The mission of the *Columbia Social Work Review* 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 in 2003 as the *Columbia University Journal of Student Social Work*, 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 reflect those held by the Editorial Board or Columbia University School of Social Work.
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Editorial Letter

Welcome to the *Columbia Social Work Review*! This year we are proud to present our 10th anniversary edition of the Columbia University School of Social Work student journal. Over the last ten years, students at CUSSW have been independently developing questions that push the field of social work. We are proud to mark the tenth year of these scholarly efforts with this publication. This year’s articles represent the broad scope of social and economic issues CUSSW students engage in within the classroom as well as in the field.

At the policy level, in "A License to Abuse? The Need for National Policy Reform of Kinship Care Licensing Procedures" Amanda Prater looks at current shifts in foster care placement policy and the recent trend of prioritizing child placement with kin. In her article “Cash Transfers in Emergencies,” Jennifer Lee provides economic analysis for and examples of cash transfers to populations facing food crises. With her article "Dual Punishment: Incarcerated Mothers and Their Children," Julie Smyth sheds light on the effects of prison on children. Kelsey Power conducted independent research for her article "Luckily He Backed Off: A Mixed Methods Analysis of Undergraduate Women’s Consent, Attitudes, and Behaviors," surveying female college students to confront the question of female agency in a variety of sexual experiences. Finally, at the clinical level, in "Reactive Attachment Disorder (RAD): An Uncommon Disorder That Is Fairly Common among Institutionalized Children" Shawnna Balasingham addresses Reactive Attachment Disorder, a rare psychological disorder that affects a child's ability to develop appropriate social relatedness observed primarily among children in foster care and orphanage settings. Balasingham offers institutional reforms to counteract this effect.

We hope that you enjoy this tenth edition of independent student efforts!

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Acknowledgments

The Editorial Board would like to thank the Columbia University School of Social Work students and faculty, especially our Advisory Board, for supporting the publication in its tenth year and making it an integral part of the student experience at CUSSW. We are indebted to Nina Merrill, Editorial Board Member 2010-2011, for her continued support and unwavering dedication to our blind review process. We would also like to thank Alexis Wynne Mogul for her work copyediting. In addition, we would especially like to thank Professor Barbara Levy Simon for her unending support and Jenni Kurosman, Jeannie Hii, Jennifer March, and Dean Ann McCann Oakley for their administrative support to the Editorial Board throughout the publication process.
A License to Abuse?
The Need for National Policy Reform of Kinship Care Licensing Procedures

Amanda Prater

The last 20 to 30 years have seen a significant rise in the use of kinship care as a formal out-of-home placement option for abused or neglected children in the government’s custody. This shift has generated debate concerning the benefits and risks of kinship care, and thus far, research findings are largely inconclusive. Notably, there has not been an accompanying formal and holistic review and reformation of relevant child welfare policies. One particularly critical legislative area that has been overlooked by the existing literature is the process by which states license kinship foster homes. Due to the lack of federal leadership in setting universal safety standards for kinship care licensing procedures, states’ policies may fail to protect children adequately. An overview of current federal policy is presented, and the state of Indiana is used as a case study to provide a basis for understanding the significant gaps in states’ policies that necessitate national policy reform. Federal mandates are necessary to ensure that all states provide a consistent and proper level of safety for vulnerable children. Finally, recommendations for appropriate new policies are made.

Over the last two to three decades, kinship care has become an increasingly popular placement option for children who were removed from their homes by the child welfare system following a report of parental abuse or neglect (Geen, 2004; U.S. Department of Health and Human Services [US DHSS], 2000). In the child welfare field, there is a consensus that placing children with kin reduces the trauma of being removed from their home and possibly leads to improved outcomes across a spectrum of measures compared with children placed in traditional foster homes (Gibbs & Müller, 2000; Rubin et al., 2008; Wilson, 1996; Winokur, Crawford, Longobardi, & Valentine, 2008; Winokur, Holtan, & Valentine, 2009). In response to these perceived bene-
fits, the Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193) of 1996 prioritized placement with kin over placement with nonkin foster parents, which led states to increase their usage of kinship care (Allen, DeVooght, & Geen, 2008).

The movement toward kinship care, however, is based on research that is insufficient in scientific rigor, scope, and depth (Geen, 2004; Winokur et al., 2009), and for this reason, considerable debate exists regarding the balance between the benefits and detriments of kinship care (Gibbs & Müller, 2000; Rubin et al., 2008). Children placed in kinship care experience higher levels of poverty; live with aging and less physically and mentally healthy caregivers; and are exposed to physical safety hazards, violence, and drug and alcohol use at a higher rate than children in nonkin placements (Bartholet, 1999; Ehrle, Geen, & Clark, 2001; Geen, 2004; Koh, 2010; Pecora et al., 2009; Rubin et al., 2008; U.S. DHSS, 2000). In one of the few longitudinal studies conducted on the practice, kinship care was also shown to be associated with higher levels of “unhappiness with life” and “the presence of prolonged anxiety” in adult women who lived in kinship care as children (Carpenter & Clyman, 2004). Despite a greater need for services due to the above risks, kinship caregivers continue to receive fewer services than traditional foster parents (Geen, 2004; Rubin et al., 2008).

These concerns notwithstanding, the rapidly increasing number of children in need of placement without a corresponding increase in nonkin caregivers, as well as the observed benefits of kinship care, underscore the necessity to continue providing kinship care as a viable option (Geen, 2004; U.S. DHSS, 2000). In light of contradictory research findings, however, national and state policies should incorporate unambiguous precautions on the use of kinship foster homes. Although the efficacy of kinship care has been a primary focus of debate in the literature (Geen, 2004; Gibbs & Müller, 2000), the role of licensing procedures in contributing to the safety of kinship foster homes has been largely overlooked. There is currently no federal law that cogently mandates national safety guidelines for states to follow when licensing kinship foster homes, which results in unequal levels of pro-
tection for vulnerable children across state lines. The practices used by some states to approve kinship home licenses are dangerously lenient. Indiana is one of the worst culprits, and is used here as a case study in order to better understand the crucial need for improvements in federal- and state-level policies. The following analysis provides innovative approaches to improve existing federal and state kinship care licensing policies, and calls upon federal and state legislatures to implement necessary amendments to current relevant law.

**Current Status of Federal Licensing Regulations**

Although federal law regarding kinship foster home licensure encourages certain licensing policies by restricting the availability of funds and reimbursements depending upon states’ laws, there is no national standard that dictates that kinship care licensing requirements ensure minimal assurance of a child’s safety (42 U.S.C. 671; Allen et al., 2008; Geen, 2004). The standards that states typically require for licensing traditional foster parents include the completion of a home study assessment by a trained social worker, positive references from nonrelatives, space requirements in the home, completion of several hours of training on how to care for abused and neglected children, income requirements, and clearance of criminal history and child abuse background checks (Allen et al., 2008). Federal law in Title IV-E of the Social Security Act stipulates that standards of licensure for kinship foster parents must match the nonkin standards in order for the state to receive federal reimbursements for foster care payments made to such a family (42 U.S.C. 671; Allen et al., 2008; Child Welfare Information Gateway, 2012; Geen, 2004). Thus, the federal government encourages states to apply their nonkin licensing standards equally to kinship caregivers by making such a policy more fiscally beneficial than using a separate (often less strict) process. Yet the federal law falls grievously short of making this a requirement that states must follow.

Despite the government’s claim that the intended purpose of this stipulation in Title IV-E is to ensure the safety of a foster placement (Geen, 2004), logical inconsistencies indicate that fi-
nancial motivations eclipsed safety considerations in this policy choice (Allen et al., 2008; Geen, 2004). If the denial of federal funds to nonlicensed kinship foster families were truly about safety concerns, then the policy would prohibit nonlicensed placements under all circumstances. On the other hand, if nonlicensed kinship placements were deemed safe, then there would be no reason for the government to deny funds in any case. The aforementioned situations are mutually exclusive: it does not make sense that the withholding of funds is due to safety concerns and at the same time the government allows placements in unsafe homes. Consequently, it holds that safety must not be the deciding factor of whether or not to reimburse states (Allen et al., 2008). Instead, it is probable that these Title IV-E provisions are financially motivated as a convenient avenue for the federal government to curtail national spending on foster care.

It is imperative that the federal government embrace a leadership role in ensuring that children’s safety is unquestionably the paramount concern of the child welfare system. The current ambiguity in both the language and intention of the federal law sets a precedent that leaves far too much room for states to enact policies that do not ensure the safety of children above any other considerations, monetary or otherwise. To provide a convincing rationale for national policy reform regarding kinship foster home licensing, the following section will analyze the specific adverse effects of the current gap in federal law on one state’s policies.

**Case Study: Indiana’s Kinship Care Licensing Policies**

The state of Indiana was chosen for this case study because, although the state has some policies in place that regulate the approval of kinship placements, they are fragmented and only include minimal provisions for ensuring the safety of children placed into such homes. The state’s policies are some of the most dangerous in the country in regard to licensing kinship foster homes, and the Indiana Department of Child Services (DCS) has a documented track record of egregious and fatal failures in protecting the children in its care (Evans, 2012a; Evans, 2012b; Ev-
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Indiana presents an alarming warning of the potential consequences that could occur in any state due to the lack federal guidance in issues pertaining to child welfare. This analysis will rely heavily on two sources: relevant legislation in the Indiana Code, and the DCS Child Welfare Policy Manual. The policy manual is based on the applicable laws in the Indiana Code and outlines requisite procedures for state employees.

To begin, it is not clear in the DCS policy manual whether licensing standards for potential kinship caregivers must mirror the same process and standards as traditional foster parents, or if a different process, which would not meet federal reimbursements standards, pertains to potential kinship caregivers. The DCS policy manual does not include a section dedicated explicitly to licensing kinship caregivers, but rather there are fragmented policies included in various sections regarding licensure of traditional foster homes. This haphazard approach could easily lead to important safeguards being overlooked by workers. It is quite possible that this disorganized method of kinship licensing could be deliberate in order to allow Indiana to claim that they are licensing kin through the same process as nonkin, and thus maintain eligibility for federal reimbursement.

