

APPLICATION-ORIENTED RESEARCH

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Reviewed by Gary Barron



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APPLICATION-ORIENTED RESEARCH

Learning from Program Participants Obtaining Participant Input on Service Development in an Emergency Food Program

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ABSTRACT

A mixed method study was conducted to assess the utility of adding health-focused obesity prevention programs/services to food distribution sites. A Project Advisory Committee (comprised of service agencies interested in extending services to food distribution sites) led the project. Field surveys and focus groups were conducted with food distribution participants at four community food distribution sites in Chicago. User opinions/suggestions for adding services to distribution sites were gathered. Analysis included Frequencies/Descriptives for survey responses. Focus-group transcripts were coded using constant comparative analysis methods. Results: 317 surveys completed at four distribution sites. Six focus groups held, each attended by 6–15 users. Conclusions: Food-assistance-user households identified healthy eating (HE) goals and connected goals to the health/well-being of household members. Barriers to HE goals included: cost, food preparation knowledge/skills, habit, taste, and household management challenges. Reactions to proposed services were mixed. Survey results supported cooking demonstrations, recipe information, nutrition education, and health screenings. Focus-group participants supported nutritional consulting and had little support for child/youth-focused services (e.g., immunization) and mixed support for adult health-screenings. Implications: Food-assistance programs may find it helpful to join with other community services to find ways to address user-identified needs, especially household organization and parenting/child rearing practices. Users' heavy burden of chronic disease suggests food-assistance programs should assess how to meet specific nutritional needs of chronic conditions. Plans for providing program services have been altered based on project results (e.g., no child immunization services added, rethinking youth services, and the addition of mobile health screening). The findings have led to further research among project partners into parenting aspects of healthy

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eating and several Advisory Committee members are exploring the potential for collaborative project development around household-based nutrition counseling.

OBESITY AND POVERTY ARE ASSOCIATED IN THE UNITED STATES. Here, the modern obesity epidemic affects poor communities most severely (Singh et al., 2008). One contributor to obesity in these communities is limited access to sources of food for a healthy diet (Wrigley, 2002). A diet rich in low-energy-density foods and foods high in fiber, including many fruits and vegetables, may reduce obesity risk (Quatromoni et al., 2002). Obesity prevention and reduction initiatives in poor communities often include efforts to increase access to such diets. Oftentimes this entails working with food-assistance programs, as they can be a major source of food for low-income households that experience food insecurity. Food insecurity is “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways” (Anderson, 1990, 1598). At the time this study was conducted (2006), the percentage of families in the United States suffering food insecurity was 10.9%. Over the past decade, the percentage of food insecure households has grown steadily from a low of 10.1% in 1999 to a high of 14.8% in 2008 (Nord, Andrews, and Carlson, 2009). With the recent economic downturn, this upward trend is expected to continue in the near term.

In the city of Chicago, food insecurity has increased substantially over the last decade and appears to be more severe than that of the nation as a whole. The number of families seeking emergency food assistance increased by 31% from 2001 to 2006, and another 36% from 2006 to 2010 (Greater Chicago Food Depository, 2010a). In 2007, a study conducted for the Greater Chicago Food Depository determined that 61% of the working poor in Cook County, IL (the county in which Chicago is located) experienced food insecurity (Greater Chicago Food Depository, 2008). Over one third (37%) of Greater Chicago Food Depository clients are children.

The “Producemobile” program in Chicago was developed in 2001 by the Greater Chicago Food Depository (www.chicagosfoodbank.org) as a “mobile farmers’ market” with the intent to provide fresh fruits and vegetables to low-income/food insecure households (Greater Chicago Food Depository, 2010b). The program ships fresh produce to distribution sites in the city of Chicago, where bags of produce are handed out to clients waiting in line. Distribution sites are managed by non-profit organizations and require parking space for the semi-trailer, space for clients to wait in line for distribution, and volunteers to assist with distribution. Distribution sites are selected based on ability to meet the requirements outlined above as well as location in communities with limited access to affordable fresh produce and high percentages of food insecure households. Distribution sites are chosen by the Greater Chicago Food Depository and sites enter into an agreement with the Depository based on these requirements. The frequency of distributions varies by site with some sites receiving distributions only once a month and others more frequently.

The program began with one refrigerated semi-trailer truck, and in 2005 it added another. The number of distribution sites was expanded with the addition of the second truck; the trucks were donated by corporations. Fruits and vegetables are provided through donations from produce markets and grocers and are supplemented by purchases (La Luz, 2008).

Currently, the Producemobile program distributes more than 2.1 million pounds of food annually. Approximately 800 people in the metropolitan area are served each weekday (Greater Chicago Food Depository, 2005). To our knowledge, the Producemobile is the first service of its kind in the United States. There is no eligibility test at the point of food delivery and no routine data collection about users other than the number picking up food per truck visit.

In 2005, the Consortium to Lower Obesity in Chicago Children (CLOCC), which brings together hundreds of organizations to confront childhood obesity in Chicago, identified the ProduceMobile distribution system as a possible opportunity for partnership in the development of health and nutrition-focused obesity prevention programs and services. To ascertain if this would be a well received expansion of services, a study was undertaken. The results of the study are reported here.

METHODS

An Advisory Committee was formed in the winter of 2005–06 to guide the project, including the development of survey questions and focus-group topics. The Advisory Committee was comprised of representatives from: the Greater Chicago Food Depository, CLOCC, the Chicago Partnership for Health Promotion (a community nutrition education program), the Institute for Community Resource Development (a community food systems advocacy organization), a major Chicagoland retail food store chain, a ProduceMobile distribution host site, and the Mobile Health C.A.R.E. Foundation (an organization providing mobile health services to communities in Chicago). The study was conducted by CLOCC staff under the aegis of the Children's Memorial Research Center. The lead author was the Principal Investigator (PI) who developed the research design, survey instrument, focus-group questions and research protocol. She also analyzed and oversaw the interpretation of results. The second author managed data collection and coordinated the Advisory Committee. A team of research assistants (RA) administered surveys. An RA who was trained in focus-group facilitation conducted the Spanish focus groups, transcribed focus-group recordings, translated Spanish transcripts into English, and assisted in analyzing the focus-group data. Funding for the study was provided by the Michael and Susan Dell Foundation. Human subjects approval was provided by the Children's Memorial Research Center Internal Review Board.

Surveys

In the spring/summer of 2006, a survey ($n = 317$) and six focus groups were conducted with ProduceMobile users at four distribution sites (West Community II, North Community, South Community, and West Community I). As users waited in line, research assistants (RAs) from Children's Memorial Hospital approached those waiting in line one on one and asked them if they wished to participate in a short interviewer administered survey. Those who accepted (nearly all) were given the option of completing surveys in English or Spanish. Consent was obtained verbally and marked on the consent form. This was done to avoid collection of identifying data for survey respondents, as a written consent form would have been the only identifying data collected. Participants who completed a survey received a nylon drawstring backpack. Surveys were conducted until the quota for completed surveys was completed at each site. Surveys were conducted in a semi-private location near the waiting line so that respondents would not lose their place in line, yet were out of earshot of other ProduceMobile users.

Completed surveys were collected by the project coordinator, transported to the project office, and stored in a locked cabinet in the PI's office. Surveys were entered into an SPSS (v. 12.0) data set for analysis by project RAs. The data set was stored on a password-protected computer accessible only to key project staff.

Survey items are listed in table 1. Questions regarding ProduceMobile use and satisfaction, addition of health-related services to ProduceMobile distribution, other sources of produce, and food

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Table 1. Field Survey Questions

Topic	Survey question
Producemobile use	<p>How often does someone from your household visit the Producemobile at this location?</p> <p>Who from your household usually visits the Producemobile?</p> <p>How did you hear about the Producemobile?</p> <p>How did you get to the Producemobile today?</p> <p>What are other reasons you come this location?</p> <p>Do you visit other Producemobile stops?</p> <p>Do you ever share the food you get from the Producemobile with other households?</p>
Satisfaction with Producemobile	<p>How satisfied are you with...</p> <ul style="list-style-type: none"> Location of the Producemobile Time of day of Producemobile visit Time of month of Producemobile visit Quality of food provided Variety of food provided Amount of food provided <p>What are the top three things you like most about the Producemobile?</p> <p>Is there anything you would change about the Producemobile?</p> <p>Do you plan on visiting this Producemobile stop next month?</p> <p>Would you recommend the Producemobile to someone else?</p>
Addition of health-related services to Producemobile distribution	<p>Based on your experience with the Producemobile, would you support adding any of the following to the Producemobile visits?</p> <ul style="list-style-type: none"> Cooking demonstrations/food storage tips Recipe information Nutrition education
Household characteristics	<p>How many people live in your household?</p> <p>Does your household include any of the following?</p> <ul style="list-style-type: none"> Children <ul style="list-style-type: none"> Infants/toddlers Preschoolers Grade-school aged children Teens Senior citizens Persons with health conditions <ul style="list-style-type: none"> Asthma Diabetes Pregnancy Other _____ <p>Who does most of the cooking for the household?</p>

continues

assistance were developed with input from the project Advisory Committee. Questions assessing household and respondent characteristics were adapted from a household demographics survey used for other projects.

Questions regarding food security were adapted from the United States Department of Agriculture (USDA) process for assessing food insecurity. The USDA determines food insecurity using an annual survey conducted by the U.S. Census Bureau as a supplement to the monthly Current Population Survey (CPS). The food security survey asks households 18 questions about experiences and behaviors that indicate food insecurity. Based on their responses, households are classified as food

Table 1. Continued

Topic	Survey question
Other types of food assistance received by household	Does anyone in your household use any of the following? LINK Card WIC coupons Farmer's Market coupons Senior discount coupons Food pantries Free/reduced price school lunch program Other
Household food security	In the last month. . . Were you worried that your household's food would run out before you got money to buy more? Did the food you bought not last and you didn't have money to get more? Could you not afford to eat balanced meals?
Other sources of produce	What other places do you get your household's fruits and vegetables?
Respondent characteristics	How old are you? What is your gender? Which of the following best describes your race/ethnicity? Non-Hispanic white Non-Hispanic African-American Hispanic Asian Other

secure, food insecure without hunger, or food insecure with hunger (Nord, Andrews, and Carlson, 2007). To gauge food security among Producemobile users surveyed, 3 of the 18 questions from the USDA food security survey were used (see table 1). Data from the 2000 US Census, the Centers for Disease Control and Prevention, and the Food Research and Action Center were utilized for comparison of Producemobile household characteristics to those from Chicago and national samples.

Focus Groups

Focus groups are a research method for generating an understanding of individual beliefs/attitudes toward a particular topic and thus well suited for this research project (Patton, 2002). Topics covered in the focus groups are shown in table 2. Focus group topics were nominated through Advisory Committee discussion. Topics were selected if they were highly related to the central purpose of the project: assessing the feasibility of adding health related services to Producemobile distribution sites. Some other topics regarding the Producemobile user community were also included. Focus groups were held at or near the Producemobile host organizations. Organizations hosting a focus group received \$200 per focus group.

A total of six focus groups were conducted one to two months after the survey.

Focus-group recruitment: At the conclusion of the survey, RAs asked participants if they would be interested in participating in a focus group to be held at a location near the Producemobile

Table 2. Topics Covered in Focus Group/Coding Categories and Associated Coding Categories

Topic	Question(s)	Codes
Healthy eating goals	Tell us one thing you wish that you could change about the way your family eats.	HE goals
Healthy eating facilitators/barriers	What do you think could help you make those changes?	HE facilitator
	What are some reasons you think X would work?	HE facilitator
	Reasons why you think X would <i>not</i> work?	HE barrier
Ideas about services added at Producemobile distribution sites	We are specifically interested in hearing your ideas about the kind of services that could be added to Producemobile distribution sites. Let's make a list of possibilities. (build list)	PM addition
	For item x on list. For x, how would that be helpful?	PM addition helpful
	Now let's go through the list again and talk about what might get in the way of your using x. What are some reasons why you wouldn't be able to use x?	PM addition barriers
	Probes hours of operations, having to come back later, parental consents, etc.	
	Does anyone have anything else they'd like to share about the idea of adding services to produce distribution provided by the Producemobile?	PM addition other

distribution site. If they were interested, researchers recorded their name and contact information on a sheet of paper separate from the survey. There was no link established between the completed survey and focus-group contact information. Nearly three quarters (74%) of the 317 persons interviewed agreed to participate in a focus group and provided contact information. To recruit focus-group participants, contact sheets for each of the four Producemobile survey sites were shuffled so that they were in no particular order. An RA called potential focus-group participants 1–2 weeks prior to the scheduled focus-group date and asked if they would like to participate. Those who responded affirmatively were given the location and time to report to the focus-group site. Candidates were called until a quota of 20 participants per scheduled group confirmed participation. Focus groups were held at community organizations close to Producemobile distribution sites, lasted about 1.5 hours, and were attended by 6–15 survey respondents. Participants were given an informed consent form to review prior to the focus group and any questions regarding human subjects protections were discussed one on one with participants prior to their signing the consent forms. No potential participants refused consent. Consents were obtained in Spanish or English as appropriate. There was one focus group per site in English; two sites each had one focus group in Spanish as well (West Community II and North Community), reflecting the large number of Spanish-speaking survey respondents. Focus groups in English were conducted by the PI; focus groups in Spanish were conducted by a native-Spanish-speaking RA with experience in focus-group facilitation. Focus groups were digitally recorded. Each participant received a \$25 gift card.

Electronic recordings of focus groups were uploaded to secure computers used by the PI and RA focus-group facilitator. Electronic files were transcribed into Microsoft Word Documents (Redmond, WA). Identifying information was removed from the transcripts and the names of communities in which focus groups were held were masked to protect the privacy of focus-group participants.

Data Analysis

Descriptive data profiling survey responses were produced using SPSS Frequencies and Descriptives analytic procedures. Frequencies were run for categorical variables. Descriptives were run for continuous variables. Measures of central tendency (mean, median, and mode) and dispersion (range, standard deviation) were calculated.

The initial focus-group coding categories were descriptive and were developed from research questions and topics guiding the research. Codes were developed by the PI and the RA who conducted the Spanish focus groups. Focus-group transcripts were initially coded using these descriptive coding categories. Constant comparative analysis methods were utilized to develop and refine the coding scheme (Hewitt-Taylor, 2001). Transcripts were coded by both the PI and a RA and refinements were made until agreement was reached on the use of codes and suggested coding scheme revisions. The coding scheme was revised to reflect more conceptual and abstract codes after initial descriptive coding was completed. Table 2 includes the list of coding categories developed.

Human Subjects

Prior to the start of data collection the project received approval from the Children's Memorial Hospital (project number #2006-12848). Human subjects' protections incorporated and included: no collection of identifying information for survey respondents, a request for voluntary submission of identifying information for recruitment for focus-group recruitment purposes only, verbal consents for surveys, and written consents for focus-group participation. No link was established between focus group and survey participation. Further, community locations were masked as an added privacy protection. All data are stored in locked and password-protected facilities and equipment.

FINDINGS

Survey Respondent Characteristics

A total of 317 surveys were completed at four distribution sites. The number of completed surveys per site varied from a low of 66 (West Community I) to a high of 86 (North Community). Table 3 provides results for respondents' demographic and household characteristic variables.

The majority of ProduceMobile user respondents were female (78.8%), between the ages of 41 and 70 years old (67.0%), minority (African-American, 54.6%; Hispanic, 33.5%), and responsible for doing most of the cooking for their households (81.2%). ProduceMobile user households differed from typical Chicago households in a number of ways (see table 3). ProduceMobile user households were, on average, more likely to:

- be larger than the average Chicago household (U.S. Census Bureau, 2004).
- have a member with diabetes than families in the Chicago metropolitan area (Centers for Disease Control and Prevention, 2008).
- have a member with asthma than families in the US metropolitan urban areas (Centers for Disease Control and Prevention, 2006).
- live in households including children aged <18 years than all Chicago households (U.S. Census Bureau, 2004).

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Table 3. Survey Respondent Demographics/Produce/mobile User Household Characteristics

Respondent characteristics	%
Age	
18–30	11.4
31–50	33.3
50–70	45.4
>70	8.9
Gender	
Female	78.8
Race	
Non-Hispanic White	5.1
Non-Hispanic African American	54.6
Hispanic	33.5
Asian	0.3
Other	6.4
Household member characteristics	
Average number of persons in household (HH)	3.20
HH w/infants/toddlers	15.9
HH w/preschool children	17.3
HH w/school-aged children	37.8
HH w/teens	21.2
HH w/sr. citizens	43.4
HH has a member w/asthma	25.7
HH has a member w/diabetes	21.0
HH has a member who is pregnant	2.4
HH has a member with “other” health condition	23.0
Other food assistance received	
Link card	40.2
WIC coupons	11.0
Farmers Market coupons	7.3
Sr. discount coupons	5.0
Food pantries	25.2
Free school lunch	25.2
Other food assistance	4.3
Food security ... In the last month ...	
Worried HH's food would run out before got money to buy more?	59.6
Food bought did not last and didn't have money for more?	57.3
Could not afford to eat balanced meals	49.0
Produce/mobile (PM) use	
Visit PM every month	52.7
This is first time visiting PM	30.9
Respondent is the HH member that usually visits PM	94.1
Plan to visit same PM site next month	98.3
Visit more than 1 PM site	23.8
Mode of travel to PM	
Walk	41.3
Car	40.0
Satisfaction with PM ... somewhat or very satisfied with ...	
PM location	93.1
PM distribution time of day	91.8
PM distribution time of month	65.0
Quality of PM food	57.1
Variety of PM food	61.5
Amount of PM food	63.7
Use of PM food	
Share PM food with other HHs	71.6
Share PM food w/other HH on a regular basis	55.0

- have a member over age 65 than Chicago households in general (U.S. Census Bureau, 2004).
- live in food insecure households than Chicago households in general (Food Research and Action Center, 2006).

Healthy Eating Obstacles and Opportunities (Focus-group Findings)

Each focus group began by asking participants what changes they would like to make in the way that their family eats. There was agreement across focus groups regarding the types of changes desired. Focus-group participants linked these lifestyle behaviors to desired health outcomes (e.g., weight loss, lowered blood sugar, controlling diabetes, arthritis, and other chronic health conditions). As one participant said, “*This is why I want my family to eat better, because my family has a history of heart conditions and my son is overweight*” (North English focus group). Another participant said, “*I have high blood pressure and need to control sodium and carbohydrates. Need to eat more vegetables*” (West I Spanish focus group). Table 4 summarizes focus-group discussions regarding participants’ goals for improving household members’ eating behaviors.

A significant portion of the focus-group discussions dealt with obstacles to desired patterns of eating. The primary barriers identified by participants fell into five themes: (1) cost, (2) food preparation knowledge and skills, (3) habit, (4) taste, and (5) household management challenges.

Cost. Focus-group participants identified the cost of healthier foods such as fruits, vegetables, lean meats, and olive oil as a barrier to improving their household and family diets. For example, one focus-group participant shared:

Sometimes it’s a question of economics. Budgets are too tight or not employed. Sometimes vegetables are pricier than other food. That’s why we seek help. Sometimes we try to eat healthier but we can’t afford it. I try to eat a banana daily. I had to buy only two because that’s all I could afford (North focus group).

