

CHAPTER 2



Human Needs and Problems Requiring Responses From Organizations, Institutions, and Communities

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INTRODUCTION

This chapter is intended to provide you with a conceptualization of the type and range of problems affecting macro systems. However, this chapter will focus primarily on problems and needs of families, categories, and communities since society's negative effects on groups, organizations, and institutions are relatively minimal. For instance, society does not have a significant impact, economically or socially, on groups such as the Young Republicans on a college campus or organizations such as the American Medical Association or the U.S. Chamber of Commerce. The U.S. Chamber of Commerce exerts a tremendous amount of pressure on the legislative and executive processes (Birnbaum, 2005); it spent \$30 million on lobbying in the first half of 2004, prompting Common Cause to state that the system is unfair for the average person who cannot lobby in this manner. Simply, lobbying leads to access to politicians to advocate for an organization's interests, and sometimes donations to politicians are given in exchange for promises to support or oppose legislation. However, society positively and negatively affects families, categories, and communities.

Stolley (2005) distinguishes between groups and categories. A **group** is an assembly of individuals who interact regularly, have a mutual sense of identity, and have a sense of belonging. On the other hand, a **category** is a collection of individuals who share a common status or characteristic(s) (Stolley, 2005). It is rare that society targets and thus increases social and economic pressures on groups like the Young Republicans or a chapter of Mothers Against Drunk Driving. However, throughout history, radical groups and organizations have been targeted, such as the Black Panthers and the Weathermen from the 1960s and 1970s.

The Black Panther Party was formed in 1966 by Bobby Seale and Huey P. Newton. Its early mission was to protect Black people from police brutality and harassment. It also provided free breakfast programs and other social services in the community. Chapters of the Black Panthers spread, and shoot-outs between the Black Panthers and law enforcement occurred in California, Illinois, and New York. Estimates were that over 20 Black Panthers were killed and a number were sent to prison in various confrontations (Robinson, 2004). Consisting of mostly middle-class White females and males, the Weathermen were a violent group that sprang from the Students for a Democratic Society, which severely disrupted the 1968 Democratic National Convention in Chicago. A spokesperson for the Weathermen stated that nonviolence was an excuse for people not to struggle and to acquiesce to the power structure. Members made bombs and blew up more than 20 American structures, including a portion of the New York City Police Department and the barbershop at the U.S. Capitol. Combining with members of the Black Liberation Army, members of the Weathermen robbed an

armored car in 1981 of over \$1.5 million, which was to help fund the liberation of Black people in America. Both the Black Panthers and the Weathermen fought the perceived power structure, killing some police officers in the process. However, neither of these types of groups really exists in today's society as both advocated for revolution.

Moreover, there is a history of categories of people being targeted for increased burdens and sometimes discrimination. For instance, single mothers receiving public assistance have been demonized. Recall that Ronald Reagan rose to prominence in California by campaigning against the "welfare queen." At one time, gays and lesbians were diagnosed as having mental disorders just for being homosexual. Drug dealers and "crack" users were subjected to significant penal sanctions. Formerly incarcerated felons who had paid their debts to society were barred from voting and disqualified from securing lawful employment. Individuals who are homeless have been harassed by local governments. As an example, city leaders adopted a new policy for addressing the homeless population on Skid Row in Los Angeles. Roughly 50 blocks in size, Skid Row houses between 8,000 and 10,000 homeless persons, and the new policy calls for them not to be rousted from their tents and cardboard homes as long as they remove their homes by 6 a.m. ("L.A. Putting Homeless Issues on Back Burner to Tackle Crime," 2006). Thus, for social work students and professionals committed to social justice, categories may be more important than groups. This is so because a group may contain 10 to 12 individuals or 50. But a category is a significant large collection of individuals, such as all the undocumented Latinos in the United States (i.e., 12 million), all the gay people in the United States, or all the individuals incarcerated for drugs or nonviolent crimes. Intervention aimed at alleviating the burdens of and discrimination against categories of individuals has more of an impact than it does when aimed at a group.

The Americans with Disabilities Act (1990) has been hailed as a vitally important piece of legislation affecting social welfare policy. It can be understood as the product of two social institutions. It can also be viewed as a congressional effort, which was later endorsed by the courts as constitutional, to help a category of individuals who were ignored and discriminated against by society. Congress conducted hearings, listening to individuals and organizations and detailing statistics and findings for this category of citizens. Besides being a social welfare policy issue, the Americans with Disabilities Act was also an effort by Congress to help Americans with disabilities, and this is human behavior in the social environment too. Congress recognized a category of Americans in need and passed legislation to assist them. In addition, the courts got involved and determined whether certain disabilities fell within the parameters of the Americans with Disabilities Act, such as substance abuse or addictions or health

problems like high blood pressure (*Hodgens v. General Dynamics Corporation*, 1998) and diabetes (*Darnell v. Thermafiber*, 2005; *Nordwall v. Sears Roebuck*, 2002). Assessments were conducted to ascertain the extent of the helpfulness of this legislation for individuals with disabilities.

Legislation, however, cannot always address the needs of families, categories, and communities because these needs are very difficult to alleviate. Some of these needs arise from nature and can only be explained by physical science or, for some people, God. Some have linked floods and plagues or diseases to divine forces. But modern science offers a more knowledgeable explanation for these phenomena. Regardless of one's belief system, no one can doubt the very destructive forces of major disasters and diseases existing and occurring in the environment. They lead, and have led, to the deaths of millions of people throughout history, destroying families, communities, and societies.

Although natural disasters have caused great misery and destruction throughout human history, the miseries and destruction caused by individuals have been far, far greater. Genocides, wars, ethnic cleansings, slavery, and crimes have been very destructive to humankind. Early social workers were instrumental in persuading Congress to pass legislation barring the sexual exploitation of young women and, in 1910, to pass the White-Slave Traffic Act. Yet, the National Institute of Justice (2005) announced a grant opportunity for a study of a demonstration project in Atlanta, Georgia, involving the commercial sexual exploitation of children, including pornography, prostitution, and smuggling of minors for unlawful purposes. Troubled and victimized in their families or communities, some children in the Atlanta area had been targeted by persons seeking to use them sexually for profit. In some extreme cases, children have been bought and sold in a murky sex industry. The long-term physical and emotional injuries from commercial sexual exploitation of children have implications for these children when they become adults and for the criminal justice system that must deal with some of them should the aftereffects of sexual exploitation lead them to criminal acts.

After World War II, the United Nations declared that it would never allow genocide again. But genocide has occurred, as it did in the 1990s in Bosnia and Africa. Further, women and girls from poor countries in the Balkans and Mexico have been and are being sold as sex slaves. In 2000, Congress passed the Victims of Trafficking and Violence Protection Act. Estimates are that 600,000 to 800,000 victims are trafficked globally each year, and 18,000 to 20,000 are trafficked to the United States (U.S. Department of Justice, 2009). The problem has become so serious that Congress created the Human Smuggling and Trafficking Center. Some of these women have been found in major cities of the United States (Ribando, 2007). Debates have occurred about the causes of human trafficking, and poverty is often cited. However, many social scientists

and scholars attribute and link poverty to social inequality, which is a condition created by human beings in positions of power over other human beings.

All of these problems, both natural and human-made, affect families, groups, organizations, institutions, and communities. Lives are lost, homes are destroyed, families are severely disrupted, and communities are made unstable. Terrorism, which at one time was believed to be an international problem, is now a domestic problem as a result of the bombing of the federal building in Oklahoma and the attack by the 9/11 terrorists. While many Americans have put up a brave face and declared that they will not let the terrorists “win” by altering American society, significant changes have occurred. Americans have fewer rights today than they had before the attack on 9/11. Security experts say that they cannot prevent attacks on American soil and that Americans must be aware because it is only a matter of time before another will occur. The effect of this alertness is that Americans are subjected to false alarms and hoaxes (Hays, 2005), elevating their anxieties. Moreover, there are security costs associated with these false alarms and hoaxes that adversely affect organizations—law enforcement, transit, and governing bodies.

Undoubtedly, in the United States, poverty, social inequality and discrimination, crime, disasters, and terrorism have major short-term and long-term effects on the collective mental health of families and communities. Depression, posttraumatic stress disorders, and sometimes suicides occur among direct victims and indirect or collateral victims as a result of these problems. Similar problems in international communities such as poverty, famine, civil wars, genocide and ethnic cleansings, and terrorism have a cataclysmic effect on people in developing countries. Many of these problems constitute violations of human rights as declared and ratified by the United Nations.

Questions have been raised about the appropriateness of using clinical measures on populations in developing countries. Though some of the problems are the same, human beings in developing countries, because of their cultural beliefs, may have different mental health difficulties than people in a highly developed society, such as in the United States. For instance, Sudan militants forced individuals in Darfur to leave their homes, and these individuals who fled were not able to perform burial rituals of murdered relatives according to their customs. Their inability to perform these burial rituals increased their mental anguish. Also, in Bosnia, the Muslim community shunned Muslim women who were raped and impregnated by the Serbs in rape camps after the genocide and ethnic cleansing ended. Similarly, relatives and the community shunned and rejected African women in Darfur after they were raped and impregnated by Arab militia. While women who have been sexually assaulted in the United States have access to medical and psychological

services, women in war-torn developing countries have virtually nothing. This chapter explores all these problems and issues, beginning first with the United States and then discussing other countries.

POVERTY IN THE UNITED STATES AND INTERNATIONAL COMMUNITIES

Overall Poverty

In 1964, Mollie Orshansky of the Social Security Administration (SSA) devised a definition to measure **poverty** in the United States. The Bureau of Budget, later to become the Office of Management and Budget, established this definition as the official measure of poverty for statistical use for all federal agencies. This original poverty definition created a number of income cutoffs or thresholds that were adjusted by family size, sex of the family head, number of children under 18 years old, and farm-nonfarm residences. The crux of the definition of poverty was the economy food plan (i.e., the major food groups and the amounts for each) established by the Department of Agriculture for the least costly nutritionally sufficient plan for a family of four. Based on findings from the Department of Agriculture's 1955 Household Food Consumption Survey, one third of the amount spent by a family of three or more after taxes went for food. As a result, the poverty thresholds for families of three or more people were fixed at three times the price for the least costly nutritionally sufficient food plan. For two-person families and single-person homes, different procedures were established to adjust for differences in outlays for food. Using the 1955 survey results, the cost of the nutritionally sufficient food plan for a two-person family was multiplied by a factor of 3.7. For single persons, no multiplier was used, and their poverty was determined by a fixed proportion of the two-person family's threshold. Each year, the Department of Agriculture revised the poverty thresholds based on changes of prices for items in the economy food plan or, stated differently, on inflation as determined by the Consumer Price Index (U.S. Census Bureau, 2004).

