlike the US Supreme Court however, in order for a decision/ majority opinion to be reached at this level, a minimum of four of the seven Justices must agree.

Michigan Court of Appeals

The Court of Appeals is a relatively new court that began in 1965. It is an "intermediate" court between the Circuit Court (where trials take place) and the State Supreme Court. Individuals who are dissatisfied by a Circuit Court decision go first to the Court of Appeals. In most cases, the person who loses in Circuit Court has the right to appeal to the Court of Appeals where the case will be argued before three judges who must reach a majority decision (2 out of 3) much like the higher courts described above. The Court of Appeals hears about 6,000 cases each year, and listens to arguments regularly in Detroit, Lansing, and Grand Rapids, and Northern Michigan.



Flowchart of the U.S. court system

Local Courts

Circuit Court

The Circuit Court is a general trial court. It has jurisdiction in all civil cases involving more than $25,000, all felony cases, all serious misdemeanor criminal cases, and all family cases. The Family Division has jurisdiction over divorce, child custody, child support, paternity investigations, adoptions, name changes, juvenile proceedings, emancipation of minors, parental consent, and personal protection proceedings. The Family Division also houses the Friend of the Court, which handles cases involving child custody, parenting time, and support.

Probate Court

The Probate Court handles wills, administers estates and trusts, orders treatment for individuals who are developmentally disabled, and appoints guardians and conservators. In 2013, Probate Court handled 64,114 case filings.

District or Municipal Court

The District Court handles most traffic violation cases and hears both criminal and civil cases, including small claims and landlord-tenant disputes. All criminal cases for people 17 years old or older originate in district court. The defendant is told the charges, rights, and possible consequences. If the charge is a misdemeanor punishable by less than one year in jail, the District Court conducts the trial. For charges punishable by more than one year, the case goes to Circuit Court.

Small Claims Court

A division of the District Court, the Small Claims Court hears civil cases of $5,500 or less. A case may be presented to a judge or an attorney magistrate. In 2013, 55,719 claims were filed here. A magistrate is a civil officer with the power to administer and enforce laws similar to a judge.

Court of Claims

The Court of Claims is part of the Court of Appeals. The court hears and determines all civil actions filed against the State of Michigan and its agencies. These cases include highway defect, medical malpractice against state-owned medical facilities and state-employed medical practitioners, contracts, constitutional claims, prisoner litigation, tax-related suits, and other claims for money damages.

Amendments of the Constitution

The criminal justice system is ultimately governed by the Constitution of the United States of America. The Constitution is responsible for outlining the basic, inalienable rights of each citizen of the United States. Obtaining an understanding of these rights is particularly relevant to social workers working with criminal justice populations in order to be able to determine if a client's rights are being denied and what protections have been put in place to defend these rights.

Some examples most pertinent to criminal justice populations include Amendment 4 which protects individuals against unlawful search and seizure, and Amendment 8 which protects against cruel and unusual punishment.

To review these amendments as well as the entire Constitution, please follow this link: http://constitutionus.com/



The Constitution of the United States – Preamble

What is a Criminal Justice Social Worker?

Now that you have an idea of what the criminal justice system is and how it functions, how does social work come into play? With today's increasingly controversial, challenging, and ever-changing legal system, criminal justice social work (also referred to as forensic justice social work) is rapidly rising as a vital public service for offering psychological and behavioral services in the criminal justice system (Coyle, 2017). Although the field of criminal justice social work is relatively new, the number of court cases and growing prison populations nationwide are creating a large demand for social workers with knowledge and/or experience within the criminal justice system.

While many mistakenly believe that criminal justice social work is limited to evaluating and treating criminal defendants in psychiatric hospitals, it is important to realize that the field is much broader and includes all social services within the civil and criminal justice systems on nearly every level. Professionals with degrees in human services, criminal justice, psychology, public health and other fields all provide social services within the criminal justice system. It is also important to note that, like many aspects of society, the media's portrayal of criminal justice social work is highly inaccurate. For example, these workers are often depicted as performing and analyzing lab work which is rarely the case unless the workers specializes in research roles. It is also unlikely as a worker that you will run into the "Jeffrey Dahmers" of the world on a regular basis, rather you will be treating and advocating for individuals who often have significant histories of trauma and have simply made poor life decisions. So, if in reality this career is not what the media portrays it as, what exactly does a criminal justice social worker do? (Coyle, 2017).

A helping professional in the justice system's day-to-day activities largely include providing consultation to law enforcement personnel, law makers, attorneys, paralegals, community members, correctional officers, doctors, and psychiatrists on interdisciplinary teams (NCVC, 2017a). Criminal justice social workers often provide their clients with emotional support, guidance in navigating the court/legal systems, connections to relevant resources, housing application assistance, and individual and policy advocacy. Further, criminal justice social workers typically use their legal expertise to work within court systems in settings such as child and family agencies, hospitals, mental health agencies, substance abuse agencies, correctional facilities, prisons, and faith-based institutions.

Criminal justice social workers are also responsible for diagnosing criminal populations, making recommendations about mental status, serving as expert witnesses, training law enforcement personnel, referring defendants to community resources, and developing advocacy programs in the criminal justice system. These roles are more than likely where the inspirations for television and other media forms stem from. However, although diagnosing criminal populations is part of what criminal justice social workers do, this task realistically makes up very little of a worker's activity and is not nearly as glamorous and intense as one might see in a movie. For example, while again it is accurate that a criminal justice social worker may work with criminal populations, other vulnerable populations served include but are not limited to: incarcerated youth and adults, recently released inmates, children who are victims of neglect, and victims of domestic or sexual abuse (MSW Guide, 2017). In order to better outline the types of populations criminal justice social workers commonly work with and what they do, please refer to the following case study:

Case Study

"Jonathan" is a 37-year-old, Caucasian male who identifies as heterosexual and non-religious. He is currently in prison for domestic assault against his wife of 11 years. Although he claims to love his wife, Jonathan states that he frequently struggles to control his anger, especially after a night of heavy drinking. After being interviewed by the prison social worker it was revealed that Jonathan was abused by his father while he was a child, and he also commonly saw them fight both verbally and physically. During the initial interview Jonathan struggled to make the connection between his own traumatic upbringing and his current beliefs and behaviors.

Cases such as these are common within the criminal justice system since, as outlined in previous chapters, unresolved traumas can so often be linked to negative behaviors as adults. For Jonathan's case the main tasks of a criminal justice social worker would include assessing Jonathan's risk to himself or others based on his past and current behaviors, developing a treatment plan to combat symptoms of anger and possible substance abuse, educating Jonathan on various coping skills to control his anger/ drinking, working to increase communication skills as an alternative to violence, meeting weekly or bi-weekly for individual therapy with subjects such as adjustment to prison and childhood trauma, detailed documentation of all activities, advocacy, testifying in court, and more. Although this case study does present a common issue that bridges social work and the criminal justice system it is just one of countless possible client populations.

For additional examples of specific career opportunities and client populations, refer to the next section.



Prisoners in a group therapy session

Careers in the Criminal Justice System

As a helping professional in the criminal justice system there are a wide array of career options each with specific skill requirements, education requirements, salary ranges, and of course daily tasks. The previous sections discuss the most common tasks of a criminal justice social worker; below are listed many career options which have their own unique challenges and

rewards. This section will outline just a few of the countless job prospects for individuals with a mental health degree as well as a passion for helping those caught up in the criminal justice system.

CPS or APS Worker

CPS and APS are common acronyms that future social workers are sure to see in their careers. They stand for Children's Protective Services (CPS) and Adult Protective Services (APS). These careers are easily some of the most controversial and emotionally taxing that a social worker can enter (Education Career Articles, 2012). The job titles can be broken down into Investigations and Ongoing services, which are tasked with determining whether or not an allegation of abuse on a child or adult is true (investigations), or are responsible for working directly with families who have been substantiated for some form of abuse or neglect (ongoing). Unlike the common misperception these workers are not solely responsible for the removal of children from their parents, although this is a necessary part of the job in the most severe of situations for the safety of the child.

However, these workers also rely heavily on providing parenting training and other necessary resources with the ultimate goal of keeping families together. Similar to CPS, APS investigations workers determine when a vulnerable adult (mentally ill, elderly, etc.) is being improperly taken care of or taken advantage of. A common example of this is elderly adults who are being physically or financially abused by family members or other care providers. Although these individuals are not "removed" in the same sense as a victimized child may be, it is the role of the APS worker to see that the abusive situation is terminated.

The most common social work skills utilized by CPS/ APS workers include case management, investigation, documentation, collaboration with other agencies and families, and quick decision-making. These careers also require frequent traveling within the worker's county of employment in order to attend home visitations and/ or court. (Education Career Articles, 2012).

Youth Correctional Counselor

Counselors working with youth in the criminal justice system help rehabilitate young offenders (Study.com, 2017b). Counselors generally work in a juvenile correctional facility, such as a detention center or residential facilities that youth are referred to by the Department of Health and Human Services, Children's Protective Services, or Foster Care. Here counselors are responsible for supervising the youth by enforcing discipline, making and maintaining records, and implementing constructive activity programs. Counselors may also be responsible for making recommendations such as the appropriate destination for a youth after they are released from placement. For example, a counselor who believes a youth is not capable of being unsupervised, may be unsuccessful, or simply has nowhere to go, may recommend an additional residential facility, foster care, or may even help the individual obtain independent housing in his or her community. In addition to working through various traumas with the incarcerated youth, juvenile justice counselors frequently work with youth and their families together in order to teach new skills designed to strengthen the support system of the youth, minimize conflict if/ when the youth is able to return home, or even provide specialized interventions including addiction recovery and anger management. (Study.com, 2017b).

Jail or prison social worker

Also commonly referred to as correctional social workers, prison social workers are trained mental health professionals with the purpose of reducing rates of recidivism (re-arrest) in the future. Prison social workers use their knowledge and skills to prevent recidivism by addressing psycho-social issues such as past trauma, providing education, and offering social service recommendations to successfully reintegrate offenders into the community upon release. A prison social worker's responsibilities include performing psychological assessments to determine inmates' level of mental health functioning, evaluating the presence of mental health or substance abuse disorders, providing individual or group counseling sessions, teaching inmates life skills in rehabilitation groups, and preparing inmates for their release. Along with the clinical duties prison social workers are responsible for a wide array of administrative tasks such as authoring treatment plans, documenting thorough notes/ files, and communicating with other professionals on inmates' cases. (Social Work Degree Guide, 2017).

*Probation and Parole*Officer

Parole officers identify and supervise offenders who are eligible for conditional release from prison before they have completed their sentences (Roberts, 2017). In order to earn parole, prisoners must obey prison rules, perform prison jobs well, and show progress in rehabilitation and therapy programs.

In comparison, probation officers are responsible for monitoring those offenders who will be placed on probation as an alternative to jail time. The key difference between the two comes down to sentence length with prison almost always housing offenders with sentences of more than one year, while jails house both offenders awaiting sentencing and those whose sentences are less than one

year. The tasks of probation and parole officers are essentially the same aside from the slight difference in the populations of offenders served (Roberts, 2017).

Some probation/ parole officers work inside correctional institutions, preparing reports for parole boards. They assess prisoners' lives before and during incarceration; how prisoners' families will affect their rehabilitation; and what job prospects prisoners might have if released. Based on the officers' reports and interviews with the prisoners and their families, the boards choose certain prisoners for release. Field officers on the other hand work with parolees once they have returned to their communities. Their daily tasks include helping the offenders find jobs, schools, or therapy programs, meeting with them regularly, performing drug tests, and completing detailed paperwork including meeting notes, progress reports, and treatment recommendations. Some officers also supervise halfway houses in which small groups of offenders live together to share experiences and lend each other support. (Study.com, 2017a).

Sex offender clinician

Counseling individuals convicted of sexually motivated crimes is easily one of the most difficult and emotionally taxing career paths available to social workers within the criminal justice system. It is certainly not a job that is right for everyone, and requires a great deal of confidence as well as the ability to treat all people with dignity/ respect regardless of how you view their actions. On a daily basis, sex offender clinicians are responsible for psychological testing, counseling groups, conducting sex offender programming therapy sessions, interviewing inmates for psychosexual evaluation and recommendation purposes, emergency evaluations and management, diagnosing, case management, working with case managers and contracted professionals, psychological consultation to prisons, testifying in court, and more (Hubbard, 2014).

It is most common for this job to exist within a prison setting or in a support group that is required for sex offenders on parole within the community. This is one of the highest paid positions for therapists within the criminal justice system because of its intense nature and specialty; these positions are almost always reserved for the most experienced professionals within the field due to their difficult nature (Hubbard, 2014).

Victim advocate

If advocacy and helping those in crisis is your calling, a career as a victim advocate may be perfect. Victim advocates, as the name implies, are tasked with assisting victims of crimes on many different levels. Victim advocates are professionals trained in mental health or criminal justice related professions, but often require only a bachelor's degree. These workers offer victims information about legal processes and their rights, emotional support after experiencing a traumatic crime, assistance finding resources and completing paperwork, and more. Victim advocates often support their clients by accompanying them to court and even offer clinical services when appropriately trained. Many advocates are employed by crisis hotlines or the courts themselves or as group counselors within the community. For this career path, the ability to speak a second language is particularly valuable. (NCVC, 2008b.).

Substance abuse counselor

A substance abuse counselor is another example of the specialized populations with which clinical social workers in the criminal justice system can work (Substance Abuse, 2017). These counselors work with individuals who use or abuse drugs and alcohol with the goal of overcoming addiction. As you may recall from previous chapters, substance abuse is a notoriously difficult mental disorder as it almost always involves relapse. Due to the difficult nature of this particular career, a substance abuse counselor must be patient, non-judgmental, and especially careful to treat clients with dignity and respect. Frequently done in group therapy sessions, a substance abuse counselor works with clients to overcome the both the motivations to use substances and the effects of their use on their personal and professional lives. These professionals also act as a key support system to aid individuals in making a plan to become substance free and maintain sobriety for years to come.

The main tasks of a substance abuse counselor include creating and monitoring a personalized recovery plan for each individual client on a case load. These plans help clients identify their motivations to use, behaviors which encourage use and/or sobriety, outline consequences of use, identify strategies to prevent relapse, and of course the creation of goals throughout the treatment process. As with most social work careers, a career as a substance abuse counselor involves a great deal of paperwork, case documentation, and collaboration with outside professionals including probation/ parole officers when applicable. (Psychology School Guide, 2017).

Mitigation Specialist

A mitigation specialist (mitigate=reduce severity) is a member of a defense attorney team that participates in courtroom proceedings (NLADA, 2016). These specialists possess clinical skills and must be extremely organized and detail oriented. The overall job function of a mitigation specialist is to reduce the potential punishment of his/ her client by identifying a factor that warrants a reduction in severity for sentencing. Social workers are often sought after for these positions due to their clinical skills and ability to extract sensitive information from clients in a positive and professional manner.

These specialists are responsible for compiling biopsychosocial assessments, analyzing the significance of the information obtained as it relates to personality/behavioral development, and determining the need for services such as counseling. One example of a typical case for a mitigation specialist may be to complete a psychosocial assessment (a type of life history interview) with a client and learning that although the individual may be responsible for their crime, their IQ is well below average. This information is then used in order to mitigate or "reduce the severity" of the individual's sentence. As with victim advocacy, the ability to speak a second language is considered highly valued in this field. (NLADA, 2016).

Counselor Working with Mandated Clients

Although this is not a specific job title, counseling individuals who are mandated to attend therapy poses its own unique set of challenges. Essentially the word "mandated" means that individuals are required to attend counseling and are often entering services unwillingly (Shallcross, 2010). These populations commonly include individuals caught up within the criminal justice system due to courts frequently referring individuals who are deemed to be a risk to themselves or others for counseling services. Some examples of these populations include some of those listed above such as: individuals who abuse substances, individuals who are violent (often discovered through violent crimes), those who are found to be responsible for the abuse/ neglect of a child or adult, people who commit sexual offenses, and more. Although it consists of many of the same therapeutic techniques as a general counselor, those who do not enter counseling willingly have the potential to be extremely difficult to work with. For example, while most individuals who voluntarily enter counseling are willing to openly discuss their reasons for seeking services, individuals such as those on probation/parole who have been referred to mandatory counseling are often unable to recognize why counseling is even necessary.

Counselors working with these populations have to be particularly skilled in communication as it is common for mandated clients to refuse to participate in counseling. This difficulty poses yet another problematic situation for workers as they are frequently required to report client progress to probation/ parole officers. Since social workers typically want to help their clients, the idea of reporting to court officials often creates ethical dilemmas about how much to share considering how the reports can impact their clients (Shallcross, 2010).