Table 4. Focus Group Results: Healthy Eating Goals

Desired change	Strategies that could support change	Desired health outcomes
Increased consumption of fruits and vegetables	Peeling and cutting up fruit to make it more manageable for younger children Hiding vegetables in soups, stews	Weight loss
Less consumption of “junk food,” sugar, salt, and fat	Putting fruit out (making it available as a snack) Using cooking methods other than frying (steaming, broiling, grilling, baking) Substituting olive oil for lard Substituting herbs for salt Buying fewer junk foods and sweets	Lowered blood sugar Lowered blood pressure Lowered cholesterol
Consumption of smaller portions of food	Using smaller plates	Weight loss
Increased consumption of water/decreased consumption of soda pop.	Not buying soda pop Serving water	Weight loss Lowered blood sugar
Reducing eating between meals	Having regular meal times Being organized and planning meals	Weight loss

Food preparation knowledge and skills. Focus-group participants identified several gaps in food preparation knowledge and ability. One gap was that younger families were believed to do less food preparation and to be less familiar with cooking with fruits and vegetables in the home than were families with older members. Another gap was cultural and often related to the produce distributed by the ProduceMobile.

African-American participants did not know how to cook or use jicama, squash, or avocados. *“Squash—we don’t know how to cook it. I remember she tell me, you put sugar in it, that trip me out”* (West focus group).

Hispanic participants did not know how to cook broccoli or artichokes. Focus-group participants also identified inexperience with recipes for preparing food using healthier methods and ingredients (e.g., steaming rather than frying and replacing less healthy ingredients with healthier options such as olive oil for lard and herbs for salt).

Habit change. Focus-group participants spoke of the difficulty of changing unhealthy eating habits for themselves and household members. For example, a number of participants admitted to buying or serving “junk” foods, unhealthy snacking, and late night eating habits. Focus-group participants also noted a trend towards children developing eating habits that tend toward unhealthy foods. Young children were observed to eat anything and to enjoy fruits and vegetables, but as children aged, they were less likely to eat fruits and vegetables and more likely to ask for, demand, and eat “junk foods” (e.g., chips, candy, pizza).

Taste. Participants noted that children, especially young adults, would not eat things that did not taste good to them. As a result, they wanted, and often ate to excess, foods that parents saw as “junk,” e.g., pizza, chips, sweets, and soda pop. These foods were provided by parents who said they bought what their children would eat and were also obtained by children with their own money or from friends. *“That’s what they want. They want the junk food. If you don’t got it, like the sweets, it’s like you don’t have food in the house, ‘There ain’t nothing to eat!’ They want the junk food, fries. Especially the pop and hamburgers. They really beg for it”* (West focus group).

Household management challenges. The management of a household’s food consumption was a complex task for many ProduceMobile users. This was, in part, because households did not necessarily include everyone who ate together, and those who ate together did not necessarily include all who lived together. This created some challenges, especially for ProduceMobile users who saw family meals as supportive of healthy eating. ProduceMobile user households sometimes included extra members who were temporarily staying in the household but were expected to obtain and prepare their own foods. ProduceMobile users could not afford to feed these temporary members, who were excluded from sharing in common meals and household foods. These households reported sometimes avoiding family meals so they wouldn’t have to invite or exclude these “extra” members. *“Families don’t really sit down and eat together anymore. When I was growing up my family ate dinner at 6 o’clock. A lot of people now don’t do it. They don’t get it. They don’t know nothing about supper. Everyone goes in the kitchen for theyself. Or down the street”* (South focus group).

Some ProduceMobile user households routinely fed adult children/or grandchildren who did not live in the household and for whom they were not responsible for rule setting or discipline regarding eating behaviors. When they fed family members only some of the time, ProduceMobile users often felt frustrated with the lack of control they had over these family members’ diets.

Some households found it difficult to schedule family meals because of conflicting work and school schedules. In some households there was no one time when all household members were

available. “I have four kids, two are teenagers. Everyone has a different schedule. This class, that class. Friends” (South focus group).

Lack of parent control over child behavior. Focus-group participants identified a lack of parental control over children’s eating behaviors as a barrier to healthy eating. One dimension of this is *lack of parental control over children’s access to foods outside the home*, which can compete with family meals. Some participants mentioned that schools played a role in feeding unhealthy foods to children, such as giving pizza parties and junk food as rewards, thereby undermining the efforts children were making at home. Parents also reported that children regularly obtained food on their own apart from families, buying it at corner stores and local restaurants. Another dimension concerns *foods prepared and eaten in the household*. Focus-group participants spoke of difficulties in creating environments supportive of healthy eating, sometimes due to caregivers’ limited ability to set and follow rules regarding snacking and discomfort in denying food to children. Often these interacted, producing a tendency to let children have food whenever requested.

Some issues were more salient for one age group of participants than another. Older participants observed disapprovingly that children were given choices about what/when they would eat. They stated that they did not believe in giving children choices about eating. These participants believed that children should eat what they are served when they are served it, and that it was a discipline issue if children were refusing family meals. Still, younger focus-group participants (typically those still parenting young children) also complained about having less control than they wanted over what their children ate.

Focus groups discussed opportunities as well as obstacles. Participants identified factors that facilitate the dietary patterns they seek. For example, participants identified household management strategies such as planning ahead, shopping for healthy items, preparing healthy items so that they may be easily consumed (e.g., cutting and peeling fruit), and making healthier foods accessible (e.g., keeping fruit out for snacks) as possible facilitators for improving healthy eating.

Parents recognized the role they played in setting an example of healthy eating. Several indicated that they needed to lead by example if they expected their household members to improve their eating habits.

Opinions Regarding Adding Health-Related Services to Producersmobile Distribution Sites (Survey and Focus-Group Findings)

The field survey asked: “Based on your experience with the Producersmobile, would you support adding any of the following to the Producersmobile visits?”

- a. Cooking demonstrations/food storage tips
- b. Recipe information
- c. Nutrition education
- d. Health screening services
- e. Other

For the most part, survey respondents at each site supported the addition of these services. West Community I survey respondents were most supportive of adding each of the services. North Community respondents were less supportive of adding services, especially cooking demonstrations and recipe information. West Community II respondents were also significantly less supportive of adding recipe information.

The focus groups provided more detailed feedback on the specific services proposed. Feedback was organized into the following themes which emerged from the focus-group data analysis: (1) child/youth focused services, (2) cooking demonstrations, (3) nutrition education, and (4) health screenings. Table 5 summarizes these findings.

Child/youth focused services. Services for young children were probably not a good fit, according to focus-group participants. Most families avoided bringing children to the Produce mobile distribution site because of long wait times and the volume of food to carry home. Also, most Produce mobile site visits occurred during school hours. Despite these issues, child immunization services were supported by some focus-group members, but others pointed out a potential problem with access to prior immunization records.

Cooking demonstrations. The addition of cooking demonstrations/recipes/food storage fact sheets were generally supported by focus-group participants. They especially expressed support for having available recipes that involve foods with which they were unfamiliar. Such recipes would preferably use common ingredients, include explanations on how to prepare unfamiliar foods (e.g., “does it get peeled?”), use healthy methods of preparation (e.g., steaming vs. frying), and include pictures of how the dish should look when finished. Focus-group participants were also interested in storage tips, especially when they received large quantities of a single type of food. They wanted to know which foods could be frozen and for how long, and how to prepare food for storage. Cooking demonstrations with free samples featuring a food from that day’s Produce mobile were seen as a good way to promote unfamiliar foods and healthier methods for preparation of familiar foods.

Nutrition education. “Roaming nutritionists” were suggested in several focus-group discussions. These nutritionists could wander through the line and offer lessons on label reading, healthy preparation methods, strategies for getting children to eat healthier foods, and consequences of unhealthy eating. Participants thought this service would be helpful because it would not take any extra time/effort on their part as they would be waiting for the food to be distributed anyway. However, some participants identified a problem in that the nutritionist would be inaccessible to those who received their food before the nutritionist was able to speak with them. Other participants sug-

Table 5. Focus Group Results Regarding Support for Adding Services to Produce mobile Distribution Sites

Service type	Support for	Suggestions/concerns
Services for young children	no	Concern: children not brought to site if can be avoided
Immunization	mixed	Concern: accessing record of prior immunization
Healthy eating recipes	yes	Suggestions: feature recipes for food distributed that day that use pictures, common ingredients, and healthy prep methods
Healthy eating food prep demonstrations	yes	Suggestions: showcase unfamiliar foods; food distributed that week
Healthy eating food storage tips	yes	Suggestions: esp. for food received in large quantities, can it be frozen? how? for how long?
Nutrition education	mixed	Suggestions: “roaming” nutritionist, home visits w/nutritionist Concerns: “what if you get your food before you get to see the nutritionist?”
Health screenings for chronic conditions	mixed	Concerns: long wait times, cleanliness, privacy

gested that nutritionist home visits could be beneficial in helping their families make dietary changes. Home visits were seen as potentially helpful because the nutritionist could see the home situation and therefore make realistic suggestions. An additional advantage would be that the nutritionist would be able to meet with multiple family members. Participants thought it would be especially helpful if children could meet with the nutritionist during the home visit.

Health screenings. A number of focus-group participants thought that screenings for chronic health conditions, such as high blood pressure and diabetes, would be helpful but did not comment on the ways in which this would help them personally. Many had already been diagnosed with chronic conditions—diabetes, asthma, high blood pressure—and were in need of health condition management services rather than screening services. However, a number of other participants believed that a lack of privacy, long wait times, and a potential lack of cleanliness might present problems for offering health screenings at Producemobile distributions.

DISCUSSION

Producemobile households represent a vulnerable population. Producemobile user households face significant, multiple hardships and challenges to maintaining and improving the health and healthy eating of their members. A high proportion of Producemobile users report household members with diabetes, asthma and “other” health conditions. Many of these households have dependent members such as children and/or elderly persons. Most report that their households experience food insecurity and are dependent on food assistance to meet their basic food needs. Producemobile users are not unique in their burden of chronic disease. Several other studies have documented similarly high rates of chronic health conditions among users of other types of food assistance, such as the federal Food Stamp Program and local food pantries (Anonymous, 2010; Fox and Cole, 2004). Given this, efforts to improve healthy eating for this population must take into account these conditions as factors that may contribute to poor diet and comprised health outcomes.

The healthy eating goals identified by participants demonstrated their knowledge of key elements of healthy eating, such as the importance of eating fruits and vegetables, healthy vs. unhealthy fats, and lowering sugar intake. Other investigators identify similar levels of nutrition knowledge and desire for healthy eating among food insecure households receiving food assistance (Food Research and Action Center, 2009). This suggests that providing healthy eating education without other interventions is not likely to lead to significant improvements in healthy eating behaviors for this population.

Producemobile users identified barriers to improving their household’s healthy eating behaviors also found in other studies (Wicks, Trevena, and Quine, 2006; Hampl and Sass, 2001; Cullen, et al., 2000). For example, lack of familiarity with certain foods and preparation methods is found to affect fruit and vegetable intake for Hispanic households in particular (Wicks, Trevena, and Quine, 2006; Cullen et al, 2000). Parental control and modeling are recognized factors influencing the eating behaviors of children (Hampl and Sass, 2001; Molaison et al., 2005). While Producemobile users were able to suggest strategies for overcoming some of the barriers they identified, a number were viewed as very difficult to overcome. These included: the cost of healthy foods, habit, taste, household management challenges, and parental lack of control over eating patterns. Service providers have an opportunity to use this information to evaluate their strategies, approaches, and commitment of resources for addressing these issues.

Producemobile users had opinions about the utility and desirability of add-on health-related services that differed from those of the Project Advisory Committee proposed add-on services. There

were also differing opinions among participants from different distribution sites. This suggests that consultation with potential service users can be helpful in structuring services that have a greater likelihood of use and perceived utility among users and that services added may need to be tailored to individual sites for maximum uptake.

The study is limited in its application to users of the ProduceMobile service, which differs from other food-assistance services in significant ways. It is focused on distribution of fruits and vegetables so may attract more health conscious users than other types of emergency food assistance. Those receiving ProduceMobile distributed produce are not required to provide proof of need and this may attract populations more likely to be ineligible for other types of food assistance. This method of produce distribution requires a fair amount of mobility and physical strength, thus users of this service may be “healthier” than those receiving other types of food assistance and this study may under-characterize the chronic disease and health condition burden of those using types of food assistance. Finally, the produce distributed is largely raw and must be prepared in order to be consumed. This may skew the population of users of this service toward those with access to cooking facilities, under-representing homeless households.

Implications

The tandem growth in food insecurity and obesity among low-income populations in the United States suggests a growing need for programs such as the ProduceMobile. The findings reported here help illuminate the characteristics of ProduceMobile users, their healthy eating knowledge, and their perceptions regarding the feasibility and utility of added health and healthy eating services. These data may be useful to organizations operating, or interested in developing or expanding, produce-focused food-assistance programs responding to the growing need for this type of food assistance, policy makers interested in exploring alternatives to retail food distribution systems in low-income communities, and community activists interested in bringing effective healthy eating programs to low-income communities.

Our finding that ProduceMobile users carry a heavy burden of chronic disease suggests that it will be useful for food-assistance programs to assess how they might more specifically meet the nutritional needs of their users with chronic health conditions. This may include creating special packages of produce for households with members having common chronic conditions such as diabetes or high blood pressure. For example, such a package might avoid vegetables which contain larger amounts of starch and carbohydrates like potatoes, carrots, peas, beans, parsnips, and beets or fruits like watermelon, mangoes, banana, grapes, or strawberries. Another strategy may be to distribute recipes specifically geared toward diabetic or blood pressure-related dietary needs.

Also, the feedback from ProduceMobile users regarding the desirability of the proposed added services is informative and suggests that program operators, policy makers, and community activists who consult with potential service users may learn information that could help them develop, operate, fund, and advocate for more successful and effective programs. For example, we found that while the Advisory Committee saw an opportunity for providing add-on health services for children, given the high proportion of food insecure households with children, users did not see such services as feasible or desirable. We also found that receptiveness to add-on services varied among distribution sites and that consideration of local conditions and desires may be necessary in order to create programs with the greatest appeal. Finally, ProduceMobile users who participated in the study suggested add-on services that had not been considered by the Advisory Committee. Learning from potential service users may result in program innovations that can address barriers to healthy eating in new and creative ways.

Project update. Our study findings have led to further research among project partners into parenting aspects of healthy eating and several Advisory Committee members are exploring the potential for collaborative project development around household-based nutrition counseling. In particular, several committee members have begun to explore models of household-based nutrition counseling drawing on models from early childhood home visits. Several of the recommendations regarding providing recipes using produce distributed and with illustrations and pictures have been implemented at several sites, though the impact of these efforts needs to be explored.

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Police Officer Perceptions of a Victim-Services Program

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ABSTRACT

This study examines how police officers view their victim-services program and on which occasions they call a victim's advocate to a crime scene. The purpose of this study is to enhance the number of referrals to the victim-services program by police officers, as they are the primary means through which those just victimized become aware of services available to them. The eighty-eight police-officer participants offered extremely positive evaluations of the program and their experiences with victim advocates. Calls for an advocate, then, appear to be limited by police officers' individual evaluations of a victim's need for an advocate, victims' declining an officer's offer to request an advocate, and victims' limited knowledge about the program. Social-policy implications include revising police policies to require officers to call an advocate for all eligible crime victims or, minimally, provide all victims with written materials about the victim services available to them.

VICTIM-SERVICES PROGRAMS PROVIDE SHORT-TERM CRISIS COUNSELING and support to crime victims and their families. Typically, advocates arrive at the scene of a crime and offer physical and emotional comfort, establishing a support system for victims. Advocates help victims access community services, answer victims' questions, and provide information. Advocates leave police free to investigate the crime and make arrests (Corcoran and Allen, 2005; Wasserman and Gregory, 1977). Supporters of crime victims lobbied for victim protections prior to the 1980s, but victim-services programs blossomed after the 1981 attempted assassination of President Reagan, as even President Reagan had difficulty acquiring information about the status of his case. While police focus on locating and arresting offenders, prosecutors try cases, and judges hand down sentences, victims often were left out of the criminal justice process. Indeed, the exception was that victims were typically part of the evidence in the state's case and needed to retell the details of their victimization multiple times. At the same time, victims were not informed about critical aspects of the case, such as plea negotiations, court continuances, and changes in criminal charges (Wasserman and Gregory, 1977). President Reagan's frustration led to the passing of the Victims of Crime Act in 1984, which provided federal subsidies to state victim assistance and compensation programs (Karmen, 2007). Some crucial rights obtained by victims include being informed about changes in the state of the case and being provided with written information regarding community services, victim compensation, the

availability of protection orders, and translation services (Moriarty, 2005). Eventually, the role of victim advocates matured in order to assist victims directly and on the scene with overcoming the immediate negative consequences of their victimization (Payne, 2007).

Research into the effectiveness of victim-services programs reveals mixed results (i.e., Kendall et al., 2009; Sims, Yost, and Abbott, 2006; Winkel and Vrij, 1993). Moreover, many programs are underutilized, with few victims taking advantage of victim-services programs, even when they experience strong psychological reactions to crimes (New and Berliner, 2000). Some victims believe they do not need services (Sims et al., 2006; Stohr, 2005), while others do not recognize they have been a victim of a crime, especially if the offender is a family member or close friend. Some victims feel that services will not reduce their suffering (Stohr, 2005), and many victims report that they do not fully understand the types of services available through these programs (Sims, Yost, and Abbot, 2005). Individuals likely to access services typically have the fewest resources (Stohr, 2005), have experienced previous victimization, and have availed themselves of other government programs such as social services (Sims et al., 2006).

Because police officers are typically the first contact victims have with someone trained to access victim services programs and are in a position to call an advocate to a crime scene, officers' perception of a need for and willingness to call an advocate are vital to the effectiveness of victim-services programs (Kendall et al., 2009). Police officers' evaluation and their understanding of victim-services programs then are essential. One study of police perceptions of a domestic violence response team revealed a positive evaluation of the program and a desire for more specific services (Corcoran, Perryman, and Allan, 2001). In this study, we explore police officers' evaluations of their department's victim-services program, along with their understanding of when to access the program and factors that might inhibit their calling an advocate to a crime scene. Indeed, the victim services coordinator in this community wanted to know why the victim-services program is underutilized, and in particular, why even on-scene police officers investigating eligible crimes with victims present do not enlist their services. Measuring how police evaluate the victim-services program, then, is important, but measuring officer knowledge about the program, the circumstances under which officers have actually requested advocates, and the crimes for which officers would enlist the services of the victim assistance program are necessary to flesh out our understanding of why officers refer so few eligible victims.

METHOD

We constructed a questionnaire in consultation with the Victims-Services Coordinator. It was designed to measure officers' opinions about and knowledge of the victim-services unit, along with possible barriers to accessing those services. In terms of evaluation, officers were asked the extent to which they use the program, if their experiences with the program are positive, and if they think the program is important to the community. A standard five-point Likert scale was used for many items with possible responses of "strongly agree," "agree," "neutral," "disagree," and "strongly disagree." Police officers also were asked about circumstances that would increase or decrease the likelihood of their requesting an advocate, such as if the victim were under the influence or if the advocate's safety would be at risk. In addition, officers were directed to place a checkmark by the situations in which they had actually made a request for an advocate from a predetermined list, including crimes such as robbery, indecent exposure, sexual assault, and unattended death. To relieve confidentiality concerns, demographic questions were restricted to the gender of the officer, the officer's current division, and the number of years the officer has been with this police department. Finally, officers were asked an open-ended question soliciting suggestions for improving the effectiveness of the victim-services program.