Poverty is discussed extensively here because it is correlated with a number of other human needs and often exacerbates other problems. For example, poverty is linked to amputations for people suffering from diabetes and blindness due to diabetes. While middle-class and upper-class persons suffer from blindness and amputations from diabetes, the poor have the highest rate of these maladies. Further, poverty is also linked to the higher rate of infant mortality among the poor. In the area of education, poverty is associated with children dropping out of school. For these reasons, as well as others, different

aspects of poverty are presented below to give students full knowledge of the characteristics of poverty in the United States.

The U.S. Census Bureau released statistics for people and families in poverty by selected characteristics in the year 2006. Table 2.1 includes selected characteristics, data in thousands, and percentages. These percentages are based on the total population. For instance, the total number of persons in poverty in 2006 was 36,460,000, and this represented 12.3% of all persons in the United States. About 24% of African Americans and about 21% of Latinos were in poverty. Most of the poverty in the United States was located in the South. Females who did not have husbands had significant poverty, 28%. See Table 2.1.

Table 2.1 People and Families in Poverty by Selected Characteristics for 2006

<i>People</i>	<i>In Thousands</i>	<i>%</i>
Total	36,460	12.3
<i>Family Status</i>		
In Families	25,915	10.6
Head of Household	7,668	9.8
Related Children Under 18	12,299	16.9
Related Children Under 6	4,830	20.0
In Unrelated Subfamilies	567	41.5
Reference Person	229	40.4
Children Under 18	323	44.9
Unrelated Individuals	9,977	20.0
Male	4,388	17.8
Female	5,589	22.2
<i>Race</i>		
White	24,416	10.3
White, not Hispanic	16,013	8.2

(Continued)

Table 2.1 (Continued)

<i>People</i>	<i>In Thousands</i>	<i>%</i>
Black	9,048	24.3
Asian	1,353	10.3
Hispanic Origin, Any Race	9,243	20.6
<i>Age</i>		
Under 18 Years	12,827	17.4
18 to 64 Years	20,239	10.8
65 and Over	3,394	9.4
<i>Nativity</i>		
Native	30,790	11.9
Foreign Born	5,670	15.2
Naturalized Citizen	1,345	9.3
Not a Citizen	4,324	19.0
<i>Region</i>		
Northeast	6,222	11.5
Midwest	7,324	11.2
South	14,882	13.8
West	8,032	11.6
<i>Metropolitan Status</i>		
Inside Metro Statistical Areas	29,283	11.8
Inside Principal Cities	15,336	16.1
Outside Principal Areas	13,947	9.1
Outside Metro Statistical Areas	7,177	15.2

<i>People</i>	<i>In Thousands</i>	<i>%</i>
<i>Work Experience</i>		
All Workers 16 and Over	9,181	5.8
Worked Full-Time	2,906	2.7
Worked Part-Time	6,275	12.6
Did Not Work at Least 1 Week	15,715	21.1
<i>Families</i>		
Total	7,668	9.8
<i>Type of Family</i>		
Married Couples	2,910	4.9
Female Head of Household, No Husband	4,087	28.3
Male Head of Household, No Wife	671	13.2

The data and tables on poverty that follow are older than the data in Table 2.1. But these data are for categories not presented above. They are provided to give a fuller picture of poverty in the United States among categories of people. At the time of the 2000 census, 12.4% of the U.S. population was below the poverty level, 16.1% of children were in poverty, 9.9% of persons 65 and over were in poverty, and 9.2% of all families were in poverty (U.S. Census Bureau, 2005).

Compiled from the U.S. Census Bureau in 2005, Table 2.2 lists the top 10 states and territories for the percentages of various categories in poverty. While social workers are concerned about the overall percentage of people in poverty, they are especially concerned about children under 18 years of age and elderly persons 65 and over. These data show that Puerto Rico has the highest percentage of people in poverty, the highest number of children under 18 in poverty, and the most individuals 65 and over in poverty.

For children under 18 years old, both the rate and the number of children in poverty remained the same from 2003 to 2004 (see Table 2.3 for 2004 poverty rates by state). For each year since 2000 to 2004, both the rate and

Table 2.2 Top 10 States and Territories for Percentages in Poverty for Various Groups

<i>Overall in Poverty</i>		<i>Under 18 in Poverty</i>		<i>65 and Over in Poverty</i>	
Puerto Rico	48	Puerto Rico	58	Puerto Rico	44
District of Columbia	20	Washington, DC	31	Mississippi	19
Louisiana	20	Mississippi	27	Louisiana	17
Mississippi	20	Louisiana	26	District of Columbia	16
New Mexico	18	New Mexico	25	Alabama	16
West Virginia	18	West Virginia	25	Arkansas	14
Alabama	16	Alabama	21	Georgia	14
Arkansas	16	Arkansas	21	South Carolina	14
Kentucky	16	Texas	20	Tennessee	14
Texas	15	Kentucky	20	North Carolina	13

Table 2.3 Poverty Rate for 2004

<i>Place</i>	<i>Number in Poverty</i>	<i>Rate of Poverty (%)</i>
Mississippi	604,000	21.6
Louisiana	845,000	19.4
New Mexico	358,000	19.3
District of Columbia	98,000	18.9
Arkansas	476,000	17.9
West Virginia	317,000	17.9
Kentucky	700,000	17.4
Texas	3,625,000	16.6
Alabama	706,000	16.1
South Carolina	635,000	15.7

<i>Place</i>	<i>Number in Poverty</i>	<i>Rate of Poverty (%)</i>
Oklahoma	520,000	15.3
North Carolina	1,256,000	15.2
Georgia	1,266,000	14.8
Idaho	196,000	14.5
Tennessee	830,000	14.5
Arizona	798,000	14.2
Montana	127,000	14.2
New York	2,641,000	14.2
Oregon	493,000	14.1
California	4,661,000	13.3
Washington	794,000	13.1
Rhode Island	132,000	12.8
Nevada	288,000	12.6
Ohio	1,388,000	12.5
Maine	157,000	12.3
Michigan	1,210,000	12.3
Florida	2,062,000	12.2
North Dakota	73,000	12.1
Illinois	1,474,000	11.9
Missouri	659,000	11.8
Pennsylvania	1,389,000	11.7
Colorado	498,000	11.1
Nebraska	186,000	11.0
South Dakota	81,000	11.0

(Continued)

Table 2.3 (Continued)

<i>Place</i>	<i>Number in Poverty</i>	<i>Rate of Poverty (%)</i>
Utah	256,000	10.9
Indiana	652,000	10.8
Wisconsin	571,000	10.7
Hawaii	129,000	10.6
Kansas	279,000	10.5
Wyoming	50,000	10.3
Delaware	80,000	9.9
Iowa	282,000	9.9
Virginia	682,000	9.5
Massachusetts	570,000	9.2
Vermont	54,000	9.0
Maryland	473,000	8.8
New Jersey	722,000	8.5
Minnesota	412,000	8.3
Alaska	52,000	8.2
Connecticut	257,000	7.6
New Hampshire	95,000	7.6
United States	37,162,000	13.1

Source: Compiled from *Income, Earnings, and Poverty From the 2004 American Community Survey*, by P. Fronczek, 2005, Washington, DC: U.S. Census Bureau.

the number of people in poverty overall increased in the United States. In terms of type of family and poverty, the poverty rate for a married couple increased very slightly—from 5.4% to 5.5%—from 2003 to 2004. There was a slight increase for single-parent females, from 28.0% to 28.4%, and single-parent males remained the same—13.5% (Walt, Proctor, & Lee, 2005).

Poverty and Gender

In 1999, as shown in Table 2.4, of all females in the United States, 7% were below the poverty line, compared to 5% of males. Among young people up to the age of 15, males are more likely to live in poverty. After the age of 15, a shift occurs, and more females live in poverty. A possible explanation for this shift may be the effects of females coming into childbearing age and the accompanying problems of single parenthood and perhaps later divorce.

Table 2.4 Gender and Poverty for 1999

<i>Age (in years)</i>	<i>Male</i>	<i>Female</i>
Under 5	1,743,703	1,668,322
5	354,679	334,985
6 to 11	2,111,555	2,037,018
12 to 14	890,569	863,539
15	297,525	295,849
16 to 17	570,123	578,991
18 to 24	2,198,398	2,900,186
25 to 34	1,833,858	2,714,689
35 to 44	1,789,400	2,446,340
45 to 54	1,263,254	1,556,084
55 to 64	899,124	1,263,847
65 to 74	544,372	1,006,597
75 and over	428,502	1,308,303

Poverty, Race, and Ethnicity in the United States

In 2003, the U.S. Census Bureau made available data for persons living in poverty sorted by race. In Table 2.5, race is divided into three categories—Asian or Pacific Islander, Non-Hispanic White, and Other. Other includes Mexican,

Table 2.5 Percentage of Persons in Poverty by Age Group and Race

	<i>Asian or Pacific Islander</i>		<i>Non-Hispanic White</i>		<i>Other</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Total	10%	10%	7%	9%	20%	24%
Under 18	12%	11%	10%	10%	29%	29%
18 to 64	9%	10%	6%	8%	15%	21%
65 and Over	14%	7%	5%	10%	17%	25%

Puerto Rican, Cuban, South or Central American, or Other Hispanic/Latino and African American. Twenty-two percent of persons in the Other category, 8% of Non-Hispanic Whites, and 10% of Asians or Pacific Islanders were in poverty. For persons under age 18, 29% were in poverty, as were 10% of Non-Hispanic Whites and 12% of Asians or Pacific Islanders. For persons between the ages of 18 and 64, 18% of Other, 7% of Non-Hispanic Whites, and 10% of Asian or Pacific Islanders were in poverty. For persons 65 and over, 22% of Other were in poverty, as were 8% of Non-Hispanic Whites. Looking just at males, 20% of Other, 7% of Non-Hispanic Whites, and 10% of Asians or Pacific Islanders were in poverty. For males under 18 years, 29% were below poverty, as were 10% of Non-Hispanic Whites and 12% of Asians or Pacific Islanders. For males between the ages of 18 and 64, 15% of Other, 6% of Non-Hispanic Whites, and 9% of Asians or Pacific Islanders were in poverty. For males 65 and over, 17% were in poverty, as were 5% of Non-Hispanic Whites and 14% of Asians or Pacific Islanders. For females, 24% were in poverty, as were 9% of Non-Hispanic Whites and 10% of Asians or Pacific Islanders. For females under age 18, 29% were in poverty, as were 10% of Non-Hispanic Whites and 11% of Asians or Pacific Islanders. For females between 18 and 64, 21% of Other, 8% of Non-Hispanic Whites, and 10% of Asians or Pacific Islanders were in poverty. For females 65 and over, 25% of Other were in poverty, as were 10% of Non-Hispanic Whites and 7% of Asians or Pacific Islanders (U.S. Census Bureau, 2003).