The following tips were obtained from *Counseling Today* :

- Avoid acting like an expert (focus on client goals)
- Empathize with clients
- Gently confront excuses
- Let the client set the pace
- Do not engage in power struggles
- Always treat clients with dignity and respect

Follow this link for the full article.

*If you feel that your client is potentially dangerous, look to these additional tips:

- Inform coworkers that you will be in session with this client (develop a code word signifying that you need help)
- Ask your supervisor about installing panic buttons in therapy offices
- Avoid working alone/ at night with this client (or at all if possible)
- Do not allow the client to position themselves between you and your exit
- Make an excuse to leave if you feel uncomfortable
- Limit sharing personal information
- Know your agency's emergency policies

*All definitions were obtained from *Michigan Criminal Law & Procedure, third edition (Beatty et al., 2014).*

Abuse – The cruel or violent treatment of a human or animal.

Accessory – Someone who intentionally helps another person commit a felony (examples – giving advice before the crime, helping to conceal the evidence or the perpetrator). An accessory is usually not physically present during the crime.

Accomplice – Someone who helps another person (known as the principal) commit a crime. Unlike an accessory, an accomplice is usually present when the crime is committed. An accomplice is guilty of the same offense and usually receives the same sentence as the principal.

Accused – A person or persons formally charged but not yet tried for a crime.

Acquittal – A legal judgment, based on the decision to either a jury or a judge, that an accused is not guilty of the crime for which he or she has been charged or tried.

Actus Rea – The guilty act, otherwise states as a wrongful deed rendering the actor criminally liable.

Adjudication – The trial phase of a juvenile criminal proceeding.

Admissible Evidence – The evidence that a trial judge or jury may consider, because the rules of evidence deem it reliable.

Admission – Confession of a charge, an error, or a crime; acknowledgment.

Affidavit – A written statement made under oath, swearing to the truth of the contests of a document.

Allegation – A claim or statement of what a party intends to prove; the facts as one party claims they are.

Arraignment – The first appearance of the defendant before a judge or magistrate following his or her arrest in which the defendant is formally advised of charges, attorney may be appointed, and bail is set.

Arrest – The taking, seizing, or detaining of another person.

Assault — An attempt to commit a battery or an illegal act that caused the victim to reasonably fear a battery.

Bail/Bond – The money or property given to the court as security when an accused person is released before and during a trial with the agreement that the defendant will return to court when ordered to do so. Bail is forfeited if the defendant fails to return to court.

Battery — A forceful, violent, or offensive touching of the person or something closely connected with the victim.

Brief — A written argument by counsel arguing a case, which contains a summary of the facts of the case, pertinent laws, and an argument of how the law applies to the fact situation. Also called a memorandum of law.

Chain of Custody — The one who offers real evidence must account for the custody of the evidence from the moment it reaches his or her custody until the moment it is offered into evidence.

Custody — The person is under arrest or the person's freedom has been deprived in any significant way.

Defense Attorney — An attorney who safeguards guaranteed rights of the accused.

Delinquent — A juvenile offender.

Deposition — An interview under oath.

Domestic Relationship — For purposes of the Domestic Violence Statute, a relationship that includes spouse or former spouse, resident or former resident of the same household, or persons who have a child in common.

Domestic Violence — An assault or assault and battery that occurs within a domestic relationship.

Due Process of Law — Procedures followed by law enforcement and courts to ensure the protection of an individual's rights as assigned by the Constitution.

Entrapment— Occurs if (1) the police engage in impermissible conduct that would induce an otherwise law-abiding citizen to commit a crime in similar circumstances, or (2) the police engage in conduct so reprehensible that it cannot be tolerated by the court. 1

Felony — An offense for which the offender may be punished by death or imprisonment in state prison for more than one year.

Guardian Ad Litem — A guardian appointed by the court to represent the interests of infants, the unborn, or incompetent persons in legal actions.

Hearsay — A statement, other than the one made by the declarant while testifying at the trial or hearing, offered in evidence to prove the truth of the matter asserted.

Holding — A court's determination of a matter of law, a specific legal principle contained in an opinion, or a court's ruling concerning a specific question.

Indictment— A formal written accusation issued by a grand jury or similar entity charging one or more people with a crime.

Indigent — An individual who has been found by a court to be indigent (stricken by poverty) within the last 6 months, who qualifies for and receives assistance, or who demonstrates an annual income below the current federal poverty guidelines.

Interrogation — Questioning in a criminal investigation that may elicit a self-incriminating response from an individual.

Jail — A facility that is operated by a local unit of government for the detention of a persons charged with, or convicted of, criminal offenses. Houses those convicted of offenses with sentences less than one year as well as those awaiting trial.

Jurisdiction — The official power to make legal decisions and judgements.

Jury — A body of people (typically twelve in number) sworn to give a verdict in a legal case on the basis of evidence submitted to them in court.

Magistrate — Magistrates assist the district court judge and are responsible for hearing informal civil infraction hearings, issuing search and arrest warrants, and set bail/ accept bond.

Mens Rea — Guilty mind (motive).

Mentally Incapable — When a person suffers from a mental disease or defect which renders that person temporarily or permanently incapable of appraising the nature of his or her conduct. (Also referred to as NGRI-Not Guilty By Reason of Insanity).

Miranda Warning / Miranda Rights — By law (*Miranda v. Arizona* ruling by the United States Supreme Court) anyone being questioned by authorities must first receive a 'Miranda Warning'. This requirement exists to prevent the police or other authorities from taking advantage of a person who does not know or fully understand their rights and thus speaks to the police and answers their questions without an attorney present. The Miranda Warning consists of the authorities explaining certain rights to a person before questioning them. These include: 1) You have the right to remain silent. 2) If you choose to speak, anything you say can be used against you in court. 3) If you decide to answer any questions, you may stop at any time and all questioning must cease. 4) You have a right to consult with your attorney before answering any questions. You have the right to have your attorney present if you decide to answer any questions, and if you cannot afford an attorney, one will be provided for you or appointed for you by the court without cost to you before any further questions may be asked.

Misdemeanor — A violation of a penal law of this state that is not a felony or a violation of an order, rule, or regulation of a state agency that is punishable by imprisonment or a fine that is not a civil fine.

Neglect — To fail to sufficiently and properly care for an individual or animal to the extent that the individual or animal's health is jeopardized.

Notice to Appear — For minor offenses of 93-day misdemeanors or less, an appearance ticket may be issued in lieu of custodial arrest except in the cases of domestic violence and Personal Protection Order violations.

Perjury — Occurs when a person knowingly makes a false statement that is material to the case after taking a recognized oath.

Petition — A request for court action against a juvenile or removal for protective services.

Preliminary Breath Test (PBT) — A hand-held instrument utilized to determine presence or amount of alcohol in a person's system.

Preliminary Examination — A hearing to determine if probable cause exists to believe a crime has been committed and to determine if probable cause exists that the defendant committed the offense.

Prison — A facility that houses prisoners committed to the jurisdiction of the department of corrections. Individuals housed here are must be sentenced to a minimum of one year.

Privilege — Certain confidential communications that cannot be used against a person (attorney/ client).

Probable Cause — Facts and circumstances sufficient to cause a person of reasonable caution to suspect the person to be arrested is committing or has committed a crime, or that the place to be searched contains the evidence sought.

Prosecuting Attorney — The chief law enforcement officer in a county, who authorizes complaints and represents state and county in all civil and criminal matters in county courts.

Protective Order — A personal protection order entered pursuant to law; conditions reasonably necessary for the protection of one or more named persons as part of an order for pretrial release, probation, removal from home, etc.

Reasonable Suspicion — An objective basis, supported by specific and articulable facts, for suspecting a person of committing a crime.

Ruling — The outcome of a court's decision on a specific point or a case as a whole.

Search Warrant — A legal document authorizing a police officer or other official to enter and search premises.

Specific Intent — The prosecution must prove not only that the defendant did certain acts, but that he or she did the acts with the intent to cause a particular result.

Subpoena — A writ or order commanding a person to appear before a court or other tribunal, subject to a penalty for failing to appear.

Summons — A writing used to notify a person of an action that was commenced against him or her.

Testimony — The evidence given by a witness under oath. It does not include evidence from documents and other physical evidence.

Vulnerable Adult — An individual age 18 or over who, because of age, developmental disability,mental illness, or physical disability requires supervision or personal care or lacks the skills to live independently.

Warrant for Arrest (Bench Warrant) — Document issued by a judge if the information contained in the complaint establishes probable cause to substantiate the offense charged.

Write – A judicial order directing a person to do something

Conclusion

The criminal justice system in the United States is immensely complicated and fascinating system which holds a great deal of power over the many lives it governs. Through reading this chapter you should now be able to identify various components of the criminal justice system including the courts, the process from arrest to incarceration, the Constitution of the United States, and more. In addition to these facts readers should be aware of the numerous ways in which the criminal justice system and the field of social work overlap. Combining these professional fields results in an incredibly interesting career path, as well as an extremely difficult one.

Possessing a strong passion for advocacy is vital to success within this career path due to the highly contrasting viewpoints of mental health and criminal justice workers. Although it is sometimes easy to forget, the social work profession believe in the fact that each person, regardless of their offenses, is worthy of dignity and respect. This is not always a belief that is respected in society as a whole and particularly within a system which often promotes punishment in opposition to rehabilitation. This only makes it that more important that social workers become involved. Ultimately if you are passionate about advocating for vulnerable individuals, believe that each person has rights, can be unbiased and non-judgmental, and love the idea of working in a challenging, fast-paced, and rewarding field, this could be just the career path for you.

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9.5: Service Members

Brian Majszak and Troy Richard and Ferris State University Department of Social Work



Chapter co-author, Brian Majszak

Good day to you my fellow Social Workers! My name is Brian Majszak, and I co-authored this chapter. Specifically, I wrote the Introduction and Disclaimer, as well as sections II, IV, and VI.

We authors felt it appropriate to detail why we chose to write our particular chapter. For me, working with Veterans is my dream. It has been ever since I got out of the military.

The picture above is of myself (left) along with my supervisor and closest Army friend, Sergeant Moore. During the latter parts of High School, I decided to enlist. I served eight years in the Army: four years in Active Duty (over a year of that in Iraq), two years in the Army National Guard, and two years in the Army Reserves. I'd always joked that it would be just my luck that World War III would break out as soon as I joined. Unfortunately for us all, I wasn't too far off. I was in Basic Combat Training on 9/11. I recall our Drill Sergeants telling us cryptically that 90% of us were going to war (without telling us specifically what happened that day, or detailing the specifics of the attack). I completed all my training and was stationed in Fort Polk, LA. I wasn't there for very long though. Just a couple of years later and my Drill Sergeants' prophecy came true: I, along with the rest of the 1st Squadron, 2nd Armored Cavalry Regiment, were patrolling the streets of Baghdad, Iraq by April 2004. All in all, after we cleaned up the damage the invasion had wrought, trained up police and Iraqi Civil Defense Corps, and squashed an uprising or two, we were home after a *short* 16 months.

After that experience, I was done with the military. The war in Iraq was so politically divisive that I had no desire to continue being a part of it. I decided to get out, but the allure of the military has a far-reaching grasp. I miss it. I will always miss it. I decided that I still wanted to help former service members out if I could. I went back to school and discovered social work. During that time, I learned that the emotional rollercoaster of my life since getting back from Iraq was attributed to my struggles with Post-Traumatic Stress Disorder, which only solidified my desire to work with Veterans. The rest is history.

I am very passionate about providing service and assistance to my fellow brothers- and sisters-in-arms. In fact, when I first began social work, I did not want to work with any other population. Shortly after completing my BSW, I was very fortunate at landing a job at the local Community Action Agency and was the Lead Case Manager and Supervisor of the Supportive Services for Veteran Families grant for around three years. I'd also worked at the Veterans Office at Northwestern Michigan College setting up VA education benefits. Overall, I have around six years of experience as a professional working with veterans. Who better to assist them on the long road of life than one who is familiar with their daily struggles?



Photo by Brian Majszak (co-author}



Chapter co-author, Troy Richard

My name is Troy Richard. I am one of the co-authors of this chapter titled *Service members and Social Work*. I wrote sections I, III, and V. I am going to give you a glimpse into my history and what qualifies me to take on such a task. I am a veteran with 23 years of service, which 11.5 of those years I spent on active duty. My career has been a wild ride, but it has also been fulfilling and has made me into the man I am today. I first joined the United States Navy in 1988, straight out of high school. I was a part of the USS Vincennes CG-49. This is a *Ticonderoga*-class Guided Missile Cruiser outfitted with the Aegis combat system that was in service with the United States Navy from July 1985 to June 2005.

I began my time as a Deck Seaman. After a significant process that involved studying and testing, I elevated my rating to SK, or Storekeeper. I made E4 (Specialist) before I switched branches to the Army. I participated in the ritual for crossing the equator called *pollywog or shellback*.

In 1991, I left the Navy and joined the Army National Guard. I served with the *125th Infantry unit* which is a regiment under the U.S. Army Regimental System out of Saginaw, Michigan. The regiment currently consists of the 1st Battalion, 125th Infantry, and Infantry in the 37th Infantry Brigade Combat Team. I spent 2.5 years training at Fort Custer Training Center in Battle Creek, Michigan. During that time, I was transitioning from enlisted to officer, however, I resigned my commission and remained an enlisted member as an E-6 (SSgt). In 2002, I joined the Army Reserves as an instructor with the 100th Training Division for 88M (Transportation). This was an exciting time in my life because I got to give back to many soldiers regarding combat, tactical driving, and leadership.



My combat dates are as follows:

1990-1992 In support of both Operation Desert Shield and Operation Desert Storm.

1993-1994 I participated in the “War on Drugs,”

2003-2005 OIF (Operation Iraqi Freedom).

After 2007, I joined the 127th Air National Guard. I remained in the Air Guard until I retired as an E7 (Sergeant First Class). I am a father of five boys and currently reside in Bay City, MI. I have been diagnosed with aspects of the mental health struggles detailed throughout the chapter. I hope and pray that this chapter does justice for all member who have served in our military. To my fellow veterans and former Service Members, and to those seeking to make a positive difference, I salute you! Thank you for reading and I hope it was eye opening and educational.

Introduction

You will likely find veterans in just about every facet of life and in social work and human services settings. Veterans range from young adults to the elderly, have a range of military service, and come from very diverse backgrounds. Veterans have families, spouses, and children. They struggle with poverty and experience homelessness. They seek aid from state and federal assistance programs, and struggle with mental and physical health disorders, both military-related and non. Veterans pursue employment, and often struggle to bridge the gap between military and civilian life, battle addictions, and are part of the criminal justice system. Though military core values stress excellence and a “never lose” mentality, veterans are no strangers to defeat. Regardless of whether you set out to work with veterans or not, it is very likely that you will interface with them at some point or another. Throughout this chapter, general background information on cultural aspects of veterans, as well as common benefits and services available to former members of the armed forces will be discussed. Specific to this section of the chapter, the question of “what is a veteran?” will be reviewed, and will include some key characteristics of military life, rank, and pay. Some insight on basic military organization and structure, core values and some common misconceptions, will also be addressed, along with the differences between Active Duty and Part-time components. Common military language and how it might interact with social services will also be provided. Hopefully better prepare you for the day a veteran knocks on your office door seeking aid.

With all that in mind, it’s important to stress that when talking about any cultural information, it is impossible to avoid generalizations. We, the authors, as veterans ourselves, feel safe talking for some, but not for all. This is basic information, after all. We will give an overview in a single chapter about information that would take volumes to fully articulate. With that in mind, the views and opinions shared from this point forward are that of our own, and were peer-reviewed by members of academia and by those currently working in and/or are a part of the veteran community.

Section I. Components of the Military

Army

https://www.army.mil/



Seal – Department of the Army

The United States Army serves as the land-based branch of the U.S. Armed Forces. Its mission is to preserve peace and security, provide a defense for the United States, the Commonwealths, possessions and any areas occupied by the United States. It supports national policies implementing the national objectives overcoming nations responsible for aggressive acts that imperil the peace and security of the U.S.

Navy

http://www.navy.mil/



Seal – Department of the Navy

The mission of the United States Navy is to protect and defend the right of the United States and our allies to move freely on the oceans and to protect our country against her enemies. UCMJ defines the Navy in Section 3062 of Title 10, U.S. Code of Military Justice.

Marines

http://www.marines.com.mil/



Seal – United States Marine Corps

The United States Marine Corps (USMC) is a branch of the United States Armed Forces responsible for providing power projection, using the mobility of the US Navy to deliver rapidly, combined-arms task forces on land, at sea, and in the air.

Air Force

http://www.af.mil/



Seal – Department of the Air Force

According to the National Security Act of 1947 (61 *Stat*. 502), which created the USAF: §8062 of Title 10 US Code defines the purpose of the USAF to preserve the peace and security, and provide for the defense, of the United States, the Territories, Commonwealths, and possessions, and any areas occupied by the United States. The stated mission of the USAF today is to “fly, fight, and win in air, space, and cyberspace.”