Our sample of police officers was drawn from a relatively small police department serving a city with a population of approximately 135,000 people. The city is located in a Western state, allocated just over 31 million dollars to police services in 2009, and its police department responded to 100,230 police service incidents in 2008. Of the approximately 170 sworn officers in this department, more than half were included in our sample. Participants were recruited at the various weekly shift meetings attended by officers in this department. Fifteen shift meetings of sworn officers were selected, including Early Day, Early Swing, Early Mid-shift, Late Day, Late Swing, Late Power, Late Mid-shift, Major Crimes Unit, Property/Financial, Criminal Investigation Unit, School Resource Officers, and Traffic. Any officer not in attendance at one of the selected meetings on the day the questionnaire was administered, due to personal leave or job duties, for example, was excluded from possible participation in the study. Officers were informed before receiving a questionnaire that their participation was voluntary and their responses would be kept confidential. Questionnaires were then distributed, completed and collected at the meeting. Ninety-one officers were present during these fifteen shift meetings, and eighty-eight surveys were returned.

Of the 88 respondents, 83 percent are male (see table 1). The mean length of employment at this department for the sample is 12.5 years, although 11 percent have been with this department for just one year. Given that in 2009, 15.4 percent of police officers in this department were female, and the mean length of employment with this department was 12.21 years, our sample closely matches the full department with respect to these demographic characteristics. The vast majority of officers in this department identify as white/Caucasian (91.1 percent), with just 5.9 percent of officers identifying as Latino/Hispanic and the remaining 3 percent identifying primarily as some other race or ethnicity. For this reason, we did not ask about officer race or ethnicity as there is little variation, and minority officers might be inhibited from participating or doing so truthfully for fear that their responses could be easily associated with them. As expected and desired, the bulk of our sample comes from officers currently assigned to the patrol division (84 percent) with 8 percent currently with the detective division and another 8 percent of our sample coming from community resource and traffic officers.

RESULTS

In terms of evaluation, 98 percent of officers agreed or strongly agreed that the victim-services program is important to the community, and 96 percent have had positive experiences with victim advocates (See table 2). Seventy-seven percent of officers agreed that advocates are well trained, and none of the officers disagreed with this. In addition to this overwhelmingly positive evaluation of the program, most officers (92 percent) felt that they are knowledgeable about the program with no officers

Table 1. Sample Demographics in Percentages

Gender	Percentage	Division	Percentage	Years in Department	Percentage
Male	83	Patrol	84	1 or less	11
Female	17	Detective	8	2–5	19
		Community/ Traffic	8	6–9	20
				10 or more	50

Table 2. Officers' Evaluations of Victim Services in Percentages

	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Victim services are important to community	59	39	2	0	0
Positive experiences working with advocates	39	57	4	0	0
Advocates are well trained	26	51	23	0	0
Knowledge about program	28	64	8	0	0
Advocates response time long	0	3	37	47	13

reporting that they had little or no knowledge about victim services. In regards to advocates' response time, 60 percent disagree that advocates take too long to respond to the scene, yet more than a third (37 percent) of officers selected "neutral" for this item. Although only 15 of the 88 officers in our sample are female, we compared means for male and female officers on each evaluative item. Mean differences were small, with most much less than half of 1 point on a 5-point scale, and none of these differences was statistically significant with *p*-values for each comparison greater than 0.05.

Next, officers were asked to respond to items about circumstances that might influence their decision to request an advocate. Only 3 percent of the officers agreed that they were too busy to request an advocate, while 93 percent of the sample reported they were not too busy to make such a request (see table 3). More than 40 percent of officers agreed or strongly agreed that they were more likely to request an advocate if the victim is female. Another 30 percent of officers chose "neutral" as their response to this item. When asked if they were more likely to request an advocate for an

Table 3. Factors Influencing Officers' Requests for Advocates in Percentages

	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Too busy to request advocate	2	1	4	56	37
Likely request if victim is female	3	38	30	19	10
Likely request if victim is emotional	39	54	6	0	1

emotional victim, 93 percent concurred, and only 1 percent strongly disagreed. Again, there were no significant differences in means for male and female officers for any of these items.

Potential barriers for an officer requesting an advocate were suggested by the Victim Services Coordinator. These include: the victim being under the influence of a controlled substance, the victim refuses the service, the safety of the advocate is at risk, or the advocate would need to drive in difficult weather conditions to respond to the crime scene. Seventy-three percent of officers reported that indeed they were not likely to request an advocate when the victim is under the influence (See table 4). Only 15 percent of officers would be likely to request an advocate when the victim refused such services. When police officers conclude that an advocate’s safety may be at risk, 82 percent report that they would not be likely to request an advocate. With bad weather driving conditions, only 11 percent of officers say they would not be likely to request an advocate. Differences in means for male and female officers were small, and none was statistically significant with *p*-values all greater than 0.05.

Officers were asked to mark each crime for which they would be likely to request an advocate from a list of 14 eligible crimes (see table 5). A score of 14 means the officer checked every eligible crime. A score of zero represents no eligible crimes marked. The mean score is 10.4, and the median is 11. Most officers recognized most of the crimes for which victims’ advocates may be requested, yet only 10 percent of officers checked all eligible crimes. The three eligible crimes not checked most often were: motor vehicle accident, harassment, and indecent exposure.

Finally, respondents were asked for suggestions to improve the effectiveness of victim services. Overall, police officers indicated that they were quite pleased with the contribution of victims’ advocates. Comments along these lines included, “Keep up the great work,” “Trust them with victims entirely,” “Everyone does a great job,” and “You guys do back flips for us every time we ask.” Suggestions for improvement were minimal and pertained to the limited resources available to the program, including comments of “give them more resources to offer to victims” and “continue to be there for us.”

DISCUSSION

This research examined why the victim-services program available to a small city police department often is not called upon by officers at the scene of crimes where eligible victims are present. It is clear that the answer is not that police officers view the victim-services program negatively. Indeed,

Table 4. Officer Barriers to Requesting Advocate in Percentages

	Likely to Request	Not likely to Request
Victim is under influence	27	73
Victim refused services	85	15
Safety of advocate at risk	82	18
Advocate need to drive in bad weather	11	89

Table 5. Officer Recognition of Crimes Eligible for Victim Assistance in Percentages

Sexual assault	96
Unattended death	83
Motor vehicle accident	30
Manslaughter	85
Homicide	92
Menacing	69
Assault	83
Harassment	37
Robbery	76
Incest	82
Child abuse	84
Kidnapping	88
Domestic violence	92
Indecent exposure	41

overwhelmingly, officers find the program to be valuable and an important resource for the community. Moreover, the majority of officers report having positive experiences with advocates and find advocates to be well trained. With this in mind, the question of why many officers do not request advocates to eligible crime scenes remains.

Victims of crime are often thrust into situations where making decisions is difficult, and it is not unusual for victims of crimes to be slow in processing information. One barrier revealed in this research, then, is that, in general, officers do not request advocates for victims when victims decline the services. However, we know that many victims are traumatized and may decline an officer's invitation to request an advocate on scene in order to avoid additional questioning, paperwork, or other complications in the moment, which is often shortly after the victimization has occurred. Many officers also seem to be influenced by gender, reporting they would be less likely to call an advocate when the victim is male. Moreover, with a large number of officers answering "neutral" on this item, it may be that the question itself reminds them that they differentiate based on gender, and are perhaps less likely to see men as victims in need of assistance in comparison to women. If so, as many as three-fourths of officers may be less likely to call for an advocate simply because the victim is male. In addition, the vast majority of officers (93 percent) report being more likely to call an advocate when the victim appears emotional. Many eligible victims, then, may simply not be offered the service or are offered it at a time when they do not understand what is being offered or are not comfortable accepting such services. Indeed, if victims are male or do not appear to be emotional to an officer, such victims are less likely to be offered services at all. Therefore, a protocol could be established that officers request an advocate for every eligible crime, regardless of the apparent emotional state or the gender of the victim. A trained advocate then can offer immediate support to the victim and has the opportunity to explain all services available to that victim face to face. This would afford the victim the opportunity to make an informed decision because he or she has more information about what services are available and is being fully attended to by the advocate whose only responsibility at the crime scene is to care for the victim.

Opportunities for officer training in relation to victim services are suggested by this data as well. Only 10 percent of the officers surveyed marked all crimes in which victims are eligible for services, although 92 percent of officers felt they were knowledgeable about victim services. Areas of expansion of training, then, might include a focus on the three eligible crimes checked least often by officers. Additionally, 73 percent of officers reported they were not likely to request an advocate for a victim under the influence of a substance, and 82 percent of officers are not likely to request an advocate if the advocate's safety may be at-risk. Understandably, when a victim is under the influence, the effectiveness of an advocate at the scene may be limited, and officers do not want to endanger advocates. However, victim services could be notified about a victim and the relevant facts of the case at a later time. This would allow advocates to contact victims and offer services to them at another time when conditions are safe, and victims are more able to effectively convey their needs. Minimally, it seems that a pamphlet about the services available to and rights afforded victims should be created and offered to every victim by the responding officer on scene. Such a pamphlet, flyer, or card would be a quick and inexpensive way of ensuring that all victims are at least made aware of their rights and contact information for services that may be available to them. In summary, at least within this department, program quality is not at issue; rather, officer discretion is at issue, in that officers decide who would benefit from having an advocate on scene, and this necessarily reduces the number of requests for advocates made by police officers.

NOTE

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It's Not Just Black and White The Emergence of the Hispanic and Asian Communities in Northeast Florida

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ABSTRACT

In 2005–2006 the Northeast Florida Center for Community Initiatives carried out a series of research efforts with the Jacksonville Human Rights Commission (JHRC) to 1) understand how dramatic demographic changes will affect the local community in the future, 2) identify creative ways that the city could prepare for this opportunity, and 3) plan how to limit potential problems that other communities have experienced from demographic shifts. In this paper, we present a condensed version of our report to the JHRC.

REFLECTING CHANGES IN THE NATION AS WELL AS THE STATE, Jacksonville (Duval County) witnessed exceptional increases in its minority populations. As we can see in Table 1, compared to all other minorities, Hispanics are predicted to increase at the fastest rate in Duval County. In 2000, Hispanics constituted 4.1 percent of the population (U.S. Census Bureau). By 2008 it was estimated that Hispanics represented more than 5 percent (ESRI Business Analyst, 2008). By 2013, the Hispanic population is expected to account for over 7.2 percent of the Duval County population, almost triple the size of this group in 1990 (2.6 percent) and a 76 percent increase since 2000 (U.S. Census Bureau and ESRI Business Analyst, 2008). Map 1 further illustrates the increase in the Hispanic population from 2000 to 2010. (To view this article with maps, visit <http://www.unf.edu/coas/cci>. Under Publications, select “It’s Not Just Black and White.”)

Other minorities have experienced growth in Duval County as well. Blacks have grown to over 31 percent of Duval County’s population in 2008 and are estimated to represent over one third of the county population in 2013, an increase of 22 percent of the population (ESRI Business Analyst, 2008). Additionally, Asians/other Pacific Islanders are expected to represent almost 5 percent of the county’s population by 2013, an increase of over 57 percent since the 2000 census. Those of other

Table 1. Duval County Population by Race and Hispanic Origin, 2000–2013 (Percent of Total Population)

	2000	2008	2013	% Change 2000–2013
Total Population	778,879	915,457	996,644	28.0
White	65.8	60.1	56.7	–13.8
Black	27.8	31.7	33.9	21.9
Asian/Pacific Islanders	2.8	3.7	4.4	57.1
Other	3.6	4.4	5.0	38.9
Non-Hispanic White	63.5	56.9	52.7	–17.0
Hispanic	4.1	5.9	7.2	75.6

Sources: 2000—Population Division, U.S. Census Bureau; 2008 and 2013—ESRI Business Analyst

Note: Percentages may not add up to 100 due to rounding.

racial backgrounds will make up 5 percent of the population in 2013, rising more than one-third (38.9 percent) in 13 years (U.S. Census Bureau and ESRI Business Analyst, 2008).

Papademetriou and Ray (2004) examined the immigrant population growth between 1990 and 2000 of the top 100 largest metropolitan areas. The Jacksonville Metropolitan Statistical Area (MSA), which includes Baker, Clay, Duval, Nassau, and St. Johns counties, was categorized as a “new fast-growing hub,” indicating the proportion of immigrants in 1990 was less than the average size of the foreign-born population (11.1 percent), but the average rate of immigrant population growth during the next decade exceeded the average growth rate (55 percent) (Papademetriou and Ray, 2004, p. 5).

Jacksonville MSA experienced a 96 percent increase in the immigrant population between 1990 and 2000 (Papademetriou and Ray, 2004, p. 5). While not all racial minorities are immigrants or vice versa, the designation is another indication of Duval County’s changing demographics.

It is most important for city leaders to understand that about 55 percent of the population will be non-Hispanic whites in 2013, down from over 63 percent in 2000, and 72 percent in 1990 (U.S. Census Bureau and ESRI Business Analyst, 2008). The implications for this change in “the face” of the population of Jacksonville, particularly in light of racial disharmony in the city’s past, should be considered by city leaders as future planning is carried out.

CULTURAL CHANGE

We can see increasing racial diversity in our culture as well. The increase in the number of Hispanics, in particular, resulted in responses from the government as well as the private sector. For instance, Spanish media, in the form of radio, TV, and print, has increased over the past several years. In June 2005, *Hola News*, the only Spanish newspaper in Jacksonville, premiered (First Coast Hispanic Chamber of Commerce, 2005). The free newspaper distributes weekly in Baker, Clay, Columbia, Duval, Nassau, St. Johns, and Suwanee Counties and has established partnerships with other media, such as a local television news station, First Coast News, in order to increase exposure (Norsan Media, n.d.).

Florida schools have responded to the changing demographics. For example, some county school districts require teachers to instruct non-English speaking students. Additionally, schools print handouts in both English and Spanish and provide translators (Lane, 2005).

The business sector has also transformed over the past several years as more people of diverse cultural backgrounds own, operate, and cater to businesses. More specifically, Hispanic businesses

have experienced an exceptional increase in certain areas of the state. As one Southern Florida reporter noted, the increase in Hispanic populations has given “birth to a whole new culture of businesses aimed at serving the lucrative Latino market” (Lane, 2005). In addition to Hispanic-owned businesses, companies in general are targeting the Hispanic community (Raymond, 2001).

Partly in response to the increased Hispanic businesses, chambers of commerce specific to Hispanics have also been established across the state. In addition to the state’s Hispanic Chamber of Commerce, there are localized chambers such as the Florida First Coast Hispanic Chamber of Commerce, Hispanic Chamber of Commerce of Metro Orlando, Treasure Coast Latin Chamber of Commerce, and Broward County Chamber of Commerce. While not as common, chambers of commerce specific to other racial groups are in operation as well. For example, there is the Asian-American Chamber of Commerce of South Florida and Korean-American Chamber of Commerce of Greater Miami.

Due to the increase in Spanish-speaking residents, businesses and organizations are in need of employees that can communicate with their clients. In 2005, the University of Puerto Rico and a hospital in Orlando established a partnership in which University medical students will serve as interns. It is believed that these interns will better serve the population with their knowledge of the Spanish language and culture. The director of Florida Hospital’s family-medicine residency program stated, “We need people who understand our population” (The Associated Press, 2005).

Businesses in Northeast Florida are also recruiting bilingual employees. Locally, *Eco Latino*, a Spanish magazine, sponsored a number of bilingual job fairs and provides a bilingual employment guide on its Web site (*Eco Latino*, 2009).

INSTITUTIONAL CHANGE

With the diversifying population comes change to our various institutions, faced both by the community at large and by the individual racial groups. These institutions include our economy, education, crime, and housing.

Socioeconomics

Decades of sociology show that people group in social classes based upon their race. Although some racial groups, particularly those of the majority, experience the higher end of the socioeconomic continuum, others, typically of the minority races, do not experience such success. The median household income for non-Hispanic whites residing in Duval County was \$44,893 in 1999, while it was only \$37,497 for Hispanic households and \$29,919 for Blacks (U.S. Census Bureau). Likewise, 7.3 percent of non-Hispanic whites in the county had incomes below the poverty level in 1999. However, Hispanics and Blacks experienced much higher percentages at 13.9 percent and 22.4 percent respectively (U.S. Census Bureau).

Participation in free and reduced school lunch programs is another economic indicator used to gage the financial health of groups. In the fall of 2003, 32 percent of white students enrolled in Duval County public school were receiving free or reduced lunch due to their families’ financial needs (Florida Department of Education, 2005). The percentages for other races were much higher; 68 percent of Black students, 64 percent of Hispanic students, and 63 percent of other minority students received free or reduced lunch the same year. While these figures indicate rather high percentages of students in financial need, it is important to keep in mind that they are not representative of the entire community as students coming from more affluent families are more likely to attend private schools.

In addition to these economic indicators, minorities also tend to experience lower homeowner rates than whites. For instance, whites in the Jacksonville Metropolitan Statistical Area (MSA) had a homeowner rate of 73 percent in 2000 compared to only 50 percent for Hispanics and Blacks (Papademetriou and Ray, 2004).

In addition to accessing adequate housing, individuals from racial minority groups experience problems accessing adequate healthcare services. The 2008 National Health Interview Survey found that “Hispanic persons were considerably more likely than non-Hispanic white persons, non-Hispanic black persons, and non-Hispanic Asian persons to be uninsured at the time of interview, to have been uninsured for at least part of the past 12 months, and to have been uninsured for more than a year” (Cohen and Martinez, 2009, p. 3). In fact, more than 30 percent of the Hispanic survey respondents were uninsured at the time of the interview compared to 10.5 percent of the non-Hispanic white respondents, 16.2 percent of the non-Hispanic Black respondents, and 12.2 percent of the non-Hispanic Asian respondents (Cohen and Martinez, 2009).

Racial minorities do not always fare worse than whites socioeconomically, however. For instance, Asians tend to have a higher socioeconomic status than whites. Asians have a higher median household income, higher homeowner rate, and lower poverty rate than whites in Duval County. The median household income for Asians in 1999 was more than \$50,000 and approximately \$45,000 for whites the same year (U.S. Census Bureau). The 2000 homeowner rate for Asians in the Jacksonville MSA was 65 percent (Papademetriou and Ray, 2004). As a result of these socioeconomic advantages, Asians, as a group, do not experience much of the economic hardships that other minority races do.

Education

Education is another area in which we continue to see disparities between racial groups. Although some math (8th grade) and reading (4th grade) achievement gaps narrowed in 2007 between white and Black students, the 2007 reading achievement gap among white and Hispanic 4th and 8th graders and math achievement gap between 8th graders did not “measurably” change in comparison to 2005 (Planty et al., 2009). Furthermore, dropout rates between 1980 and 2007 declined among whites, Blacks, and Hispanics, while the status dropout rate (percentage of 16 to 24 year olds without a high school diploma or equivalent and not enrolled in school) for Hispanics has continued to exceed that of whites and Blacks over the same period (Planty et al., 2009). Additionally, Hispanics as well as Blacks lag behind their white peers when it comes to attending college. High school graduates from both of these racial groups have experienced lower rates of immediate college enrollment than their white counterparts fairly consistently since 1985 (Planty et al., 2009).