In 2004, the Bureau of the Census conducted a follow-up survey and found that the official poverty rate went from 12% in 2003 to 12.7% in 2004. In actual numbers, there were 37 million people in poverty in 2004, an increase of 1.1 million from 2003. Poverty levels remained the same for African Americans, 25%, and Latinos, 22%, but poverty increased for Whites from 8.2% to 8.6%

in 2004. The only group to have a decrease in poverty from 2003 to 2004 was Asians, from 8.6% to 8.2% (Walt et al., 2005).

Poverty in Developing Countries

Earlier in this chapter, we explained and defined poverty and how poverty is measured in the United States. But poverty in other countries, especially developing countries, is much more severe, and the United Nations and poverty researchers have defined it differently. Sachs (2005) differentiated among three types of poverty. **Extreme or abject poverty** exists when households cannot secure their basic needs for survival. These households are characterized by chronic hunger, an inability to access health care, lack of safe drinking water or sanitation, an inability to acquire education, poor shelter, and lack of basic clothing, especially shoes. According to Sachs (2005), extreme poverty is only seen in developing countries. **Moderate poverty** exists when households just barely secure basic needs. **Relative poverty** exists in households that have income below a specific proportion of some average national income. In high-income countries, these households are characterized by a lack of access to cultural programs, entertainment, recreation, quality health care, and quality education. These households lack opportunities to participate in activities that promote social mobility (Sachs, 2005).

In 2000, representatives of most countries signed the Millennium Declaration, which pledged to liberate men, women, and children from the abject and dehumanizing conditions resulting from extreme poverty, among other goals, by 2015. The goal was to cut extreme poverty in half by the end of 2015. As reported by the United Nations, more than 1 billion people are in abject poverty and live on less than \$1 a day. About 2.5 billion people live on less than \$2 a day. To address extreme poverty, the United Nations stated that “overcoming the structural forces that create and perpetuate extreme inequality is one of the most efficient routes for overcoming extreme poverty, enhancing the welfare of society . . .” (United Nations Development Programme, 2005, p. 5). Elaborating further on extreme social inequality and its correlation with extreme poverty, officials of the United Nations wrote that numerous and interlocking layers of inequality produce difficult hardships for people throughout their lives. Income inequalities intermingle with other life-chance inequalities, such that being born into poor families lessens other life chances. Poor women are less likely to receive care while pregnant and more likely to lose their children either before or shortly after birth. For instance, children born in poor households in Senegal or Ghana are 2 to 3 times more likely to die before age 5 than children born into the richest 20% of households in Senegal or

Ghana. Gender in developing countries is one of the strongest predictors for disadvantages. In India, the death rate for girls 1 to 5 years old is 50% higher than the death rate for boys (United Nations Development Programme, 2005).

The World Bank, echoing the sentiments of the United Nations, stated that poverty in developing countries is more than the absence of assets. It declared that “poor people are vulnerable to economic shocks, natural disasters, violence and crime, [and] they are often denied access to education, adequate health services and clean water and sanitation” (World Bank, 2005, p. 1). The World Bank noted that it was involved (i.e., making loans, collecting loans, and consulting) in more than 100 countries and recommended and endorsed the Millennium Development Goals agreed to by the United Nations. These goals articulate a strategy to reduce poverty that involves better coordination between developed and developing countries, improving the environment for stronger economic growth in developing countries, dismantling barriers to trade, scaling up human development, and increasing aid and its effectiveness (World Bank, 2005).

Famine

Famine has been defined by the World Health Organization (2002) as occurring when the severity of critical malnutrition levels affects more than 15% of all children from age 6 months to 59.9 months. The United Nations has a somewhat different definition, declaring that a famine occurs when there is an extreme collapse in the availability of food that leads to widespread deaths from starvation or from hunger-related illnesses. Both definitions are somewhat arbitrary. For instance, 13% to 15% of children in a country may suffer from malnutrition, and some deaths may not be widespread. A declaration of famine triggers international food aid, but people may be hungry and dying though a famine is not declared. The people of Southern Africa have been suffering from hunger for over a decade. The Southern African Development Community reported that the chronic malnutrition (stunning) rate for Zambian children between the ages of 6 months and 59 months in 1991 was 39%. Then, it increased to 55% and remained at that level. The acute malnutrition (wasting) at that time in Zambia was 4.4%. In Malawi, the rate of chronic malnutrition was 49% for its children (World Health Organization, 2002).

Patel and Delwiche (2002) have offered a provocative treatise, suggesting that developed countries, such as Great Britain and the United States, often generate and cause famine in less developed countries. They state that during the 120-year British rule of India, there were 31 famines, but there were only 17 famines over the 2 millennia prior to British rule (Patel & Delwiche, 2002).

According to Patel and Delwiche (2002), famine does not occur spontaneously due to a failed crop season but is the outcome of market forces. Under British rule, India's food was integrated into the world's food market, and the British forbade India's practices of feeding its people during food shortages. As a result, the Indian people were subjected to repeated famines.

Patel and Delwiche (2002) assert that famine is currently caused by poverty and Western policies. The World Food Programme reported that there was not a shortage of food in Lesotho, an African country, in 2002. Two thirds of the people lived below the poverty line, and 50% of the population was considered to be destitute. Because of increasing prices and shrinking incomes, the people of Lesotho could not afford to buy the food that was available. In 2001, the International Monetary Fund ordered the government of Malawi to decrease its grain reserve from 165,000 metric tons to between 30,000 and 60,000 metric tons. The International Monetary Fund justified its order based on costs and the belief that next year Malawi's harvest would increase the stock. When the crop did not meet projections, the people of Malawi experienced a famine and began to die (Patel & Delwiche, 2002).

Some African leaders hold the United States and the European Community responsible for African famines. Transnational food corporations based in the United States and Europe depend upon cheap inputs from some developing countries. According to Patel and Delwiche (2002, p. 8), the United States

has a twenty-year history of first generating hunger through macroeconomic policy that while selling itself as austere, systematically enriches large corporations and impoverishes working families. Then the government hen-feeds the hungry with surplus food this policy produces. This two-step trick was perfected within the United States. In 1981, Congress told the USDA to reduce the storage costs associated with its dairy support program. Simultaneous cuts in welfare provisions for the poor and the incipient recession provided a ready market for the surplus. Now this discipline is being applied in Southern Africa as a way to force open markets for U.S.-produced GM [genetically modified] grain.

GM grains are banned in Japan and the European Union, producing a large surplus that has been increasing. Thus, the United States needs a home for this grain. According to Patel and Delwiche (2002), food aid to African countries is really de facto support for U.S. agriculture businesses. The U.S. Agency for International Development, which distributes food to African countries, buys over a billion dollars' worth of products a year from agricultural businesses in the United States. While some African countries have been leery of the GM

grain, they could not withstand U.S. pressure. Only Zambia, concerned over the safety of GM grain and the U.S. food policy, refused to accept GM grain. Secretary of State Colin Powell sought Vatican support to get Zambia to accept the GM grain. Zambia saw the problem as a lack of food available that the poor could afford. So, Zambia purchased grain from domestic and regional sellers (Patel & Delwiche, 2002).

However, not all famines are caused by the West; some are caused by internal conflicts within developing countries. In 1998, the world was shown pictures of emaciated Africans of all ages living in the Sudan. About 250,000 people were at risk for starvation. This famine has been called the Bahr el Ghazal famine of 1998. Experts agree that a 2-year drought caused by El Niño presented conditions conducive to a famine. However, the famine itself was caused by Sudanese government policies. The Sudanese government had backed the Murahaleen, an Arab militia group, to assist it in terrorizing the African population. Long before the famine, the Murahaleen had stolen cattle and grain and had burned crops in an attempt to rid the country of dark Africans. As Africans were driven from the land and away from food and their farms, they were put at risk for starvation (Human Rights Watch, 1999b). Further, the African people living in Darfur, many of them refugees, have become at risk for starvation.

NATURAL DISASTERS

Selected Disasters, Historical and Current

Fires, earthquakes, floods, mudslides, tornadoes, hurricanes, and similar natural disasters all have the potential to kill people and destroy homes. The Federal Emergency Management Agency (FEMA) has defined a major disaster as “any natural catastrophe, or regardless of cause, any fire, flood, or explosion that causes damage of sufficient severity and magnitude to warrant assistance supplementing state, local, and disaster relief organization efforts to alleviate damage, loss, hardship, or suffering” (Young, Ford, Ruzek, Friedman, & Gusman, 2000, p. 1). The President of the United States has the authority to declare an area of the country a disaster area, which triggers federal assistance. Extreme and devastating forces of disasters can have far-reaching consequences for individuals, communities, and society. Although a disaster may last for only seconds, such as an earthquake, or for several days, such as a flood, the impact on individuals and communities can last for months, for years, or forever. Recovery, reconstruction, and restoration may take years. Long-term recovery for people differs significantly because of the intricate interaction of psychological, social, cultural, political, and economic dynamics.

