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# Economic Human Rights Violations Experienced by Women With Children in the United States

*Sarah Twill & Samantha Fisher*

## ABSTRACT

In 1948, the Universal Declaration of Human Rights (UDHR) was adopted by the United Nations. Economic human rights are expressed in Articles 23, 25, and 26. The UDHR requires that poverty be seen not just as an unfortunate living condition but also as a violation of human rights. In this study, 20 women with children were educated about the UDHR and interviewed in order to understand their stories of poverty through the lens of rights violations. Implications for reframing poverty as a rights violations and how social workers can advocate for policies that promote the well-being of families are discussed.

## Implications for Practice

- Policies that support families, such as offering more generous family leave and supporting a mother's pension for all women engaged in caregiving, should be explored as a way to prevent women and their children from experiencing economic human rights violations.

On December 10, 1948, the Universal Declaration of Human Rights (UDHR) was adopted by the General Assembly of the United Nations (United Nations [UN], 1948). The UDHR outlined political rights as part of the International Covenant on Civil and Political Rights (ICCPR) and social rights as part of the International Covenant on Economic, Social and Cultural Rights (ICESCR; Orend, 2006). Articles 23, 25, and 26 were included among the social rights and highlighted the right to housing, food, education, health care, and a job offering a living wage. The United States provides political and civil rights to its citizens, but has yet to ratify the ICESCR.

The U.S. Constitution contains language specific to political and civil rights, thus making it easy to endorse the UDHR provisions providing these rights (Forbath, 2005). However, the Constitution does not compel legal protection of social and economic rights, thus providing no pressure to endorse these rights. Hesitation to ratify the ICESCR may also be related to the United States' reliance on capitalism as an economic system. The United States is seen as a neoliberal democratic state (Hoopes, 2001) with policies that indicate that when dealing with poverty, private charitable giving is preferred over public taxation (Abramovitz, 1988; Piven & Cloward, 1993). Early charity and colonial law distinguished between the "deserving" and the "undeserving" poor, and changes in the Poor Laws in the 1830s focused on "blaming the victim" (Abramovitz). Most social welfare programs grew to be means-tested rather than universal (Olsen, 2008).

In contrast, countries with a socially democratic system include social rights in their constitution and ratified the entire UDHR (Forbath, 2005). The welfare systems in these countries (e.g., Sweden, Canada, and Norway) provide wider safety nets for their citizens. This reduces the likelihood of extreme inequality and the chances of individuals experiencing a violation of economic rights. For example, socially democratic countries provide some sort of universal health care for their citizens (Leary, 2006); therefore, for citizens with cultural capital (e.g., who speak the language, are literate, and understand the cultural norms of the medical system), the chances of a health care violation occurring are reduced, if not prevented.

To address inequality, women living in Pennsylvania organized the Kensington Welfare Rights Union (KWRU; Bricker-Jenkins & Baptist, 2006). Their purpose was to bring attention to the hardships faced by people living in poverty and the fact that the U.S. government does not protect the economic rights put forth by the UDHR. The women, most of them low income, came together after their family survival was threatened by cuts in welfare programs. One of their projects was the Freedom Bus Tour of 1998. Using the UDHR as a guide, KWRU created a list of questions that assessed whether a person's economic human rights were violated. Interviews were held across the country and the results were forwarded to the UN.

Poverty and many of the social welfare policies designed to alleviate it disproportionately impact women with children (Abramovitz, 1988, 2000; Gatta & Deprez, 2008). In 2009, there were 39.8 million people, including 8.1 million families, living in poverty in the United States (DeNavas-Walt, Proctor, & Smith, 2009). However, living in poverty is not framed as a human rights violation. In the next section of this article, the rights outlined in Articles 23, 25, and 26 of the UDHR will be reviewed. The rights provided under each Article and the literature regarding women with children living in poverty will be highlighted.

### **Poverty and Employment—Article 23**

Article 23 of the UDHR reads as follows:

1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work, and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests. (UN, 1948)

In Article 23, the UDHR defines work as employment-based wages, yet calls for special protection of mothers in Article 25. The absence of an explicit statement that caregiving is work that is worthy of economic compensation subjugates this role assumed by women. Historically, mothers' pensions sought to provide economic support for mothers to raise their children (Sterett, 2003). However, Aid to Families with Dependent Children (AFDC) and, later, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) classified aid as being only for low-income women and shifted the requirements away from care to wage-based work (Abramovitz, 1988, 2000; Gatta & Deprez, 2008).

