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Serving No One Well: TANF Nearly Twenty Years Later

Kristin S. Seefeldt
University of Michigan

The 1996 welfare reform law transformed the nation's cash welfare system into a time-limited, work-based program. Welfare caseloads dropped by more than half, but in more recent years and in the wake of the Great Recession, relatively little research has focused on TANF program participation, particularly from the vantage point of clients and potential clients. This paper uses qualitative data from interviews with very low-income single mothers conducted in 2013. Analysis of the interview data yielded three different narratives regarding how TANF did not meet their needs: it did not help them find jobs; it did not assist those with personal and family challenges; and it failed to perform as a safety net.

Key words: welfare reform; single mothers; public cash assistance

In 1996 the nation's cash welfare program for poor families was transformed. The entitlement program Aid to Families with Dependent Children (AFDC) was converted into a work-based, time-limited program, the latter aspect reflected in its name- Temporary Assistance for Needy Families (TANF). This transformation was part of a larger effort embodying neoliberal political tendencies that prefer market-based policy solutions for social issues as opposed to government intervention. In the neoliberalist view, the role of the welfare state is to promote behaviors that support the market (Schram, Fording, & Soss, 2008) by turning welfare recipients into workers (Korteweg, 2003). Welfare reform also reflected long-held racialized views about recipients who, these stereotypes held, were lazy, unmarried African American women who needed to be pushed and prodded to enter the labor force (Gilens, 1999; Schram et al., 2008).

AFDC served 4.7 million families in 1995, but by 2010 TANF only served 2 million, with caseloads remaining relatively stable despite the severe economic downturn that occurred in 2008 (Trisi & Pavetti, 2012). As TANF neared its 20th anniversary, a number of scholars and policy makers took on the task of evaluating the program's effectiveness. A central challenge in doing so is a lack of shared understanding of what success would look like. For some, caseload declines are a sign that TANF has been successful. Additionally, employment rates among single mothers are higher than prior to welfare reform, an indication that welfare reform's supporters point to as evidence that the law's work requirements improved work effort. Finally, poverty rates for single mother families are lower now than before welfare reform. However, those who are more dubious of the law's "success" note that while employment increased, most jobs held by former recipients are very low paying, declines in poverty have not matched the large declines in the cash welfare caseload, and the number of families with extremely low income has grown (see the exchange between Danziger, Danziger, Seefeldt, & Shaefer, 2016a, 2016b and Haskins 2016a, 2016b for perspectives about the effectiveness of TANF).

These statistics, however, do not tell us about the actual experiences of those eligible for, seeking to use, and currently using TANF and how these individuals might view the program's success. A large body of literature emerged in the years following welfare reform's passage which examined the law's implementation, the characteristics of those moving off the welfare rolls and those staying on, and, to a more limited degree, the dealings of clients with the welfare office. In more recent years, as TANF caseloads have shrunk to historically low levels, relatively little research has focused on TANF program participation, particularly from the vantage point of clients and potential clients. This paper attempts to fill that gap by using qualitative data from interviews with very low-income single mothers in period following the Great Recession. Analysis of the interview data yielded three different narratives regarding how TANF did not meet their needs.

Welfare Reform and Studies on Program Use

Several important differences between AFDC and TANF are worth noting. Under AFDC, median state benefits were \$377 a month for a family of three in 1996 (U.S. House of Representatives, 2012). Some adults were required to engage in employment and training activities in order to receive those benefits, but many recipients were exempt from such requirements. As long as a family remained income eligible and had a minor aged child, it could, in theory, continue to receive benefits. Under TANF, states cannot use federal dollars to provide assistance to families for more than 60 months cumulative (or less at state option), and they must meet work participation rates by placing a certain percentage of the caseload in approved work activities, such as unsubsidized employment, community service, and job search, or face financial penalties. As of 2015, 50 percent of adults receiving TANF are required to be participating in approved activities for 30 hours a week (20 if the parent has a young child) (Center on Budget and Policy Priorities, 2015). States can lower their participation rate if they reduce their overall TANF caseload from 2005 levels. TANF recipients who are subject to the work requirement can be sanctioned for failure to participate; depending upon the state, a sanction can result in a family's benefits being reduced or eliminated altogether. In 2010, median state TANF benefits stood at \$424 a month, an amount that has not kept pace with inflation (Floyd & Schott, 2015; U.S. House of Representatives, 2012).

Part of the impetus for reforming welfare was the growing political concern in the 1980s and early 1990s that AFDC caseloads were increasing at unsustainable rates. In the mid-1980s, about 3.7 million families received AFDC benefits. By 1992, the year of a Presidential election, that number had grown to almost 4.8 million (Administration for Children and Families, 2004). Some policy analysts worried that instead of using AFDC as a safety net of last resort, families had become "dependent" upon the program, opting out of the labor market and, since the program now predominantly served single mother families, marriage and instead relying upon a monthly welfare check (Mead 1986, 1992; Murray 1984). Bill Clinton ran on a platform

of “ending welfare as we know it” and followed through on that pledge when he signed PRWORA in August 1996 (see Weaver, 2000 for a comprehensive accounting of the debates over welfare reform).

Welfare caseloads plummeted in the wake of the reform’s implementation, although that decline had already begun prior to the law’s enactment. Between 1995 and 2010 the number of families receiving cash welfare benefits declined by more than 58 percent nationally (Trisi & Pavetti, 2012). A large body of research has attempted to untangle the reasons for this sharp drop. Was it the reforms (in particular the work requirements, sanctions, and time limits), the strong economy in the late 1990s, other policy changes such as the expansion of the Earned Income Tax Credit (EITC), which put more money into the pockets of low wage working families, or some other set of factors? Most studies found that while the reform, the economy, and the EITC expansion all played roles, the cause of much of the decline has remained unexplained (e.g., Blank 2002; Danielson & Klerman, 2008; Grogger 2003).

Certainly some women who left welfare did so because they became employed (or because they had an incentive to report jobs in which they were already working). Employment rates of single mothers, for example, rose from just over 60 percent in 1994 to a peak of 75 percent in 2000, along the way surpassing employment levels of married mothers. Since the economic downturn of 2001, employment rates dropped and then declined even further in the wake of the Great Recession. In 2010, 67 percent of single mothers were employed, compared to 65 percent of married mothers (U.S. Bureau of Labor Statistics, 2011). However, state-level studies of women leaving welfare in the years shortly after welfare reform found that jobs were unstable, low-paying, and without benefits such as health insurance. Although this varied by state, about one quarter to one third of families who left TANF in the 1990s returned at some point in the year following the initial exit (Acs & Loprest, 2004).

Some states and localities also instituted other practices to keep families off of TANF. One such practice is “diversion,” or providing a lump sum of cash to a family instead of monthly cash benefits. One theory behind this practice is that some families may only need a one-time infusion of cash to solve a

particular problem, such as a car that needs repair or a security deposit for a rental unit. Families that accept diversion payments are typically ineligible to apply for TANF for some period of time and are not subject to work requirements or time limits (Hahn, Kassabian, & Zedlewski 2012; Rosenberg et al., 2008). The use of lump sum payments can, in theory, keep the welfare caseload low if potential recipients are kept off the rolls, but in practice, states have not given out lump sums to large numbers of families (Rosenberg et al 2008).

Another form of diversion is requiring TANF applicants to search for work or comply with other program rules before being approved for benefits. This type of diversion may lead those who are most employable to forgo TANF if they find jobs before their application is approved (Rosenberg et al., 2008). However, it might also discourage some applicants from following through with the application process. Interviews with TANF applicants in Wisconsin who did not complete their applications found that those with learning disabilities had difficulties with upfront job search requirements, while other challenges in their lives, such as housing problems, kept them from meeting other requirements and providing necessary documentation (Ybarra, 2011). While this group might benefit from cash assistance and from other services the welfare office could provide, keeping applicants with learning disabilities and other challenges to employment off the rolls might be a desirable outcome, if a state is concerned about meeting participation requirements.

While some women formerly on welfare went to work, another group was without jobs and without cash assistance. Commonly referred to as “the disconnected,” because of their disconnection from the labor market and the cash safety net, the number of single mother-headed families experiencing this phenomenon has grown over time. About one in eight low-income single mothers lacked earnings and TANF assistance in 1996 and 1997, but this number increased to about one in five in 2008, with almost a quarter having no earnings or TANF for four or more months over a year (Loprest & Nichols, 2011). Single mothers without earnings and TANF tend to have more barriers to employment (Loprest, 2003; Loprest & Zedlewski, 2006; Turner, Danziger, & Seefeldt 2006). Loprest and Nichols (2011) found that for all single mothers, losing a job and not receiving TANF, rather

than loss of TANF benefits without a job in place, is the reason most families go without these sources of cash. However, they also found that if a mother leaves TANF, she has an almost 20 percent chance of not working, as well. Health and other barriers, as well as living with other working adults, are also significant contributors to having no cash from earnings or TANF.

Another subset of this group are those living on less than two dollars per person per day, a level of deprivation that is often used to measure poverty in economically developing countries. As uncovered by Edin and Shaefer (2015), the number of families experiencing this phenomenon, while relatively small, has been growing over time. Families interviewed by Edin and Shaefer said they had never heard of TANF, or they believed that the program no longer existed. The authors document extreme hardship among this group, including homelessness, food insecurity, and sexual abuse of children.

In sum, TANF has transformed a cash welfare program, AFDC, that once served 68 out of every 100 poor families with children, to one that now only serves 27 out of 100 such families (Trisi & Pavetti, 2012). Previous studies have offered clues as to the policies and practices that may have driven the sharp downturn in TANF program use, while other studies have documented the fallout of welfare reform for the most disadvantaged—those without earnings and TANF and the deeply poor. Yet, some families are using the program, or are attempting to use TANF, and we know much less about how TANF serves these families, particularly during and after the Great Recession, a time of great economic need.

Sample and Methodology

The analysis presented in this paper comes from qualitative interview data collected as part of a study on disconnected families. The author conducted interviews with women living in Southeast Michigan who were also participating in the Michigan Recession and Recovery Study (MRRS), conducted by the National Poverty Center at the University of Michigan. The MRRS is representative sample of working aged adults (ages 19-50 in 2009) living in the greater Detroit metropolitan area. To qualify for participation in the study of disconnected families,

respondents had to be: (1) low-income (household income below, at, or near the federal poverty line), unmarried women with at least one resident child under the age of 18; (2) not currently working for pay and not currently receiving TANF or federal disability benefits for themselves; or (3) if currently employed, have experienced at least six cumulative months of unemployment in the past two years, during which time they did not receive cash benefits from TANF or the Supplemental Security Income (SSI) program for themselves.

Survey data collected as part of MRRS allowed me to identify respondents who might meet these criteria. These potentially eligible MRRS respondents were notified about the study and then, if interested, they were screened for eligibility. Among the 41 who were identified through survey data as potentially eligible, 35 were screened (the other six could not be located), with 23 meeting the study eligibility criteria, and 22 completing interviews.

Participants in the study ranged in age from 27 to 51 years old, with an average age of 26. The vast majority, 18, identified as African American; one woman was white, and three identified as multi-racial. The education level of these women was quite varied. Seven had not finished high school, six were high school graduates, seven had completed some college, including one with an associate's degree, and two had bachelor's degrees or more. Only four of the 22 were working at the time of the interview. On average, women had 3.5 children, with the number of children ranging from one to seven; some of these children were adults and did not live with the respondents, although some had not yet left home.

The interviews completed with respondents were semi-structured and ranged from 60 to 120 minutes in length, lasting approximately 90 minutes on average. The interviews were audio-recorded to later produce full transcriptions. Transcripts were imported into NVivo software for text analysis. The interview guide covered a number of topics related to employment and financial well-being. For this paper, I focused on women's responses to questions about TANF and the welfare office, including questions about their decisions to apply (or not), their experiences with TANF employment programs (called Work First in Michigan), and their beliefs about the helpfulness of TANF,

or any other responses where they talked about the welfare system. What emerged in analyzing these responses was a common thread about the ways in which TANF had failed to help them when they lost jobs or otherwise needed financial assistance.

Findings

Even though the respondents in this sample were part of a study of disconnected women, all but two reported having used TANF at some point during their adult lives. Some had last received program benefits as long ago as 2001 or 2003 (interviews were conducted in summer 2013) and as recently as six months before the interview took place; one woman was currently getting TANF at the time of the interview, after being denied benefits for more than six months. All women received other types of public assistance, such as food stamps and public medical insurance, so the entire sample had experience with the welfare office.

One of the most important goals of TANF was to move recipients into the labor market and off of the welfare rolls. By some accounts, TANF accomplished this goal, although certainly caseloads declined far more than employment rates increased and poverty decreased. Additionally, the mechanisms through which this occurred are not clear. For example, did TANF's work requirements and time limits serve as the impetus women needed to get off of the rolls? Did the program's employment services and other supports, such as childcare, provide the help women needed to get and keep jobs? And what about women who faced other challenges, such as health and mental problems? Did TANF meet their needs? According to nearly all of the women, TANF did none of these things, or if it did, the services provided were not enough to help women. Further, time limits and other requirements cut women off of assistance, even though they had not yet secured jobs and the unemployment rate remained high. As a safety net, TANF failed these women.

TANF Does Not Help Find Jobs

In order to meet the work requirements in the 1996 law, states must place recipients in "work activities," which could include

helping unemployed individuals find employment. For many years, Michigan operated "Work First," a job readiness and job search program that was designed to provide participants with instruction in interviewing techniques and resume preparation as well as assistance locating job openings. Local programs were given some discretion in how they structured Work First, but in general, the focus was on helping TANF recipients find jobs (Danziger & Seefeldt, 2000). Michigan replaced Work First with the Jobs, Education, and Training (JET) program in 2007. However, none of the respondents in this study used the new name, instead using the former moniker of Work First. As of 2013, JET has been replaced by PATH- Partnership, Accountability, Training, and Hope-, which has a greater focus on upfront assessment of client needs. Although welfare reform allows states to design their own employment programs, job search is the activity in which most non-working TANF recipients are engaged (Hahn, Kassabian, & Zedlewski, 2012), indicating that Michigan's approach is fairly typical.

Jean, a formerly middle class mother whose economic circumstances deteriorated quickly when she left her husband, said that a job search program was not useful to someone like her, who had extensive labor market experience: "I didn't find it to be important to me, because I know how to look for a job. It was interesting in hearing other people's stories and what they haven't done, basically. It really didn't help me." The problem, as Jean saw it, was not that she needed to learn how to search for work, but rather that very few employers were hiring.

A few women questioned the value of ever going to TANF's employment program. Gina believed that she could just as easily search for work on her own, but instead she was required to come to the program every day. She was quite blunt in her assessment of the program, saying, "To me, it was a waste of time when I could do this myself, you know what I'm saying? I shouldn't have to keep coming here, and checking in, and signing in every day for stuff that I could be doing myself." Rose, a mother of five with a work history that included temp assignments, health care work, and fast food service jobs, reported that at times, she and her fellow participants did nothing at all. She said, "Sometimes the instructors would just not do anything. I mean, we were just sitting there, just having our

own conversations. That would be for a week's time." Monica, a soft spoken young mother of four, had received TANF on and off since having her first child fourteen years earlier. Her view of Work First was the same: "You just sit in one classroom for eight hours a day." Gina and Monica lived in different parts of Detroit, and Rose was a suburban resident. They went to three different employment programs, yet their experiences were very similar.

Some women did find aspects of Work First useful. Taurean, a pregnant single mother of two children, had the following to say about her Work First experience in 2012: "They help you look for a job, to get you prepared, and they help you with babysitting and all that. They help out a lot." However, Taurean never found a job through Work First, eventually landing a position in a factory through a connection made by a family member.

Rose believed that the support services provided by the program were very good, but unlike Taurean, she did not think the help provided with job searching was adequate. She said, "Now, them, they're helpful to a point. Now, they give you the clothes, IDs, cars, insurance ... I know they will pay for all that, no problem. The transportation to get back and forth from work, they do that with no problem. As long as they got enough people [staff], they can do that with no problem. Now, come and get the jobs, now, that's what I have a problem with, because they rarely help you with your resume, your cover letter, and your thank you letter. You got to do that yourself." Monica, when asked for her overall assessment of the employment program, said, in a deadpan manner, "I never found a job through them."

Both Rose and Gina reported having been sent on job interviews through Work First, and both said that these interviews never resulted in anything. Gina said, "I was going to jobs where nobody is even getting hired, and stuff like that." Rose thought that the program misled participants about their job prospects, saying, "They tell you, 'Oh, I got a job and it's guaranteed you're gonna get hired.' You go in for the interview, and this and that, and that and this, and then they never call you back. See, that's what pisses me off. Don't say you're guaranteeing to get hired and then when we talk to [the employer], it's a whole other story." Rose reported that she and her fellow participants were sent on job interviews for which they were not qualified; the staff just sent everyone. "If you had the skill—if you did not

have the skills, they sent you there. Then a lot of people felt like, 'Why should we go? We ain't got the skills.' Then [the staff] say [the employer is] not asking for skills. When you get there, it's a whole other story." Even though all of the participants were sent on the interview, no one was hired.

Michigan's economy was very slow to recover from the Great Recession, yet work requirements remained in place. The TANF employment program, as reported by the women in this study, did little to help them find jobs. In the face of high unemployment (Southeast Michigan's unemployment rate was around 10 percent in 2013), the prospect of welfare recipients landing a job may have been quite low, regardless of what Work First did. However, the assistance provided to women was reportedly minimal and did not match participants' skills to open jobs, such that women might have been better off looking for work on their own.

TANF Does Not Help Those with Significant Personal Challenges

For those with significant challenges to employment, such as health limitations, ill children, and lack of reliable transportation, TANF, at least as it was operated in Michigan, provided no help. The individual circumstances of clients were seemingly not considered by welfare staff, and if a woman could not comply with the program's rules, she was simply terminated from the rolls and left to find other help on her own.

Ginger was one of the poorest women in this study. She had not worked since 2007 or 2008 (she could not remember the exact date), quitting her job cleaning hotel rooms after falling down a flight of stairs and breaking several bones. After the breaks healed, she was left with back and foot pain. She also reported having carpal tunnel syndrome. She had applied for disability benefits through the federal Supplemental Security Income (SSI) program, and had been denied, but was appealing the decision. While she was waiting for her case to work its way through the appeal process, she was receiving TANF. At first, her pending disability application exempted her from attending Work First. Then the state changed its policy with respect to SSI applicants, and Ginger was told she needed to start going. Carless, Ginger would have needed to walk to a bus stop

in order to get to the program site. Her physical limitations left her unable to do that. Rather than assist with transportation, the welfare office stopped Ginger's TANF benefits. Desperate for her SSI case to be resolved, Ginger hired a lawyer who, if Ginger's case was successful, would likely take some of the past due benefits potentially owed to her. In the meantime, Ginger lived off of a small food stamp benefit. Because she had no income, she did not have to pay rent for her public housing apartment, but she had to call upon friends to buy her items such as dish soap and toilet paper, which food stamps did not cover. And occasionally, Ginger reported, a male "friend" might ask for a sexual favor in return.

Arlene recounted a similar story. She herniated a number of discs in her back while working a job that required a great deal of lifting. This injury was made worse when she was in a car accident. Although only in her early 50s, Arlene needed either a cane or walker to get around. Like Ginger, she applied for SSI, was denied, and had appealed the ruling. When she applied for TANF, she was told she needed to attend Work First, so she tried. She said, "I take my walker to Work First and I'm—I can only sit on my walker because their chairs are too low. Then I'm bending my neck, which makes my head feel like it's got a headache and my back is already messed up.... Like, I can't do this every day." Arlene spoke to her welfare caseworker and told her that she was physically unable to go to the program. Instead of trying to address Arlene's problems, the caseworker gave her an ultimatum. Arlene, mimicking the voice of her caseworker, said, "Okay, she said, 'Well, as long as Social Security hasn't approved you, you got to go to Work First in order to get any [TANF]. I stopped going to Work First. They took [away] my cash assistance.'" A few months before the interview, Arlene had received notification that her SSI case had been approved, but she had spent six months without any source cash, relying on a boyfriend to pay her bills.