The tsunami of 2004 killed an estimated 174,000 people and destroyed numerous homes, but an estimate from the United Nations was that more than 400,000 persons were killed. Indonesia, Sri Lanka, India, Thailand, Somalia, Burma, Maldives, Malaysia, Tanzania, Seychelles, Bangladesh, South Africa, Kenya, and Yemen were all affected. The most destruction occurred in Indonesia, Sri Lanka, India, and Thailand, where many thousands died. Citizens and vacationers from Germany, Sweden, Britain, France, Norway, Japan, and Italy were also killed (BBC News, 2005). According to the International Action Center (IAC), the United States and Great Britain share responsibilities for the devastation of the tsunami although the weather cannot be controlled. Speaking for the IAC, Sara Flounders and Dustin Langley (2004, p. 1) declared that “the U.S. and British governments owe billions of dollars in reparations to the countries of this region and to all other colonized countries. The poverty and lack of infrastructure that contribute to and exacerbate the scope of this disaster are the direct result of colonial rule and neo-colonial policies. Although economic and political policies cannot control the weather, they can determine how a nation is impacted by natural disasters.” Flounders and Langley (2004) demanded money from the United States and the British for human needs, not for wars that they eagerly fund.

In 2005, an earthquake in Pakistan killed nearly 90,000 people, destroyed over 200,000 homes, and decimated entire communities. The death toll in Pakistan was predicted to go up as the cold weather and snow would likely kill more people who were without shelter (Najam, 2006). However, Pakistan had a mild winter immediately after the 2005 earthquake, and relief supplies were able to be transported to the estimated 3.5 million people made homeless. The World Bank called this earthquake the most devastating in Pakistani history. A year after the disaster, about 400,000 people were still living in tents and about to undergo a second winter without permanent shelter.

Worldwide, from 1990 to 2003, earthquakes killed an estimated 111,854 persons (Jan, 2005). In 2005, the United States suffered over 1,000 deaths from Hurricane Katrina and saw the displacement of over 500,000 from the city of New Orleans. Further death and destruction have come from tornadoes and flooding, such as the flooding that occurred in North Dakota in 1997, submerging an entire city under water. Then, 90% of the 52,500 residents had to be evacuated, with 83% of homes and 62% of businesses damaged. Residents had no water for 13 days and no drinking water for 23 days. Of the 22 schools in the Grand Forks Public School District, 16 were seriously damaged, causing \$74 million in damages. At the University of North Dakota, 72 buildings were damaged, causing \$48 million in damages. Empathizing with the North Dakota citizens, more than 20,000 volunteers from numerous areas came to help clean

up and rebuild. About 60,000 tons of flood debris were taken away for disposal at landfills (FEMA, 2008). Today, citizens of North Dakota have mixed views regarding the recovery from its flooding (Ryan, 2009).

In 2005, Hurricane Katrina came close enough to New Orleans to cause a breach in the levee system that protects the city from flooding. People were trapped in their homes and trapped in the Houston Astrodome and New Orleans Convention Center without water and food for several days. Over 1,000 people were killed in Louisiana, many of them from New Orleans. Many people felt that the federal government's very slow response was due to the fact that many victims were Black and poor. Because the entire city was asked to evacuate, New Orleans residents were sent to numerous cities throughout the United States.

David M. Walker (2006), then comptroller general of the United States, testified before Congress that the size and strength of Hurricane Katrina resulted in one of the largest natural disasters in American history and that the damage to the Gulf Coast was exacerbated by Hurricane Rita, which closely followed. In his testimony, Walker defined mass care (housing and human services) and economic assistance and services, both of which involved issues of human behavior in the social environment (HBSE). **Mass care** is the "capacity to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items, and related services to persons affected by a large-scale incident, including special needs populations such as those with physical or mental disabilities that need additional attention" (Walker, 2006, p. 18). **Economic assistance and services** are "the capability to meet the demands for cash assistance, human services programs, educational services, and family and child welfare services" (Walker, 2006, p. 19). In both areas, as well as others, federal, state, and local agencies were vastly overwhelmed (Walker, 2006).

All these disasters can disrupt systems and cause considerable collateral damage, such as homelessness and mental health difficulties (Elias, 2005). In addition, there are economic damages. The Commerce Department reported that Hurricane Katrina caused \$170 billion in property losses and the Labor Department reported that 279,000 people filed for unemployment insurance benefits because of Hurricane Katrina. A senior economist for Wells Fargo stated that the economic impact of Hurricanes Katrina and Rita will continue to extend far beyond the Gulf Coast and will have national implications for the U.S. economy, such as gas for \$3 a gallon. (Gas prices prior to Hurricane Katrina were a little over \$2 a gallon.) Personal income, consisting of wages, salaries, rents, interests, and other sources, fell by 0.1% in August 2005, but if Hurricane Katrina had not occurred, personal income would have risen by 0.2% (Henderson, 2005).

TERRORISM

In the United States

Someone once said that one person's terrorist is another person's freedom fighter. Though the United States and the West label Hezbollah, which fought Israel in 2006, as a terrorist organization, Hezbollah is the primary provider of social services in southern Lebanon, including the creation of schools and hospitals. In fact, Tavernise (2006) reported that Hezbollah performed social work. So, differences may exist over who is and who is not a terrorist. Numerous Arab countries believe that America and Americans are terrorists based on their foreign policies. The U.S. Department of State has recognized that no definition of terrorism has gained universal international acceptance. Nonetheless, some terms have been defined to help in an understanding of what terrorism is from an American perspective. **Terrorism** is defined as premeditated, politically motivated violence perpetrated against noncombatant persons or targets by subnational groups or clandestine agents that is usually intended to influence a broader audience. **International terrorism** is defined as terrorism involving citizens from the territory of more than one country. Last, a **terrorist group** is any group practicing or that has significant subgroups that practice international terrorism. The United States monitors terrorism, terrorist groups, and international terrorism based on these definitions. It has identified elements of terrorism in Africa, Asia, Eurasia, Europe, Latin America, and the Middle East. In addition, it monitors countries that purport to sponsor terrorism (U.S. Department of State, 2001).

Oklahoma City Bombing

Before 9/11, the terrorist attack that had shaken the American people the most was the bombing of the federal building in Oklahoma City on April 19, 1995. The bombing by Timothy McVeigh was the worst attack on American soil up to that time, killing 168 people, including 19 infants and toddlers. In addition, hundreds of persons sustained injuries. The resulting requests for mental health services provide an idea of the effects of the bombing on the community. Mental health professionals responded to about 1,500 requests for crisis intervention services. After 2 years, a federal agency had provided services to 9,000 individuals in the form of support groups, crisis intervention, outreach, consultation, and referral (Early & Ludwig, 2003). According to a report by the Oklahoma State Department of Health, about 22 (6.5%) of the 341 survivors were off work for more than a year, and 14% of the survivors never returned to

work. Another survey identified 914 survivors, 92% of whom reported that they were injured by the bombing. Of this total, two thirds received psychological counseling and auditory services. The most common complaints were hearing damage, depression, and posttraumatic stress disorder.

9/11 Attack on New York City, Washington, and Pennsylvania

On September 11, 2001, foreign terrorists attacked New York City, Washington, DC, and Pennsylvania. Reports were that the mostly Saudi terrorists had planned and trained for the attack for years. They picked buildings that they believed had great significance to the American people. The smashing and demolishing of two important symbols of America in the media capital of the world was intended to cause the most severe psychological shock to the American people. By destroying the Twin Towers, the terrorists hoped to let Americans know that they were vulnerable, and their vulnerability was magnified by the surprise. Americans everywhere were stunned and bewildered by this attack. Throughout New York City, mental health assessments showed that adults and children were adversely affected mentally by this attack (Herman, Aaron, & Susser, 2003).

Betty J. Pfefferbaum and several colleagues (2005) conducted a review of the literature to assess the psychological impact of terrorism on families and children in the United States. Besides 9/11, they included within their review the bombing of the World Trade Center in 1993 and the Oklahoma City bombing in 1995. They noted that following the 9/11 attacks, exposure to the televised coverage of the bombing was associated with psychological outcomes. However, they acknowledged that little is known about the continuing impact of fear and anxiety on children and that additional research is needed, such as a study of the “pathways to varied outcomes, including conditions other than posttraumatic stress, and to examine coping and resilience” (Pfefferbaum et al., 2005, p. 315).

In 2008, E. Alison Holman and her colleagues conducted a prospective study to examine the impact of 9/11 on a national sample of Americans. Because data had been gathered before 9/11, the authors were able to collect data about 2 weeks after the attack and in the subsequent time period leading up to 3 years after the attack. They found that acute stress responses to 9/11 were associated with a 53% increase in cardiovascular ailments. Because they had pre-9/11 data, they were able to control for preexisting conditions. They found that hypertension increased 1 year after 9/11 by a ratio of 2.15 and 2 years after 9/11 by a ratio of 1.75. Heart problems increased 1 year after 9/11 by a ratio of 4.67 and 3 years after 9/11 by a ratio of 3.22.

In International Communities

According to the U.S. State Department definition of terrorism, a number of terrorist activities have occurred. Some of these attacks have been directed at the United States and some at other countries. Terrorists focus primarily on causing a large loss of life, and terrorism has occurred recently in Kenya and Tanzania, where the U.S. embassies were bombed; in Spain, where the train system was attacked in 2004; and in Great Britain, where the London subway system was targeted in 2005.

On August 7, 1998, one truck loaded with explosives drove up to the U.S. embassy in Nairobi, Kenya, and a second truck loaded with explosives drove up to the U.S. embassy in Dar es Salaam, Tanzania. At about the same time, both trucks exploded. Both attacks were carried out by members of Al-Qaeda. These two attacks were responsible for the deaths of 220 persons and injuries to over 4,000 persons. Most of the dead and wounded were not Americans but instead were Kenyans and Tanzanians (Institute for the Study of Diplomacy, 2005). Four persons involved in the attacks were indicted, convicted, and sentenced to life without parole. One of the persons convicted held dual citizenship as both an American and a Kenyan citizen. Investigative bodies searched for security failures (Institute for the Study of Diplomacy, 2005). The Accountability Review Board within the U.S. Department of State found that the numerous American personnel sent to help with the aftermath of the attack brought problems of coordination and logistical overload and that there were systematic and institutional failures in Washington, DC. The U.S. process for assessing threat levels worldwide was flawed and underestimated the threat of terrorism in Nairobi, and the United States had not appropriated enough funds to build safer embassies (U.S. Department of State, 2001).