Most recently, PRWORA emphasized work over welfare (Gatta & Deprez, 2008). Welfare recipients have 5 years to become self-sufficient by obtaining adequate employment with which to support their families. Success of the policy has been judged based on the reduction of individuals on welfare rolls regardless of the type or quality of the jobs obtained. Gatta and Deprez contended, however, that PRWORA did little to improve the lives of women and their children, but rather transferred the responsibility of paying a poverty wage from the government to employers. However, 40% of those who gained employment and moved off the welfare rolls remain in poverty. This may be due to the fact that only 59% of women have full-time, year-round work (DeNavas-Walt et al., 2009). Anderson, Halter, Julnes, and Schuldt (2000) also found that employment instability often resulted from marginal and temporary jobs, as well as employment barriers including health problems and lack of day care. Further, women who leave welfare for work may lose their benefits from other public programs (e.g., food stamps and Medicaid) while at the same time incurring the additional costs of clothing, child care, and transportation associated with employment (Gatta, 2005).

When women do work, they make less than men. Sigle-Rushton and Waldfogel (2007) examined the earnings of mothers, nonmothers, and men. They found that in the United States, mothers made 11–19% less than nonmothers. However, when cumulative earnings by age 45 were considered, nonmothers made 36% less than men, and mothers made 43–48% less than their male counterparts. In 2008, the median income for women was \$35,745 compared with \$46,367 for men (DeNavas-Walt et al., 2009). The wage gap between men and women persists even with increased education, which is often seen as a way out of poverty. College-educated men made a median income of \$66,000 compared with college-educated women's wages of \$50,000 (American Association of University Women, 2008).

### **Poverty and Well-Being—Article 25**

Article 25 of the UDHR reads as follows:

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food,

clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection. (UN, 1948)

Historically, mothers with children have been protected by social welfare policies (Abramovitz, 1988). The Social Security Act of 1935 created AFDC to “strengthen and maintain family life.” Although AFDC and its successor, PRWORA, provided some economic guarantees for women with children, both laws stigmatized families (Gatta & Deprez, 2008) in ways incongruent with the spirit of the UDHR. The laws labeled women with children as either deserving or undeserving, whereas the UDHR views people as having the right to adequate living conditions.

The UDHR calls for “special care and assistance” for mothers and children. However, not all women and children in the United States receive such social protection. For example, in 2007, approximately 23% of the homeless population was made up of families with children (United States Conference of Mayors, 2007). Even if families are housed, they may experience food insecurity. Nord, Andrews, and Carlson (2008) concluded that of households with children, 16% experience food insecurity. Of those low-income households headed by single women, nearly 45% experience food insecurity. Children who experience food insecurity may be at risk for learning difficulties (Winicki & Jemison, 2003), obesity (Richards & Smith, 2007), and behavioral issues (Slack & Yoo, 2005).

In addition to having basic needs met, health care coverage is needed to ensure that illness can be treated and preventive care provided. In 2008, 46.3 million people lacked health care coverage (DeNavas-Walt et al., 2009). In spite of the efforts of the Children's Health Insurance Program (CHIP), 7.3 million children lacked coverage. Galbraith, Wong, Kim, and Newacheck (2005) found that the out-of-pocket health care costs of one member of a family impacted the entire family. Health care costs made it difficult to afford other life essentials and caused higher levels of family stress and strain (May & Cunningham, 2004). Ultimately, individuals without health insurance had higher mortality rates (Robinson, 2007).

### **Poverty and Education—Article 26**

Article 26 of the UDHR reads as follows:

1. Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
2. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance, and friendship among all nations, racial, or religious groups, and shall further the activities of the United Nations for the maintenance of peace.
3. Parents have a prior right to choose the kind of education that shall be given to their children. (UN, 1948)

Education results in higher incomes (Day & Newberger, 2002). Overall, 89.1% of women over the age of 25 possess a high school diploma. Over 94% of White women graduate from high school compared with 87.9%

of African American women (U.S. Department of Education, 2008a). Similarly, 5.8% of White students drop out compared with 10.7% of African American students (U.S. Department of Education, 2008b). Women who lacked a high school diploma made \$18,900 per year and were less likely to have full-time, year-round employment compared with high school graduates, who made \$23,400 per year (Day & Newberger, 2002). Synthetic work–life earning estimates project that over a 40-year employment history, women without a high school diploma make \$700,000 compared with \$1 million earned by high school graduates.