Locally, Hispanics experience the highest dropout rate of any racial group in Duval County Public Schools. The Hispanic dropout rate during the 2007–08 school year was 4.0, compared to the overall District rate of 3.3 (Florida Department of Education, 2008).¹ Conversely, the dropout rates among Asian and American Indian students are comparatively lower than other racial groups as well as the overall county rate. The dropout rate for Asian students during the 2007–08 school year was 1.5, while the rate was 1.3 for American Indian students (Florida Department of Education, 2008).

According to the 2000 U.S. Census, in Duval County 14 percent of non-Hispanic white residents 25 and older lacked a high school diploma. On the other hand, more than one quarter of Black adult residents never graduated from high school, and more than one fifth of Hispanics lacked a diploma (U.S. Census Bureau).

Language barriers are another concern within the education system for many immigrants. Students speaking a language other than English typically experience more learning problems in American schools than those who speak English fluently. Duval County observed a 56 percent increase between

the 1999 and 2007 school years in the number of public school students learning English as their second language (Conner, 2009). Many of these students are Hispanics and Asian/Pacific Islanders. In the fall of 2003, 21 percent of the Hispanic students and 15 percent of the Asian/Pacific Islander students in Duval County spoke a foreign language (Florida Department of Education, 2005).

Victimization

Immigrants and persons of lower socioeconomic status are often victimized because of their lack of resources and power in society. In the fall of 2005, Jacksonville perpetrators targeted Hispanic day workers, invaded their homes and robbed them. Some victims were beaten and others were shot, with two resulting in death. "These people make excellent victims. If they rob them, they [the victims] won't report it because they are afraid [that their immigration status may be questioned]. . . . I think they've been getting robbed for a long time, but they haven't been reporting it," explained Jacksonville Sheriff John Rutherford in a news report (Weathersbee, 2004).

Persons are also victimized solely based on their race or ethnicity, as well. According to Hate Crime Statistics 2007, compiled by the FBI and law enforcement agencies, 7,624 criminal incidents motivated by a bias against a race, religion, disability, ethnicity, or sexual orientation were reported in the United States. Nearly 6,000 of those incidents were based on race or ethnicity/national origin. In Jacksonville, one hate crime incident, motivated by race, was reported for 2007 (Department of Justice and Federal Bureau of Investigation, 2008). While this figure appears to be relatively small for such a large city, it is important to note that these figures only represent reported crimes. Other sources arrive at higher numbers. For instance, using the National Crime Victimization Survey (NCVS), the Bureau of Justice Statistics found that only 44 percent of hate crimes are actually reported to law enforcement (Wolf Harlow, 2005).

Hate groups are sometimes an agent of hate crimes and at the very least promote negative attitudes toward others. While hate groups have traditionally targeted Blacks, such groups have also been known to target people based on their ethnicity or national origin, religion, disability, and sexual orientation. In 2008, Jacksonville was home to at least six active hate groups, including racist skinheads, white nationalists, neo-confederates, and black separatists (Southern Poverty Law Center, 2009).

Residential Patterns and Segregation.

Immigrants typically settle in the gateway cities in which they enter the United States, such as New York, Miami, Los Angeles, and Houston. Hispanics and Asians, in particular, tend to concentrate in certain areas, creating several "mini-melting pots" (Frey, 2001). However, immigrants are beginning to take up residence in cities that have experienced very little racial or ethnic diversity in the past. In fact, according to Papademetriou and Ray (2004), the "last decade of the 20th century was perhaps most remarkable for the dispersion of immigrants to states and, more precisely cities, where few migrants have settled since World War II" (p. 3).

Although Hispanics and Asians have typically lived in enclaves, they have historically been less residentially segregated from whites than Blacks (Logan, Stults, and Farely, 2004). An analysis of U.S. Census data of 13 Florida cities with populations over 100,000 found that Hispanics have been more successful at integrating with non-Hispanic whites in Florida than Blacks (Veiga, 2001).

The dissimilarity index is one of a number of measures used to gauge segregation among racial groups. Although using a single index cannot completely capture the level of integration, the dissimilarity index can be used to make comparisons across racial groups and Census years. The index

ranges from zero to 100, with zero indicating perfect integration and 100 indicating perfect segregation. Depending on the source, Jacksonville has a white/Black dissimilarity index of 50.4 to 55.8 based on the 2000 U.S. Census (Frey and Myers and Social Science Data Analysis Network; Lewis Mumford Center). The index is interpreted to read the percentage of individuals of a particular race needed to move to achieve perfect integration. A moderate score of 50.4 indicates that approximately 50 percent of Black residents would need to move to a different neighborhood in order for Jacksonville to achieve perfect integration. Integration increased over the past two decades, from 72.1 in 1980 to 59.9 in 1990 and 50.4 in 2000 (Lewis Mumford Center).

Dissimilarity indices for other races compared with whites in Jacksonville have fared much better. For instance, the dissimilarity index for whites/Asians has decreased from 37.2 in 1980 to 29.6 in 2000. During the same time period, the dissimilarity index for whites/Hispanics decreased from 23.4 to 22.0 (Lewis Mumford Center).

An examination of the residential patterns indicates that the majority of Hispanics live south and east of the St. Johns River and in the southwest area of the city, where a number of tracts have between 10 and 14 percent of the population of Hispanic origin (ESRI Business Analyst, 2008). (See map 2 in the online version of this article, <http://www.unf.edu/coas/cci> under Publications.) These percentages are higher than that of the city in general, which is estimated at 5.2 percent in 2005. A very small percentage (zero to three) of Hispanics live in the extreme north and west areas of town, as well as the city core and northwest quadrant. Also, more Hispanics live near Naval Station Mayport and Naval Air Station Jacksonville (ESRI Business Analyst, 2008).

The residential patterns of Asians is similar to that of Hispanics in that a very small percentage (0 to 3 percent) reside in the extreme north and west areas of the city, as well as the city core and northwest quadrant (ESRI Business Analyst, 2008). However, the tracts with 0 to 3 percent Asian population cover larger areas than those of the Hispanic population, partly because there is a smaller percentage of Asians in the city than Hispanics. Furthermore, these areas may be more representative of the Asian population of the city as it is estimated that Asians represent 3.3 percent of the city's entire population in 2005. Like Hispanics, Asians also appear to concentrate in the southeastern part of town more than other areas (ESRI Business Analyst, 2008). (See map 3 in the online version of this article, <http://www.unf.edu/coas/cci> under Publications.)

CONCLUSIONS

There is no question that Duval County's population is becoming more racially and ethnically diverse. The percentage of non-Hispanic whites has continually decreased over the past decades, while the percentage of minorities, especially non-Black minorities, has risen.

With the ever-increasing diversity of our city comes the potential for racial segregation, discrimination, and conflict. While American institutions have made some progress to accommodate people of other races and ethnicities, particularly those who do not speak English, more must be done. Jacksonville has adapted to the changing demographics, such as creating an International Affairs Unit within the Jacksonville Sheriff's Office to assist non-English-speaking citizens with translation and safety issues (Coleman, 2009). However, it is only a three-member unit. In fact, just recently, a complaint was filed with the U.S. Department of Housing and Urban Development against Jacksonville Housing Authority for failure to translate documents into Spanish (Conner, 2009).

Concern has also been raised by community leaders and commission members regarding what is perceived as increasing tension between Blacks and non-Black minorities (sometimes referred to as Browns). It has been reported that the presumed alliance between these two groups has become

increasingly strained in recent years. It is believed that “many Blacks resent what is seen as Hispanics leapfrogging them up the socioeconomic ladder, and some complain of the skin-color prejudices that are particularly strong in some Hispanic countries, notably Mexico” (Buchanan, 2005: p. 1). This conflict continues to mount as legal and illegal Hispanic immigrants take residence in U.S. neighborhoods, many times predominately Black neighborhoods. Some communities document problems in the form of violence, such as fights on school campuses between Blacks and non-Black minorities (Buchanan, 2005).

Consequently, it is imperative that we, as a community, understand the changing population around us to reduce potential problems. While Jacksonville does not appear to experience conflict to the same extent as larger cities, clear challenges lay ahead. Cities of similar size as Jacksonville, such as Charlotte, Memphis, Louisville, and Ft. Worth, may observe similar trends. Ways to thwart such problems include giving a voice to all groups of people and eliminating barriers to access to services. Frustrations can run high when it is perceived that a particular group is not getting its voice heard. For instance, a Black woman participating in a forum for the most recent race relations study voiced such frustration, stating,

The mayor has a Hispanic American advisory board . . . wanting to make sure that as the influx of Hispanic Americans comes to Jacksonville that we're prepared . . . that the needs of that population of people are met. I'm not mad at them. Of all these years, how come there was never . . . any concern with creating the same environment for the African American population? How come there's never been . . . a Mayor's African American advisory board?"

NOTES

The Northeast Florida Center for Community Initiatives at the University of North Florida is an Applied Sociological research center dedicated to providing high-quality research and evaluation support to community, local, state, and federal programs affecting community life in Northeast Florida. You can find us on the web at <http://www.unf.edu/coas/cci/>.

1. “Florida’s dropout rate is a *single-year* indicator that compares the number of dropouts in grades 9–12 to the total 9–12 students enrolled at anytime during a single year” (Florida Department of Education, 2008, p. 1).

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REFLECTIONS ON THE PRACTICE OF SOCIOLOGY

Emotional Dimensions of Conducting Research in Disaster Settings

A Note on Social Psychological Considerations

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ABSTRACT

In the wake of Hurricane Katrina, disaster research witnessed a convergence of researchers from the social sciences in disciplinary and multidisciplinary teams. National Science Foundation grants funded significant numbers of teams to address topics related to the event and the emotional responses of its impact. Research on disaster mental health is not a new field of study, and research has demonstrated the devastating psychological and mental health effects of disasters; however, the literature focuses predominantly on assisting victims and survivors, with substantially less literature related to the potential social psychological and emotional impacts related to research conducting intense field studies. This essay discusses the emotional dimensions of conducting disaster research by using classic and contemporary social psychological theories to explore how researchers deal with and/or negotiate the potential role conflict and the emotional dimensions of their fieldwork.

IN THE SUMMER AFTER HURRICANES KATRINA AND RITA MADE LANDFALL, a group of disaster researchers met in Boulder, Colorado, to present current research on hazards and disasters as part of an annual meeting. The meeting began with a plenary session that evolved into an open discussion concerning the research priorities and issues of conduct when researching in the immediate aftermath of a disaster. Some of the talk discussed rules and ethics. However, the discussion shifted to the emotional dimensions through a series of short narratives of researchers' experiences and lessons learned in the field. It was this exchange that helped open the door to further conversations exploring the emotional dimensions of conducting research in non-routine environments. As there is a limited body of literature on this topic, our understanding of the emotional dimensions of conducting fieldwork, especially in disasters, is relatively limited. This article builds upon that body of work and draws from the theoretical works of Freud and Goffman in an effort to apply these theories and ideas to contemporary experiences. The primary objective of this essay is to connect selected theoretical concepts to the experiences that underlie disaster researchers in the various stages of field research. This research will draw from theories of self-presentation, impression management, and expressive control, along with related theories concerning emotion work. Along similar lines, this conversation will address the more psychological dimensions in the discussions of the signal effect of emotions, particularly as they pertain to anxiety and repression. By more closely examining the

theories of emotion and literature related to research in the study of disasters, researchers may gain better insight into their own experiences and future experiences in the field. While future research will be needed, the present effort should have a much broader application to other types of fieldwork in dynamic and extreme environments. However, before proceeding, it would be prudent to acknowledge and differentiate this work from previous findings.

Despite the plethora of disaster mental health research over the years, it most often focuses on the psychological health of survivors; the social psychological dimensions of the experiences of disaster researchers are limited. Where the research is present, these writings are more frequently presented through ethnographic accounts. Furthermore, when the emotional experiences of fieldwork are written down for public consumption, the writings on the emotional experience are often relegated to appendices and excerpts removed from the results and findings of the researcher. Most often, these “tales” about emotions and the field can be found in the form of confessional tales, where the researcher shares stories of infiltration, rapport, and hardships, or impressionist tales, with the intent to startle the reader with memorable events (Van Maanen, 1988).

EMOTIONS AND FIELDWORK

From early theorists, a modest, but growing field of research is emerging that is focused on understanding the interplay between emotions and fieldwork. For this discussion, a symbolic interactionist approach is employed, whereby the interactions occur between the researcher and the work conducted in the field. Much of these theoretical underpinnings draw heavily from the aforementioned theories and have been further developed by contemporary sociologists of emotion like Arlie Russell Hochschild and Sherryl Kleinman. Rather than suggest the suppression of emotions, they argue that feelings and emotions can, in fact, contribute to the research (Kleinman and Copp, 1993). This idea contradicts traditional positivist and post-positivist perspectives. By drawing upon their emotions in the field, researchers may be able to enhance their data collection and research methods. Following the arguments of Hochschild and others, it is argued here that there is an emotional culture of research, or a “unique belief system about emotions” and how emotions should operate, be expressed, managed, and how inappropriate feelings should be dealt with (Lois, 2003:85; Gordon, 1989). The emotional culture consists of self-presentation, impression and emotional management, expressive control, emotion work, emotional rules, and emotional socialization that are compounded by an individual’s role.

FIELDWORK IN DISASTERS

As a field of study, disaster research has quickly evolved from its beginnings in the mid-twentieth century. Disaster researchers have been quick over the years to rapidly deploy individuals and teams into the immediate aftermath of events. They encounter an assortment of environmental and social challenges in their efforts to collect data in a dynamic context, where the field often presents environmental hazards, such as aftershocks in earthquakes or continuing exposure to chemical releases. Another factor to be considered is the state of the physical infrastructure, such as the lack of power, communication, utilities, and transportation. These issues present various physical challenges to conducting research in the aftermath of a disaster event.

In addition to the physical, a disaster introduces a series of socially related stresses to the research field. Researcher may witness many of the activities involved in the emergency response to

an event, including search-and-rescue, medical care, and the recovery of bodies. In addition, disaster workers and responders may attempt to involve researchers in the actual response. In one case, emergency workers asked a postdoctoral researcher in the field to explain how long a person can live trapped under debris (Tierney, 2006: pers comm.). In other cases, emergency officials have attempted to “task” researchers with various assignments, such as GIS mapping in the wake of Hurricane Katrina (Tierney, 2006: pers comm.; pers observations). These requests and attempts at directly involving researchers in the response efforts can create role conflicts for those researchers. Those individuals, groups, and organizations they are researching frequently experience severe stress themselves, whether it is from their job responsibilities in the emergency response, or as victims themselves, which may further compound the emotional difficulty of the situation. Those individuals that a researcher may be intending to research may have experienced the loss of a coworker, friend, or family worker, in addition to the loss of home and property. This is added to the complexity of the work by the researcher who, in the immediate aftermath, often experiences the same dynamic and unpredictable environment as disaster victims themselves. Despite these environmental and social stressors, the importance of disaster fieldwork can not be understated.

QUICK RESPONSE RESEARCH

As events, disasters represent the complex social and environmental interaction of events and activities unfolding in a dynamic and potentially hazardous environment. Quick response research, by its nature, is defined by the information-collecting phase occurring during or immediately after an event (Michaels, 2003). Its goal is to collect data that might otherwise be lost as the recovery progresses, and is commonly referred to as “perishable data.” The goal and expectation of this type of research is that the results and findings are intended to help improve future disaster response and/or increase preparedness for such events. Field research following disasters enables researchers to better understand the individual and societal disruptions disasters create. The purpose may vary, whether it is intended to be exploratory, descriptive, or explanatory, as might the methods, but this research better “enables researchers to get a sense of the initial reactions and attitudes, observe events as they unfold, access local news coverage, visit various response facilities,” and develop contacts with members of the impacted communities (Michaels, 2003:21; Simpson and Stehr, 2003). While the field is already unpredictable (Bailey, 1996), the field experience following a disaster with exceptional events and circumstances must employ methods that may be opportunistic and readily flexible (Bolin, 1990). Since the formal development of disaster research in the post-World War II era, researchers have acknowledged that this type of research is intense and unpredictable (Killian, 1957). It creates a considerably challenging environment for researchers, across the multiple roles as a social scientist, an academic, and as an emotional human being, and contributes to the constant interaction that takes place within and around the disaster researcher. To more appropriately explain these dynamics and interactions, this discussion draws primarily examples in previous research, writings, observations, and personal correspondences related to field research.¹ In an attempt to illuminate many of these examples, the ideas of Freud and Goffman are incorporated into this discussion.

CONDUCTING FIELD RESEARCH IN DYNAMIC ENVIRONMENTS

Even as researchers prepare to enter the field, they can report a sense of anxiety or hesitation. Inhibitions vary from specific to generalized, but overall represent the “restrictions of the functions of

the ego which have been either imposed as a measure of precaution or brought about as a result of an impoverishment of energy” (Freud, 1959:8). In other words, both inhibition and anxiety represent what Freud referred to as an internal conflict of the ego with either the id or the superego depending upon the type of anxiety.² In the case of disaster researchers who spoke about going into the field, some of it may be related to the inevitable uncertainty associated with entering the “zone,” or the area most significantly impacted by an event.

At the same time, researchers wrestle with feelings of being an “exploiter”³ or violating the lives of those affected by an event. They wonder if their presence will “undermine the recovery capacity of locals” when they still don’t know what’s going on. This type of anxiety and sense of inhibition is brought about by a conflict between the ego and superego, which he notes is often the case in professional activities (Freud, 1959b). In other words, this research represents conflicts with the societal ideals of the superego, or the general societal morals and ethical restraints that create an individual’s conscience (1995b [1923]).

In his work, Freud also talked about the signal effect of emotions and its relations between the ego and the id. From the first example of anxiety before entering the field, an interpretation of Freud would suggest that the anxiety produced as a result of precautionary function on the ego represents the id’s signal of “flight” based on some external stimuli (i.e., the field). In his work, *The Ego and the Id* (1995a [1923]), feelings are noted to be conscious from the start (p. 632); however, the instinctual sensations are what stimulate the id to signal the ego. As the signal is mediated by the ego, the emotional result presents itself as anxiety, one emotional product of the conflict between the ego and the id. The second example demonstrates how anxiety can be generated internally. To Freud, if the anxiety is not suppressed, it is expressed through the ego into the “external reality.” This expression allows us to theoretically connect Freud’s work with those of Goffman, specifically through the presentation of self, or the dramaturgical idea that individuals are constantly “performing” for those around them (1959). Much of how one presents him/herself is determined by the specific role one enacts; in this discussion, the role is focused on that of the researcher.

THE ROLE OF THE RESEARCHER

In Killian’s classic work, he notes that it is the researcher’s role to appear sympathetic, while also maintaining professional composure (1957). As such, the presentation of the researcher’s self must engage in a performance to conceal the underlying emotions and attempt to adhere to established and expected social norms (Goffman, 1959; Kemper, 1981). Like Freud, Goffman notes that the front stage of an actor’s performance is a conscious attempt to avoid accidental cues or actions, also known as expressive control, that may reveal the “backstage” of the performance (Goffman, 1959). This conscious attempt is guided by a set of feeling rules researchers then use to manage their emotions (Hochschild, 1979). For example, researchers are told to maintain objectivity, which implies that researchers need to suppress their emotions to prevent bias or, worse, to contaminate their data. This “emotional socialization” takes place through education and training (both formal and informal) where researchers also learn about the professional and objective expectations of their role (Thoits, 1989).