The fallout from the bombing in Kenya and Tanzania led to a significant decrease in tourism—the largest import to both countries. Kenya is known for its famous game reserve, the Masai Mara, and Tanzania is known as the home of the Serengeti. Each year, there is a massive movement of wildebeests from the Serengeti through the Masai Mara and then a return trip about 5 or 6 months later, each attracting numerous tourists. As tourism has decreased, the economies of both countries have suffered, increasing unemployment and joblessness. These acts show terrorism in poor countries has major ripple effects that extend to the United States.

In Madrid, Spain, on March 11, 2004, several bombs exploded on commuter trains, killing 191 persons and wounding 1,460. This attack, like the attacks in Kenya and Tanzania, was tied to Al-Qaeda. It occurred 3 days before

Spain's national elections. Spain's socialists charged that the government had provoked the attacks by Al-Qaeda by supporting the United States in its war on Iraq. Others charged that the Spanish government had not been truthful by blaming the attack on a Spanish terrorist group. For one or both reasons, the incumbent government was voted out of office, and a socialist president was elected. The new president promised to return Spanish troops from Iraq when their tour of duty ended in July 2004 (Wikipedia Encyclopedia, 2005). On January 23, 2008, Spain reported that it had arraigned 10 Islamic individuals who were planning the suicide bombing of Spain's transportation systems. Since the 2004 bombing, more than 250 suspected Islamic terrorists have been arrested in Spain (Goodman, 2008).

On July 7, 2005—called 7/7 by some Britons and comparable to America's 9/11—52 persons were killed and 700 persons were injured in London. The persons responsible were Muslims, and they were killed during these multiple bombings in their suicide missions. Katie Friesen (2007) analyzed the effects of these bombings within Britain and Spain. Prior to 2004, both Britain and Spain had experienced some terrorism, but these attacks were internal in nature—acts of the Irish Republican Army (IRA) and Euskadi Ta Askatasuna (ETA). The bombings in Spain in 2004 and the bombing in London in 2005 were the first acts of terrorism carried out by Muslims. After the bombing in London, the Muslim population was targeted for abuse and some violence, the embracing of multiculturalism was questioned, increased ethnic profiling occurred, the level of prejudice against Muslim society increased, and the diminishing of Muslims' rights occurred. In both Great Britain and Spain, public transportation is utilized extensively, and many citizens of these countries now fear it.

CRIME

Overview

The United States uses two primary techniques to measure the incidence of crimes. One is the **Uniform Crime Report**, which gives the number of Part 1 offenses (i.e., serious crimes like murder or manslaughter, aggravated assault, sexual assault, armed robbery, burglary, motor vehicle theft, and arson) reported by almost all cities to the FBI. Another tool for measuring or counting crimes is the **National Crime Victimization Survey (NCVS)**. Twice a year the U.S. Census Bureau conducts the NCVS, contacting a representative sample of households and asking if any family member 12 years or older has been the victim of a crime within the past 6 months (Bureau of Justice Statistics, 2005a).

The principal advantage of the NCVS is that it captures unreported crimes. The NCVS does not ask about homicide as homicides are generally accurately reported in the Uniform Crime Report. This chapter uses statistics from the NCVS because they detail crimes that have had an effect upon families and communities. Moreover, the NCVS reports crimes per 1,000 members of a specific age group in the U.S. population. For example, it shows the number of persons in the United States between the ages of 16 and 19 for a particular race and gender and uses that figure to calculate a rate that compares equally different cities and communities, regardless of size.

The Bureau of Justice Statistics collects data on victimizations. In 2004, it reported that there were 25.1 male victims per 1,000 males, compared to 17.2 female victims per 1,000 females, for violent crimes (Bureau of Justice Statistics, 2005a). Violent crimes were defined as homicide, rape, robbery, and both simple and aggravated assault (Bureau of Justice Statistics, 2005c). A more detailed study for the violent crimes defined above revealed that teenagers experienced the highest amount of violent crimes, and that persons 65 and older experienced the least violence. Most homicide victims were male in 2003. African Americans were more likely than Whites to experience property crimes, 191 per 1,000 compared to 157 per 1,000. African Americans were more likely to experience burglaries than Whites, 44 per 1,000 compared to 28 per 1,000 (Bureau of Justice Statistics, 2005b). Realistically, males and African Americans suffer the most from crimes, but research shows that the fear of crime is higher among women (Ferraro, 1995; Lee, 2007). To illustrate, in 2005, the rate of personal crimes for persons 12 years and older for White females was 16.5 per 1,000 persons but for African American females, the rate was 25.5 per 1,000. The rate for White males was 25.5 per 1,000, the same for African American females, and for African American males, the rate was 32.5 (Bureau of Justice Statistics, 2005c).

Fear of Street Crime

Fear is normal. Some events naturally produce fear. To a child, sharp and booming lightning and thunder produce fear. Many natural disasters, such as tornadoes and hurricanes, also produce fear. Some Americans have always been fearful and believe that certain groups want to harm them, such as Native Americans, former slaves, the Japanese, communists, and now the members of Al-Qaeda. Thus, there is a long history of fear in the United States. Another fear, which for some has racial elements, is the fear of crime.

Konty, Buell, and Joireman (2004) believe that fear of crime, which includes the fear of terrorism, serves very important purposes. According to them, a

powerful social institution is very capable of producing fear in the population. When individuals are fearful, they become more punitive toward others, less concerned with the welfare of those they punish, and more concerned with their own welfare. What are the powerful interests to which Konty et al. (2004) allude? Many believe that the primary culprit in producing fear in the American people is the news media, which like to sensationalize crime. The more readers and viewers they get, the greater their advertising revenues (Konty et al., 2004). But there are other powerful interests that benefit financially from the fear of crime. One is the gun lobby. Numerous weapons are sold to the American people for self-protection allegedly from home invaders. More affluent citizens can hire security guards to prevent outsiders from coming into their neighborhoods. Home security alarm systems have become big business in America. While women, and especially White women, are the least likely to be assaulted, society, consisting of the news media and other institutions, has made them the most fearful. Makers of pepper sprays, whistles, and self-defense courses market heavily to these women. Companies that sell military hardware have benefited from fear of terrorism. The United States is the most dominant military machine in the world, and it has spent considerable dollars fighting the War on Terror. Airport security has increased. Konty et al. (2004) state not that Americans have no reason to be fearful but that fears have been exaggerated for financial and political purposes.

Numerous researchers have studied the fear of crime from a variety of perspectives (Sims & Johnston, 2004; Tulloch, 2004). Page (2004) found that Congress had used citizens' fears, prejudices, and anxieties to build support for eliminating Pell Grants for prisoners. Fear of crime affects not only individuals but also neighborhoods and the broader society. At the individual level, the fear of crime can have damaging psychological effects when it encumbers personal movement and causes individuals to be distrustful of their neighborhood, community, and life in general. At the neighborhood level, the fear of crime is inversely associated with neighborhood cohesion, attachment, and linkages. At the societal level, the fear of crime may increase problems for areas beset by existing disadvantages and may encumber societal change. Using citizens from Brisbane in Queensland, Australia, McCrea, Shyy, Western, and Stimson (2005) studied fear of crime and predictor variables drawn from individual factors, neighborhood disorder, social processes, and neighborhood structure. They found that individual factors were the most significant in predicting the fear of crime, and neighborhood factors were second (McCrea et al., 2005).

Corporate Crime

While society is more concerned about street crimes, corporate crimes have significant negative effects for families and communities (Shapiro, 1999). These crimes take many forms. Corporate officials' criminal activities led to the collapse of Enron and WorldCom, causing scores of former employees to lose their retirement income because these people had 401(k)s and pension plans with these companies. The collapse affected investors both large and small. Bernie Madoff's massive fraud wiped out the retirement funds of numerous persons and crippled many charitable organizations that had made investments with Madoff. Pension funds throughout the United States held stocks in many of these companies. While some pension funds were not entirely depleted, their losses were still significant. For instance, the State Teachers Retirement System of Ohio lost \$60 million when Enron collapsed. Although the Ohio Teachers' Retirement Fund has assets of over \$2 billion, the \$60 million loss forced cuts in retirement benefits. Because of the number of retirees nearing retirement, the pension fund has stated that it cannot and does not guarantee that future retirees will have health benefits. Smaller investors may not have been able to sustain these losses. In Texas, officials criminally manipulated electricity prices, manufacturing a shortage. The officials were able to raise the electricity rates of people in California, and one Texas official was taped joking and laughing at the situation involving poor elderly people in California who were forced to pay for overpriced electricity. Bernie Ebbers, the chief executive officer of Mississippi-based WorldCom, was sentenced to 25 years in prison for assisting in the \$11 billion accounting fraud of the company, causing the collapse of WorldCom and mass losses for shareholders, including money invested by pension boards (Crawford, 2006).

Most corporate crimes are considered "white collar" because they are committed by educated, relatively affluent individuals who often wear suits to work. Babiak and Hare (2006) discussed these individuals as psychopaths who lack consciences, although most people believe that psychopaths are just those individuals who commit heinous violent crimes. Hare is the foremost authority on psychopaths and has developed a widely used scale to measure psychopathy.

HUMAN PROBLEMS IN DEVELOPING COUNTRIES

Central to this section are several major topics that are important to HBSE students in understanding the scope of macro issues in international

communities. The first is poverty, described earlier in the chapter. Of course, all societies have poverty, including nations that are core societies. Poverty is a strong predictor for more social problems, such as crime and delinquency or child protection interventions. But in developing communities, poverty is more extreme, making other problems more extreme, such as malnutrition, starvation, and infant mortality. The second is famine, also described earlier in the chapter, because it has the potential to kill a very large group of people. Violent conflicts in developing countries are third, as they have the potential to make other problems worse, such as poverty, displacement from people's homes, and people becoming refugees. Fourth, a more extreme form of some violent conflicts includes genocide and ethnic cleansing, which aim to eliminate completely an entire race or ethnic group. Fifth, **human trafficking** is a form of human rights violation recognized as a worldwide problem. Human traffickers force some desperate individuals into slavery or prostitution after they have been misled about traveling to a different country to secure jobs. Sixth and finally is terrorism, described earlier in the chapter, as it has become a growing problem for the United States, Great Britain, and Spain as well as other countries.