For the children of low-wage-earning women, the achievement gap manifests in many ways. Disadvantaged children have less access to books and libraries than children growing up in more economically advantaged families (Wilson, 2006). Saporito and Sohoni (2007) found that children who were poor and/or minority were more concentrated in public schools that were underfunded and underperforming. Machtinger (2007) concluded that high-poverty schools were below average in student achievement and graduation rates.

## Purpose of the Study

To date, the United States has not ratified the UDHR and does not protect social and economic human rights of its citizens. More than 8 million families live in poverty (DeNavas-Walt et al., 2009). The purpose of this study was to interview women with children to determine the qualitative and quantitative nature of economic human rights violations (EHRVs). The descriptive research questions for this study were “How many EHRVs do women with children acknowledge?” and “What is the impact of those violations on the lives of the participants and their children?” This was a descriptive study that attempted to conceptualize the experiences of women and children living in poverty as an EHRV.

## Methods

### Description of the Community and Agency

The research took place in a community in southwestern Ohio with a 2007 population of 32,370 (U.S. Census Bureau, 2007). The community’s residents were primarily White (87.3%) with African Americans/Blacks representing a small percentage of the population (6.3%; U.S. Census Bureau, 2000). The median household income was \$36,889.

Data were collected at a local social service agency. The agency is a nonprofit resource, case management, and referral center that serves low-income individuals and families. Approximately 80 clients are served every month. The majority of the clients are low-income women with children.

### Description of the Research Protocol

Data were collected from 20 participants from July through October, 2007. The researchers were given a list of approximately 140 women with children who were served by the agency in the previous three months. To recruit participants, individuals from the list were contacted by telephone and asked if they were interested in participating in the research. More than 50% of the phones were disconnected. The individuals reached by phone were informed of the purpose of the study and told that the interview would take approximately 45 minutes. The first 20 women to complete the interview composed the study sample. Participants were educated about the UDHR and given the opportunity to have the results of their interview sent to the KWRU, which coordinates the forwarding of EHRV documentation to the UN. Interviews were conducted at the community agency, and participants were compensated for their

time with a grocery bag containing food items such as peanut butter, bread, and canned foods valued at \$10. The funding was provided by a \$200 university research grant, and the compensation was approved by the internal review board (IRB). The researchers wished to give the participants a \$10 gift card to a local grocery, but the IRB did not approve this.

A modified version of the KWRU questionnaire assessing EHRVs was used. The participants answered six questions related to the “right to jobs and living wages” (Article 23). See Tables 1–4 for the list of questions asked of participants. There were nine questions related to the “right to well-being, food, housing, and clothing” and five questions related to health care (Article 25). The participants answered three questions related to the “right to education” (Article 26). Questions were answered with a *yes*, *no*, or *not applicable* response. Questions were asked twice to elicit a response for “current violations” and “lifetime violations.” First, the participants were asked if they had experienced the EHRV in the last 30 days (classified as current violations). Next, the participants were asked if they had experienced the EHRV in their lifetime, which included the time frame from their 18th birthday to 30 days prior to the interview.

After all 23 quantitative questions were completed, the participants were asked to discuss the worst violation experienced. Participants were given the opportunity to explain their experience, what happened, when it occurred, who else the violation impacted, and if other violations occurred because of the experience.

### Description of the Participants

The study included 20 women with children under the age of 18; these mothers were interviewed about their EHRVs. Over half of the participants identified their race as White ( $n = 11$ ). Nine identified their race as African American or Black. One participant identified herself as having a “mixed heritage.” The ages of the participants ranged from 22 to 59 years old. The mean age was 38.6 years old.

The participants had a total of 39 children under the age of 18 in their care. The mean number of children was 1.95 children (range 1–4). The ages of the children ranged from 8 months to 17 years. One mother was 4 months pregnant at the time of the interview.