INTERACTIONS IN THE FIELD

While the goal is to maintain a belief in the role that is being presented to the audience, or the social group to which an individual belongs, interactions in the field may create conflict. The level of

interaction itself may vary from strict observations to in-depth interviews (Michaels, 2003). For the purpose of this discussion, the emphasis is much more on the focused interaction, where two or more people agree to direct their attention to a particular topic, like a conversation or interview, which is sustained by joint interaction (Goffman, 1961). In this type of interaction, like all social interactions, it considers the pre-established rules of the situation, defined roles, along with the rules that direct/influence interaction. The researcher and the individual(s) being interviewed are constantly interpreting the information they receive from around them and provide a conscious (or subconscious) response that adheres to the “rules” and “moves” of the “game” (Goffman, 1969). As a result, the researcher must constantly be aware of the information being presented to the individual, whether it’s in the form of small behaviors (the “glances, gestures, positioning, and verbal statements that people continuously feed into the situation, whether intended or not”) or “face work,” the conscious control of what is expressed by the face (Goffman, 1967:1, 6). Both of these measures represent forms of expressive control, which are a part of impression management and the maintenance of the presentation of self (Goffman, 1969). These have also been referred to as type of emotion work, where emotions are suppressed and “produced” in alignment to an expected performance (Gottschalk, 2003). Tying these ideas back to Freud, the control of emotions relates to the idea of repression, whereby the ego suppresses the id (1959). As a researcher, the individual must constantly be aware of the information that is being presented through this form of expression. Because of the intimacy of face-to-face interaction, the emotion work becomes much more challenging as the face is the visual focus in the interaction and often offers an immediate emotional response (Goffman, 1967).

While in south Asia following the 2005 tsunami, a researcher was conducting a visual survey of the devastation (a research activity with no intended interaction with victims) and encountered a number of survivors who “would come up and tell me what happened.” This caused the researcher to reflect, “their experience, their trauma was so great!” This type of conflict between one’s presentation and emotional feelings is inevitable, especially in very stressful and emotional research, like disasters, violence, and other traumatic events. At the same time, there is the expectation to maintain a consistent performance, whereby the researcher should present “himself” as sympathetic, but “maintain within himself the attitude of scientific observer” (Killian, 2002 [1957]:76).

Role Conflict

Based on researchers’ experiences in the field, this performance may be very difficult; “it is easy for the researcher to be affected by the drama and tragedy which so strongly affects his subjects” (Killian, 2002 [1957], 2002:53). While conducting interviews along the Gulf Coast, one researcher noted that there’s a “huge emotional burden and exhaustion” related to the amount of “loss in the sense of place and attachment” among disaster victims. Following Hurricane Katrina, a researcher noted “the immense sense of violence that had happened.” After Hurricane Andrew, it was difficult not to feel like a “cold labored spy” while conducting interviews.

These conflicts reflect the differences in the expectations in the various roles an individual may engage. This role conflict, as Goffman partly explains, brings to the forefront the discomfort experienced by the individual which is an expression of the distance he or she feels with the particular role expectations in the specific context or experience. More specifically, the conflict an individual feels with his or her role as a researcher can restrict his or her expression as part of an individual’s role or identity in the face-to-face interaction(s) (Goffman, 1961). An individual’s varying commitment, attachment, embracement, and engagement with the particular role may equally affect his or her obligation to fulfill the actual performance of the role (Goffman, 1961). While the goal may be

to fulfill the role of the researcher, the researcher's emotional response to the situation(s) they encounter in the field may cause them to want to offer assistance. While the researcher knows that he or she has very little concrete assistance to offer, he or she may sympathize with the despair and frustration of victims and public officials witnessed (Tierney, 2006: pers comm.)

In the performance, the result can be an estrangement between the surface acting (the outward emotional presentation) and the struggle with deep acting (how one thinks and convinces oneself one should feel) (Hochschild, 2003). One way to resolve this estrangement is to actively engage in surface acting that portrays the expected (or desired) performance, which over time will be incorporated into the deep acting. This acceptance is the complement to Freud's repression, where the emotions are pushed away. Through a more conscious manner, the emotions are manipulated in the situation rather than ignored or suppressed into the subconscious. Other ways of expressive control include "losing control" to gain control by letting the emotions express themselves. Although this is usually done outside of the research context, it may assist the researcher in their long-term impression and emotional management (Kleinman and Copp, 1993).

Resolving the Conflict

Many researchers have found ways to resolve the conflict by rationalizing their work. Referring again to the potential "exploiter" anxiety, one researcher rationalized it by noting, "I didn't feel exploitive if I was providing a voice to someone who didn't have one." Through the field and interacting with disaster victims, this "reminds us we're not only scientists, but trying to save lives," noted another. This helps to resolve the role conflict researchers experience. By accepting the idea that their research is helping and potentially making a difference, they are able to incorporate the idea of the *multiplicity of selves* to organize their roles and the enactment of those roles according to the current situation (Goffman, 1961:132). While a researcher may not be able to offer any immediate assistance to those affected by a disaster, the research becomes a form of disaster assistance for future events and enables the researcher to potentially resolve the conflict.

LEAVING THE FIELD

In disasters, like many other field experiences, it may be difficult to leave the field. Fatigue, exhaustion, or saturation may offer a signal to the researcher that the time has come. However, in the face of overwhelming devastation, the need to continue may drive the researcher to continue his or her work. Researchers may also go back into the field repeatedly to collect data. The decision to leave the field may be a result of some financial, social, or physical pressures. Regardless, the emotions of the field may linger long after the data is collected. Emotions that were suppressed initially may find their way back into the conscious mind of the researcher. As mentioned early, researchers might make use of suppression as a means of emotion management. This may lead to repression, whereby researchers' efforts to consciously prevent emotional expression through surface acting results in the unconscious repression of their emotions (Irvine, 1997). This *repression proper*, the thoughts or emotions, will continue through the subconscious to form associative ties, which may actually perpetuate the stress (Freud, 1959). The stress, it is suggested, emerges from the subconscious in dreams and/or nightmares, which may contribute to mental health issues after the field experience. Even if the repressed emotions are suppressed, they may be activated at a later date from an external stimulus that forms an associative tie with the repression. Conversely, field work may also trigger repressed emotions and thoughts to resurface as a result of the field experience. From this, each

individual's response will be different based on his or her prior experience. To help assist disaster researchers, previous research, guidelines for conducting research, and ethical rules may provide some preparation for the unexpected and dynamic environment of the field.

GUIDELINES AND ETHICS

As disaster research has grown over the past few years, it has also seen an increase in the convergence of researchers into the field following major events, such as Hurricanes Katrina and Rita. Researchers have come from all corners of sociology and beyond to conduct their research supported by significant efforts from national and private funding agencies. This new wave of disaster researchers has led some veteran disaster researchers to voice concerns about "disaster cowboys," or researchers who "chase" disasters, and new researchers to the field who "don't have a clue" or "don't have any business" in the field. Others feel such reactions are inappropriate and can be prevented through the creation of a set of guiding principles for conducting disaster research. One researcher argued that the difference between a "good" and a "bad" disaster researcher is not "how you do work, but the ways to do it." Calls for guiding principles and ethics of research demonstrate how the researcher's role and expectations are defined and the identity of the role is maintained (Goffman, 1959). In response to this call, there are several examples emerging (Kelman, 2005; Ritchie and Gill, 2006). These ethical guidelines serve to supplement existing human subjects' protocols for sociological research governed by federal "human subjects law" and the American Sociological Association's *Code for Ethics* to protect participants, researchers, and institutions. As a secondary consequence, guidelines serve to reinforce the expectations of one's abilities to manage emotions and self-presentation (Collogan, et al. 2004; Rosenstein, 2004; Newman and Kaloupek, 2004; Levine, 2004; Kilpatrick, 2004).

ETHICS AND THE LEGAL SYSTEM

Even after leaving the field, the researcher may confront additional challenges from the legal system that further test his or her role as a researcher. Often, independent researchers may be retained to provide expert testimony or serve as an expert witness in trials. In this role, there is an expectation to maintain a certain level of neutrality and objectivity as the researcher serves as a willing participant in the legal system. However, in some cases, researchers are placed in the position of "unwilling informants" or a "reluctant expert" (Picou, 1996). The nature of post-disaster research, the uncertainty of disaster events, and an increasingly litigious society means that researchers may become caught in the crosshairs of the court and face legal intimidation. Court-ordered or compelled disclosure coerces a researcher to share information and data collected, oftentimes sensitive and personal in nature, that might negatively affect the individual. The legal ramifications consequently place researchers in positions of additional stress and personal conflict. The researcher must decide whether to submit, thereby compromising research integrity and violating ethical obligations, or resist and face the possibility of being found in contempt of court and sentenced to jail time.

The familiar case of Rik Scarce demonstrates this difficult position. Scarce served 159 days in jail for refusing to divulge interview data concerning radical environmental activities. Scarce noted that the judge released him when he "realized I would never betray the promises of confidentiality that I had made to research participants" (2005). However, in the high stakes litigation that followed the *Exxon Valdez* oil spill, the experiences of J. Steven Picou and his colleagues further illustrate the

persistent nature of a plaintiff determined to obtain the confidential data and information collected by their research (Picou, 1996). The relentless efforts by the Exxon Corporation to compel the release of data lasted more than eight months and resulted in a “split decision,” whereby the release of data was partially granted and partially denied. Ultimately, the ruling maintained respondent confidentiality and reaffirmed “researcher privilege” (Picou, 1996). However, in the process, Picou and fellow colleagues were not only faced with the financial costs of the battle, but also the emotional expense of managing the “obsession” to protect frightened and concerned respondents, including managing the emotional stress of the suicide of one of their respondents (Enge, 1993).

Researchers are legally and ethically bound to protect their sources, but the lack of shield laws fails to fully ensure this protection. Previous attempts to safeguard researchers through legislation, such as the Thomas Jefferson Researcher’s Privilege Act of 1999 (Moynihan, 1999), have failed, leaving options for *a priori* Certificates of Confidentiality and *post hoc* protective orders against compulsory legal demands as the remaining options. In conducting research in dynamic environments, the strong-arm tactics of the legal system may further compound the stressors experienced by researchers and the emotional negotiation associated with these roles.

CONCLUSIONS

The goal of this article was to explore how researchers deal with the role conflicts and self-presentation associated with the emotional dimensions of conducting disaster research. The concepts and ideas, drawn from Goffman’s and Freud’s work, are intended to provide some additional insights into the emotional processes at work. While this discussion is incomplete, it does initiate a consideration of examples of field issues and identifies the need for additional discussion. Future research should explore the field experiences of disaster researchers to better understand how they manage their presentation of self and negotiate role conflict through impression management and emotion work.

While working in post-disaster and other dynamic environments, the researcher must be aware of the emotional costs associated with the ultimate positive value of the research. For new researchers, a familiarity with ethical guidelines may help ensure that their research is conducted with an appropriate level of professionalism, but the emotional process of preparing, entering, leaving, and analyzing data from the field is ongoing. Like other life experiences, these events create an indelible impression in the psyche. How and what researchers should prepare and manage reflects a lack of direct concern in the culture of disaster research, and more broadly, field research in general. It is an emotional reality that has taken its toll indiscriminately with little consolation. Perhaps, some researchers may not be able to resolve the conflict and the challenges may be too great; in other words, “some will survive, some will not.” However, this does not negate or exempt the responsibility of continuing to discuss these dimensions of conducting research in the field.

NOTES

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1. Unless noted otherwise, any quotes or statements were based on observations gathered during the open meeting of disaster researchers in July of 2006.

2. According to Freud, this would represent an anxiety brought about by a specific inhibition, or a precautionary measure based on an ego conflict with the id.

3. This term refers to an individual type that emerges in the aftermath of a disaster event (Turner and Killian, 1957).

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When the Roles of Clinician, Activist, and Academic Collide Bearing Witness within the Death Chamber

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I FIRST MET BRIAN STECKEL APPROXIMATELY SEVEN YEARS AGO, during a visit to Delaware's death row. Brian had finally agreed to meet with me three months after I started to visit the men on Delaware's death row. The prison had denied my request for professional visitation rights, as I sought to conduct my research with death row inmates. As a result, I had to rely on the inmates giving up one of the 45-minute visits to which they are entitled each week. Initially, only those few inmates who did not receive regular visits from family were willing to meet with me, yet over time, all but two of the sixteen death row inmates eventually agreed to give up a weekly visit with family in order to meet with me. Brian was among those who had initially refused to meet with me, yet he was later convinced by a fellow inmate to accept my visit.

I was particularly anxious about meeting Brian after reading about his case. The nine inmates I'd met before him had not at all appeared to be the monsters that death row inmates are typically portrayed to be, yet the gruesome details of Brian's crime led me to expect that this time I had finally found a death row inmate who fit the stereotype of the sociopath. *This time*, I was certain that I'd meet the "Hannibal Lecter" many of us expect to find sitting on our nation's death rows. Brian's crime was arguably one of the most gruesome committed by the men on Delaware's death row, at least in the way that it was portrayed in the media. The headline in the local News Journal read: *Steckel Broke into the Home of Sandra Lee Long, Raped and Strangled Her and Then Set Her on Fire.*

I was familiar with the procedures for visiting death row inmates by that point, which are very secure, so I was not afraid for my safety, but rather nervous that I would have trouble maintaining a conversation with this man who, in print, had been painted as truly monstrous. When the guard led Brian into the visiting room of the maximum security unit, he would not look me in the eye. Handcuffed with his hands in front of him and shackled at his feet, he shuffled into the small, narrow room that was completely separated from my side of the room by concrete and a glass window. He was a tall 6' 4", with an average build and a head full of bright red hair, and he wore oversized, wide-framed state-issued glasses. He was awkward and visibly nervous about meeting with me. I broke the awkward silence between us as I thanked Brian for agreeing to meet with me. I proceeded to inform him of the purpose of my research, as I told him that I wish to tell the stories of the family members of death row inmates. I told him that I intended to trace the grieving process that these families go through from the time of the alleged crime of their loved one, all the way up to the execution and beyond.

Brian commended me on my commitment to the death row families, yet suggested that I may not want to include him and his family in my research as he said, "You know that *I am guilty*, right? Did you read about what I did? I'm no choir boy!" He presented as somewhat skeptical of my intentions

when I replied that his crime and whether or not he is guilty is irrelevant to my research. I told him that his family's story deserves attention, as they are experiencing grief that has largely been ignored by the surrounding community, criminal justice system, and research community. I left my first visit with Brian with a very different impression of him than I'd expected to find. He had presented as very respectful and humble, so humble in fact that he appeared to feel undeserving of sharing the same space with me.

Over the next year and a half, I continued to visit Brian every couple of months, as I rotated my visits with the other men on death row. He seemed to have difficulty believing that I really cared about him and his family and offered me several "outs" in his letters and visits, assuring me that he would not blame me if I'd rather not include him in my sample of death row inmates. He continued to accept my visits, however, as it was clear to me that something within him wanted to believe that someone else, outside of his family, could see another side to him than that which had been portrayed in the media. Eventually, he became more confident in his interactions with me, greeting me with a smile on his face and his head held high. It had taken longer than any other man on death row, but Brian had finally begun to trust that I genuinely cared about him and his family.

Brian rarely called me on the telephone, so when I received a call from him on October 6, 2005, I became worried. When he called me on that early October evening, Brian tried to hide his feelings with the bright, cheery greeting that I had grown accustomed to receiving from him during our visits after he had finally become comfortable with me. "Hey Shorty!" he said when I answered the phone. But Brian couldn't mask the fear that he was feeling that night because his tone suddenly changed to a very somber one. He said, "I've got some bad news, Shorty. It's not good." What he was about to tell me didn't even enter my mind at that point.

Brian told me during our phone call that he had been taken to the warden's office earlier that October day in order to receive the official word that he was being issued a death warrant carrying an execution date of November 4, 2005. When I began my research with death row inmates approximately two years earlier, I had not been naïve enough to deny that executions were likely to claim the lives of the inmates who I would come to know through my research. Having been an anti-death penalty activist even before I'd moved to Delaware in 1995, I had become acutely aware that this state had become known for executing more people *per capita* than any other state in the country. It just so happened that the period over which I'd been gathering my research was the longest that Delaware had gone without executions since 1992, when the first death row inmate in nearly 40 years was executed. Brian was to become the 14th inmate to be executed within thirteen years.

Not only had I entered my research project equipped with knowledge of the reality of frequent executions in Delaware, but over the time that I visited the men on death row, I'd also been made aware of several death warrants that had been signed for them. Each time a death warrant had been signed during the time that I was conducting my research, however, a stay had been granted, allowing the inmate to escape execution, if only temporarily. Despite my experiences witnessing other inmates survive death warrants, somehow I knew when Brian called me to tell me about his death warrant that he was not going to be that lucky. Somehow *I just knew* that I would soon lose one of the men whom I had befriended through my research to a state execution. This realization hit me harder than I could have ever expected.

As fate would have it, or as a result of what some may even view as divine intervention, Brian had caught me on my way out the door to attend a special event. When he called me that night, I was running late to a function that was being sponsored by the local anti-death penalty organization. This event had as its keynote speaker Sister Helen Prejean, the famous anti-death penalty nun who had authored the book *Dead Man Walking*. After I received Brian's call, I considered staying home and contacting Brian's family in Allentown. I knew that I needed to call Brian's mother, whom

I'd come to know after traveling to Allentown, Pennsylvania, over a year earlier to interview her for my research. But what do you say to a mother who had just learned that her son would be executed in thirty days? Suddenly I felt even more urgency to go to the event where Sister Helen was to speak. This dedicated death penalty abolitionist was famous for her work with both death row families and murder victim families at the time of executions. "Sister Helen would know what to do at a time like this," I thought to myself.

After her presentation, I approached Sister Helen during her book signing that immediately followed and after I informed her of Brian's death warrant, I asked her, "What can I do to help Brian and his family?" Reaching out to me across the table and taking my hands into hers, Sister Helen's response was a simple one, "Whatever you can. You do *whatever you can*." So that's exactly what I set out to do. I had become much more than a researcher to Brian and his family by that point, yet I did not realize then just how intimately involved I was yet to become with them in the coming days and weeks leading up to Brian's execution.

If there was any question about whether I had maintained a level of objectivity throughout my research with Brian and his family prior to the night when I sought Sister Helen Prejean's counsel, there was no longer a question after that night as to whether I had crossed a boundary from researcher to something more. As I reflect back on that night, I realize that I had placed my role as researcher on a back burner, and in its place emerged simultaneously the roles of activist, therapist, and yes, even that of friend. I contacted Brian's mother, Marlene, the next day, and she was predictably distraught by the news of Brian's death warrant. We soon learned that Brian would be provided certain privileges during his final days that he had been denied throughout his eleven years on death row. For instance, he was suddenly permitted to have daily visits with loved ones, up to two hours in length. He was told that as long as he did not pose any disruptions during his final weeks, then he would additionally be allowed a contact visit the day prior to his execution. For the first time during his many years of incarceration, his family would finally be able to touch and embrace him. Brian was also provided with daily phone calls each evening, where he had only been permitted two 10-minute phone calls per week over the many years he had been on death row.