Secondly, whereas Indiana Code and DCS policies are in harmony regarding the administration and evaluation of background checks for potential kinship foster parents, the guidelines regarding license approval based on the results of those background checks are questionably lenient (IC 31-27-4-13; IC 31-34-4-2; Indiana DCS). Indiana law allows for the use of waivers to place children with persons who have criminal or child abuse histories, including felony charges such as battery, criminal confinement, arson, and cases involving a weapon. Federal policy currently mandates that preference for placement with relatives only applies when “the relative caregiver meets all relevant state child protection standards” (P.L. 104-193). In addition, waivers of licensing standards for kin are only to be used for matters that do not affect the safety of children, but the federal government allows the state to define what constitutes a “non-safety” standard (42 U.S.C. 671; Allen et al., 2008). The lack of clarity in these federal policies regarding precisely what constitutes “matters af-
fecting the safety of children” and “non-safety standards” has permitted Indiana to create policies that allow children to be placed with a kinship caregiver even if s/he has a documented history of criminal activity or child abuse.

Although stipulations exist in the administration of criminal history waivers that appear to protect the safety of the child, there is no system of checks and balances to ensure that DCS employees comply with all of those caveats. Indeed, it is worth noting that according to a manager of a highly esteemed Indiana non-profit foster care agency, Indiana DCS workers frequently fail to discuss the nature or context of criminal history charges with kinship families before approving the placement (personal communication, November 3, 2011). Although the aforementioned policies allow greater flexibility in promoting family preservation and are beneficial in certain situations, such as when a potential kinship caregiver had a past charge of neglect involving an abusive domestic relationship that is no longer an issue, these policies are overly inclusive to a dangerous degree. In fact, it is possible that they are in violation of some of the federal policies of the Social Security Act. Title IV-E, Section (a)(20)(A) of the Social Security Act prohibits the apportioning of federal money to any foster family that was convicted of certain felony charges at any time, including a crime against children or a crime involving violence, including rape, sexual assault, or homicide. The legislation also prohibits a felony conviction for physical assault, battery, or a drug-related offense within five years of application for foster care licensure (42 U.S.C. 671). This contradiction between the state and federal law points to the need for closer federal oversight of state policies.

Indiana’s lax and poorly enforced policies regarding criminal and child abuse backgrounds endanger children through the introduction of the possibility of continued abuse or neglect. Existing literature raises critical concerns that while in kinship care, children may be more likely to be abused than in traditional foster homes, unsupervised contact with abusive or neglectful parents is more common, and intergenerational violent behavioral patterns may emerge more readily and with greater frequency (Bartholet, 1999; Dubowitz, Feigelman, & Zuravin, 1993; Geen, 2004). The
following questions are also provoked by critical inconsistencies in policies regarding waivers: (1) If charges such as domestic battery are non-negotiable restrictions and automatically disqualify a relative from becoming a kinship foster parent due to their violent nature, then what explains the failure to include all violent charges as non-negotiable disqualifiers? (2) If the guiding philosophy of a given state refuses to acknowledge the potential for batterer rehabilitation, on what basis does it believe that a person can be rehabilitated from being guilty of child abuse or from other charges relevant to the care of a child, such as criminal confinement? If the state lacks clear scientific evidence or a logical protocol regarding which crimes endanger a child, then it should always err on the side of safety. If such evidence exists, then only past charges with clear indications that no continuing threats exist should be eligible for a waiver. Indiana needs to make relevant modifications to the Indiana Code and the DCS Child Welfare Policy Manual to ensure that children are only placed with kinship foster parents when the state can provide clear evidence that those individuals are able to safely provide for that child’s needs.

**Recommendations**

The purpose of licensing a foster home is to provide an avenue for assessing and verifying potential caregivers’ abilities to provide for children’s needs safely and adequately. Therefore, it is essential to consider the impact of national policies on the integrity of the kinship licensing process in terms of ensuring that a placement would be in the child’s best interest. Although no studies were identified that contrasted the safety, permanency, developmental, or other outcomes of children in kinship care to the type of licensing process that their state utilizes, stricter licensing policies are more likely to ensure the physical and emotional safety of a child. Legislation that mandates a full licensure process for kinship care that mirrors standards for nonkin foster homes would ensure the highest level of safety, assuming adequacy in the state’s full licensing procedures.

The number of states that require kinship caregivers to complete the same full licensure process as nonkin foster parents
has steadily increased over recent years, indicating a preference for this practice and perhaps demonstrating recognition that this practice best protects the safety and well-being of children in the foster care system (Allen et al., 2008). In addition, the analysis presented in this article is not the first sound argument in favor of an overhaul of the federal policy regarding foster care. A report by an office of the U.S. DHSS found that current licensing and funding policies are outdated and do not lead to quality services, and that reimbursement claims do not correlate to service quality or outcomes (2005). This report confirms that merely tying federal funding to those kinship foster homes that met the same standards as traditional foster homes is not an effective method to promote safety.

The limited knowledge on the effects of kinship care warrants special caution and additional federal policies to set a national standard for licensing kinship foster homes. The following framework for federal legislators creates a clear and separate set of laws regarding all kinship care placements, regardless of whether they receive funds from the federal government. These federal laws, which states would be subject to and which would take precedence over any state laws, should:

(a) Clearly stipulate the standards that kinship caregivers must meet in order to be approved to care for a child and outline the practices that workers must follow in order to complete this process,

(b) Require the application of state standards for traditional foster care licensing to kinship foster parents and require that standards (c) to (h) are included in this process, even if they are not required by the state’s traditional foster care licensing process,

(c) Explicitly state that under all circumstances, allowable waivers are to be on an individual basis and *only* for standards which refer to the caregiver’s age, income, and the space requirements of the home,

(d) Explicitly require national fingerprint-based criminal history background checks and child abuse/neglect registry checks for all states that the appli-
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cant has lived in since the age of 18,
(e) Explicitly state that no potential kinship foster parent may be approved if they are shown to have a history of a criminal offense as listed in Title IV-E, Section(a)(20)(A) of the Social Security Act and that waivers may not be used to circumvent this standard,
(f) Explicitly state that no potential kinship foster parent may be approved as a caregiver if they are shown to have had a substantiated case of child abuse or neglect, unless the charge was due to circumstances that were out of the person’s control and/or are no longer occurring (e.g., domestic violence), and that waivers may not be used to circumvent this standard,
(g) Demand that kinship foster homes undergo a thorough home study and any other assessments deemed necessary, which are to be completed by a trained social worker,
(h) Demand a check of the state’s own child abuse/neglect registry prior to placing a child in a home even under “emergency” circumstances, and prohibit such a placement if a substantiated case is found,
(i) Institute a system of checks and balances to ensure the proper, full, and ongoing implementation of the new policies by requiring the naming and authorization of a national office responsible for periodically verifying states’ adherence to the above policies and which would have authority to enact appropriate penalties against the state if the standards are not met.

The adoption of a portion of these proposals, particularly (c) through (f), would considerably advance current policies in a direction that ensures the child welfare system is not favoring financial or other considerations to the great detriment of its stated goal of promoting the safety of vulnerable children.
Conclusion

Given its documented benefits and the need for caregivers, there is reason to continue the use of kinship care. Those benefits, however, will only ensue when the safety of a kinship foster home is carefully assessed before allowing the placement of a child. Indiana’s child welfare policies demonstrate one example of a state’s failure to provide necessary precautions to verify the safety of a kinship foster home. The federal government must acknowledge and rectify the deleterious impact of states’ dangerous policies through national reform of kinship foster home licensing procedures. The information presented in this study underscores the necessity of restructuring federal policy to explicitly demand certain safety standards and provide proper leadership.

References


Cash Transfers in Emergencies

Jennifer Lee

“Famines occur because they are not prevented: they are allowed to happen.”
– Stephen Devereux, Economist

“Transferring cash directly takes the power away from the humanitarian community and puts it into the hands of the beneficiaries, a notion that people still remain uncomfortable with.”
– Sarah Bailey, Overseas Development Institute

I had no choice; I could not even afford a piece of meat or one tomato. Now with the cash I feel like a free woman. Sometimes I even buy shoes for my children, when I have saved enough... I can now decide what is important for my family.”
– Jawahir Hassan Ali, Somali mother

The famine that began in the Horn of Africa during the summer of 2011 is the worst that the region has seen in over 60 years. With 13.3 million people in need of assistance and the lives of 750,000 in jeopardy, there is an urgent need for a quick and effective response. A growing body of evidence suggests that cash transfers are the most appropriate means of providing assistance in food emergencies. This paper examines the use of cash transfers in food emergencies by providing a brief overview of food security and famines, reviewing literature on the use of cash transfers, and providing an example of cash transfer intervention implemented in Somalia between 2003 and 2004. With evidence of the effectiveness of cash transfers in specific contexts, the question remains why these interventions are not more readily used. This paper argues that the reluctance to use cash transfers is rooted in paternalism, and calls upon donors and organizations to re-examine themselves and their organizations in an effort to not only restore dignity to those in need, but to save lives.
Currently, the Horn of Africa—the peninsula in East Africa that is composed of Eritrea, Djibouti, Ethiopia, Somalia, and parts of Kenya—is experiencing the worst drought in over 60 years (Rosenberg, 2011). Somalia is in a particular state of emergency, as famine has been declared in six of its regions due to a “perfect storm” of high food prices, crop failure, and armed conflict (U.S. Fund for UNICEF, 2011; World Concern, 2011). An estimated 13.3 million people are in need of humanitarian assistance, and 750,000 lives are in jeopardy (World Concern, 2011).

Traditionally, in-kind donations—such as food, seeds, tools, and shelter—are provided to aid in these emergencies, (Ali, Toure, & Kiewied, 2005; Harvey & Bailey, 2011; Rosenberg, 2011). Beneficiaries are seldom given money to buy necessities themselves and ostensibly with good reason: if people are starving, they need food. Monetary assistance can reinforce corruption, increase conflict and instability, endanger women, cause inflation and weaken local markets, and be spent by beneficiaries on alcohol, drugs, and other anti-social activities (Ali et al., 2005).

There is, however, a growing body of evidence suggesting that cash transfers are a more effective means of providing assistance, and at the very least a necessary complement to direct food aid (Harvey & Bailey, 2011; La Brooy, 2009; Rosenberg, 2011). This paper will examine the use of cash transfers in food emergencies by: (1) providing a brief overview of food security and famines, (2) reviewing literature on the use of cash transfers, (3) describing the Emergency Cash Relief Program implemented in Somalia between 2003 and 2004, and (4) questioning why cash transfers are not more commonly used in appropriate contexts.

