The mission of the Journal of Student Social Work at Columbia University is to provide a forum for the exchange of innovative ideas that integrate social work practice, education, research, and theory from the perspective of social work students. Founded by students at Columbia University School of Social Work (CUSSW) in 2003, this academic journal provides an opportunity for students in the field of social work to share their unique experiences and perspectives with fellow students, faculty, and the larger social work community.
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The views expressed by the authors are solely their own and do not necessarily reflect those held by the Editorial Board or Columbia University School of Social Work.
Welcome to the third volume of the *Journal of Student Social Work at Columbia University*.

Now in its third year of publication, the *Journal* was founded on the principle that student social workers possess a unique perspective on social work and deserve a forum to express their thoughts and ideas about the field. This year we remain committed to improving the *Journal* by implementing new changes designed to promote and support student authorship. We are particularly excited to note that the number of student submissions doubled this year from last year. In addition, the editorial board expanded to include eight diverse members, including our first doctoral candidate. This spring the editorial board has extended the deadline for submissions, allowing students greater flexibility in submitting for next year’s publication. We hope that the *Journal’s* contribution to the CUSSW community – students, graduates, and the social work field – continues to grow.

This year’s authors tackle a particularly diverse and valuable range of topics, especially given today’s political and social climate. Platais increases our awareness of the human rights of female sex workers in the Republic of Georgia. Kopij then describes the continuing impact of the 1996 welfare reforms on U.S. immigrants. Nabha follows with a feminist deconstruction of the Female Intervention Team, a program used to treat juvenile offenders. Emphasizing the need for culturally-competent practice, Akesson examines the efficacy and appropriateness of Western-based psychosocial interventions in post-conflict settings. Yardley critiques the Healthy Marriage Initiative and analyzes its effects on child and family well-being. Finally, Erickson Zink considers the impact of federal and state adoption policy on potential gay and lesbian parents.

As the field of social work continually evolves, so does our collective body of knowledge. It is up to us, social work students and practitioners, to challenge ourselves and our colleagues to learn and grow with the field. In keeping with the National Association of Social Workers’ *Code of Ethics*, we offer this student journal as a contribution to the knowledge base of the profession. We hope you enjoy the third volume.

2005 Editorial Board

*Journal of Student Social Work*

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The Editorial Board would like to thank the Columbia University School of Social Work students and faculty, especially our Advisory Board, for supporting the Journal in its third year of publication and making it an integral part of the student experience. We are indebted to Renee LaJeunesse, Editorial Board Member 2003 and 2004, for her continued support and unwavering dedication to our blind review process. We would also like to thank Steve McLure for his assistance with the Journal Web page and the cover design.
REDEFINING SEX WORK IN THE REPUBLIC OF GEORGIA

Ingrida Platais

The government of Georgia, while complying with current international standards to eradicate human trafficking, has inadvertently neglected the needs of female sex workers. By redefining sex work as a profession and an employment option for women in Georgia, international policy and programming can reduce harm while confronting women’s economic realities.

Female sex workers in the Republic of Georgia encounter discrimination, stigmatization, and now, regulations against sex workers imposed by the international community, despite the fact that sex work is both a legal and a social reality in Georgia. The Georgian government, faced with pressure to comply with anti-trafficking measures, is forced to adopt regulations dictated by the international community in order to maintain eligibility for monetary aid. As a result, Georgia’s criminal laws that address select aspects of prostitution in combination with anti-trafficking legislature have created more harmful conditions for sex workers who already experience social stigmatization. To advocate for this socially and culturally stigmatized population, social workers must be aware of international political developments and international human rights protocols.

Defining Sex Work

Due to the lack of information available on male sex workers in Georgia, this paper will define sex workers as women who contract to perform sexual services in exchange for explicitly agreed-upon, material payment (Kuo, 2002, p. 57). Such a definition views prostitution as voluntary and chosen work therefore empowering sex workers by normalizing and legitimizing their work. The abolitionist feminist discourse, which argues that women would not choose sex work if presented with other options, attempts to rescue sex workers from an inherently powerless position (Jenness, 1993, p. 78). Although power
dynamics and the current economic situation in Georgia play a complex role in available employment options for women, accepting that all women in the sex industry are there unwillingly frames the argument in terms of victimization of the poor and denies these women agency and choice (Outshoorn, 2004). Instead of criminalizing prostitution, policies must protect sex workers, who are often subjected to violence and deplorable work conditions, through harm reduction modalities (Doezema, 2000).

Female Sex Workers in Georgian Society

After the fall of the Soviet Union in 1991, the Republic of Georgia underwent an economic recession when its largely agricultural economy plunged due to the Russian financial crisis, drought, and political instability. The interethnic conflicts in Abkhazia, South Ossetia, and neighboring Chechnya resulted in an increase of internally displaced persons, contributing to the economic instability in Georgia. Light, food, and chemical industries, all traditional places of employment for women in Georgia, were directly impacted by the economic downfall, thus causing women to lose jobs and wages (United Nations, 1998). Women were more likely to be dismissed from work than men due to the persistent societal belief that household and childrearing duties were more important than employment in the public sphere (International Helsinki Federation for Human Rights [IHFHR], 2000). By 2002, about 65% of the total population lived below the poverty line, and nearly half of the registered unemployed were female (Shioshvili, 2003).

In Georgian society, women’s roles are primarily defined in a domestic capacity. Evidence of this is seen in Georgian literature, works of art, and national symbols such as monuments that revere women as heroic mother figures. By promoting such narrowly defined representations of women, Georgian society reinforces the notion that a woman’s sexuality is bound to reproductive purposes. A relationship with a man, sanctioned through marriage, normalizes a woman’s social standing while premarital sex, divorce, and extramarital affairs affect women negatively. For example, a recent study noted that divorced women experienced stigmatization and repression as a result of societal pressures (Arutinova, Berekashvili, Berekashvili, Berekashvili, & Tsihistavi, 1999). In addition, the United Nations Development Program conducted a sociological survey on social changes and family structures in Georgia and concluded, “according to universally acceptable social standards, adultery is
a forgivable sin for men, while the public opinion in Georgia is absolutely intolerant of women’s infidelity” (Dourglishvili, 1997).

The traditional view of gender roles in Georgia directly impacts society’s view on female sex workers. Occupational choice is an important element in one’s personal and social identity and if members of society view an occupation as deviant, those groups will be stigmatized (Thompson & Harred, 1999). The ideal of womanhood is shattered when women sex workers test boundaries of acceptable sexual expression and do not conform to maternal roles as dictated by society. As a result, women sex workers are categorized as “other of other,” creating a subgroup within an already marginalized population (Kuo, 2002, p. 69). Subsequently, society scapegoats larger-scale problems on subgroups, therefore granting permission to further stigmatize and disenfranchise women sex workers.

At a meeting with the Committee on Human Rights in 2002, the Georgian government stated that statistics on sex workers do not exist, but they affirmed that there are several hundred sex workers in Georgia, mainly in large cities such as Tbilisi, Georgia’s capital (Human Rights Committee, 2002). In addition, the government attributed poverty as the contributing factor for prostitution and expressed the need for financial support from the World Bank to end poverty and thus curb prostitution. Since international monetary aid in part depends on a country’s commitment to anti-trafficking legislation, the Georgian government hastily attempted to fulfill international anti-trafficking mandates without considering the impact of such changes on the conditions that sex workers face.

International Anti-Trafficking Efforts

Current international efforts to curb human trafficking became prominent in 2000 when the U.N. Protocol to Prevent, Suppress and Punish Trafficking in Persons was adopted to address the protection of human rights of trafficking victims and to provide measures for their physical, psychological, and social recovery. In accordance with the U.N. Protocol, the U.S. government enacted the Trafficking Victims Protection Act (TVPA) in October 2000, which requires the U.S. State Department to submit an annual report to the U.S. Congress documenting the status of severe forms of trafficking in persons (Office to Monitor and Combat Trafficking in Persons, 2004). This report focuses resources on prosecution, protection, and prevention policies and programs, such as
education programs for groups vulnerable to trafficking, and support programs for the voluntary return and societal reintegration of trafficking victims. It also recommends the establishment of shelters, crisis centers or safe houses, and specialized legal, psychological, and medical services. In addition to prosecution at an individual level, current policy supports ceasing disbursement of monetary aid by international institutions, such as the World Bank and the International Monetary Fund, to ensure state actor accountability.

As awareness of human trafficking increased, international and local organizations criticized Georgia’s government for the lack of anti-trafficking measures and the high level of illegal migration and trafficking. As part of the U.S. monitoring mechanism, a system of categories was created that placed each country into one of three tiers. Tier 1 status demonstrates a country’s full adherence to the TVPA standards, Tier 2 status demonstrates a country’s significant efforts to bring itself to full compliance, and Tier 3 status demonstrates a lack of any governmental action in the prevention of human trafficking. In 2003, as a result of pressures from international communities, including the U.S. government who threatened Tier 3 countries with sanctions, the Georgian government enacted a series of anti-trafficking initiatives and raised its classification to Tier 2. Currently, Georgia is placed on a Tier 2 Watch List for failure to provide evidence of increased efforts to combat severe trafficking from the previous year (Office to Monitor and Combat Trafficking in Persons, 2004).

The Effect of Anti-Trafficking Initiatives on Sex Workers

Faced with pressure from the international community, the Georgian government initiated changes to incorporate anti-trafficking measures. In 2003, the government added several important articles to the Georgian Criminal Code (Parliament of Georgia, 1999), which, as a result of the additions, prohibited trade and exploitation of persons (Women’s Human Rights Program, 2003). The new changes also created contradictory conditions for sex workers. Prostitution was not criminalized, but engaging a person in prostitution became unlawful. Consequently, a sex worker can offer her services but it is illegal for a customer to hire her. The criminal law also prohibits maintaining brothels. Enforcement of such policies drives sex work further underground where abusive practices continue to occur (Kuo, 2002). Sex work is financially necessary for some women, and despite ambiguous laws, it is practiced openly in
Georgia (IHFHR, 2000). Nevertheless, sex workers, who are already stigmatized by society, face harmful working conditions and inadequate institutional support such as police protection and appropriate health services due to the government’s failure to acknowledge sex work as a profession.