Michelle asked to be excused from Work First when her son was diagnosed with lead poisoning. His treatment required hospitalization and then numerous doctor appointments. She was told she needed to attend, and her requests to leave early were denied. She said, "They [the staff] don't want you to leave, and they say, 'Okay, if you go, you're out the door, and then you can't come back in.'" The program provided no flexibility at a

time when Michelle was dealing with a challenging and serious issue. Michelle's benefits were stopped, and the only cash she had came from doing hair and from the occasional money provided by her son's father.

Lisa's challenge was not health-related and was one with which TANF and its employment program could presumably help. Lisa simply lacked the ability to get to the Work First site after she moved. She had no car and explained that in order to reach the bus that would take her from her suburban residence to Work First, she would need to walk a substantial distance. She said, "I was telling [Work First] I didn't have transportation. I'm not able to get back and forth like I was before, so it was hard for me. It wasn't really much I could do." When I asked her what Work First expected her to do, given her lack of transport, she replied, "They just [said], 'Do what you have to or do what you can,' but if I can't do nothing, then it is what it is basically." In the end, Lisa was cut off from TANF for failure to comply with the work requirements.

Providing Lisa with a car or some other way to get places would cost money. TANF funds can be used to help pay for such services (and in fact some of the women living in Detroit reported Work First did pay), however, the funding structure of TANF provides incentives not to do so. States receive money via a block grant, a flat amount that is not adjusted for increases in caseloads or changes in the composition of the caseload (e.g., more clients who have barriers to employment), nor for inflation. Further, the block grant is flexible in terms of what services it can pay for, and in the 1990s, many states shifted those funds away from TANF to other purposes, such as child care, child welfare, and other programs that serve low-income families. As revenues started to shrink, states chose to cut back on TANF rather than move block grant money back (Trisi & Pavetti, 2012). The work participation rates that states must meet may also discourage states from providing services to people like Ginger and Arlene, who faced many health challenges. As Trisi and Pavetti (2012) note, "States are more likely to meet the rate if they assist families that already have some education, skills, and/or work experience and have the best chance of either securing employment or participating in a narrowly defined set of work activities" (para. 9). That means that states may want to remove

more disadvantaged recipients out of the calculation of the participation rate all together. One way to do that is by terminating their benefits.

TANF Does Not Function as a Safety Net

TANF is just one of a number of programs that constitute the U.S. safety net. These programs are meant to safeguard vulnerable families from hardships that may arise from having low income or from events such as job loss. Women's narratives, however, indicate that TANF did not protect families from hardship, including homelessness, and it failed them at times when they needed it most- when they became unemployed and had no source of cash income.

Workers who lose their jobs through layoffs or other circumstances not of their own making may be eligible to receive Unemployment Insurance (UI), a program that replaces a portion of workers' wages. But not all workers are eligible for UI benefits; those who are fired for cause or who leave of their own volition are often ineligible, and workers must have a minimum amount of earnings and months worked to qualify. Additionally, some workers, particularly those working in low wage jobs, may not believe themselves to be eligible and may thus avoid applying (Gould-Werth & Shaefer, 2012). For these workers, TANF might serve as a replacement for UI during periods of job loss.

Half (11) of the 22 women applied for TANF when they lost jobs or when their UI benefits ran out following a job loss, but TANF was not a good replacement or substitute for Unemployment Insurance. Claudette was a public employee for many years when she was downsized out of a job. She collected UI, but when those benefits ran out, she turned to TANF. At first, she said, "They denied me. And then I said, 'I never had assistance before.' You know, I mean, you all give me like \$14.00 back when my daughters were younger, but I never got any money." Once on TANF, Claudette was subject to the state's time limit. She said, "We were on a time limit ... She [the caseworker] told me when I got on, it would be less than 18 months or so, [I] would be cut back off. That's just what they do now." Although Claudette had been working for many years, she had received TANF in the 1990s, perhaps for longer than she remembered.

When her 18 months were up, Claudette's case was closed and she had to rely upon her retired mother for help paying the bills. She still had no job nine months after losing TANF.

Michigan's time limit policy changed several times since the implementation of welfare reform. For many years, and unlike nearly all other states, the state had no time limit on cash assistance, choosing instead to support families reaching the federal 60-month time limit with state funds. When state revenues began to shrink in the late 2000s, the state instituted limits. When time limits were first put in place, an estimated 11,000-15,000 families lost TANF benefits immediately. These families were allowed to reapply when a lawsuit was filed challenging the legality of the policy, but many did not (French, 2012). The policy at the time interviews were conducted limited TANF receipt to cases that had not exceeded 48 months of assistance since 2007 or 60 months since 1996. Between 2011 and 2015, more than 32,000 families lost assistance in the state, a figure that represents about 15 percent of all cases that were closed during that time period (Lawler, 2016).

Nationwide, the proportion of families who have reached a time limit and been terminated from assistance has been quite low, relative to cases that are closed for other reasons. For example, in fiscal year 2011, less than two percent of all cases that were closed were due to reaching time limits (U.S. Department of Health and Human Services, 2013). However, since then, a number of states, including Michigan, California, Arizona, and Washington State, have made changes to their time limit policies, shortening the number of months families can receive benefits, eliminating certain reasons that previously exempted a family from a time limit, and changing circumstances under which a family might receive an extension to the time limit (Schott & Pavetti, 2011). Policy changes such as these are likely to increase the number of families who reach the TANF time limit.

Shonda had tried to use TANF as a form of unemployment compensation in periods when she was out of work. She started her most recent job in 2008, working for a medical staffing company as a medical assistant. She rotated around to various clinics until a supervisor at one decided she wanted to hire Shonda on permanently. That's when a check of Shonda's education (a certificate obtained through a proprietary school) revealed that

she did not have the proper credentials needed for that job, or in fact any of the temp positions through which she had rotated. She was let go in 2012 and returned to TANF, believing she was not eligible for UI because she had technically been fired. But this time, she was denied TANF. She said, "I've been cut off of that[TANF] because I've been on it for too long. Even though I wasn't on it like that, because I was on it for so long, then I ended up going to work for so many years. If I lost my job, I'd turn around and apply for cash again until I get another job. So that's how I was doing it. I guess they still considered it too long." Shonda was never receiving TANF for extended periods of time, but her intermittent use of the program over many years added up.

Some researchers have found evidence that families who are eligible for TANF may "save" or "bank" their time on TANF, in other words, saving the benefits for the future (Friesner, Axelsen, & Underwood, 2008; Grogger, 2002). This may also lead to families using TANF repeatedly but for short periods of time, much like Shonda did (Friesner et al., 2008). But being able to use TANF benefits strategically like this depends on the user being able to keep track of the number of months she was on TANF, and it depends upon a state's time limit policy being stable over time, which Michigan's was not.

A year after reaching the time limit, Shonda was without any income except food stamps and a small state disability payment of \$200 a month. She had to leave her apartment because she had no money to pay rent. She and her three sons (two of whom were young adults) ended up moving in with Shonda's mother, as had other family members. When I interviewed her there, her uncle was trying to sleep on a cot lodged against one of the living room walls. The other walls of the room were lined with stacks of plastic bins containing Shonda's possessions. In total, six adults and one child were squeezed into a house that was just over 1,000 square feet.

Shonda was not the only one to lose housing when TANF benefits were stopped. Gina, whose work history was erratic, had moved from one friend's house to another when she lost benefits in 2011. One of her children was removed from her care when the child's father reported Gina's unstable housing situation to Child Protective Services. When I interviewed her, Gina

was renting a house that, from the outside, appeared abandoned. Gina did not want to do the interview inside, perhaps because she had no furniture except a few folding chairs. With no cash to pay the rent, Gina gave her landlord her food stamp benefit card each month, an act that could have led to disqualification or having to pay back the benefits she received (U.S. Department of Agriculture, 2013).

In total, eight of the 22 women reported that they had lost benefits because of reaching the state's time limit. As noted earlier, Claudette reported knowing that she had only 18 months of TANF "available" until she reached the time limit. However, for all of the other women, the notification that they would lose benefits took them by surprise and did not give them much time to prepare. For example, Kim reported receiving a letter from the state welfare agency notifying her that her benefits would end as of that month. Gina lost her benefits once in 2011, after she had received TANF for a total of 48 months. However, the state was involved in a lawsuit over the validity of the time limit policy. As Gina noted during our interview, the court case received a great deal of media coverage, so she was not surprised when she lost her benefits under the time limit. Gina's benefits were eventually reinstated when the state Supreme Court declared Michigan's policy invalid. However, the time limit policy was subsequently changed, this time via a new state law (as opposed to a welfare department policy). In February, 2013, much to her surprise, Gina received a letter saying that beginning in March, she would no longer be receiving benefits. She had heard nothing about this change, saying, "This time they didn't do no television. They did it secretly."

None of the women who reached the TANF time limit had been able to find a job in the one to two years since losing TANF. Gina lived off of her income tax refund for as long as she could, and then she resorted to selling her plasma, a common strategy for making ends meet among the very poor (see Edin & Shaefer, 2015). Shonda could not understand the rationale of taking away benefits from someone who did not have a job. She said, "I was upset because they took the cash away and I'm not working. To me, it seemed like I shouldn't be in that situation." Claudette, who was college educated, had been searching for work ever since she was laid off in 2011. She said, "I apply for jobs, but it's

like no one is really hiring." She was contemplating leaving the state in order to find work.

Policies such as time limits may keep individuals from applying for TANF at all. Pauline did not apply for TANF because she believed she had already used up her allotted months. She said she used TANF, "Back in the '90s, and then once again, probably about 2002, 2003. When I had my son I was on there for a couple years." She asserted that if she was to apply, the welfare office would say to her, "We can't help you now. Your benefits are denied." Pauline had to quit her sales job, which required a great deal of travel, when her car broke down and she did not have the money to purchase a new one or pay for the costly repairs. Her mother was able to help with some of Pauline's bills. Eventually Pauline could not afford her rent, and she and her two children moved in with her mother, where Pauline was sleeping in the unfinished basement.

Seven women, including Pauline, avoided applying for TANF at the time of their most recent job loss because they had financial help from family members, including the fathers of their children. Because of this assistance, they believed that they would not be eligible for TANF or did not need the cash provided by the program. Linda reported that she started receiving TANF in 2004 when her son was born but then was dropped from the program when her son's father started paying child support. Receiving child support does not necessarily make a family ineligible for assistance, but the payment is counted as income and, if high enough, can lead to disqualification. Linda's \$500 a month TANF benefit was replaced by a \$400 child support payment. When I asked if that payment was consistent, she said it was not; she had been without child support for several months after her son's father lost his job. Her daughter's father then began paying \$500 a month in support, but this arrangement was made outside of the formal child support system and was dependent upon this ex-partner maintaining his promise.

When individuals receive help from people in their networks, such as friends and family, they are said to be drawing up their "private" safety nets (Harknett, 2006). The private safety net may provide financial support in the form of cash or paying bills, and it may offer in-kind help such as providing child care for free or no cost. Private safety nets, though, may not be

up to the task of adequately providing for poor families. First, the networks in which poor families are embedded are likely to contain people whose financial circumstances are similarly difficult (Henly, 2002). Kiana had been relying upon her children's father for financial support after running out of Unemployment Insurance in 2009. He paid the rent and all of her bills, while Kiana bought food with her food stamps. But her former partner had his own history of long-term unemployment, and the continued support was no guarantee, particularly given the still-recovering economy in Southeast Michigan. A sudden change in circumstances could mean an end to that support, as Gina learned first hand. For several months Gina had been receiving money from one of her children's fathers. He suddenly died, and Gina found herself without any source of cash.

Women without TANF and earnings, as all the women in this study were, tend to rely more heavily on private supports compared to low-income women who were working and/or receiving cash assistance (Hetling, Kwon, & Mahn, 2014). However, other studies find that mothers lacking stable employment, partners, and health perceive themselves as having less support to draw upon; over time, perceived support declines among mothers with these characteristics (Radey & Brewster, 2013). Further, being dependent upon others for financial help may exact an emotional toll on the recipient, who may feel as if her expenditures are being monitored and her financial decisions are out of her control (Seefeldt & Sandstrom, 2015).

The giver of assistance may also experience difficulties. Providing financial help to someone else means that money is not spent on items the giving household may need, or it is not saved, helping to build wealth for the future. The wealth gap between Whites and African Americans in the U.S. is strikingly large: the median white household's net worth in 2010 was just under \$139,000, while the median African American's net worth was about \$17,000 (Kochhar & Fry, 2014). The financial help that is transferred between African American households accounts for at least some portion of this gap (Chiteji & Hamilton, 2002). In this sample, financial transfers were also depleting the income of non-working, retired family members. Julie did not apply for TANF when the temp agency she worked for did not have enough work for her. Instead, her brothers, and particularly

her parents, gave her money, but her parents were both retired and living off of Social Security benefits. Pauline's mother retired from one of the Big 3 auto companies and was supporting herself, Pauline, and two of Pauline's children on her pension. Shortly before the interview, her mother's pension was abruptly cut off when she failed to report the disability payments she was also receiving. Pauline was concerned that they all would become homeless because no one had enough money to pay the mortgage. Her private safety net was quickly fraying.

Discussion

According to study respondents, TANF served no one well. It did not help unemployed women secure jobs, and according to some, offered little help at all. It offered no assistance or flexibility to women with serious health problems, instead cutting them off of the program. And time limits were enforced with no regard to economic or individual circumstances. Because of these failures, families faced hardships such as losing housing and doubling up, or sharing living space with other families. Bills went unpaid or were paid by family members, potentially putting those who were helping at financial risk, and making women rely upon a private safety net that was unpredictable and fragile.

One limitation of this study is that it is based on interviews with women living in a one area- Southeast Michigan- that was particularly hard hit by the Great Recession. Experiences of women on TANF in other states may be quite different, and employment opportunities greater. Additionally, the state had recently instituted a time limit policy, causing thousands of families to lose benefits over a very short period of time. However, as noted above, a number of states are putting measures into place that make TANF a more restrictive program, via cutting monthly benefits and making time limits shorter (Schott & Pavetti, 2011). In that regard, Michigan is not unique.

What changes could make TANF work better for women like those in this study? Assuming that the focus on work remains, I offer several suggestions. One option that a number of states used during the Great Recession was to operate subsidized employment programs. States used a variety of approaches. TANF

recipients could be placed in temporary jobs and paid for their work wholly or partially through TANF funds. Other states offered employers incentives for hiring TANF recipients, or employers might be provided with the funds necessary to purchase new equipment needed to hire more employees. States could apply for additional funds through the Recovery Act to run these programs, and some programs ended or were greatly reduced in scope when the funding expired. However, if recipients are expected to work in order to keep benefits, and if no work is available to them, then TANF should do much more to provide employment opportunities.

The needs of women with serious health problems were not met through TANF, and perhaps it is not the role of the program to address chronic conditions like those Ginger and Arlene had. Rebecca Blank (2007) recommends the creation of a separate stream of programming for those who may not be able to work, either temporarily or permanently. These recipients would be waived from the work requirement and would be able to receive assistance until either their health or other issue resolved, or until they transitioned onto the disability rolls. Individuals who desire employment might be referred to supported work programs, where they could receive workplace accommodations and other needed assistance in order to perform their jobs.

If TANF is able to provide employment opportunities when recipients are unable to find jobs or unable to take regular jobs, then the need for time limits, at least from the perspective of providing an incentive to work, is gone. A safety net needs to include cash assistance during times of financial need to a segment of the labor force that is much more likely to work in unstable and low paying jobs. To limit that assistance just because the recipient has accrued an arbitrary number of months on the program only hurts already vulnerable families that much more. At the very least, time limits should be suspended when unemployment is high, as it was during the Great Recession. Further, the benefit levels of TANF remain paltry and should be raised to more accurately account for increases in the cost of living. The Unemployment Insurance programs replaces, on average, half of a worker's previous wages. The median monthly TANF benefit represents only one third of what a full-time worker earning the federal minimum wage would receive.

Finally, TANF is in need of more accountability. Recipients are held to participation standards, and while states must meet work requirements, what they do to meet those goals is not subject to much oversight. For example, are employment programs providing meaningful activities for their participants, or, do they just have participants, “sit in one classroom for eight hours a day,” as Monica noted? Before someone is removed from the rolls, whether through time limits or other reasons, are procedures in place to ensure that the termination is warranted or that the family will not face undue hardships as a result? Ultimately, an examination of how states are spending their block grant money is in order. States should not be allowed to fill revenue shortfalls with funds that are meant for some of our most vulnerable families.

Maintaining TANF’s status quo has hurt many poor families. Increasing numbers of families are living on almost no income at all (Edin & Shaefer, 2015). More single mothers have become “disconnected” from work and from cash benefits (Loprest & Nichols, 2011). For the women in this study, job loss and the loss of benefits placed them in precarious situations, increasing their risk of homelessness and other hardships, or causing them to rely more heavily on their precarious private safety nets. It offered no assistance to women with serious health problems, but rather left them to wait for disability benefits that were very slow in coming. TANF, in its current state, serves no one well.

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Barriers to Food Security Experienced by Families Living in Extended Stay Motels

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Families who are food insecure do not have regular access to food, access to enough food to satisfy their hunger, or have to resort to extraordinary measures to access food, such as traveling to food pantries and other emergency food sources. This article focuses on low-income families with children who live in extended stay motels and experienced food insecurity. Families reported several indicators of food insecurity and discussed the barriers to food security they experienced as a result of living in a motel. Families reported that the locations of the motels, lack of transportation, the lack of storage space and kitchen appliances in the rooms presented barriers for them to regularly access and store enough food for their families. Despite receiving government assistance in the form of Supplemental Nutrition Assistance Program (SNAP) benefits, most families depended on food pantries or charities to supplement their food supply each month. The interviews revealed that economic resources are not the only barriers to food security, and these barriers need to be taken into account when attempting to address food insecurity among disadvantaged populations such as families living in motels. Several strategies to alleviate food insecurity among this population are discussed.

Key words: food insecurity, homelessness, poverty, SNAP, hunger, motel residents

It is paradoxical that, in the land of plenty, there is much to be researched in the area of food insecurity and hunger. Although public polls and research have demonstrated the prevalence of hunger in America, there is much to learn in order to understand how to address the problem effectively. In this article, I discuss the barriers motel residents experience in accessing quality food

as well as the storing and cooking of food. Improving food security is not just a matter of giving people food, but giving people food they are able to cook and eat for nourishment. When individuals do not have access to storage or cooking facilities, it is difficult to nourish themselves with quality food. Lacking these basic facilities presents less than ideal sanitary and health conditions for food handling and preparation, and it also represents a heightened risk for food insecurity.

It is estimated that 14.3 percent of Americans are “food insecure” (Ratcliffe & McKernan, 2010; U.S. Department of Agriculture [USDA], 2015). According to the U.S. Department of Agriculture (2015) low food security refers to “reports of reduced quality, variety, or desirability of diet” but with “little or no indication of reduced food intake” (need p#). Individuals are food insecure when they do not have regular access to food, access to enough food to satisfy their hunger, access to a variety of food in order to maintain a healthy lifestyle or resort to extraordinary measures to obtain food (e.g., food pantries, emergency food sources). Individuals who experience low food security are at risk of “very low food security” which is defined as having “disrupted eating patterns” (e.g. skipping meals) and/or reduced food intake (Connell, Yadrick, Hinton, & Su, 2001; USDA, 2015) (need page or para.# here). Based on these two working definitions, researchers have established that food insecurity is a problem of not just the quantity of food but also the quality of food.