## Results

### Quantitative Analysis

Across Articles 23, 25, and 26, participants experienced a total of 96 EHRVs in the 30 days preceding the interviews. The mean number of EHRVs was 4.75 (range 0–11;  $SD = 3.11$ ). Over their lifetimes (18 years old to 30 days prior to the interview), participants experienced 267 EHRVs. The mean number of lifetime violations was 13.35 (range 4–22;  $SD = 5.64$ ).

Article 23 deals with EHRVs related to work and wages. Six questions were asked. In the 30 days prior to the interviews, participants reported 28 EHRVs related to work. The mean number of EHRVs was 0.35 (range 0–3;  $SD = 0.813$ ). The most common violation was the lack of available jobs (see Table 1). Over their lifetimes, the participants reported 71 EHRVs. Participants experienced an average of 3.55 lifetime violations (range 1–6;  $SD = 1.356$ ). The most common violation was related to having full-time employment that lacked adequate pay.

Article 25 included two categories of violations. The first category included nine questions classified by the researchers as rights related to “food, housing, and social services.” A total of 30 current EHRVs were reported by participants. The mean number of violations was



1.50 (range 0–4; *SD* = 1.32). Going without meals because there was not enough money was the most common violation (see Table 2). Over their lifetimes, the participants experienced 108 violations. The mean number of lifetime EHRVs was 5.4 (range 0–9; *SD* = 2.722).

Article 25 also included six questions related to health care rights. The participants reported 37 health care violations occurring in the 30 days prior to the interviews (see Table 3). Participants experienced a mean of 1.85 EHRVs (range 0–5; *SD* = 1.66). Ten participants lacked health insurance. Over their lifetimes, the participants reported experiencing 74 health care violations. The mean number of lifetime health care violations was 3.70 (range 0–6; *SD* = 1.922).

Article 26 relates to the right to education. Three education questions were included (see Table 4). In the 30 days prior to the interview, only one EHRV was reported. Over their lifetimes, participants reported experiencing 14 education violations. Eight individuals reported having to leave school due to economic factors, and 5 participants’ children missed school due to homelessness. The mean number of lifetime violations was 0.700 (range 0–2; *SD* = .865).

**Qualitative Analysis**

Qualitative data were collected from the 20 participants. Participants were asked to discuss their worst EHRV. The most common violations reported were related to homelessness or employment. Five women discussed their hardships leading to and during periods of homelessness. The following quotes describe the aggravations faced by the women:

When sales are not good, your hours get cut. When your hours decrease, you get paid less and start having trouble paying the bills. You’re a mess. It’s a vicious cycle. You’re told to be out of your home. (White woman, age 44)

When the agency loses clients, we lose work. You let the phone go, then the cable. You let go the things that aren’t necessities. The rental company first let me make payments, [but the] companies switched and then no more payments. We was homeless for about 3 months, living in different places. We lived in car for a while and hotels whenever I could afford them. (African American woman, age 36)

The women focused on how their homelessness affected their children. A 22-year-old White participant discussed how her children learned to “go without.” Sadness, confusion, aggravation, and blame were all words used by the woman to describe feelings experienced during her homelessness. A 44-year-old White woman discussed the problems faced by not having any “personal space” and how her children felt that they did not “have a life anymore.” A 37-year-old African American participant discussed the pain of homelessness and how it contributed to her son entering foster care due to her inability to care for him.

Employment violations were also cited as some women’s worst EHRV. Five women discussed hardships faced because of the lack of available jobs, the inability to obtain employment, and the loss of employment. These 5 participants earned wages less than \$7.35 an hour. The following quotes exemplify the participants’ dissatisfaction in trying to obtain employment:

It is hard to get work hours especially without an education. (African American woman, age 27)

I had good jobs, but it was either closed or [I was] laid off. As I have gotten older, the problems are worse because of job discrimination because of my age. I am either overskilled or underskilled, not in between. (African American woman, age 59)

**TABLE 1. Article 23 (Work and Wages) Violations**

VIOLATION	FREQUENCY OF VIOLATIONS	
	30 DAYS	LIFETIME
Have you been unable to find work because of a lack of available jobs?	11	16
Have you ever had a full-time job that did not pay you enough to pay your bills?	6	18
Have you ever had to work more than one job to meet your family’s basic needs?	6	17
Have you been denied work or laid off from work?	4	9
Have you ever gotten sick or injured because of your job?	1	9
Have you ever lost a job because you wanted a union?	0	2