Violence, especially against women, is an issue of concern in Georgia. Georgia’s government does not provide statistics on violence against women, citing difficulty in obtaining information due to the unwillingness by the population to discuss such issues openly (Human Rights Committee, 2002). It is estimated that more than 95% of sexual crimes in Georgia are unreported (Glonti, 2004). Several human rights organizations have reported cases of police beating and raping female sex workers, but the Georgian government has made no effort to reform curricula used by law enforcement agencies that protect women sex workers’ rights in cases of violence (U.S. Department of State, 2001). In a report to the Commission on Human Rights, the United Nations Special Rapporteur also highlighted her concerns regarding police violence against female sex workers (Commission on Human Rights, 2003).

Non-governmental organizations such as the Tanadgoma Center for Information and Counseling on Reproductive Rights provide counseling and referrals to health care facilities, reproductive health, and HIV/AIDS education programs. Hospitals and clinics provide health care services to anyone who may seek them. Yet, sex workers are reluctant to seek such services due to experiences of guilt and shame that result in social isolation (Kuo, 2002). Furthermore, lack of trust in police protection creates an obstacle to reporting violent acts (IHFHR, 2000). Programs focused on rescuing women, such as the ones recommended by TVPA, may be inappropriate for sex workers who may not seek help for an immediate change in their lifestyles. Societal expectations for rehabilitation and reintegration criminalize or victimize sex workers, assuming that women sex workers cannot mobilize for change (Jayasree, 2004). When sex workers are regarded as victims of exploitation, this further promotes a sense of stigmatization. It is important to confront the economic reality of sex workers without the distraction of societal definitions of sexuality in order to initiate policy that will improve working conditions for sex workers (Platt, 2001).

Sex Work and Human Rights Advocacy

It is a state’s responsibility to bring forth the necessary measures to
prevent individuals or groups from violating the integrity, freedom of action, or other human rights of an individual. It is also the state’s responsibility to address issues of discrimination and stigma rather than overlook these issues while attempting to adhere to international standards that provide international monetary aid. Georgia is party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), effective gender advocacy instruments that address inequalities in social relations and discriminatory practices (Office of the High Commissioner for Human Rights, 1966; United Nations Division for the Advancement of Women, 1979). CEDAW addresses women’s rights as human rights and calls for the end of discrimination against women, regardless of their social standing or choice of work. ICESCR furthers the notion of the right to self-determination of both genders and provides guarantees that protect the livelihoods of social groups. For example, Article 8 and Article 9 of the treaty guarantee the right to work in safe and healthy working conditions and the right to form and join unions.

By turning a blind eye to female sex workers, Georgia’s government is not upholding its obligation to international human rights treaties. While the Georgian government must be sensitive to the global crisis of human trafficking, it also must create interventions that are sensitive to sex workers’ needs and lifestyles. Although sex work as a profession may not be accepted by society, Georgia’s traditional views on gender roles cannot justify the violations of human rights of female sex workers.

Social workers play a vital role in the global advocacy of marginalized groups such as female sex workers in Georgia. According to the National Association of Social Workers’ Code of Ethics (1999), social workers must promote social justice and social change on behalf of their clients, whether individuals, groups, or communities. It is also a social worker’s responsibility to advocate and promote social justice on the global as well as the local level. A social worker must act as an advocate when international policy, especially policy that carries a caveat of monetary aid, overlooks its negative effects that marginalize and further discriminate against a segment of a society. Social work is a way to initiate, stimulate, and raise awareness of a policy’s impact on the rights of all members of a society and to ensure that those rights are upheld locally and globally.
References


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WELFARE REFORM AND IMMIGRANTS: IMPLICATIONS FOR POLICY

Alice Kopij

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 profoundly impacted immigrants and suggested a fundamental shift in our national stance toward immigration. This paper examines the impact of welfare reform on legal, non-citizen immigrants in the United States. It describes how welfare reform restructured the laws that determined the eligibility for benefits among immigrants, discusses changes made to these laws, and summarizes the debate over whether these changes were sufficient. It concludes with implications for policy and policy options that exist within the context of the present laws. Ultimately, through welfare reform, the government devalued the role of the immigrant and inverted the ideals of opportunity, equality, and full participation in society that, in theory if not in practice, characterize our national identity.

Public policy affecting the social welfare of immigrants is a realization of their impact on society as well as a reflection of the value that society places on them. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (hereafter, referred to as “welfare reform”) has had a profound impact on the lives of immigrants and suggests a deeply fundamental shift in our national stance toward immigration. This paper will examine the impact of welfare reform on legal, non-citizen immigrants in the United States. After summarizing the debate over its impact, it will evaluate the merits of the devolution of welfare policies to states, as well as the role of welfare reform in promoting naturalization. Ultimately, it will demonstrate that measures taken to ameliorate the harsh effects of welfare reform were insufficient. Although not necessarily caused by welfare reform, subsequent anti-immigrant legislation in the United States reinforces a growing social and political climate based on fear and intolerance towards immigrants. Discrimination towards immigrants continues to define our post 9/11 social and political environment, posing complex challenges for social workers who provide services and make policies affecting immigrants.
Background on Welfare Reform for Legal Immigrants

The Welfare Reform Act passed by President Clinton in 1996 included drastic changes in eligibility rules for legal, non-citizen immigrants seeking welfare benefits and various forms of public assistance. Specifically, welfare reform renders most legal, non-citizen immigrants, who were living in the United States prior to 1996, ineligible for Temporary Assistance for Needy Families (TANF), Supplemental Security Insurance (SSI), food stamps and Medicaid programs regardless of their age, disability status, or whether or not they received benefits prior to the legislation (Carnegie Endowment for International Peace [CEIP], 2001; Kim, 2001). Exceptions to these restrictions include immigrants who meet specific requirements relating to work, military service, and refugee or asylee status. In addition, the new laws state that legal immigrants entering the United States after August 22, 1996 are ineligible for TANF, SSI, Medicaid, and the State Children’s Health Insurance Program (SCHIP) during their first five years in the country (CEIP; Corderro-Guzman & Navarro, 2000; Fix & Haskins, 2002; Mautino, 2000). The Food Stamp Program is especially restrictive because legal permanent residents and some groups of qualified immigrants remain ineligible for the program after the five-year residency rule (CEIP).

Such disproportionately severe eligibility restrictions on immigrants lay bare policy distinctions that are based on nationality and citizenship. These divisions have enormous implications for how a nation determines whose welfare is more valuable and, therefore, more deserving of federal resources. Welfare reform legislation concerning immigrants, in its original form, ignited a heated debate concerning the status and rights of immigrants and the roles and responsibility of the federal government for their welfare.

Opponents of welfare reform argue that prior to 1996, immigrants had access to benefits based on the principle that immigrants should be treated like Americans since they participate in economic, social, and political activities (Fix & Haskins, 2002). Kim (2001) points out that legal immigrants are expected to be contributing members of society who pay taxes and can be drafted into the military and thus deserve the basic safety net of welfare benefits. Opponents also argue that the children of non-citizens, many of whom are U.S. citizens, bear the burden of these laws and suffer the consequences of poverty (Fix & Haskins; Kim). Proponents of welfare reform argue that federal policy restricting the rights and benefits of immigrants is nothing new in American public policy (Fix & Haskins). Their justification for restrictions on immigrant benefits also relies on familiar rhetoric of balancing the budget and saving taxpayers’
money (Fix & Tumlin, 1997; Rector, 2002). For example, immigration restrictions on welfare would save the federal government $23 billion, or approximately half of their total expected savings from all welfare reform laws (Fix & Tumlin, 1997). Rector also supports welfare reform because the new laws make the immigrant’s sponsor liable for his or her support, effectively shifting the financial burden off of the taxpayer.

The Effects of Welfare Reform on Immigrants

When President Clinton signed the Welfare Act, he acknowledged its severity and agreed to work with Congress to restore benefits to society’s most needy members (Mautino, 2000). Not long after the enactment of welfare reform came subsequent legislation intended to mitigate the harsh effects of welfare reform on immigrants. With these changes came rigorous debate over whether an appropriate safety net that ensured the welfare of immigrants could be adequately provided. Some argue that welfare reform created a climate of fear and confusion among immigrants, further reducing their participation in welfare programs. Since 1996, many immigrants have chosen not to apply for eligible public benefits out of fear that they will be considered a public charge or face deportation or both (Betancourt-Swingle, 2000; Fremstad, 2000; Mautino, 2000). In response to this confusion, in May of 1999, the INS issued a set of guidelines that clearly defined the public charge rule and its relevance for those seeking public benefits (Betancourt-Swingle; Fremstad; Mautino). This provided clarification and encouraged relatively high participation in public benefit programs for those who qualified under the welfare reform laws. Despite the clarification of the public charge rule, Cordero-Guzman and Navarro (2000) describe many concerns felt by immigrants regarding their immigration status and use of benefits after welfare reform. Social service providers continue to report panic and misinformation among immigrant clients who have difficulty keeping up with legislative changes and guidelines.

Those who argue against welfare reform point out that emerging data on the use of public benefits since its passage show significant declines in the number of immigrants on the welfare roles. Fix and Haskins (2002) also cite evidence from the U.S. Census Bureau that shows a precipitous decline of non-citizen use of TANF, SSI, food stamps, and Medicaid or SCHIP between 1994 and 1999. This report attributes a small portion of the decrease on other factors but concludes that much of it can be ascribed to benefit cuts imposed by welfare reform. In contrast, proponents of
welfare reform typically interpret declining welfare roles as a measure of success for the alleviation of poverty (Rector & Fagan, 2003). Those who claim that welfare reform and its subsequent legislation were too harsh on immigrants argue that we need only to look at the lives of the immigrants around us to see the poverty and hardship that they face. Cordero-Guzman and Navarro (2000) used information gathered from immigrant service providers to report that changes in immigration and welfare laws have resulted in noticeable panic among immigrants, less access to health services, decreased food security, loss of Medicaid and food stamp eligibility, and fewer immigrants who receive social services. Ku (2003) cites a report by the Kaiser Commission claiming that low-income, non-citizen immigrant children are more likely to lack medical insurance than citizen children and that this disparity has increased significantly since the enactment of welfare reform.

Conservative arguments claim that welfare reform, in general, has had a positive impact on lessening poverty throughout society. Rector and Fagan (2003) asserted that, overall, welfare reform has significantly reduced child poverty and rates of childhood hunger, and that decreases in welfare caseloads are the result of increased employment among single mothers.