Brian's family was suddenly faced with a dilemma. They wished to take advantage of every opportunity to spend time with Brian over the days and weeks leading to his execution, but that was not going to be particularly easy for them. Brian's mother was on disability and managed to get by on an extremely tight budget. The rest of his family maintained similar incomes that hovered around the poverty line. Recall that Brian's family lives in Allentown, Pa., nearly a three-hour drive from the Delaware prison that housed Brian. The expenses involved with such a trip had prevented his mother, who had been his most constant visitor over the years, or any other loved ones from his hometown from visiting more than three or four times a year. When I heard the concern in Marlene's voice about this dilemma, the solution suddenly became very clear. Marlene, and anyone else in the family who wished to see Brian on a regular basis during his final thirty days, would come and stay with me. My home in Delaware is only a 40-minute drive from the prison.

For the last few weeks or so leading up to the execution, Brian's mother stayed in my guest room, and other family members periodically joined her at my home as well. My teaching schedule at the university that semester enabled me to drive Marlene to and from the prison during the afternoons for Brian's daily visits. I accepted nightly collect calls from the prison so that Brian could have the time that he needed to talk with his mother and any other family members who were staying with me. For the last few weeks before Brian's execution, my home became a very somber place of mourning, where his family members released the tears that they had tried their best to withhold during their visits with Brian. Every few days, I would join Marlene during a visit with him. It was during one such visit when Brian asked me a question that caught me off guard.

The time had come for Brian to identify the two people he was entitled to have with him in the “death chamber,” where he would be executed. Both his mother and his cousin Mary had expressed a desire to be there for him that night. These were the two women who had stood by Brian and provided him with the most support throughout his time on death row. I felt honored to be associated with these dedicated, loving women when he referred to the three of us as his “Dream Team.” Marlene wished to be there for her son during his execution, reasoning “I was with him when he came into this world and I must be there for him when he leaves.” Brian was adamantly opposed to having his mother witness his execution, however, since he knew that the image she would be left with of his death would be more than she could bear. Marlene was disappointed that he wouldn’t allow her to be there for him, but she agreed to honor his wishes. She worried that he would be alone during his execution, however, since Mary was too afraid to be there without someone else to lean on. When Brian and Marlene asked me to be a witness to Brian’s execution, I realized that by agreeing to do so, I would be helping not only Brian, but also Marlene and Mary. Brian would be able to have the support of a friend during such a scary time for him, Mary would have someone to lean on, and Marlene could rest knowing that her son would have two friendly faces to look upon during his final moments. For all of these reasons, I agreed to witness Brian Steckel’s execution.

BRIDGING IDENTITIES: ROLE COMPATIBILITY OF MULTIPLE ROLES

When I began my research with death row inmates and their families, I felt whole for the first time in many years. I’d finally found a way to bridge three very integral parts of my identity: clinician, activist, and academic. Over the many years leading up to the moment that I decided to conduct research with death row inmates and their families, I had experience dealing with the subject of the death penalty on separate occasions as a clinician, as an activist, and as an academic. This time I’d finally chosen to research an aspect of the death penalty that allowed me to harmoniously merge all three of these parts of my identity at once.

Prior to engaging in this research, I had worked for a dozen years as a mental health and substance abuse therapist. During that time, there was one particular case I worked with that stuck with me. When I was working as a therapist in an inpatient psychiatric hospital, I was assigned to work with the mother of an 18-year-old who had just been sentenced to death row. She had become suicidal upon hearing the news that her son would be executed by the state. I’d already been a passionate anti-death penalty activist for several years, so when I heard about this newly admitted patient during the morning meeting at the hospital, I requested that she be assigned to me as her therapist. I did not trust that my coworkers would necessarily have enough of an understanding about the death penalty to fully empathize with this woman’s plight. My experience as an activist had elevated my awareness of the hostility that most people in society direct toward death row inmates and yes, even toward their families, who often get criminalized along with their loved one on death row. My concerns were soon confirmed when I heard others around the ward minimizing this mother’s pain, suggesting that she is better off without a son like that. Apparently, her insurance company similarly minimized her need for treatment, since she was not authorized for hospitalization beyond a couple of days. Before I was able to feel comfortable with the amount of therapy that I provided this woman, she was discharged from the hospital. I never forgot about her, however, and wondered over the years that followed how she was dealing with the horrible reality of having a son on death row.

Before I began my research with death row families, I had been an activist in the anti-death penalty movement for nearly a decade. During that time, I detected a crucial neglect in the movement’s focus. My fellow activists were working tirelessly against the death penalty at both state and

national levels, yet their efforts were aimed primarily toward educating the public and lobbying at the legislative level. Very little attention was being devoted to those who suffer most directly from the existence of capital punishment: death row inmates and their families. The position that opponents against the death penalty take is a typically principled one, based upon their view that the death penalty is immoral, a human rights violation, racist, classist, or otherwise “wrong” for our society. Many voices are heard within the movement against the death penalty, but a voice that was not strongly represented at the time that I began my research was that of death row families.

I had focused most of my research as a doctoral student on various aspects of the death penalty and the movement organized against this form of punishment. My research with death row inmates and their families is unique, however, in that it offered me an opportunity to utilize the skills I had acquired not only as a qualitative researcher, but also those I’d developed as a therapist and as an activist. The death penalty is an issue that I have been passionate about most of my life, and with this research, I was finally able to direct all sides of myself toward this passion. As a therapist, I was able to use my therapeutic skills to generate research that would allow my peers in the professional mental health community to understand the grieving process of death row families, thus to provide more effective treatment for these families. As an activist, I was able to use my position and connections within the anti-death penalty movement to gain the trust of death row inmates and their families. In addition, I would be generating research that would allow their voices to be incorporated within the movement’s message. The voices of murdered victims’ family members have already been heard, due to the gains of the victims’ rights movement, yet with my study I would give voice to the *forgotten victims*, those who go through the excruciating experience of having a loved one on death row.

As I progressed throughout this research project, I found that the roles of therapist, activist, and academic complemented one another nicely. It was not until Brian’s execution approached that I realized these parts of my identity were not as compatible as I had originally thought. The roles of therapist and activist began to conflict with that of academic. The roles of therapist and activist further conflicted with one another as well. These forms of role conflict that I began to feel after Brian received his death warrant significantly complicated my ability to carry out the functions of the multiple roles that I was previously able to fulfill simultaneously.

CONFLICTS BETWEEN THE ACTIVIST AND ACADEMIC ROLES

To the extent that I had ever felt conflict between my roles of activist and academic in the past, it was primarily the factor of time that had caused such conflict. The demands of each role are typically such that it is very difficult for me to find enough time to fulfill the level of my expectations for each role. This usual conflict between the competing roles of activist and academic initially was not a problem, however, when I began my research with death row inmates and their families. As I have indicated above, my research goal of examining the grieving process of death row families is compatible with my aim as an anti-death penalty activist to humanize death row inmates. Conflict between the two roles was initially avoided, therefore, since the same activity was able to satisfy typical expectations for both the activist and the academic. Once Brian’s death warrant was signed one month prior to his execution, however, all of that changed. I was no longer able to satisfy the expectations of both activist and academic simultaneously. I found myself having to choose between what I would ordinarily do as an activist and what I needed to do as a researcher. Having been an anti-death penalty activist during most of my ten years as a resident of Delaware at that time, I had been involved in planning and carrying out many activities organized by the local anti-death

penalty organization. I had even served as the president of this organization for a period of time immediately before I began conducting my research.

Executions are an all-too-frequent reality in Delaware; therefore, this local anti-death penalty organization was particularly busy anytime there was an active death warrant. Ordinarily, when a death row inmate is in immediate danger of execution, I was in the practice of picking up a bullhorn and a protest sign, and hitting the streets. This time, however, I had elected to be there for Brian's family instead. This was the first time I'd removed myself from the frontlines of protest demonstrations during such an urgent time. I opted instead to host Brian's family in my home and be there for them and for Brian in any way that I could to assist them through this stage of their grieving process. Within my academic role, I was gathering data throughout this period. This data would contribute tremendously to my research focused on the grieving process confronting death row families.

Several obstacles have been noted to arise when efforts are made to integrate the roles of activist and academic. One such obstacle has been deemed the "paralysis of analysis," which refers to the frustration that activists feel with academics who feel the need to gather more research before taking action.¹ In their quest to pursue social change, activists feel the need to act, yet academics who are "engaged in the search for 'Truth' do not believe that it is ethical to act before finding 'The Solution.'"² For those who identify as both activists and academics, these conflicting orientations can create tension within them as they attempt to reconcile the need to act and the need to find out more. I can certainly identify with this internal struggle, as I fought off my activist urges to take action in order to find out more about how Brian's impending homicide was impacting upon his family.

Another difference found in the orientations between academics and activists that may interfere with the ability of an individual to integrate both roles has to do with the tendency of the academic to focus more on ideas than people. Activists, on the other hand, are oriented more often toward people. Striving to mobilize people toward action, activists argue that ideas only carry power when people are mobilized to back them.³ Particularly during a time of crisis, activists must focus on mobilizing people while helping to channel their anger about the predicament at hand. Academics often maintain a very different orientation at such a critical time, for they "may feel a responsibility for exercising 'appropriate restraint' as they engage in reasoned argument to persuade others."⁴ When critical times arise for death row inmates, activist academics may find it easier to exercise restraint when they discuss the cases of some inmates than those of others. When the cases of particular inmates contain strong claims of innocence or at least questionable issues with the initial trial proceedings, the facts around these cases are able to speak for themselves. When people are presented with such compelling cases, they are easily persuaded to oppose the death penalty, if only for these particular inmates. On the other hand, when the men facing execution are obviously guilty and/or the circumstances surrounding the murder of their victims are particularly gruesome, activist academics have a much more difficult time presenting reasoned arguments that will persuade others to oppose the death penalty for these men. Such was the case with Brian Steckel. From the time that he was arrested for murder, he consistently admitted his guilt and the media took every opportunity throughout his eleven years on death row to demonize him. As a result, it was especially challenging for me to exercise "appropriate restraint" in my efforts to mobilize people to support a man who had been painted as truly monstrous.

Tough cases like Brian's require more than reasoned argument to persuade people to mobilize in opposition to his execution. Impassioned appeals to moral sensibilities, including pleas for mercy and/or forgiveness, are typically called for with such tough cases. As Brian's execution date approached, I wished to spend time persuading people to take action to stop the execution. Having already committed myself to attending to the needs of Brian and his family, however, very little time or emotional energy remained for me to hit the streets as an activist. Despite the captive audience

of students at my university, I wound up spending very little time in the classroom talking about Brian's case and impending execution for a couple of reasons. First of all, I knew that reasoned arguments about this tough case alone were not likely to mobilize students to travel from New Jersey, where the university is located, to protest a Delaware execution. In addition, the high level of emotional energy that I had invested in Brian and his family, and the anxiety that I was feeling about witnessing an execution, had left me feeling particularly vulnerable. Due to my raw emotions at that time, I did not feel comfortable discussing this case in an academic setting or any other setting where I would be expected to restrain the full range of my reaction to the looming execution.

When I discuss the death penalty within the classroom, I make certain to emphasize the complexities that exist with this issue. Both sides of the debate around the death penalty are discussed, bringing out all of the subtleties that make this issue such a hotly contested one in our society. As an activist, however, I am most effective in winning support for my cause if I am able to simplify the issues involved with the death penalty for the public. The goal is not to clarify all sides of the debate, rather to argue unapologetically *against* the death penalty. Arguments are often reduced to slogans on protest signs and chants at demonstrations. Activists are expected to present their arguments in a biased manner, particularly during periods of crisis when it is crucial to win support for their cause. When the date of a scheduled execution approaches, I am in my activist role as I throw out any and all arguments from my collection of arguments against the death penalty. When acting within my academic role, on the other hand, my presentation of this issue, like *any* subject of my instruction, is expected to occur in a manner that is as objective and non-biased as possible.

The tension between orientations toward people versus ideas is not only present between academics and activists, as it can also be found among activists as well. I have noted above that many anti-death penalty activists, for instance, are mobilized to oppose the death penalty from an ideological stance, rather than from a concern for those who actually sit on our nation's death rows. It was this void within the focus of the movement that served as a primary motivation for me to conduct my research with death row families. For many years after I became involved in the anti-death penalty movement, I was disturbed by the tendency of many prominent activists in the movement to focus solely on the statistics found with the death penalty, such as the number of death row sentences, executions, or states that have introduced moratorium legislation. At the same time that great care was taken to elaborate upon the principles that these activists believe are violated with state executions, little attention was being given to *the people* who are most directly affected by these executions. My research has become part of the growing tendency in recent years within the anti-death penalty movement to focus on those who are hurt the most by this issue. As death row inmates and their family members told me their stories, I was able to put a *face* on their side of the death penalty issue.

CONFLICTS BETWEEN THE ROLES OF CLINICIAN AND ACADEMIC

Once Brian's execution became imminent, another tension arose between two previously compatible roles that I had assumed during my research with death row families. Initially, my roles as both clinician and academic were compatible as I worked with the men on death row and their families. The clinical skills that I had acquired during my years as a graduate student of social work and the nearly dozen years of experience I had working as a licensed clinical social worker had served me well as I began my research with those condemned to death row. I established rapport with these men very quickly, in large part due to the many years I had spent as a mental health therapist and substance abuse counselor with people from various backgrounds, including numerous adult offenders and incarcerated juveniles.

Once Brian's death warrant was signed I suddenly felt torn between what I felt led to do as a therapist versus that which I had been taught to do as an academic. The clinician in me felt the need to attend to the emotional needs of Brian and his family as they entered a new stage of the grieving process. The trauma that comes with the knowledge that a family member is about to be killed by the state carries unspeakable grief. Over the last few weeks leading to Brian's execution, as I opened my home to his family and transported them to and from the prison for their final visits with Brian, I witnessed the agony they felt as they dealt with the realization that their loved one was losing his legal battle to the state. During this time, I had frequent phone calls with Brian and daily contact with his family. I slipped quite easily into my clinician role as I served as a sounding board for them and attempted to comfort them. The feedback that I received from Brian at that time and that which I have received from his family over the years that have passed since the execution confirms that my support during that time was a great source of comfort to them. The more successful I was as I acted within this clinician role, however, the greater the risk of interference with my role as an academic.

When I went through this experience as a researcher, I was gathering my data primarily through the method of participant observation. As the date of Brian's execution approached, I became less of an observer and more of a participant within my role as a researcher. The problem posed by my participation was its effect on the data that I gathered. While my therapeutic skills were helpful to Brian and his family, my actions within the clinician role interfered with my ability to produce unbiased results from my study. As a therapist, I am expected to offer comfort and solace to grieving family members, yet as an academic engaged in research, I am expected to gather my observations without biasing "the data." Indeed, an ethical dilemma arises by "the fact that as we encourage people to tell their stories, we become characters in those stories, and thus change those stories."⁵

Brian told me several times in his final days that he would not have been able to face his execution with the level of peace that he maintained if I had not helped him to have the regular contact he needed with his family in order to say his goodbyes to each of them. His family members shared similar sentiments with me. Their remarks made it clear to me that if I had simply observed Brian and his family throughout this stage of their grieving process, and not become a participant in the process, my study would have yielded very different outcomes. Without the opportunity to stay closer to the Delaware prison, the family members would have had much less time with Brian in his final days, thus less time to work through their anguish with him. Without a clinician on hand to help them process their feelings each evening after their visits with Brian, they would have had much more difficulty expressing their emotions when appropriate (i.e., with each other and with Brian) and containing their emotions when necessary (i.e., resisting the urge to express their anger toward the guards and/or warden of the prison).

Another conflict that I experienced between the roles of clinician and academic during the weeks and moments leading up to Brian's execution involved the orientation of each role toward Brian and his family. Acting within the clinician role in my interactions with Brian and his family, I was there *for them*, to help them through their grief as much as possible. Yet as an academic, I am oriented more toward seeing how these "research subjects" can *help me*, as they provide me with data and enable me to complete my research project. My role as an activist further exacerbated this conflict in orientation, as a similar conflict is found to exist within activist academics. Cancian (1993) submits that "activist research," which challenges the status quo and promotes social change, is "for" relatively powerless groups, yet "academic research" that is aimed solely at increasing knowledge is "for" colleagues.⁶ The conflict lies with the likelihood that the sociologist who directs her energy to "activist research" will encounter challenges as she strives to build a successful academic career. Cancian argues, "In most sociology departments, academic standards devalue essential elements of activist research: advocacy of particular social goals, social change projects, and active involvement with

community groups.”⁷ I have been fortunate enough to have colleagues in my sociology department who value my activist research with death row inmates and their families. I have not always felt that same level of support, however, throughout the university, particularly at the administrative levels. As Brian’s execution became imminent, the urgency of the crisis at hand led me to put any concerns that I had about my academic success aside as I responded to the needs of Brian and his family.

The clinician in me chose to exist “in the moment” with Brian and his family as they went through the anticipatory grief of the looming execution. The time that I spent with them as they went through this excruciating process often ran counter to the expectation that, as an academic, I would focus exclusively on my research agenda and adhere to a timeline for the collection and reporting of my data. Perhaps the chief irony of the situation is that at the same time that my therapeutic skills enabled me to assist Brian and his family during such a grave time, Brian’s impending execution and my exposure to his family had presented me with an “opportunity” to enrich my study of death row families. As a clinician, I wished to curtail the pain of this family, yet as an academic engaged in research, I had a vested interest in observing the many layers of their grief. My realization that Brian’s scheduled execution would add depth to my study of death row families created a degree of conflict within me. The clinician within me took precedence over my academic persona during this critical time, as I was more concerned with trying to assist Brian and his family than with advancing my research agenda.

CONFLICTS BETWEEN THE CLINICIAN AND ACTIVIST ROLES

The decision that I made during the weeks leading up to Brian’s execution to prioritize my clinician role over the role of academic was a choice that I made with little hesitation or guilt. On the other hand, a great deal of inner turmoil arose when it became most crucial for me to assume the clinician role over that of the activist. I have already noted above that a conflict arose between the activist in me wishing to be there on the frontlines of a protest to try and stop the execution and the academic in me that had a research agenda to fulfill. My experience as a therapist enabled me to negotiate this conflict and helped me to accept that it was best that I remove myself from the frontlines of protest with this particular execution. I reasoned that doing so would not only allow me to gather data for my study, but also permit me to offer therapeutic support to Brian and his family.

Over the two years of my data collection that preceded the day that Brian was served a death warrant, the two roles of clinician and activist had been fairly compatible with one another. Whenever the time that I committed to my research with death row inmates interfered with my ability to devote energy toward my activism I was comforted by the realization that my research not only feeds the demand of academia that I publish scholarly activity, but it also provides the movement against the death penalty with an important tool. As my fellow activists frame their position against the death penalty, they must work hard to combat the common view that the men on death row are “monsters” who must be exterminated. My study offers a valuable resource that activists can use to counter the dehumanization process that occurs from the time that death row inmates are arrested, incarcerated, and eventually marched to their death. Many people in society find it difficult to conceive that there are people who actually care for these men who have been cast as pure evil by the media. My research with the families of death row inmates allows for a contrary view of these convicted murderers, humanizing them through multi-faceted descriptions of their lives in the years prior to and since their incarceration, as well as and the tremendous grief their death sentence brings to their families. Knowledge of the utility of my research for those in the trenches of the movement consoled me whenever I felt as though I was slighting the time that I would typically exert within my role as activist. Given the

reality that my therapeutic skills enabled me to build relationships with the inmates and their families that would elicit the richest data, my clinician role indirectly fed my desire to satisfy the activist within me. If I couldn't afford the time to be in the streets protesting, I could at least gather data that would humanize death row inmates, thereby priming the public to be open to the message of the movement.