Violent Conflicts

Since 1990, armed conflicts among and within developing countries have directly resulted in the deaths of more than 3 million people, and millions more have died as corollaries of these conflicts. In addition to the obvious human costs, violent conflicts upset entire societies, sometimes causing these societies to revert to previous stages of advancement by several generations. Armed conflicts damage food systems, causing hunger and malnutrition and retarding progress in nascent health and education systems. In addition, about 25 million people are displaced as a result of armed conflicts in developing countries. Although this is a worldwide problem, about 38% of all violent conflicts are in Africa. Further, a disproportionate amount of violent conflicts are within the countries with the most poverty (United Nations Development Programme, 2005).

The United Nations Development Programme (2005) has outlined the human development costs of violent conflict, many of which are less visible. Direct effects of violent conflict are loss of life, wounding, disability, and rape. Not obvious are disintegration of health, economic damages to fledgling poor countries, infrastructure damages, collapsing food production systems, and psychological stress and trauma to victimized communities. The United Nations Development Programme (2005) has developed a **Human Development Index (HDI)** to measure the amount of human development in a country. While one

cannot make a causal statement, there is a very strong association between low human development and violent conflict. For sure, violent conflict accelerates movement to the bottom of the HDI and increases the probability of a protracted stay at the bottom of the HDI. Of the 32 countries at the bottom of the HDI, 22 have experienced violent conflicts (United Nations Development Programme, 2005).

Violent conflicts produce losses that negatively affect the economies of countries and impede growth. Poor people may suffer the most from the economic damage from violent conflicts because they have little or no assets and cannot adjust to a loss in income. Further, the World Bank conducted a study and found that a civil war lasts on average 7 years. The rate of economic growth is reduced by 2.2% for each year of the conflict. As a civil conflict goes on, these losses accumulate. For instance, the conflict between the El Salvador government and rebel guerrillas that began in 1992 reduced economic growth by 2% annually. Moreover, countries are usually hesitant to invest in other countries that are engaged in conflicts, and those with existing investments in such countries may choose to withdraw those investments because of the conflicts. Even after a conflict has ended, investments may be slow to recover because of destroyed roads, bridges, and power systems. El Salvador lost about \$1.6 billion worth of infrastructure due to its violent conflict (United Nations Development Programme, 2005). Simply, foreign investment significantly decreased in El Salvador.

Violent conflicts devastate educational systems and related infrastructures. One of the key factors in human development is the advancement of education, and strong educational systems help communities progress in other areas, such as health, nutrition, housing, roads, and food production. Violent conflict seriously damages the educational foundation needed for human development and contributes to and sustains conditions conducive to further violence. During conflicts between rebels and government forces, the rebels often target schools because they view schools as part of a corrupt government. For example, during Mozambique's civil war that lasted from 1976 to 1992, the rebels destroyed and forced the closure of about half of the country's schools. The Israeli army destroyed or damaged about 282 schools in the Occupied Palestinian Territory and frequently destroyed the homes of Hamas members who were believed to be terrorists as a matter of policy. In times of civil war, governments spend less on education and increase their spending for the military. Even if some schools are open and not damaged, parents may refuse to send their children to school due to safety concerns (United Nations Development Programme, 2005).

Children also pay further costs as a result of violent conflicts. In some countries, children are abducted and conscripted into the armed forces. In Uganda, the Lord's Resistance Army is reported to have conscripted about

30,000 children for military duty from the start of its conflict with the country's government in 1986 to about 2002 (United Nations Development Programme, 2005). Some children, however, are coerced to join armies with the promise of money for their poor parents or just to escape the poverty in their communities. Worldwide, the estimates are that violent conflicts have among their combatants about 250,000 child soldiers (United Nations Development Programme, 2005).

When violent conflicts break out, most of the dead are children. Wars and their aftermath make children more vulnerable to diseases and death. Most of the 2 million children who die from violent conflicts die of preventable diseases such as acute malnutrition, diarrheal diseases, measles, respiratory infections, and malaria. Prior to the conflict in 1995, Bosnia and Herzegovina had vaccinated about 95% of the children against various diseases. After the violent conflict began, this rate plummeted to less than 25%. In Russia, from about 1994 to 1996 the tuberculosis rate was 90 per 10,000 persons, but in Chechnya, a war-torn area, the rate was 160 per 10,000, including both children and adults (United Nations Development Programme, 2005).

Although everyone suffers when violent conflicts occur in a region, women and adolescent girls are more vulnerable than others. Many females experience rape, sexual exploitation, and abuse during and after the conflict. The use of rape as an instrument of war has been documented in Bosnia and Herzegovina, Cambodia, Liberia, Peru, Somalia, Sierra Leone, and Uganda (United Nations Development Programme, 2005). However, this problem has been evident since countries began invading other countries. Women in refugee camps are sometimes coerced to trade sexual favors for basic goods. Professionals note that many women and girls who have been sexually victimized suffer from both physical and mental health problems, and some of them are rejected by their families and communities (United Nations Development Programme, 2005). Rejection is especially likely to occur if these women become impregnated by opposing forces.

As stated, most violent conflicts involving governments and rebels or guerrillas have occurred in countries with high levels of poverty. However, the United Nations Development Programme (2005) contends that wealthy countries should care about what happens in poorer areas. Poor countries in armed conflicts typically sell their resources to help finance their military or terrorist activities. In some cases, these resources include drugs, which may reach the United States and other rich countries. Cocaine has come from Central America, heroin from Afghanistan, and marijuana from Liberia (United Nations Development Programme, 2005). But there are other reasons for rich, developed countries to be concerned about violent conflicts within developing countries. According to the United Nations Development Programme (2005), rich

countries, in their own self-interest, should do more to address the challenges presented by violent conflicts in unstable countries. A century ago, countries could establish their security by building up their military, strengthening their borders, and maintaining themselves as islands protected from the world. This is no longer the case as globalization has made countries more connected. Violent conflicts transcend a country's security measures and don't need passports to enter a country. In 2005, then UN Secretary-General Kofi Annan concluded that collective security is impossible based solely on a single country (Human Development Report 2005, 2006). Collective security

links people in rich countries directly to communities in poor countries where lives are being devastated by conflict. International drug trafficking and illicit arms transfers provide the financing and the weapons that fuel violent conflicts in countries such as Afghanistan and Haiti—and they create profound threats to public welfare in rich countries. When health systems collapse because of violent conflict, rich countries as well as poor countries face an increased threat of infectious disease. The breakdown of immunization systems in Central Africa and parts of West Africa is a recent example. When violence uproots people from their homes, the flows of refugees and displaced people, and the export of conflicts to neighbours, create challenges for the entire international community. When weak states tip over into violent conflict, they provide a natural habitat for terrorist groups that pose a security risk to people in poor ones. Above all, when rich countries, through their indifference, display a tolerance for poverty and violent conflict, it challenges the hope that an interconnected world can improve the lot of everyone, including the poor, the vulnerable and the insecure. (Human Development Report 2005, 2006, p. 152)

Violent conflicts may or may not involve human rights violations. It is possible for a country to have a civil war that does not target civilians specifically. But some violent conflicts have as their goals the elimination or destruction of a race or an ethnic group. This is **genocide**, the most serious human rights violation.

Ethnic Cleansing and Genocide

Following the Holocaust and the killing of 6 million Jews and other targeted groups during World War II, the United Nations promised that it would never let this happen again. The United Nations and some specific countries declared that genocide is a crime against humanity. An arm of the United Nations

prosecuted war criminals and brought them to justice. Within the U.S. Department of State, the Office of the Special Envoy for Holocaust Issues exists and assists in the apprehension of war criminals and the provision of restitution for victims if possible. The office is concerned not merely with the past but also with the future, warning against contemporary discrimination and intolerance, which may lead to genocide (Schwartz, 2003). The United Nations sanctioned the bombing of Bosnia and Herzegovina to stop the genocidal practices that the Serbians were committing upon other groups.

However, the United Nations did not act in Rwanda to stop militant Hutus from killing almost 1 million Tutsis and moderate Hutus in a little more than a month in 1994. Hutus implemented a systematic strategy of genocide that some observers compared to the Nazis' systematic program of genocide against Jews. Hutus believed that using guns to kill Tutsis would be too expensive. So, the Hutus purchased large numbers of machetes from China. In the first week of the genocide, Hutus drove Tutsis out of their homes and into government offices, churches, schools, or other public sites, where they then massacred everyone present. A planned strategy was implemented once the killing started. Hutus went door to door in some neighborhoods, systematically killing Tutsis. Government supporters set up roadblocks to detain and then kill any Tutsis trying to escape. Toward the end of the month, the militant Hutus employed a new strategy called pacification. They decided to stop mass killings and simply arrest Tutsis, who would then be taken somewhere else and killed. Near the end of the massacre, the Hutus shifted strategy again, tracking down Tutsis and killing them (Human Rights Watch, 1999d). Human Rights Watch (1999a) recapped the changes that had been made since the 1994 genocide and noted that the United Nations Security Council established the International Criminal Tribunal for Rwanda to try and punish those who led and encouraged the genocide. In 2002, the International Criminal Court was created to address and deter future genocidal practices. Several countries, including France and Belgium, apologized to the Rwandan people for not stopping the genocide. Also, in 1998, U.S. President Bill Clinton apologized for not interceding to stop the genocide against the Tutsis.

Yet, a different type of genocide is currently occurring. Some call it "ethnic cleansing," while some consider it a crime against humanity like genocide. **Ethnic cleansing** is defined as the rendering of an area ethnically homogeneous by force or intimidation. Similar to forced population removal, ethnic cleansing involves the use of terror-inspiring violence. Some people may be killed or forced to flee for their lives. Repeatedly, the United Nations has declared that ethnic cleansing is a violation of international humanitarian law and those leaders who inspire it must be brought to justice. The effort in the former

Yugoslavia to militarily cleanse ethnic groups from certain areas is a recent example of ethnic cleansing.