Food insecurity is a symptom of poverty (Bhattacharya, Currie, & Haider, 2004; Mammen, Bauer, & Richards, 2009). As of 2014, 14.8 percent of Americans were living below the poverty level (U.S. Census, 2014) and nearly 15 percent of all households in America and 39 percent of low-income households were considered food insecure in 2008 (Ratcliffe & McKernan, 2010). Food insecurity, like poverty and homelessness, occurs as a progressive series of events that may eventually lead to very low food insecurity (persistent hunger). In the first stage, individuals worry about not having enough food, so they may adjust their food purchases to cheaper, lower quality food items in order to have a sufficient quantity of food to not experience hunger. Without further resources, individuals may have to limit their food intake or decrease the quality of their food in order to have enough food for other family members, especially

children. As a last resort, adults may skip meals altogether, and, if no more food resources are available, children's food intake may eventually be decreased (Connell et al., 2001). Food insecurity has detrimental consequences for the individual as well as the household. Lack of food can lead to higher rates of morbidity, chronic health conditions, and malnourishment (Loopstra & Tarasuk, 2013).

There are several predictors of food insecurity. Food insecurity is more prevalent among minority groups, those with lower education levels, and those only participating in one food assistance program (Connell et al., 2001; Nord, Andrews & Carlson, 2005). The U. S. Conference of Mayors (2014) reported that 54 percent of requests for food assistance were households with children, and 40 percent of individuals requesting assistance were employed. There is also a relationship between the types of jobs individuals hold and food insecurity. Individuals who work at night, have family demands, work multiple jobs and/or jobs with inflexible hours are more likely to have limited food choices and lack the time to prepare foods (Devine, Connors, Sobal, & Bisogni, 2003). These situational factors make people more likely to be food insecure. Even though working may provide financial resources to alleviate food insecurity, the job itself may interfere with the ability to provide adequate food for themselves and their families. The same can be said about food assistance programs such as Supplemental Nutrition Assistance Program (SNAP) or Women, Infants and Children (WIC), which aim to alleviate hunger in America.

Despite receiving food assistance via SNAP or WIC, previous studies have found that individuals and families with children enrolled in SNAP benefits are more likely than those who are not receiving benefits to be food insecure (Ribar & Hamrick, 2003; Wilde, 2007; Wilde & Nord, 2005). In Central Florida, where this study took place, 63 percent of Second Harvest Food Bank clients were receiving SNAP benefits at the time they sought food pantry assistance (Second Harvest Food Bank, 2014). Among those living in poverty, those who are ill, disabled, and/or homeless have a higher risk of food insecurity (Weiser et al., 2009).

Furthermore, families with children tend to have a higher risk of food insecurity (Nnakwe, 2008). According to Second

Harvest Food Bank in Central Florida (2014), 27 percent of its clients are children under the age of 18. Food insecurity has several physical and mental health risks and consequences for adults and children alike. Children who are food insecure may suffer from poor behavior and academic performance (Alaimo, Olson, & Frongillo, 2001). As discussed below, extended stay motel residents in this study reported the majority of these high risk indicators of food insecurity.

Housing expenses are typically where families spend most of their monthly budgets, and food insecurity is typically highest in areas where housing costs are high (Mammen et al., 2009). As housing costs increase and wages remain stagnant, some families are left without affordable housing options. These families are left with little choice other than to find refuge in a motel where the weekly rent includes water, electricity, cable and perhaps even wi-fi. The motels do not collect any rental or utility deposits up front, and as such, serve as affordable housing units in many communities. Some national (U.S.) newspapers have documented the rise of families living in motels, specifically in California and Florida, where there are high numbers of low-wage workers and a high cost of living (Eckholm, 2009; Santich, 2014; Toner, 2011).

At the time of this publication, there is no peer-reviewed research on food security among families living in motels that the author could find. Since high housing costs are a predictor of food insecurity, motel residents represent an at-risk and "hidden" food insecure population. Some of the families in this sample paid between 60-90 percent of their income towards their weekly motel "rent." Families in motels often have to make a conscious choice of restricting or bypassing food in order to keep the roof over their heads, if at least for one more week. Some motel residents in this study engaged in what they described as the "rob Paul to pay Peter" cycle, where they negotiated payment plans with the motel managers to delay their weekly rent a few more days so they could afford to buy their necessities. They lived in a constant state of worry over housing and food. According to Second Harvest Bank of Central Florida (2014), 12 percent of their clients live in temporary housing (shelter, motel or streets/camps) and, out of all of their clients, 70

percent reported having to choose between food or rent at least once in the last 12 months.

Although there is extensive literature on food insecurity and its correlation to poverty and other poverty-derived factors, this article focuses on the reasons why individuals are food insecure beyond financial reasons or location (e.g., food deserts). The present study contributes to the literature on food insecurity by providing insight into a marginalized and largely invisible population, families living in motels, and it identifies specific barriers that explain why these families were food insecure. The data reveal that these families employ some of the common strategies used by food insecure individuals to cope with their food insecurity but also experience barriers that are not well documented in the academic literature. The findings highlight the barriers that non-traditionally housed, low-income families experience when obtaining, storing and cooking food.

Methods & Data

Data for this study were derived from in-depth, semi-structured interviews with 18 families living in motels in Central Florida. The interview schedule focused on the experience of living in a motel. Participants were recruited via flyers and utilizing a snowball sampling method. Flyers were posted at locations motel residents may frequent, such as the motel lobbies, food pantries, bus stops, nearby churches, government assistance office lobbies, and day centers. I also volunteered through a local non-profit organization that delivered donated grocery items in bags to the families in motels. Through that program, I was able to meet some families in the motels who later became participants in this study.

Interviews were conducted in a location chosen by the participants. Most of the interviews were conducted in the motel rooms where the families lived, but others were conducted at nearby food establishments or a food pantry that motel residents frequently visited. These interviews lasted from 30 minutes to over 2 hours, were audio-recorded and were later transcribed. As the sole researcher on this project, all phases of data collection and analysis were performed by me.

Every transcript was reviewed and analyzed. Initial coding was performed by reading each transcript, line by line, and making note of themes that arose. Every reference to food was then copied and pasted into a Word document for further analysis. Once the initial themes of food insecurity were identified, the data were more carefully analyzed using “focused coding” (Charmaz, 1983), which led to the themes presented here.

Participant Characteristics

The length of time living at the motel ranged from less than two weeks prior to the interview to a little over three years, with an average length of stay of 11 months for the entire sample. All but one family in the sample had children living with them in the motel. Besides the couple without children, the smallest household was made up of three persons and the largest included seven family members in one room (3 families had 7 members each).

Fourteen of the families interviewed were nuclear families, with mom and dad both living in the motel room with the children. Ten of the 18 households (56 percent) were Latino. Two families were non-Hispanic Black and the rest were non-Hispanic White. The high proportion of Latinos in this sample is representative of the Central Florida region where the interviews took place.

Thirteen of the 18 families had at least one employed member of the family. Five families had a member who received Social Security Disability benefits. Only one family had no income at all at the time of the interview, because they had recently moved to the area. All families in this study had incomes that made them eligible for SNAP benefits, which all but one family received. This family had not applied for benefits because they had also recently moved to the area and did not know where to apply for benefits until I informed them during the interview. All families paid relatively similar weekly rates for housing, regardless of the motel in which they resided or the number of people in the room. The rates ranged from \$160 to \$190 per week.

Findings

All of the families in the sample reported not having enough food at some point during their stay at the motel. There were various barriers to food security while living in the motel. The location of the motels themselves presented a barrier for the families. All of the motels where the interviews took place were located along a very busy highway in a non-residential area, which meant the food shopping choices were limited. Some of the motels were not within walking distance of a full grocery store, and motel residents relied on the nearby convenience stores, where prices were higher and selection was limited. The findings below present the various barriers the families experienced to food security.

Transportation

At the time of the interviews, nine families (50 percent) did not have a car. As many commented, in Central Florida you need a car. Public transportation was easy to access, but the families lacked the funds. Most of them relied on rides from others (where they traded goods/babysitting services as payment) or walked, if within walking distance. One father described how time consuming and exhausting it was for them as a family to seek assistance without a car. He said, "Sometimes we have to walk with these two [points to the toddlers] and go to [street] over there by downtown, and you know how these kids can get when they're walking with the sun blazing in their face ... umph." It took them a full day to walk downtown, four miles each way, with four children under the age of 10 in tow, to reach the one church that was able to help them pay for their motel room that week because they had no income.

Furthermore, lack of a car was repeatedly mentioned as a barrier for getting groceries. Some took the bus to the grocery store, which meant the families could only purchase groceries they could carry with them back to the motel, and some families had to do this while also managing children on the trip, which added more stress to an already inconvenient process. One family had moved around different motels for a while and the mom, Inocencia, explained what the grocery shopping day

was like back when they lived without access to a car in their prior motel—a motel which was further away from stores than their current motel:

... well, we didn't have a supermarket nearby, so we had to go to the Walmart on [name of street, 7 miles away] and the [grocery] bags would make really deep marks on our arms, and then at the hotel we had to walk up to the 5th floor because we were on the 5th floor. So, grocery day was an uphill day.

Families had difficulties accessing food, shopping for groceries, transporting food, and storing food. These represent characteristics of food insecurity and some families experienced periods of very low food security as a result.

Issues with SNAP (food stamps) benefits

A major barrier to the families living in motels was the logistics of applying for SNAP benefits. In the state of Florida, all Temporary Assistance for Needy Families (TANF) applications are electronically processed, which presents a barrier for these families. Although most of the motels offered free wi-fi, some families did not own a computer and/or reliable transportation to travel to the Department of Children and Families (the agency in charge of TANF benefits including SNAP/food stamps) to apply for benefits.

Despite the barrier, all but one family was receiving SNAP benefits at the time of the interview. However, all families who received benefits reported the lengthy delay from the time the initial application was submitted to the time they received approval of benefits. This time frame was reported as a very low food secure period for the families. Beyond the barrier of the electronic application, time itself represented a real barrier. When asked how long it took to receive benefits from the time of application, Natalia responded, "It took a while. ... It was like 2 months; it was really hard to get." Below, Dee describes in detail her frustrations, which echo what several other families reported during their interviews.

Dee: You know, we didn't get our food stamps for 2 months after I applied, and they keep saying we need this paperwork, we need that paperwork.

Interviewer: So, you waited 2 months for benefits?

Dee: Yeah.

Interviewer: Did they give you retroactive benefits from the time you applied?

Dee: They gave me payback but they almost didn't, they tried to cancel it. They tried to say "oh well you didn't answer us in time." I was like, "excuse me, I called every day for 8 hours and didn't get a human." Seriously. No joke. Want me to call them to hear it? And then you finally get through and it's like, "we're busy, call back later" for hours, and hours, and hours, and hours, and hours, and hours. They don't even have an office where you can go to. The office down here is only to do paperwork and talk on the computer. There's 2 ladies there, that's it. Ok? There's no human to talk human to, you know what I mean? It's just the phone.

The numerous phone calls with no responses caused delays in receiving benefits. Beyond the missed calls and the unanswered phone calls were the lost letters in the mail or the ones not delivered to their "mailboxes" at the motel in time for the mandatory phone interviews. Lost or late mail meant the application process was stalled until another interview could be scheduled. Mail at the motels is a challenge. Motels are not categorized as residential dwellings, and as such, mail is not delivered to the individual rooms. Some motel owners were nice enough to hold mail for the residents, but others were not so fortunate. This meant that some families had to obtain P.O. boxes, and if they didn't have a car, they did not get mail every day. The fact they didn't have direct access to their mail meant that they were at risk of missing those time-sensitive letters from TANF scheduling a phone interview to confirm application and move on to the next step.

Despite the eligibility of SNAP benefits, all of the recipients of SNAP benefits (17 out of 18 households) reported feeling consistently worried about having enough food. Most families reported that their food stamps benefits did not last them a full month and often ran out by the third week, which led them

to nearby churches and food pantries for subsistence. When I asked Debbie, mother of 5, if she ever had to reach out to any organizations for help she replied, "I have a whole list of them, like uhm, whenever we run out of food stamps, I go to the food banks." Debbie also pointed out the difficulties of living in a motel, such as the type of food available and the high costs of laundry for her family of seven. Without a washer/dryer, motel residents are forced to either use the laundromat, wash and dry clothes by hand, or use a combination of the two. The washers and dryers located in the motel cost \$1.75 per load, which added up quickly for her family of seven living on only her husband's income.

Donna also wanted to make clear to me that despite living in a motel, she did not have any of the services traditionally associated with hotel stays. Donna explained, "Uh, they don't give you maid service ... You cook, you clean, you buy your own toilet paper, your own laundry stuff, your own, you buy everything yourself." Donna was trying to debunk the myth that families living in motels get free toiletries, toilet paper, and laundry service for linens and towels. The families still had to budget for all of those personal care items, just like when they had their own apartments, only now they lived without the full kitchen and proper living space. Though all of the motels included utilities (water, electricity and land-line telephones) in the weekly rent. Some motels even included wi-fi, though the families did not have computers to take advantage of it.

Cooking Restrictions and Limited Space

Limited Space and Cooking Facilities. The lack of adequate food preparation space, appliances and storage was a constant challenge. Motels typically have restrictions on the type of appliances that are allowed in the room. Some of the families did not have access to a full size refrigerator, freezer or stove. There was only one motel in this sample that offered a full-size refrigerator to extended-stay residents. The others only supplied a mini-refrigerator. Many reported they were told they could not have hot plates, two-burner stoves, toaster ovens or other cooking appliances due to the "fire code."

Everyday tasks such as cooking, cleaning and storing food are more difficult at the motel because of the restrictions on

appliances and lack of storage. Not to mention the lack of sanitary conditions since the only sink available is the bathroom sink. Motel residents noted how inconvenient and unsanitary it is to have to cook and clean dishes in the same place as where other bodily functions take place. This is particularly troublesome with mothers of infants who had to prepare formula and wash bottles in the bathroom sink which violates the recommended instructions for preparing infant formula.

All rooms were equipped with a microwave but as one resident, Aida, said, "you can't live off of microwave food for years... and that stupid refrigerator. It works, it's just there's no space. There's no space for anything." She had lived in a motel for 3 years. Mara, mother of 3, angrily told me, "have you ever tried to cook in a microwave, uff, it's hard...with 3 kids, it's hard!"

The lack of a proper refrigerator and freezer meant some families could not stock much perishable food items at once. Styrofoam chests were not used as a strategy to extend refrigeration capacity. This is probably a result of a couple of variables: lack of ice machines and lack of transportation. Unlike "vacation" motels, these motels did not have the amenities that some of us associate with a hotel. Ice machines were not available at most of these extended stay-motels. Therefore, if a family wanted to fill a Styrofoam chest with ice, they'd have to transport it from the nearby convenience stores. In the heat of the Florida summer, if a family did not own a car, it would be difficult to do so. When asked what was their most pressing need at the time, Joe said, "food" and his wife, Orphee added, "or ice" which references the refrigeration challenges of storing perishable food.

Based on my observations when I visited the motel rooms where the families lived, I saw boxes of cereal, crackers, chips, "juices" (e.g. fruit-flavored beverages), microwaveable soups and pasta (e.g. soup in a cup and mac and cheese) and various canned items. I did not see any fresh fruits or vegetables on the counters. As Yanira mentioned, "I have enough juice, milk and corn flakes for the kids." My observations were limited to what was clearly visible on the counters at the room. It certainly may not be representative of everything they stored. Some families were quite proud of their ingenuity and ability to cook almost anything in their rooms. These comments came from a specific group of families living in one specific motel that included a

full-size refrigerator and a very empathetic manager who was willing to look the other way when families utilized a hot plate for example (discussed in more detail later).

Spending More. The restrictions on appliances often forced families to rely on highly processed, pre-packaged or canned foods that typically cost more than raw ingredients. Jane, mom of 5 children and pregnant, expressed her frustration at not being able to have a kitchen to cook proper meals and also not receiving enough SNAP benefits to offset the costs:

I mean, it's not, it's not enough space for everybody, like I can't cook my kids a meal like I should be able to cook my kids a meal. You know, I love to cook, my kids love to eat so yes, they do go through food like crazy. You spend more in food in a hotel, you spend more, because, it's horrible and I only get \$500 a month which is for me and our 4 children—*Jane (and Mike), family of 6 soon to be 7*

Mara, the single mom who felt cooking in the microwave was difficult felt so overwhelmed by the cooking limitations that one day she gave up and called the children's father/ex-boyfriend for help. She said:

one time I told the kids' dad to [come] take them to his house and he took them for a month because it was just so hard with the kids. The kids were, it's not that they were not good but I was spending too much money. You know the kids want hot food, they don't want to eat [snacks] all the time...thank God I had food stamps and there was a big refrigerator. But when it comes to food, oh, it's horrible. It's horrible.

Mara also discussed how she received the same amount in food stamps when she lived in her own apartment as she does living at the motel. The difference is that when she lived in the apartment at the end of the month she would "still have like \$50-75 left" because she could "make rice and pork chops but you know the kids would only eat half a porkchop" so one meal prep lasted multiple meals. She had not managed to cook a meal big enough to have left overs since living in the motel and thus, she felt like it was more costly to survive in the motel room.

Donna's feelings aligned with Mara and Jane. She also felt like it was easier and cheaper to live in an apartment than the motel room. Donna said, "I mean it's never enough food when you're feeding 7 people you know" and later added:

I mean there's sometimes, you worry about your room and I pay my car insurance and then I'm like worried about what about food for the day? You know I worry about that. I mean I find it difficult sometimes trying to survive here. I felt, I survived better in a home.

The participants reported that they tried to be frugal and stretch their SNAP funds but just could not at the motel. After being evicted, Jeanette thought she would get some help with breakfast meals for her family if she moved to a motel but the motel she lived in did not offer complimentary breakfast. When I asked about what it was like to live in a motel, Jeanette replied,

the most difficult, the most difficult is that they're supposed to give you food, because I've seen some hotels that give you food, like in some of them, like the Days Inn. Being there, being hungry with the kids ...

The Days Inn did include free breakfast for their guests who paid \$79.99/night + tax compared to the motel where Jeanette stayed which cost approximately \$25/night + tax. During my data collection period I visited some motels in the area that did provide complimentary breakfasts to their guests but would deny service to those who were deemed as "residents" rather than temporary guests. Another motel resident who was not interviewed for this study but spoke to me about her experience said she believed the difference was due to the fact that once people lived in a motel for 6 months they no longer had to pay the "tourist bed tax" and were then considered "residents" of the motel rather than guests.

Coping with Food Insecurity

Kids First. There was a consistent concern about the kids from every parent in this sample. Several parents made references to

rationing their own portions or skipping meals so their children could eat (more). Only one mother, Jeanette, disclosed to me that she knew her children experienced hunger. Her children were not school-aged so they did not have the advantage of having access to at least one meal, lunch, at school. Based on the narratives, it is feasible that more children are experiencing hunger but parents were afraid to disclose that to me out of fear of being reported to the Department of Children and Families.

However, several parents commented on their own hunger experiences but made sure to clarify that their children did not go hungry. For example, Jennifer, single mom who lived with her parents and her brother all in one room, made sure to let me know, "We might not have food for ourselves, but I always, like I always [tell other family members], "listen, this is her food [her daughter], don't touch it" sorry, you know."

Jane was not receiving food stamps benefits for herself or her partner because as an unmarried mother, she refused to put her live-in boyfriend/father of her children through child support enforcement (a requirement for unmarried mothers to receive benefits). Thus, she received only \$498/month in food stamps for her four children but her family of 7 seven struggled to make due. Their strategy was to ration or skip meals. She explained, "So we [adults] basically kinda try to eat one meal a day because if not then there's not enough for the kids, they won't have food. I'd rather go hungry than have my kids go hungry, the way my mother showed me you know, the kids go first, always."

Ingenuity. Despite the limitations in the motel room and the limited food choices, some families were very proud of their cooking ingenuity. For example a woman showed me how she cooked rice and beans in the microwave in an empty "Country Crock" butter tub. A couple of residents had grills where they could cook meat. Sunny was gifted a grill from the guests next door because they couldn't take it to their next residence. Joe, a veteran, had a self-sufficient attitude. Joe told me, "That's one thing the military did, I did learn how to survive without going out there and doing a crime to somebody. I'm not gonna do that ... I gotta do what it takes even if it leave me from not eating but I gotta make sure that they eat [pointing to his wife and daughters]." His wife, Orphee added, "we have patience. Took objects and built a grill, really, and he was gonna cook rice

and everything off of that homemade grill. A couple of bricks, blocks and a stove rack that was a grill." At the time of the interview, they had not cooked rice on the grill, only meat, but Joe and Orphee were slowly learning how to adjust to the motel. They specifically talked about how it takes extra patience, time and planning to cook meals in the motel.