Food Security, Food Crises, and Famines

The 1996 Rome Declaration on World Food Security defines food security as, “...when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs, and food preferences for an active and healthy life” (Food and Agriculture Organization of the United Nations, 2011; Jönsson & Åkerman, 2009). Food is secure when it is available, affordable, accessible, and utilized (Global
Insecurity in food supply and subsequent food crises are caused by myriad factors, for example, poverty, scarcity of water, unfavorable environmental conditions, natural and man-made disasters, conflict, barriers to trade, population growth, gender inequity, and poor health (Global Education, 2011).

While all famines are food crises, not all food crises are famines. Technically, three conditions have to be met for a food crisis to be declared a famine: (1) at least 20% of the population must consume fewer than 2,100 calories a day, (2) acute malnutrition must be prevalent in more than 30% of children, and (3) the death rate must exceed two deaths (or four child deaths) per 10,000 people per day (World Food Programme [WFP], 2011). According to Devereux (2000), food crises prior to the 1900s were caused by natural disasters that triggered food shortages, then developing into famines because of political, economic, and/or technical inabilities to intervene. By the 1970s, however, famines essentially became preventable. New technology, improved infrastructure, and coordinated international humanitarian response to food crises were sufficient enough to avert famines. Crop failure no longer causes death to millions of people in almost every region around the world—every region except for sub-Saharan Africa.

Understanding the Horn of Africa’s phenomenon in the realm of food security requires a rethinking of contemporary famines. With technological changes and globalization, characteristics of famines are less straightforward than they once were. In his groundbreaking work *Poverty and Famine*, Sen (1981) explains that most food shortages are a result of restricted purchasing power and limited access to food (i.e., failure in demand) rather than a lack of food supply (Bailey, Savage, & O’Callaghan, 2008; Devereaux, 2007; Peppiatt, Mitchell, & Holzmann, 2001). Walker (1989) adds a social component to Sen’s perspective, defining famine as “a socio-economic process which causes the accelerated destitution of the most vulnerable, marginal, and least powerful groups in the community, to a point where they can no longer, as a group, maintain a sustainable livelihood” (p. 143). Devereaux (2007) stresses the centrality of politics to the contem-
temporarv famine, underscoring a famine’s dependence on and vulnerability to institutional administrations and their political strategies. Other current theorists emphasize the multi-dimensionality of famines, pointing to a combination of natural, social, political, and economic causes (Ali et al., 2005; Devereux, 2007). The recent famine in Somalia embodies these complexities: a two-year drought in the context of political instability, longstanding conflict, chronic poverty, and limited infrastructure (Oxfam America, 2011).

**Using Cash Transfers to Address Food Emergencies**

Complex problems often require time to develop appropriate solutions. Since August 2011, Somalia has lost 29,000 children, and 6 out of 10,000 individuals are dying daily. Time is a luxury that Somalia cannot afford (Sheikh Nor, & Straziuso, 2011). Direct cash transfers are expedient and have been found to be effective in ameliorating food emergencies (Ali et al., 2005). Development and implementation of long-term, sustainable solutions is necessary, but cash transfers, when appropriate, can be prompt and effective interventions.

A cash transfer is a relief response that entails distributing free cash to targeted beneficiaries (La Brooy, 2009). Cash-based responses to emergencies have existed since the 19th century in colonial India; however, recent cash transfer programs have been rooted in Sen’s investigation into the extent to which an individual’s purchasing power can affect the flow of goods (Bailey et al., 2008; Peppiatt et al., 2000).

Sen’s exposure to the economics of famines began at an early age. As a young boy, Sen witnessed individuals starve to death in the 1943 Bengal famine not due to a lack of food, but due to a lack of access to food; floods destroyed livelihoods, leaving little income or other entitlements to purchase available food (Pressman, 2000). Later in his life, Sen examined African and South Asian famines of the 1970s and found parallels with the Bengal famine of his childhood—those with purchasing power hoarded food, while those without were left to starve (Devereaux, 2007).
As a result of Sen’s findings, there has been a shift from traditional food distribution to a more appropriate economic response: direct cash transfers increase the market demand—and consequently, price as well—for food, thereby enticing food suppliers to enter or re-enter the market (Peppiatt et al., 2001). Because markets tend to recover quickly from disasters, conflicts, and other emergencies, providing those in need with cash can give them the means to purchase food (as well as other goods and services they require the most) through local markets (Bailey et al., 2008). While there are various types of cash transfer programs specific to emergencies, such as unconditional cash transfers, conditional cash transfers, vouchers, and cash for work, the focus for this analysis is on unconditional cash transfers through which individuals are given money directly without any subsequent requirements (Harvey & Bailey, 2011).

**Benefits and Risks of Cash Transfers**

There is a growing recognition of cash transfers programs as effective tools for addressing food emergencies (Bailey et al., 2008). The suitability of cash transfers depends on the context of the specific emergency. Public donors are increasingly recognizing that, in certain contexts, cash transfers are more effective than in-kind assistance, particularly in environments characterized by minimal administrative challenges and certainty of adequate market response to demand for food (Bailey et al., 2008; Peppiatt et al., 2001; WFP, 2011). Traditional in-kind interventions require overhead for food packaging and transportation. A recent analysis of WFP operations in food emergencies found that replacing current in-kind interventions with cash transfer programs could result in a significant reduction in costs (Egeland, Harmer, & Stoddard, 2011; WFP, 2011). In regions where infrastructure is available, there is evidence of even greater benefits, such as monitoring of financial activity, risk mitigation, and potential partnerships with the private sector. Mobile technology and smart cards have created innovative opportunities to transfer cash to beneficiaries in more efficient and effective ways (WFP, 2011).

In their most recently published guidebook, the United
Nations Office for the Coordination of Humanitarian Affairs (2011) identifies cash transfer as an innovative practice with demonstrated effectiveness in the most challenging security conditions. One of the most significant benefits, in contrast to food distribution, is efficiency, which in this case means quicker, targeted response at a lower cost (Bailey et al., 2008; Peppiatt et al., 2001). Not only is the distribution of food more logistically complex and time consuming, but the average overhead cost of handling, transporting, storing, and distributing food can range anywhere from 30% to 50% of the total aid provided (Peppiatt et al., 2001). Another benefit of cash transfer systems is the potential to stimulate local market activity and restore market equilibrium. Distributing cash gives greater flexibility to beneficiaries, as the funds can be used not only for food, but for other means as well, such as investing and livelihood development. Cash transfer programs also restore dignity to beneficiaries by giving them the power to determine what their own needs are and to address them in a way that responds to their context (Bailey et al., 2008; Peppiatt et al., 2001).

These benefits must be weighed against risks associated with the use of cash transfer programs in food emergencies (Bailey et al., 2008; Peppiatt et al., 2001). One of the greatest deterrents from using cash transfers more readily is the fear that the cash will be used for unintended, anti-social purposes, namely things other than food (Peppiatt et al., 2001). Another concern is that men tend to control money and other resources in many societies, so cash transfers could increase gender disparity and threats to women. Safety of staff and beneficiaries is yet another concern, as individuals and programs themselves could be targets for. Cash transfers could also cause inflation in local markets, and a subsequent devaluation of funds that would further disadvantage beneficiaries and those who do not receive aid (Bailey et al., 2008; Peppiatt et al., 2001). While these risks should be considered, most could apply to any program involving resource transfers—even in-kind food donations (Bailey et al., 2008).

Despite the relative cost effectiveness of cash transfers, the decision to use this intervention is highly dependent on the context of the particular emergency, and the context should deter-
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mine program objectives (Bailey et al., 2008; Egeland et al., 2011; Harvey & Bailey, 2011; Jönsson & Åkerman, 2009; Peppiatt et al., 2001; Román, 2010; WFP, 2011). Many humanitarian aid organizations have developed useful decision trees to determine whether a cash transfer program will be effective (Bailey et al., 2008; Harvey & Bailey, 2011). In addition, rigorous assessments of market conditions should be conducted before using cash transfer programs (Bailey et al., 2008). Even when a cash transfer program is deemed most suitable and is implemented, the process is iterative and therefore must be reviewed periodically to ensure quality and appropriateness (WFP, 2011).

Case Study: The Emergency Cash Relief Program in Somalia

The best determinant of whether cash transfer programs are effective is observation. Ali et al. (2005) found that in 2003 and 2004, Somalia, very much like today, was in the midst of a complex emergency. The Sool Plateau in northeastern Somalia, in particular, was experiencing a food emergency due to drought, internal conflict, and ongoing political instability. Most inhabitants of the Sool Plateau function in clans to support and protect one another, and are nomadic and pastoralist, migrating in cycles according to rainfall patterns to ensure the survival of their livestock. They are highly dependent on a credit system that allows them to access capital during economically slow periods, and to repay their debts when they are able. In 2003, after seven consecutive rain failures, decimation of livestock, and subsequent overdependence on the credit system, the local economy was in near failure. In addition, territorial conflict between various self-declared states in the region made international humanitarian assistance difficult. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) determined that 12,000 households were at risk of starvation (Ali et al., 2005).

Upon completion of an interagency assessment in 10 villages within the Sool Plateau, OCHA determined that the most viable and effective response would be a direct cash transfer program due to the availability of food in local markets, the weakened credit system, and the presence of established and credible
money-transfer companies (Ali et al., 2005). In response, Horn Relief and the Norwegian People’s Aid (NPA), two organizations that had maintained a consistent presence in northeastern Somalia for over 10 years, implemented the Emergency Cash Relief Program (ECRP), which provided the most vulnerable households in the Sool Plateau with temporary, one-time payments of US$50 over a six-week period. While the transfer of cash was simple, the project required effective program design, which included determining the size of the grant needed, securing funding, mobilizing the community, training inhabitants of the Sool Plateau, involving local staff and elders to create buy-in among the community, and registering the households (a.k.a., beneficiaries).