Another tactic used in ethnic cleansing is rape and impregnation (Allen, 1996). While rapes have occurred since the beginnings of wars and conquests, the Serbians stooped to a new low (Halsell, 1993). Not only did the Serbians rape very small children; they also raped females capable of having children in rape camps that they had established (Halsell, 1993). Their goal was to impregnate Muslim women and have them bear Serbian babies for a “Greater Serbia.” Estimates were that the number of Bosnian women raped ranged from 20,000 to 100,000 (Halsell, 1993). Serbians believed that these children would be Serbians and not Muslims. They hoped to shame these women and to ensure that Muslim men who survived the killings would not want women who had Serbian babies. Thus, the overall Muslim population would be adversely affected. In another part of the world, the practice of using rape as ethnic cleansing has appeared again in Darfur. In the Sudan, the Janjaweed, a militia group supportive of the Arab-led government, have been raping African women and declaring, “We want to make a light baby” (Wax, 2004, p. A01).

Human Trafficking

In 2004, Wendy Patten, a representative of Human Rights Watch, testified before Congress. She noted that Human Rights Watch had been monitoring and studying human trafficking for over a decade and that during that time trafficking in women and children had occurred between Burma and Thailand, Nepal and India, Thailand and Japan, Eastern Europe and Greece, and countries of the former Soviet Union and Eastern Europe and postconflict Bosnia and Herzegovina. Recently, trafficking in children for agriculture labor and domestic help occurred in Togo. Refugee women from Bhutan who were residing in refugee camps in Nepal were victims of sex trafficking (Patten, 2004). Human Rights Watch (2002a) reported that the trafficking of women in Bosnia and Herzegovina appeared in 1995—the year in which the conflict ended with the signing of the Dayton Peace Agreement. During the 3 years of ethnic cleansing, women were subjected to abuse in rape camps and detention centers. But another form of abuse quickly appeared after the end of the conflict. The United Nations, after studying the problem, estimated that 227 nightclubs and bars in Bosnian cities were involved in human trafficking. Another UN estimate suggested that 25% of the women working in these nightclubs were trafficked and more than 2,000 women were trapped and working in brothels. Typically, these women were looking for work or higher

incomes. In the process of making arrangements to travel to places with the promise of jobs paying high wages, they were forced into prostitution and forced to work off the debts for their travel. In the brothels, they were charged for basic items and thus never able to pay off their debts (Human Rights Watch, 2002b). This type of abuse is very similar to African Americans who sharecropped on land owned by Whites in the late 1800s until the late 1950s or 1960s. Sharecropping came after slavery in which Whites owned land but did not have money to pay wages. Although African Americans did all the work, they could never get out of debt for seeds and farming supplies, as their debt increased each year (PBS, 2008).

CONSEQUENCES AND IMPACTS OF DISASTERS AND HUMAN RIGHTS VIOLATIONS ON HUMAN BEHAVIORS

Overall Effects

All of the problems discussed above have consequences for families, groups, organizations, and communities. For example, a hurricane, such as Katrina in 2005, can have ripple effects, causing deaths, separation from family members, destruction of homes and neighborhoods, and relocation to new areas. Different groups are affected adversely by such events. In the case of Hurricane Katrina, poor people were unable to leave the city or unable to return due to lack of resources. The planned rebuilding does not provide for adequate low-income housing, preventing poor African Americans from returning. According to a Bush housing appointee, the rebuilt New Orleans will not be as Black as it was before when African Americans constituted about 67% of the population. Drug addicts were also adversely affected. As reported by the news media, some persons repeatedly tried to break into a hospital. The reported reason for these invasions, according to the mayor of New Orleans, was that illicit drugs had been permitted to flow easily into New Orleans before the hurricane but the addicts were not able to get any drugs while in shelters. So, they went to hospitals looking for drugs. Further, some communities were destroyed, such as the Ninth Ward in New Orleans, while others were severely disrupted. Also, communities in Baton Rouge, Louisiana, and Houston, Texas, took in huge numbers of hurricane refugees, stretching their resources. Such disasters strain organizations, such as the Red Cross and FEMA, to their limits. Another organization, the New Orleans Police Department, was affected by Hurricane Katrina in that numerous police officers went AWOL (absent without leave) during the crisis, thus making it easier for looting to occur. Hurricane Katrina

and its impact on New Orleans damaged the image of the United States in many international communities. Numerous countries expressed shock at the ineptitude of the United States in responding to the disaster.

The United States has fought two wars in Iraq since the 1990s. The National Veterans Foundation (2005) has gathered data on these conflicts and states that more than 360,000 soldiers have returned from Iraq and Afghanistan. Since March 2003, 40 Army personnel and 9 Marines have committed suicide in Iraq, and 43 more from both branches have committed suicide since they returned to the United States. Prior to the United States going to war with Iraq, a domestic violence hotline for military spouses averaged about 50 calls a month. Shortly after the first Iraq war, the number of calls averaged 500 a month (National Veterans Foundation, 2005). The National Veterans Foundation (2005) suggests that, based on statistics from the Vietnam War in the 1960s, these numbers involving service personnel from Iraq may get worse in the long term. About 3.4 million persons served in various capacities in the Vietnam War. Of this total, over 110,000 have committed suicide since the end of that conflict, and over 500,000 have suffered from posttraumatic stress disorder. Some of these mental health difficulties result in homelessness. One in three homeless men in America is a veteran, and of all homeless veterans, 42% are Vietnam veterans (National Veterans Foundation, 2005).

The most common consequence as a result of crime, natural disasters, terrorism, genocide, civil wars, U.S. military conflicts, and sex trafficking is the development of trauma and posttraumatic stress. Mental health professionals assert that terrorist attacks, house fires, car accidents, and traumatic events produce similar mental health difficulties. Individuals may experience sleeplessness, anger, and weepiness. Some survivors of Hurricane Katrina exhibited anxiety, sleeplessness, and increased incidence of domestic violence—all behaviors that had not manifested themselves prior to the hurricane hitting the Gulf Coast (Associated Press, 2005). The most common occurrence is that families, groups, and communities may develop severe depression and posttraumatic stress disorder. Further, suicides may occur. Some New Orleans residents who were stranded during the flooding and several New Orleans police officers committed suicide. A year after the flooding, the community had experienced an increased number of suicides, and community depression was extremely high.

Some mental health professionals have identified four types of victims of disasters. **Primary victims** are individuals who were directly exposed to the effects of a disaster. **Secondary victims** are individuals with close family and personal connections to primary victims. **Tertiary victims** are individuals whose occupations require them to respond to a disaster. **Quaternary victims** are concerned and caring members of communities beyond the impact of the disaster (Young et al., 2000).

In 1989, the United States was so concerned about the effects of trauma on soldiers that it created the National Center for Posttraumatic Stress Disorder within the U.S. Department of Veterans Affairs (2008). PTSD has been studied among service members (Solomon & Shalev, 1995), victims of violent crimes (Falsetti & Resnick, 1995), disaster victims (McFarlane, 1995), industrial and accidental injury victims (Best & Ribbe, 1995), and torture survivors (Vesti & Kastrup, 1995). Moreover, PTSD has been studied with regard to specific racial groups, including African Americans (Allen, 2001), Native Americans (Robin, Chester, & Goldman, 2001), Asians and Asian Americans (Abueg & Chun, 2001), and Latinos (Hough, Canino, Abueg, & Gusman, 2001). Further, poverty, oppression, and discrimination have negative consequences.

The United States, for an industrialized country, has a very high infant death rate that is traced to poverty. According to the Centers for Disease Control and Prevention (2008), the infant mortality rate, defined as the rate in which babies less than 1 year of age die, has declined in the United States from 26 per 1,000 live births in 1960 to 6.9 per 1,000 live births in 2000. In 1998, the United States ranked 28th in the world in infant mortality. The Centers for Disease Control and Prevention (2008) attributes the U.S. ranking to disparities among various racial and ethnic groups, particularly in the African American community. Interestingly, the Central Intelligence Agency (CIA) tracks infant mortality rates worldwide. In its latest update in 2008, the CIA states that Angola has the highest infant mortality rate, 184.44 per 1,000 live births, and Singapore, ranking 221st, has the lowest, 2.30 per 1,000 live births. In this ranking, the United States is 180th with 6.37 infant deaths per 1,000 live births. Among the countries with lower infant death rates than the United States are South Korea, Cuba, Italy, New Zealand, Greece, Ireland, the United Kingdom, Portugal, the Netherlands, Canada, Australia, Belgium, Denmark, Spain, Switzerland, Germany, Norway, Finland, France, Hong Kong, Japan, and Sweden (Central Intelligence Agency, 2008).

The consequences of oppression and discrimination may be depression and suicide. Researchers have documented the high rate of suicide among young gays who have been oppressed and have encountered discrimination as a result of their sexual orientation, prompting preventions to help gays feel better about their sexual orientation and to take pride in being gay. Because of its ubiquity, the next section discusses PTSD in more detail because trauma can have far-reaching effects, often causing secondary stress and trauma for friends and relatives of victims of primary trauma.

Secondary traumatic stress involves the behaviors and emotions occurring as a result of the knowledge that a loved one has experienced a trauma. This stress may occur from knowing, helping, or attempting to help a significant other who has experienced a trauma (Figley & Kleber, 1995). Figley and Kleber (1995)

defined secondary traumatic stress as stemming from an individual's knowledge that a traumatizing event has occurred to a significant other. Significant others can be the spouse, children, or relatives of the victim. Friends and neighbors may be significant others. Colleagues from work may be significant others. Further, helping professionals may be significant others, such as rescue workers, emergency personnel, social workers, nurses, physicians, and psychologists. For individuals who are close to, devoted to, or intimate with a victim, the knowledge of a significant other's trauma may produce feelings of powerlessness and disruption.