Some residents challenged the established restrictions of the "fire code" and managed to sneak in some cooking appliances in order to have more choices. Jackson, single father of 3, purchased an electric skillet and said, "I can cook just about anything that they need but it's an inconvenience you know." Similarly, Aida and Joey bought a toaster oven which was on the list of banned appliances so that they could, "bake cakes and stuff for the sweet tooth of the kids." Perhaps the most bold about this practice was Donna, she told me:

I have a frying pan. Actually, technically, even though it's an extended stay, there's not supposed to be cooking in the rooms 'cause of the fire Marshall. You're really not supposed to because there's no ventilation system. They're supposed to have a ventilation system in order, if you're going to cook. I have to, I mean we have to eat, I do with that frying pan there, girl, I make everything in it. I make from lasagna to a pork roast to ... I cook. (laughs) look at the size of the kid, he's 13! I cook, that doesn't stop me, I put on the fan so it circulates and the smoke alarm don't come off and I open up the back door ... I make everything, I'll even make a cupcake in there if I have to.

"Necessity is the mother of invention" and these families, especially those who had spent a considerable amount of time in the motel (1+ years), had to adjust and figure out how to survive with what they could. Those who challenged the established rules did so risking the roof over their head. As Aida and Joey mentioned, the hotel where they had previously stayed did not allow any cooking appliances at all, and if housekeeping found them in a room it was cause for immediate eviction. They decided to move to a motel that they viewed as less strict, though it was only so because they had built a good relationship with the housekeeper. Other motels, such as the one where Jackson lived, did not offer housekeeping services to extended-stay residents

which made it possible for him to have his electric cooking appliance without high-risk of eviction.

Family Support. Despite all of the families claiming they did not have any financial support from their family or friends, five families made reference to either perceived or real family support if they were ever in what they considered to be emergency situations. Luis and his family spent over a year in various motels and mentioned visiting his mom and sister in the area when he was low on cash and needed a meal for his daughter (toddler age). Joe and his family had spent six months in the motel and his family was out of state but he said:

If push come to shove, with the income I get it's enough to make sure I got something over my roof, but if I were to really, gotta come down to I need some more money, I hate to do it, I get on the phone, I got my brother in the Carolinas, my mom but you know that's the last option.

Joe and his family seemed to have a healthy and strong relationship and felt they could count on their family to come through if they ever needed them. Dee, on the other hand would receive support if necessary but would also receive deterring comments from her mother. She explained:

I call my mom and tell her I need money and she sends it and then tells me she has no food in the fridge because she gave me the money for the kids; that hurts. I always used to look at that picture of the woman in the depression, you know where she's sitting like this and she has the two kids on her shoulder, I always wondered how she felt and used to think this a long time ago, and now I'm that woman.

Dee's description of her relationship with her mother was echoed by others. Those who kept in touch with their families, whether nearby or far, felt like they just could not ask for help unless it was absolutely necessary because their family members had struggles of their own. When asked if she had any family support in the area, Mara responded:

Well, if I need something but it's not a ... you know they too have their own bills. My brother, his wife, you know, doesn't

work. My brother has 3 kids, and he's younger. He has his responsibilities.

However, Mara could count on in-kind support from her mom and ex-boyfriend/father of her children. She referenced multiple occasions where she would visit her family to have dinner and/or bathe the kids at their house (her children felt the motel room was dirty and would not take baths in the tub).

Overall, these families had histories of poverty and financial challenges growing up. Thus, it was difficult for them to rely or even ask for help from their family members who more often than not were in similar financial situations.

Sharing and Pooling of Resources. Although most of the motel residents were food insecure and "homeless" because they lacked support from family or friends, there was a small group of motel residents whose experiences were drastically different than other participants who lived in different motels. Four of the 18 families interviewed were fortunate enough to live in a motel that fostered a sense of community among the residents, I'll refer to it as Hotel A. Hotel A was physically and "socially" different than the other motels where other participants resided. For one, Hotel A had two towers each with 6 floors. One tower was for the "tourists" and the other tower was the "extended stay" tower or as a social worker referred to it, the local shelter, since this county did not have a homeless shelter for families. Hotel A has a main lobby with elevators that lead to the rooms whereas the other extended-stay motels are one-story, and have doors that directly face the parking lot. Perhaps the "look" of this location made the residents feel safer and more likely to socialize with each other.

Participants who lived in Hotel A commented about their "neighbors" across the hall or next door and their common struggle whereas other participants living in the other motels just referred to "the people next door" or the "people over there." The families in Hotel A had good rapport with each other and felt comfortable enough asking each other for help and felt that there was no judgment but lots of support. As Donna mentioned,

The other thing about the hotels, is that everybody understands one another, doesn't judge anybody about having no

money, having no food or what kind of situation we're in. Everybody understands "cause they're living it so everybody bends over backwards to help each other."

The residents at Hotel A expressed gratitude for the social support they received from other residents but also the manager of Hotel A. The manager at this site was cited as compassionate and all of the families living in this motel spoke of a time when he helped them through rough times by allowing them to have a payment plan for their rent rather than kicking them out for non-payment. The support the residents received from other residents and the manager seemed to serve as a buffer against some of the negative feelings the residents experienced while living in the motel. While the families were food and housing insecure, it made them feel less vulnerable to know they could count on someone nearby to help them out. For example, Inocencia explained, "I didn't BBQ but I always donated food to be cooked and we had a group of about 10 rooms, 10 families like parents with kids, and we all helped each other." Another resident, Jennifer said, "Like it's Donna, uhm the other lady, and then us and we like basically help each other out when there's no food, the other person has food, cook for everybody like a big family." BBQ's were commonplace around the pool in this hotel. One family would bring hot dogs, the other burgers, another one pasta salad or buns and have pot-luck type meals.

Another common practice was to exchange services for food or cash. Jennifer was often a babysitter when other parents in the hotel had appointments or work. She explained to me that not everybody could pay her in cash but they would either return the favor and babysit her daughter when necessary or cook for her family in return. Donna mentioned her neighbor across the hall was the "hairstylist of the floor" and would braid or style hair in exchange for goods as well.

Carpooling to resources like food pantries was also mentioned as way they help one another. Dee said, "A lot of people here will do that, they carpool to the food pantries like the [name of church] or the Salvation Army, they go to the thrift stores together, they go to Walmart together, we go to the pharmacies together, we do a lot of carpooling and babysitting." Dee was a self-proclaimed "people-person" who knew everybody at

Hotel A. She never envisioned herself as a person who would be in her position but she said, “now we’re babysitting people’s kids, we helped pay someone’s rent with money we didn’t have but they had kids, they were \$50 short. They’re supposed to pay us back this Friday, God I hope they do, and then uhm, we know we fed people.”

These residents also gave each advice on how to navigate the system to get what they needed. They made sure that they spread the word among their floor neighbors when outreach events were being held at the hotel or nearby. They also shared information such as which food pantries stock which items. Multiple residents cited how another resident helped them find an agency or food pantry that stocked what they needed at some point. Dee explained how it is difficult to manage and keep track of all the locations, dates and times in which agencies are open to the public. For example, she said, “This church over here, [name], we learn which church gives you real food and which ones give you cans, Salvation Army give you cans, you need beans you go there, if you need meat or milk you go over here, clothes over here, you know what I’m saying, that’s what we do. It’s hard.” She was one of the few residents with a car so she often led carpools to these different places.

Many of the residents here talked about how they would give “their shirts off their back” to another family with kids in need. This type of informal support system helped some of the families make it through the tough times when they waited to be approved for food stamps or when food stamps were suspended. Besides the nourishment they received from the food, it was visible that the families at this motel felt more stable because they had support from their neighbors and had built a sense of community which allowed them to remain hopeful.

Hotel A was very open to social service agencies coming to the hotel and do events for those who lived there. As a volunteer, I later participated in the USDA summer lunch program that was hosted by Hotel A. This experience allowed me to see just how close the families in this particular hotel were and how they looked after each other. Often times, one mother would take charge of the kids in her floor and bring them to the area where lunch was served. These types of events allowed the old and new residents to familiarize themselves with others who

were living at the motel and had similar experiences. In a time where social service providers are limited by budgets and are under-staffed, perhaps the experience of Hotel A can serve as a model to test in other areas. The residents here had a general mistrust of the agencies but when they came to the events put together by the agencies, they met others and that allowed them to form a community where they could get emotional support as well as some forms of instrumental support (e.g. barter food for babysitting services) from peers.

Conclusion

Families living in motels for extended periods of time experience food insecurity during their stay and are at-risk of long term food insecurity. These families experienced at least the first two levels of food insecurity described by Connell et al. (2001). The adults in the family reported engaging in strategies to alleviate their hunger by rationing portions or skipping meals so that the children would have enough food to eat.

Most studies on food insecurity are quantitative and while they highlight the prevalence and severity of food insecurity among different populations, it is difficult to discern the exact barriers or causes of the food insecurity beyond financial restraints. The participants in this study are extended stay motel residents with children, they have low to no incomes, limited to no transportation, limited computer access, and some had a disabled member in their family. These individuals experienced compounding barriers, the stressors of financial instability but also the stressors of not being able to access food in a traditional manner. Service providers and policy makers should note these non-traditional families' experiences and make adjustments in their services to attempt to alleviate the risk for food insecurity and hunger.

The rising costs of living across the nation and the stagnant wages are driving more low-income families to motels as a way to avoid being street homeless (see Eckholm, 2009; Toner, 2011; Woodhouse, 2015). The families interviewed for this project were able to pay their weekly rent (barely and some were behind some) but were completely unable to save any money. They moved into the motel as a temporary solution to their housing

crisis (e.g. eviction) but their inability to save money kept some of the families at the motel for an extended period of time.

The average length of time at the motel in this sample was 11 months. This means that the families are at risk of long-term food insecurity due to the barriers present when living in a motel. Long-term food insecurity can present significant mental and physical health difficulties for the adults as well as the children (Becker Cutts et al., 2011). The risk coupled with the difficulty of accessing motel residents makes it difficult for social service providers to reach out to these families directly. It is difficult to estimate the number of individuals and families living in motels across the nation because they are largely a hidden homeless population. Unless families reach out for services, no one would know who is “living” in a motel outside of the motel employees.

Although the study here represents a small group of families living in motels in Central Florida, the barriers to food security experienced by them are ones that could affect others in similar housing and economic situations. For example, college students who come from disadvantaged backgrounds and are living in dorms or in arrangements with others in a single dwelling may experience some of the same barriers to food security. College students may lack transportation to grocery store, have more access to vending machines and unhealthy food options on campus, lack economic resources to buy adequate food, or lack kitchen appliances in their dorms. Future studies on food insecurity should include open-ended questions that allow for an in-depth qualitative analysis of the reasons for food insecurity among specific sub-populations to determine more general patterns. Without qualitative data, it may be difficult to draft effective social policy or local initiatives to alleviate the problem. For example, the local WIC program staff informed me they had a different list of approved food items for mothers living in motels such as eligibility to purchase ready-made infant formula rather than the powder formula so as to minimize the necessity for mixing formula with distilled water that needs to be purchased. Based on the experiences of these families, it would also be beneficial to have a different mathematical formula for SNAP benefits for those living in motels to take into consideration the higher costs of pre-packaged, microwaveable foods.

In Central Florida, local groups such as rotary clubs and church groups have become involved in helping these families. Some have organized outreach events at motels where they would deliver crock-pots to extended-stay residents. It would be beneficial to these families to have agencies or groups educate extended-stay residents on how to cook meals with approved appliances at the motel. For example, some of the recent Puerto Rican migrants were not as familiar with crockpots and had not considered purchasing one because they did not know what/how to cook in them.

Another strategy to alleviate food insecurity is what a local non-profit organization does which is to deliver reusable bags filled with groceries at the school bus stops in front of the motels on Fridays. This gives families a little help through the weekend when school-aged children do not have access to meals at school. These are typically stocked with a protein item (canned meat), Mac n' Cheese boxes, "soup in a cup", cheese or peanut butter crackers, minute rice and canned vegetables.

Further research should take into consideration the various ordinances and policies that motels in different areas may operate under. Motel owners and managers often find themselves between a rock and a hard place when dealing with families in their establishments. Some, like the one in Hotel A, are empathetic and supportive of families while others are more "business-oriented" and do not perceive having any responsibility to accommodate these families any different than other guests. As evident in this sample, the management of a motel can make a significant difference in the (perceived or real) well-being of families living in their establishments.

Moreover, there may be significant geographical differences in demographics and reasons for living motels that should be explored. Spatial design of motels may be a critical variable in determining how social networks are formed in motels and/or perceived levels of safety and solidarity among residents. These factors are influential in the mental and physical well-being of families living in extended stay motels.

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Impact of Short Lifetime Limits on Child Neglect

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The Great Recession that officially began in December 2007 nationally resulted in a loss of income on the part of many families with children who, in turn, relied on a variety of safety nets, including cash assistance from Temporary Assistance for Needy Families (TANF) program. Loss of income has been recognized as a major risk factor of child maltreatment, in particular child neglect. During its 2007 recession, Arizona shortened its TANF lifetime limits substantially, which resulted in transfer income losses for many families with children on TANF. Using time-series analysis, the present study determines the relative impact of TANF's shorter than 60-month time limits on Arizona's child neglect caseload. This paper shows that there is a strong inverse relationship between child neglect and the decrease in the number of families receiving cash assistance from TANF. Key findings reveal that all else constant, under the presence of 36-month time limit there was an increase of 190 children substantiated for neglect in the state of Arizona ($p < .001$). The corresponding figure under the 24-month lifetime limit was 461 cases per month ($p < .001$). This study reminds us that policies in one program should not be implemented in a vacuum but rather that their consequences for children and families in related programs need to be closely analyzed.

Key words: Lifetime limits in Arizona, Child neglect during the Great Recession, Short lifetime limits, TANF program and child neglect, loss of income and child neglect, substantiated neglect cases

The Great Recession that officially began in December 2007 and ended in June 2009 was the most severe recession in the United States since the Depression of the 1930s. Because of this major economic downturn, millions of Americans lost their market income and relied on a number of federal and state programs designed to provide people with cash and other benefits when they fall on hard times. One of these programs is the Temporary Assistance for Needy Families Program (TANF), commonly referred to as “welfare.” This program, as well as its predecessor, Aid to Families with Dependent Children (AFDC), provides cash assistance to needy families with dependent children (Haskins, Albert, & Howard, 2014).

In all but 4 states, enrollment in the TANF program increased in response to rising unemployment. The average growth rate of TANF caseloads during the states’ recessions was about 26 percent (Albert & Lim, 2017). TANF caseload increases, however, varied substantially between states, partially because the severity of the recession differed significantly between states, and partially because of TANF policy shifts which also varied across the states (Haskins et al., 2014). The present study focuses on Arizona, where during its recession, the unemployment rate increased by 209% and the TANF caseload increased by lower than average rate of 6%, 11 months after the unemployment rate began to increase (Albert & Lim, 2017). Because Arizona substantially shortened its lifetime limit policies under TANF, Arizona’s TANF caseload began to fall sharply in 2009.

Some families who lost their market income during the recession turned to TANF; some also lost their transfer income because Arizona implemented severe TANF policies. In 2009, Arizona cut its benefits by 20% and concurrently stopped providing benefits to prospective mothers in their third trimester. Moreover, Arizona’s policy shifts of cutting its lifetime limits from 60 months to 36 months, and then to 24 months, left many families with children without their transfer income.

Loss of income is recognized as a major risk factor of child maltreatment, in particular child neglect. Child neglect is viewed as inadequate provision of food, clothing, or other basic needs to children (Berger & Walfogel, 2011). Loss of TANF transfer income may have led to a greater number of child neglect cases during Arizona’s recession. In fact, Arizona’s child

neglect caseload increased substantially when the TANF caseload decreased in response to shorter time limits.

This study examines Arizona's changes in its unemployment rate, major TANF policy shifts, and changes in its child neglect caseload during its recession. It quantitatively explains trends in child neglect using time series analysis that controls for rising unemployment, TANF policy shifts, and demographics in Arizona. The findings of the study are important to those interested in the relationship between cash assistance enrollment and child maltreatment cases. Based on the present study's findings, recommendations are made that could make the TANF program more responsive to families in children in the State of Arizona as well as other states considering major TANF policy shifts.

Background, Purpose and Questions

Loss of Income and Child Neglect: What to Expect

Existing research differentiates between income levels and income loss as correlates of child maltreatment. Researchers have long recognized that children living in poverty are at higher risk for child maltreatment, particularly child neglect, than those living with greater economic resources (Pelton, 2016). During recessions, when unemployment rates increase, many families experience economic hardship which puts them at a higher risk of child neglect. Berger and Walfogel (2011) defined child neglect as the "inadequate provision of basic necessities such as food, clothing, shelter, supervision, education, or medical care and in some cases, a failure to meet children's emotional needs" (p. 5).

All in all, level of income has been found to have an inverse relationship with the risk for child maltreatment. Loss of income also has been identified as one of the major risk factors associated with child neglect. When a family loses market income or income from TANF, the family may be deprived of food, shelter or health benefits (Berger & Walfogel, 2011). Families who find themselves suddenly not having enough to eat or not having a place to live are likely to experience added stress, which may lead to child maltreatment (Berger, 2004). Clearly, the loss of market income is more common during economic downturns

such as the Great Recession, and in turn, it would be expected that more caretakers would find themselves under stress and unable to provide for their children.

Berger and Waldfogel (2011) maintain that child maltreatment in families receiving cash or in-kind transfers may actually decrease, because clearly such income replaces market income and alleviates some of the economic hardships families experience. Moreover, and very importantly, often cash assistance or in-kind benefits are conditioned on providing adequate care to the children. In turn, the primary caretakers have the financial incentives not to maltreat their children because they risk losing their public assistance income. For example, under welfare rules, TANF recipients are required to provide health screenings and immunizations for their children, and they must assure that their children are attending school (Kassabian, Vericker, Searle, & Murphy, 2011). Such requirements make some recipients cautious about providing for their children when receiving transfer income.

All in all, research suggests that when TANF program becomes involved in children's lives, caretakers experience more supervision and basic needs are met. At the very least, child neglect should not increase due to TANF benefit receipt during a recession. When transfer income is lost for some families who do not or cannot replace it with market income, the result may be an increase in child neglect caseloads because more families are experiencing economic hardship. This study tests the hypothesis that child neglect caseloads have an inverse relationship to public assistance caseloads due to loss of transfer income or inability to access it.

Most academics and practitioners recognize that economic hardship is not the sole risk factor leading to child maltreatment, but it is of major importance. Clearly, poor mental health, substance abuse, poor parenting skills on the part of the caretaker, or lack in disciplinary options also can increase the likelihood of child maltreatment (Berger & Waldfogel, 2011). Taken together, these personal factors, along with environmental factors, will affect the likelihood of child neglect occurring.

Child Maltreatment and Loss of Income: Evidence

Some research has been devoted to testing the relationship between loss of market income and child maltreatment. The findings clearly suggest that market income loss during recessionary or non-recessionary periods increases the risk of child maltreatment, particularly if the family does not replace lost income with other income (Shook, 1999; Slack, Lee, & Berger, 2007).

More income losses are evident when unemployment rates are high. In turn, some studies tested the impact of increasing unemployment on child maltreatment. Earlier findings are mixed regarding the impact of increasing unemployment on child maltreatment. Some analyses of National Incidence Study of Child Abuse and Neglect (NIS-4) suggest that children whose parents were unemployed experienced two to three times higher rates of neglect than those whose parents were employed (Sedlak et al., 2010). These findings were consistent with prior NIS studies (Sedlak & Broadhurst, 1996). Recent studies, which specifically examined the impact of recessions and accompanying job losses, reveal some mixed findings about child maltreatment. One study examined the association between the Great Recession and spanking among families with young children. This was the first study to examine associations between the Great Recession and maternal spanking in a prospective sample (Brooks-Gunn, Schneider, & Waldfogel, 2013). This study revealed that during the Great Recession the risk for being reported for child abuse increased among fragile families.