According to Ali et al. (2005), the results of ECRP were overwhelmingly positive. In terms of cost-effectiveness, for every US$100 of funding, only US$17 went to overhead costs, compared with US$25-$35 overhead costs for other interventions. Intake of food among beneficiaries increased by at least one meal a day, and dependence on social support among beneficiaries fell by 90%. No increased volatility between men and women was observed, although some community members expressed resentment toward the emphasis on gender equity and the role of women in the program. The cash grants were not used to buy weapons or drugs, and the subsequent increase in drug use was caused not by the beneficiaries themselves, but by urban traders who used monies paid to them by beneficiaries (repayments for debts) to purchase drugs. The credit system and local economy were revived according to plan. Beneficiaries expressed appreciation and a feeling of restoration of dignity with this opportunity to prioritize their own needs.

It should be noted, however, that there were various limitations to ECRP including: (1) accounting for fluctuations in the exchange rate, which resulted in a devaluation in local currency; (2) antagonization of the Somaliland government; and (3) decrease of effectiveness due to a lag in follow-up interventions (Ali et al., 2005).

In addition to the successes achieved through ECRP in Somalia, programs in various other countries and contexts have shown promising results. In August 2008, food security in Geor-
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gia was at risk due to conflict with Russia (Jönsson & Åkerman, 2009). A direct cash transfer program implemented in Georgia has resulted in improved access to and utilization of food resources. The Zimbabwe Emergency Cash Transfer (ZECT) Pilot Program implemented between 2009 and 2010 concluded that 70% of cash assistance was used for food items, and that less than 0.5% was used on less favorable items such as tobacco and alcohol, refuting beliefs that funds would be used inappropriately (Román, 2010). This cash transfer program also improved relationships within households, despite initial concerns that cash transfers to women would encourage domestic violence (Román, 2010). In Bangladesh, Malawi, and Sri Lanka, cash transfer programs implemented by WFP have improved dietary diversity (WFP, 2011). Mobile phone technology has been effective in Kenya and the Philippines in delivering cash transfers to beneficiaries, and in Burkina Faso, cash transfer programs have protected food security even in the midst of a failing economy (WFP, 2011).

Conclusion

The question remains: If direct cash transfers have been effective in addressing food emergencies in specific contexts, why are they not used more readily? Specifically, if cash transfers were effective in Somalia nearly 10 years ago, why is there a continued reluctance to use cash transfers in food emergencies? Ali et al. note that “the use of cash seems to be fundamentally inhibited by an a priori reluctance to even consider it as an option,” and argue that the hesitance is rooted in paternalism and fear (2005, p. 15). This attitude is reminiscent of the historically anti-poor ideology toward welfare that questions the character of those in need, and suspects or even assumes that their poverty is a result of poor behavior (Alston & Dean, 1972). Donors and aid agencies, who seek to work toward the empowerment of individuals and communities in need, should be encouraged to assess the sources of their unwillingness to provide cash transfers.

Apart from cash transfer programs being more cost-effective and rapid in providing support, they have the unique ad-
vantage of giving power back to those who are most vulnerable and marginalized. In an article in the *New York Times*, Jon C. Brause of the Agency for International Development says, “The thinking has always been that the U.S. government needs to have as many tools in its tool box as possible to meet emergency food needs of people in crisis” (Rosenberg, 2011). Cash transfers should be viewed as one of these many “tools” and used appropriately given the context and conditions of emergencies.

**References**


Cash Transfers in Emergencies


Dual Punishment: 
Incarcerated Mothers and Their Children

Julie Smyth

Children with incarcerated parents are among the most at-risk populations in the United States. The recent trend toward mass incarceration in the United States, especially of women, has harmful implications for children because often their primary caregiver becomes incarcerated. Research indicates that children with incarcerated mothers are at heightened risk for attachment disturbance, leading to depression, anxiety, and other trauma-related stress. Such children are often subject to frequent changing of caregivers within the foster care system, which exacerbates these problems. Child welfare legislation is becoming more sensitive to the needs of children of incarcerated parents, but less reliance on prisons and more alternatives to incarceration are needed in order to mitigate the harmful impact of maternal incarceration on children. This review will focus on the following: (1) a history of the mass incarceration of women; (2) emotional, psychological, and social risk factors for the children of incarcerated women; (3) the intended and unintended repercussions of child welfare legislation; and (4) a case study of an alternative to incarceration program.

There are currently 2.3 million people incarcerated in the United States, a number that has more than doubled since the 1980s (Bureau of Justice Statistics, 2011; Glaze, 2011). The trend toward mass incarceration inflicts irreparable damage on families and communities (Richie, 2002). Of the innumerable problems associated with mass incarceration, one of the most serious, and often ignored, repercussions is the lifelong harm inflicted upon a child with an incarcerated mother.

Children of incarcerated parents are often referred to as “hidden victims,” because they bear the heavy burden of a crime they did not commit (Miller, 2006). As a result of increasing jail and prison populations, at least 2.4 million children in the U.S.
have one or both parents in a correctional facility (Boudin & Zeller-Berkman, 2010). Nearly 75% of women in correctional facilities were the primary, and sometimes sole, caretakers of their children prior to their arrest, which often led to their children’s entrance into the foster care system (Margolies & Kraft-Stolar, 2006). These children are put at risk for lifelong attachment difficulties, which may lead to the externalization of negative behaviors (Bowlby, 1980; Bowlby, Ainsworth, Boston, & Rosenbluth, 1956; Shalfer & Poehlmann, 2010). The following is an overview of the rise in female incarceration over the past three decades. A discussion of the traumatic implications of maternal incarceration on children will further explain the saliency of this trend. Additionally, changes in child welfare legislation will be reviewed and a case example of an alternative to incarceration program will be presented.

A Brief History of Mass Incarceration

The number of incarcerated women in the U.S. more than doubled during the 1990s, and the number of incarcerated women with children increased by 87% during that time (Chesney-Lind, 2002; Travis & Waul, 2003). This major increase occurred alongside New York’s Rockefeller drug laws, which were the bedrock that established the criminalization of drug addiction. The Rockefeller drug laws were enacted in 1973, initiating mandatory sentences for the possession and/or sales of illicit drugs. Under the Rockefeller laws, a person convicted of the possession of 4 ounces or the sale of 2 ounces of narcotics receives a mandatory sentence of 15 years-to-life in prison (Gray, 2009; Schlosser, 1998). Despite the repeal of the Rockefeller drug laws’ mandatory sentences in April 2009, these laws still serve as the catalyst for mass incarceration by criminalizing addiction rather than treating it as a public health concern (Chesney-Lind, 2002; Schlosser, 1998).

Black and Hispanic communities are disproportionately affected by mass incarceration; staggeringly, 36 out of 1,000 Black women and 15 out of 1,000 Hispanic women will be incarcerated at some point in their lifetime, whereas only 5 out of 1,000 White women ever serve time in a correctional facility
(Richie, 2002). This puts Black and Hispanic children at a heightened risk for extended separation from their mothers (Richie, 2002).

**Incarcerating Women by the Masses**

Shortly before the turn of the 21st century, the number of incarcerated women in the U.S. soared from 12,000 to over 90,000 in less than 20 years (Chesney-Lind, 2002). In response to the rapid increase of women sentenced for criminal charges, the number of female-only correctional facilities in the U.S. grew from 34 before 1980, to over 104 facilities by the mid-1990s (Chesney-Lind, 2002). Rising rates of incarceration appear to imply that women are committing significantly more crimes today than they were 30 years ago. However, between 1990 and 1999, the total number of arrests of adult women, which could be interpreted as a measure of women’s criminal activity, increased by only 14.5%, while the number of women in prison increased by 105.8%. (Chesney-Lind, 2002). Less than half of all incarcerated women have been convicted of a violent offense, indicating that many of these incarcerated women were serving time under mandatory sentences for drug-related crimes (Chesney-Lind, 2002). The recent rise in the incarceration of women creates unprecedented instability within families and communities by inflicting punishment rather than promoting justice (Chesney-Lind, 2002; Richie, 2002).

**Traumatic Impact on Children of Incarcerated Mothers**

The escalation in maternal incarceration over the past three decades poses significant risk for incarcerated women’s children, who arguably suffer more long-term effects of the incarceration than their mothers do (Myrna, 2006). As previously noted, 75% of women were the primary caregiver of at least one child before their incarceration (Margolies & Kraft-Stolar, 2006). There are numerous mitigating and facilitating factors that influence the degree of the traumatic effect on children, such as a child’s age at the time of maternal incarceration. However, it is clear that mass incarceration places the children of incarcerated
parents, especially children with incarcerated mothers, as one of the largest at-risk populations in the U.S. (Mumola, 2000).

Attachment theory provides a deeper understanding of the profound impact that caregiver separation has on both the immediate and lifetime behavior of infants and young children, including children’s ability to develop future healthy relationships (Bowlby, 1980; Bowlby et al., 1956; Shlafer & Poehlmann, 2010). Bowlby et al. (1956) explain that young children who are deprived of maternal care and affection not only experience temporary trauma, but also may suffer long-term effects. Externalized negative behavior, which results from insecure caregiver attachment, can negatively affect peer relationships, lower self-esteem, and even hinder children’s ability to exhibit empathy toward others (Bretherton & Munholland, 2008; Shlafer & Poehlmann, 2010).

There are many organizations that support children with incarcerated parents. In discussing the impact of incarcerated mothers on their children, Tanya Krupat, the Program Director of the New York Initiative for Children of Incarcerated Parents at the Osborne Association, posits that the prevailing societal assumption that incarcerated mothers are a negative influence on their children is inconsistent with, and unreflective of, an incarcerated woman’s actual role in the lives of her children, which may have been very positive. As such, most criminal charges and sentences do not accurately account for a woman’s role as a mother, and are not indicative of how well a mother parents (personal communication, November 29, 2011; Hairston, 2003).