U.S. Coast Guard

https://www.uscg.mil/



The Coast Guard ‘s core values—honor, respect, and devotion to duty – are the guiding principles used to defend and preserve the United States of America. The Coast Guard protects the personal safety and security of our people; the marine transportation system and infrastructure; our natural and economic resources; and the territorial integrity of our nation–from both internal and external threats, natural and man-made. We protect these interests in U.S. ports, inland waterways, along the coasts, and on international waters.

Each branch of service has their own traditions, trademarks, flags, uniforms, requirements, boot camp, and way of training; however, combined they stand together for the protection of freedom, equality, and rights govern to us by us. The men and women

who serve the United States are regular people but when they join the military service a higher standard of personal conduct, integrity, respect, honor, and sacrifice is expected.



Different branches of the military have different uniforms, histories, and traditions

Section II. Military Culture

Members of the military bring their own backgrounds and experiences into the military, absorb and adapt to military culture. This culture continues to have an impact on the lives veterans leave after exiting the military. It is important for those that have never served in the military to be familiar with some fundamentals of military service. Here are a few key terms and characteristics that help describe common threads that make up the backbone of military culture. These components include *Camaraderie*, *Pride and Esprit de Corps*, *Tradition*, and *The Mission.*

Camaraderie

The first term, *camaraderie*, is arguably the largest component of military culture. The relationship dynamics that arise out of a group of individuals whose success or failures dictate the groups' fate is a hint of the camaraderie experienced in the military. The companionship that comes out of that type of environment is lifelong.

To further reinforce this point, refer to the following quote from an article from the newspaper that focuses and reports on matters concerning the armed forces, *Stars and Stripes*:

"It's an unbreakable trust and kinship forged as men push their brains and bodies to the limits each day, together, in an environment that won't forgive them should one man mess up. One guy keeps the next guy going, to keep all the brothers from falling."

(Ziezulewicz, 2009)

In this TED talk entitled *Why Veterans Miss War* Sebastian Junger discusses the importance of camaraderie, how combat affects the brain and how both contribute to the experience of being in the military, especially during intense battles: https://www.youtube.com/watch?v=TGZMSmcuiXM

Pride and Esprit de Corps

Pride is undoubtedly a term you are familiar with. To a member of the military, pride (which could also be called Military Bearing) is a driving force behind much of our actions. The uniforms and the way they are worn, the walk, the talk: it is very explicit, strenuously orchestrated, and delivered with the highest possible standards of excellence. It's meant to present an imposing force that inspires faith in our allies, and fear in our enemies. It stirs competition between service members, especially with those in different branches of the military (Sion, 2016). It boosts confidence to the point of thinking and feeling invincible. Pride is understandably a huge driving force in the actions of all those who don the uniform (Schumm, 2003, p.837). All of this is magnified by what the military refers to as esprit de corps.

Esprit de corps is essentially the glue that keeps a group of military men and women united; the common spirit that invokes enthusiasm, devotion, and pride in the unit a service member is part of. With hope and aspirations of being the best, they strive to bring honor to those serving with them and to those that served before them in the same unit. A phenomenal example of this can be

found in the following video, *Marine Corps Silent Drill Platoon Stun a Packed Arena*. On the surface, this is a spectacle aimed to entertain. Under the surface, the preparation, precision, and delivery are all aspects of pride. Pride in themselves, pride in their brothers and sisters they serve with, pride in their unit (esprit de corps), and meant to invoke pride in the country's military. The next component, tradition, has its roots in pride and esprit de corps.

Tradition



Four generations of a military family from Cumberland County, Tennessee

Any group of Soldiers, Marines, Airmen, or Seamen are organized into various-sized groups commonly referred to as units. (More on military organization will be detailed further in this chapter.) Each unit has its own traditions and each military member is part of those traditions, carrying on a *tradition* of honor, pride, ability, courage, and competence. The things service members do while assigned to that unit echo throughout time and bring honor or shame to those the individual is serving with, and those that served before him or her. In the HBO series *Band of Brothers*, the Army's 82nd Airborne Division was glorified for their valor, courage, and bravery during various operations of World War II. Such a fine example can be tarnished and that reputation dwarfed by just a few poor decisions of an overzealous service member.

The Mission

The last term is potentially the most important one, and potentially the most ambiguous. The *mission* is any task that a service member or group is focused on at any given moment. And that task becomes the embodiment of their being until the task is completed. That task can be small or large and may require individual effort or a group approach. Furthermore, each specific unit within the military carries on its own specific mission, regardless of the size of the unit. Within the military, the Mission, especially when in combat, always comes first. It is placed in higher priority than hopes, dreams, health, and safety.

What is a Veteran?

So now that you have a basic understanding of what it is like to serve in the United States military, the next topic to be addressed is the term Veteran. What is a Veteran? This may seem a simple question at first, but in actuality it is a very murky subject. This is evident by conducting a quick online search for "what is a veteran." Search results yield a new definition for practically every different site you go to. Quite frequently, the various sites contradict one another. While most declare that anybody who has served in the military is a veteran, regardless of any other details, some sources include more specific categories, such as total time served, whether they served at times of conflict or war, or type of discharge character. There is confusion among former service members as to what a veteran is, as well.

The safest answer can be gathered from the Department of Veterans Affairs (VA). The following excerpt helps to clear some of the fog: "Title 38 of the Code of Federal Regulations defines a veteran as a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable (Veterans Authority, 2017)."

The different branches of the military, differences between Active Duty and the part-time components, as well as the different discharge characters will be detailed later in this chapter. For now, the above definition suggests that if they served at all in any branch of the military and were not dishonorably discharged, they are classified as a veteran. This same definition will be utilized for the purposes of this chapter. However, the initial question of what is a veteran is not entirely answered yet.

As a helping professional, rarely will you yourself have to award veteran status to any individual. If and when you do, the program you are working with will have its own detailed and specific criteria to establish veteran status. For example, when this author (Brian) administered the Supportive Services for Veteran Families (SSVF) grant, a veterans-exclusive, VA-funded grant with aims

of ending homelessness among veterans, the criteria stated that a veteran was an individual who had served at least one day on active duty outside of initial training, and also received any discharge character other than dishonorable (Department of Veterans, 2016).

Other veteran benefits awarded through the VA have their own eligibility criteria. This means a veteran may be eligible for some benefits, such as healthcare, and be ineligible for others, such as education benefits or small business loans. This may help in explaining why some veterans are not fans of the VA. Likely due to a lack of consistent definition, there are many former service members who do not view themselves as veterans. Some may even get defensive or react with guilt or shame when asked, “are you a veteran?” The most important take away from this portion of the text is that the term veteran is foggy at best. If you need to know if an individual was formerly affiliated with the military for whatever reason, you may find the best approach is to simply ask if they ever served in the military. This removes “veteran” from the equation entirely, and may assist in developing rapport with the individual as well (Conard, Allen, & Armstrong, 2015).

Rank Structure and Pay

All individuals affiliated with the military are given a rank in some form or another. Even civilian contractors that are affiliated with the military often have a rank structure that, according to some, has corresponding weight and gravitas as military rankings. Each different military branch has its own unique rank structure. Very specific information regarding the various rank structures can be found at Military.com via these links:

- For enlisted: https://www.military.com/hiring-veterans/resources/military-enlisted-rank-structure.html
- For officers: https://www.military.com/hiring-veterans/resources/military-officer-rank-structure.html

To provide a very basic overview, each branch of the military has essentially two separate rank structures: *enlisted* and *officers.*

Enlisted: Enlisted service members are those who were recruited into the military via a recruiter and do not have a military commission. This category can be additionally separated into three categories: *lower-enlisted*, *non-commissioned officers*, and *Senior non-commissioned officers.*

Beginning with the lower-enlisted, these men and women are typically either new to the military, or as a result of disciplinary action have been demoted. In all branches of the military, ranks E-1 through E-4 would fit into this category. They are typically new, have little responsibility outside of taking care of themselves and their assigned equipment, and have the lowest level of pay.

Non-commissioned Officers (ranks E-5 through E-6), also referred to as NCOs, are enlisted personnel that have been awarded their rank through a designated promotion board, have a wide range of knowledge regarding their assigned specialty and of various military regulations and doctrine, and can also be found leading small- to medium-sized groups of service members.

Senior NCOs includes ranks E-7 through E-9, have an abundance of experience and training, having served in their respective branches for at least 15 years or more, are the highest trained enlisted service members. They typically have mastery over multiple specialties and can be found leading medium- to large-sized groups such as a Company, Battalion, or higher. (Military.com, n.d.a).

Officers: Officers are traditionally the leaders within the military and are responsible for strategy. An officer might command *what* to do, and it typically falls to a lower-ranked officer or (more likely) an NCO to figure out *how* to do it. There are significantly fewer officers in the military than enlisted personnel, and all officers are higher ranked than any enlisted service member. In other words, an O1 brand new to the military technically outranks an E9 with 35 years of experience. A subsection of officers exists which are Warrant Officers. Warrant Officers do not have quite as much authority as standard officers, per se; however, Warrant Officers are often experts of their given specialty, and their knowledge and experience affords them just as much (though usually more) respect as their officer kin (Military.com, n.d.a).

As for pay, a chart of all paygrades, which are equivalent to the individual’s rank, can be found at this link: https://militarybenefits.info/2020-military-pay-charts/. It must be noted that this is a basic pay scale, and does not include information regarding the various additional funds an individual can receive, such as Basic Allowance for Housing (BAH), Basic Allowance for Sustenance (BAS), Hazardous Fire Pay, and Family Separation Pay.

General Organization

If you’ve ever heard such phrases as Platoon, Company, Battalion, Squadron, Wing, or Regiment, these are words that describe the size of the unit, which command the unit belongs to, and a general description of its capabilities and potential purpose. A ton of information is available about all the specific words, acronyms, and annotations, but the specifics are not necessarily important

here. Suffice it to say, the military is organized in an incredibly intricate manner, and has accompanying policy that dictates precisely how much personnel and equipment it needs to accomplish its unique mission.

As a human services professional or social worker, the takeaway from this section is this: the unit each individual veteran has served in is often at the core of the pride he or she has for his or her time in the military. These units are incredibly important to veterans. It may be greatly beneficial for you to look into some background history of your client's unit, as nearly every unit within the military has its own website detailing its history and traditions. This could be a very quick and easy way to gain a lot of rapport with your client.

Active Duty and Part-Time Components

Each branch of the military is comprised of those on Active Duty, and those as part of either the Reserve or National Guard components. The differences between them are fairly obvious: Active duty is serving in the military full-time, while National Guard or Reservists typically serve in the military one weekend each month, with an additional two-week training event each year. It is important to note that while Active Duty and Reserve members are federally funded and monitored, National Guard members are state-funded and report to the Governor of whichever state they originate from. National Guard units are the modern equivalent of state militias (National Center for PTSD, 2012).

Beyond how often the various components don the uniform and serve, or who signs their paychecks, there is a very explicit difference in the benefits and prestige of each component as well. Refer back to the section where what a veteran is was discussed. As far as the majority of federal VA benefits are concerned, National Guard members or Reservists are not viewed as veterans unless they have served on Active Duty in support of either a local or state emergency or combat operation. For example, National Guard members and Reservists deployed to assist the areas struck by Hurricane Katrina were likely placed on Active Duty (effectively making them Active Duty members, albeit temporarily) and henceforth qualified for a variety of benefits they were otherwise ineligible for. Meanwhile, those that honorably completed their weekend duties and two-week training exercises per year with no other periods of service likely found themselves with little to show for it after their military contracts expire, aside from the memories and experiences, and a pension if they served long enough (Veterans Authority, 2017).

Core Values

Much as Social Workers follow the NASW Code of Ethics, each branch of the military has its own unique set of values that all members adhere to. Those values are as follows:

Army – *Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, Personal Courage*

Navy and Marine Corps – *Honor, Courage, Commitment*

Air Force – *Integrity first, Service before self, and excellence in all we do*

Whilst serving in the military, the above core values become each individual's creed while they serve, and each veteran likely still follows those values well after their terms of service ends. As some of you may have noticed, the one common value in all of them is honor. With that in mind, as you work with veterans in the future, if you establish yourself as an honorable person you will likely earn the respect and trust of your client. Adversely, if you do not display honorable qualities, you will lose that respect and trust and will likely not get it back. Consistency and honesty is the key. In our experience, veterans are typically apprehensive to work with civilians, and some may be actively looking for a reason not to trust you. Make it hard for them to not trust you. Earn respect, and you will likely be awarded with an intense loyalty (Department of Defense of Core Values, 2009).

Communication

Within the military, clear, concise communication is a requirement. Lives depend on it. The military often utilizes a phonetic alphabet to aid in this. This means that while civilians would say *A, B, C*, a veteran would likely say *Alpha, Bravo, Charlie*, etc. It isn't necessarily to learn the phonetic alphabet (though it couldn't hurt and might create some common ground with you and your client), but being clear on your communication is paramount. Veterans are trained to pay close attention to the words others say, and will likely let you know that your message was received and understood (*Roger, Lima Charlie/Loud and Clear, Wilco/Will Comply*, ring any bells?). Veterans will cling to the words you use, and will likely follow them like it's their mission. Help them out and be very clear.

For example: *I will see you next Thursday, June 15th, at 2:15 pm in my office. Bring documents 1, 2, and 3. You'll need a pen and a pad of paper to write on.* Not *See you Thursday around 2 with the stuff we talked about.* Talking in ambiguities will likely cause anxiety for a veteran, and could potentially impact your relationship. Furthermore, for those of you soft-spoken social workers out

there: those veterans with hearing disturbances notwithstanding, speaking softly or quietly to the point you can barely be heard or understood is likely to frustrate the veteran, not to mention cause undue stress at not fully receiving or understanding your message.

Common Misconceptions

Before this section comes to a close a few common misconceptions exist, and might cloud perspective on veterans. Some of these are warranted. Others are not. For those that are not, it is necessary to shine some light on them and hopefully readjust potentially faulty thinking. It is hoped that clearing up some of these issues that may be skewing your understanding of service members may make it easier for you to work with veterans.

All-Volunteer Military: Though there is still the Selective Service, which actively identifies individuals for the Draft should the need arise, there are no "draftees" currently serving in the military. The Draft has been out of commission since 1973. All current US Military members enlisted at their own free will, conquering the arduous enlistment process and clearing all the rigorous specifications (USA.gov, 2017).

Political Mono-Partisan: It seems that many view members of the military as being a part of the conservative or Republican party. This is not necessarily true. Though research acknowledges that military members and veterans slightly favor conservative beliefs, there is still a large percentage of veterans that maintain progressive or liberal views, as well. Veterans belong to an incredibly diverse array of demographics and backgrounds, and have a variety of political affiliations (Newport, 2009).

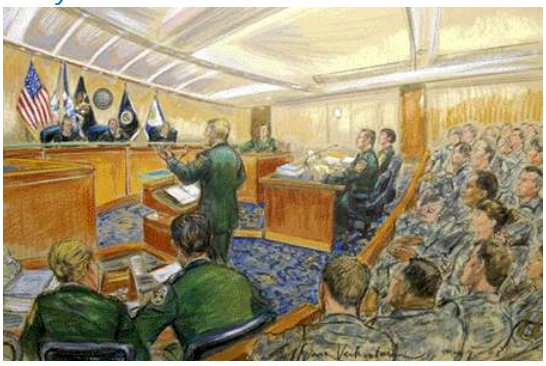
Humans, not robots: Ingenuity, thinking out of the box, following instincts is highly encouraged within the military, and development of such skills begins during the initial training, and continues throughout the military experience. Veterans do not just blindly follow orders. Veterans prepare, coordinate, assess, complete, and when necessary, question. However, veterans also recognize a purpose greater than themselves, and will do whatever is necessary. And as always, the mission comes first.

Not stupid: The complex initial testing to enlist in the military aside, veterans strive to make themselves better and more capable. This is done for individual value and sense of worth, but also for the betterment of the unit and to increase its abilities to assist those we are fighting with (Military.com, 2014).

War is missed, but not enjoyed: War is part of the job. In fact, one could easily argue that it is *the* job. When service members are not in combat, they are preparing for it. Though combat can bring about thrills, adrenaline, and excitement unlike any other (potentially on a manic level), there isn't a veteran out there who hasn't experienced fear at the thought of going to war (Davis, 2012).

Veterans are not violent: They are capable and ready for violence, true. But that is not to say all veterans are prone to violence. For the most part, those in the military do not wish to harm others. War is hell, and can create extremely stressful and chaotic circumstances. The result is typical of the environment they are in. It is human nature to ensure one's own continued survival. When in combat, situations might necessitate action. Those same actions are not glamorized or romanticized. Rather, they are typically the material that makes up the veteran's nightmares and regrets and that is carried throughout the veteran's life. Though it is easy to pass judgement, please remember that there is a world of difference between being there and watching it on television (Davis, 2012).