On the other hand, when inspecting aggregate national child maltreatment trends during the official Great Recession which lasted from 2007 to 2009, the evidence suggests that national substantiated child maltreatment rates actually declined by 2% from 2008 to 2009; specifically, neglect was unchanged during that year with an estimated 552,000 substantiated cases, or 75.1 per 10,000 (Finkelhor, Jones, & Shattuck, 2009). Over the decade from 1990 to 2009, national substantiated neglect rates decreased by 10%, physical abuse decreased by 55%, and sexual abuse decreased by 61 percent. Some researchers attribute part of the decline in rates to fiscal constraints the child welfare systems faced, changes in reporting practices, investigation standards, and administrative procedures, rather than real

changes in the incidence of child maltreatment (Finkelhor et al., 2009). While on a national level declines in child maltreatment occurred in the face of rising unemployment, not all states faced declining child maltreatment while their unemployment was rising. As this paper shows, in Arizona, child neglect was increasing while unemployment was rising.

One aggregate study used data from seven states, which during the official Great Recession (2007 to 2009) experienced higher unemployment than the national average, lower labor force participation, and higher than average food stamp receipt. Taken together, these indicators suggest that a severe recession took place in these states (Millett, Lanier, & Drake, 2011). Using the unemployment rate, labor force participation, and food stamp utilization as independent variables to predict child maltreatment rates, their findings, with the exception of California, did not support a relationship between the economic downturn and increasing maltreatment rates. In explaining their findings, the authors suggested that it may have been sample selection or the fact that not enough time had elapsed since the recession started for child maltreatment to surface (Millett, et al., 2011).

Some studies paid particular attention to the impact of change in transfer income on child maltreatment rather than the impact of rising unemployment on maltreatment. Of particular importance is the experimental study by Cancian, Yang, and Slack (2013), which compared an experimental group of TANF recipients to a control group in Wisconsin. The experimental group was allowed to keep additional child support income and the control group was allowed to keep only part of their child support. The modest gain in average income experienced in the experimental group led to a likewise modest, but significant, reduction in screened-in (investigated) child abuse and neglect reports over a two-year period.

Early correlational evidence demonstrates that when a welfare benefit reductions were not offset by other income sources, such as market income, the risk of being reported to the child welfare system increases (Slack et al., 2007). The most relevant to the present study are correlational studies of TANF income losses, demonstrating the relation between TANF income loss and child maltreatment. One study of TANF families in Ohio who left TANF between 1999 and 2002 found that those who

left due to lifetime limits or other involuntary reasons were at greater risk of child maltreatment in comparison to those who left on their own accord, typically due to employment (Beimers & Coulton, 2011). The impact of losses from housing assistance, as well as other in-kind benefits such as clothing or furniture, also increased the risk of substantiated child maltreatment reports (Ryan & Schuerman, 2004).

While some evidence suggests that there is a relationship between loss of transfer income and child maltreatment, the relationship between unemployment rate and aggregate child maltreatment is hard to find, particularly on a national level and during the official dates of the Great Recession. In other words, when the unemployment level increased substantially during the Great Recession, child maltreatment on a national level did not increase in turn. Perhaps this relationship was not witnessed for two reasons. First, the dates of the official recession did not actually coincide with the dates of unemployment growth in many individual states. Evidence strongly suggests that the inclusive dates of growth in unemployment dates of December 2007 to June 2009 usually did not coincide with the dates of unemployment growth in many individual states (Haskins et al., 2014). Second, evidence also suggests that there is a relationship between transfer income loss due to involuntary reasons and child maltreatment (Beimers & Coulton, 2011). In light of these two findings, it makes research sense to determine the relationship between TANF caseload size and the size of the child neglect caseload in a single state, rather than the relationship between child maltreatment and unemployment rate nationwide.

The present study takes place in Arizona, where drastic TANF policy shifts in its lifetime limits meant that many more recipients left the program on an involuntary basis and perhaps, consistent with earlier findings, more families were at greater risk of child maltreatment (Beimers & Coulton, 2011). While it was not possible to determine if increases in child neglect in Arizona during its recession were the direct result of involuntary TANF exits, it is possible to test the relationship between the number of families on TANF during Arizona's recession and the number of child cases deemed as neglect by the Child Welfare system, while controlling for a number of variables that

also can explain the size of the child neglect caseload. This relationship is tested in the present study.

Study Purpose and Questions

The primary purpose of this study is to assess whether there is a relationship between Arizona's TANF caseload size and the number of substantiated child neglect cases during its recent recession. The specific questions addressed in this study are as follows. First, what did Arizona's recent recession look like? Second, what were TANF's major policy shifts and its responsiveness to rising unemployment? Third, how does the state of Arizona's child neglect caseload compare to its TANF caseload during the recent recession? Fourth, all else constant, what is the relative impact of TANF's shorter than 60-month time limits on the Arizona's child neglect caseload during Arizona's recession? In order to answer the last question, a time-series analytic model is developed that is explained in detail in subsequent sections. Data for both child neglect and TANF were used from January 2005 to December 2013, the dates of the study period.

Arizona's Unemployment Rate and TANF Caseload

We used the unemployment rate as the main economic indicator of the recession. In order to compare trends in the unemployment rate to trends in TANF caseload during Arizona's recession, we used the monthly values of the seasonally adjusted unemployment rate and monthly values of TANF caseload from 2005 to 2013. The seasonally adjusted unemployment rate values were obtained from the Bureau of Labor Statistics (BLS). (See local area Unemployment, Statewide Unemployment Rate, <http://www.bls.gov/lau>.) The TANF caseload numbers from 2005 to 2013 were provided by the Congressional Budget Office (CBO).

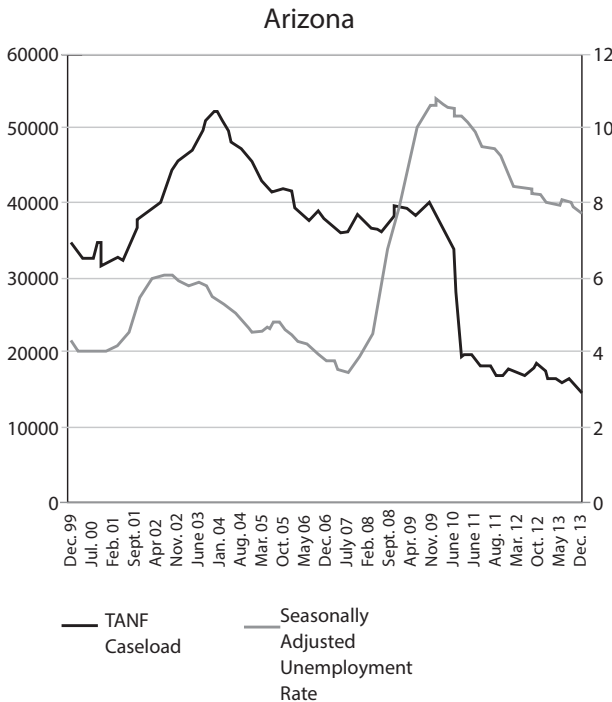
During the official national recession, 2007 to 2009, on average, the rise in unemployment rate nationwide was about 133%, whereas the rise in TANF caseload, on average, was 30 percent (Haskins et al., 2014). During Arizona's recession, the unemployment rate grew by 209 percent. Arizona's unemployment rate began increasing substantially in July 2007 and peaked in March 2010, well after the end of the official national recession.

Initially, Arizona’s TANF caseload increased in response to the increasing unemployment rate by 6 percent.

Of all the states that had above average increases in the relative unemployment rate in the far West, Arizona was the only one to experience a substantial sudden drop in its TANF caseload during the period of its rising unemployment rate. Figure 1 demonstrates the large increase in the unemployment rate in Arizona and the subsequent decrease in the TANF caseload.

Aside from Arizona, there were four other states with above

Figure 1. Arizona’s Unemployment Rate and TANF Caseload—December 1999 to December 2013.



average increases in unemployment rates and decreases in their TANF caseloads during their state-level recessions. The TANF caseloads in Georgia, Indiana, North Dakota, and Rhode Island fell while their unemployment rate was increasing rapidly. Unlike Arizona, these four states did not experience any increases in their TANF caseloads during the recession. Moreover, in

these four states, the TANF caseload was decreasing even prior to the recession. Very importantly, Arizona's TANF caseload dropped much more rapidly during its recent recession than the caseloads dropped in those four states.

Arizona's Benefits and Policy Shifts

The extent to which TANF caseloads decreased during the 5 states' recessions may be partially explained by these states' benefit levels. All else constant, a state with higher benefits levels may be more attractive to potential recipients than one that offers lower level benefits. In order to compare the 5 states' benefit levels, we used maximum aid benefit levels for a family of three over time.

The comparison of decreasing benefit levels in real terms between the 5 states is found in Table 1. The maximum aid data were retrieved from the Urban Institute Welfare Databook (Urban Institute, n.d.). The Consumer Price Index (CPI-UW) for all urban consumers for the Western Region was used to deflate the maximum aid variable valued in dollars (U.S. Department of Labor, n.d.). During some of the years, geometric monthly estimates of the CPI-UW were computed from bimonthly values. Additional information about TANF cuts was obtained from the Morrison Institute for public policy, at Arizona State University (Reilly & Vitek, 2015).

As Table 1 shows, in real terms, Arizona's benefit levels decreased much more than its counterparts. Between 2006 and 2013, Arizona's benefit levels for a family of three decreased by about 32%, whereas the other states' benefit levels decreased by about 15%, after adjusting for inflation (real terms). In Arizona, at least two factors triggered the decrease in benefit levels. First, in July 2009, Arizona reduced its maximum cash benefit amount for families with children by 20% and stopped providing benefits to prospective mothers in the third trimester. This substantial cut in benefits in nominal terms is a larger cut in the purchasing power of recipients than found in the other states. Second, maximum aid decreased in real terms for Arizona, as well as all other states presented in Table 1. Only in Arizona, however, did benefits decrease at the rate of 32%, a rate faster than inflation. Thus, Arizona not only decreased in its benefit

levels in nominal terms (by 20%) but also did not keep its benefits matched with inflation during this time period. The other states did not cut their benefits in nominal terms, nor did they match their benefits with inflation.

Table 1: States with Falling TANF Caseloads and Rising Unemployment

Real Maximum Aid Jan 1, 2006 to Dec 1, 2013
States with Falling Caseloads During the Recession
(average for 2006 = 100)

| State | Change | Relative Percent Change |
|--------------|-----------|-------------------------|
| Arizona | -\$114.34 | -32.4% |
| Georgia | -\$43.67 | -15.3% |
| Indiana | -\$44.92 | -15.3% |
| North Dakota | -\$74.40 | -15.3% |
| Rhode Island | -\$86.41 | -15.3% |

Note: Maximum aid decreased in real terms for the above states which had decreases in the TANF caseloads during their recent recessions.

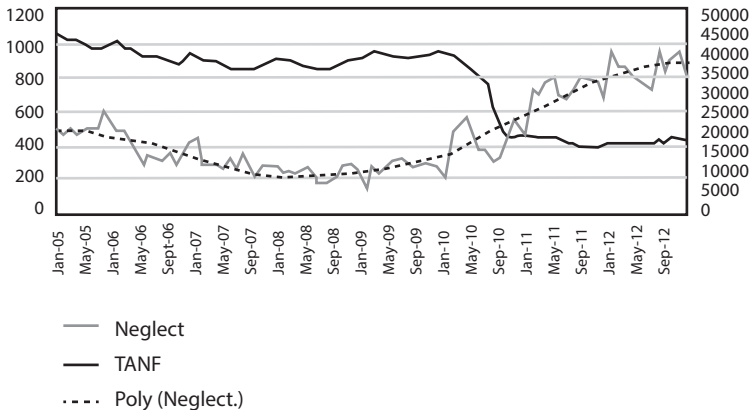
Since the inception of TANF in 1996, some of the most conspicuous features of this program have been the states' lifetime limits, work requirements and sanction policies. These policies may have kept some applicants off welfare, even when faced with serious economic need. Under federal requirements, families are no longer eligible for cash assistance with federal monies after 60 months of receiving aid. States are allowed to institute stricter lifetime time limit policies, requiring families to leave the system after receiving benefits for less than 60 months. In 2010, for example, Connecticut and Delaware had lifetime-limits as short as 21 months and 36 months, respectively. During the Great Recession, Arizona shortened its lifetime limits, which most likely explains the sharp decrease in its TANF caseload. In

2010, Arizona shortened its TANF lifetime limits to 36 from 60 months. A year later, Arizona further shortened its time limits to 24 months. A 12-month lifetime limit was implemented in Arizona in July 2016. Whereas in 2009 there were 40,000 families on TANF, in 2015 there were 12,000 families. (State-level TANF policies were obtained from the Urban Institute Welfare Databook [Urban Institute, n.d.])

TANF and Child Neglect Caseloads during the Recession

Figure 2 demonstrates how Arizona's substantiated child neglect caseload increased while the state's TANF caseload decreased substantially. During the period that Arizona altered its lifetime TANF policies, from July 2009 to the end December 2012, the number of children who were found to be substantiated child neglect cases in the state of Arizona increased from 313 to 836, an increase of 213 percent. Child neglect data were obtained from Cornell University (2015). Cornell University receives the data from the U.S. Children's Bureau and stores Child Abuse and Neglect (NDACAN) data for every state over time. The number of children in Arizona found to be neglected by the court is the dependent variable for the present study. Several covariates were selected in order to explain the number cases of child neglect in Arizona.

Figure 2: Arizona's TANF Caseload and Child Neglect Cases



Analytic Approach

Method: Time-Series Analysis

Time-series analysis uses data that occur sequentially in time. Much like cross-sectional regression analysis, it employs explanatory variables as determinants of a dependent variable; in this study, the dependent variable is the number of children found to be neglected by the court. The longitudinal nature of time-series allows for the analysis of the impact of major program policy shifts or other external developments in a single state such as Arizona.

When an explanatory variable has a delayed or lingering effect on the dependent variable, a time-series model may contain independent explanatory variables lagged in time. For example, an increase in employment opportunities in the marketplace, captured by the number of unemployed, would not necessarily have an immediate effect on child neglect caseloads. It may take several months for unemployment to impact the size of the child neglect caseload.

Auto-correlation of the residual error term is often present in time-series. If auto-correlation is present, the standard errors of estimate of the regression coefficients tend to under or overestimate the coefficients, resulting in an unreliable value. This could lead to spurious significance or non-significance of the coefficients. It is, however, often possible to model the auto-correlation of the error terms, correcting for their auto-correlation. Such correction provides a more accurate estimate of their standard error of estimate. In this study, the Durbin-Watson test statistic failed to show the presence of positive or negative auto-correlation. Thus, there was no need to correct for auto-correlation.

The Model

Time-series studies vary along the functional form specified by the researchers. The present study develops and uses a linear model from January 2005 to December 2013, the term for which child neglect data were available. The idea underlying the model is that over the study period, month-to-month changes in the child neglect caseload occur in response to changes in external

events, some in TANF policies, as discussed earlier.

The model presented below is model A from our findings section. Some variations of this model are found in models B and C, with Child Neglect (C) as a dependent variable in all models.

$$C(t) = b_0 + b_1 \text{ UNEMP}(t-1) + b_2 \text{ UNEMP}(t-2) + b_3 \text{ PY}(t) + b_4 \text{ LIFETIME1}(t) + b_5 \text{ LIFETIME2}(t) + b_6 \text{ NON-MARITAL BIRTHS}(t) + b_7 \text{ CHILDPOV}(t) + e(t),$$

for any $t \geq 1$, where t = number of months from February 2005

Where,

| | |
|------------------------|---|
| $C(t)$ | = substantiated child neglect caseload during month t , |
| $\text{UNEMP}(t-n)$ | = total unemployment rate in Arizona at month $t-n$, |
| $\text{PY}(t)$ | = total payments of TANF maximum aid for a family of three, deflated by the CPI-UW (2006 average = 100), at month t , |
| $\text{LIFETIME1}(t)$ | = the presence of lifetime time limits of 36 months |
| $\text{LIFETIME2}(t)$ | = the presence of life time limits from of 24 months |
| $\text{NONMARITAL}(t)$ | = the number of non-marital births in the state of Arizona, at month t , |
| $\text{CHILDPOV}(t)$ | = the number children in Arizona who fall under the poverty line in the state during the month (t) |
| $e(t)$ | = random error term at t . |

Dependent Variable and Covariates

In the model, the dependent variable is the number of substantiated child neglect cases in Arizona during any given month from 2005 until December 2013. The dependent variable is a function of a set of covariates as explained below. The data sources for each of the variables are found in the following discussions.

Unemployment (UNEMP)

One of the indicators of the Great Recession is the unemployment rate. As discussed earlier, Arizona's unemployment rate began to increase in July 2007, somewhat sooner than the

official recession, and lasted much longer than the official recession. Moreover, Arizona's unemployment rate grew during its recession by 209%, a much higher rate than the national average of 133 percent (Haskins et al., 2014). Clearly, when families lose their market income through unemployment, such a loss can lead to an inability to provide for children's basic needs, as well as to higher stress levels among caretakers, all factors thought to be associated with child neglect.

The results of research are mixed concerning the relationship of unemployment and child maltreatment. Some evidence from the 1990s suggests that there is a relationship between unemployment and maltreatment (Albert & Barth, 1996). On the other hand, some recent research suggests that such a relationship does not exist (Millett, et al., 2011). In light of the mixed findings, the present study integrates a two-month lag of unemployment rate, expecting that as the unemployment rate increases, the number of children found to be neglected would increase as well.

TANF Payment Levels (PY)

As indicated earlier, some research suggests that income loss increases the risk of child maltreatment. In particular, the evidence demonstrates that when welfare benefit reductions were not offset by other income sources (such as another source of market income, transfer aid, or in-kind benefits), the risk of being reported to the child welfare system increases (Slack et al., 2007).

When child neglect cases increased in Arizona, some TANF families lost their cash transfer income from TANF due to Arizona's 20% cut in benefit levels during the recession. In addition, Arizona stopped providing benefits to prospective mothers in their third trimester. Arizona's TANF system was not very attractive, even prior to such cuts in benefits, in part because benefit levels, or payment levels (PY) were not very high in Arizona, since the state did not match its TANF payment level with inflation.

The model incorporates the variable capturing the income alternative available to recipients by TANF. We used the maximum aid variable (PY) available to a family of three with no other income. This variable was deflated by the CPI-UW for the

Western Region. The average of CPI-UW for 2006 (2006 = 100) was used to deflate variables valued in dollars.

All else constant, assuming that income loss among families with children may result in the inability to provide children with all of their basic needs, it would be expected that the lower benefit levels due to inflation or benefit cuts, the higher the number of children found to be neglected. This expectation is consistent with earlier research that found higher benefit levels are associated with lower child maltreatment cases.

TANF Lifetime Limit Policies (LIFETIME 1 AND LIFETIME 2)

The income loss of TANF benefits on the part of many families with children during Arizona's recession occurred primarily because of the shorter lifetime limits for TANF participants. During its recession, Arizona shortened its lifetime limits twice: in 2010, AZ shortened its life time limit to 36 from 60 months. This resulted in a steep decline in its TANF caseload. A year later, Arizona further shortened its lifetime time limits to 24 months. This resulted in an additional drop in its TANF caseload.

Some evidence suggests that relying on transfer income when there is a loss of market income decreases the chances of child welfare involvement because families can provide for their children's basic needs with transfer income and because some of their parenting behaviors are overseen by caseworkers. It is hypothesized here that the dramatic TANF policy shifts and the resulting decline in the Arizona TANF caseloads would mean that, all else constant, child neglect in Arizona would increase. Both of these TANF lifetime limits (the decrease from 60 months to 36 months and the decrease from 36 months to 24 months) were entered into the model as dummy variables indicating the presence of these lifetime limit policies.