Devolution to the States

Faced with the fear of leaving countless legal immigrants destitute as a result of the new laws, states have been forced to decide if and how they will provide for the welfare of immigrants within their borders. This devolution of immigrant policy from the federal to state level has given rise to a multitude of new policies, challenges, and debates among those who work at state and federal levels of government.

Proponents of state authority claim that policy stemming from state and local governments is more effective in meeting the needs of specific local populations (Fix & Tumlin, 1997). State control over benefits also has the potential to be more cost effective in the allocation of resources. Furthermore, states’ ability to set conditions for aid gives them the power to make rules that encourage naturalization. Opponents of shifting control of benefit eligibility to states argue that this essentially gives states the power to create and place their own value on the meaning of citizenship (Fix & Tumlin). State control over benefits for immigrants may also cause financial hardships for individual states, especially those who have higher concentrations of immigrants. In addition, states may find that there is a financial incentive to establish less generous benefits, thereby avoiding the
possibility of becoming a “welfare magnet” for immigrants from other states.

The laws put into effect through welfare reform give states the authority to refuse a wide range of benefits to countless immigrants. States, therefore, have been faced with tough individual choices regarding their policies. They must now establish distinct eligibility criteria for state and federally funded programs, decide if and how they will spend state money to offset the cuts made through welfare reform, and decide how they will enforce restrictions on benefit use as well as the obligations of sponsors of immigrants (Fix & Tumlin, 1997).

Instead of facing a crisis of widespread poverty, states are opting to implement policies that address the needs of non-citizen immigrants. By 1997, less than one year after welfare reform, Congress passed a law giving states the option of purchasing food stamps from the federal government to provide food assistance to immigrants who were denied food stamp benefits through welfare reform (Carmody & Dean, 1998). Within six months of its passage, eleven states had already passed legislation that allowed for food stamp purchases. In 2002, The Farm Security and Rural Investment Act was passed, restoring federal food stamp eligibility to legal immigrants who are either disabled, have been in the United States for over five years, or are under 18 years old (Capps et al., 2004). While this legislation represents a shift in policy back towards federal responsibility, states still face important choices about how they will publicize new eligibility rules and make social services accessible to language and cultural minorities (Gigliotti, 2004).

Overall, the trend toward devolution of welfare policy to states continues. Alabama is now the only state that does not provide TANF to eligible immigrants who entered the country prior to 1996 (Zimmerman & Tumlin, 1999). By 2004, 23 states relied on state funds to provide Medicaid or SCHIP benefits to legal non-citizen immigrants rendered ineligible by welfare reform (Fremstad & Cox, 2004). Although many states appear to be generous towards immigrants, they have also implemented conditions that still prevent many immigrants from accessing benefits. These include limitations on aid for immigrants arriving in the United States after welfare reform enactment, eligibility limitations on certain population groups, and consideration of the income of the immigrant’s sponsor (Zimmerman & Tumlin).

Public welfare policy for immigrants, if done correctly, can be created and implemented on a state level. States have the potential to decrease bureaucracy and provide relevant services to those that they identify as the neediest. The federal government position implemented through welfare reform, however, is incongruous with this aim and provides an inappropriate
context for work at the state level. Through welfare reform, the federal government has devalued the role of the immigrant and inverted the ideals of opportunity, equality, and full participation in society that have, in theory if not in practice, helped define our national identity. If states are to assume more responsibility for the welfare of immigrants, they need a federal policy that supports them by passing laws requiring more adequate minimum standards for the welfare of immigrants. Left to stand alone, state policies for immigrants will continue to provide safety nets that are inconsistent, inadequate, and ultimately permeable to the complex needs of immigrant communities.

The Naturalization Question

States also implement policies for immigrants that encourage naturalization. By helping immigrants become U.S. citizens, states are relieved of the burden of providing benefits to these immigrants, who, as citizens, qualify for federal welfare benefits (Zimmerman & Tumlin, 1999). Examples of state action to encourage naturalization include providing English and civics classes, conducting outreach campaigns, requiring naturalization for state-funded services, and reimbursing immigrants for fingerprints and other required fees.

While naturalization may seem to be a solution to restrictive benefit laws, the relationship between naturalization and public benefits is somewhat ambivalent. First, there is evidence that immigrants do not pursue naturalization for the purpose of receiving public benefits. For example, recently naturalized immigrants use public benefits at slightly lower rates than all immigrants who are eligible for benefits. On the other hand, there is some evidence that immigrants are responding to this changed, post-1996 political climate by naturalizing. Specifically, 1996 marked the end of a long-standing downward trend in naturalization rates among legal immigrants. Between 1970 and 1996, the naturalization rates of legal immigrants fell from 64% to 39% (Fix, Passel, & Sucher, 2003). These rates increased sharply in 1996 and have risen to 49% of all legal immigrants in 2002 (Fix et al.). Explanations for this increase may include welfare reform and other anti-immigrant legislation such as Proposition 187 in California and the Illegal Immigration Reform and Immigration Responsibility Act of 1996. Rising numbers of eligible immigrants, increased costs for replacing expired green cards, and decreased restrictions on dual nationality imposed by sending countries are also contributing factors to this trend (Fix et al.).
As more immigrants become citizens after welfare reform, it is increasingly clear that encouraging naturalization is not the panacea for poverty that state policy makers need. Social service providers report that their immigrant clients are frustrated by the inefficient and bureaucratic policies of the INS that have caused a backlog of naturalization applications (Cordero-Guzman & Navarro, 2000). Increasingly, immigrants have become discouraged by the lengthy process of naturalization, which can take up to 15 months (Pinto, 2002). In January of 1999, the application fee for naturalization was raised from $95 to $225 (Cordero-Guzman & Navarro). Immigrants applying for citizenship in order to have more access to public benefits are unlikely to be able to afford such high fees. This is supported by findings showing that immigrants who are eligible to naturalize, but have not, are more likely to have limited English skills, lower education levels, and lower incomes than those who have naturalized (Fix et al., 2003).

Pinto (2002) notes the difficult decisions that immigrants are forced to make in order to be eligible for benefits. For some immigrants, their original citizenship helps them to define their identity and remain connected to their families and homelands in spite of all they may have lost in their lives. Therefore, an immigrant’s decision to become a U.S. citizen could cause emotional hardship and distress for immigrants and their families.

Perhaps one of the most salient arguments against state-implemented policies for immigrants impacted by welfare reform is the poverty, marginalization, and exclusion that legal immigrants continue to face. Implementing policy that coerces immigrants to become citizens of a country that purposely excludes, devalues, and discriminates against them is unfair. Naturalization can be positive because it gives immigrants the right to vote and thus a voice in society. However, making state benefits contingent on naturalization only deepens the divide between immigrants who are able to naturalize and those who cannot.

Welfare Reform in the Current Context

Welfare reform continues to adversely impact the lives of immigrants today. Its message also has renewed relevance in the political and social context of the post 9/11 era. Since welfare reform, legislation such as the USA Patriot Act, The Enhanced Border Security and Visa Entry Reform Act of 2002, and the Intelligence Reform and Terrorist Prevention Act of 2004 represent a deeper government commitment to the promotion of fear and discrimination towards immigrants. As national security
interests provide another reason to marginalize immigrants, it is increasingly difficult for citizens and policy makers to come to terms with conflicting notions of our economic need for immigrants and fear of their presence. It is from within this context that social workers, as service providers and policy makers alike, must rise to the challenge to advocate for the well-being of our legal immigrant population. In the end, we all stand to benefit from the physical, economic, and social well-being of those who have and continue to make our nation what it is today.

References


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A DECONSTRUCTION AND CRITIQUE OF THE FEMALE INTERVENTION TEAM

Anita Nabha

Over the past decade, there has been a significant increase in female juvenile offenders resulting in a growing interest in how to best address delinquent girls. In response to the changing demographics of juvenile offenders, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), a part of the Department of Justice, has called for “gender-specific” services. In this paper I will take one particular gender-specific intervention lauded by the OJJDP as a best practice in the field, the Female Intervention Team (FIT), and deconstruct the theories and beliefs that ground the intervention. This paper argues that FIT is problematic for three main reasons: first, FIT essentializes being female; second, FIT constructs girls as victims; and finally, FIT places too much emphasis on the individual girl’s agency at the cost of ignoring how structural forces contribute to and affect her reality.

Girls’ involvement in juvenile crime has grown consistently over the past decade (Acoca, 1999). Along with this rise in female juvenile offenders, there is a growing interest in how to best deal with delinquent girls. This changing demographic in the juvenile justice system has contributed to a new call for “gender-specific” services. Some researchers suggest that girls follow a distinct pathway to offending and have different developmental needs that require interventions specifically tailored for the female offender (Acoca; Chesney-Lind & Sheldon 1991; Peters, 1998). Gender-specific programming involves a set of core principles that emphasize nurturing female identity and supporting girls’ needs for “positive healthy relationships” (Daniel, 1999, p. 4). In this paper, I will take one particular gender-specific intervention, the Female Intervention Team (FIT), and deconstruct the theories and beliefs that ground the intervention. I will begin with a brief historical overview of the key theoretical developments that have shaped the social understanding of girls in society. I will then analyze three assumptions embedded in FIT about female offenders. Finally, I will argue that FIT is problematic for three main reasons. First, FIT essentializes being female, or attempts to create an understanding of being female that is universal.
for all girls and encapsulates all that is defined by being female within a bounded category. Second, FIT constructs girls as victims. Finally, FIT places too much emphasis on the individual girl’s agency at the cost of ignoring how structural forces contribute to and affect her reality.

**Historical Overview**

Biological theories were one of the first explanations for female criminal behavior. The classic delinquency text by Lombroso and Ferrero (1895) proposed that criminals were less evolved from normal law-abiding citizens and displayed certain primitive body traits. Building on the theories that emphasized female biology as central to women’s nature, further exploration into female delinquency focused more specifically on female sexuality. The emphasis on female sexuality set the foundation for many future theories on female delinquency. However, some theorists who examined the problem of female sexual deviance saw the potential to protect these “problem girls.”

The beginnings of a modern theory of female delinquency used the concept of gender roles to suggest that differential gender role socialization encouraged girls to pursue success through relationships (marriage) and males to achieve success through accomplishments (Artz, 1998; Grosser, 1952; Morris, 1963). Grosser was one of the first authors to relate this concept to female delinquency. He suggested that female delinquency was “relational” and reflected an aspect of female subculture similar to the way violent and aggressive behavior in men reflected male subculture (p. 120).