Figley and Kleber (1995) have theorized about the causes of secondary trauma. Empathy, they argue, requires that members of systems connect with the victims of trauma and their suffering. They seek answers for themselves to the questions that victims generally have. For instance, victims of trauma and their significant others want to know: What happened? Why did it happen? Why did I act as I did then? Why have I acted as I have since? If it happens again, will I be able to cope? Systems around the victims attempt to secure these answers in order to help change the victims' negative behaviors. However, the search for these answers sometimes causes secondary systems to exhibit behaviors similar to those of the victims. These may include visual images of the event that caused the trauma, sleeping problems, depression, or other symptoms resulting from visualizing the victims' trauma, having contact with the victims, or both (Figley & Kleber, 1995).

Military Service and Posttraumatic Stress Disorder

Since the end of the Vietnam War, the literature on the psychological aspect of wars has grown immensely. Both clinical literature and empirical literature have provided very strong evidence that war has a serious effect on combatants, military support personnel, and families. Professional clinicians have identified the symptoms that characterize combat-related stress behaviors and have developed etiological models that show the beginning and course of stress-produced symptoms. Moved in the 1980s by the numerous reports of the psychological problems of Vietnam veterans, the American Psychological Association embraced **posttraumatic stress disorder (PTSD)** and included it as a mental disorder within the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000). The official recognition of PTSD stimulated researchers to seek a greater understanding of the disorder so as to treat the veterans trying to recover from their combat experiences (Weathers, Litz, & Keane, 1995). In Israel, a country with a military that has been on alert and engaged in combat regularly since being founded in 1949, mental health professionals recognize PTSD and a

related disorder, **combat stress reaction (CSR)** (Solomon & Shalev, 1995). In many ways, the study of trauma emanating from the combat environment has provided a paradigm for understanding other trauma caused by rape or natural disasters (Weathers et al., 1995).

Since the Vietnam War, the wars in Afghanistan and Iraq have been the most prolonged periods of combat for U.S. forces. Mental health professionals believe that these wars will produce a new generation of veterans with serious mental health problems (Litz, 2005). Hoge et al. (2004) estimated the PTSD risk for veterans who fought in Afghanistan at 11% and for those who fought in Iraq at 18%. As a matter of fact, some Gulf War veterans have encountered serious problems with the criminal justice system, which is not to suggest they suffered from mental health problems as a result of serving in the first Iraq war. For instance, Timothy McVeigh, who was executed for blowing up the federal building in Oklahoma City, was a veteran of the Gulf War. In addition, John Muhammad, one of the DC snipers who is currently under a death sentence in Virginia and likely to receive a second death sentence in Maryland, is a veteran of the Gulf War. In 2003, the federal government executed Louis Jones, Jr., a veteran of the Gulf War, for the rape and murder of a servicewoman. Jones attributed this violence to his experiences in the Gulf War, including exposure to Iraqi nerve gas (Mayfield, 2003).

Some might conclude that Louis Jones may have been attempting to use the Gulf War to excuse his criminal behaviors. However, data from a 2005 survey of soldiers who have returned from serving in the Iraq war provide support for Jones's claims. More than 3,700 veterans returning from Iraq in 2005 reported concerns that they might hurt someone or fears that they might lose control with someone (Zoroya, 2005). About 1,700 soldiers said that they had thought of harming themselves and that they might be better off dead, and more than 20,000 reported having nightmares or difficulties processing war recollections (Zoroya, 2005). While the majority of veterans do not have significant problems, the survey found that 25% (about 50,000) of returning veterans do have significant physical and mental health issues (Zoroya, 2005).

In 2008, *The New York Times* published an article detailing veterans returning from Iraq and Afghanistan who had been involved in violent acts upon their return to the United States. Examining a period from 2001 to 2007, the *Times* found an 89% increase in veterans who had committed or had been charged with homicides. In this study, 121 veterans had been charged with homicides, and 13 veterans had committed suicide. Most of these 121 veterans had no mental health screenings when they departed for Iraq or Afghanistan or upon their return to the United States. They were diagnosed with PTSD after they were charged with homicides. Although the military attempts to gauge the

mental health needs of veterans, it acknowledges that the military mental health system is overburdened, understaffed, financed poorly, and undermined by the stigma of a diagnosis of PTSD. According to a military expert, early treatment might help veterans to avoid problems like depression, substance abuse, and criminal justice system involvement (Sontag & Alvarez, 2008).

Violent Crime, Adverse Effects, and Posttraumatic Stress Disorder

Violent crimes and the fear of violent crimes contribute to mental health problems and posttraumatic stress disorder. Hanson, Kilpatrick, Falsetti, and Resnick (1995) explored the considerable toll of violent crimes on individuals' mental health and lifestyles. Reviewing previous studies, they noted that PTSD is the most common psychological disorder that occurs from exposure to violent crimes. Individuals may experience PTSD due to other factors in their lives, but being the victim of a crime, such as a sexual or physical assault, increases the rate of PTSD by 3 or 4 times. In addition, other mental health problems occur as a result of being exposed to violent crimes. These may include substance abuse, anxiety disorders, depression, relationship problems, and sexual dysfunction. As a result of being victimized by violent crimes, individuals may experience lifestyle changes like moving to a new residence, decreased productivity at work, and restricted social involvement. Even just the fear of being a victim entails considerable adjustment in individuals' lives. People have reported that they do not shop or work late because of their fears of violent crime. Women are more likely than men to report that their fear of victimization restricts their activities (Hanson et al., 1995).

Hanson et al. (1995) described the risk and protective factors at three levels—individual, family, and community. Risk factors in this context were past victimization, young age, and a diagnosis of active PTSD. **Protective factors** operating at the individual level come from developmental psychopathology. Children who are exposed to parental psychopathology, poverty, or warfare are at greater risk for mental health problems. Protective factors were temperament, gender, and IQ. Further, perceptions involving cognitive processes of appraisal and attribution are related to adjustment to violent acts. Falsetti and Resnick (1995) found differences in causal attributions for sexual assault victims with depression and/or PTSD and individuals who had not been sexually assaulted. Sexual assault victims, given a hypothetical question, rated the scenario as more unstable than persons who had not been sexually assaulted. These victims also rated hypothetical positive events as more unstable than nonvictims. In addition, these victims rated hypothetical negative events as more internal than nonvictims.

In sum, victims are more likely than nonvictims to make attributions that convey no control over positive or negative events (Hanson et al., 1995).

Family factors that serve a protective function are family cohesion, supportive family members, absence of family dissension, no neglect, and a positive parent-child relationship. However, a history of mental health and substance abuse negatively affects a family member who is experiencing symptoms of PTSD. Grounded by social disorganization theory, Hanson et al.'s (1995) research hypothesized that low levels of neighborhood organization, such as involvement in community activities, community support networks, and community services, would help prevent exposure to violence and PTSD. Specifically, social disorganization theory holds that the degree of disintegration in a community is determined by the strengths within that community. This hypothesis was supported. Social ties external to family are extremely helpful in improving individuals' mental health. The degree of social support in a community has been shown to be associated with a variety of benefits (Hanson et al., 1995).

Mental Health Effects of Rape as a War Strategy

The United Nations, because of the aim and consequences of rape during ethnic wars in Bosnia and Rwanda, has decided that rape is a violation of human rights. In a place like Darfur, rape is especially difficult for cultural reasons. When rape is used as a weapon of war, it is "aimed at terrorizing and subjugating entire communities, and affects the social fabric of communities" (Human Rights Watch, 2005c, p. 1). One woman was raped by seven Janjaweed and became pregnant. She had the baby, and everyone in the community knew that the father was a Janjaweed. The woman stated that she did not want the baby. In the very conservative culture of Darfur, the stigma accompanying rape is almost impossible to overcome. As one raped woman said, no one would marry a raped woman in her country. Compounding the problem, many community members in Darfur believe that a conception can occur only from consensual sex, never during a rape. As a consequence, a raped Darfur woman who becomes pregnant is often blamed for the pregnancy and shames her family. However, this view is not universal, and communities have responded in different ways. Some communities encourage a cousin to marry a raped relative as a means of protecting the honor of the family, but it is only a ceremonial marriage. Some men leave their wives and children after their wives are raped. Some raped young women believe that they will not have an opportunity to marry because they are *khasrana* (damaged). One young

woman believed that she was *mashautana* (possessed) because she would wake up screaming at night. The family did not talk about what happened, and the young woman's father withdrew (Human Rights Watch, 2005c).

CONCLUSION

This chapter has discussed the myriad circumstances emanating from poverty, natural disasters, crime, and human rights violations—all of which adversely affect human behaviors. First, this chapter discussed poverty extensively with data detailing the incidence of poverty. Poverty prevented many persons in New Orleans from leaving the city after Hurricane Katrina, and poverty will prevent many persons from returning, according to a New Orleans developer. Then, this chapter discussed crime and who is most likely to be a crime victim, as well as discussed natural disasters and terrorism on American soil. Internationally, this chapter discussed famine, civil wars, and violent conflicts in African countries. Genocide and ethnic cleansing were addressed with discussions of the Serbian behaviors against Muslims in Bosnia and African women in the Sudan. Particular focus was put on the use of rape as a form of ethnic cleansing in both Bosnia and Africa. The sex trafficking of women from poor countries in Europe and Mexico was addressed. Some of the women who have been sold as sex slaves are in brothels in the United States. Last, this chapter indicated that many of these problems, both domestically and internationally, have implications for human behaviors. Particularly, crime, natural disasters, terrorism, civil wars, genocide, and ethnic cleansing all have implications for systems. Considerable emphasis was placed on PTSD, depression, and suicide within the U.S. population, service personnel returning from Iraq and Afghanistan, and people in developing countries.

Key Terms and Concepts

Category	Famine
Combat Stress Reaction (CSR)	Genocide
Economic Assistance and Services	Group
Ethnic Cleansing	Human Development Index (HDI)
Extreme or Abject Poverty	Human Trafficking

International Terrorism	Quaternary Victims
Mass Care	Relative Poverty
Moderate Poverty	Secondary Traumatic Stress
National Crime Victimization Survey (NCVS)	Secondary Victims
Posttraumatic Stress Disorder (PTSD)	Terrorism
Poverty	Terrorist Group
Primary Victims	Tertiary Victims
Protective Factors	Uniform Crime Report