Non-Marital Births (NON-MARITAL)

Typically, financial responsibility for children born outside marriage rests with the mother, her family, and the government. Thus, those who meet the income test are eligible for cash public assistance, Medicaid and other government programs (this includes the vast majority of unwed mothers) (Plotnick,

Garfinkel, McLanhan, & Ku, 2007). Therefore, it stands to reason that as non-marital births increase in the general population, so does the number of single parent households and the number of families with children in poverty. Since the evidence strongly shows that poverty is related to neglect, it also would be expected that, all else constant, as non-marital births increase, so do the number of children found to be neglected in the general population. Therefore, a term for non-marital births in the population is entered as a covariate.

Children in Poverty (CHILDPOV)

Research strongly suggests that child maltreatment is correlated with aggregate community or state-level poverty rates (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Coulton, Korbin, Su, & Chow, 2008; Drake & Pandey, 1996; Jones & McCurdy, 1992; Pelton, 2015; Sedlak & Broadhurst, 1996; Sedlak et al., 2010). Cross-sectional evidence reveals that families of low socioeconomic status were five times more likely to experience child maltreatment than families of higher socioeconomic status (Sedlak et al., 2010).

In light of such strong evidence, it is hypothesized that all else constant, as the number of children in poverty in the population increases, the number of children found to be neglected in the system also increases.

Findings and Limitations

Table 2 presents findings associated with the time series multivariate analyses component of the study. The table presents three alternate configurations of a model with a dependent variable capturing the number of cases substantiated for child neglect and where all independent variables are statistically significant ($p < .05$) and have the expected sign. The overall R^2 across the three models is at least 72 percent. Thus, in the three models, the covariates explain at least 72% of the variance in the dependent variable. The following provides specific explanations of the time series results.

Table 2: Time-Series Analyses Findings

| Model A | Model B | Model C |
|--|--|--|
| Lifetime limit from 60 to 36 months (t) 190 *** | Lifetime limit from 60 to 36 months (t) 224 *** | TANF (t) -0.00792 *** |
| Lifetime limit from 36 to 24 months (t) 461 *** | Lifetime limit from 36 to 24 months (t) 477 *** | Lifetime limit from 36 to 24 months (t) 264 *** |
| Unemployment Rate (t-1) -108 ** | _____ | TANF benefit cut 67 *** |
| Unemployment Rate (t-2) 113 ** | _____ | _____ |
| F(5, 90) = 65.53 P < 0.00005 | F(2, 93) = 129.8 P < 0.00005 | F(3, 92) = 80.45 P < 0.00005 |
| R ² = 0.79 N = 96 | R ² = 0.74 N = 96 | R ² = 0.72 N = 96 |
| *** p < 0.0001 | | |
| ** p < 0.01 | | |

Impact of TANF Lifetime Limit Policies

Table 2 presents two models that show the impact of the TANF short time limit policies of 36 and 24 months on child neglect (models A and B). In model A, the effect of the 36-month lifetime limit variable means that under the presence of 36-month time limit, which lasted for a year, there was an increase of 190 children substantiated for neglect in the state of Arizona ($p < 0.0001$). The corresponding figure in model B was 224 children ($p < 0.0001$). The impact of the 36-month time limit lasted for about a year, while the impact of the 24-month time limit lasted until the end of the study period. All else constant, the monthly impact of the 24-month time limit was larger, increasing the number of neglect cases by 461 cases per month in model A and 477 cases per month in Model B.

The third model in the table does not have the 36-month lifetime time limit changes. However, it does have the TANF caseload, which, of course, fluctuates in response to policy changes over time. During the study period before Arizona imposed the benefit cuts and the lifetime limits, its TANF caseload averaged 38,630 cases per month. After the imposition of the benefit cuts and the lifetime limits, its caseload averaged 18,460 cases, resulting in a difference of 20,170 cases. The coefficient corresponding to the TANF caseload in Model C suggests that a decrease of 20,170 fewer families on public assistance (TANF) results in an increase of 160 children substantiated for neglect each month. After the benefit cuts and the lower lifetime limits, the average number of monthly substantiated cases was 737 cases, of which 160 cases (21.7%) are associated with fewer families receiving TANF. All else equal, this study suggests that the decrease in Arizona's TANF caseload had a substantial effect on neglect cases.

Model C further suggests that under the 24-month lifetime limits, the number of children substantiated for neglect increased by 264 cases. In addition, the 20% cuts in TANF benefits (which also meant that benefits were eliminated for many pregnant women) meant that 67 more children per month in Arizona were found neglected by the courts, all else constant.

Economic and Other Environmental Factors

Only Model A integrated the unemployment variable in the model as an explanatory variable. When the unemployment variable is taken out of the model in Model B, it is obvious that unemployment does not contribute much to explaining the dependent variable, the number of children neglected in Arizona. The percentage of the variance explained by the variables in model A with the unemployment rate is 79 percent, whereas the corresponding figure without the unemployment rate in Model B is 74 percent. In model A, the unemployment variable is lagged two months, which means that, taken together, two months in the past, all else equal, an increase in the unemployment rate of 1% is associated with 5 more substantiated neglect cases. The other variables, such as non-marital births, were left out of the final models because they did not add to the models nor were they statistically significant.

Limitations

The present study was designed to show whether a relationship exists between the number of families enrolled in the TANF program and number of neglected children in Arizona during its recession. The study suffers from several limitations that need to be addressed. First, since the study was conducted in a single state, it is not possible to determine whether the same effects would have been found elsewhere. Yet, because states differ so much with regards to their TANF policies and programs, a single state analysis was warranted. Arizona implemented two drastic lifetime limits during its recession. These two drastic changes, which took place very close to one another during the recession, were unique to Arizona.

The second limitation of the study is that it was not able to show that increases in child neglect caseloads in during the recession came from the potentially eligible population of TANF recipients or former recipients who left on involuntary basis due to lifetime limits. It was impossible to address this with the data in hand. We would have been able to address this if we had micro-level data (data on each individual/household).

Third, it should be acknowledged that other policies and practices of Arizona could have affected the size of child neglect caseloads, and these variables are not controlled for in this study. We integrated variables which have shown to be correlated with child maltreatment in earlier studies and those which we could realistically obtain.

Finally, the study did not determine the differential impact of TANF on child neglect across poverty levels, race or ethnicity, and other demographics. Such detailed analysis is warranted when future studies are conducted in this area.

Discussion

To-date, most evidence strongly suggests that national trends in child maltreatment were not affected by rising unemployment rate during the Great Recession, mainly because national neglect cases dropped from 1990 to 2009 by 10%, physical abuse cases dropped by 55% and sexual abuse cases dropped by 61 percent (Finkelhor, et al., 2009). Yet, the present study shows that in Arizona, state child maltreatment actually increased during its recession, and this increase is primarily linked to Arizona's drastic changes in its TANF policies.

Some researchers attribute the downward national trends in child maltreatment in recent years, particularly in the face of economic downturn, as a response to the downsizing of some child welfare systems or in response to state fiscal constraints (Sell, Zlotnic, Noonan, & Rubin, 2010). One mistake made by most earlier research, however, is examining national child welfare trends and national economic trends rather than focusing on state-level child welfare trends and recessions. The Great Recession did not impact all states or localities equally, and numbers of child maltreatment cases responded differently based upon their state's recession.

Furthermore, rather than attempt to correlate unemployment with child maltreatment, it appears that closer attention should be paid to the role that safety nets play in protecting the well-being of families and children during recessionary periods and to understand the impact that these safety nets have on child welfare involvement. Many children in the child welfare system are from public assistance eligible homes. Since the loss

in income from TANF can be important to families, child maltreatment may be more of a response to loss in income from major safety nets rather than child neglect's responsiveness to general economic trends. This paper shows that there is a strong inverse relationship between child neglect and a decrease in the number of families receiving cash assistance from TANF.

The reduction of the number of cases on the TANF rolls through time limits or reduction in benefit levels have been witnessed nationwide throughout recent years. Arizona, however, has been a national leader in reducing the number of families receiving TANF and in reducing the benefit levels for low-income families with children (Reilly & Vitek, 2015). Nationwide, the original goals of TANF of workforce training, cash assistance, and childcare assistance receive considerably less attention now than they have over the years. At TANF's inception in 1996, nationwide, 70% of TANF's federal and state monies were directed for basic assistance for poor families. By 2014, that figure was 26 percent (Schott, Pavetti, & Floyd, 2015).

Evidence reveals that since 1998, Arizona funded its TANF program at lower rates than it had done in previous years, instead putting TANF money into child welfare as well as other programs. In Arizona, in 1998, 90% of TANF funds were targeted towards activities such as cash assistance, job preparation, and childcare assistance to aid in moving poor families with children out of poverty and into employment (Reilly & Vitek, 2015). In 2015, the corresponding figure was about 30% of TANF funds. During this same time frame, TANF funds allocated to support child welfare programs grew from 6% to over 64% (Reilly & Vitek, 2015). The reduced benefits for poor families with children under TANF demonstrates that the efficacy of TANF as a safety net was substantially weakened, essentially leaving caretakers with little income to support their families' basic needs. The shifting of resources to child welfare may have meant that there was a shifting of responsibilities of services from TANF to child welfare.

Numerous TANF programs nationwide were not accountable enough for their block grants over the years (Schott et al., 2015). The fact that block grant money did not keep up with inflation and thus kept on losing its value over time in real terms, and the fact that monies were diverted to other programs, left

some states with few resources to meet rising demands for cash assistance during the recession. Having fewer resources during the recession gave Arizona some justification for the shortening of its TANF time limits.

This study reminds us that policies in one program should not be implemented in a vacuum, but rather that their consequences for children and families in related programs need to be closely analyzed. During economic downturns, in particular, the federal government should discourage severe policy changes such as the shortened time limits implemented by Arizona. States should be encouraged by the federal government to be more generous to families with children during recessions by relaxing their strict policies rather than keeping or instituting more severe and demanding policies. The federal government needs to help states financially, as it did with the Stimulus bill passed by Congress in 2009, that most TANF directors believed adequately allowed states to help many families in need (Haskins et al., 2014). Such financial support may stop states such as Arizona from passing drastic measures to shorten its lifetime TANF limits during recessions to avoid increases in child neglect caseloads.

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The Policy Nexus: Panhandling, Social Capital and Policy Failure

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In this paper, we analyze a unique mixed methods data set based on survey responses (n = 108) and intensive interviews (n = 18) with panhandlers in Austin, Texas. We examine the way in which failures of primary and secondary social capital interact to create the conditions of extreme poverty and homelessness that lead to panhandling. We find that a large majority of these individuals are working-age adults who lack access to social policy supports that would allow them to weather periods of unemployment produced by health issues and other personal difficulties.

Key words: panhandling, social policy, homelessness

While panhandlers are highly visible in many urban areas, they have been much less visible in academic studies. Lee and Farrell note in their 2003 analysis that “[a] voluminous literature on the new homelessness has accumulated since the mid-1980s, yet only a few of the contributions to that literature have much to say about panhandling” (p. 300). In the intervening years, this situation has remained largely unchanged. There is little information, for example, about the previous lives of individuals who become panhandlers, about their previous work histories, and about the circumstances that led them to begin and to continue soliciting.

In the face of limited information, popular constructions shape understandings about the characteristics of panhandlers and the

causes of panhandling. Panhandlers are a stigmatized population (Lankenau, 1999a, 1999b) associated with rejection of the work ethic (Lee & Farrell, 2003), with a propensity to engage in threatening and disruptive behavior (Ellickson, 1996; Scott, n.d.; Wright, 2009), and with negative personal characteristics such as drug and alcohol abuse and mental illness (Buck, Toro, & Ramos, 2004; Duneier, Hassan, & Carter, 2000; Goldstein, 1993; Lee & Farrell, 2003).

Attributions about individual deviance have consequences for public policy both toward the homeless and toward the subset of homeless individuals who panhandle (Lee & Farrell, 2003; Lee, Jones, & Lewis, 1990; Klodowsky, Farrell, & D'Aubry, 2002). Experiences with panhandlers have been connected to diminished public support for programs and policies to ameliorate the situation of homeless individuals (Forte, 2002). Policies that aim to reduce panhandling have increasingly taken a punitive turn by criminalizing individual behavior (Collins & Blomley, 2004; Ellickson, 1996; Goldstein, 1993; Scott, n.d.; Snow & Mulcahey, 2001; Truong, 2012). Examples include regulations that prohibit "vagrancy," limit the areas in which panhandling can occur (Bancroft, 2012), and place other limits on the way that panhandlers can conduct themselves (Shantz, 2013; Smith, 2005). Wright (2009) notes that between 2002 and 2006, there was an 18% increase in laws prohibiting "aggressive panhandling." From this perspective, the continued prevalence of panhandling represents a failure of criminal and regulatory policy.

We argue that panhandling is associated with policy failure of a different kind. Analyzing a mixed methods data set that contains both survey responses ($n = 108$) and intensive interviews ($n = 18$) with panhandlers in Austin, Texas, we find that policies that limit access to supportive public benefits programs interact with individual failures of social capital to create and maintain a separation from full-time employment that results in extreme poverty, homelessness and panhandling (Main, 1998). In many cases, we find that this separation was created by a cascade of difficulties that were exacerbated by the interaction of two circumstances.

First, many of these individuals had inadequate stores of primary social capital. By social capital, we mean access to networks of "resource (s) that actors derive from specific social structures and then use to pursue their interests" (Baker, 1990,

p. 6; Putnam, 1995, 2001). In the case of primary social capital, the relevant social structures include family and friends. Beginning in childhood, many of these individuals experienced broken family relationships and they then replicated this pattern in their later lives. When crises – notably health crises brought on by sudden illness, accidents, or the development of age-related conditions that impaired their ability to do manual labor– left them unable to continue full-time work, they lacked strong networks of friends and families to support them through a period of unemployment.

Second, given their low store of primary social capital, access to secondary capital in the form of policies and programs that would provide appropriate health care, short-term income, housing, food and other resources became critical. However, for most of those in our study, these supports did not exist (She & Livermore, 2007). The majority of panhandlers in our sample were childless, working-age adults. They fall into a demographic group that is ineligible for short-term cash assistance in Texas and in virtually all other states (Schott & Hill, 2015). At the time of our survey, in 2008, Texas offered no medical assistance for individuals in this demographic, and the state’s failure to expand Medicaid in the wake of the Affordable Care Act has left this situation unchanged.

Panhandling and Homelessness

To our knowledge, the most recent comprehensive examination of panhandling and panhandlers is provided in Lee and Farrell’s 2003 study. The authors re-analyzed data from 1990’s-era surveys that compared homeless individuals who do not report panhandling with homeless individuals who report doing so. They point out that panhandlers constitute a subset of the homeless population, noting that “single-city surveys suggest that between 5% and 40% of homeless individuals panhandle” (p. 303). Like other authors, they indicate that this proportion varies with local conditions (Rossi, 1989; Snow, Anderson, Quist, & Cress, 1996; Stark, 1992).

The problem of estimating the prevalence of panhandling is complicated by the need to define the population. For example, should individuals who occasionally ask for spare change

be included in the category, or should it be reserved for those who derive a majority of their income from soliciting? Further, authors such as Duneier, Hassan and Carter (2000) and Gowan (2010) note that panhandling may be stigmatized even within the street economy, so that individuals may be reluctant to report their participation. One methodological solution to the problem of defining the panhandling population would involve developing a data set based on the responses of individuals who are observed to be panhandling. The data set that we analyze in this paper meets that criterion.

Panhandlers and Primary Social Capital

A number of studies have found that disrupted families of origin that cause children to experience episodes of foster care, abandonment, abuse, neglect, and homelessness increase the probability of adult homelessness (Browne, 1993; Herman, Susser, Struenin, & Link, 1997; Koegel, Melamid, & Burnham, 1995; Mangine, Royse, Wiehe, & Nietzel, 1990; Pecora et al., 2006; Pillavin, Sosin, Westerfelt, & Matsueda, 1993; Roman & Wolfe, 1995; Rosenheck & Fontana, 1994; Shelton, Taylor, Bonner, & van den Bree, 2009; Tessler & Rosenheck, 2003). Difficulties in establishing supportive relationships with friends, employers and significant others in adult life often follow, creating what Snow, Anderson and Koegel (1994) term a "biographic vulnerability" to homelessness. In their review of 60 studies of homeless populations, Shlay and Rossi (1992) found that 36% of homeless individuals reported having no friends, while an average of 31% reported having no contact with kin.

Lee and Farrell (2003) found that a large majority of panhandlers also report one or more adverse childhood events, and that this proportion (78.1%) is not significantly different from that reported by other homeless individuals (81.6%). They find, however, that panhandlers are significantly more likely to report low levels of social capital as adults. For example, among individuals who identified as panhandlers, 68.1% report that they never married, while 44.9% of homeless individuals reported that they had remained single. Panhandlers were also significantly less likely to have lived with others prior to becoming homeless. For panhandlers, 54.8% had previously lived with

others, while 68.9% of homeless individuals had done so (Lee & Farrell, 2003). Panhandlers, in other words, were significantly less likely than other homeless individuals to have networks of family or friends on whom to rely during difficulties.

Panhandlers and Secondary Social Capital

Lee and Farrell's (2003) study also found that panhandlers were less likely than other homeless individuals to receive support from social programs. Panhandlers were significantly more likely to report that they did not receive support from programs such as SSI, SSDI, SNAP, medical assistance, cash assistance and housing subsidies. While 48.7% of homeless individuals reported receiving government benefits within the past month, only 26.7% of panhandlers reported receiving these benefits. Panhandlers were also significantly more likely to report experiencing food insecurity while homeless- 86.7% of panhandlers reported insecurity, as compared to 54.8% of other homeless individuals.

Both in the case of primary social capital and in that of access to policies, Lee and Farrell's (2003) data provide a snapshot of the way in which panhandlers connect to resources that might provide assistance in managing periods of unemployment or ill health. These data however, provide little sense of process. They do not provide information about the way in which difficulties with these connections affect the transition into panhandling, nor about the way in which these difficulties may prevent individuals from returning to the full-time labor market.

Breakpoints and Cascades: The Role of Health Issues

Existing studies of panhandlers offer little specific insight into the circumstances that cause individuals to begin and to continue panhandling. A number of studies of homeless individuals, however, have found that episodes of homelessness are the result of "cascades" or "constellations" of difficulties (Borchard, 2007; Crane et al., 2005) that include events such as the end of a relationship, the loss of a job, or severe health issues. Difficulties with social capital that appear early in life and

are replicated in later relationships also create breakpoints from the formal labor market, leading to extreme poverty and homelessness (Hwang et al., 2009; Snow et al., 1994).

Existing studies suggest that health issues are a central element in these cascades. Studies have routinely found that homeless individuals have a high prevalence of health problems (Gelberg, Linn, & Mayer-Oaks, 1990; Gelberg, Linn, Usatine, & Smith, 1990; Hwang & Bugeja, 2000; Robertson & Cousineau, 1986). Studies of homeless and near-homeless individuals who panhandle in the United States have identified similar high rates of physical difficulties. Lee and Farrell (2003) found no significant difference between panhandlers and other homeless individuals in the incidence of chronic physical problems such as anemia, diabetes, high blood pressure, heart disease, stroke, liver problems, arthritis, cancer, and lost limbs (44.8% of panhandlers as against 46.5% of non-panhandlers).

In this project, we analyze information from our data set in order to answer four questions derived from the existing literature.

1. What is the demographic composition of the panhandling population, and what does this composition suggest about the circumstances that produce and maintain episodes of panhandling?
2. Do panhandlers have a history of disrupted family and personal relationships? Do low stores of social capital play a part in their initial break from formal labor markets and in the continuation of panhandling?
3. Do panhandlers lack access to supportive social programs? What factors shape their patterns of access?
4. Do these two factors interact to trigger the transition into homelessness and panhandling and to maintain the separation from formal labor markets?