Although socialization theorists acknowledged that much of their research failed to support these ideas, they continued to promote a stereotypical understanding of gender and female identity (Artz, 1998; Grosser, 1952; Morris, 1963). The theories were based on two assumptions: first, that female delinquency was primarily sexual and interpersonal in nature while male delinquency was primarily aggressive and violent. Second, they assumed that girls and boys experience different socialization processes in their early development. These socialization processes play a central role in the development of personality characteristics that make females less inclined to delinquent behavior. Ironically, although they differ on where essential female qualities originate, socialization theories seem to come to the same conclusions as biological theories regarding female delinquency.

In response to theories that emphasized female difference from males, liberal feminists (Friedan, 1965; Wollstonecraft, 1975) challenged that women were similarly capable of reason and rational thought as men.
They argued that women were not by nature intellectually inferior, more prone to hysterics, or more emotional or relational. They suggested that in the absence of social and economic equality, women were subjected to oppression and marginalization that rendered them more vulnerable to poverty and discrimination, which could explain a turn to deviant behavior (Chesney-Lind & Sheldon, 1991). These feminists demanded equality as a solution to the problem of being denied agency and rights.

When the second wave of feminism emerged, these new radical feminists pushed the equality argument in a different direction (Chodorow, 1978; Gilligan, 1982). They countered that the sameness doctrine that emphasized how women and men were equals obscured the social realities of women’s experiences as mothers, daughters, partners, and the myriad other roles they held (Chodorow; Gilligan). Out of this understanding of the distinct social reality of women, radical feminists created a difference doctrine that emphasized women’s unique voice as caring and nurturing beings (Gilligan). Two centuries after the first theories on female delinquency suggested that females were inherently different from males, and that their maternal role and nurturing capacities were central to their identity as women, the second wave of feminism continued to support many of these assumptions. In fact, this feminism was not that radical after all.

The Female Intervention Team

The Female Intervention Team is one example of an intervention that has come out of the radical feminist movement to acknowledge the “universal experience of womanhood” (Daniel, 1999, p. 14). FIT is a program designed by the Maryland Juvenile Justice system to work specifically with girls in Baltimore City’s juvenile justice system. All of the participants in FIT were adjudicated as delinquents in Baltimore and would have been alternatively placed in secure confinement. Their crimes range from drug offenses and theft to simple assault and gang-related violence. The Female Intervention Team’s mission is to “restore hope to young women who have lost their direction and focus and lack goals” (Daniel, p. 4). It accomplishes this through a variety of programs and services designed specifically for the female offender (Daniel).

There is Not a Universal Female Perspective

One of FIT’s core programs is called Rites of Passage. This program is designed to help girls “make a positive transition to womanhood” (Daniel, 1999, p. 19). Through the program girls learn to “celebrate womanhood
with symbols, rituals and spiritual awareness” (Daniel, p. 19). The idea of celebrating womanhood is somewhat new in the treatment of female juvenile offenders. Historically, the onset of puberty and menstruation has been stigmatized as something that is impure and causes females to be more hysterical (Birke, 1986). However, the idea of embracing and celebrating the “passage to womanhood” places the female adolescent experience of puberty as a defining point in a young women’s identity formation. The Rites of Passage program attempts to honor the female perspective, yet little is said in the program to explain what is involved in a female perspective (Daniel). This idea is grounded in many of the earliest biological theories that began to study female delinquency. By creating a binary of male and female that presumes these are the only two sexes that exist, girls are forced to act within the confines of the female sex, however female is defined by society (Butler, 1990). Delinquency has traditionally been constructed as a male activity. When girls act delinquently, theorists have argued they were acting male and rejecting their female nature. Programs such as the Rites of Passage, with its emphasis on celebrating womanhood, assume that when these problem girls were engaging in delinquent acts, they were rejecting their core femininity.

Female Adolescence Poses Girls with Unique Challenges

The Female Intervention Team designed its programming to work only with girls because the task force and staff believed that girls face “distinct challenges during adolescence because of their gender” (Peters, 1998, p. 5). The intervention emphasizes female sexuality as a central component of female difference and delinquency. The Female Intervention Team also is reminiscent of the early 19th and 20th century movements to save deviant women. The program provides a safe space for girls, removed from their home environments, where they can learn how to avoid negative peer influences and become more resilient (Daniel, 1999). The Female Intervention Team assumes girls are controlled by their sexuality; however, by providing a “female friendly environment that promotes positive change” (Daniel, p. 22), FIT attempts to undo the effects girls experience from their environments.

Females Need Relationships for Positive Development

During staff training and designing of FIT programs, professionals were keenly aware of the idea that “relationships are central to girls’ lives” (Daniel, 1999, p. 7). The idea that girls are relational is another component of the assumption that there is an appropriate way to act female. Staff attempted to model healthy relationships for the girls and
required mandatory participation in a conflict resolution class (Daniel). This class attempted to teach the girls how to “get along in their families, neighborhoods, and communities” (Daniel, p. 19). The Female Intervention Team’s programs suggest that those females who lacked certain female characteristics such as the ability to nurture and maintain healthy, positive relationships, were at risk of becoming more delinquent. This assumption is gender-biased and suggests that delinquency is inherently masculine.

Negative Aspects of the Intervention

The Problem of a Universal Woman

The Rites of Passage program is a clear example of how FIT privileges one understanding of womanhood. Although the program description does not offer an explanation for how FIT defines the experience of womanhood that the participants are supposed to embrace and celebrate, the underlying concept is that there is an essential woman. Establishing a category of femaleness is problematic on many levels. For girls who feel unable to fit their experience of what it means to be female into the constructed understanding of femaleness, this category may feel exclusive and confining. The Female Intervention Team’s attempt to address the issue of female delinquency by creating a program that is “responsive to girls’ needs” places gender at the center of the female identity (Daniel, 1999, p. 9). Ironically, while interventions such as FIT seek to challenge and move past the stereotypical constructions of girls and female deviancy that were posited throughout much of the 19th and 20th centuries, FIT does not stray far from the traditional constructions of girlhood. Indeed, the theories behind FIT reify many of the stereotypes about girls its creators hoped to defeat.

Prominent post-structuralists such as Brown (1995), hooks (1984), and Lorde (1985) question why it is necessary to insist on a single, static construction of “female” subjectivity. As Brown argues:

After all, the most ardent feminist poststructuralists do not claim that women’s pervasive economic subordination, lack of reproductive freedoms, or vulnerability to endemic sexual violence simply evaporates because we cannot fix or circumscribe who or what woman is or what it is that she wants. Certainly gender can be conceived as a marker of power, a maker of subjects, an axis of subordination, without thereby converting it to a center of selves understood as foundational (p. 41).
The model of gender-specific programming is flawed because it succumbs to pressure from the liberal tradition to reveal and rely upon a universal truth. In order to garner recognition for gender bias in juvenile court and a paucity of alternatives to detention services for girls, advocates and practitioners have resorted to a limited definition of what it means to be a girl (Kempf-Leonard & Sample, 2000).

Gender-specific programming places gender at the center of a girl’s life and constructs meaning out of a girl’s behavior and life experiences based upon her gender. Yet, theorists such as Butler (1990) have suggested alternative ways of understanding gender. Butler writes, “gender is the repeated stylization of the body, a set of repeated acts within a highly rigid, regulatory frame that congeal over time to produce the appearance of a substance, of a natural sort of being” (p. 33). While it may seem threatening to the girls’ rights movement within the juvenile justice field to suggest eliminating the notion of a universal female, the possibilities for understanding girls’ experiences are much broader when subjectivity is constructed as a constantly varying and dynamic process.

**Victimization and Dependency**

After gender-specific programs such as FIT create an essential female for girls to aspire to and celebrate, the program model teaches girls about productivity and dependency. On the surface, the creators of FIT purport to be teaching girls to be self-sufficient through educational interventions and to be productive by encouraging work, skills training, and the value of contributing to society (Daniel, 1999). However, careful analysis of the program reveals the creators’ understanding of emotional dependency as acceptable and financial dependency as unacceptable. The emphasis on teaching girls to be in healthy, positive relationships suggests that relationships are important to society and that females have a responsibility to maintain relationships in both families and communities. If only the model of gender-specific programming valued the liberal, rugged individual, it would not place so much importance on girls’ ability to successfully maintain relationships with adults.

Clearly, society has a vested interest in producing a girl who is not only productive but also caring and nurturing. As evidence of this interest, during the early stages of designing the intervention, the Department of Juvenile Services (DJS) reported that they must “view these girls not only as individual teenagers but also as mothers and potential mothers” (DJS, 1992, p. 5). DJS viewed the FIT program’s responsibilities as going beyond treating the girls but also molding their children and future children. A
key component of the teen parenting group was teaching the girls how to nurture (Daniel, 1999). Raising young women who are caring and nurturing towards their children and families serves society well. These girls may grow up to care for their elderly parents, maintain intact families without public assistance, and pass along the value of taking care of one’s own to their children (Folbre, 2001; Peterson, 2001). As Folbre notes, “high quality care creates benefits that extend well beyond the immediate recipients...Parents who raise happy, healthy and successful children create an especially important public good” (Folbre, p. 50). Folbre and Peterson suggest that society is not only interested in producing productive citizens (individuals who have jobs and can support themselves financially), but is also interested in producing citizens who care and nurture.

It is important to note that the individuals who advocate for gender-specific services are in fact well-intentioned people who are using these constructions to serve society. Their motivations are not only to produce a certain type of female, but also to create sympathy for this often invisible population (Acoca, 1999). The practitioners of FIT unfortunately fall prey to the double-edged sword of having to construct this population as victims in order to justify state intervention. In many ways, the identity politics employed by radical feminists calls for a universal womanhood and also relies upon victimization to garner support. Brown (1995) applies the example of consciousness raising or other confessions that attempt to convey the woman’s experience as a way of using a collective identity to legitimize victimization.

**Structure, Agency, and Rational Choice**

While gender-specific programming does construct the girls as victims, the model of intervention also identifies the girls as individuals with agency to change their position in society and make better choices (Daniel, 1999). For example, one component of the FIT program is the use of simulated baby dolls in the pregnancy-prevention program; young mothers are also invited to talk to the participants about the hardships of balancing work, school, and family at such a young age. The stated purpose of the intervention is to “provide girls with information they can use to make choices” and “to help girls decide if they are ready to be parents” (Daniel, p. 7). The program is problematic because it presumes teenage pregnancy is the result of a rational choice. The idea is that if FIT staff provides girls with information they will make better choices, such as to avoid sexual activity and pregnancy. The model of gender-specific programming attempts to teach girls to make choices that do not drain society financially, which
allows them to produce public goods both economically and socially by providing care and support to both family and community. Little consideration is given to the role societal structures play in constructing the lives of the FIT participants.