During the time that passed from the moment when Brian's death warrant was signed through to his execution a month later, it became increasingly more difficult for me to deny the urge I felt to hit the streets in protest of the pending execution. I was appalled that the state of Delaware was planning to carry out an execution and I needed an outlet to vent my outrage in an effort to build public opposition, yet I was devoted to my clinician role as I attended as best I could to the emotional needs of Brian and his family. I did not wish to get Brian or anyone in the family riled up as they struggled to come to terms with the brutal reality of the situation. As a result, I suppressed my outrage and focused instead on helping them deal with the intensity of their grief.

The most challenging time for me to reconcile this conflict that I was feeling between the activist and clinician roles came on the night that Brian was executed. Immediately before Brian's cousin Mary and I filed into the death chamber to witness the execution, along with over thirty other witnesses, we were instructed to remain silent. *How on earth would I be able to stand silently by and watch someone very methodically being killed without speaking up in protest?* The activist in me would *never* sit silently by and watch such an atrocity. The period of time that I was in the death chamber witnessing the execution of Brian Steckel required more restraint from me than I have ever had to exercise in my life. I wanted to cry out *Stop! Murder!!*—just *anything* to disrupt the carefully premeditated homicide that was being carried out right before my eyes. I knew that the prison guards would escort me out of the building if I became disruptive, but more importantly, I had made a commitment to be there for Brian and for Mary too. The therapist in me would have to win this particular conflict against my activist urges in order to uphold my agreement with Brian and his family to be an emotional support to them during this horrendous event.

Suppressing my activist urges, I stood by and watched my friend being executed by the state of Delaware. I did my best to be there for Brian, offering him a friendly face to focus on as he was killed. I was there for Mary, literally a shoulder for her to lean on and cry on, as she watched her cousin die. Immediately after the execution, we were escorted to the parking lot, where Brian's mother, siblings, and extended family members were anxiously waiting and obviously distraught. We embraced and offered comfort to one another, as Mary and I imparted Brian's final messages of love to his family. My clinical skills took precedence over my other roles as I attempted to console this grieving family. I felt a sudden urge to remove them from the setting where their loved one had been killed to more neutral ground as they began the task of creating some sort of meaning from Brian's death. I had checked the family into a hotel room located nearby the prison earlier that day so they would not have to drive the three-hour drive back to their Pennsylvania home in the middle of the night.

After the execution I was in the process of gathering the family to arrange a caravan back to the hotel when someone who worked for the prison came over to us and offered Mary and me the opportunity to speak to the press in order to give a reaction to what we had just witnessed. I hesitated initially, as I was feeling an urgent need to leave the prison grounds, yet Mary expressed a strong desire to speak to the press. I suddenly realized that this was an opportunity for me to release the activist within me that I had grown tired of holding back. In fact, my activist consciousness reminded me that after witnessing what I considered to be a disgrace, a grave injustice, I was *obligated* to speak about what I had just seen firsthand. To remain silent would make me complicit in the homicide that had occurred within the death chamber. The time had come for the activist in me to boldly emerge and take center stage. I justified that doing so need not contradict my therapeutic

relationship with Brian's family, rather it could empower them as they began their healing process to also speak out unashamedly against what the state of Delaware had done to their loved one.

When I walked out of that death chamber I was extremely angry about what I had just witnessed and felt like I was going to explode after having to restrain my emotions for what had amounted to a much longer period of time than anyone might have expected. While most of the executions that had been carried out in Delaware's recent history had taken place over the span of several minutes after midnight, Brian was not pronounced dead until 12:21 a.m. Twice he had said his final goodbye to us, turned his face toward the ceiling, and closed his eyes, only to open his eyes a minute or two later and say "I'm still here." Once he looked up at the warden and said "I didn't think that it would take this long." During what was considered a botched execution by the media, I was certainly not prepared for the excessive length of time that passed during Brian's execution. Every minute that passed felt like an hour. After this excruciating experience, I was eager to release the outraged activist within me that had taken a backseat to the therapist that had been called for throughout the day in my interactions with Brian and his family.

Once Mary and I decided that we would take advantage of the opportunity to speak before the media about what we had witnessed, we caravanned with the family across the prison grounds to the building that we had been directed to by a prison guard. Upon entering the building we encountered a metal detector and a number of other security checks, which had become an expected hassle after a long day of entering various spaces across the prison. After we made it through the security checkpoints we were funneled through a door into a big, open room that contained what amounted to a media blitz. Nearly 1:00 a.m. by this point, it was a surreal experience to step up to a collection of microphones and look out into a crowd of people representing nearly every newspaper, radio station, and magazine from not only Delaware, but surrounding states as well.

As I opened my mouth to begin my statement, I could feel my heart racing and a rapidly growing sense of outrage about what I had just witnessed. I began my comments, "Tonight is a night that I will never forget because I was just witness to a premeditated homicide carried out by the state of Delaware. All tax-paying citizens of this state must know that tonight their tax dollars were used to support a homicide. The Brian Steckel who died tonight was a very different man from the person who committed that horrific murder eleven years ago. It saddens me that people did not take the opportunity to find that out. What will be the impact of this homicide on Brian's family?" I went on to share that the 23-year-old son of the last man who had been executed in Delaware, over four years earlier, had just been convicted of murder and sentenced to life without the possibility of parole in the state of Pennsylvania one month prior to Brian's execution. Before the father of this young man was executed, it had become common knowledge at the prison that this father and son had managed to develop a very close relationship over the decade that the father sat on death row. I asked, "Would this young man have committed murder if his father had not had a homicide committed against him by the state of Delaware? We may never know the answer to this question, but I guarantee one thing: it did not help matters." I closed my comments with a statement that referred to the failure of any research to establish a deterrent effect with the death penalty: "I am no safer now than I was an hour ago, before Brian Steckel was killed by the state of Delaware."

Although my outrage about Brian's execution remained after I stepped away from the press conference, I felt somewhat vindicated, having taken advantage of the opportunity to distinguish myself from those who seemed to have reveled in what had occurred within the death chamber that night. The activist in me had reemerged, and as I spoke with Brian's family back at the hotel afterwards, it was apparent that my words had therapeutic value for them as well. I stayed up talking with the family for most of the night, offering them therapeutic support, sprinkled with activist sentiment. Both the therapist and the activist in me were once again having their voices heard. As both

a sociopolitical activist and a narrative therapist, I had effectively linked their personal story to the oppression that results from dominant discourses around the issue of the death penalty. Monk and Gehart (2003) have observed that through the process of “externalizing,” clients are allowed “to locate problem stories within a community’s dominant discourses rather than within themselves.” As Brian’s family began to work through the grief they felt upon their loss, they used words similar to those that they had heard me speak to the press moments earlier. They moved from expressions of anger and sadness about their own personal loss to concerns about this happening to other families, as they articulated a renewed, intensified outrage about the death penalty. I had essentially offered Brian’s family sociopolitical intervention as a narrative therapist. I externalized their story and placed it within the dominant discourse of the community. Monk and Gehart (2003) describe the way that this process can benefit clients of narrative therapy.

Because clients are viewed as agents in their life narratives from the outset, the tenor of the therapeutic conversation is focused on eliciting lived experiences that can be marshaled together to dispel what has now been constructed as an identifiable target. When people gain a full experience of the toll that damaging cultural prescriptions have exacted...narrative therapists would argue that there is often a heightened degree of motivation (among clients to address their pain.)

Brian’s family would need ongoing extensive therapy to assist them through the grieving process that was certain to continue long after the execution of their loved one, but it became apparent on the horrific night that Brian was executed that as the family moved through this process, their “identifiable target” was the institution of the death penalty. They were responsive to the words of comfort that I offered them as I alternated between activist and therapeutic approaches to the pain that they expressed. This renewed compatibility between my clinician and activist roles was about to be challenged, however, as I would soon be informed of a major consequence that I would suffer from publicly speaking about Brian’s execution.

The men on Delaware’s death row are permitted one visit per week, to occur on one of three different days of the week. It just so happened that the morning after Brian’s execution coincided with one of those visiting days. Over a week earlier I scheduled visits with three of the men on death row who were closest to Brian, not only because I hoped to console them on the morning after the loss of their friend, but also because they insisted on seeing me to make sure that I was okay after witnessing his execution. I planned to spend my morning in the visitation room, for the three consecutive hours from which death row inmates were able to choose for their visits. This was a routine that I had come to know quite well before Brian’s execution, as I visited the men on Delaware’s death row each week on a rotational basis.

When I arrived at the prison the morning after Brian’s execution, a sick feeling came over me. I had driven to that prison numerous times over the two years that had passed since I began my research, yet it felt different that morning. As I parked my car, it occurred to me that I was parked in the same area of the parking lot where Brian’s family had stood in a circle just eight hours earlier, holding hands as they prayed and cried together while awaiting the homicide of their loved one. As I walked up to the prison, I couldn’t help but notice the small building off to the right of the prison that had eluded my consciousness during the many times I had made that trek from the parking lot. The events of the night before had made me painfully aware that this small building that sits behind not just one, but two, tall barbed-wire fences is the death house, where those condemned to die are moved at least twenty-four hours prior to their execution. As I walked into the front lobby and waited in line to check in with the guard at the front desk, my mind turned to the last time that I’d been in that lobby, just ten hours earlier, as Brian’s cousin Mary and I had been escorted back to go

through security before we were taken over to the death house. I could feel the activist in me fighting to emerge as I recalled what I had witnessed there just hours earlier. I set my outrage aside, however, as I prepared to spend my morning at the prison. In order for me to console Brian's closest friends, it would be imperative for me to shift into my clinician role.

My hopes of offering therapeutic support to the men on death row grieving Brian's execution were soon dashed, however, as I was stopped in the lobby. The guard who sat at the desk stopped me as I checked in for my visit to tell me that I was not permitted to enter the prison. He pulled out a typed letter that had been signed hours earlier by the warden, which simply stated: "Effective immediately Sandra Jones is permanently banned from the grounds of Delaware Correctional Center." I was told to leave the premises or I would be arrested. It was apparent that the warden had not appreciated my comments to the press hours earlier. This was confirmed in a letter that I received several days later from the warden, which indicated that his decision was based on his view that I "voiced statements that threaten the safe and secure operation of the institution." The irony is that in my attempt to be a therapeutic support to Brian and his family on the night of his execution, my activist side could no longer be contained, yet the consequences of taking on the activist role that night has hampered my ability to further act within my therapist role with death row inmates and their families.

DISCUSSION

Gaining and maintaining access to prisoners can be very challenging for researchers who aim to gather data from within our prisons. Such access for those who are new researchers of inmates is typically acquired through informal networks at the prison, with those who are deemed the "gatekeepers."⁸ The obstacles confronting those of us who wish to conduct research with death row inmates are particularly numerous. Security is heightened for inmates who sit on death row, making access to this population within the most secure housing area of the prison especially difficult to attain. My experience visiting the men who sit on Delaware's death row suggests that the restricted access to death row inmates masks another, perhaps even greater, concern amongst prison officials than any concerns that center around security issues. While it is not formally or even explicitly stated, it is not difficult to detect their additional concern that outsiders might expose the shocking details of the culture of death row and the gruesome scenes within the death chamber. As a result of this concern, my roles of activist and academic were not well received by the prison administrators. Undoubtedly, they worried that the activist in me was liable to protest the harsh realities of the death penalty and the academic in me would most certainly publish such details. Insofar as I acted within the role of clinician, on the other hand, I did not meet with such resistance. I suspect that the prison administrators did not object to the therapeutic support that I offered the men on death row because such support comforted the inmates, thereby increasing their compliance with prison regulations.

The response that I received from the prison officials following Brian's execution can be explained by interactionist theories of deviance that focus on the process by which sociologists who challenge the status quo are labeled by those in power as deviant (Becker, 1973). In *Outsiders: Studies in the Sociology of Deviance*, Howard Becker (1973) argues that when sociologists take an interactionist approach with their attempt to expose the mechanisms of power, they

... question the monopoly on the truth and the "whole story" claimed by those in positions of power and authority. They suggest that we need to discover the truth about allegedly deviant phenomena for ourselves, instead of relying on the officially certified accounts which ought to be enough for any good

citizen. They adopt a relativistic stance toward the accusations and definitions of deviance made by respectable people and constituted authority, treating them as the raw material of social science analysis rather than as statements of unquestioned moral truths. (Becker 1973, 207)

Becker continues with an account of the response of those in power to sociologists who offer bold analyses of official views: “The authorities whose institutions and jurisdictions become the object of interactionist analyses attack those analyses for their ‘biases,’ their failure to accept traditional wisdom and values, their destructive effect on public order” (Becker 1973, 208). This response that Becker finds among officials who are challenged is similar to the response that I received after I witnessed Brian’s execution and spoke at the press conference that followed. My subsequent ban from the prison came at the height of the role conflict that I had been experiencing from the time that Brian’s death warrant was signed a month earlier.

While some degree of conflict between the various roles that researchers possess is inevitable, such potential conflict is minimized among *applied* researchers. In her essay centered on the issues that arise with faculty engaged in social justice research, Cathleen Burnett (2003) notes the tendency of academia to view research and service contributions as separate activities. While Burnett acknowledges that challenges arise when researchers attempt to merge the two, she nonetheless suggests that “one’s research should emerge *out of* one’s service involvements, that is, follow one’s passion and let the research questions surface from the interactions and needs of the participants.”⁹ It is the *applied* researchers whom she expects to experience relative ease as they aim to bridge their social action with their research. She argues that “activism, at its best, brings a natural transition to applied research that can give fullness to the academic profession.”¹⁰ Applied sociology, she maintains, is a discipline that is particularly open to activists, as this field of study is “concerned with viable action and solutions to social problems.”¹¹ Both an activist within the anti–death penalty movement and a sociologist, Burnett asserts that her own involvement in the movement has allowed her to gain acceptance as a researcher by the abolitionist community as well as by death row inmates. Burnett finds that access is given more readily to applied researchers who have worked hard to build an activist relationship with those being studied.¹²

While I have not been permitted to enter the prison since the night that I witnessed Brian’s execution, I have continued to engage in my work with death row inmates and their families as both an activist and a researcher. I am no longer able to transport the families to the prison, yet I have maintained frequent contact with many of the family members that I interviewed for my research. At the present time, I am working on a book manuscript that will both describe the grief process of death row families and offer clinical interventions that can be utilized by mental health professionals who work with the families at various stages of this process. Occasionally, the clinician reemerges in my work when I get a phone call from a distraught family member regarding a failed court appeal and/or the looming threat of an execution. When family members express a desire to externalize their pain, situating their stories within a larger context of oppression, they often become empowered to fight against the political machine that seeks to kill their loved one. Presented with these newly-empowered family members, I help to connect them to the anti–death penalty movement.

It is a delicate task to balance the demands of the roles of clinician, activist, and academic. All three roles are essential components of my identity and I have found that they each serve valuable roles in my qualitative research with death row inmates and their families. The conflicts that I have focused on in this paper are typical of those that tend to emerge between various roles when applied academics attempt to integrate their activism and/or their clinical work with their scholarship. Despite the obstacles that I have encountered as a result of witnessing an execution, the advantages that my experience as both an activist and a therapist have brought to my research have enriched my data

tremendously. Activist academics, as well as those who possess clinical skills, must continue the discussion of various ways to address the conflicts that arise among their roles in order to maximize the potential advantages that they each bring as we strive to create progressive social change.

NOTES

1. Divinski, et al. 1994. "Social Change as Applied Social Science: Obstacles to Integrating the Roles of Activist and Academic." *Peace and Change* 19(1): 3–24.
2. Ibid, p. 19.
3. Biklen. 1983. *Community Organizing*; Staples. 1984. *Roots to Power*.
4. Divinski, et al., p. 20.
5. Shaw, Ian. 2008. "Ethics and the Practice of Qualitative Research." *Qualitative Social Work* 7(4): 400–414.
6. Cancian, Francesca M. 1993. "Conflicts between Activist Research and Academic Success: Participatory Research and Alternative Strategies." *The American Sociologist* 24:92–106.
7. Ibid.
8. Schlosser, Jennifer A. 2008. "Issues in Interviewing Inmates: Navigating the Methodological Landmines of Prison Research." *Qualitative Inquiry* 14(8): 1500–1525.
9. Burnett, Cathleen. 2003. "Passion through the Profession: Being Both Activist and Academic." *Social Justice* 30(4): 135–150.
10. Ibid.
11. Ibid.
12. Ibid.

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A CALL FOR APPLIED SOCIOLOGY

Food Deserts

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ABSTRACT

Food deserts and accessibility represent a new frontier in the assault of life-threatening, diet-related diseases, including diabetes, obesity, hypertension, and atherosclerosis. Scholars represent the research literature from diverse disciplines, such as anthropology, agriculture, sociology, economics, marketing, public policy, sociology, and social epidemiology. Applied sociology has not contributed to this important conversation. Applied sociology's integration and use of theory, methods, and practical approach for addressing social problems may enhance the food deserts and accessibility literature and help eradicate barriers to consumption of affordably priced and nutritious foods often associated with race/ethnicity, poverty, residential segregation, and lack of access. Medical research has long suggested that the onset of coronary disease, diabetes, hypertension, and obesity are exacerbated by poor nutritional habits and lack of exercise. These explanations are overly simplistic. Over the last twenty years a stream of research has begun to flow that explores how access (or lack of access) to food environments, including supermarket, grocery store, and food retail establishments, impacts food shopping habits and, thus, nutritional habits. We discuss some of the limitations associated with the food deserts and accessibility literature, including conceptual issues, the urban bias in research, methodological limitations, and the absence of theory.

Medical research has long suggested that the onset of coronary disease, diabetes, hypertension, and obesity are exacerbated by poor nutritional habits and lack of exercise. While it is widely accepted that these diseases and illnesses (morbidity) may affect quality of life, there is considerable debate about the best explanation for morbidity. Explanations of illness and disease are frequently attributed to hereditary and/or biological predisposition, poor nutritional habits, and lack of exercise. These explanations are overly simplistic. Furthermore, they are the equivalent of “blaming the victim.” Over the last twenty years a stream of research has begun to flow that explores how access (or lack of access) to food environments, including supermarket, grocery store, and food retail establishments, impacts food shopping habits and, thus, nutritional habits. The food deserts or food accessibility literature posits that access to healthy food environments is a function of availability, which is dependent on distance, race/ethnicity, income, and age. Food markets, for example, that stock reasonably priced nutritious foods are nearly absent or inaccessible to people living in poor communities (Mor-

land, 2000; Morland, Wing, and Diez Roux, 2002; Morland, Diez Roux, and Wing, 2006). Convenience stores are ubiquitous in poor neighborhoods (Donahue, 1997; Patterson, Harlan, Block, and Kahle, 1995). Where people live may affect what they eat.