Data and Method

The study that we present is based on data obtained from a project funded by the City Council in Austin, Texas in order to provide information about individuals who panhandled along city roadsides (Lein, Beausoleil, Chang, Frenkel, & Naik, 2008). Researchers affiliated with the University of Texas at Austin prepared a 49-question survey instrument that was designed to reflect both existing research on homelessness and panhandling and concerns raised by stakeholders. Initial drafts of the instrument were revised and amended after consultation with key informants and stakeholders. After the project received approval from the University of Texas IRB, a research team of five graduate and two undergraduate researchers received training on locating participants and administering questionnaires.

The method for locating participants was designed to take account of spatial patterns of panhandling activity. Intersections at which panhandling was most common were identified through repeated observations and discussions with the Austin police department. This process also determined that, due to the extreme heat and difficult conditions, individuals rotated through these intersections during different times of the day, effectively creating multiple "shifts" at each location. Investigators were assigned to specific "shifts" at each intersection during the six-week data collection phase, enabling them to develop a clear understanding of the patterns of activity that occurred in each area.

Interviewers followed the survey protocol developed by researchers such as Bose and Hwang (2002). They approached individuals over the age of 18 who were actively soliciting at intersections during the interviewer's assigned "shift." Potential participants were offered a \$5 incentive for survey participation. Only five individuals who were contacted refused to participate, and three surveys were started, but not completed due either to the respondent's choice or interviewer's decision. A total of 103 surveys were completed from an estimated total population of between 300 and 500 roadside solicitors. Four duplicate surveys were also completed and tested for consistency, although the duplicate information was not analyzed.

Qualitative data were collected in two ways. First, eighteen semi-structured life history interviews were conducted with a subset of survey respondents selected by interviewers. These respondents were offered a meal and \$10 in cash as an incentive. The in-depth interview group was intended to reflect the demographic parameters of the overall sample, except that investigators were asked to over-sample women and minorities in order to provide more information about these infrequently studied groups. The interviews allowed participants to present extended life history narratives. Responses were not transcribed verbatim, but were reported in field notes that included both direct quotations and summaries. Since participants were not selected randomly, the interviews were intended only to provide richer detail about the circumstances that led participants to homelessness and panhandling, about their relationships to other individuals and to the community, and about the circumstances of their lives as panhandlers.

Second, qualitative data were collected from responses to open-ended survey questions. These responses were inductively coded using an iterative process that involved multiple coders and multiple rounds of revision to categories.

Limitations

The project has three principal limitations. First, although our sample selection strategy followed protocols used by other researchers in this area, neither participants in the survey nor those chosen for in-depth interviews were randomly selected, so that the results that we report are suggestive rather than conclusive. Second, all respondents were located in Austin, Texas, so that our findings are shaped by local conditions and policies. In particular, at the time of our interviews, Texas had extremely restrictive policies for providing medical and cash assistance to childless, working age adults, a situation that has not been altered by the subsequent passage of the Affordable Care Act. Finally, although the majority of information in our study was obtained by a combination of survey responses and in-depth interviews, information about individual work histories was derived only from interviews.

Findings

Demographics of Panhandlers

The average individual identified by our sampling strategy was male, White, and over 40. Eighty-two per cent of survey respondents were between the ages of 45 and 63. Only one respondent was under the age of 30. This sample was somewhat older than that found in other studies. Shlay and Rossi (1992) found that the average age of homeless individuals in the 60 studies they reviewed was 36.7, while Lee and Farrell (2003) found a mean age of 38.4 both for panhandlers and other homeless individuals.

The higher average age of individuals in our sample has implications both for their relationship to the labor market and for their access to benefit programs. Middle-aged individuals who work in occupations that require manual labor often begin to experience physical symptoms that reduce their ability to work (Case & Deaton, 2005, 2015; Karpansalo et al., 2002; She & Livermore, 2007) while they are not yet eligible for Social Security retirement benefits. The Social Security programs that might be available to them, SSI and SSDI, have lengthy application procedures that require extensive medical documentation that is problematic for individuals who lack access to regular medical care. As well, both programs reject a large number of initial applications. In 2010, 34.8 per cent of initial applications for SSI and SSDI were accepted (United States Social Security Administration, 2011, Table 59).

With respect to gender, eighty-eight individuals (85% of the population) were male and 15 individuals (15%) were female. Lee and Farrell's (2003) study found a similar distribution and noted that the proportion of panhandlers who were male was significantly higher than that for homeless individuals who did not report panhandling.

With respect to race, most studies report higher proportions of African American respondents than the 10% included in our sample: Lee and Farrell (2003) find that 59.7% of panhandlers and 59% of homeless individuals were members of minority groups. However, Stark (1992) notes that the racial and ethnic composition of panhandling populations varies significantly with local

conditions. The percentage of African-American respondents in our sample is slightly higher than the total percentage of African Americans in the Austin population, which the 2010 Census documented as 8.1% (United States Census, 2010).

With respect to ethnicity, none of our respondents identified as Hispanic, although the 2010 Census documented the percentage of Hispanics in the total Travis County population as 30.5%. To our knowledge, there are no existing studies of Hispanic panhandlers, but studies have found that Hispanics are under-represented in homeless populations in Texas and elsewhere (Castaneda, Klassen & Smith, 2014). Conroy and Heer (2003) argue that this may result from the fact that existing studies sample from individuals who use public services and shelters that many Hispanic individuals may avoid due to their legal status. Since panhandling involves similar public exposure, this may account for our findings.

We also found a somewhat smaller percentage of veterans than that identified by other studies. Seventy per cent of respondents reported that they had not served in the military, while 30% (all male) had done so. Rosenheck, Frisman and Chung's 1994 analysis of four 1986-1987 surveys of homeless populations found that 41% of homeless males were veterans, and the National Coalition for the Homeless reported nearly the same proportion (40%) in 2009. Since honorable discharge from military service provides individuals with access to VA services that can include free health care, disability payments, and housing advocacy, the fact that our sample includes a lower percentage of veterans limits the number of individuals who have access to these services and increases the importance both of primary social capital and of public policies and programs.

Primary Social Capital

Responses to the large-sample survey provide information on the childhood experiences of respondents with homelessness and foster care, as well as information on their current relationship status. In-depth interviews add more detailed information about the way in which access to primary social capital shaped the transition into panhandling. Fourteen per cent of the respondents to our large survey reported that they had been in foster

care before the age of 18, while 14% also indicated that they had been homeless before this age. Although these rates are lower than those reported by other surveys, in-depth interviews demonstrate that a variety of other serious family difficulties in childhood also produced disruptions in primary capital. For example, individuals who were interviewed reported physical and verbal abuse within intact homes, episodes of parental abandonment that led to care by grandparents or other relatives, and parental drug and alcohol abuse. These interviews did not constitute a representative sample of the larger survey population, but each individual whom we interviewed shared information about serious difficulties in their families of origin.

Individuals in our large survey and in-depth interview participants also reported difficulties with maintaining stable adult relationships. Thirty-three per cent of these individuals indicated that they had never married, and 55% identified themselves as “divorced or separated,” while 9% said that they were either married or in a common law relationship. On this measure, we found a lower rate of individuals who reported that they had never married than the 68.1% identified by Lee and Farrell’s 2003 study, although the term “married” may be understood differently by individuals in the state of Texas, which has relatively lenient standards for common law marriage (Common Law Marriage Fact Sheet, 2015). Each of the individuals who participated in in-depth interviews gave more detail about difficulties in adult relationships with significant others, with their parents and with their children.

Secondary Social Capital

Difficulties with primary social capital were replicated in the case of secondary social capital. These difficulties took two forms. First, individuals who had participated in activities such as military service (which can provide access to social mobility and to free health care and other benefit programs) and higher education, which can also be a bridge to social mobility, did not seem to benefit from these involvements. Second, most individuals were disconnected from other public programs, such as medical assistance, food assistance, and disability payments.

Broken Bridges

For many of the individuals in our study, participation in activities often associated with increased odds of social and economic mobility had not had the expected effect. Education and military service are often viewed as bridges out of poverty and difficult early circumstances. However, our study indicates that, for individuals who panhandle, these bridges are broken.

The connection between military service and homelessness has received a great deal of attention. By most estimates, veterans make up about 13% of the adult homeless population, while in our study, 30% of the overall group were veterans. The connection between service and homelessness may initially seem paradoxical, since involvement in the military is often viewed as a source of social capital and social mobility, providing individuals with opportunities to acquire education and skills and to develop social and professional networks. Successful completion of service can also provide secondary social capital in the form of access to benefits such as disability pay and the right to free healthcare through the VA Medical system.

However, as our in-depth interviews demonstrate, military service can also become part of a cascade of events that add to individual difficulties. For individuals that lack the social and individual supports needed to make a successful transition to life outside the military, service can have negative consequences. Individuals who fail to complete service, receiving dishonorable discharges, are ineligible for VA health benefits, and their discharge status may affect their employment prospects. Two of the four veterans who participated in in-depth interviews were in this situation, and, while 30% of the individuals in the large sample reported military service, only 26% reported receiving VA benefits.

A similar point can be made about education. While popular mythology associates homelessness, extreme poverty, and panhandling with lack of education, a majority (55%) of individuals in our large sample had completed high school. Twenty percent had some college education, while 9% were college graduates and 4% had an associate's degree or professional certification. Lee and Farrell (2003) also found that a majority of both panhandlers and homeless individuals had high school

diplomas. Only 34.7 % of panhandlers and 38.5% of homeless individuals lacked diplomas, a difference that was not statistically significant. Bose and Hwang (2002) found that 19% of 54 homeless male panhandlers interviewed in Toronto had at least some college. Our research suggests that here, as in the case of military service, a factor that is often associated with upward mobility has not had the expected effect.

Disconnection

Although common perceptions of panhandlers and homeless individuals often associate them with dependence on public benefits, our data make a different case. Our survey showed that respondents almost never used all the services for which they were financially eligible and that they generally accessed assistance with food and clothing from private rather than from public sources. In-depth interviews provided more detailed information about barriers to service use.

As Table 1 demonstrates, very few respondents had access to cash benefits, housing subsidies or food stamps. Although a majority indicated that they had left regular employment due to health issues, only 15% indicated that they received SSI or SSDI. Three of 18 individuals who participated in in-depth interviews indicated that they had thought of applying, had previously applied, or were in the process of applying for these benefits.

A minority of respondents had access to publicly-funded medical services, although a much larger share indicated that they needed these services. Thirty per cent of survey respondents had MAP (Austin Medical Assistance Program) cards given to very poor Travis County individuals ineligible for state Medicaid, while 37% of respondents said that they needed but did not have this benefit. Fifteen per cent of respondents had Medicaid or Medicare, while 38% of respondents said that they needed but did not have these benefits.

Both intensive interviews and the larger survey suggest some reasons for low rates of public benefits utilization. Past criminal history can prevent individuals from receiving benefits such as housing subsidies and food stamps. Lack of photo identification constitutes another barrier: Forty-seven percent of survey respondents lacked valid photo ID, and 39% of those

without ID had been in this situation for at least two years. Applications for SSI, SSDI, SNAP and housing subsidies require valid photo identification.

Table 1: Sources of Benefits Income and Number Receiving Benefits for Individuals in Large Sample

| | Do Not Receive* | Receive | Percentage Receiving |
|---------------------|-----------------|---------|----------------------|
| Pension/Retirement | 97 | 5 | 5% |
| Unemployment | 101 | 1 | 1% |
| Disability/SSI/SSDI | 87 | 15 | 15% |
| VA | 77 | 25 | 26% |
| TANF/Welfare | 99 | 1 | 1% |
| SNAP | 85 | 17 | 17% |
| Housing Subsidy | 101 | 1 | 1% |

*Number of individuals who responded to each item

The survey and interview data also show that a majority of individuals make use of private charities to provide food, clothing and personal supplies. These private services are less likely to require identification from users or to require lengthy application processes that require extensive documentation. Sixty-one per cent of survey respondents indicated that they use food pantries or charities that provide free meals. Other private charities provide help with clothing donations. Thirty-nine percent of respondents reported using clothing and donation services. Overall, 46% of respondents reported that they use services from church and religious groups.

Factors that Initiate and Maintain Panhandling Careers

Both our survey and in-depth interviews included questions about why individuals had left waged employment. In the survey, as Table 2 indicates, the most common responses were

related to physical health. Both primary and secondary social capital shape the way in which health issues affect longer-term employment. Fractured family networks often do not provide support during periods of health-related unemployment. If military service results in a dishonorable discharge, it does not provide access to VA medical care.

The lack of policy supports available to individuals in this demographic group also structures the connection between physical health and the transition into solicitation. Employment in physically demanding jobs may produce injuries and illness and becomes more difficult to sustain in middle age. Benefits that might cushion these effects, such as workman's compensation and disability programs, may be difficult to access and do not fully replace wages.

Table 2. Most Often Cited Reasons for Leaving Waged Employment

| Category | Reason | Number | Percent of Reasons* |
|-------------------|-----------------------------|--------|---------------------|
| Physical Health | | 41 | 37% |
| | Injury, Accident | 12 | 10% |
| | Illness/Chronic Condition | 31 | 26% |
| | Other/unspecified | 1 | 1% |
| Employment Issues | | 30 | 25% |
| | Job Ended | 10 | 8% |
| | Fired | 4 | 3% |
| | Left Job | 7 | 6% |
| Family | | 11 | 9% |
| | End of Relationship | 6 | 5% |
| | Death of immediate Relative | 4 | 3% |
| | Birth of Child | 1 | 1% |

*The table does not report the less commonly cited categories

In-depth interviews provided more information about the role of medical issues in triggering the dynamics that led to homelessness and panhandling. With the exception of one individual, all of those who participated in in-depth interviews had extensive work histories in the formal labor market. Six of the 18 individuals who participated in these interviews identified medical issues, including serious accidents and episodes of chronic illness, as the reason that they left full-time waged employment. Carpal tunnel syndrome, arthritis, uncontrolled diabetes, and lung disease were some of the physical issues cited.

Medical issues also continued to separate these individuals from the job market. Chronic disease was a major issue. Conditions referenced by the full sample were musculoskeletal problems (35%), respiratory issues (9%) and cardiovascular problems (8%). Other conditions noted were vision problems, cancer, diabetes, and epilepsy. Most of these individuals had co-occurring chronic health issues. Of the 18 individuals who participated in in-depth interviews, 15 mentioned concerns about ongoing health issues such as diabetes, asthma, COPD, endocarditis, tuberculosis, progressive eye disease and hepatitis. In some cases, these issues existed before homelessness; in others, they developed afterward. In a third set, the chronology could not definitely be established.

Medical issues may have been exacerbated by the need to rely on emergency rooms for treatment. Emergency rooms provided care for a majority of survey respondents. Forty-six percent reported that they had made between one and four visits in the previous year, and 18% had made between five and eleven visits.

Discussion and Implications

Our study, which utilizes a mixed methods data set based on survey responses ($n = 108$) and in-depth interviews ($n = 18$) with individuals who were soliciting along roadsides in Austin, Texas, finds that many of these individuals began panhandling after a combination of difficulties caused them to become disconnected from the formal labor market. The effect of these difficulties was exacerbated because they lacked support both from helping networks of friends and families and from public policies and programs. Our findings have two implications.

First, we find that panhandlers are individuals who have been disadvantaged by the failure of multiple public systems and policies, including child welfare systems, educational systems, health care systems, policies that provide support for disabled individuals, and the military. The data that we present indicate that many of these of these failures occur at points of transition- that is, points at which individuals move out of disrupted families of origin, employment, or the military. This points up the need for agencies that work with at-risk individuals facing similar changes to focus on helping them to develop transition plans.

Second, we find that panhandling is connected to policies that severely restrict benefits for single, working age adults who become permanently or temporarily unemployed. This points up the need to increase access to temporary cash assistance, food stamps and medical assistance for individuals in this category. The national policy environment, however, is currently moving in the opposite direction. The number of states that provide general assistance for this demographic group has decreased, and the number of states that impose work requirements and time limits for access to SNAP has increased. In states such as Texas, that have refused to expand access to Medicaid, passage of the Affordable Care Act has had little impact on this group's ability to access medical care. Given the current direction of policy, our study suggests that panhandling is likely to become an ever-more visible face of extreme poverty and homelessness.

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The Impact of Concentrations of African Americans and Latinos/Latinas on Neighborhood Social Cohesion in High Poverty United States Neighborhoods

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United States research concludes concentrations of Latinos/Latinas and African Americans have a negative impact on Neighborhood Social Cohesion (NSC); however, European research finds higher levels of NSC when controlling for measures of concentrated disadvantage. This study utilizes a longitudinal stratified random sample of 7,495 households in 430 Census Blocks within 10 United States cities that participated in the Making Connections Initiative. Results show higher NSC is associated with higher percentages of residents who are Latino/Latina, African American, and homeowners when controlling for measures of concentrated disadvantage. The study findings challenge the stigma associated with concentrations of racial minorities in neighborhoods.

Key words: longitudinal analysis, poverty, neighborhoods, race, social cohesion

Neighborhood Social Cohesion (NSC) is a measure of resident closeness, trust, shared values, a willingness to help one another, and how much they get along with one another (Earls, Brooks-Gunn, Raudenbush, & Sampson, 2007). United States (U.S.) empirical data provide evidence that a concentration of low-income households in high poverty (over 20 percent poverty

rate) and extreme poverty neighborhoods (over 40 percent poverty rates) has negative consequences on NSC. Concentrated disadvantage (such as concentrations of families living below the poverty rate within one neighborhood) commonly results in residents coping with the challenges of higher crime and violence rates that may have an impact on their NSC, health, mental health, educational, and economic outcomes (Abada, Hou, & Ram, 2007; Berube 2006; Browning & Cagney, 2002, 2003; Popkin & Cunningham, 2009; Popkin et al., 2004; Sampson & Graif, 2009; Sampson, Morenoff, & Earls, 1999).

Prior research in high poverty neighborhoods within the U.S. associates concentrations of racial and ethnic identities with segregation and may conflate these identities as a component of concentrated disadvantage. However, studies outside the U.S. indicate that diverse neighborhoods have higher NSC when the negative impact of concentrations of low-income households is accounted for (Cantle, 2005; Demireva, 2015; Laurence & Heath, 2008; Letki, 2008; Sturgis, Brunton-Smith, Read, & Allum, 2010; Sturgis, Brunton-Smith, Kuha, & Jackson, 2014). The studies outside the U.S. often include contact-theory-focused explanations that often note ongoing contact between individuals of different identities within a geographic neighborhood may result in working together on a common goal (Allport, 1954; Cook, 1988). The long-term impact of a large composition of racial groups like African Americans and Latinos/Latinas in high poverty and multiracial/multiethnic U.S. neighborhoods is not well established, particularly in neighborhoods with initiatives seeking to improve NSC and capacities to address neighborhood problems (Hewstone, 2015; Koopmans & Schaeffer, 2014; Schaeffer, 2014).

This research seeks to reframe the existing narrative to focus on the possible positive outcomes associated with having high concentrations of households of color living in close proximity to each other in multicultural neighborhoods. The authors provide frameworks rooted in the theoretical perspectives of racial/ethnic minority groups that explain the development and maintenance of NSC within the context of coping with the challenges of concentrated disadvantage. Ethnically diverse, high poverty neighborhoods, with initiatives seeking to increase neighbor interactions and interventions to address neighborhood problems, may

find that a high composition of African American and Latino/Latina residents over an extended period of time may in fact help maintain or build NSC. This study uses data from the Making Connections Initiative (MCI), which was a long-term multisite project of the Annie E. Casey Foundation (AECF) focused on comprehensive community change and improved outcomes for children and families by engaging multicultural residents within their neighborhoods to identify and address problems (AECF, 2013). The MCI investments built the capacity and collaborative relationships of neighborhood groups, city systems, and private developers. The MCI invested in neighborhood activities, which may have increased contact among across racial/ethnic groups and therefore maintained or increased NSC.