Conclusion

Returning to the original mission of FIT to “restore hope to young women who have lost their direction and focus and lack goals” (Daniel, 1999, p. 15), this analysis shows that FIT had very specific ideas in mind for which direction the girls’ lives should follow and what goals the girls should have. The idea of providing better services for girls may be a noble one, but social workers must be wary of what exactly these services entail. Gender-specific services for girls in the juvenile justice system are spreading throughout the country with the endorsement of the federal government. However, many questions are still left unanswered. Are we certain the services defined as needed for girls would not also be useful for boys? What effect does constructing girls as relational, sexual, and maternal beings have on our understanding of masculinity and male juvenile delinquency? Social work practitioners who work with delinquent girls must move beyond the rigid stereotypes that have been used throughout the last two centuries to understand female delinquency. Social work should acknowledge all girls as unique individuals and examine how society’s expectations should or should not influence girls’ sense of what it means to be successful or complete human beings.

References


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“WAR IS NOT THE ONLY TRAUMA:”
RETHINKING PSYCHOSOCIAL HEALING IN COMPLEX EMERGENCIES

Bree Akesson

War inevitably leads to a degree of psychological trauma among affected populations. This paper critiques Western-based, clinical interventions as detrimental to an already demoralized population. Ager’s (2002) framework of psychosocial intervention – human capacity, social ecology, and culture and values – is appropriate in the context of complex emergencies. Building upon an ecosystems perspective, Ager’s framework considers the whole individual and promotes strengths and resiliencies. Social workers are ideal facilitators of this type of community-based, culturally-salient, psychosocial programming, due to its application of the field’s core principles and its commitment to empowering community members to participate in their own recovery.

War is experienced both collectively and individually. War deliberately destroys established social infrastructure, creating an environment of fear and chaos and a loss of community identity. Furthermore, dislocation and a “loss of place” result in mental distress (Fullilove, 1996), often expressed internally within the individual or externally among communities. Affected individuals and communities need culturally-salient, psychosocial interventions that aim to address a population’s particular needs at the appropriate time. This paper presents a critique of Western-based interventions in the context of an increasingly medicalized humanitarian aid community, which sees Post Traumatic Stress Disorder (PTSD) as an obvious and convenient diagnosis, while eclipsing strengths and resiliencies. Ager’s (2002) framework of psychosocial intervention – human capacity, social ecology, and culture and values – should be used as a guideline for effective psychosocial programming during complex emergencies and in post-conflict rehabilitation. Social workers are a valuable resource in the field of humanitarian aid due to their understanding of the ecosystems perspective, in which a holistic approach is taken, with equal emphasis placed upon the individual and his environment (Allen-Meares & Lane, 1987).
A Critique of Western-Based Interventions

Humanitarian workers focusing on psychosocial interventions during complex emergencies commonly rely on Western-based models of treatment, such as discursive talk therapy, medication management, and explanations that tend to pathologize experience (Psychosocial Working Group, 2005; Summerfield, 1999). These approaches may be in direct opposition to the cultural norms of the community affected by trauma. For example, Englund (1998) notes that Western therapists address nightmares as a mode of symptom management, whereas within specific cultures, nightmares are often seen as an element of the indigenous healing process.

Summerfield (1999) views the imposition of Western-based therapies as an example of power and privileged knowledge being unduly forced on disenfranchised, war-ravaged communities. A Western-based approach tends to focus on the problems located within the individual, rather than focusing on the wholeness of the individual (Psychosocial Working Group, 2005), including the social systems within which the individual interacts. Western-based interventions have increasingly replaced the traditional mechanisms that communities have always utilized for support and healing, such as religious gatherings and community centers.

Western-based therapies cannot and should not replace local, cultural, and spiritually-based healing processes within a community, and interventions must be tailored to a population’s needs. Narrative and discursive therapies may sometimes be appropriate modes of treatment, but there should be efforts within the humanitarian field to develop therapies that do not completely rely on discursive communication (Englund, 1998) and are responsive to the community’s current circumstances.

Moving From PTSD Towards a Strengths-Based Approach

Humanitarian aid agencies commonly diagnose victims of trauma with PTSD, despite the diagnosis’s potentially detrimental effects on a community’s perception of its strengths and resiliencies. Categorizing displaced populations as affected by PTSD may further reinforce the definition of victim, pathologizing and trivializing a normal reaction to extraordinary circumstances (M. Grady, personal communication, December 4, 2004). The categorization of PTSD renders an individual victimized and disordered rather than resilient and active, diminishing his ability to contribute to capacity-building activities. Considering the status of an internally displaced person (IDP) or a refugee, one
must recognize the increasingly passive circumstances for a once independent individual. Merging this idea with the label of a PTSD diagnosis, there is a combination of demoralizing factors where “the lack of autonomy engenders hopelessness” (Van Damme, 1995, p. 361).

Social work embraces the holistic workings that circumscribe individuals that insular Western models may neglect. Social work practice interventions ideally focus on strengths and resiliencies rather than focusing solely on deficits or challenges. The experience of trauma is not the sum total but rather a part of the individual’s life experience (H. Smith, personal communication, December 2, 2004). Interventions should aim to empower and build upon communities’ present capacities. Communities have the ability to define their own difficulties and consequently design their own solutions. Interventions should be aimed at uncovering these abilities and then collaborating with affected individuals to provide assistance. Additionally, within program development, the partnering with indigenous professionals is a priority if sustainability is the goal of the psychosocial interventions (Ager, 1997). The most effective way to empower communities is to enable them to shape their own recovery.

Cross-Cultural Meanings Applied to Psychosocial Healing

In some African languages there is no word for “stress” or “trauma” (Gourevitch, 1998; Summerfield, 1998). In other words, what is known in one culture may not be understood within the same context in another culture. When developing psychosocial programming, it is imperative to examine whose knowledge is being used to create the program – the indigenous knowledge or knowledge brought by the humanitarian community. Knowledge from both can be combined. Historically, however, the latter has often dominated relief efforts. Humanitarian workers must remember to work within the cultural framework of the population being served to understand how communities interpret their own specific, cultural knowledge. It is also critical to recognize the priorities within a particular emergency, allowing the programming to be specifically geared towards a population’s needs.

However, without evidence of the generalizability or comparative efficacy of psychosocial programming, it is not likely to be used in other communities and less likely to have effects on large-scale policy changes (Psychosocial Working Group, 2005). This presents a problem for, “a degree of generalizability must be assumed, if lessons learned in one setting can be seen to benefit planning in another” (Ager, 1997, p. 403). Furthermore, any
attempt to reproduce the same program in another community brings up issues of sustainability. Sustainability can be found in the general conceptual design of psychosocial programming, with the accepted notion that all programs will have to be adapted for the population’s needs. A psychosocial intervention that does not pay heed to the community’s indigenous mechanisms will inevitably be ineffective and unsustainable (Ager, 2002).

The individual is a part of his environment just as the environment is a part of the individual, and the individual’s experiences are tied up in the experiences of the community (Turner, as cited in Englund, 1998). Community healing and rebuilding cannot be managed by outsiders (Summerfield, 1999); however, the humanitarian aid community can be catalysts and enablers. Humanitarian workers should evaluate whether indigenous or Western-based processes are exerting influence on programming, to what degree, and whether or not the two are compatible.

A New Framework for Psychosocial Healing

A mantra of modern social work practice is “to start where the client is” (Goldstein, 1983). Goldstein continues: “Starting where the client is assures that the client’s values, needs, and individuality will take precedence, and that his or her rights will prevail” (p. 268). Social work values suggest that helping can only be achieved when the helper truly has a sense of who the client is and what the needs of the client are. Humanitarian aid must also go where the needs of the communities are and address urgent concerns, while not eclipsing the dignity and worth of these populations (Summerfield, 1999, p. 1461). In addressing the needs of individuals affected by complex emergencies, Ager (2002) proposes three areas to be restored to pre-conflict functioning in order to restore psychosocial well-being: enhancing human capacity such as technical skills and knowledge, maintaining or increasing social connections within communities, and encouraging the reinstitution of culture and values such as places of worship and traditional ceremonies.

Human capacity involves community development, vocational training, and skills building. Populations affected by complex emergencies often (and understandably) direct their efforts outwards towards their damaged communities, rather than inward, towards their mental processes (Summerfield, 1999). An important goal of all humanitarian aid programming should be community input and ownership of the work being facilitated within their community. Developing the population’s human capacity is a way to accomplish this goal. Humanitarian aid must not ignore the human resources available within communities, as utilizing community resources...
members serves a two-fold purpose: identifying patterns of community strength and weakness and building and reinforcing local capacities.

Social ecology is another key component to psychosocial recovery. In Gourevitch’s (1998) account of the Rwandan genocide, he notes:

…once the threat of bodily annihilation is relieved, the soul still requires preservation, and a wounded soul becomes the source of its own affliction; it cannot nurse itself directly…when it comes to soul preservation, the urge to look after others is often greater than the urge to look after oneself (p. 228).

From a programming perspective, Englund (1998) concurs that social engagement within an individual’s community is an essential way for refugees to regain or maintain psychosocial well-being. Summerfield (1999) notes that death rates are two to three times higher for individuals who lack social supports; therefore, addressing individuals’ social needs should be a priority in humanitarian response. Ager (1997) comments on the importance of maintaining social systems during conflicts, referring to the role that “protective or ameliorative influences” such as family members, social systems, and personal beliefs (p. 404) play in psychosocial interventions.

As for Ager’s (2002) third area of psychosocial resources, the mental health of individuals affected by complex emergencies may depend on their ability to carry out culturally significant practices, such as religious prayer and cultural rituals. These rites allow individuals to continue to evolve spiritually, and in many instances, signify an intense transformative process (Englund, 1998). Informal and anecdotal evidence abounds regarding the positive effects of the reestablishment of cultural norms within communities. Eisenbruch (as cited in Summerfield, 1999) notes the positive use of traditional healers among Cambodian refugees affected by the Khmer Rouge regime. Englund also highlights the importance of death rituals, such as exorcisms of the spirits of the dead, as a form of psychosocial healing among Mozambican refugees in Malawi. An indigenous healing program has been developed in Uige, Angola, to provide former child soldiers with an elaborate ceremony when they return to their home villages, symbolically representing psychological healing and community acceptance (Green & Honwana, 1999). Ager (2002) speaks of other Angolan communities who have utilized traditional medicine and church movements to alleviate suffering and have participated in the reestablishment of community meals (“sewa senbet”) around the
community, thereby creating a space for community development and psychosocial support.