Section III. Uniform Code of Military Justice



Artist's drawing inside a military courtroom

The Uniform Code of Military Justice (UCMJ), is the foundation of military law in the United States. It was established by the United States Congress in accordance with the authority given by the United States Constitution in Article I, Section 8, which

provides that “The Congress shall have Power… To make Rules for the Government and Regulation of the land and naval forces (UCMJ, 2008).”

UCMJ exists separate from the Unites States (US) Constitution. Military members “rights” are not as extensive as civil rights because members of the armed services are bound by discipline and duty. UCMJ is the only form of “constitutional law” where individuals, whom serve in the armed forces, are subjected to “double” jeopardy which means individuals can be convicted by “civilian law” and “military law” for the same offense.

Discharges



Honorable disocharge papers

There are seven types of discharge and two categories of due process: administrative and punitive. Administrative covers such military discharge as honorable, general, other than honorable (OTH), and entry level separation (ELS). Punitive covers bad conduct (BCD), officer discharge (dismissal), and dishonorable discharge.

Honorable Discharge: When a military member receives good or excellent rating for their service time.

General Discharge: When a military member receives a satisfactory rating and does not meet all expectation of conduct.

Other than Honorable: The most severe type of administrative due process. Examples include: security violations, misuse of violence, conviction by a civilian court system, or being found guilty of adultery.

Entry Level Separation: If an individual leaves the military prior to completing 180 days of service. These individuals are not recognized by their state or federal government as “veterans.”

Bad Conduct Discharge: Only passed on to enlisted military member and is processed through court martial. This due process often comes with military prison time.

Officer Discharge: Because commissioned officers cannot receive a BCD or dishonorable discharge nor can they be reduced in rank, they receive a dismissal notice. This notice equates to a dishonorable.

Dishonorable Discharge: When a service member’s actions are considered reprehensible. Examples are murder, sexual assault (adult or minor), and child abuse or maltreatment. Individual’s whom receive such punitive action are not allowed under Federal law to own or possess a firearm and forfeit all military and veteran benefits.

The UCMJ was enacted by Congress in 1950. The purpose of the UCMJ was to establish a set of standards that outline procedure, substantive criminal law, and procedural safeguards. Prior to the UCMJ each system of military (Navy, Airforce, Army, and Marine Corps) established their own form of law known as Articles of War. The UCMJ united all systems of law developed by individual entities to ensure that military members accused of violating a “law” were subject to the same administrative or punitive charges and procedural rule(s) (UCMJ, 2008).

The UCMJ provides three levels of court systems known as court-martials (general, special, and summary). General court martial handles the more serious offenses and is similar to civilian trial courts. Special court martial handles intermediate level offenses. Special court martial impose such sentences like: six months of confinement (an individual is restricted to barracks, ship, or base movement only and for a certain amount of time allowed for personal reasons), forfeiture of pay, reduction in rank, and bad-conduct discharge. A summary court martial is issued by a commanding officer who handles minor offenses. The maximum penalties include confinement for one month, forfeiture of two-thirds of a month’s pay, and reduction in rank.

Court of Criminal Appeals (CCA) hear all cases involving death, punitive discharge (bad conduct, dismissal, or dishonorable), or imprisonment for a term of one year or more. Each branch of service has their own CCA judges and a CCA typically involves a panel review of three judges. The U.S. Court of Appeals for the Armed Forces (USCAAF) is the highest civilian court which is responsible for reviewing the decision of all military courts. Any case(s) where the death penalty is imposed are forwarded by the judge advocate to the USCAAF.

Additional information can be found at the below links.

- https://www.loc.gov/rr/frd/Military_Law/pdf/background-UCMJ.pdf
- https://www.youtube.com/watch?v=ZrapxpNMwhQ
- https://www.youtube.com/watch?v=x6zFbTihfEk
- >https://www.youtube.com/watch?v=7NDiigSOI2A

Section IV: Family Life



Army Captains Ron and Rikki Opperman play with their children outside their home here. (U.S. Army photo by Capt. Antonia Greene/Released)

Throughout this chapter, the intricacies of military culture, the military's own unique judicial system, and the differences between the various military branches has been discussed. A closer look at the day-to-day events and family life is appropriate. Though it may be hard to believe, day to day life within the military is not too different from civilian life. There's a job to be done, a daily routine to follow, and outside responsibilities that need attention. Bills, expenses, debt, school, professional development, and goal-setting are part of the life as well. Service members have hopes, dreams, and desires much like anybody else. They also have families. This section will review some more specific information regarding the family life of service members and veterans.

Family life within the military can be successful and rewarding. Extra levels of support and protection are in place to ensure family life stays as consistent as possible and every opportunity of success is offered. Alternatively, it can also be a very precarious environment. We've been at war for a generation now; the young men and women currently fighting overseas could be as young as two or three years old when airplanes collided with the World Trade Center nearly 16 years ago. It's understandably hard to maintain stability within a relationship when the knowledge that your wife or husband, the father or mother of your children, could be called upon to go overseas and potentially never come home. That knowledge is something that lingers overhead like the worst of storm clouds, and adds tension to relationships that already come with their own intrinsic difficulties. Relationships are tough. Even more so when added stressors are brought to the forefront by the daily challenges and risks that being part of the military can bring.

Military Spouses and Dependents

Spouses and Dependents of service members are an integral part of military life. It is certainly within the realm of possibility to have both service members with spouses and children, or with families with multiple service members. In fact, if you'd reviewed the pay scales previously noted in this chapter, you might have noticed that service members are awarded additions to their paycheck for each dependent they have. These funds are increased by a fair amount when on deployment in support of combat operations overseas (Military Benefits, 2017).

It's important to remind you that the mission always comes first. Always. Men and women who wear the uniform are called upon to serve their country wherever necessary, and under any circumstances (within reason). When that call goes out, it's answered. However, it's important to note that the military is not in the habit of leaving dependents without their beneficiaries, at least without a plan. Each branch of the military has supportive elements in place for service members and their dependents. The military understands an individual cannot perform to their full potential whilst being concerned with what is happening with their wife, husband, or children at home. With that said, service members are required to have a plan in place for their dependents should that call be made. Who is going to take care of your dependents? For how long? How are the finances being taken care of? What happens when crises occur? These are just basic questions that need to be answered for the plan to be accepted. And once the plan is made, it can rarely be deviated from (Duttweiler, n.d.).

These plans are crucial. In fact, service members with dependents might be deemed as "non-deployable" without such plan in place, and may be blocked from participating in deployments. Though this may seem a quick and easy way to avoid heading to

combat, it's not quite that simple and could result in UCMJ disciplinary action up to and including discharge from the military. To conclude this matter, a service member cannot deploy with his brothers- and sisters-in-arms unless a plan is in place for his dependents, and to not be deployable is essentially a taboo within the military and can be punishable by discharge. This rule applies in households with one service member involved. In families when both spouses are service members, this rule applies doubly so: each service member must come up with a plan as mentioned earlier, and must also include the scenario of both service members being deployed at the same time. The mission does come first, but that does not mean the military is disinterested in the safety and well being of its members' spouses and children (Duttweiler, n.d.).

Deployment Cycles

As already mentioned, the United States has been at war for quite some time. The military has adjusted its own tactics and most units within the military are on a specific deployment cycle. Before the specifics of such cycle is covered, it should be noted that there are several supportive-based units within the military that are not necessarily part of this cycle. Not all service members are responsible for conducting combat operations. Some, in fact, are exempt from these rotations, and are strictly devoted to other tasks.

A variety of units within each branch of the military are devoted to training; their overall mission is to train the next generation of soldiers, sailors, marines, or airmen. In a rotation that runs consistently throughout the year, new service members hoping to earn the right to serve in the military are cycled in and out, and either successfully join the ranks of their respective branches, or do not and either fail, quit, or are rejected.

Additionally, some units within the military are tasked with operating designated training zones and their mission is to prepare units by conducting combat-related training prior to deployment. Fort Polk, Louisiana's Joint Readiness Training Center (JRTC), and Fort Irwin, California's National Training Center (NTC) and a variety of others, for example, host year-round wargames (for lack of a better term) with a variety of different units from all branches of the military to ensure they are as ready as can be for any scenario they might face whilst in combat (U.S. Army, 2014).

Another example are the various support units that keep the military running. It takes a large host of men and women to keep these efforts in line and working smoothly. The military, believe it or not, is an incredibly well-oiled machine. This is not achieved by accident. Many service members and civilian contractors are in place to keep things running smoothly.

The rest of the men and women serving in the military who are not part of the above examples typically operate as part of a deployment cycle. These units train independently, with other units, at the training facilities such as NTC or JRTC mentioned above, and even with other militaries from allied nations. This occurs for a set amount of time, and concludes with a deployment in support of combat operations overseas. These deployment cycles vary in length between units and branches of the military. And while some units within the military have advanced training and can be deployed to combat zones in as little as 72 hours, such deployments are typically scheduled months or years in advance. This means that, for the most part, current deployments are usually not a surprise. They obviously are in the event a new conflict occurs. This is why readiness is such a crucial aspect of military life (Pincus, House, & Adler, n.d.).

Divorce Rates

Note: this section needs to be updated and include links to research. For now, this Pew Research article is a good resource about divorce rates and other family aspects of military members. –EBP

There was a time when divorce rates were significantly higher in the military. A fairly large spike in divorce rates occurred in the early 2000's shortly after the war on terrorism saw hundreds of thousands of service members deploy in support of combat operations overseas. A study posted in the Huffington Post found that of the 462,444 military marriages that occurred between 1999 and 2008, those that occurred prior to the attacks on September 11, 2001 "were 28 percent more likely to divorce within three years of marriage if one or both spouses experienced a deployment to Afghanistan or Iraq that lasted at least one year" (Military divorce risk, 2013, para. 2).

As mentioned earlier, it seems this would not remain consistent. The same article suggested that those who married after 9/11/2001 had a lower divorce rate, suggesting that perhaps they knew what they were getting into and expected frequent stints of being away from one another. This decline in divorce rates amongst service members continues according to **this** article on Military.com, and further suggests that not only have military families grown accustomed to frequent deployments and stints of separation, but have also weathered the storm, as deployments are not happening in quite as rapid succession. In fact, divorce rates have nearly returned to their pre-9/11 rates (Philpott, 2012).

Section V. Health Related Concerns

In 2008, The Department of Veterans Affairs (VA) introduced a new mental health handbook that provides guidelines for VA hospitals and clinics across the US. The new handbook specifies exactly what mental health services VA hospitals and clinics are required, by federal law, to offer all veterans and their families (Department of Veterans Affairs, 2014).

These guidelines include the following mental health requirements:

- Focus on Recovery: This approach requires the focus on individual strengths, a strength base approach.
- Coordinated Care for the Whole Person: VA workers collaborate to provide health care for each veteran to give safe and effective treatment.
- Mental Health Treatment in Primary Care: Each VA clinics uses Patient Aligned Care Teams (PACTs) manage the Veteran's healthcare. A PACT is a medical team that includes mental health experts.
- Mental Health Treatment Coordinator: Mental Health Treatment Coordinator (MHTC) provide specialty mental health. The MHTC is goal oriented, providing individual or group care.
- Around-the-Clock Service: Mental health care is to provide seven days a week, 24 hours a day. If a VA facility does not offer such service, they are required to provide service through non- VA medical clinics.
- Care that is Sensitive to Gender & Cultural Issues: VA requires each PACT team to receive training regarding military culture, gender differences, and ethnicity.
- Care Close to Home: More VA clinics are opening in rural areas. Mobile clinics are becoming available. The VA is collaborating with community services to provide a larger scope of health services.
- Evidence-Based Treatment: Evidence-based treatments (EBT) are interventions backed by research to provide effective care for multiple health concerns. Each mental health team receives training on current EBT's to ensure the best updated care is being offered.
- Family & Couple Services: In many cases veterans and their families/guardians also require treatment(s): family therapy, marriage counseling, grief counseling, drug addiction, anger management, etc.

Research provided by the VA (2014) suggests, the following mental health concerns rank the highest among veterans; posttraumatic stress disorder (PTSD), depression, substance abuse, traumatic brain injury (TBI), suicide, chronic pain, and sexual assault. Social workers that work with military members and/or families should be familiar with each issue listed.

The VA (2014) defines these mental health concerns as follows:

- PTSD occurs after an individual has experienced, witnessed, or viewed a traumatic event. Symptoms may include relieving the event, avoiding places or things associated with the event, an increase of negative thoughts and emotions, feeling numb, and/or tense (hyperarousal) (Litz, 2009).
- Depression disorder interferes with one's personal life, daily routine, and normal functioning. These symptoms do not pass over a short period of time (Lapierre, 2007).
- Substance use disorder (SUD) is identified as the tolerance to drink greater amounts of alcohol over time, inability to stop drinking or use of drugs, and withdrawal (feeling sick when trying to stop drinking or using drugs) (Bennett, 2014).
- Traumatic Brain Injury occurs when a person experiences a blow to the head or a joggling of the brain. People who experience TBI often experience a change in consciousness, disorientation, loss of memory, and confusion. Most TBI's occur during "combat" conditions (Hoge, McGurk, Thomas, et al., 2008).
- Suicide is behavior which actively seeks self-destruction. Such behaviors are often provoked by the feeling/emotion(s) of loss or hopelessness (Jakupcak, Cook, Imel, et al., 2009).
- Chronic pain is pain that last for six or more months and limits daily activities (work, depressed mood or increase anger, sleep disturbance, withdrawal from family or friends, or hard to participate in physical activities). Chronic pain is different from *acute pain* because it last beyond the healing of an injury (Brandt, Goulet, Haskell, et al., 2012).
- Sexual assault is intentional sexual contact utilizing force, physical threats, abuse of authority, acts of adultery, acts that violate the Uniform Code of Military Justice (UCMJ), or when a person is unable to consent to sexual activity (Burns, Grindlay, Grossman, et al., 2004).

Social workers who work within the VA follow a mission statement that maximizes health and well-being of all military members, families, and communities through the use of EBT. Their vision is leading by example, setting high standards, and establishing innovative psychosocial care and treatment.

"The values established by the VA and UCMJ suggest, that all social workers who serve military members, veterans, military communities, and their families must advocate for optimal health care by respecting the dignity and worth of the individual, understanding military socio-cultural environments, empower veteran's as the primary member of their PACT, respect the individual role and expertise of the veteran, focus on the needs of at-risk-population within military communities/families, promote learning (fostering knowledge, enhances clinical social work practice, advances leadership, and focuses on administrative excellence), exemplifies and models professional and ethical practice, and promotes conscientious stewardship amongst organizational member(s) and within community services" (VA, 2014).

The Veterans Bureau General Order (1926) was the first to establish a social work program inside the VA. This program allowed 14 social workers who were predominately highered to work on psychiatric and tuberculosis victims. From 1926 to 1946, Irene Grant Dalymple, pioneered the social work medical environment into the current mental health settings seen in today's VA. Her involvement set the stage for the current social work programs that were instrumental in establishing health care systems adapted by the VA after World War I. Prior to WWI, social work services were contracted outside the VA to non-military service type facilities. Due to her contributions, the VA now provides services of health care, mental health, group and family care plans, vocational and psychosocial rehabilitation, and programs to assist with adjustment/coping skills to be reunited back into civilian society.

Today, social workers working in the VA have evolved into a professional service responsible for the treatment of military members, military communities, and family members. These responsibilities include but are not limited to treatment approaches which address individual social problems, acute/chronic conditions, terminal patients, and bereavement. "VA social workers ensure continuity of care through the admission process, evaluation procedure, treatment, and follow-up treatment" (VA, 2017, July 24, para. 8). All continuity of care must include discharge planning and providing case management services.

Populations of veterans needing services are: homeless, the aged, HIV/AIDS patients, spinal cord injury, Ex-Prisoners Of War, Operation Enduring Freedom/Operation Iraqi Freedom veterans, Vietnam and Persian Gulf Veterans, WWI and WWII Veterans, Korean War Veterans, Active/Inactive/Reserve/National Guard members, and their families.

Social workers help coordinate program such as:

- Community Residential Care (CRC)
- Financial or housing assistance
- Getting help from such agencies as Meals on Wheels
- Applying for benefits (health care, vision, optical, mental health, dental, financial, educational, and more)
- Ensuring that members of the PACT know your concerns and decisions
- Arranging for respite care
- Marriage or family counseling
- Moving into an assisted living or nursing home
- Bereavement
- Substance Use Disorder prevention or treatment
- Abuse, mistreatment, being taken advantage of, maltreatment, or need of a guardianship
- Parents who feel overwhelmed with child care
- Parents or spouses dealing with failing health concerns
- Mental health or medical needs
- Need direction of services or other unspecified needs

How can Social Workers help Veterans with problems and concerns?

