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Poverty Research Flash

Highlighting New Poverty Research

by Tatiana Masters, Taryn Lindhorst, and Marcia Meyers

Masters, N. Tatiana, Taryn P. Lindhorst, and Marcia K Meyers. 2014. "Jezebel at the Welfare Office: How Racialized Stereotypes of Poor Women's Reproductive Decisions and Relationships Shape Policy Implementation." Journal of Poverty 18: 109-129.

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Jezebel at the Welfare Office: How Racialized Stereotypes of Poor Women's Reproductive Decisions and Relationships Shape Policy Implementation

Background. As the gatekeepers for access to benefits, frontline workers' actions are important for understanding the context within which individuals gain access to, and maintain eligibility for, safety net benefits. In the case of cash assistance, where low-income clients are confronted with questions about their family status for purposes of assessing eligibility, caseworkers may invoke strong negative stereotypes of women on welfare and engage in shaming or moralizing about client behaviors. These caseworker actions can create a more or less-welcoming environment for potential welfare recipients. How often do these negative stereotypes get invoked by caseworkers and what does this process look like?

Methods. Along with their colleague Tatiana Masters, WCPC Affiliates Taryn Lindhorst and Marcia K. Meyers analyzed a set of interviews from three states to see how welfare caseworkers drew upon sexualized and racialized stereotypes in their interactions with welfare clients. The researchers coded 232 interviews from Georgia, Michigan, and Texas. They identified discussions about clients' reproductive decisions or family formation behaviors in nearly one-third (72) of the interviews. Using discourse analysis, they coded the text and created categories to capture the ways in which caseworkers discussed these topics.

Findings. The authors note that the negative interactions they coded were not aimed primarily at clients of any one racial group or by one group toward another. However, the researchers characterized these interactions as generally disrespectful, drawing on negative racialized stereotypes of "welfare queens" or sexually permissive women. The researchers identified two major styles of talk by caseworkers when discussing reproductive decisions and relationships. In all of the interviews that included discussions about family formation, caseworkers used what the researchers called a "bureaucratic" style, focused on verification and applying rules, when discussing sex-related aspects of welfare policy. The researchers gave an example of a caseworker attempting to gather information about paternity for child support enforcement purposes. The caseworker asks, "Do you know who [the child's] father is?... Do you know anything about him?... You never did find out who he is?" Although these bureaucratic discussions are intended to enforce rules, the researchers suggest that they undermine welfare clients' position as citizens with rights to assistance and control over their own reproductive decisions; instead, they frame these women as "supplicants" and their sexual decisions as in need of regulation.

In one third of the interviews, caseworkers also introduced "discretionary moralizing," making gratuitous comments that were unnecessary for completing the eligibility determination. For instance, one caseworker told a client, "You don't pick them good," after getting some information about the women's former partners. Another told a client that she should get her GED and "[s]top having babies. You're too young."

While this study focuses on interactions between individual caseworkers and welfare clients, the researchers argue that these myths about women's (and particularly poor black women's) sexuality have much larger ramifications; they drive the adoption and perpetuation of policies such as the "family cap" under TANF that draw on these stereotypes and perceptions about behavior. Further, these beliefs, and the way actors with power over policy decisions or implementation deploy them, can dehumanize clients and create stigma that may reduce needy individuals' willingness to access assistance.