Ager (as cited in Summerfield, 1999) suggests there is a place for a targeted clinical response as well, since there will be individuals who do develop severe mental disorders that community-based interventions cannot address. Such targeted therapeutic responses should only be used after intact supportive networks, such as the ones described above, have been employed, ensuring that the voices of the people that the humanitarian world intends to assist are rightly heard. In many cases of war-related mental trauma, however, the individual has not lost his mind, but rather his world (Summerfield, 2003). It is up to the humanitarian community to help the individual rebuild his world.

The Future of Psychosocial Interventions in Complex Emergencies

While there may be friction between psychosocial programming and basic humanitarian assistance, humanitarian aid agencies must define what the top priorities are in a particular emergency. Most experts define water and sanitation, immunizations, food and nutrition, and medical care as priorities in complex emergencies with the overarching goal of reducing morbidity and mortality (Leaning, Briggs, & Chen, 1999; Medicines Sans Frontieres, 1997; Salama, Spiegel, Talley, & Waldman, 2004). Psychosocial assistance providers must carve out a place for mental health interventions, acknowledging that the alleviation of psychological suffering should also be a priority. Nevertheless, such efforts are difficult when there is only anecdotal and qualitative evidence that psychosocial interventions are effective (Palmer, 2002; Psychosocial Working Group, 2005; Salama et al.). In a field where humanitarian assistance is intrinsically dependent upon donor money, it is difficult for indigenous, community-based programming, such as the culturally-relevant, psychosocial programming discussed in this paper, to gain the support it needs without evidence-based proof of its efficacy.

A recent study among children in Afghanistan (Psychosocial Working Group, 2005) attempted to provide quantitative evidence that community-based psychosocial interventions were effective. Researchers aimed to identify and reduce threats to war-affected children’s well-being and encourage the development of social systems and individual capacities. The study was designed to compare the effects of the implementation of psychosocial programming (“child centered spaces”) with the implementation of a water-sanitation project (the construction of water
wells) on the well-being of children in various communities throughout Afghanistan. Although the results did not show that either program had a greater impact, the study data proved that both interventions had value to the study participants. Furthermore, this study provided a template for future quantitative research.

The ways in which psychosocial interventions can be applied to everyday humanitarian activities within a refugee community are limitless. Psychosocial services do not have to be a separate entity from other services provided by humanitarian agencies. Mothers can be trained at therapeutic feeding centers to educate others in their community about malnutrition. Members of the refugee community can assist with local water and sanitation projects. The development of “child-friendly spaces” in IDP camps can help alleviate the tedious, toxic atmosphere that surrounds children daily (G. Martone, personal communication, September 22, 2004). Mobilizing educators and children into schools within resettlement camps serves a two-fold purpose for the children and the adults working with them. It is essential that humanitarian aid support the rituals that war-affected populations go through to complete the mourning process: providing burial materials for families, assistance for funeral arrangements, and additional food for funeral parties (Englund, 1998).

Effective social workers employ an ecological systems theory in their work with individuals and communities, conceptualizing individuals as participants within a number of social structures. Furthermore, social workers promote self-determination, help develop individual agency, and build upon the understanding that individuals and communities have the capacity to address their own needs (National Association of Social Workers, 1996). These social work values are consistent with effective, community-based, and culturally-salient psychosocial practice. With this in mind, social workers should assist in the development of all sector objectives during complex emergencies, utilizing their ability to conceptualize appropriate psychosocial interventions throughout all levels of humanitarian relief.

Every step away from war brings its own difficulties, as communities struggle to rebuild and heal. The detrimental effects of war among culturally rich communities cannot be ameliorated by Western-based models, which can overlook resiliencies and strengths. To meet the needs of communities, collective capacities, social connections, and cultural values must be cultivated. Social workers play a vital role in addressing the consequences of war among affected populations by assisting in the rebuilding of infrastructures, tangibly and emotionally, at the individual level and at the community level.
Endnotes


II Dr. Martha Grady is a psychotherapist based in New York City’s White Institute, who works with children affected by war-related trauma. This reference is from a December 4, 2004 lecture entitled, “Psychotherapy with Refugees of Trauma.”

III Hawthorne E. Smith is a psychologist and the Co-Director of Clinical Services at Bellevue/NYU’s Survivors of Torture program, which provides multidisciplinary treatment and case management services to survivors of political torture and their families residing in New York City. This reference is from a December 2, 2004 lecture entitled, “Therapeutic Work with African Victims of Torture.”

IV Gerald Martone is the Director of the Emergency Response Unit for the International Rescue Committee, a global non-governmental organization that provides humanitarian assistance to those affected by complex emergencies. This reference is from a September 22, 2004 lecture entitled, “Current Operational Issues in Humanitarian Efforts: Sudan’s Silent Tragedy.”

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Changes in American family structure – including a rising divorce rate, increasing numbers of single parents, and growing numbers of same-sex couples with children – are some of the most frequently discussed issues in social welfare policy today. Scholars often assert that family structures other than the “traditional” family (headed by two married, heterosexual parents) are potentially detrimental to children’s well-being. Some research has found a correlation between parental marriage and positive outcomes for children, especially decreased child poverty rates (Brown, 2004; McLanahan & Sandefur, 1994). Based on this association, some policy-makers have concluded that social problems such as child poverty are at least partially caused by the declining marriage rate. For example, the conservative Heritage Foundation states on its Web site that “the collapse of marriage is the principal cause of child poverty in the United States” (Heritage Foundation, 2004). The rise of single parenthood has also been blamed for social ills ranging from high school dropout rates to drug use among youth (Fagan, Rector, Johnson, & Peterson, 2002).

Child poverty is a very complex problem, posing questions to which there are no clear-cut answers. However, I would like to present some concerns about using marriage as a primary strategy for addressing this problem. In this article, I will discuss the proposed Healthy Marriage Initiative (HMI), a policy that is intended to reverse the trend of rising single-parenthood and improve children’s well-being on all counts. I will focus on the HMI’s relationship to child poverty, one of the primary targets
of this initiative. Finally, I will argue that HMI programs will have limited effectiveness in decreasing child poverty and that they are inappropriately intrusive and coercive in the lives of poor men and women.

Background

Historically, it is not new for marital status to be a consideration in the awarding of social benefits. For example, the widows’ pensions that existed in many states prior to the Social Security Act of 1935 were not always extended to non-widowed single mothers and could be denied if a home was considered “unsuitable” (Trattner, 1994). However, proponents of marriage promotion policies claim that recent welfare policy has actually benefited single parents, thereby functioning as a disincentive to marry, and contributing to the decline of marriage (Besharov & Sullivan, 1996). For this reason, the promotion of (heterosexual) marriage has been a stated goal of welfare programs since the 1996 “welfare reform” that replaced Aid to Families with Dependent Children with the Temporary Aid to Needy Families (TANF) program. In addition, some individual states have chosen to use TANF money to promote marriage (Chase-Lansdale & Pittman, 2002).

The proposed Healthy Marriage Initiative would set aside $100 million annually from TANF funds to be used by states for the following activities: (a) public advertising campaigns on the value of marriage and the skills needed to increase marital stability and health; (b) education in high schools on the value of marriage, relationship skills, and budgeting; (c) marriage education, marriage skills, and relationship skills programs, that may include parenting skills, financial management, conflict resolution, and job and career advancement for non-married, pregnant women and non-married, expectant fathers; (d) pre-marital education and marriage skills training for engaged couples and for couples or individuals interested in marriage; (e) marriage enhancement and marriage skills training programs for married couples; (f) divorce reduction programs that teach relationship skills; (g) marriage mentoring programs, which use married couples as role models and mentors in at-risk communities; and (h) programs to reduce the disincentives to marriage in means-tested, aid programs (ACF, 2004a).

The policy also provides for an additional $102 million annually for “research, technical assistance, and demonstration projects” related to the above activities (ACF, 2004a). Congress has not yet approved funding for the Healthy Marriage Initiative (which is part of the 2006 TANF reauthorization bill). However, TANF funds are already being used for
marriage promotion in many states (White & Kaplan, 2003).

Marriage and Child Well-Being

The debate over the HMI and other marriage promotion policies generally revolves around three questions: first, whether higher marriage rates would improve children’s well-being; second, whether government policy is able to affect marriage rates; and third, whether government has the right to intervene in favor of marriage.

Research in the social sciences has established a clear correlation between single parenthood and increased poverty rates (McLanahan & Sandefur, 1994). However, the causal direction of this correlation is not clear. For one thing, poverty itself can be a factor in marital success; as Roberts (2004) points out, stressors associated with poverty may contribute to marriage breakups. In addition, a number of researchers hypothesize that many of the apparent benefits of marriage are actually brought about by selection, or differences between those who choose to marry and those who do not. Based on her review of the research, Roberts estimates that about half of the alleged economic boost from marriage can be explained by selection. Similarly, Acs and Nelson (2004) found that “50 to 80 percent of the differences in child well-being between cohabiting and married families can be explained by differences in family characteristics, such as parental age, education level, and race” (p. 1). Sigle-Rushton and McLanahan (2002), examining data from the Fragile Families study, conclude that differences in human capital between married and unmarried adults translate into differences in poverty level. The authors note that proponents of marriage “are substantially overstating its benefits when they compare the earnings or poverty rates of single-mother families to those of married, two-parent families” (p. 20). Even many authors who believe marriage has beneficial effects acknowledge that these effects may not be very large. According to statistical simulations, if all single parents were to marry someone of a similar background to their own, the child poverty rate would fall 3½-4 percentage points (Acs & Nelson; Roberts). Although this difference is not insignificant, it is based on the highly unrealistic scenario of all single parents choosing to marry (and staying married) and is therefore not particularly helpful in guiding policy.