Krupat acknowledges that the traumatic loss experienced by children separated from a parent due to incarceration is marked with feelings of social stigma and shame that surround the parent’s incarceration, distinguishing it from other forms of parental loss (personal communication, November 29, 2011). The internalization of this stigma and shame heightens children’s risk of insecure attachment, which increases the possibility of long-term negative outcomes (Shlafer & Poehlmann, 2010). The social stigma and shame associated with parental incarceration can have a profound impact on a child’s sense of self and can ultimately cause lasting emotional hardship (Shlafer & Poehlmann, 2010),
such as “elevated levels of anxiety, fear, loneliness, anger, and depression” (Margolies & Kraft-Stolar, 2006, p. 9). Children whose primary caregiver becomes incarcerated are also at an increased risk of antisocial and delinquent behavior as a result of the sudden change in caregiver and overall home environment (Graham, Harris, & Carpenter, 2010). Kampfner (1995) conducted an assessment of children with incarcerated parents to examine the impact of the separation on a child’s acute stress reactions. Approximately 75% of the children with an incarcerated parent were identified to have trauma-related stress (Kampfner, 1995; Miller, 2006). Similarly, Krupat observed that the removal of, or change in, the primary caregiver makes children—particularly infants and young children—vulnerable to insecure attachment and ultimately the inability to attach if no stable caretaker steps into the role of consistent and responsive primary caregiver (personal communication, November 29, 2011).

**Foster Care: A Safe Haven?**

Foster care is not inevitable for children with incarcerated mothers, but it is often the only viable option. Approximately 68% of incarcerated mothers in state prison have children who are cared for by grandparents or other relatives (Glaze & Maruschak, 2010). Some of these children have plans to return to their mother’s care after her release (Miller, 2006). This can be the most reasonable and least disruptive option for children. Kinship foster care is an arrangement in which a child’s relative assumes the role as caregiver as a foster parent when a child is placed in custody of the state. Kinship foster care can be a positive alternative to living with one’s mother, but not every child has a family member willing or able to take on this responsibility. A relative with a criminal history or past involvement with the child welfare system is likely to not be approved as a kinship foster caregiver. If a kinship foster care placement is not secured, then a child must be placed in a nonfamilial foster care arrangement. Eleven percent of incarcerated mothers in state prison have children in a foster care home or agency, compared to only 2.9% of incarcerated men who report a their child’s caretaker as a foster care home or agency.
Incarcerated mothers with children in the foster care system face numerous barriers to exercising their parental rights from the correctional facility and often struggle to maintain strong ties with their children (Bedell & Boudin, 1993).

Subjection to numerous foster care placements is common yet problematic for children with an incarcerated parent, placing children at greater risk for the aforementioned externalized negative behaviors (Shlafer & Poehlmann, 2010). Attachment theory research demonstrates the detrimental psychological outcomes of movement from one caregiver to another within the foster care system, which is the unfortunate reality for many children whose primary caregiver becomes incarcerated (Shlafer & Poehlmann, 2010).

Problems & Progress: Child Welfare Legislation

While child welfare laws may be well-intentioned, many are not framed in a way that protects children with incarcerated mothers (Christian, 2009). Unfortunately, and ironically, while these laws aim to protect children, there are often unintended negative consequences. The Adoption and Safe Families Act of 1997 (ASFA) is an example of one such law. ASFA is one of the most problematic pieces of federal legislation facing families with an incarcerated parent. In an effort to secure a permanent residence for children to prevent multiple foster care placements, ASFA allows for parental rights to be terminated if a child resides in foster care for 15 of the most recent 22 months (Christian, 2009; Margolies & Kraft-Stolar, 2006; Miller, 2006). ASFA proves to be problematic for incarcerated parents because a typical sentence for an incarcerated parent is between 80 and 100 months, meaning that ASFA could lawfully terminate parental rights during a parent’s incarceration even if the parent is completely capable of caring for her/his child after release (Christian, 2009). Margolies and Kraft-Stolar (2006) provide a striking example of ASFA’s impact on families: “It is entirely plausible that a mother sentenced to three years as a first time felony drug offender for selling $10 worth of drugs will face the real and disturbing prospect
of permanently losing all rights to her children” (p.17). Children have been deeply affected by the unforgiving combination of strict sentencing and ASFA regulations on the termination of parental rights.

Through committed efforts by service providers and child advocates, several states have passed amendments to ASFA in order to protect the parental rights of incarcerated parents. In June 2010, New York State passed an amendment to ASFA providing foster care agencies discretion to delay parental rights termination on a case-by-case basis if a child’s primary caregiver is incarcerated (The Correctional Association of New York, 2010). Under this amendment, foster care caseworkers are not mandated to file a termination of parental rights petition in the Family Court if they can demonstrate that the continuation of the parent-child relationship is in the best interest of the child (Christian, 2009).

Colorado and California have passed ASFA amendments similar to New York’s, and a handful of other states have drafted their own caveats in order to protect children of incarcerated parents. However, some states, such as North Carolina and Pennsylvania, have not passed any legislation regarding the rights of incarcerated parents, leaving many children still vulnerable to their mother legally losing custody during her incarceration on the grounds of “permanent neglect” (Christian, 2009, p.10). Amending ASFA at the federal level would alleviate the need for state-by-state amendments; either way, amending ASFA is a necessary step toward maintaining family ties during maternal incarceration. However, more alternatives are needed to keep children out of the foster care system altogether, as demonstrated by their heightened risk of delinquent behavior, insecure attachment, anti-social behaviors, anxiety, depression, and other trauma-related stress resulting from caregiver separation and, specifically, foster care placement (Bedell & Boudin, 1993; Graham et al., 2010; Kampfer, 1995; Margolies & Kraft-Stolar, 2006; Miller, 2006; Shlafer & Poehlmann, 2010).

**Keeping Families Together: Exploring Alternatives to Incarceration**
A basic understanding of the risk factors associated with maternal incarceration demands the development and implementation of more alternatives to incarceration (ATIs). The need for ATIs still far exceeds the options currently available. ATIs create an effective way to combat the detrimental impact of maternal incarceration on children, while remaining accountable to the court system, and treating the root causes of criminal activity, such as drug addiction (Chesney-Lind, 2002).

**ATI Case Study: Drew House**

A small pilot project of the office of the Brooklyn District Attorney was designed for the specific purpose of not sending mothers to jail or prison so that they can stay with their children. The women and their children who participate in this project live in their own apartment at Drew House in Brownsville, New York. Women in the program fulfill their court mandates, are supervised by Treatment Alternatives for Safe Communities, and live in a private apartment with their children. Without this program, their children would have been placed in foster care upon their mother’s incarceration. Women qualify for the program at Drew House if they are homeless, have custody of dependent children, suffer from mental illness or substance abuse, are not currently taking illicit drugs, and have been charged with a felony. The program supplies a safe and therapeutic environment for women and their children, while providing financial security, housing stability and most importantly, avoiding the traumatic impact of maternal separation on children.

A house manager lives on site to oversee the program, while family therapists and employment specialists regularly work with participating families. This program is a more intensive treatment model, however it is cost-effective; to house a mother and two children for a year, it costs $34,000, compared with $129,000 for both incarceration and foster care. (Robbins, 2011). Successful completion of this ATI program takes approximately 18 months and subsequently dismisses the felony offense, keeps the family together, and avoids the damaging and irreversi-
ble affects of removing mothers from their children (Drew House, n.d.).

**Conclusion**

As demonstrated in this analysis, a severely detrimental consequence of female incarceration is the removal of mothers from their children. Mandated sentencing for drug-related crimes over the past 30 years, in conjunction with problematic child welfare legislation, creates a two-fold dilemma for women. They are not only incarcerated, but potentially face termination of their parental rights. The current functioning of the child welfare and criminal justice systems places children at risk of severed relationships and considerable negative outcomes. Research demonstrates that caretaker instability increases children’s risk of experiencing the traumatic effects of insecure attachment, such as depression, anxiety, suicidal ideation, other trauma-related stress, and the externalization of negative behaviors.

ATI programs that keep families together, such as Drew House, treat the complex issues of mental illness and substance abuse, while also protecting children from the traumatic impact of maternal separation. If the U.S. reduces its reliance on prisons and begins offering more community-based programs, both women and their children will have greater protection from the damaging impact of incarceration. A movement toward more ATI programming has begun, but it is still far from resolving the widespread problem of maternal incarceration. Children do not deserve to suffer for a crime they did not commit, and by keeping families together, children will be protected from the lasting detrimental impact of separation from their mothers through incarceration.

**Author’s Note**

I wrote this paper in response to my experiences working with incarcerated mothers with the Osborne Association on Rikers Island. “The Osborne Association offers opportunities for individuals who have been in conflict with the law to transform their lives through innovative, effective, and replicable programs
that serve the community by reducing crime and its human and economic costs... [offering] opportunities for reform and rehabilitation through public education, advocacy, and alternatives to incarceration that respect the dignity of people and honor their capacity to change” (The Osborne Association, 2010). Prior to beginning the field placement, I was naive to the pervasive issues facing women in the criminal justice system. Throughout the fall of 2011, I co-facilitated a parenting class for incarcerated mothers with the Osborne Association and coordinated a visiting day for the women’s children and families. These experiences broadened my understanding about the hardships of parental incarceration and ultimately increased my desire to advocate for women and families adversely affected by the criminal justice system.

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Dual Punishment


Luckily He Backed Off: A Mixed Methods Analysis of Undergraduate Women’s Consent, Attitudes and Behaviors

Kelsey Power

Women’s sexual beliefs and behaviors are influenced by the overarching demands of society. This paper discusses a portion of a study completed at a small liberal arts institution in the northeastern United States. Female undergraduates ($N = 54$) answered an online questionnaire concerning their own sexual compliance attitudes and behaviors. O’Sullivan and Allgeier (1998) define sexual compliance as engaging in unwanted sexual activity. Results from this mixed methods study indicate that participants have engaged in sexual compliance ($N = 25$, 46%) in their own lives. A series of three fictional vignettes of varying sexual scenarios prompted qualitative narratives from participants. Female respondents endorsed the female character’s use of verbal communication over physical communication of lack of desire to engage in sexual activity in the vignette. However, although women regularly used verbal communication, they expressed reluctance to do so in specific sexual situations out of fear of making themselves and their partners uncomfortable. Results also indicate that participants assigned women as the “gatekeepers” of sexual activity by giving responsibility often wholly to the female character in the scenarios (Simon & Gagnon, 2005, p. 68). This paper discusses how women’s agency in sexual interactions is a prevailing discourse in American culture and is reflected in the compliance behaviors of women. Specific programming endeavors that aim to change this predominant culture are also discussed.