**TABLE 2. Article 25 (Well-Being) Violations**

VIOLATION	FREQUENCY OF VIOLATIONS	
	30 DAYS	LIFETIME
Have you or any member of your immediate family ever gone without meals because there wasn’t enough money for food?	11	16
Have you ever lived in a house that was in dangerous condition?	5	9
Have you ever been unable to afford child care? <sup>a</sup>	4	13
Have you ever been denied or cut off other benefit programs (food stamps, medical, or SSI)?	3	12
Have you ever been denied or cut off of welfare (general assistance, AFDC, or TANF)?	2	10
Have you ever had to leave your children at home alone in order to go to work or to meet TANF work requirements? <sup>a</sup>	2	8
Have you ever had your utilities shut off?	1	14
Have you ever stayed in an abusive relationship because you did not have enough money to live on your own?	1	14
Have you ever been homeless?	1	12

<sup>a</sup> Only asked if parent has children under his/her care.

**TABLE 3. Article 25 (Health Care) Violations**

VIOLATION	FREQUENCY OF VIOLATIONS	
	30 DAYS	LIFETIME
Have you or anyone in your immediate family ever gone without health insurance?	10	15
Have you ever been given a prescription by a doctor but not had the money or insurance to buy it?	10	16
Do you put off medical care until your condition is severe and then seek treatment in an emergency room?	8	17
Have you ever been denied medical treatment?	4	10
Has a doctor ever refused treatment because you have Medicaid, Medicare, or no insurance?	3	11
Are you self-employed, in the arts, a health care, or child care worker (circle one) and uninsured?	2	5

Five participants discussed how frustrating it was to work but only make minimum wage. A 35-year-old African American woman described how she had steady work but was paid a wage that did not sustain her family. Ultimately, she returned to government assistance.

All 5 women who cited employment as the worst EHRV discussed how it affected their families. One participant stated that she “wants

**TABLE 4.** *Article 26 (Education) Violations*

VIOLATION	FREQUENCY OF VIOLATIONS	
	30 DAYS	LIFETIME
Have your children ever missed school because of homelessness, malnutrition, or because of the lack of any of the above mentioned rights? <sup>a</sup>	1	5
Have you ever had to leave school or training because you couldn't afford to go anymore?	0	8
Have your children ever had to leave school to work for the family's economic survival? <sup>a</sup>	0	1

<sup>a</sup> Only asked if parent has children under his/her care.

her kids to wear more than Goodwill clothing.” She also described how her pay was so low that her “daughter does not get the medications she needs to get better.” Three of the five participants described the issues of minimum wage jobs and the inability to afford health care.

## Discussion

The purpose of this study was to document EHRVs experienced by women with children living in a community in southwestern Ohio. Twenty women with children participated in the study, reporting 96 EHRVs in the 30 days prior to the interview and 267 EHRVs over their lifetimes.

The findings of this study captured EHRVs faced by women with children who used social services within the community. Given that many of the women were using social services because of economic hardships, it was expected that the participants experienced violations related to Article 25. When asked to discuss the worst violation, 5 women cited homelessness. The women described situations in which work hours were not adequate, bills became problematic, and the cycle of poverty contributed to further EHRVs. Five women also discussed their hardships related to Article 23 and the inability to find adequate employment.

Interestingly, the number of current health care violations was 37, the highest of current violations, yet health care violations were not cited by the participants as the worst violation. The researchers hypothesize that the low incidences of health care violations may be because the women considered the illness minor (e.g., needing a few stitches or having an ear infection) or preventive (e.g., skipping a yearly pap smear). Because these sorts of health care violations may not cause the immediate consequences affiliated with a violation such as homelessness, for example, the participants may not have considered health care issues the worst violation.

## Limitations

This study had limitations. First, the number of women who participated was limited to 20 women with children who lived in southwestern Ohio. Relative to the demographics of the community, African Americans were overrepresented in the sample. However, given the overrepresentation of people of color living in poverty (DeNavas-Walt et al., 2009), this sample accurately represents the disproportionate number of African Americans living below the poverty line. Additionally, the participants of the study were already clients of a community agency that served low-income families. As such, it was likely that participants experienced at least one EHRV. The participants may have different characteristics from other low-income women who do not use social services.