In addition, the type of family structure may not be as important as the quality of relationships in the family. Marriages marked by high levels of conflict or domestic violence clearly have negative effects on children’s emotional well-being. One study that compared married parents and
divorced parents found a strong relationship between parental conflict and children’s well-being, but none between family structure and children’s well-being (Vandewater & Lansford, 1998). Although HMI proponents claim the initiative wants to increase only healthy marriages, it is unclear whether their proposed activities would be able to increase healthy marriages without increasing unhealthy ones as well. Many currently funded marriage promotion projects offer marriage skills training (ACF, 2005a). This type of program might reduce conflict in some marriages but would not offer a solution to relationships marked by domestic violence and might even be harmful to victims trying to leave such a relationship. Thus we can see that, based on the available research, increased marriage rates might create some improvement in children’s economic well-being. However, it would probably not be a very large improvement, and it might have negative side effects such as increasing children’s exposure to conflict or domestic violence.

Policy Effectiveness

Turning to the question of whether government programs and policies will really be able to create the desired change, there is very little empirical evidence one way or the other. In particular, there appears to be very little research documenting the effectiveness of the above-mentioned marriage skills trainings and similar activities among low-income welfare recipients. Moore, Jekielek, and Emig (2002) note that although there are “promising insights” from research, “there is not yet a proven approach for building strong marriages” (p. 7). For example, the authors cite one study that found positive short-term results from a marriage skills improvement program. However, participants in this study were primarily white, were not economically disadvantaged, and were already married prior to the program. Therefore, it is not clear whether similar programs would be generalizable to the TANF recipients who would be targeted by HMI programs.

An aspect of the HMI that has received a lot of research attention is the use of changes in welfare benefits to favor married couples, changes which have been implemented in some states (White & Kaplan, 2003). One program with positive findings in this area is the Minnesota Family Investment Program (MFIP), in which a subsidy of employment earnings (without any explicit marriage promotion initiatives) brought about a small increase in marriage rates (Ooms, 2002). However, this type of employment-related subsidy is not part of the proposed HMI. Most research does not tend to support the claim that benefit changes have an effect on the marriage
rate of welfare recipients. For example, a National Poverty Center working paper states that generally, “research has found little to no effect of welfare policies on family formation decisions” (Seefeldt & Smock, 2004, p. 10). Preliminary analysis of data from the Fragile Families Study indicates that more generous welfare benefits correlated with higher rates of cohabitation, but had no effect on marriage rates (Mincy & Dupree, 2001). Besharov and Sullivan (1996), supporters of marriage promotion, were surprised to find that New Jersey’s benefit changes had little or no effect on marriage rates among women on welfare.

These findings should not be particularly surprising when we consider the research on which factors influence expectations of marriage. For example, in communities with high rates of joblessness, partners with low earning potential may not be seen as “marriageable.” In Waller’s (2001) study of unwed parents, low expectations for marriage were highly correlated with factors such as a partner’s drug or alcohol problems, frequent conflict, and physical violence in the relationship. Under such circumstances, the author notes, encouraging marriage may “not only be inappropriate, it may also be detrimental to parents and their children” (p. 482). Despite these and other findings, policy-makers continue to rally around the claim that the marriage choices of single mothers can – and should – be shaped by welfare benefit policy.

Government Intervention

Finally, we must ask: does the government have the right to intervene in the marital choices made by individual welfare recipients? United States government welfare policy has a history of discriminating against particular groups in order to coerce recipients into valued behaviors (as in the earlier example of widows’ pensions); however, this does not mean it is right. The HMI Web page asserts that the HMI is not coercive because Americans already value marriage: “more than 93% of Americans say marital success is important to them” (ACF, 2005b). As mentioned earlier, studies have shown that welfare recipients’ reasons for not marrying are often factors such as the partner’s drug addiction, abusive behavior, or infidelity (Waller, 2001), rather than a lack of marriage values. However, administration official Wade Horn has asserted that the goal of marriage promotion is “to reinstate marriage as an ideal in low-income communities” (1997, p. 43, emphasis added), revealing the HMI’s true agenda: to impose specific values onto welfare recipients, who are perceived as being anti-marriage.

In addition, the HMI Web site insists that it only wants to help people
is the healthy marriage initiative really healthy?

"who choose marriage for themselves [to] acquire the skills and knowledge necessary to form and sustain healthy marriages" (ACF, 2005b). This argument seems disingenuous, given that the HMI would be directed toward welfare recipients, who are vulnerable to government coercion. Also, many existing marriage promotion programs recruit participants who are not married or engaged. For example, some healthy marriage projects currently funded by the Administration for Children and Families recruit unwed parents from hospitals through the paternity establishment process (ACF, 2004b). In addition, the HMI would not be simply a supplement to already-existing services for TANF recipients, but rather would divert TANF funds from other services.

Furthermore, the ideological underpinning of marriage promotion policies is marked by an insistence on traditional gender roles; these policies encourage job training opportunities for men (to make them more "marriageable") while attempting to move women back into the home. For example, Besharov and Sullivan (1996) admirably describe how if welfare benefits are lowered, "a mother who prefers to stay home with her children rather than work might trade her now lower-value benefit package for the role of housewife, caregiver to her children, and, perhaps, part-time worker" (p. 94). In essence, these authors implicitly argue that "mothers should trade dependence on welfare for dependence on a husband" (p. 92). Ultimately, it is not the government’s duty – or its right – to dictate family structure. It is the government’s function to provide as much support as possible for all families so that children’s (and adults’) well-being will be improved. The Healthy Marriage Initiative inappropriately attempts to take charge of individuals’ private decisions about family formation.

Alternative Policy Options

Many other policies could be more directly supportive of family and child well-being. Welfare benefits could be marriage-neutral (rather than privileging marriage, as encouraged by Horn & Bush, 1997), which would allow family structures to be determined by individual families. Marriage could also be made available to same-sex couples, who represent a significant percentage of cohabiting couples with children (Parke, 2003). Universal availability of quality child care would go a long way toward reducing poverty among low-income families. With quality child care easily accessible, the availability of job training for both men and women would allow partners to decide whether one or both of them would choose to work. The government could also supplement employment earnings, as in the
MFIP. Based on research findings, Sigle-Rushton and McLanahan (2002) suggest that it might be more cost-effective to focus on employment than on marriage promotion as an anti-poverty strategy.

These are just a few examples of the types of policies that would support families and help raise children out of poverty, without coercing families into what politicians believe they should be. If TANF funds were used for such policies, extensive evaluation should occur to ensure that they were actually having positive effects on children’s well-being. Outcomes should be measured by children’s financial, physical, and emotional health, not by whether or not more parents are getting and staying married. Policies that support working families of all kinds would be likely to have beneficial effects on children’s economic well-being. In addition, once parents are able to provide basic economic support for themselves and their children, their own improved well-being will give them greater resources to focus on parenting their children and creating healthy relationships.

In contrast, implementation of the Healthy Marriage Initiative would take away funding from resources like child care, job training, and other services, which are desperately needed by working families (including single, cohabiting, and married parents). Although the HMI might increase healthy marriages, it might also increase the incidence of marriages plagued by conflict or domestic violence, and its effect on child poverty rates might be minimal. Far from bringing about its stated goal of reducing poverty, the HMI would be likely to further stigmatize single parents and to intrude coercively into the lives of poor men and women.

References


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ADOPTIVE HOMES AND THE MEANING OF FAMILY: IMPLICATIONS FOR GAY AND LESBIAN PROSPECTIVE PARENTS

Alicia Erickson Zink

Restrictions on the adoption rights of gay men and lesbians limit their possibilities to become parents, even as thousands of children wait to be placed in adoptive families in the United States. This article will review past and current policy on gay and lesbian couple adoption in the United States. Policy changes are then suggested to expand the definition of adoptive families and to create non-discriminatory adoption guidelines to protect gay men and lesbians as legitimate families. Finally, the role of social workers and their responsibility under both the laws and systems of adoption protocol will be explored.

While thousands of U.S. children eligible for adoption languish in foster care, discriminatory policy and practice continue to restrict the rights of many prospective parents seeking to adopt. The passage of the 1997 Adoption and Safe Families Act (ASFA) accelerated the termination of parental rights, predictably increasing the number of children waiting for safe and permanent placements (Kenyon, Chong, Enkoff-Sage, & Hill, 2003). In addition, ASFA no longer defines interventions by risk of harm to the child, but by “the best interest of the child” criterion. According to the Adoption and Foster Care Analysis and Reporting System (U.S. Department of Health and Human Services Administration for Children and Families, 2004), there were approximately 118,000 children waiting to be adopted as of August 4, 2004. Ricketts (as cited in Brooks & Goldberg, 2001) noted that there is a widespread recognition that the pool of prospective adoptive parents is dwindling. A viable group of prospective parents, though, has yet to receive adequate, fair, and just governmental consideration under adoption policies. The research is unequivocal that gay men and lesbians are equally qualified to provide adoptive homes for children. However, without a clear definition for the best interest of the child, courts, states, and governments continue to allow homophobia to dictate the future of children’s lives.

According to Adams, Jaques, and May (2004), there are as many as two to ten million gay men and lesbians in the United States who are parents to
an estimated 14 million children. Despite these numbers, studies have shown that gay men and lesbians encounter many obstacles throughout the process of becoming prospective adoptive parents. Adoption policies affecting gay men and lesbians vary from state to state, county to county, and often judge to judge. Due to the absence of federal policy regarding adoption, gay men and lesbians are subject not only to state law but are at the mercy of local judges who base adoption decisions on the broad best interest of the child criterion. These decisions may be influenced by personal bias, discrimination, and political agendas, and continue to perpetuate homophobia in social policies (Benkov, 1994). Some officials fear that placing children in gay and lesbian homes may not be in the best interest of the child; however, scientific research demonstrates that children who grow up in households with gay and lesbian parents fare just as well in emotional, cognitive, social, and sexual functioning as children whose parents are heterosexual (Drucker, 1998; Patterson, 1992; Perrin, 2002; Raymond, 1992; Steckell, 1987). It is clear that based on the existing empirical research, gay men and lesbians deserve legal protections to qualify to become adoptive parents to the growing number of children in need of permanent families.

Gay and Lesbian Adoption Policy

Adoption laws pertaining to gay men and lesbians are made on a state rather than federal level and are dictated by statutes, agency regulations, and court opinions, which may be fueled by political ideologies (Kenyon et al., 2003). While some states completely ban adoption by gay men and lesbians, other states implicitly prohibit gay couples from adopting by requiring that adoptive couples be married, a practice currently prohibited for gay men and lesbians in most of the country. The remaining states that do not have specific state laws addressing this issue make decisions based on the undefined best interest of the child criterion of the Adoption and Safe Families Act of 1997.