The sexual communication behaviors of women reinforce sexual scripts created by society that dictate roles for men and women. These societal expectations of women can translate into women’s own sexual behaviors and beliefs. One example of such behavior is sexual compliance, which is defined as “consensual participation in unwanted sexual activity” (O’Sullivan & Allgeier, 1998, p. 234).
The research discussed here is part of an independent project conducted in the spring of 2011 that originally aimed to understand how rape myths operate through women’s sexual behaviors and attitudes. The purpose of the project was to create a dialogue surrounding the issue of women’s sexuality and societal expectations through both quantitative scales and qualitative narratives. However, the small number of participants led to a reliance on the qualitative portion of the study rather than results from the scales. Sexual compliance appeared as a dominant theme throughout participants’ narratives. The shift in focus to sexual compliance was unexpected; it is a relatively unstudied topic despite its relevance to today’s sexual culture. This paper will emphasize the qualitative portion of the larger mixed methods study.

The results presented are a condensed version of a complex set of narratives and scales. Participants’ responses are split into comments regarding the behaviors of the characters in the vignettes (named Claire and Matt) and the participants’ own experiences with sexual compliance. The study addressed the complexity of women’s sexuality by examining the manifestation of society’s sexual scripts in female sexual communication styles, and critically examined the agency of women ages 18 to 25 with their sexual partners under an assessment of the dominant culture. The purpose of this paper is to link gender role stereotypes and women’s feelings about how they are permitted to communicate their sexual needs. The paper will use the terms from Phillips (2000) - “together woman,” and “pleasing woman” - (p. 39) and from Simon & Gagnon (2005) - “gatekeeper” - to categorize results (p. 68). Lastly, the paper suggests programming and future work concerning women’s sexuality and sexual expression.

The Complexity of Women’s Sexual Agency

Specific sexual roles are assigned to both men and women in heterosexual relationships. Simon and Gagnon (1987) theorize that when assuming a sexual role, women act as “gatekeepers” of sexual activity. Women are taught to determine the boundaries of a relationship and men are taught to push those boundaries. These roles exist interdependently—without one, the other would not ex-
ist. Women’s navigation of their own sexual agency can be a manifestation of a societal requirement to negotiate with the typical male role of initiation (Humphreys & Brousseau, 2010; Humphreys & Herold, 2007; Meston & O’Sullivan, 2007; O’Sullivan & Allgeier, 1998; O’Sullivan & Bryers, 1992; Simon & Gagnon, 2005; Vannier & O’Sullivan, 2010). To adhere to assigned gender roles, a woman sometimes finds herself in situations where she complies with sexual activity or intercourse in order to avoid displeasing a man.

Phillips (2000) discusses certain trends in society that dominate the definition of women’s sexual roles. She investigates the dichotomous expectation that all women face of being expected to be a “together woman” and a “pleasing woman.” A “together women” is sexually experienced, demands equality, and has it all; in contrast, a “pleasing woman” ignores her needs for those of her partner. If a woman does express her desires, this communication is always indirect. The contradictory expectations of being “together” and “pleasing” send mixed messages about how women are permitted to act in sexual situations. Women tend to navigate these ideals by adopting a strategy in which a female waits until her partner notices her displeasure rather than purposefully communicating this displeasure (Phillips, 2000).

Gendered messages regarding sexuality are not always defined by women’s behavior and communication. Humphreys and Herold (2007) indicate that there are sexual scripts that instruct men to ignore the first act of resistance by women because they have learned that it signifies a “token resistance” (p. 305). Initial resistance from women can be interpreted as a strategic move in order to not be perceived as too sexually open, while allowing women to indirectly voice sexual desire. Therefore, women can be construed as being compliant with the accepted gender stereotypes. Men’s tendencies to push back on women’s verbal responses imply that passive sexual communicative behaviors are rewarded over a vocal sexual agency.

**Women’s Responses to Mixed Messages**

The gender roles described above shape how women navi-
gate sexual roles, which is directly related to the way women communicate their sexual agency. Phillips (2000) states “But what she does—how she exercises that power—is shaped by her sense of what is possible, appropriate, and desirable in heterosexuals, as well as by the particularities of this specific relationship” (p. 21). A lack of women’s agency based on society’s sexual scripts can lead to sexually compliant behavior. This could be more concretely related to a woman’s attitude toward consent as a fixed decision rather than an assessment that is reflected on a continuum of sexual choices. This is related to the male sexual drive discourse, which suggests that society views men’s sexuality as most important and unstoppable. This discourse implies that a woman must navigate her sexual choices around the dominant sexual nature of her partner. Through these messages, women are not encouraged to explore their own sexual agency (Hollway, 1985; Phillips, 2000).

Rates of sexual compliance are relatively high in the United States. O’Sullivan and Allgeier (1998) reported that significantly more women engage in sexual compliance than men. More specifically, three studies found that compliance rates varied between men and women, with roughly half of women and one third of men reporting having sex when they did not want to (Impett & Peplau, 2002; Katz & Tirone, 2009; Katz & Tirone, 2010; Vannier & O’Sullivan, 2010). Impett and Peplau (2002) also concluded that the length of a relationship has no bearing on a woman’s willingness to engage in undesired sexual activity. Understanding sexual compliance is a vital tool to combat the devaluation of women’s agency. Evidence suggests that women might engage in sexual compliance out of pressure from society to fulfill certain expectations, but there has been little dialogue on this issue. Distinguishing between agency and compliance is essential to ensure that women understand the positive value of making a choice in sexual situations.

Study

Participants were given one hour to complete an online survey with both qualitative and quantitative measures. They
were given verbal consent and a written debriefing from a female researcher.

**Participants**

Fifty-four female undergraduate students, aged 18 to 24, participated in the online questionnaire. Participants ranged in class year, including 30 freshmen, 11 sophomores, 6 juniors, and 6 seniors. Racial backgrounds were not evenly distributed, and included 33 Caucasian, 4 Biracial, 3 Black, 1 Asian, and 3 undisclosed.

**Vignettes**

Three separate vignettes were given to participants depicting a fictional sexual scenario in which Claire, a woman, does not wish to have sex with Matt, a man. Matt and Claire are both undergraduate students who attend the same institution. The vignettes have different versions of the encounter (Appendix A). The scenario describes Matt and Claire meeting at a party and going home together. Matt puts his hand on Claire’s breast and she feels uncomfortable. The first vignette ends with Claire feeling uncomfortable.

The second vignette begins identically to the first; however, the scenario describes Claire moving Matt’s hand away from her breast and hip, signaling with two physical moves that she does not want to have sex. Matt asks if Claire wants to have sex and Claire says yes even though she does not really want to, because it was easier than saying no.

In the third and last vignette, Claire verbally indicates that she does not want to have sex with Matt when he asks, but then proceeds to have sex when Matt asks a second time. Vignette 3 differs from vignette 2 in that Claire indicates verbally rather than physically that she does not want to have sex. The scenarios in vignette 2 and 3 exemplify sexual compliance.

Participants were asked to judge whether the female and male character should have acted differently in the three sexual situations, for example, “Should Claire have done something dif-
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derently?” and “How should Matt proceed?” The participants were then asked whether they had been in a similar scenario, and if so, how they had acted in those situations.

Results

Claire’s behavior

The responses discussing Claire’s behavior throughout the three vignettes varied only slightly. For all three vignettes, most participants suggested that Claire voice her lack of desire to engage in sexual intercourse. For instance, one participant responded that Claire should have given verbal cues such as, “She can say she does not want to have sex with him,” to convey to Matt that she does not want to have sex. However, participants responding to the second vignette advised Claire to be more forceful in general. For instance, 49% of women ($N = 26$) indicated in vignette 2 that Claire should have “said no” rather than proceed. These responses assigned responsibility to Claire for expressing her true desires.

Interestingly, in both vignettes 1 and 2, participants advised Claire to imply that sexual activity would occur at a later time. One such response stated, “She could say that this was really as far as she wanted to go that evening.” Similarly, participants implied that Claire should tell Matt that although she did not want to have sex now, other physical behaviors would be acceptable. However, this was not a choice indicated in the vignette script. Participants seemed concerned with Claire giving Matt a clear response or “shut down,” which directly contrasts the expectations of a “pleasing woman.” Saying no to Matt would violate the expectation that women act indirectly in their sexual agency. If Claire were to say no, she would be both upfront about her sexual desires and not pleasing to the dominant male.

Although responses related to vignette 3 overwhelmingly expressed that verbal communication was best, the responses had a critical tone concerning the contradiction between Claire’s verbal consent and physical dissent. For instance, one participant wrote, “She still should have said no since she didn’t want to
have sex with him the first time he asked.” Other participants did acknowledge Claire’s first refusal by commenting that Claire should have “made it clear that she meant no the first time, and respond with no the second time he asked her. Be persistent.”

Of the 23% of participants (\(N = 11\)) who commented that Claire should have been more assertive, we saw strong elements of victim blame. Victim blame places responsibility for a sexual assault on the victim rather than the perpetrator. One participant commented that Claire had done herself a disservice by taking the easy way out and telling Matt that she didn’t feel like it, stating, “Yes, she should have sticked [sic] to her original answer and not done the stupid decision of taking the easy path. It was her fault.” This statement assigns Claire the responsibility to provide the correct signals rather than giving Matt responsibility for misinterpreting the signals she did give. These responses suggest that Claire is accountable for giving in. The “wait until he notices” discourse presented by Phillips (2000) discusses tactics that women use to help manage heterosexual relations (p.147). Women rely on a partner’s compassion in order to exit an uncomfortable situation. Women must remain passive and “wait until he notices” in order to still be a pleasing woman (Phillips, 2000, p. 147).

**Matt’s behavior**

Fifty percent of participants in vignette 2 (\(N = 25\)) indicated that Matt should “ask if she is sure,” whereas only 14% in vignette 3 (\(N = 7\)) indicated that Matt should verbally ask Claire again if she wants to have sex. In the verbal responses of vignette 2 and 3, participants assigned responsibility to either Claire or Matt, but not to both. For example, one participant commented, “Ask again because this girl obviously doesn’t know what she wants.”