VA social workers have experience in assessment, crisis intervention, high-risk screening, discharge planning, case management, advocacy, education, and psychotherapy. Social workers help with all types of services, plus many more. The VA social workers motto: "If you have a problem or a question, you can ask a social worker. We're here to help you!" (U.S. Department of Veterans Affairs, 2017, July 24, para. 13). Be aware that some veterans will be most comfortable speaking with another veteran about their time in the service. Especially if you have not served yourself, approach the veteran with awareness of this; let them lead the way when speaking about military service.

Section VI: Resources for Veterans

It could easily be argued that as long as our nation is involved in conflicts overseas, there will continue to be great efforts to ensure the men and women involved in those conflicts are well taken care of when they return home, and even more so when they retire their uniform and exit the military. There are many available services for veterans, yet access can be challenging. Veteran services are largely area-specific. Web links to state and federal programs will be included in each of the following subsections, but to learn about all the services available will require some searching on your part.

The Department of Veterans Affairs

This is the largest source of support for veterans. The Department of Veterans Affairs is a federal agency within the United States government whose purpose is to fulfill President Lincoln's promise "[t]o care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's veterans" (United States Department of Veterans Affairs, (2015). When it comes to providing services to veterans, the race starts here. This agency has the incredible burden of assisting with millions of pensions, service-related disability claims, education benefits, life insurance claims, healthcare benefits, and much, much more. If you've been paying attention to the news over the past several years, it's no surprise to hear they are struggling to meet the ever-growing needs of service members and veterans. Regardless, the VA is the primary service provider for veterans. For a generalized look at what this organization can provide, check out their website's benefits section here. Additionally, for a look at state-funded veteran services, take a look here.

County VA offices and VSOs

Like the federal Department of Veterans Affairs, there are also County Veteran Affairs offices. While they are directly linked to the federal VA, they are funded by the local county and usually employ Veteran Service Officers (VSOs). These VSOs assist veterans in completing the rigorous paperwork involved in applying for benefits. And since they are typically locally funded, they likely have access or knowledge of local programs, grants, and services that are not directly administered by the VA. A listing of VSOs can be found here.

Mental Health

In addition to Department of VA offices and County VA offices, many larger cities often have Community-Based Outpatient Clinics (CBOCs). Though these CBOCs are often primarily utilized to provide veteran health care, they are typically staffed by one or more Licensed Masters level Social Worker (LMSW), Licensed Professional Counselor (LPC), or Psychologists. Vet Centers are also available in select cities. Vet Centers are connected with the VA, but typically operate independently with the sole purpose of providing individual- and group-therapy to veterans in their identified *catchment* area or area of responsibility. For smaller communities that may not have a CBOC or Vet Center, the VA likely has an agreement or contract setup with a local private agency, though this is not always the case. It's a safe bet that the smaller the city, the more likely a veteran will have to travel to get access to veteran-specific services. Utilizing the *Hospital Locator* here is a quick and effective way at finding local VA mental health services. Take a look!

Veteran Suicide

One last section is necessary when talking about veterans and mental health struggles. Sadly, veteran suicide rates are high. According to a report posted in the *Military Times*, roughly twenty veterans commit suicide every day, and despite making up only 9% of the population, represent 18% of all American suicides.

The VA has a 24/7/365 Crisis hotline that can be reached via phone (800.273.8255), text (838255) or via online chat regardless if they are registered for any veteran services or not (Suicide Prevention).

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CHAPTER OVERVIEW

10: Serving Communities

10.1: Community Psychology and Human Services
10.2: Oppression and Power
10.3: Empowerment

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10.1: Community Psychology and Human Services

Elizabeth B. Pearce

The field of Community Psychology aligns closely with Human Services and this chapter of the textbook focuses on the ways professionals can use these principles regardless of role and work setting. Community psychologists see the world through the lens of social problems, meaning that the unequal distribution of resources cause poverty, homelessness, poor health, unemployment and related problems such as crime and addictive behavior.

The field of Human Services includes prevention, intervention, and remediation and in contrast, Community Psychology heavily focuses on prevention. In addition it addresses whole communities, rather than individuals. Community psychologists acknowledge the need for these other services, but as you will see in this chapter, they focus on the challenging and exciting work of engaging communities in solving and preventing their own problems while working toward social justice.

There are several other unique features to this chapter which include the following:

- research and actions skills that community psychologists use;
- the relationship of these roles with community organizing;
- action steps that anyone can take to solve problems;
- and the focus on making community members equal members of the problem-solving team.

There is an overlap of theories and principles between these two fields. You will read more about strengths-based approach, social justice, ecological systems, and prevention. It's likely that these fields will continue to influence one another and overlap in both their purposes and their practice. Utilize these ideas and strategies to inform your future work in whatever field you choose.

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10.2: Oppression and Power

Geraldine L. Palmer; Jesica S. Ferńandez; Gordon Lee; Hana Masud; Sonja Hilson; Catalina Tang; Dominique Thomas; Latriece Clark; Bianca Guzman; and Ireri Bernai

Chapter Objectives

By the end of this chapter, you will be able to:

- Explain the concepts and theories of oppression and power
- Describe the intersection of oppression and power
- Identify strategies used by community psychologists and allies to address oppression and power



"Toddler Looking Through Clear Glass Window" by Oleksandr Pidvalnyi is licensed under the Pexels License

"Healing begins where the wound was made."

-Alice Walker (*The Way Forward is With a Broken Heart)*

Community Psychology has grown up amidst times in US history and throughout the world where social change has been the interwoven thread throughout urban and suburban spaces. Social change continues to be the thread we must use to construct new realities. Not uncommon, as community psychologists have discovered over the past few years, social change work can often be more effective starting at the community level and then branching outward to macrosystems.

"….the definition and critical analysis of oppression has left out the complexity, voices and lived experiences of individuals who have been severely impacted by injustice and oppression…"
– bell hooks (1994)Macrosystems include influences of governmental policies, corporations, and belief systems. To this end, having a firm understanding of the dynamics that challenge communities is critical. This understanding must extend to grappling with some of the more unjust practices such as **oppression** and *power* that have influenced and shaped many of our communities today, particularly where members are people of color. The purpose of this chapter is to introduce the interrelated concepts of oppression and power and explore their relationship to the health and well-being of communities. We conceptualize oppression and power in upcoming sections. First, we give an overview of what oppression is. Second, we discuss the concept of power. Third, we discuss the relationship between oppression and power, because they typically never act alone. Fourth, we look at methodologies to **deconstruct** oppression and power. Finally, we offer strategies that can, and are, used in Community Psychology practice.

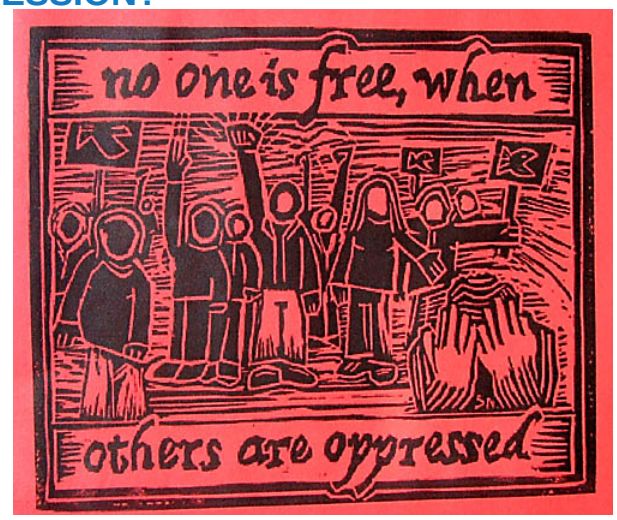


"Community, Equality, Diversity" by Public Domain Pictures is licensed under CC0 1.0

This chapter expands on the discussion of oppression and power in Chapter 1 (Jason et al., 2019) and other current Community Psychology textbooks, primarily through the lens of those who have been and continue to be oppressed. Broadly defined through

theoretical and abstract concepts, the definition and critical analysis of oppression have left out the complexity, voices, and lived experiences of individuals who have been severely impacted by injustice and oppression. Our ways of knowing and being are credible and of critical importance to students learning how knowledge and power are created and what evidence is most credible in discussing them. We also include information that portrays the strength and resiliency of community members as a balance to the scholarship. The authors' perspectives and inclusion of the lived experiences of others will add richness and depth to your studies.

JUST WHAT IS OPPRESSION?



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Oppression is defined in *Merriam-Webster dictionary* as: "Unjust or cruel exercise of authority or power especially by the imposition of burdens; the condition of being weighed down; an act of pressing down; a sense of heaviness or obstruction in the body or mind". This definition demonstrates the intensity of oppression, which also shows how difficult such a challenge is to address or eradicate. Further, the word oppression comes from the Latin root *primere*, which actually means "pressed down". Importantly, we can conclude that oppression is the social act of placing severe restrictions on an individual, group, or institution.



"Oppression" by McBeth is licensed under CC BY-NC-ND 2.0

Moreover oppression is often discussed in the same context as the terms "**dehumanization**" and "**exploitation**". These are terms that portray unjustness and cruelty. To adequately prepare you to effectively address the challenges many communities are facing, we include the terms to help familiarize you with what oppression feels like to the receiver. Understanding the perceptions, meanings, and experiences of community members is critical for work in Community Psychology in order to address social issues such as oppression. The excerpt below gives an example of a person, who also happens to be a community psychologist, describing their lived oppressive experiences:

Case Study
A Personal Communication



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"…I felt this fullness, unexplainable presence, inner pain but it was not tangible, almost like a phantom ache or pain, that sensation a person has when they have lost a limb and it feels like it is still there but it hurts. It filled my body. I was grief-stricken. Sad. I felt that I, WE, THEY, have let our children down. Our Village is no longer protecting our children. That sacred piece of our legacy.

If I can take accountability or acknowledge this wrong, why doesn't our oppressor? What is the value in destroying a child, a people, their dreams? It is mean, evil, greedy, disastrous, ugly, devilish, and immoral. It is every gunshot into the backs of Black men. It is an assassination of the human spirit. It rapes us of our purpose. Our young people should never, never feel uncared for, unwanted or invisible….

I bow my head with my hands over my ears and I sit in silence. I realize that these feelings have been sitting dormant…"

(-J. Samuel, personal communication, 2018)

It is important to note that while we are providing you with a framework of oppression and power, we will also provide you with examples of action strategies for how community psychologists and allies are supporting the resiliency in communities so that you can feel encouraged to discover your own way into combating oppression.

WHY OPPRESSION?



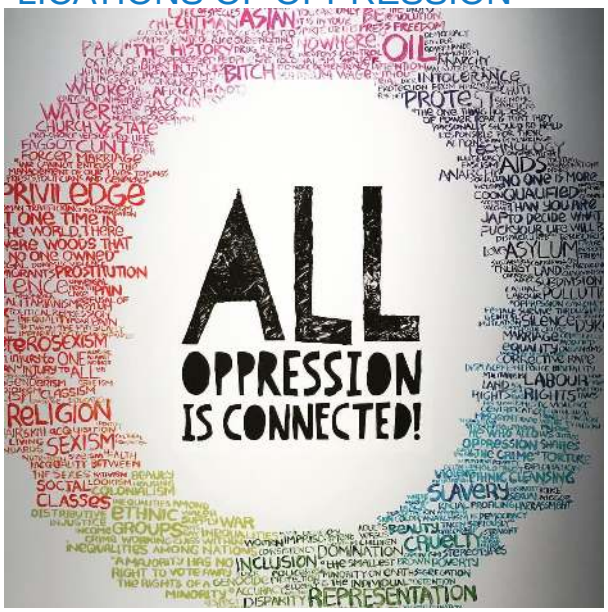
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After studying the concept of oppression, you might be asking- what is the reason for oppression? Typically, a government or political organization that is in power places these restrictions formally or covertly on groups so that the distribution of resources is unfairly allocated—and this means power stays in the hands of those who already have it (a discussion on power follows this section). We understand that oppression occurs when individuals are systematically subjected to political, economic, cultural, or social degradation because they belong to a certain social group—this results from structures of domination and subordination and, correspondingly, ideologies of superiority and inferiority.

According to **decolonial theory**, over the last 500 years, the **colonial matrix of power**, *patron colonial de poder* has been and is one of the primary sources of oppression. Decolonial theory uses a framework that attempts to answer questions pertaining to knowledge, coloniality, and globalization. The "western world" is a production of coloniality and modernity. The latter two terms refer to the socio-cultural norms developed after the 18th century and the chapter in European history known as the Enlightenment.

It is defined loosely by industrialization, science, division of labor, capitalism, secularism, education, and liberalism (Smith, 1999). Further western modernity created and constructed the idea of 'race' as a biological function, as part of a narrative to indicate the superiority of the white race and the inferiority of all other races (peoples). Western modernity and the colonial matrix of power have constructed a particular place: the West. Read more about the nature and origin of oppression here.

PSYCHOLOGICAL IMPLICATIONS OF OPPRESSION



"All Oppression is Connected, 2013 by Jim Chuchu #MakingAfrica" by baldiri is licensed under CC BY-NC-SA 2.0

Oppression is described in psychology as states and processes that include psychological and political components of victimization, agency, and resistance where power relations produce domination, subordination, and resistance (Prilleltensky, 2003). The oppressed group suffers greatly from multiple forms of exclusion, exploitation, control, and violence. The literature on the psychological impact of oppression suggests that the erasure and removal of intrinsic cultural identities influenced by oppressive practices can lead to negative outcomes such as "internalization of negative group identities and low self-esteem."

In understanding *psychology of oppression*, the oppressed initially adopt "*avoidance reactions*" which are responses that prevent adverse outcomes from occurring. This happens before one truly internalizes the ideologies of the oppressor, which ultimately results in engaging in self-destructive behaviors before reaching the point of **internalized racism**. and assimilation. Lastly, oppression is not a static concept nor does it have a fixed relationship to racism and discrimination. It changes and can be extremely non-transparent—both covert and overt. The tools of oppression are often disguised or hidden as privileges. Read more here on the impact of oppression and power on communities of color. The case study below provides a number of factors indicative of the impact of oppression from political, economic, and socio-cultural factors on one community in Chicago, IL.

Case Study
Englewood: Struggling to Rise



"NYC 4002 Englewood, Chicago, IL on April 21, 1965" by Marty Bernard is Public Domain

Once known as Junction Grove, the rich history of Englewood began in the mid-1800s as the area quickly developed into a rail and commerce crossroads. Junction Grove changed its name to Englewood in 1868, and in 1889, it became part of the City of Chicago. With its cross streets at 63rd and Halsted, the four railroad stations, and the 63rd Street 'L' stop, Englewood has long

been a transportation hub of the southwest side. This easy access helped to make Englewood one of the largest outlying business districts in the country for much of the first half of the 20th century (Roberts & Stamz, 2002).

Yet, as racial strife shook the 1950s and '60s, white flight occurred from US communities while African Americans moved in. Subsequently, banks refused to lend money to people trying to start businesses or buy homes in African American neighborhoods, and major grocery stores and other companies refused to open branches. Englewood was no exception (Lydersen, 2011). Further, political redistricting has resulted in Englewood being divided into five districts, each of which is assigned to a different Illinois district. This has created more division and strife. Can you identify the political, economic and socio-cultural factors resulting from oppression and power?

JUST WHAT IS POWER?



Power & Equality by Steve Snodgrass is licensed under CC BY 2.0

Power is a concept that has come to possess numerous meanings for different individuals. Power is multifaceted and takes various forms: power over, power to, and power from (Kloos et al., 2012). **Power over** is the ability to compel or dominate others, control resources, and enforce commands. **Power to** is the ability of people to pursue personal and/or collective goals and to develop their own capacities. **Power from** is the ability to resist coercion and unwanted commands/demands.

Much of the conversations on power have been through the lens of empowerment (Riger, 1993; Rappaport, 1981; Rappaport, 1987). Rappaport (1981) proposed empowerment as a phenomenon of interest for the field, stating the need for a distinction between actual power (i.e., political empowerment) and perceived power (i.e., psychological empowerment).

Furthermore, we understand *empowerment* as an individualistic concept which needs to incorporate social power. These theorists have conceptualized empowerment as a manifestation of social power and propose three instruments of its implementation. First, it is *having control over resources in such a way that they can be used to reward and punish various people***.** Second, it is *the ability to control barriers to participation through defining what we talk about and how we talk about it.* One example is expert power, which is based on the "perceived knowledge, skill, or experience of a person or group" (Kloos et al., 2012). Third, it *is a force that shapes shared consciousness through myths, ideology, and control of information.* To support these concepts, Serrano-García (1984), a community psychologist, discusses both the successes and failures of a community development intervention in her homeland of Puerto Rico in this case study.

