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A Bumper Crop of Grants

Diane M. Morrison, PhD, professor and associate dean for research

Core to our mission at the UW School of Social Work are teaching, community service, and of course research. In addition to faculty projects, several of our doctoral students have written successful grants to fund their dissertation research. Fall 2003 yielded a bumper crop of grants to students and faculty at the School of Social Work. A partial list includes:

David Hawkins, professor, received a major research grant funded by five federal agencies, for *The Community Youth Development Study*, a randomized, controlled trial of the effectiveness of "Communities that Care" intervention for middle and high school students in 24 communities. Faculty members Rico Catalano and Michael Arthur are also investigators on the study.

Karen D. Lincoln, assistant professor, received a career development grant from the National Institute of Mental Health (a first for the school) entitled *Race Differences in Social Relations and Depression*. The goal of this research is to examine the link between socioeconomic status and depression through stress, emotional support, negative social interactions and mastery. A second grant, from the Hartford

Foundation Gerontological Society of America, will fund a similar study among older adults.

Jennie Romich, assistant professor, received a research grant from the National Institute of Child Health and Human Development to fund a three-year project *Give-and-Take: Child Agency in Resource Allocation*. The project will examine the child's role in shaping intra-family resource allocation. Students Jay Simmelink (MSW, '04) and Shauna Elbers-Carlisle (doctoral student and MSW '02 graduate) will also work on the project.

Gino Aisenberg, assistant professor, received a research grant supplement for his work with Penelope Trickett at the University of Southern California. In his work on *The Impact of Neglect on Adolescent Development*, he will develop an index for measuring physical characteristics of neighborhoods to be used in assessing the impact of neighborhoods on adolescent development.

Lucy Jordan, doctoral student (Marcia Meyers, chair), has received a dissertation grant from DHHS Administration for Children Youth and Families Child Care Bureau. Her research, entitled

Child Care Subsidies and Entry to Employment Following Childbirth, will examine the role of child care subsidies in the timing of entry to employment following the birth of a child.

Tessa Evans-Campbell, assistant professor, received a grant from the Department of Health and Human Services' Administration for Children, Youth, and Families. Her project, *Building on Strengths in Indian Child Welfare*, will help develop culturally-relevant curricula for effective child welfare practice with Native families.

Charles Emlet, assistant professor at UW Tacoma, received a research grant from the National Institute of Mental Health. He will interview HIV positive older adults and develop a scale to measure *HIV Stigma in a Population of Adults Age 50 and Over*.

Roger Roffman, professor, received a minority supplement to his National Institute of Mental Health-funded research grant, *Motivating HIV Risk Reduction*. The supplement was submitted on behalf of Roberto Orellana, a Latino graduate student enrolled in the combined MSW/MPH program, as a research assistant to the study for two years.



Gender Differences in War-Related Mental Health Issues

Amy L. Ai, PhD, MSW, MS, MA, associate professor of social work

Damaged Neighbors: Adult Kosovar Refugees

Since 1999, more than 15,825

Kosovar men and

women have been resettled in the United States as a consequence of the regional wars in former Yugoslavia. Workers in social service agencies in Michigan had resettled many international refugees from Africa and Asia, but stated that they had never seen any group that was as traumatized as the Kosovar refugees.

“There are women who saw their husbands killed in front of them. There are children who saw their mothers raped.” At the time the present study was conducted, these refugees were still struggling to recover from their contact with the extreme violence associated with the war in Kosovo.

Effects on Women More Severe

In a survey of 129 Kosovars (aged 18 to 79, 45 percent female) recently settled in the states of Michigan and Washington, women refugees had higher Post-traumatic Stress Disorder severity scores and more depressive disorders.

Moreover, findings suggest that Kosovar women who had similar exposures to war trauma events as men may report less distress, and thus the hidden impacts of their PTSD symptoms could be even higher. Findings suggest that these women were more likely to employ passive strategies (e.g., avoidance or denial) in dealing with

their war-related distress. Psychologically, the elevated avoidance pattern suggests a defensive coping strategy “to distance themselves from traumatic memories.”

Cultural Differences

In the Islamic communities of Kosovar rural areas, extended families and large clans remain a predominant pattern, with an adult man in control. Kosovar women tended to be prepared for a lifespan role of homemaker and mother of several children. Coming from this ecological context, they were more likely to depend on their male head-of-household in many ways in their Kosovar homelands. Constrained in traditional roles, these adult women may also have fewer opportunities to establish successful socioeconomic status in the United States than do their male counterparts.

Family relations and friendships are also very important, as indicated in refugees’ open comments about how much they missed their peers at home. The loss of property, traditional environment, and established social ties may generate more distress for women refugees. To them, a brand-new U.S. set of sociocultural values, such as emphasis on freedom, independence, individuality, personal autonomy, and sexual and gender freedom, presents tremendous challenges to adaptation and creates cross-cultural conflicts with traditional values.

Clinical Intervention

Does individual-oriented clinical intervention in the US fit well with the

family-centered culture of refugees? We learned from our Albanian interpreter that a pathway through the household head was essential to earn the trust and cooperation of these war refugees. The individual approach concerning mental health assessment and intervention in the U.S. may not be appropriate in this regard.

The massive migration of war refugees has underscored the importance of community and family approaches to their mental health problems, in particular to those of disadvantaged dependents in affected families. For these populations, psychiatrists have begun to endorse multi-family support, education groups, and community-based services above pathology-centered, individual intervention. The mental health problems of war refugees must be understood and treated within their cross-cultural contexts.