In both vignettes 2 and 3, participants addressed the concept of consent and what consent means. Participants indicated that while Matt should ask again, he does already have consent, which means that he could just continue if he so wished. One participant articulated clearly, “There is not much realistic choice for Matt if she actually said yes, although being sure that his partner
is comfortable and asking again would be the wisest/most caring choice.” These responses mimic society’s intent on women being the “gatekeepers” of sex and men trying to “go as far as possible.” By assigning Claire responsibility to stop sex, participants validated the concept that Matt’s sexuality is uncontrollable.

Moreover, 24% (N = 12) of participants indicated that in vignette 2, Matt should proceed with sex “since Claire said yes.” This trend that consent is a fixed decision and Claire cannot change her mind once she has given consent mirrors the responses where participants advised Matt to proceed with sex. For example, a participant stated, “If Claire said yes then Matt should have sex with her. He asked her.” Another said, “Have sex. She gave consent.” This implies that once verbal consent is given, physical cues are no longer as important. This could be interpreted to mean that consent does not exist on a continuum but rather as a fixed decision.

Some participants put themselves in the position of a man and described how men probably would act in this situation. This indicates an acknowledgment of the disparity between how men should act in this situation and how they might actually act. However, the lack of an overlap did not seem to affect the participants. For example, one participant commented, “Well, if I were in the same position as Matt, I would try to read body language and realize that she really didn’t want to. However, most men don’t do that especially when intoxicated so I would assume he would see it was a green light.” The participant was not critical of this male oversight.

Only in vignette 3 did participants (N = 34, 69%) overwhelmingly respond that Matt should stop, “He shouldn’t have sex with her because she said no the first time. He should have not asked her again.” Participants could have felt that Claire’s use of verbal signals in vignette 3 gave no legitimate room for Matt to ignore Claire’s sexual role. This could be because participants connected this clearer indication of sexual compliance to their own experiences of sexual compliance rather than a situation that allows more room to critique Claire’s nonverbal, passive communication.

Women’s own similar experiences
When describing their own use of sexual communication, participants expressed pride concerning their sexual agency. Of the 50% \((N = 27)\) of women who said they had been in a situation similar to vignette 1, 63% \((N = 17)\) of them indicated that they had used verbal cues such as “I told them I wouldn’t have sex with them and they respected it” to signal lack of desire. These included participants just saying no, as in “I said no which I felt [sic] really good about.” Other responses indicated that participants eventually said no after feeling uncomfortable for some time.

Thirty percent of those 27 women \((N = 8)\) gave a physical cue such as “A boy tried to finger me and I didn’t want to so I moved his hand away.” Participants indicated conveying their discomfort through body language. Lastly, two women (7%) indicated that they used both physical and verbal cues such as “Just pushing the hand away usually gives them the memo however on occasion I have had to say no and they have been respectful.” This suggests that verbal communication was considered the last resort for this participant.

Other types of responses indicated that women had had sex when they did not want to for various reasons. Sixty-two percent \((N = 8)\) of the responses from vignette 2 described participants’ own sexual compliance. When the participants described their own sexually compliant situations, they described knowing that they did not want to but still continuing with sex either out of obligation to a boyfriend or because it was easier than saying no to their partner. For example, one participant wrote, “My boyfriend. It was his birthday. Didn’t want to say no. It didn’t really bother me. I just wasn’t into it.” Another participant described, “I have said yes to a guy to having sex when I really didn’t want to but did anyway because it would have been awkward if I said no.” These responses indicate that these women appeared to consent to unwanted sex out of caring about the traditional feminine pleasing role. Although participants took responsibility for their part in consenting, they also presented with negative emotions toward the encounter. One participant described being ashamed:

I was in a situation where I said no multiple times
but after months of saying no, I finally said yes... I felt ashamed that I didn’t stick with my initial response (no) and it kind of made me feel sick. But at the same time I thought it would be a different experience so I should try it.

After this participant explained her negative emotions surrounding her decision, she justified the experience and controlled these negative emotions by rationalizing her decision.

**Discussion**

Specific themes emerged consistently from participants’ responses that demonstrated a support of dominant gender role stereotypes confirming previous research. There are some participant responses within this section that were not highlighted in the results but are nevertheless relevant to the discussion. Participants assigned Claire the role of the “gatekeeper” and critiqued her for not being a “together woman.” One participant wrote that Claire lacked self-respect as a woman, stating, “Yes, she shouldn’t have been such an idiot, respected herself and not been so afraid to get out of the situation fearing his opinion of her.” Other women defended Matt by claiming that Claire gave unrecognizable signals, “Matt should proceed to have sex with Claire. As far as this story goes, it appears that Matt is not a mind reader.” Lastly and more clearly, participants concluded that the misunderstanding in the situation was Claire’s fault, “Yes, she should have stuck to her original answer and not done the stupid decision of taking the easy path. It was her fault.”

In addition, many participants agreed that once verbal consent was given, other types of consent or nonconsent were illegitimate or somehow not as important. One participant remarked, “If Claire said yes then Matt should have sex with her. He asked her.” This response assigns Matt no responsibility for understanding the sexual desires of his partner, indicating that consent is not permitted to be ambiguous or a process. This is problematic, considering many of the responses given by the participants themselves involve much ambiguity and confusion.

Results demonstrate a disconnect between how women
behave and how they think other women should behave. Participants were critical of Claire while still making similar choices in their own lives. The conflict that the participants might have felt in their own lives probably biased the critical nature of their responses to Claire. In essence, participants may actually have been critical of the agency they did not always take in sexual situations, and this was displaced onto the character Claire.

Although participants indicated that Claire should use verbal communication skills over any other type of communication, they expressed a discontent with using this method themselves even though it was the most self-reported communication style. One participant described this discomfort, “I said that I was not ready to have sex but I felt uncomfortable having to say that.” Other participants described avoiding taking agency using the word no by making excuses, “I tried making up excuses why I couldn’t instead of just saying no.” Lastly, one participant described saying no as possibly spoiling the mood of the moment, “I have said yes to a guy to having sex when I really didn’t want to but did anyway because it would have been awkward if I said no.”

The study originally aimed to link victim blame, sexual compliance, and rape culture, but in the end the results spoke the most about sexual compliance. This research can begin to change the way society examines and discusses rape. As Powell (2008) suggested, we “overlook those experiences of pressured or coerced sex, wherein the line between consent and non-consent becomes for some, increasingly blurred” (p.169). Society fails to encompass the ambiguity of consent, which leads to a dominant model of the concept of rape. As Peterson and Muehlenhard (2007) agree, “rape victims who accept the narrow definition of rape promoted by the dominant model and who had reasons for wanting to have sex may believe that their experience does not qualify as rape” (p.74). This leads to underreporting and the persistence of a narrow definition of rape. The most problematic outcome occurs when one does not acknowledge that a rape trauma has occurred and the healing process is fragmented.

Limitations and Future Directions

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Because the study aimed to provide both qualitative and quantitative data, one limitation is the small sample size, which does not allow for generalization of the results. While these answers are valid and important, the power of this statistical test creates results that are not applicable to all populations.

In addition, this research was based at an undergraduate, upper-middle class, liberal arts college and focused only on hetero-normative behaviors. Further research must focus on how sexual compliance and sexual coercion are interrelated and can be applied cross-culturally and within same-sex relationships. Education about these sexual scripts and ways women, perhaps unknowingly, control these expectations can reduce sexual compliance rates and better our understanding of rape culture. Moreover, men’s sexuality and the discourses surrounding male dominance should be investigated, as these roles reinforce problematic gender role stereotypes for women.

Changing this culture requires empowerment and education. Programs in high school and middle schools can lead to dialogue surrounding these issues at an early age. Society must begin to expand its idea of women’s sexual roles. Giving females voices concerning their own bodies and sexual agency is the first step toward giving them power in sexual situations.

Programs such as Girls Write Now (GWN) can help give females the dialogue and space to express their feelings concerning their sexuality and role in society. GWN is an after school creative arts program for high school girls living in New York City. Since 1998, GWN has been providing 3,500 women each year with the opportunity to receive a mentoring relationship with a creative writing community (http://www.girlswrittenow.org/gwn/). Giving our youth the language to both understand these messages and then voice their opinions is an important step in changing our culture surrounding women’s sexual agency. The understanding and breakdown of these messages can then help spread awareness to other groups and other places. This can help eliminate the behaviors, such as sexual compliance, that prevent agency and promote victim blaming.

On a smaller scale, programs such as the Crime Victims
Treatment Center (CVTC) of Roosevelt and St. Luke’s Hospitals are safe spaces to receive free counseling for survivors of sexual violence. CVTC is a program offered within hospitals in which volunteers meet survivors during rape and domestic violence examinations. The CVTC staff then reaches out to the survivor for support (http://www.cvtc-slr.org/). Because our understanding of victimhood is so limited, many individuals may feel as though they do not count as a victim. Instead of understanding the complicated nature of sexual roles, victims are taught to blame themselves. The CVTC is a safe space for men and women to discuss the ambiguity of sexual roles and activity in order to heal after a traumatic sexual experience.

The effects of society’s mixed sexual expectations on both the behaviors and thoughts of the female participants are evident in the present study. Participants were more understanding of their own sexually compliant behaviors rather than the sexually compliant behaviors of a fictitious woman. Further research should address this gap because it is difficult to measure the psychological and social impact of consenting to unwanted sex. It is impossible to fully understand how the impact of society’s control over female sexuality influences self-image. As social workers, it is our ethical obligation to understand the oppressiveness of social messages and provide opportunities for the empowerment of our clients who are struggling to become agents in their sexual experiences.

References


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*Roles, 57*, 305–315.


Appendix A

Vignette 1:

Claire was at a party drinking a few beers with her friends. She started kissing Matt, who is in her statistics class. They had been flirting all week, and Claire really liked him. Matt asked Claire to come home with him, and she agreed. Once they were in Matt’s room, they were kissing. Matt started putting his hand on her breast, which made Claire feel uncomfortable because she didn’t really want to have sex with Matt that night.

How might Claire communicate that she doesn’t want to have sex?

Have you ever been in a situation like this?

If so, how did you react?

Vignette 2, Version 1:

Claire was at a party drinking a few beers with her friends. She started kissing Matt, who is in her statistics class. They had been flirting all week, and Claire really liked him. Matt asked Claire to come home with him, and she agreed. Once they were in Matt’s room, they were kissing. Matt started putting his hand on her breast, which made Claire feel uncomfortable. She moved his hand to her hip. He continued to move his hand back to her breast, and she continued to try to move him away. Matt asked if Claire wanted to have sex, and Claire said yes, even though she didn’t really want to, because it was easier than saying no.