Case Study
Proyecto Esfuerzo (Project Effort)



"Modern Buildings Tower Over the Shanties Crowded Along the Martin Pena Canal" by John Vachon is licensed under Public Domain

Irma Serrano-Garcia (1984) wrote, “As a member of a group of people who believe in equality and freedom and in the capacity of human beings to achieve both, I write as a Puerto Rican and community psychologist. My work stems from a social change perspective. As a community psychologist with a commitment to the “disadvantaged” groups of society, I believe that my values should be clearly stated… the island was under Spanish rule from 1843 to 1898 making our traditions mainly hispanic and our language, Spanish. The country was turned over to the US as a war booty of the Spanish American War in 1898” (Serrano-Garcia, 1984, p. 174).

To this end, the country was under the rule of the US for some aspects such as citizenship and foreign trade, and some areas were ruled by Puerto Rico’s internal governmental structure. Economically 60% of the citizens earned an annual income of $2,500 or less, while 70% received food stamps (SNAP Benefits) or other public benefits. Unemployed rates soared at 22.7% of the population and 99% of the food was imported. Serrano-Garcia further shared, “Our reality is one of colonization and not self-determination, of hispanic not anglo-saxon traditions and of underdevelopment and not economic growth” (p. 174). This and other factors prompted the onset of community development efforts to foster change directed by the quest for empowerment. The intervention framework to address this challenge included both a community development and research model. Six key points acted as guidelines including familiarization with the community, needs and resources, linking reality, concrete activities and resident’s integration, transition, and end of project. Read more here. How do the six guidelines used in the framework intersect with each other?

LANGUAGE AS POWER



“James Baldwin 37” by Alan Warren is licensed under CC BY-SA 3.0

Systems of domination often work not only through physical force but through language. Cultural racism deems a group’s culture as inferior, including its language. A group’s social and political power typically coincides with the status of their language within the society (Belgrave & Allison, 2019). A byproduct of colonialism is the fact that millions of people around the world speak languages not indigenous to their own lands, but to former colonial powers (England, France, Spain, Portugal, etc.). Native cultures and languages were overthrown by the culture and language of the colonizers. Translation works both as a language tool and as an instrument of power, and this is used when languages are translated and when people are transformed, or translated, by changing their sense of their place in society.

Control over language and information is referred to as power/knowledge. Foucault asserts that power is inherently tied to control over and access to information and vice versa. Knowledge is always related to systems of power. James Baldwin (1979) similarly refers to language as a political instrument. The language a person uses communicates their status within that society. He proposed the language barrier that prevented Africans from communicating with one another limited their collective power. According to Baldwin, the development of Black English is a result of particular relationships of power: “A language comes into existence by means of brutal necessity, and the rules of the language are dictated by what the language must convey.”

COLONIALISM AS POWER



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Perhaps one of the most expansive and dominating forms of power has been **colonialism**. During the 19th century, as much as 90% of the world was controlled and/or colonized by western (European and European-derived) nations. This suppression and domination were justified using the construct of race, false research theories that portrayed non-white populations as infantile, incompetent, primitive, savage, and needing western powers to civilize them and bring them into modernity. The rise of settler societies like the US and Canada are the results of centuries of violent conflict, cultural and spatial displacement, and social, economic, and political oppression. During the 20th century, people across Africa, Asia, and Latin America engaged in anti-colonial struggles for independence. Although formal imperial empires came to an end when these countries gained their independence, informal empires remained, as many nations continued to be dependent on former colonial powers. Consequently, political, economic, and military controls were largely maintained within these nations, as a result of adopting the power and oppression of the colonial powers.

OPPRESSION AND POWER: TWO SIDES OF THE SAME COIN



"1854 $3 Indian Princess Head"by National Numismatic Collection, National Museum of American History is licensed under Public Domain

Power and oppression can be said to be mirror reflections of one another in a sense or are two sides of the same coin. Where you see power that causes harm, you will likely see oppression. Oppression emerges as a result of power, with its roots in global colonialism and conquests. For example, oppression as an action can deny certain groups jobs that pay living wages, can establish unequal education (e.g., through a lack of adequate capital per student for resources), can deny affordable housing, and the list goes on. You may be wondering why some groups live in poverty, reside in substandard housing, or simply do not measure up to the dominant society in some facet. We have some idea, but today we are still grappling with these questions and still conducting research studies to better understand.

As discussed at a seminar at the Leaven Center (2003), groups that do not have "power over" are those society classifies or labels as **disenfranchised**; they are exploited and victimized in a variety of ways by agents of oppression and/or systems and institutions. They are subjected to restrictions and seen as expendable and replaceable—particularly by agents of oppression. This philosophy, in turn, minimizes the roles certain populations play in society. Sadly, agents of oppression often deny that this injustice occurs and blames oppressive conditions on the behaviors and actions of the oppressed group. Oppression subsequently becomes a system and patterns are adopted and perpetuated. Thai and Lien (2019) in Chapter 6 discuss diversity and highlight the impact of "white privilege" as a major contributor to systems and patterns of oppression for non-privileged individuals and groups.

Additionally, socialization patterns help maintain systems of oppression. Members of society learn through formal and informal educational environments that advance the ideologies of the dominant group, and how they should act and what their role and place

are in society. Power is thus exercised in this instance but now is both psychologically and physically harmful. This process of constructing knowledge is helpful to those who seek to control and oppress, through power, because physical coercion may not last, but psychological ramifications can be perpetual, particularly without intervention.

As shared, knowledge is sustained through social processes, and what we come to know and believe is socially constructed, so it becomes ever more important to discuss dominant narratives of our society and the meaning it lends to our culture. *It is our role as community psychologists to be a witness, to advocate, and to raise the voice and consciousness of those who lack power and /or the capacity to do so themselves. It is also our role to raise the consciousness of those who oppress and disempower.* In the next section, we shall take a look at roles community psychologists can play in consciousness raising and **deconstructing power and oppression**.

ACTION STRATEGIES: DISMANTLING OPPRESSION AND POWER



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As mentioned in Chapter 1 (Jason et al., 2019), community psychologists endorse a social justice and critical psychology perspective, where the position is to challenge and address oppressive systems through a number of action strategies including approaches that fall under a dismantling framework. To this end, we now discuss two interconnected, yet distinct community approaches that focus on what is termed the deconstruction and **reclaiming of power**. *Deconstruction* has its roots in Jacques Derrida's work in critical analysis of theoretical and literary language. We speak about reclaiming as simply recovering or getting back. A discussion of liberation, followed by decolonization and reclaiming power through Black Feminist theory, concludes this section, as it demonstrates how power is de-centered and reclaimed for the power and liberation of communities.

LIBERATION



"Liberate Minds" by Working Image Photography is licensed under CC BY-NC-ND 2.0

Community psychologists engage topics associated with the dismantling of oppression and power. One of these concepts is liberation. *Liberation* is defined as the social, cultural, economic, and political freedom and emancipation to have agency, control, and power over one's life. To live life freely and unaffected or harmed by conditions of oppression is to experience liberation (Watkins, 2002). Although there are varied ways of experiencing liberation – from the individual to the community to the systemic – each one is interconnected with the other. An individual, or psychological sense of liberation, lies in the ability for the person to feel unconstrained by stereotypes and prejudiced ideas that manifest as acts of discrimination. When individuals are constantly feeling that their bodies are being perceived and categorized in biased ways because of their race, ethnicity, gender, sexuality, age, and other visible characteristics, their capacity to act with free will is constrained. For example, students of color at predominantly white institutions of higher education often experience higher levels of stress and anxiety because they experience more micro-aggressions (Hope et al., 2018). Students of color are therefore marked by these experiences in ways that are detrimental to their well-being and academic success. Liberation for these students is limited by the culture of racism and colorblindness inherent in the university. At a collective or community level, liberation is possible when the group is able to gain power and control over the knowledge, systems, and institutions that surround their lives. As Brazilian popular educator, Paulo Freire, suggests, liberation is a social act, a process of becoming free from ideologies that limit our freedom and the institutions or structures that constrain people's collective determination. Liberation must be understood as having a critical consciousness of the circumstances and conditions of oppression that challenge and limit opportunities for freedom. Liberation is also a practice of working to create change. As Martín-Baró proposes, liberation is the dismantling of oppression and power, and striving to create social change that recognizes the humanity and dignity of all people. As an example of this work, we have included in this case study an excerpt of a letter adopted by the Society for Community Research and Action (SCRA) in opposition to the Dakota Access Pipeline.

Case Study
The Dakota Access Pipeline

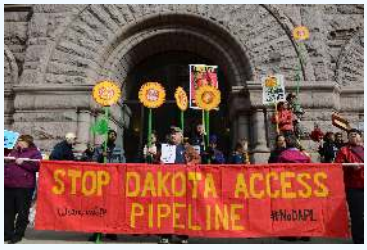


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In July 2016, the Army Corps of Engineers approved the plans for the Dallas-based Energy Transfer Partners to construct the Dakota Access Pipeline, a 1,172 mile underground crude oil transportation system stretching from North Dakota to Illinois. It

is estimated that the pipeline will pump just under half a million barrels of fracked crude oil per day across the Missouri River, the Mississippi River, and other sources of drinking water, which will impact surrounding communities. Although many will potentially be affected by the proposed pipeline, the Lakota Sioux and the Standing Rock Sioux Indian Reservation spanning North and South Dakota are among those most directly affected by the pipeline and have voiced strong opposition to its continued construction. As psychologists committed to racial, ethnic, and cultural justice we stand in opposition to the continued construction of the Dakota Access Pipeline so long as that pipeline infringes on the environmental health and sacred spaces of indigenous communities…Read more of the letter here. What are examples of dismantling and liberation?

DECOLONIALITY



"Mural at Mexican Cultural Heritage Center, San Jose" by Nicole de Beaufort is licensed under CC BY-NC-SA 2.0

Although often associated with freedom, *decoloniality* is not the same nor should it be equated with liberation. Decoloniality is characterized by a process of undoing, disrupting, and de-linking knowledge rooted in Eurocentric thinking that ignores or devalues the local knowledge, experiences, and expertise of non-western peoples or dominant social groups (Maldonado-Torres, 2011). Furthermore, decoloniality challenges coloniality and colonialism – the former defined as the power and control over people and knowledge, and the latter being a process through which power and control are acquired often through violence (Mignolo, 2009). Decoloniality, therefore, contests the assumptions of systems, or the organization of peoples and worlds, into categories. For example, the "*othering*" of Indigenous communities by forcing them onto reservation lands and then subsequently occupying and exploiting these lands and natural resources, as in the Dakota Access Pipeline examples, is a form of coloniality. This "othering" perpetuates the oppression and dehumanization of Indigenous communities across generations (Gone, 2016). Re-thinking and deconstructing Eurocentric/western ideologies and practices that uphold coloniality as the power over people, lands, and knowledge is thus the main point of decolonization. A decolonial standpoint in Community Psychology honors and respects the humanity of all communities, especially those that have been institutionally marginalized, and sees values in local knowledge, culture, and place (Moane, 2003). An example of a decolonial community-based participatory action research project is the collaborative led by Dr. Jesica Siham Ferńandez and Dr. Laura Nichols, involving Mexican immigrant mothers in a community undergoing gentrification in the Silicon Valley (California, US). It centers on the voices, culture, and lived experiences of Mexican and Latinx communities (check out a newspaper report covering the making of the mural, and a short news media coverage showcasing the *madres* speaking about their process).

BLACK FEMINIST THOUGHT

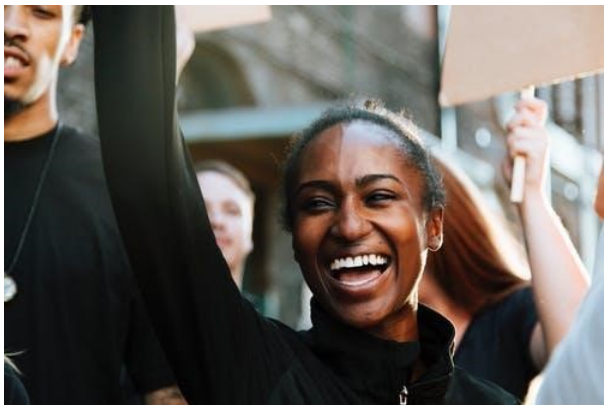


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This section discusses **intersectionality** as a form of decolonialism that is crucial to a well-rounded understanding of how our multiple identities play into the world around us. Intersectionality, rooted in Black feminist thought, emerged at the turn of the 21st century. Black feminist theory, informed by the work of Collins (1990/2000), Lorde (1984), hooks (1994), the Combahee River Collective, and other Black feminist scholars such as *Sojourner Truth* and other writers and activists, surfaced as a radical movement. Intersectionality was developed by Kimberlé W. Crenshaw and this short video link should help with understanding. The concept primarily illustrates the intersectional experiences of Black women, whose concerns were neither fully addressed within the Civil Rights Movement, nor the (white) feminist movement. Intersectionality posits that race and gender categories, along with other dimensions of identity and positionality, such as sexuality, age, class and able-bodiness, are clear and have social, legal, political, and economic implications. Within Community Psychology, intersectionality provides a theoretical lens for re-conceptualizing race, along with other categories of difference and positions of power, beyond identity politics. Rather than focusing on the politics of difference, intersectionality describes the interlocking patterns of oppression and marginality that structure people's lives, opportunities, and enfranchisement. Intersectionality provides a theoretical framework from which we can examine and deconstruct the structures of race and gender oppression (Collins, 1990/2000). Furthermore, intersectionality also offers implications for working toward a practice of solidarity among those interested in advancing social justice.

SYSTEMS PERSPECTIVE



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The concepts of oppression and power are not only multi-dimensional but also involve multifaceted, complex means of being executed. In order to effectively conceptualize dismantling and disrupting power and oppression, it is important to delve further into looking at systems by which power and oppression exist and are maintained. Bronfenbrenner's ecological systems theory provided a framework for us to examine how power and oppression are carried out and perpetuated in individual and community

environments. Yet, human behavior is not simply nested as Bronfenbrenner theorized, but our behavior is also networked, where each system is defined in terms of the social relationships surrounding a targeted individual, and where systems at different levels relate to one another in an overlapping fashion (Neal & Neal, 2013). Thus, dismantling power and oppression is a difficult task that requires a **community systems approach**. It is also important to note that historical events such as colonialism and change across time necessitate that idea that power/oppression must be continually re-examined and monitored.

The *Chicanx Student Movement* is an example of the results of oppression and power and a social action strategy, to address the issue. See the case study below for a discussion on the East LA "Blowouts".

Case Study
The Chicano Student Movement and Educational System in East LA



"San Jose Chicano Rights Marches California002" by San José Library is licensed CC BY-SA 2.0

The 1968 East LA blowouts were a direct response to the educational inequities experienced by Chicanx students attending several of the local high schools in the East LA area (e.g., Wilson, Lincoln, Belmont, Roosevelt, Garfield). For example, students attended schools that lacked resources, were placed in overcrowded classrooms where they often faced derogatory comments by teachers, were prohibited from talking in Spanish and where disobedience was met with corporal punishment or janitorial work. Moreover, non-white male students were pushed into non-academic classes like wood shop or auto-mechanic shop classes while females were sent to cooking classes, sewing, and secretary prep courses. Consequently, dropout rates were as high as sixty percent.

However, as the numbers of students walking out grew, so did the challenges. Students who joined the walkouts were met with violence from police deployed to the schools. While many students were beaten during the walkouts, other students, who helped to lead the movement, faced further legal troubles. As a result, 13 male students were charged with conspiracy, only avoiding charges after protests by the community were held and litigations were filed. Fifty years later, the Los Angeles Unified School District and Cal State LA, a Hispanic Serving Institution (HSI) in the heart of the East LA area, organized a "walk-in" to commemorate the 1968 blowouts and to highlight the changes that have occurred. Over 500 high school students from the same walkout schools marched onto the Cal State LA campus chanting "Yes we can." While this is certainly a change, the reality for students is that they continue to struggle to gain access to higher education.

Protests and other forms of addressing community issues often result in *unintended consequences* but continue to be strategies employed to advance social justice. What are some strategies for mitigating unintended consequences?

Other action strategies discussed in earlier chapters that have been met with both challenges and successes are in social movements and consciousness-raising efforts. In recent years there has been an explosion of young people's participation in social movements across the U.S. Some include involvement in long-term struggles such as the fight for equal rights for the LGBTQ+ community, and some are a continuance of prior social movements such as the #MeToo Movement (evolving from the struggle for women's rights) as well as the Black Lives Matter movement. Read more here.