Next, participants were contacted by phone and asked to participate. Approximately 50% of the sampling frame did not have an operational phone. This may suggest that the women who participated in the study were economically stable enough to pay their phone bill in the months

following being served by the community agency. Those who had a disconnected phone may have had more economic problems and thus may have been more likely to have additional or different EHRVs. Future studies should consider a different strategy to recruit participants who lack phone service.

Another weakness of the study was that the measurement instrument was not specifically designed to be used with women with children. Because the questions asked only about current and lifetime EHRVs, it was impossible to know the ages of the children when the EHRVs occurred. The consequences of an EHRV could be different based on the age of a child. For example, while hunger is detrimental to the growth of all children, the impact of hunger on the development of young children is more significant.

To address this concern, future researchers should partner with KWRU to design a more methodologically valid instrument. The KWRU questionnaire was designed to provide documentation to the UN, not to serve as a methodologically sound research instrument. Revisions of double-barreled questions and the collection of additional demographic information may yield more informative data.

Once the questionnaire is revised and proven valid and reliable, additional research with a variety of populations could be completed to determine the frequency and impact of EHRVs. That is, it is unknown if experiencing six lifetime violations is “normal” or a sign of living in poverty. Additionally, the instrument treats all violations as being equal in the nature and consequences of the violation; however, this may not be true in practice. For example, is not being allowed to join a union the same as experiencing a homeless episode? The fact that health care violations were high, but not cited as the worst violations, may suggest differences in impact or severity of violations.

## Implications for Practice

Using the socialist-feminist framework proposed by Abramovitz (1988) to view the refusal of the U.S. government to ratify the UDHR, the experiences of the participants can be seen as a continued “feminization of poverty” and oppression. The government’s reluctance to provide human rights for all citizens is rooted in its protection of capitalism and paternalism, both of which have historically oppressed women and people of color. Both the quantitative and qualitative data from this study support this history of oppression. Women spoke of the hardships of balancing their private and public lives. For example, women who worked evening shifts could not help their children with homework. Another example was a participant who discussed having to choose between staying home with a sick child or losing a day’s wages, which were necessary for the family’s economic survival.

The intersection of poverty and gender that was reinforced during the Industrial Revolution was also seen in the lives of today’s participants. During the Industrial Revolution, the family ethic solidified that “a woman’s place was in the home,” yet this work was not seen as valuable enough for wage compensation. This belief allowed women who had to work outside the home to be forced into lower paying and lower status jobs. All participants were currently or previously employed in jobs that were dominated by women and were in the service sector of the economy. Employment in retail, fast-food, caretaking duties (e.g., being a homemaker for seniors), and janitorial services were common. Further, all participants worked for wages at or near the minimum wage, and 18 of the 20 participants reported a lifetime violation of working full time yet not earning adequate wages.

The stories of the participants illuminate the complex layering of race, class, and gender. From their time in the fields as slaves to serving as

domestic workers for White women entering the workforce to access to a quality education, African American women living in poverty have experienced great discrimination, oppression, and disadvantage as compared to their White counterparts. Often, the civil and political rights that have been endorsed in the ICCPR have not been fully realized for people of color (Guinier & Torres, 2002).

African American women were overrepresented in the sample and are overrepresented among those living in poverty. Many participants talked about being caught in the “cycle”—the cycle that resulted from being poor, being female, and being African American. Together, all three characteristics often converged and resulted in at-risk outcomes. According to the U.S. Department of Labor (2008), 77% of Black mothers are in the workforce compared with 70% of White mothers. The median weekly earnings of women also differ: Black women make \$567 per week compared with \$666 made by White women (U.S. Department of Labor, U.S. Bureau of Labor Statistics, 2009). In 2008, the unemployment rate for women was 5.4% for all women, but 8.9% for Black women compared with 4.9% for White women (U.S. Department of Labor, U.S. Bureau of Labor Statistics, 2008). Conley (1999) pointed out that even when income was identical, African Americans were economically behind Whites because of access to financial assets. These assets, including accrued wealth and family support, may have helped White participants in the study moderate the impact of an EHRV.