The research on food access contains many weaknesses. To begin, the constructs lack clarity. The terms “food desert” and “food accessibility” are conceptually unclear. Smoyer-Tomic et al. (2006), for example, use the terms “food deserts” and “supermarket accessibility” interchangeably. It is the author’s opinion that supermarket accessibility is an antecedent of food deserts. Stated alternatively, Smoyer-Tomic et al. convey that “high need” (low income and disproportionate numbers of elderly residents) neighborhoods have limited access to supermarkets, thus creating a food desert. This raises the question: are food deserts and food accessibility the same construct, or is food accessibility a precursor to food deserts? Accessibility is not the same as availability; they are indicators describing different types of social phenomena. Adding to this confusion is that scholars creatively use a range of terms to describe the problem, including “supermarket redlining” (Eisenhauer, 2001), “grocery store availability” (Chung and Myers, 1999), “access to food retail” (Clarke, Eyre, and Guy, 2002), “availability of healthy foods” (Sooman, Macintyre, and Anderson, 1993), and food insecurity (Curtis and McClellan, 1995). In sum, the food deserts and food accessibility literature lacks conceptual clarity, making comparisons between study findings difficult.

The *neighborhood* construct in the food deserts and accessibility literature also lacks conceptual clarity and measurement precision. This also makes comparison between studies challenging. Alwitt and Donley (1997), for instance, distinguish between non-poor and poor neighborhoods using these criteria: “a zip code area is defined poor if it meets all four of these criteria: (1) poverty rate is in the highest 25 percent of the zip codes examined; (2) high school graduation rate is in the bottom 25 percent; (3) labor force participation rate is in the bottom 25 percent; and (4) unemployment rate is in the bottom 25 percent” (146). Horowitz et al. (2004) used another definition of neighborhood. They used two “contrasting neighborhoods,” East Harlem and Upper East Side (largely white and affluent), to delineate different “neighborhood experiences.” MacDonald and Nelson (1991) used zip codes as a neighborhood proxy to characterize the neighborhood experience and its relationship to food price variation. Moore and Diez Roux (2006) use census tracts as a measure of neighborhoods. Zip codes and census tracts are not equivalent geometric boundaries and they are not likely to include similar numbers of people. More importantly, they do not necessarily describe comparable levels of social interaction for residents who populate these spatial areas (for a detailed discussion of theoretical and methodological issues related to neighborhoods see Raudenbush and Sampson, 1999, and Sampson, Morenoff, and Gannon-Rowley, 2002).

A second problem with the food deserts and accessibility literature is that the preexisting body of knowledge fixates on the urban milieu and its relationship to food accessibility. It ignores food accessibility in rural areas. Research on food access is inhibited by a narrow context to the detriment of people living in rural areas. A preponderance of research examines the limited food access in urban and metropolitan areas (Cummins and Macintyre, 2002a, 2002b; Smoyer-Tomic et al., 2006; Zenk et al., 2005; Morland et al., 2002; Moore and Diez Roux, 2006). Only a few studies have examined the rural context as a significant correlate and contributor to food accessibility (Morton and Blanchard, 2007; Blanchard, 2006; Kaufman, 1998). As an aside, Blanchard has published much of the most frequently cited research on rural food accessibility known to the authors.

Third, the food deserts and accessibility literature demonstrates uneven methodological prowess. For example, a variety of ways exist to assess the spatial distance between neighborhoods and food stores. However, all measures are not equally worthwhile. Euclidian is one of the most commonly used methods for locating distance between two points (e.g., city, town, geographic grid, etc.). The distance between two points is the length of the path connecting them. Latitude and longitude coordinates, for

example, map specific locations using latitude (angular distance north or south from the Earth's equator) and longitude (east or west from the Prime Meridian). A numbered grid system finds unique map locations. Intersecting horizontal and meridional lines pinpoint specific locations.

There are limitations to using Euclidian geometry to map the shortest distance between neighborhoods and food stores. Human behavior is creative and highly unpredictable. People do not necessarily shop for food at the nearest food store. Some people travel farther distances for food because they receive better value, higher quality, and more selection. Moreover, shopping is a *social* experience. It involves human interaction. Some shoppers patronize particular establishments because of the familiarity of the shopping experience such as when they have befriended store employees or patrons. Spatial accessibility evaluates "shopping opportunities," not "actual" shopping behavior.

The Manhattan Block Distance (MBD) is another distance measure. It measures the distance between origin (i) and destination (j) and the x and y latitude and longitude coordinates of origin (i) and destination (j). Implicit with this measure is that people travel an angular route to supermarkets. The MBD measure has at least two flaws. It assumes that the shortest distance between a neighborhood and food store is the most important or practical consideration with respect to food shopping. It ignores pricing, product size variation, and quality of customer service, all of which are determinants of where people choose to buy food. MBD also does not take into account public transportation (e.g., rail, coach, trolley, etc.). Access or lack of access to public transportation affects where people shop and is inextricably related to social class, race/ethnicity, and neighborhood mix (e.g., suburban, urban, metropolitan). Neighborhood mix, for instance, affects where "high end" retail food establishments locate (Smoyer-Tomic et al., 2006). Spatial areas where there is less actual or perceived crime, actual or perceived lower purchasing power, and where insurance premiums are lower correlates with economically distressed neighborhoods (and may also determine food store location). MBD cannot take into account these intervening variables.

Shortest Network Path (SNP) is another type of distance measure. SNP is designed to provide a better representation of actual travel distances (Smoyer-Tomic et al., 2006, 310). It is a coverage method that counts the density of stores within a pre-specified radius of each neighborhood. SNP describes neighborhoods where residents may have multiple food store choices proximal to their dwellings. SNP is not without limitations as a distance measure. It calculates the average distance to the nearest food store within a predetermined radius. The statistician or GIS user arbitrarily determines the radius (e.g., 50-meter radius, 75-meter radius, etc.). Radius does not necessarily describe "actual" shopping experience.

Ground-Truthed provides another method for evaluating distance between neighborhoods and food stores and increasing the precision of food store identification. Recall that SNP and MDP, for instance, use the geographic center (centroid) to estimate a food store's centrality based upon a user's criteria (e.g., 50-meter radius, 75-meter radius, etc.). Food stores are not necessarily positioned at the center but may be distal to the geographic center. The Ground-Truthed method ensures accuracy by direct observation of each data point (food store). Existing road files may be an inaccurate representation of current roads. Sharkey and Horel (2008), for instance, propose a four-pronged approach for listing food stores (identify and classify, determine latitude/longitude coordinates; photograph the location; and conduct a "Windshield Survey" of the characteristics of each food store viewed from the store front). The Ground-Truthed method increases the accuracy in identifying food store location rather than using geographic centroids. It may also augment distance measures. The Ground-Truthed method is most practical for rural and scarcely populated areas.

Fourth, the food deserts and accessibility literature is inconspicuously atheoretical. Scholars, researchers, and social scientists conducting research on food deserts and food accessibility come from diverse fields of study, which include agriculture, anthropology, sociology, economics, agri-

culture, and geography. This field of study is also influenced by practitioners in marketing, social justice, public health, rural public health, and departments of earth and atmospheric sciences. The food deserts and food accessibility phenomenon has been examined through a variety of lenses and the ongoing body of research spans nearly two decades of research. Several studies in the food deserts and food accessibility literature attempt to predict or describe the variation in food access disparities using distance and accessibility measures (Austin et al. 2005; Moore and Diez Roux, 2006; Zenk et al., 2005). However, there continues to be a paucity of theoretical work. Specifically, sociological theory has not been adequately applied to explain the patterns found in the food deserts and accessibility literature, and applied sociologists have averted the legacy of Lester F. Ward's sociological practice. The food deserts literature has room for applied sociology at the table.

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BOOK REVIEW

Sketch for a Self-Analysis

Pierre Bourdieu

Chicago: The University of Chicago Press. 2007, 113 Pages.

Reviewed by Gary Barron, University of Calgary

HAVING SPENT ONE'S LIFE FULLY IMMERSSED in researching social life and developing the theoretical tools by which to understand it, what is left to do upon approaching the end of one's life? It seems only fitting to apply those theoretical tools to oneself. In his *Sketch for a Self-Analysis* Bourdieu uses the theoretical concepts he devised over his career in an analysis of himself. He illustrates the intellectual field that lay before him as a young intellectual and describes the formation of the dispositions that ultimately lead him to sociology despite a variety of other possible careers. Bourdieu explains that his analysis is done with the hope that his readers will, through a glimpse at his own experiences, acquire "some means of doing what they do, and living what they live, a little bit better" (p. 113).

He begins, "To understand is first to understand the field with which and against which one has been formed" (p. 4). As he reflects on the intellectual field of the 1950s, particularly philosophy, he demonstrates his distaste for the pomp of the "total intellectual" championed by Jean-Paul Sartre. As a young man Bourdieu's father told him to always "respect humble folk" (p. 86), advice that stayed with him through his life and oriented his work. Bourdieu makes it clear that the total intellectual did anything but respect humble folk; as such, he could not be a total intellectual, not on the terms set by the intellectual field of the time. Further, his humble upbringing had formed in him dispositions (habitus) that made such a role uncomfortable for him. Bourdieu's career through the *École Normale Supérieure*, and beyond, was defined by becoming a total intellectual in his own way.

Bourdieu also tells of the various "possibles" for anyone choosing to reject Sartre's existentialism. At the time, Bourdieu had not considered sociology, and the choice to reject Sartre left him with two options for his study: a history of philosophy, or an epistemology and history of the sciences. Bourdieu opted for the latter, his academic and scientific career to be modeled on Georges Canguilhem's. It is no accident that Bourdieu discusses Canguilhem's own difficulty adjusting to the intellectual field at the *École Normale* and in the *Collège de France*. Bourdieu shows his similarity with Canguilhem in their mutual refusal to take seriously the intellectual game and as related to their humble origins. Bourdieu writes of Canguilhem with a respect and reverence similar to how he writes of his father. The parallels of the three lives are hard to ignore. For example, all three struggled with the discomfort of a cleft habitus, feeling the simultaneous aching pull to return to a life they had left behind and the irritating push into a world in which none of them ever quite fit.

Bourdieu continues by sketching the state of sociology at the time. Sociology was fractured and viewed as the lowliest of disciplines, dominated and looked down upon by the "hard sciences" as well as by the university at large, particularly philosophy. Before moving toward sociology, Bourdieu was

enlisted in the Algerian war for independence. Bourdieu also recognized the stakes of moving into sociology; such a change would constitute a major loss in prestige. Bourdieu explains he only planned to dabble briefly in sociology “in order to be of some use, and perhaps to stave off the guilty conscience of the helpless witness of an abominable war” (p. 40). The results of his dabbling led him to a career defined by sociological study.

For the applied sociologist, *Sketch* does not introduce a new perspective or attempt to change established knowledge. Rather, Bourdieu demonstrates his theory of practice in its application to everyday life, showcasing how one might plan strategically and move comfortably through life rather than passively drifting through it. *Sketch* offers the sociologist a template for strategic planning that might be used in a variety of settings. It is easy to imagine a community action project wherein community members engage in reflection similar to Bourdieu’s, locate where they find themselves in the present relative to others, and estimate where they might like to be in the future. A further application of *Sketch* is in developing as a sociologist. Bourdieu’s self-analysis might also be provided to students in introductory sociology courses as a guide for students to conduct their own self-analysis. In doing a similar self-analysis, new university students could think more critically about their location in the university, their social world more broadly, and plan their education strategically.

Although on a superficial level it is an easy read, to fully appreciate *Sketch for a Self-Analysis*, one should be familiar with Bourdieu’s work and, at least, knowledge of his key theoretical concepts. The text is written with regard to habitus, interest, field, symbolic violence, and other concepts, and it requires the reader to be aware that the stories he chooses to tell are not accidental. Indeed, he notes that the details he discloses are those “necessary for sociological explanation and understanding, and only those” (p. 1). The details he does disclose are of use to any sociologist interested in taking seriously Bourdieu’s call for reflexivity in that they partly demonstrate how to take oneself as an object of study. Bourdieu’s project is to show that by first locating oneself in a field, the university field or otherwise, one is able to discover one’s dispositions, and as such, to find comfort in uncomfortable locations, to seize upon the possibilities that come into view. In doing so, he hopes one might live a little bit better. However, the book is not an instruction manual. A sketch in the truest sense, it tasks the reader to decide how to finish the analysis by utilizing the theoretical concepts Bourdieu has left as his legacy.

Authors' Biographies

Anthony Troy Adams is a professor (sociology) and chair, Department of Criminology, Sociology, and Geography at Arkansas State University–Jonesboro. Prior to his southern migration, he was on the faculty at Eastern Michigan University for 20 years. He earned a PhD at The University of Michigan in 1990. Adams has been awarded grants from the Office of Educational Research and Improvement, U.S. Department of Education, Bentley Historical Library, The University of Michigan, Michigan Campus Compact, Eastern Michigan University, and Romulus Community Schools, Romulus, Michigan. His research interests include secondary school violence and discipline, social inequalities, outcomes-based research on service-learning in higher education, and more recently disparities in access to food environments (food deserts), examining the spatial relationship between neighborhoods and food retail.

Gary Barron was born in Chilliwack, British Columbia, and at a young age moved with his family to Calgary, Alberta. He was introduced to sociology during a casual conversation with a friend and took it up in formal education soon afterward. He received a BA in sociology with Honours and a BSc in psychology from the University of Calgary in 2008. Gary also recently completed required course work for an MA in sociology at the University of Calgary. Barron's research interests include the sociology of knowledge, the social construction of social problems, institutional ethnography, mental illness, research methods, social theory, and the application of the above to everyday life.

Christine A. Bevc is a research associate with the North Carolina Preparedness and Emergency Response Research Center at University of North Carolina at Chapel Hill. She received her PhD in Sociology from the University of Colorado at Boulder and a Master of Arts degree in Applied Sociology from the University of Central Florida. While at the University of Colorado, she assisted numerous research projects with the Natural Hazards Center and served as the managing editor for the edited volume of quick-response research entitled *Learning from Catastrophe: Quick Response Research in the Wake of Hurricane Katrina*. Her ongoing research focuses on the continuing recovery of Gulf Coast communities and issues related to organizational collaboration in emergency preparedness, response, and recovery. Additional research has examined the role of the military in the disaster response and socio-geographic dimensions of environmental justice.

Timothy Cheney serves as the assistant director of research programs at the Northeast Florida Center for Community Initiatives (CCI). He joined the center in the fall of 1994 while working toward

a masters degree in criminal justice at the University of North Florida, which he received in the fall of 1996. Since then, he has also received a BS in Information Systems. Cheney has been instrumental in the development of CCI, starting first as a research assistant and progressing to his current position. At CCI, he is responsible for database maintenance, survey creation and implementation, report writing, and office management. His primary areas of research concern computer crime, white-collar crime, and juvenile delinquency.

Amanda Coleman is an assistant professor of geography at Arkansas State University–Jonesboro. A native of Jonesboro, Arkansas, and an alumna of Arkansas State University–Jonesboro, she received her PhD from the University of Oregon. Among her academic interests are how society has constructed race and the dynamics behind racial constructions.

Patrycia Hatten received a BA in criminal justice and sociology with an emphasis in family studies from the University of Northern Colorado, and is completing a masters degree in applied psychology and counselor education. In the Office of the District Attorney Eighth Judicial District, she currently works with children with developmental disabilities, teaches parenting classes, and facilitates group and family therapy.

Lara J. Jaskiewicz is a graduate of the University of Illinois at Urbana-Champaign and received her master of public health in public health administration and master of business administration in strategic management from the University of Minnesota Schools of Public Health and Business. She received her PhD at the University of Illinois at Chicago School of Public Health in Health Policy and Administration. Jaskiewicz's area of research is in food access; her most recent project involved comparing spatial measures of access to grocery stores. She is currently a project manager at the Consortium to Lower Obesity in Chicago Children (CLOCC; www.clocc.net) where she oversees community projects and a small grant program. Prior to joining CLOCC, Jaskiewicz worked in local governmental public health management, where she oversaw community assessments, health promotion, and environmental health programs in rural and suburban settings.

Sandra Jones, PhD, LCSW, is an associate professor of sociology at Rowan University in Glassboro, New Jersey. She received her PhD in sociology from Temple University in Philadelphia and her MSW from Norfolk State University in Norfolk, Virginia. Her primary research areas are race/ethnic relations, social movement theory, and the area of death, dying, and bereavement. She has worked as a mental health and substance abuse therapist and community activist for many years. She is the author of the 2010 book titled *Coalition Building in the Anti-Death Penalty Movement: Privileged Morality, Race Realities*. She is currently examining the bereavement process confronting the families of death-row inmates.

Maryann Mason is an assistant research professor in the Department of Pediatrics at Northwestern University's Feinberg School of Medicine. She is also the community and evaluation research director for the Consortium to Lower Obesity in Chicago Children (CLOCC), where she conducts community-based research projects and program evaluations on the topic of childhood obesity prevention. Mason is a member of the Steering Committee of Northwestern University's Alliance for Research in Chicago Communities (ARCC). ARCC is a program of the Northwestern University Clinical and Translational Science (NUCATS) Institute. ARCC is committed to furthering the practice of community-based participatory research for the purpose of improving the health of communities. She received her PhD in sociology from Loyola University of Chicago.

Tracy A. Milligan is the assistant director of Research Programs and Services at the Northeast Florida Center for Community Initiatives. She has been with the Center since 1999. Milligan is a Jacksonville, Florida, native and received her undergraduate degree and her master of science degree in applied sociology at the University of North Florida. She has worked on many CCI projects, including race relations for the Jacksonville Human Rights Commission, homeless projects, and neighborhood needs assessments.

Mel Moore is a professor of sociology at the University of Northern Colorado (PhD, University of Washington). She has authored numerous articles on a variety of topics, including delinquency, value change, gender, education, and parenting. Her current research includes a social biography of a former gang member and an evaluation of “alternative” family structures on child-rearing strategies. She was a post-doctoral fellow at Indiana University and a recipient of her college’s Teaching Excellence Award.

Monika J. Ulrich is an assistant professor of sociology, Department of Criminology, Sociology, and Geography at Arkansas State University–Jonesboro. She recently completed her doctoral studies in sociology (August 2009) at the University of Arizona. Her research interests include low-income fathers, the transition to parenthood, and the medicalization of birth.

Jeffrey A. Will is a professor of sociology and director of the Northeast Florida Center for Community Initiatives at the University of North Florida. Will joined the UNF faculty in 1993. He earned his undergraduate degree at Ball State University in Muncie, Indiana, and his masters and doctorate degrees from the University of Massachusetts, Amherst. His primary areas of research concern poverty, inequality, and public policy. He has authored or co-authored numerous books, book chapters, refereed articles, and research reports covering these issues. Will also served as president of the Association for Applied and Clinical Sociology from 2007–2008. He is currently serving as chair of the American Sociological Association’s Section on Sociological Practice and Public Sociology, and is the chair of the Southern Sociological Society’s Committee on the Status of Students. In addition to his work at UNF, he is currently on the Advisory Board for the National Council on Crime and Delinquency Center for Girls and Young Women.

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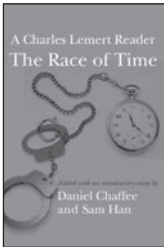


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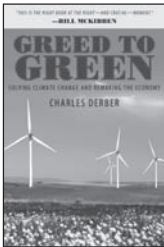
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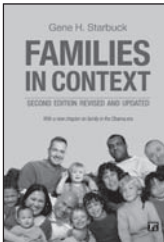
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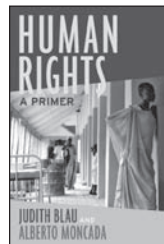
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