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Consciousness-raising efforts have their roots in a number of theorists' frameworks and movements including *Pedagogy of the Oppressed* and the feminist movements as previously mentioned. Yet, it is important to also understand that structural systems of

oppression are found in the categorical labeling we use to exclude and separate. The case study below illustrates a strategy for dismantling labeling that perpetuates inequality through reframing the language of liberation.

Case Study
Reframing Language for Liberation



Raise Awareness by Sharon Sinclair is licensed under CC BY 2.0

In 2012, Geri Palmer, former executive director of a non-profit organization in Chicago and current community psychologist, became aware of the importance of the influence of public perspectives and attitudes regarding people who are homeless, specifically relative to funding and resources. She recognized that public perceptions and attitudes are formed in many ways, one being the words and terms used to discuss, and refer to marginalized populations. This is important, as terms that describe and categorize people experiencing homelessness, such as “the homeless” and “homeless people” are widely used by those in the helping professions. Yet, they reflect the core ideologies and economic interests of the dominant majority and have their roots in historical systems of inequality and oppression.

Through a series of workshops held in medical and health care facilities, in board development workshops, conferences, and classrooms designed to raise awareness, *The Language Reframing Project* was initiated. The goal was twofold: (1) Raise awareness of language and labeling and its negative implications; and (2) reframe language and labeling in discourse and in reference to people who are homeless, as well as other populations considered marginalized. This can specifically be applied to all marketing materials including websites and social media. One agency has changed its online marketing materials to align with the campaign’s mission, and former employees of this agency report they are pushing forward the language reframing initiative in their new workplaces and overall worldview. The Salvation Army has adopted a similar campaign (Palmer, 2018)…Read more here. Why does categorical labeling of certain groups of people perpetuate oppression?

SUMMING UP

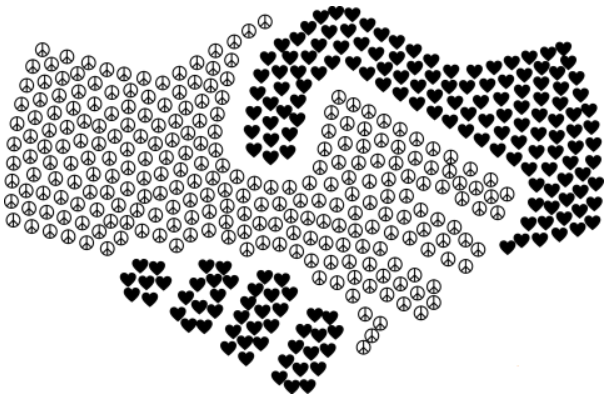


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Community psychologists are equipped with the skills and training, practice, and lived experience needed to address the most pressing of social issues and concerns in our communities today. The continuation of structural systems of oppression and power, and its grip on our communities, families, and individuals is an ever-present concern and it is no easy task to engage in dismantling and addressing structural systems. Yet, we are advancing social justice through the strategies we mention here and are making great strides by supporting the resiliency in the same communities where oppressive systems exist. We strived to make this portion of the book as realistic as possible, particularly with the help of looking through the eyes of community psychologists who have lived experiences as well as allies who support the work of community psychologists in practice and community-driven research. We wanted a chapter that spoke to the multi-faceted dynamics of oppression and power, but also provided actionable strategies that are tools for liberation. Moreover, by providing this free online textbook, we are in a very direct way dealing with the high price of

textbooks that often is a real hurdle for our college students, who sometimes can not even afford to purchase them and are disadvantaged by this economic barrier. This effort is a strategy that also empowers and liberates.

We have attempted to include a balanced view, discussing the concepts and impact, but showing how resilience and empowerment have been successful at advancing social justice. It is important for undergraduate students, specifically in Community Psychology, to see the fullness of what the discipline embraces and strives to uphold.

Critical Thought Questions

1. What experiences do you have with power and/or oppression? In thinking about the "two faces" of power and oppression, how have you seen power and oppression operate in your life or in the life of others in your community?

2. Reread Dr. Irma Serrano-Garcia's article. Identify the role of coloniality and colonialism in shaping the Puerto Rican experience. What do coloniality and colonialism look like today?

3. Explain how you have experienced or seen power operate in your life or in your community. What are some contemporary examples of the coloniality of power today?

4. Think back to the other cases studies presented in this chapter. Identify how oppressed and institutionally disenfranchised communities interrupted and sought to deconstruct power.

5. Reflecting back on the experience of power or oppression that you initially identified, what is one theory or concept that stood out to you, and which helps you think about ways of addressing oppressive systems of power? Why does that theory or concept stand out to you the most?

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10.3: Empowerment

Fabricio E. Balcazar; Christopher B. Keys; and Julie A. Vryhof

Chapter Objectives

By the end of this chapter, you will be able to:

- Specify different levels of empowerment
- Understand how we can contribute to power redistribution
- Learn ways to take action to make changes in communities



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The cries of “Black Power!”, “Student Power!”, and “Power to the People!” rang out in the 1960s and beyond. The idea of power was central to those social movements. The work of those groups led to changes in civil rights, gay rights, and women’s rights. For example, the Women’s Movement raised important issues regarding women’s relative lack of power in personal relationships and their lack of opportunities in the workplace and larger society. Oppressive conditions supported by men-driven laws and policies in the larger society affected women on the individual, organizational, community, and societal levels.

Many participating within these social change movements experienced greater **empowerment**, which means gaining greater influence and control over important matters in one’s life and environment. Coupled with visions of hope and possibility, empowerment helped spur movements for positive social change for African Americans, students, women, Latinx, LGBT individuals, people with disabilities, Asian-Americans, prisoners, and people with mental illness, among many other groups.

Rappaport (1981) proposed that empowerment should be a primary focus of Community Psychology. He believed that empowerment is about helping those with less than their fair share of power to understand their own situation and gain more power. For Rappaport, empowerment includes considering people’s needs, their rights and their choices, and it captures the breadth of concern with the powerlessness that many groups experience.

To fully address the powerlessness of individuals and groups, efforts toward empowerment must be made on multiple levels. At the individual level, awareness of one’s lack of power can make one more likely to work towards increasing personal power. At a higher level, legal and societal sides of oppression may give rise to societal and political change. Thus, empowerment is a multilevel concept that impacts individuals, organizations, communities, and societies. From these beginnings, empowerment has come to be a key idea in Community Psychology and has also been important to fields such as Social Work, Public Health, Education, Political Science, Anthropology, and Community Development (Keys, McConnell, Motley, Liao, & McAuliff, 2017). Now, let’s consider how empowerment is thought of at different levels of analysis.



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Individual Empowerment

Individual empowerment allows people to exercise control and increase **self-efficacy**. Self-efficacy can be described as developing a sense of personal power, strength, or mastery that aids in increasing one's capacity to act in situations where one feels a lack of power. Individual self-efficacy is sometimes considered a "westernized" or "individualistic" construct built on the idea that simply having a belief in one's ability to achieve a certain outcome is all a person needs for self-empowerment. This would imply that an internal belief in oneself is both sufficient and desirable for changing a one's life. But change in self-efficacy without real change in one's life cannot truly be called empowerment (Cattaneo & Chapman, 2010).

Psychological Empowerment

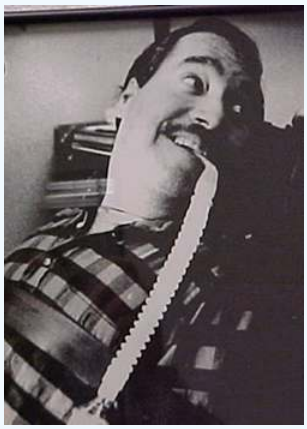
In contrast, **psychological empowerment** at the individual and group levels requires increased awareness and understanding of the factors that influence our lives. It is a process by which we become aware of the power dynamics that occur at multiple levels in our lives. This could be something like becoming aware of being treated differently due to the color of one's skin, or how the lack of resources in the community one lives in affects one's well-being. People then begin to develop skills for gaining control over relevant aspects of their lives, such as advocating for themselves or working on coping techniques to respond to discrimination. To truly address all the factors that affect a person's life, people's actions should also be directed toward changing the conditions of oppression at multiple levels, such as conditions in the home, at work, or in society. These environmental changes can be complemented by an increase in one's degree of control over aspects of one's own life.

Psychological empowerment considers the role of the context and the influences from external factors that impact the lives of all people (Keys et al., 2017). For example, women in the 1950s were affected by how they were treated both at home and in the workplace. In both cases, there were clear power differentials, whether it was between husband and wife or employer and worker. These external factors, or contextual factors outside of individual women's control, impacted women in the environments where they lived and worked. The Women's Movement and related **advocacy** efforts were led by women who had developed empowerment skills individually and began supporting the empowerment of others on a societal scale.

Changes individually and on a group level can be accomplished through critically examining the situations people find themselves in. For example, the Black Power Movement in the 1960s and the Black Lives Matter Movement in the present are responses to the personal and societal oppression African Americans felt and feel as citizens of the US. These social movements criticized the cultural norms of the time and challenged people to really think critically about how African Americans were being mistreated and abused on a daily basis. As with all individual and group level change, the context had to be examined through a critical lens.

Critical awareness leads individuals to identify personal and contextual factors that may be part of empowerment for particular individuals or groups. These factors may include additional skills, access to financial capital, access to other resources and opportunities, and access to individuals with greater power. Methods include, but are not limited to, training, developing advocacy skills, studying, becoming self-efficacious, and pursuing resources and opportunities (Cattaneo & Chapman, 2010). By increasing skills and access to resources, one can work towards achieving an increased sense of individual and psychological empowerment. A good example of psychological empowerment is found in this case study, about Ed Roberts and his efforts toward helping people with disabilities live independently.

Case Study
Independent Living Movement



"Edward V Roberts" by Unnamed DOR Employee is Public Domain

The life of Ed Roberts—a central figure in the development of the independent living movement for people with disabilities in the US—is an example of psychological empowerment. Ed became severely paralyzed at a young age. In his childhood, Roberts' mother instilled an appreciation for education in her son. She also taught him how to advocate for what he needed. Roberts experienced firsthand the ways in which society distributed power unfairly. A high school administrator threatened to not allow Roberts to earn his high school diploma because Roberts had not completed a driver's training or physical education course, which he could not physically perform. He had to fight those decisions. After graduating from high school, Roberts was admitted to the University of California-Berkeley but had to fight for accommodations and support from both the university and his rehabilitation counselor. Roberts' admission to the university drew more individuals with physical disabilities to attend the college. He began to advocate for changes to be made to the physical environment, such as curb cuts to aid people in wheelchairs. He also helped to create the first student-led disability services program in the United States and advocated for attendant services and wheelchair repairs to be provided on campus. At the University of California-Berkeley, he earned both a bachelor's and a master's degree. Because of his work, Ed made this university a more accessible place for himself and other individuals with disabilities.

Organizational Empowerment

At the organizational level, it is useful to think of empowerment in two ways: empowering those within the organization, and being effective in fairly addressing organization level issues and working well with those outside the organization such as other organizations and governmental policies and laws. Regarding the first meaning of organizational empowerment, empowering, we can think of ways an organization is empowering those individuals and groups within it. We first need to recognize that organizations can control and influence those who are inside the organization (Peterson & Zimmerman, 2004). For instance, Maton (2008) identified a set of positive core organizational characteristics for empowering community settings. These include a group-based belief system (e.g., the organization inspires change), positive core activities (e.g., active learning), a supportive relational environment (e.g., caring relationships), opportunity role structure (e.g., many roles at multiple levels), **leadership** (e.g., inspirational vision), and setting maintenance and change (e.g., mechanisms to address diversity or conflict). An organization may foster the empowerment of its members and groups by including these characteristics. An empowered organization also can be effective in working with other organizations and others in the local community and larger society in order to address its needs and meet its goals.

An organization's ability to empower individuals may be due to interpersonal factors, such as trust. For example, Foster-Fishman and Keys (1997) found that in a large human service organization, employees distrusted system-wide empowerment initiatives set forth by upper management. This lack of trust often reflects perceptions about organizational policies and authority roles. It is important to consider that some organizations are more democratic in the way they operate (e.g., cooperatives) and incorporate more **intra-organizational strategies**. The way authority and decision making is shared, or not, among employees affects their sense of empowerment. Some organizations try actively to build personal relationships among members and develop greater trust, which provides a better foundation for **organizational empowerment** initiatives. Regarding the second meaning of organizational empowerment, we can consider ways in which the organization gains and uses enough resources to support its people and activities, For example, a community group advocating for trans rights holds an effective fundraising effort to support its education initiative to include topics of transgender, gender identity and cisgendered prejudice in sex education curriculum in local schools. An empowerment initiative at the organizational level is the focus of the following case study.

Case Study Canada Staff Nurses in



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Laschinger et al. (2001) analyzed the impact of organizational empowerment theory on staff nurses in Canada. Results from their study suggested the workplaces that increased perceptions of individual empowerment also increased trust in organizational authority, commitment to organizational goals, and effectiveness of the organization as a whole. The results also

suggested an increased work ethic and desire to remain in the organization. This empowerment was facilitated through a number of intra-organizational strategies. First, the nurses were trusted to act on their expertise when performing their work. This was accomplished, in part, by providing nurses access to both timely information and support. Additionally, nurses were given access to resources. Trust can be diminished in an organization if nurses do not have access to medical equipment and supplies or are forced to work overtime due to staff shortages. The researchers also found a relationship (albeit, less significant) between trust in management and opportunities for career advancement. This view of organizational empowerment required that management nurses and staff nurses work collaboratively towards shared goals, in order to better their organization and improve patient care. In order to foster individual empowerment, management nurses exercised less direct control and practiced providing more feedback, support, and guidance. They also worked to ensure trust both among staff nurses and between staff nurses and management. In this case, greater individual empowerment led to greater organizational empowerment.

Community Empowerment

The concept of community-level empowerment has also received attention from community psychologists. **Community empowerment** means a community has the resources and talent to manage its affairs, to control and influence relevant groups and forces within and outside the community, and to develop empowered leaders and community organizations. One example of developing empowered leaders is community members learning to organize so they can take part in improving their communities and take actions toward these improvements. Empowerment may be particularly important for communities rebuilding after trauma, such as survivors of a natural disaster, or for individuals in a war-ravaged country (Anckermann et al., 2005). Indicators of community empowerment include processes such as collective reflection, social participation, and political discussions, as well as outcomes such as having obtained adequate resources for improving community well-being and social justice (Anckermann et al., 2005). Collective reflection means that community members get together and jointly examine the issues that have mattered to them over time. Social participation and political discussions are ways in which these communities can take the actions needed to empower themselves. This case study demonstrates how community members used empowerment tools in changing the mental healthcare service system in the US.

Case Study
Mental Health Delivery



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Community empowerment has played a role in improving the mental healthcare system in the US. In the 1970s-1990s, mental health service user activists fought for greater individual autonomy and patients' rights. They did so by developing their community and giving opportunities for community members to participate in decision making. Additionally, they addressed issues that their community faced. For example, they combated unemployment by supporting legislation such as the Americans with Disabilities Act (ADA), which prohibits workplace discrimination (Masterson & Owen, 2006). For a number of years, many groups representing different facets of the disability community advocated for the passage of the Americans with Disabilities Act, a major piece of civil rights legislation. This case study places emphasis on mental health/illness. However, the ADA helped all disability groups and individuals with mobility issues were most active in effecting this legislation.

Community empowerment works through increasing the community's influence over the structures and policies that affect the lived experiences of the community and its members. Increases in influence often occur through partnerships between those in power and other community members. These partnerships may take place in advisory boards, coalitions, or broader community inclusion initiatives (Fawcett et al., 1994). At times, community empowerment may mean that members of the community become empowered with the help of the community leaders and vice versa. Such "co-empowerment" may be challenging, yet can be very beneficial to communities (Bond & Keys, 1993).



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Societal Empowerment

Finally, it is important to examine empowerment on the societal level. Empowerment is concerned not only with a psychological sense of control but also with the equal distribution of resources, attention to material, and political empowerment on the societal level (Nelson & Prilletensky, 2010). Even if empowerment interventions are carried out at other levels, they typically must take broader, more structural societal forces into account. These forces include the impact of systemic racism, sexism, homophobia, ableism, ageism, or classism over time. **Societal empowerment** concerns processes and structures affecting the empowerment of individuals, organizations, and communities (for more information on inadequate resource distribution from Habitat for Humanity, click here). An important consideration is to what extent a society fosters equity, or the equal distribution of resources and opportunities, while providing support to those who have less than their fair share of resources.