Currently, Florida is the only state that categorically prohibits gay and lesbian individuals from becoming adoptive parents through Florida Statute Ch. 63.041(3), which states that: “No person eligible to adopt under this statute may adopt if that person is a homosexual” (Appell, 2001, p. 76). According to the American Civil Liberties Union (2005), this statute, first enacted in 1977, has undergone several unsuccessful appeals, the last appeal denied by the Supreme Court in January 2005. According to the 2002 Human Rights Campaign Foundation Report (Bennett, 2002), New Hampshire enacted a law in 1988 to prohibit gay men and lesbians from
adoptive homes and serving as foster parents and barred heterosexual foster parents from having gay or lesbian people spend the night in the same house as the child. This law, though challenged in federal court and repealed in 1999, illustrates how homophobia can influence policies and legislation and continue the cycle of oppression on not only prospective gay and lesbian parents, but also those who are friends or family of gay men and lesbians.

As mentioned previously, laws may implicitly deny gay and lesbian couples from adopting through the use of carefully designed but blatantly homophobic language. For example, Utah passed a law in 2000 prohibiting adoptions by a person who is cohabitating in a relationship that is not a legally valid and binding marriage under the laws of the state (Utah Code Ann. 78-30-1(3) (b)). According to the Families Like Ours Organization (2004), Oklahoma adopted a new law in 2004 stating that no office, court, or municipality in Oklahoma will legally recognize a joint adoption by two peoples of the same sex from another state or country (10 O.S.2001, §7502-1.4). Despite the many states restricting gay and lesbian adoption, there are some states that explicitly permit joint adoption: California, Massachusetts, New Jersey, Vermont, New York, Maryland and the District of Columbia (Ryan, Pearlmutter, & Groza, 2004). State by state, the future of children’s lives and the rights of gay men and lesbians are dictated by insidious homophobia.

The best interest of the child standard is the primary criterion for approving adoption in those states without specific statutes, although there is a considerable amount of flexibility in the factors that may be taken into account in evaluating an adoptive parent’s suitability (Benkov, 1994; National Center for Lesbian Rights, 2004). Decisions are often made by court judges and child welfare workers that make recommendations on the resources, strengths, and personalities of the family, as well as the family’s overall motivation for adoption. However, because of the void of formal policy in this area, it can be a subjective process, allowing for the influence of personal bias and prejudice. In Pima County Juvenile Action B-10489, the court denied a bisexual man an adoption petition on the grounds that, “he testified that it was possible that he at some future time would have some type of homosexual relationship with another man” (Ariz. Ct. App. 1986). The role of personal bias, as shown in this case, heavily impacts the rights of gay men and lesbians to adopt. Yet, while there continues to be discriminatory laws against gay and lesbian families, other judges attempt to separate judgments on sexual orientation from parenting capabilities. For example, in Adoption of Evan, a New York judge ruled, “an open lesbian relationship is not a reason to deny adoption because a child’s best
interest is not predicated on or controlled by parental sexual orientation” (Sur. Ct. 1992). The cycle of oppression will continue to perpetuate without appropriate policies to prevent decisions based on personal bias, homophobia, or both.

Those opposing the idea of gay men and lesbians as adoptive parents may use the following arguments to conclude that licensing a home for adoption or foster care is not in the best interest of the child: the child will be harassed or ostracized, the child might become gay or lesbian, the child’s moral well-being may be harmed, and that the child may be molested (Adams et al., 2004). Empirical research supports that these arguments are unsubstantiated. Children of gay and lesbian parents are equally successful in their developmental process compared to the children of heterosexual parents (Mallon, 2000; Perrin, 2002; Sullivan, 1995). For example, Mallon found that a child is 100 times more likely to be sexually molested by a heterosexual partner of a relative than by someone who identifies as being gay, bisexual, or lesbian. Patterson (1992) noted that studies assessing children born to gay or lesbian parents in twelve different samples showed no disruption in the normal course of their sexual identity development. Despite this research, the best interest of the child standard unjustifiably denies adoption to gay men and lesbians. This is evident as judges, child welfare workers, and social workers continue to equate homosexuality or bisexuality with deviant behavior and uphold the current adoption guidelines that perpetuate such notions as acceptable ways of thinking (Raymond, 1992).

The failure of courts to recognize that gay and lesbian adoptive homes are in the best interest of the child has an adverse effect on those children waiting to be adopted. Children remaining in foster care are denied secure attachments (Patterson, 1992) and have been found to have low self-esteem, confidence, and overall satisfaction of life (McDonald, Alle, Westerfelt, & Piliavin, 1996). In a study conducted by Taigelman and Silverman (as cited in Bartholet, 1994), it was found that permanent placements in adoptive homes for those children waiting in foster care are more conducive to the overall well-being of the child. Additionally, the failure of the law to recognize gay men and lesbians as viable parents creates a culture of fear and hate, ultimately allowing for homophobia to permeate the lives of children and families in society. For example, children of gay and lesbian families are often subject to teasing and harassment within their peer group (Drucker, 1998; Patterson; Raymond, 1992). Patterson states that protection of gay and lesbian families, “demands that courts and legislative bodies acknowledge nontraditional families,” and that the failure to acknowledge
these families will pose “great difficulty in serving the ‘best interest of the child’” (p. 1037). It is imperative that policy be created to not only protect the rights of prospective gay and lesbian parents, but also to support children of nontraditional families who are affected by the current policies that allow for homophobic discrimination to continue.

Proposal for New Legislation

As cited previously, empirical research is persuasive in demonstrating that there is no significant difference between gay and non-gay parents in emotional health, parenting skills, and attitudes toward parenting and should therefore be considered as suitable families for the growing number of children in foster care. Notably, neither the Adoption Assistance and Child Welfare Act of 1980, nor the newer Adoption and Safe Families Act (ASFA) of 1997, delineate a useful standard for defining a family. Crawford (as cited in Kenyon et al., 2003) proposed that by not clearly defining the family, “the interpretation of the appropriateness of nontraditional families is left vulnerable to the values and biases of professionals and communities” (p. 572). According to the U.S. Census Bureau, by 2010, only 20% of the total number of households nationwide will be comprised of the traditional two-parent heterosexual families (U.S. Bureau of the Census, 1996). Nontraditional families, such as those headed by gay men and lesbians, are increasing within the United States and federal policymakers need to protect the rights of these families.

There are many prominent professional organizations that support gay and lesbian families and adoption, such as the Child Welfare League of America, the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics and the National Association of Social Workers (NASW). It is in the spirit of these organizations that new legislation be proposed to redefine “family” as the first step towards assuring full adoptive rights to gay and lesbian families, supporting the welfare of children in foster care, and allowing for equal opportunity within the adoption process. An amendment to the Adoption and Safe Families Act should be proposed to clearly define the family so as to accommodate the growing need of adoptive parents and nontraditional families within the United States and to reduce biased interpretations of placing children in gay and lesbian families. Family should be defined as any responsible caretaker(s) supporting the well-being of their children both financially and emotionally (Adams et al., 2004; Benkov, 1994; Drucker, 1998; Patterson, 1998). In addition, there should also be a clear
definition of the eligibility of adoptive parents. Lastly, adoption policies should be bound by the same anti-discrimination laws that set the standards in other facets of society. Equal opportunity to apply for adoption and the condition that no one will be subjected to race, gender, sexual orientation, or religious discrimination as criteria for adoption can shape new policies and state decisions on how the best interest of the child clause is interpreted.

Implications for Service Delivery to Children and Families

Social workers are trained to identify where the needs of society and the individual intersect and to promote change when these needs are compromised (Ben-Ari, 1998). In the case of gay and lesbian adoption, social workers are called upon to advocate for the rights of gay men and lesbians on an institutional, community, and individual level. Agencies and social workers continue to weigh their commitment to multiculturalism when working with gay men and lesbians seeking to adopt (Ryan et al., 2004). According to the NASW Code of Ethics, social workers should not practice any form of discrimination; however, social workers as well as child welfare providers may be bound by laws that allow prejudices or judgments about gay and lesbian families. For instance, in Richmond, VA, a state senate committee rejected a bill that would have required social workers involved in adoption cases to determine if the applicants are gay. It is critical for social workers to fight against these laws that promote discrimination. However, it is important to recognize that eradication of these laws does not necessarily impact personal views that may influence professional decisions. Prejudiced views on gay men and lesbians may continue to stem from several sources including family background, family values, religious beliefs, or other learned negative beliefs and attitudes about homosexuals (Sullivan, 1995). In addition to these biases, social workers and child welfare providers who do speak out against discrimination and advocate for gay and lesbian prospective parents also face their own risks. Social workers can be subjected to ridicule, ostracism and other career-limiting reactions if homophobia reduction is not respected among colleagues, peers, or supervisors (Ryan et al.).

In order to increase awareness of personal bias and discrimination, trainings in graduate schools as well as in state welfare and private agencies should be implemented to sensitize workers to the needs of the gay and lesbian community. In a study conducted by Ben-Ari (1998), social work students exposed to courses on individual, familial, and social aspects of homosexuality changed their attitudes towards gay men and lesbians.
significantly. Ryan (2000) found that training focused specifically on adoptions by gay men and lesbians was the most significant predictor of social worker placement recommendation. Through these trainings, social workers and child welfare providers will be able to broaden their perceptions of family and advocate for the rights of gay and lesbian parents and the many children waiting in foster care.

Conclusion

An estimated 25 million individuals, 10% of the population, have identified themselves as having a sexual orientation other than heterosexual (Mallon, 2000). Excluding 25 million individuals from becoming adoptive parents, solely on the basis of sexual orientation, limits the opportunities for children who are in need of permanent families. Despite the many state laws prohibiting gay and lesbian adoption, multiple research studies have confirmed that it is in the best interest of the child to allow gay men and lesbians to be adoptive parents (Benkov, 1994). Unfortunately, personal bias, discrimination, and homophobia continue to be used systematically to shape policies affecting gay men and lesbians and inadvertently hurt children who wait for loving homes. Many of these children waiting to be adopted could find permanent families if laws and policies are inclusive of gays and lesbians and use scientific evidence and reason to set adoption standards. By undoing the unjust boundaries that currently restrict the adoption process, children can have a greater opportunity to find the support and love of a permanent family.

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