How should Matt proceed?
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Should Claire have done something differently?
Have you ever been in a situation like this?
If so, how did you react?

Vignette 2, Version 2

Claire was at a party drinking a few beers with her friends. She started kissing Matt, who is in her statistics class. They had been flirting all week, and Claire really liked him. Matt asked Claire to come home with him, and she agreed. Once they were in Matt’s room, they were kissing. Matt started putting his hand on her breast, which made Claire feel uncomfortable. She moved his hand to her hip. He continued to move his hand back to her breast, and she continued to try to move him away. Matt asked if Claire wanted to have sex, and Claire said OK, even though she didn’t really want to, because it was easier than saying no.

How should Matt proceed?
Should Claire have done something differently?
Have you ever been in a situation like this?
If so, how did you react?

Vignette 3, Version 1:

Claire was at a party drinking a few beers with her friends. She started kissing Matt, who is in her statistics class. They had been flirting all week, and Claire really liked him. Matt asked Claire to come home with him, and she agreed. Once they were in Matt’s room, they were kissing. Matt started putting his hand on her breast, which made Claire feel uncomfortable. She moved his hand to her hip. Matt asked if Claire wanted to have sex, and Claire responded, “I don’t feel like it.” He continued to move his hand back to her breast, and she continued to try to move him away. Matt asked again if they could have sex, and Claire said yes, even though she didn’t really want to, because it was easier than saying no.

How should Matt proceed?
Vignette 3, Version 2

Claire was at a party drinking a few beers with her friends. She started kissing Matt, who is in her statistics class. They had been flirting all week, and Claire really liked him. Matt asked Claire to come home with him, and she agreed. Once they were in Matt’s room, they were kissing. Matt started putting his hand on her breast, which made Claire feel uncomfortable. She moved his hand to her hip. Matt asked if Claire wanted to have sex, and Claire responded, “I don’t feel like it.” He continued to move his hand back to her breast, and she continued to try to move him away. Matt asked again if they could have sex, and Claire said OK, even though she didn’t really want to, because it was easier than saying no.

How should Matt proceed?
Should Claire have done something differently?
Have you ever been in a situation like this?
If so, how did you react?
An Uncommon Disorder That Is Fairly Common among Institutionalized Children

Shawnna Balasingham

Reactive attachment disorder (RAD) is a psychological disorder that affects a child's ability to develop appropriate social relatedness. It was first added to the Diagnostic and Statistical Manual in 1980s. There are two types of RAD: inhibited, which results in extreme social isolation and watchfulness, and disinhibited, which results in inappropriate social familiarity and lack of discriminate attachment. The disproportionate prevalence of RAD in children in the foster care or orphanage system speaks to the importance of addressing this disorder. It is believed that the prevalence of RAD can be reduced through reforms to these institutions, internationally.

The Current American Foster Care System

The American foster care system is not in an ideal state (Mandell, 2006). Youth are aging out of the foster care system ill equipped to establish an independent and thriving life, while adults who were once a part of the system are found to have double the rate of mental illness and are three times more likely to live in poverty (Allen & Vacca, 2010; Mandell, 2006; Vacca, 2008). One possible contributing factor to these dismal statistics is reactive attachment disorder (RAD), a psychological malady that affects one’s ability to form connections with others. RAD is believed to be an outcome of placement instability, as children in foster care are continuously transferred in and out of homes and are therefore less likely to form stable relationships with primary caregivers (Stott & Gustavsson, 2010). When children display actions that are symptomatic of RAD, the behaviors are often dismissed as trivial delinquent actions, and RAD is therefore left undiagnosed (Zeanah et al., 2004). Unfortunately, a significant proportion of these children live life with an inability to form attachments with others (Hornor, 2008), which is an innate need that gives meaning to life (Tharinger & Wells, 2002).
What is RAD?

The fourth edition of the Diagnostic and Statistical Manual (DSM-IV-TR) defines RAD as behavior enacted before the age of five that is disturbed and developmentally inappropriate regarding social relatedness (American Psychiatric Association, 2000; Zeanah, 1996). There are two types of RAD: inhibited type and disinhibited type. A child is diagnosed with either inhibited or disinhibited RAD when he or she consistently fails at responding in manners deemed appropriate during social interactions.

A child is said to be suffering from inhibited RAD when he or she demonstrates behavior considered to be “excessively inhibited,” such as attempted isolation or frozen watchfulness of others (Zeanah, 1996). Thus, instead of communicating with others, the child stands still and keeps vigilant watch over those who are around. A child diagnosed with inhibited RAD may communicate through contradictory and highly ambivalent responses, such as either physically approaching or trying to avoid a caregiver. As a result of the associated hypervigilance, a child diagnosed with RAD may also show resistance to being comforted and may also find great difficulty in forming relationships with others (Hornor, 2008).

The disinhibited form of RAD is typically diagnosed when a child partakes in diffuse forms of attachment, as shown by indiscriminate sociability (Zeanah, 1996). This essentially means that the child fails at appropriate selective attachment and shows excessive familiarity, even with strangers, through acts of hugging and kissing. Thus, unlike children with inhibited RAD, children with disinhibited RAD do not partake in hypervigilant behaviors (Hornor, 2008).

To be diagnosed with inhibited or disinhibited RAD under the qualifications of the DSM-IV-TR, a child must have also been subject to pathogenic care, simply defined as care that disregards a child’s basic emotional or physical needs (Zeanah, 1996). Thus, diagnostic criteria imply that the form of care a child receives has a direct effect on a child’s likelihood to develop RAD.

History of RAD
Abnormal behaviors exhibited by children in orphanages have been documented since the 1950s (Castle et al., 1999). These behaviors include persistent patterns of attention-seeking behavior toward strangers or, contrastingly, complete forms of isolation (Rutter et al., 2007). In the 1970s, caregivers and researchers began to investigate the possibility that such behaviors may be symptomatic of a psychological disorder, as similar acts were being documented in orphanages throughout the world (Glowinski, 2011; Kemph & Voeller, 2008). Eventually, this cluster of behaviors became known as RAD, and was added to the American Psychiatric Association’s third addition of the DSM in 1980. Soon after its inception into the DSM III, cases of RAD were diagnosed worldwide, especially among children in orphanages. Follow-up studies began to reveal that symptoms of RAD persisted even after the child’s adoption into well-functioning families (Rutter et al., 2007).

**Prevalence and Risk Factors**

Although RAD is fairly common among children who are institutionalized, it is considered to be a rare disorder worldwide; 1% of children under five years old are diagnosed with RAD (Chaffin et al., 2006; Lake, 2005; Skovgaard et al., 2007). As a result, it is widely believed that RAD disproportionately affects children living in extremely harsh conditions, such as orphanages in developing countries where nutritional, physical, and emotional care are not adequately provided (Zeanah, Smyke, Carlson, & Koga, 2005). RAD affects children in the United States as well and is especially prevalent among children in the foster care system (Zeanah et al., 2004). In the U.S., it is estimated that half of all children adopted from orphanages, along with 40% of children in foster care, are affected by RAD (Barth et al., 2005; Lake, 2005; Zeanah et al., 2004). Such evidence suggests that there are universal underlying factors that influence a child’s susceptibility to RAD.

An increasing volume of research links attachment difficulties to neurological dysfunction and underdeveloped brain structures
(Corbin, 2007). Without a consistent and nurturing caregiver, a child is at risk for an underdeveloped brain and consequent neurological deficiencies (Lake, 2005). In such cases, behavior is regulated by survival and biological responses, leaving the child with a reduced ability to regulate emotions, showcase empathy, or form and maintain meaningful relationships.

The deficits in cognitive and social functioning present among children diagnosed with RAD are a result of neglect faced at earlier stages in their development (O’Connor, Bredenkamp, & Rutter, 1999; Stovall & Dozier, 2000). Not only are these children less likely to learn the skills associated with forming appropriate social relations, but they may also lack the cognitive capabilities needed to do so (Lake, 2005). Studies on the link between attachment theory and brain development have found that the absence of a nurturing primary caregiver may result in more aggressive and less emotionally stable brain development (Wimmer, Vonk, & Reeves, 2010).

Full recovery from RAD-related symptoms usually occurs when deprivation from a primary caregiver does not persist beyond the age of six months. It is believed that after six months, a change within the brain structure occurs that results in impaired functioning and delays in cognitive development and physical growth (Kemph & Voeller, 2008). Such social and cognitive deficits are not only linked with RAD, but also place one at risk to develop other long-term mental health maladies such as oppositional defiant disorder, conduct disorder, and adult antisocial personality disorder (Hornor, 2008).

**Policy Suggestions**

The transactional approach to understanding the development of RAD stresses the importance of a child’s attachment to their primary caregiver (Howe & Fearnley, 2003). Without consistent emotional care, children are at risk of RAD, and the effects of RAD usually last well into adulthood (Sigal, Perry, & Rossignol, 2003). Policies should be enacted that prevent or limit the commonality of housing transfers among children in foster care, and more financial and emotional resources should be available.
Reactive Attachment Disorder (RAD) for foster parents in order to ensure adequate provisions for the foster child (Zeanah, 1996). Children in the foster care system identified with exhibiting symptoms of RAD should be offered mental health care to counter certain psychological effects (Zeanah et al., 2004). Family therapy may help establish an attachment between a foster parent and child. A reduction in household transfers will also help a child feel a sense of support and security (Howe & Fearnley, 2003).

Additionally, psychoeducation regarding the child’s behavior may work to reduce the rate of unsuccessful adoptions and thus lessen the prevalence of RAD. The chance of parental emotional withdrawal, which is often a trigger for RAD, is reduced when the parent is aware that their child may respond in a negative and distancing manner when approached with loving and constant care (Howe & Fearnley, 2003). Agencies associated with adoption should be better equipped to provide parents with information about RAD (Judge, 1999; Kaler & Freeman, 1994). With the right treatment, along with a reduction in placement instability and better emotional support procedures in orphanages and foster care facilities, children with RAD may be able to develop and form secure and emotionally fostering relationships.

References


Reactive Attachment Disorder (RAD)


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