An empowering society is one that works to distribute resources equitably as well as effectively. Policies and practices that support such equity are critical, as are the voices of individuals, organizations, and communities. Society-wide empowerment is concerned with how well key components of society work, so that everyone has adequate resources. Moreover, society must use resources wisely to address its needs in cultural, governmental, political, business, educational, health, and other major areas of community living. Societal empowerment may take the form of communities supporting and influencing one another and of communities working to promote change in **public policy** at the state and national levels. Societal empowerment also includes a society's capacity to influence and work with other societies and to manage its own resources effectively. Empowered societies can take care of themselves. They can work with and influence other societies. They can create positive change with their neighbors and others around the world. In short, many societies face the challenge of helping people who are facing serious limitations in their lives. Rarely, if ever, do these individuals have opportunities to deal with the **dehumanizing structures** in society that cause such limitations. These challenges are related to histories of oppression, discrimination, or segregation, as well as disparities in income and opportunities that are systemic and very hard to address, as indicated in this case study.

Case Study
Societal Empowerment



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Individuals who experience poverty are often in positions of powerlessness due to their lack of access to necessary resources. In order to address the empowerment of individuals in poverty, societies must develop their critical understanding of the structures that create and sustain poverty. After critical awareness is developed, societies must amend or remove the disempowering structures that have been identified. Empowering people who are experiencing poverty can happen through many different means. For example, addressing workplace discrimination through a legislative action is a step towards creating a more equitable society. Additionally, addressing the barriers to participation in the political system is important to address poverty. People who are impoverished may not be registered to vote. Creating accessible opportunities for voter registration can help to ensure active political participation. On voting days, ensuring that people know they have a right to leave work to vote and providing transportation options is another way that societies can support the empowerment of people experiencing poverty.



"protect-and-rise-up-on-overpass-copy-small-1024×513" by Backbone Campaign is licensed under CC BY 2.0

As discussed throughout this textbook, some groups often use their power to accumulate privileges over the groups they oppress. This **oppression** happens with **dehumanization** and **exploitation**, as discussed in Chapter 9 (Palmer et al., 2019). Oppression may occur on any level from individual to societal. It also has a psychological piece. Those in power oppress individuals and groups by reducing their opportunities for education, work, housing, and health care. Then those on the receiving end of this oppression may take part in negative activity due to feelings of hopelessness and helplessness. In addition to the experience of exclusion and marginalization on a societal level, the problem of oppression is compounded when those oppressed engage in self-destructive patterns due to the internal feelings of hopelessness. For more information on how oppression works on multiple levels, click here.

Unfortunately, conditions of exclusion and disadvantage are often ignored when those individuals with fewer resources try to obtain services. Furthermore, the economic inequality of people of color, people with disabilities, and many other groups in the US and other countries, contributes to their limited access to many services and supports. Economic inequality also limits opportunities for employment, housing, health care, and education. These conditions can only be eliminated by changing unequal power relations and with the redistribution of wealth. Attention to the distribution of power and wealth is consistent with the principles of Community Psychology regarding social justice, **respect for diversity**, and promoting social change, as discussed in Chapter 1 (Jason et al., 2019).

CRITICAL CONSCIOUSNESS



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According to Paulo Freire (1970), most people who experience social oppression do not necessarily act to change their reality. This is because they have been taught to accept the dominant, or oppressors', narrative. That narrative has placed them in an inferior position and their oppressor's in a superior one. Over time, the oppressed come to believe in their inferiority and thereby internalize their oppression. The inferiority is now a part of their identity and affects the actions they take and the decisions they make in life. In turn, their acceptance of an inferior position in society enhances the dominance of their oppressors. Freire also argues that marginalized individuals do not have a critical awareness that allows them to see the injustices in their lives. They tend to be passive and unable to recognize their own capacity to transform their social realities, in part, because their condition of marginalization and oppression keeps them in a state of helplessness. Someone forced to the margins of society who lacks critical awareness may accept their low position. They may see it as the result of fate, bad luck or supernatural forces. This is why helping people develop critical awareness and understanding of the factors that contribute to their situation is an important early step in the process of empowerment. Once people understand the reasons for their situation and the importance of taking action(s) in order to

address their own problems, the process of empowerment has begun. An example of an oppressed group, in this case children, becoming empowered through participatory means is illustrated in this case study.

Case Study
School-Based Participatory Action Research



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One of the ways in which critical awareness can be developed is through participatory action research. This is a method of research that allows stakeholders to play an active role in determining, assessing, evaluating and addressing a problem. Dworski-Riggs and Langhout (2010) used a participatory action research project in an elementary school to address disciplinary issues during recess. Based on a school survey, multiple stakeholders identified recess as a time in which students had more negative relationships with other students and recess staff. One of the ways in which the issues at recess were addressed was through a *peer mediation program*. A group of students was trained to resolve conflicts on the playground. This peer mediation program gave students increased control over recess time, as well as increased skills in conflict resolution. Additionally, it empowered the students to meet with the recess staff in order to determine how they could work together more effectively. The researchers did face significant challenges in engaging parents in active participation in the creation and implementation of the intervention. Based on a school climate survey, most parents felt powerless to make changes within the school. However, the students did engage in the process and were satisfied with the outcomes.

A CONCEPTUAL MODEL OF EMPOWERMENT

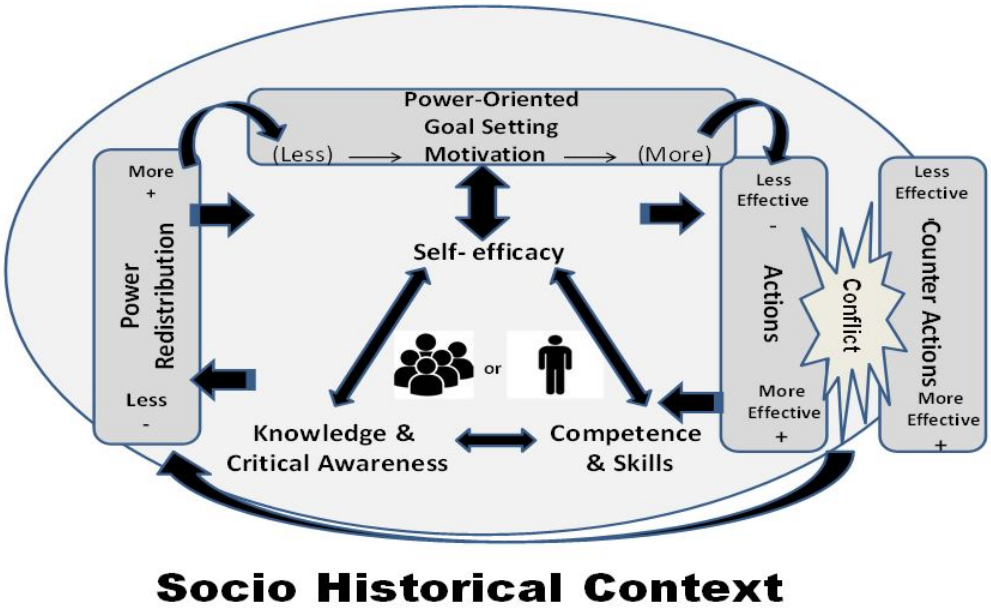


Figure 1. "Empowerment Process Model" by Fabricio Balcazar and Yolanda Suarez Balcazar.

Balcazar and Suarez-Balcazar (2017) offer a model of empowerment that is a framework of analysis for the struggle in the redistribution of resources in a historical context (see Figure 1 above). The model can explain some of the factors that lead people to seek power redistribution, and a redistribution of power is needed to give people the resources necessary for the empowerment process. From this model, it is possible to propose specific strategies that can be used to promote empowerment on the levels we discussed earlier in the chapter. This process is explained further below.

Case Study
A Personal People First Story



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The empowerment process starts when the individual identifies an injustice that she or he has experienced. Joe grew up in a rural town in Missouri to a family with few economic resources. He was born with Down syndrome, and from his earliest memories recalled being stared at, whispered about, laughed at, and treated differently. In an effort to help him, his parents would always decide what was best for him and advocate on his behalf at school and in the community. When Joe tried to speak up and express himself he was either ridiculed by his peers or defended by his parents. As a result of these experiences growing up, Joe felt disempowered and defective. But, he resolved later in life to find others like him and see if he could do anything to change things for people like him. Joe became aware of historical inequalities, injustices, and grievances that have not been attended to, such as the mistreatment of people with disabilities in his rural town. Joe began to network and organize with other people with disabilities, and expanded beyond those with Down syndrome to include other people with disabilities. He recalls being shocked at the number of people he met while trying to form a support network. While networking and researching, he discovered the People First movement, which was formed to promote the sharing of ideas, cultivate independence and friendship, and advocate for people with disabilities. Joe was taken with the ideals of the movement, proudly saying, “We can speak for ourselves, thank you!” By organizing a new chapter of People First, Joe and his peers were able to create advocacy goals to change how they were being mistreated and marginalized in their community.

As shown in Balcazar and Suarez-Balcazar’s (2017) Empowerment model, goals are developed regarding what is desired in a particular situation or context. There are different degrees of motivation associated with the individual’s goal, depending on the circumstances and sense of urgency.

According to this empowerment model, there are several factors that determine the degree of effectiveness of the individual or group in seeking power redistribution. In the case of Joe and his People First chapter, they were a dedicated group committed to influencing the community on multiple levels. They began to petition the local government to offer special accommodations for people with physical disabilities, such as wheelchair ramps and accessible seating on public transit. And, near and dear to Joe’s heart, they advocated for “People First Language Days,” at the local grade schools and high schools. Joe wanted to change how people viewed and talked about disability, to ensure that kids growing up with disabilities were not ridiculed and picked on. Joe thought that if students had more of an awareness of what it’s like to live with a disability, and how hurtful words can be, then attitudes and treatment of people with disabilities might start to change. He wanted members of the community to view him and others like him as “people first, disability always second. Like any other card normal folks have been dealt, it’s just a part of who we are. But we’re just people.” Joe and the People First chapter were successful in their efforts to implement People First Language Days at the schools, and even started having language days in places of business and legislation. Their group possessed factors necessary to implement meaningful change and empower not only themselves but many others like them in their community. These factors included knowledge of rights and responsibilities, level of skills and degree of self-efficacy (as well as the result of cumulative experience, challenges, and successes) in attaining personal and group goals.

What can be unexpected when working in Community Psychology are the counteractions taken by the opposing individual, group, or organization. There were some people in Joe’s town who opposed using taxpayer funds to increase accessibility for people with physical disabilities. Some educators questioned the need for having time taken from their classes to educate students on People First language. Sometimes the individual or group runs out of options, exhausts their resources, or gets demoralized and concedes defeat. There is no guarantee that the process will result in greater power to the aspiring individual or group. It takes time to empower oneself and to empower a group of people, and there may be setbacks before achieving meaningful power redistribution. The resulting changes in power redistribution may stop the process if the parties are satisfied, meaning the person or group aiming for empowerment feels they have achieved their goals. At some future point, the parties may resume the process in order to pursue better results.

As mentioned earlier, the Women's Movement of the 1950s and beyond led to great strides for women in America, and the "Me Too" movement is another call for women to receive fair treatment and justice in society. Balcazar and Suarez-Balcazar's (2017) Empowerment Process Model is cyclical, meaning individuals or groups may seek more knowledge or advocacy training or critical awareness of the members in order to succeed. The individual's sense of efficacy is affected by the degree of success in conducting these efforts over time, which in turn can lead the person to try to seek empowerment in other situations.

TACTICS FOR COMMUNITY ACTION

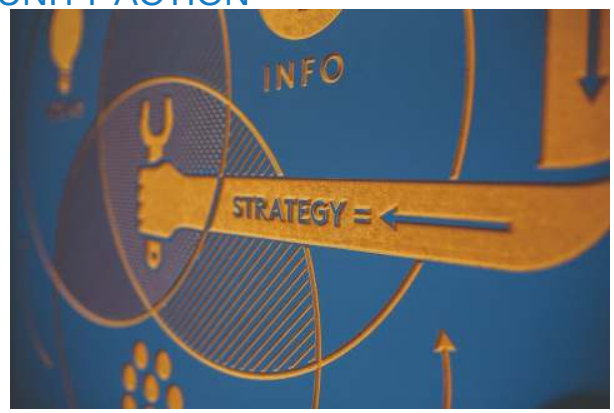


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Along with the empowerment model presented here, individuals may use a variety of strategies to address power imbalances (Fawcett et al., 1994). These strategies can help reduce or eliminate barriers, develop networks, and educate others in the community (see Practical Application 10.1). They can also create opportunities for **capacity building** and allow participants to advocate for changes in policies, programs, or services. To promote empowerment at the environmental and societal level, it is important to examine national, state, and local policies. Many programs and services unexpectedly place barriers and stressors on oppressed groups, such as people with disabilities. Ultimately, empowerment efforts are directed at promoting social justice. The strategies highlighted in this chapter can serve as a guide for individuals interested in promoting empowerment in their communities. It should be noted that there are many tactics that have been used to promote change over time. For example, Sharp (1973) researched and catalogued 198 methods of non-violence actions to promote social change and provided a rich selection of historical examples of the tactics.

Practical Application
Examples of Advisory Tactics

The tactics below help in thinking about the best approaches to advocacy. Each tactic is supplemented by a real-world example that can help you think of ways to advocate in your community.

Tactics for Understanding Issues

- *Gather more information*:
  A group of concerned family members interviews the staff and clients at a local group home to investigate claims of client neglect.
- *Volunteer to help*:
  Volunteers from the local Alliance for the Mentally Ill (AMI) are making efforts to contact the parents of youth who are hospitalized to introduce the services of the organization and offer their support. These volunteers often help these parents talk about their feelings regarding their family's situation.

Tactics for Public Education

- *Give personal compliments and public support*:
  A member of a local student organization sends a letter of support to their member of Congress who co-sponsors a bill which would prevent workplace discrimination against individuals who are part of the LGBTQ+ community.
- *Offer public education*:
  A group of college students organizes a performance which depicts institutionalized racism in American society. They perform this show at high schools in their home state.

Tactics for Direct Action

1. Making your presence felt

- *Express opposition publicly*:
  A student at a local university writes a blog about unfair wages for student workers.
- *Make a complaint*:
  An employee notifies the human resources department after seeing an instance of sexual harassment.

2. Mobilizing public support

- *Conduct a fundraising activity*:
  A local service provider holds an annual theater benefit to help individuals who are living with HIV/AIDS.
- *Organize public demonstrations*:
  A group of service providers is angry with the proposed decrease in funding for home services. They organize a sit-in with their group home residents, their family members, and other interested community members on the steps of the State House Building.

3. Using the system

- *File a formal complaint*:
  A person in a wheelchair files a complaint with the Equal Employment Opportunity Commission because the place where she works lacks accessible bathrooms. In her written complaint, she cited the Americans with Disabilities Act, which requires organizations to adapt their buildings to accommodate people with disabilities.
- *Seek a mediator or negotiator*:
  A parent has a child with disabilities who is just starting school. She comes to the first Individualized Education Plan (IEP) meeting with an experienced parent who has attended many such meetings at the school.

4. Direction action

- *Arrange a media exposure*:
  A local teacher union uses social media sites in order to share their stories of workplace injustices and economic instability.
- *Organize a boycott*:
  A group of college students organizes a boycott of organizations that practice unfair labor practices in order to ensure cheap products.

SUMMING UP



"ADA Amendments Act March and Rally" by LCCR & LCCREF is licensed under CC BY-NC 2.0

A fundamental principle of Community Psychology is that individuals have the right to live healthy and fulfilling lives, regardless of their ability levels, gender, sexual orientation, race, ethnicity, income, or other characteristics. A person's well-being depends on personal choices and the dynamic interaction between individual and environmental factors. Community psychologists support the most vulnerable groups of society in their quest for justice and equality. We can work with historically oppressed groups as they claim their rights and their own personal and cultural identities. Research and advocacy efforts must continue until full participation in society has been achieved.

Community psychologists are continually working to refine the effectiveness of empowerment and advocacy efforts. In this chapter, we have provided definitions and successful examples of empowerment and identified some of the strategies, predictors, and facilitators in our efforts to achieve power redistribution. Consistent with an **ecological** approach, **community-based participatory research** methodologies help us include the voices of historically oppressed groups in our research and advocacy efforts. Partnering with historically oppressed groups allows us to better understand oppression and allows us to work toward developing effective ways in which they can gain power to address their unmet needs. Our goal is to work toward a more fully empowered and empowering society and realize the promise of equity and quality of life for all. This ongoing commitment will continue to propel our social and community change efforts into the future!

Critical Thought Questions

1. Where do you feel disempowered in your life? What makes you feel this way?
2. What are the tangible steps that you can take in order to gain more power? What skills can you gain? How can you increase your critical awareness?
3. Think about an issue that is occurring in your community. What are tactics that you can employ in order to address the issue? What group(s) would be important for you to partner with in order to be more effective?

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