Ai, A. L., Peterson, C., Rodgers, W., & Tice, T. N. (2005). Faith factors and health locus of control in middle-aged and older cardiac patients. *Journal of Health Psychology*.

Ai, A. L., Peterson, C., Tice, T. N., Bolling, S. F., & Koenig, H. (2004). Faith-based and secular pathways to hope and optimism subconstructs in middle-aged and older cardiac patients. *Journal of Health Psychology*.

Ai, A. L. (2004). Gender differences in war-related mental health issues among adult Kosovar refugees in the United States. *Journal of Social Work Research and Evaluation: An International Publication*, 5(1).



U.S. vs. Europe: Gender Equality in Child Care

*Marcia K. Meyers, PhD (pictured), associate professor of social work and public affairs
Janet Gornick, co-author, associate professor of political science at Baruch College,
and the Graduate Center, City University of New York*

Parents around the world grapple with the common challenges of balancing work and child care, and of equalizing men's and women's contributions to the home and the market. Despite common problems, industrialized nations have developed dramatically different social and labor market policies that vary widely in the level of support provided to parents and in the gender equalizing potential of their policies.

In a new study of 10 industrialized welfare states, *Families that Work* (Russell Sage Press), we find that the U.S. ranks a distant last in policies that encourage an equal division of labor between parents as they balance work and care.

Family Leave Policies

The U.S. has no national policy for paid maternity leave. An estimated 40 percent of workers in private sector firms do not even have legal job protection at the time of childbirth. States that mandate paid maternity leave do so via disability benefits, effectively precluding benefits for fathers. In sharp contrast, paid maternity, paternity, and parental leaves are common in the European welfare states.

In Sweden, parents receive 15 months of leave to share and receive 80 percent

of their wages for one year. Four weeks of leave are set aside explicitly for fathers and lost to the family if they are not used.

Working Time Regulations

U.S. workers are often described as the most 'overworked' in the industrialized world, and government does little to regulate working time hours. Subsequently, workers (mostly female) pay steep penalties in wages, benefits, and career opportunities for electing to reduce working hours to care for children.

In most European Union countries, working weeks are shorter than 40 hours. And in Sweden, parents can work six-hour days at pro-rated pay until their children turn eight.

Early Childhood Education and Care

In the U.S., only an estimated 12 percent of low-income families receive help with child care costs and middle income families are usually eligible only for modest tax credits. The mostly private child care system in the U.S. imposes steep financial costs on families, though its overwhelmingly female workforce receives poverty-level wages in an effort to keep child care affordable.

In Europe, a much greater share of the costs for child care is shifted to society through deeply subsidized early child-

hood care and education programs that absorb 80 to 100 percent of costs.

France's ecole maternelle program provides public preschool for all children, and many Nordic countries guarantee subsidized care for all children once parental leave periods end.

This cross-national comparison of work/family reconciliation policies suggests it is possible to enhance child well-being and to increase gender equality in the U.S. by promoting more extensive and egalitarian family leave, work-time, and child care policies like those of Europe.

Bainbridge, J., Meyers, M.K. & Waldfogel, J. (2003). Child care policy reform and the employment of single mothers. *Social Science Quarterly*. 84(4): 771-791.

Meyers, M.K. & Gornick, J. C. (2003) Public or private responsibility? Inequality and early childhood education and care in the welfare state. *Journal of Comparative Family Studies*. 34(3): 379-411.





The Turtle Island Native Wellness Study

Karina L. Walters, PhD, associate professor of social work

This study was developed and funded by the National Institute on Alcohol Abuse and Alcoholism

(NIAAA) to address the paucity of research on the HIV risks and prevention needs of urban American Indian communities.

Currently, the data collection phase has been completed and the data analytic stage is just underway. Preliminary results look promising and upon initial examination, the new measures look as if they are reliable instruments. Further analyses will yield important data regarding HIV prevention needs for this population.

This study is one of the first examining the relationship between alcohol and HIV sexual risk behaviors among urban

American Indians and is one of few examining HIV risks among American Indians in the country.

A Step Forward for an Underserved Population

A particular strength of the study is the focus on identifying culturally protective factors, such as the role of spirituality or traditional healing practices in buffering the negative effects of trauma on HIV and alcohol abuse risks.

This four-year project represents an important step forward in research that implements the goal of developing the research-driven and theoretical knowledge base needed to effectively provide interventions for underserved and underrepresented populations.

Methodologically Innovative

This study employs new sampling strategies and development of new

measures. The data obtained in this study will form the basis for future research and comprise the first phase of designing primary, secondary, and tertiary alcohol abuse and HIV risk prevention interventions for urban American Indian communities.

Simoni, J. M., Sehgal, S., **Walters, K. L.** (in press). Triangle of risk: trauma, drug use, and sex among urban American Indian women *AIDS and Behavior*.

Duran, B., & **Walters, K. L.** (in press). HIV/AIDS in “Indian Country”: Current practice, indigenist etiology models and postcolonial approaches to change. *AIDS Education and Prevention*.

Walters, K. L., Simoni, J. M., Evans-Campbell, T. (2002). Substance use among American Indians and Alaska Natives: Incorporating culture in an “indigenist” stress-coping paradigm. *Public Health Reports*, 117 (suppl. 1), 104-117.

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