Women living in poverty may be faced with circumstances that otherwise would be rejected if they were economically secure (Fleurbaey, 2007). For example, participants may have been forced to choose between working at a “less than” job or having their families fall deeper into poverty. Individuals living in poverty are further oppressed because they are among those who have “reduced freedom” due to reduced budgets, fewer possibilities, and fewer available goods (Fleurbaey). The experiences of the participants of this study, represented specifically by their use of words such as “sadness,” “frustration,” and “blame,” emphasize feelings of being trapped and oppressed by the circumstances of poverty.

Experiencing an EHRV perpetuated the cycle of poverty for the participants’ children. A participant discussed the process of “cut hours,” which resulted in lost wages that ultimately led to the inability to pay her rent. The cascade of EHRVs had the potential to alter the life course of her children. Children living in poverty may be at risk for compromised future success ranging from factors such as higher dropout rates (Kalil & Ziol-Guest, 2005) to complicated mental health issues (Buckner, 2008). The experiences of poor women being “regulated” ultimately results in the lives of their children being regulated as well.

Families that live in countries that ratified the UDHR and also have social welfare systems operating under the philosophies of a social democracy have reduced risks for social and economic rights violations. For example, citizens of Canada have universal health care (Leary, 2006). Additionally, the maternal leave and child care policies of the Nordic countries allow parents to take up to 3 years off work while retaining wages of 70–90% of their income (Lammi-Taskula, 2008). Such income supports might reduce the likelihood that children would be subjected to detrimental child care situations, experience poor health, go hungry, or be forced into homelessness.

### Call to Action

Social workers have a long history of service to the poor. Jane Addams and her creation of the Hull House served as a foundation for serving women and children who were economically vulnerable. Some would argue that on the way to professionalization, social workers became “unfaithful angels” to their mission of societal change (Specht & Courtney, 1994).

Emphasis was placed on the skills needed to work with vulnerable and oppressed families rather than upsetting the structures that created the conditions of poverty. The conflict between micro and macro practice has existed ever since the beginning of the profession (Hopps, 2000; Morris, 2000). Social workers could work to balance their obligations to practice across systems by not only serving families who live in poverty but also advocating for social justice that focuses on human rights.

The National Association of Social Workers (NASW) Delegate Assembly has looked at the issue of human rights as part of the biennial review of *Social Work Speaks*. This group, in the chapter on “International Policy on Human Rights,” endorsed supporting the UDHR as being integral to the values of social justice and service to poor and oppressed populations (NASW, 2009). The position specifically calls for the ratification of the UDHR and articulates the following:

NASW’s position is to support the right to a standard of living that is adequate for the health and well-being of all people and their families, without exception, and the essential resources to meet such a standard. (NASW, p. 205)

To prepare future social workers to see human rights protection and advocacy as part of their practice, social work educators could use *Social Work Speaks*, the UDHR, and the work of the KWRU to teach issues of poverty and international perspectives. For example, students could learn about the UDHR and then study the social welfare policies of the countries that have signed the document. Students could then engage in a service learning project by using the document created by the KWRU to interview people about their EHRVs. Students could reflect on the interplay among their experiences, their learning about the UDHR, and the implications for their own responsibility to be change agents.

Social workers and the NASW are situated to partner with human rights advocates to encourage the U.S. government to ratify the UDHR and join nearly all of the UN member nations in endorsing the UDHR and ICESCR. To date, the United States, Belize, Botswana, Haiti, Mozambique, and South Africa are the only member nations who ratified the ICCPR but not the ICESCR (Pogge, 2007). The United States could do more to provide economic protection to women with children. The UDHR demands it, and the United States has the financial ability to do so. For women with children, the protection of social and economic rights may help break the ongoing cycle of poverty. Using *Social Work Speaks* as a guide, social work practitioners can advocate for changes in legislation such as raising the minimum wage, offering more generous family leave, supporting a mother’s pension for all women engaged in caregiving, and providing some form of universal health care that would benefit and protect all Americans.

Such policy changes would bring the United States in line with other Western countries and would revise the government’s philosophies regarding the provision of a safety net for those in need. Social work values and ethics, along with the outlined positions articulated in *Social Work Speaks*, situate social workers to support and advocate for a more progressive safety net that would protect the basic rights of individuals. Making these legislative changes would begin the process of providing low-income women and their children with basic human rights. In doing so, the U.S. government would take the first step in amending the policies that reinforce the feminization of poverty and the oppression that comes with it.

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