The research question for this study is: do concentrations of African American and Latino/Latina households in U.S. neighborhoods predict NSC over time when controlling for additional measures of concentrated disadvantage and advantage in the context of a large-scale change initiative? The hypothesis is that concentrations of homeowners, African Americans, and Latinos/Latinas are positive predictors of NSC, and measures of concentrated disadvantage will be negative predictors of NSC. Two contributions of this paper include: (a) providing a synthesis of factors of concentrated advantage and disadvantage known to have an impact on NSC, and (b) providing evidence for the theoretical assertion that concentrated African American and Latino/Latina populations in neighborhoods with neighborhood-based initiatives may be a positive contributor to NSC over time because of the collective resistance and trust-building process within and across racial groups (Browning & Cagney, 2003; Manjarrez, 2005).

Research on the Impact of Racial/Ethnic Concentrations on Neighborhood Social Cohesion

The findings of the impact of diversity are inconsistent across various studies and contexts (Van der Meer & Tolsma, 2014). Two studies found that diversity has a negative impact on NSC (Dinesen & Sonderskov, 2015; Laurence, 2011), yet another study found being a racial minority who is a long-term resident of a particular neighborhood results in higher NSC

and increased self-ratings of health (Abada et al., 2007). Possible reasons for long-term benefits to African American and immigrant networks include that they frequently rely on informal social supports for information about housing and employment opportunities (Keller, 2011; Kleit & Galvez, 2011; Krysan, 2008; Varady, Walker, & Wang, 2001).

One qualitative study in England described NSC in diverse communities (Hudson, Phillips, Ray, & Barnes, 2007). Individual resident's experiences of NSC are described as being more racially mixed if they are younger, have lived in the neighborhood longer, or interact with others – in activities such as in work, volunteering, or neighborhood-based schools, stores, recreational activities, and organizations – where they get to know their neighbors of different races (Hewstone, 2015; Hudson et al., 2007; Laurence, 2011; Uslaner, 2011). Residents describe their NSC as occurring in varied contexts such as a neighborhood association, sports team, specific blocks, or among longer-term residents within their community (Hudson et al., 2007). Longer-term Black residents also describe an increase in social interactions in more recent years, while racial acceptance has increased (Hudson et al., 2007).

A meta-analysis of more than 500 quantitative studies found that contact between groups reduces anxiety, increases empathy, and reduces prejudice among groups in general (Pettigrew & Tropp, 2008). A similar literature focused on NSC is emerging. Laurence (2011) found that establishing bridging ties across ethnic groups could increase NSC. Therefore, increased contact between groups in a neighborhood context may also increase NSC in communities with concentrations of specific racial groups who build trust over time.

Research in contexts outside the U.S. provides evidence that income moderates the negative association found between race and NSC, and therefore the impact of neighborhood differentiating factors on NSC should be explored more in the U.S. (Bécares, Stafford, Laurence, & Nazroo, 2010; Gijssberts, van der Meer, & Dagevos, 2012). Additionally, the U.S. has a greater percentage of the total population that are racial minorities than the United Kingdom (30% compared to 15%), which may have varying impacts on NSC, trust, and involvement within neighborhoods with varying racial compositions (Demireva, 2015;

Hewstone, 2015; Uslaner, 2011). Evidence suggests that a higher neighborhood composition of one’s own ethnic group increases social trust, yet research in European contexts did not have enough ethnic minority concentrations to determine the effect (Bakker & Dekker, 2012). Therefore the research in this manuscript could determine if a concentration of ethnic minority groups improves NSC in U.S. contexts. Factors known to weaken and strengthen NSC often include concentrated disadvantage and advantage (see Tables 1 and 2).

Table 1: Factors That Weaken Neighborhood Social Cohesion (NSC)

| Factor | Explanation | Citations |
|---|---|--|
| Population density | <ul style="list-style-type: none"> • Higher density housing increases anonymity within neighborhoods. | Browning, Feinberg, & Dietz, 2004 |
| Level of education such as less than a high school education | <ul style="list-style-type: none"> • A high school education has the potential to build pro-social relationships across ethnic groups and problem solving skills that can build the capacity of individuals to positively contribute to their community. | Browning & Cagney, 2003; Rotolo, Wilson, & Hughes, 2010 |
| Concentrated disadvantage including class, gender and race based concentrations | <ul style="list-style-type: none"> • Class (percentage of residents living below poverty, receiving public assistance, unemployed, low rates of homeownership), gender (single parents that are often female headed households with children), and ethnic segregation (African American) may decrease trust within distressed neighborhoods that have been systemically disinvested, which results in low to moderate NSC and collective efficacy. • Segregation decreases NSC for younger residents and makes parenting and positive youth development difficult because youth are exposed to danger or have less access to opportunities. • Indices used within existing research often group racial/ethnic groups as highly correlated components of concentrated disadvantage (percent below the poverty line, unemployed, female-headed households, and African American). | Abada, Hou, & Ram, 2007; Browning & Cagney, 2002, 2003; Browning, Feinberg, & Dietz, 2004; Elliott et al., 2006; Hewstone, 2015; Hudson et al., 2007; Kingston, Huitzga, & Elliott, 2009; Manjarrez, 2005; Sampson, Morenoff, & Earls, 1999; Sampson & Wikstrom, 2008; Sampson & Graif, 2009; Silver & Miller, 2004; Strurgis et al., 2013; Sturgis, Brunton-Smith, Kuha, & Jackson, 2014; Uslaner, 2011; Wilson, 1987 |
| Percent foreign born | <ul style="list-style-type: none"> • First generation immigrants are often focused on language learning and earning an income, and as a result recent immigrants often feel more comfortable in their own social networks and are less likely to participant in neighborhood organizations. For example, Somali households tend to have less NSC with other ethnic groups, which are conceivably related to language barriers, as well as stereotyping, fears of crime, as well as racial tensions and anti-Muslim sentiments. • Historic African American and Latino/Latina residents may critique the amount and types of resources provided to immigrants, while they have experienced generational poverty and/or systemic discrimination within the same neighborhood without access to the same supports in the present. • Existing researchers often group racial/ethnic groups as immigrant concentration (immigrant concentration and percent Latino/Latina). | Browning & Cagney, 2002; Gijsberts, van der Meer, & Dagevos, 2012; Hudson et al., 2007; Van der Meer & Tolsma, 2014; Hudson et al., 2007 |

Table 1. Factors That Weaken Neighborhood Social Cohesion (NSC) (continued)

| | | |
|---|--|--|
| Resident mobility | <ul style="list-style-type: none"> • High percentages of residential mobility contribute to tensions and a lack of respect or understanding among adults and youth (i.e. low rates of stability and high rates of newness to the neighborhood). • United States households relocate to other less segregated neighborhoods, which is conceivably due to the conflictual dynamics among racial/ethnic groups. | Coulton, Theodos, & Turner, 2012; Uslaner, 2011 |
| Employment rates | <ul style="list-style-type: none"> • Employment has a negative relationship with NSC because NSC helps low-income residents “get by” not “get ahead.” • Higher NSC, racial concentrations, immigrant status, and poverty status predict low full-time employment rates. | Brisson, Roll, & East, 2009; Coulton, Theodos, & Turner, 2012 |
| Diversity (the presence of several races/ethnicities within a neighborhood) results in low levels of communication and patterns of conflict, competition, or tolerance between groups | <ul style="list-style-type: none"> • Low levels of communication across racial/ethnic groups, lower levels of social trust, and higher levels of social disorganization may be due to perceived social and physical disorder (appearance of a disorder versus a clean/healthy neighborhood). • Conflict and ethnic competition mechanisms underlying social interactions in diverse neighborhoods may include: (a) low levels of interaction due to language barriers or feeling dissimilar to one another; (b) the presence of negative perceptions or experiences with one another despite living in close proximity; (c) competition for resources among stratified groups that perceive each other as threat due to perceptions of unequal treatment (such as service provider favoritism towards low-income foreigners); (d) a decrease in trust resulting among groups because they perceive inequality in available resources, services, and treatment; and (e) the proportion of one’s own group compared with other groups that experience discrimination. • May be tolerant of each other and focused on reciprocity and helping, rather than establishing a deeper trust and cohesion across racial and immigrant groups that may require assimilation rather than multiculturalism. | Bakker & Dekker, 2012; Browning & Cagney, 2003; Elliott et al., 2006; Gundelach & Traummüller, 2014; Kingston, Huizinga, & Elliott, 2009; Uslaner, 2011; Van der Meer & Tolsma, 2014; Bakker & Dekker, 2012; Dinesen & Sonderskov, 2015; Gijssberts, van der Meer, & Dagevos, 2012; Hewstone, 2015; Koopmans & Schaeffer, 2014; Lundåsen & Wollebaek, 2013; Putnam, 2007; Sturgis et al., 2014; Uslaner, 2011; Van der Meer & Tolsma, 2014 |

A synthesis of existing and emerging theoretical explanations of the impact of racial/ethnic concentrations on NSC in high-to-extreme poverty neighborhoods provided in existing empirical research is provided below.

Table 2. Factors That Strengthen Neighborhood Social Cohesion (NSC)

| Factor | Explanation | Citation |
|---|---|---|
| Concentrated affluence | <ul style="list-style-type: none"> • Education, income, homeownership, and residential stability have positive relationships with social factors like NSC. | Coulton, Theodos, & Turner, 2012; Manjarrez, 2005; Sampson, Morenoff, & Earls, 1999; Sampson & Graif, 2009 |
| Long-term residents | <ul style="list-style-type: none"> • NSC is higher on specific blocks or in specific resilient networks where long-term residents name social ties as a reason to remain in the neighborhood. | Hudson et al., 2007 |
| Residential contact between racial/ethnic groups | <ul style="list-style-type: none"> • Racial concentration in a neighborhood may contribute to moderated (neutral or higher trust and NSC) resulting from higher levels of interethnic friends and contact within and between groups, which is particularly prevalent in diverse yet predominantly White neighborhoods in research focused on countries outside the U.S. such as Australia, Canada, New Zealand, and other European contexts. | Cantle, 2005; Demireva, 2015; Gundelach & Freitag, 2014; Gundelach & Traummüller, 2014; Hewstone, 2015; Laurence & Heath, 2008; Letki, 2008; Lundåsen & Wollebaek, 2013; Stolle et al., 2013; Sturgis, Brunton-Smith, Read, & Allum, 2010; Stolle et al., 2013; Van der Meer & Tolsma, 2014 |
| Diverse social networks and coalitions developed within local organizations | <ul style="list-style-type: none"> • Historic concentration of African Americans and Latinos/Latinas may develop diverse social networks and coalitions of residents that work together in local organizations. These diverse coalitions can maintain and/or develop NSC as a means of coping with discrimination and solving common problems. They may take pride in, defend, and demand respect for their neighborhood and themselves as residents. Concentrations of African Americans and Latinos/Latinas can be a positive predictor of NSC as they can increase the possibility of more diverse social networks and trust, particularly when a concentration of homeowners is present. • Groups are often mistrustful across difference and need community level interventions to develop and sustain NSC over time by building relationships across age, race, and length of time in the neighborhood. | Hudson, Phillips, & Barnes, 2007; Uslander, 2011; Wilson, 2009 |

Theories Explaining Collective Resistance and Trust Building Within Neighborhoods

Residents of high-to-extreme poverty neighborhoods have various experiences with responding to inequality rooted in the stratification of society (Tilly, 1998; Wilson, 1987). Common theoretical explanations of neighborhood social responses to living in high-to-extreme poverty neighborhoods include structural explanations that are often beyond resident control (such as concentrated disadvantage and neighborhood effect theory) (Galster, 2010; Letki, 2008). Concentrated disadvantage and

neighborhood effect theory take into account the impact of social, environmental, geographic, and institutional processes on outcomes like NSC (Galster, 2010; Letki, 2008). Other theoretical perspectives focus on social interactions within neighborhoods that have an impact on NSC (Earls et al., 2007). The structural and social explanations are important, because the concentration of African Americans and Latinos/Latinas in high-to-extreme poverty neighborhoods often serves to equate their identities with concentrated disadvantage, which may in part blame their racial/ethnic identity for experiencing the challenges of systemic isolation and disinvestment.

The authors of this paper instead assert the view that the presence of African Americans and Latinos/Latinas is a social asset that builds NSC, trust, mutual aid, and solidarity in response to adversity. Three theoretical perspectives explain cultural assets within African American and Latino/Latina populations and across multiracial/multiethnic groups, which provide a rationale for why concentrations of racial groups within multicultural neighborhoods may result in racial concentrations as a positive rather than negative predictor of NSC. The authors' theoretical explanations are rooted in critical race theory explanations that situate experiences of African American and Latino/Latina populations within the context of institutional and cultural racism (Marsiglia & Kulis, 2009; Ortiz & Jani, 2010). The authors' theoretical explanations contrast with structural explanations that ascribe a position or status that may be beyond the control of individuals or groups (Marsiglia & Kulis, 2009).

Concentrated Disadvantage and Neighborhood Effects on Neighborhood Social Cohesion

Table 1 provides evidence of several structural factors common to high-to -extreme poverty neighborhoods that are theorized to have a weakening effect on NSC including: (a) higher population density, number of households, and mobility rates increasing anonymity; (b) less than a high school education, decreasing interaction and problem-solving among groups; and (c) concentrations of disadvantage such as the percent of households below poverty, unemployed, female-headed, ethnically segregated African American households, a high number

of residents below 18 years old, and a higher percent of foreign-born residents that may be more focused on meeting basic needs and less engaged with neighborhood organizations.

Neighborhood effect theorists assert that a concentration of African American or foreign-born residents in high-to-extreme poverty neighborhoods is the result of structural inequalities, and contributes to local crime and disorder, as well as the systemic neighborhood disinvestment and neglect of neighborhood-serving institutions. Concentrated disadvantage and neighborhood effect theorists often group different identities like race (such as the percent of African American or Latino/Latina households) and gender (such as the percent of female-headed households), which may in fact be either more class-based or may conflate many complicated structural inequalities rooted in social interactions and structures rather than innate in a race, ethnicity, or gender (Letki, 2008).

The Impacts of Social Interactions on Neighborhood Social Cohesion

The remaining theoretical explanations focus on social explanations of NSC rooted in interactions within and across race/ethnic groups. Theorists and researchers describing social interactions in high-to-extreme poverty U.S. neighborhoods typically described building trust and collective efficacy in either a racially neutral or stigmatizing manner (Browning & Cagney, 2003; Manjarrez, 2005). However, emerging neighborhood researchers and theorists assert that high-to-extreme poverty neighborhoods are multicultural rather than segregated (Van der Meer & Tolsma, 2014; Vervoort, Flap, & Davevos, 2010; Walker, 2011). The race and ethnicity conscious theories and research are emerging in the U.S. and European research, and therefore require further description.

Social interactions that may develop NSC via neighborhood interventions include: (a) identity specific interactions such as African American-informed standpoint theory (Collins, 2000; Harding, 1993) and Indigenous Latino/Latina-informed decolonizing theory (Tuck & Yang, 2012; Walker, Littman, Riphenburg-Reese, & Ince, 2016); (b) homogeneity theory focused on racial/ethnic group preferences to interact with people most like

them (Chaskin & Joseph, 2010; Gijsberts et al., 2012); and (c) developing relationships between identities explained via contact theory (Heath & Demireva, 2014; Laurence, 2011).

Collectivist Cultural Responses to Oppression. Standpoint and decolonizing theorists describe African Americans and Indigenous populations, including Mexican Americans as a sub-population of Latinos/Latinas, as generationally resisting oppression in a manner that has resulted in maintaining more collective cultures in an individualistic dominant U.S. culture (Collins, 2000; Harding, 1993; Tuck & Yang, 2012). Generations of collective resistance in the context of legal restrictions on rights may develop communal trust/solidarity, wisdom, strengths, and power over time (Collins, 2000; Harding, 1993; Tuck & Yang, 2012; Van der Meer & Tolsma, 2014). For example, two previous NSC-focused studies stated that if a group feels segregated or isolated, they build ties and cohesion both as a natural response to living among one another, maintaining their culture, and as a means to establish power (Uslaner, 2011; Walker et al., 2016). Long-term Mexican American neighborhood residents are associated with higher NSC, which may be the result of building and maintaining a generational and collective culture that emphasizes the importance of family, geographically-based companionship, and engagement in schools, faith-based organizations, and cultural traditions (Almeida, Kawachi, Molnar, & Subramanian, 2009; Bascal, 1994; Landale, Oropesa, & Bradatan, 2006; Otero, 2010; Ready, Knight, & Chun, 2006; Walker et al., 2016).

Homogeneity Theory and the Impact on Neighborhood Social Cohesion. Interventions to address concentrated disadvantage and make neighborhoods available for higher income residents, as well as those of other races – particularly those who are White – may recolonize a neighborhood and dilute the racial concentrations of historic groups and therefore have an impact on NSC (Gijsberts et al., 2012). Theorists and researchers describe NSC as higher when people are surrounded by like people, particularly in majority White neighborhoods in the U.S. (Putnam, 2007; Uslaner, 2011). Existing research on mixed-income redevelopments, as conscious efforts to disrupt patterns of race and class-based segregation in low-income neighborhoods, demonstrate that many of the historic public housing residents are relocated away from their neighborhoods (Chaskin & Joseph, 2010). Then,

residents of the historically dominant racial groups in the neighborhood are treated with suspicion by new residents, who are often White (Chaskin & Joseph, 2010, 2014). New residents then establish neighborhood associations that center the experiences and needs of the White and higher income residents (Chaskin & Joseph, 2010, 2014). Homogeneity theorists describe people as having a preference to interact with like people, and therefore they will be less social if they live in a diverse place (Gijsberts et al., 2012).

Contact and Trust Building Across Groups Over Time. The majority of the research conducted outside the U.S. uses contact theory when discussing NSC in diverse neighborhoods that are predominantly White (Heath & Demireva, 2014; Laurence, 2011). NSC is thought to be naturally lower in neighborhoods where residents are surrounded by difference (Putnam, 2007; Van der Meer & Tolsma, 2014). Yet, contact theorists describe diverse neighborhoods as an opportunity for positive contact across racial groups, which can promote positive attitudes between groups, particularly when they interact in frequent and high quality interactions, because trust is built with those with whom one has interactions (Allport, 1954; Dinesen & Sonderkov, 2015; Gijsberts et al., 2012; Hewstone, 2015; Pettigrew 1998; Sturgis et al. 2014; Uslaner 2011). For example, a decrease in prejudice can result from ongoing contact between individuals of different identities that work together on a common goal (Allport, 1954; Cook, 1988). Contact theory is applicable to neighborhoods with high concentrations of ethnic/racial minority groups because segregation, prejudice, and bias exist within all racial/ethnic groups that could feasibly be reduced via collective activities across groups. The MCI is an example of a comprehensive community initiative that invested in neighborhood activities that may have increased contact across racial/ethnic groups and therefore maintained or increased NSC even with a high rate of resident mobility.

Methods

This study builds on previous research and tests the effect of the composition of African American and Latino/Latina residents on NSC, over time, while controlling for measures of concentrated

disadvantage. The study used three waves of secondary quantitative survey data from the AECF's MCI to understand the relationship between NSC and characteristics from U.S. Census Block Groups (CBG) at one point in time. CBG are a collection of nearby neighborhood blocks with 600 to 3,000 people. The MCI cities and neighborhoods were selected from 22 cities that the foundation engaged via local stakeholders for three years (such as local foundations, city departments, organizations and residents) (NORC at the University of Chicago, 2016). The MCI data set includes a stratified random sample of families representing their U.S. CBG in 430 targeted high-to-extreme poverty neighborhoods (Singleton & Straits, 2005). U.S. CBG is the unit of analysis in the study, which was computed with the household-level sample specifically for this study. Some household-level study participants were involved with MCI planning, research, community development, and/or organizing initiatives and others resided in focus neighborhoods but were not involved. Therefore the study sample includes aggregated NSC scores that represent both involved and uninvolved households within U.S. CBGs.

The ten cities that participated in the initiative were Denver, Des Moines, Hartford, Indianapolis, Louisville, Milwaukee, Oakland, Providence, San Antonio and Seattle. The sample contains heterogeneity across cities (see Table 3) including: (a) a range of populations (481,394 to 7,039,362 people in the metropolitan area); (b) 8 of the 9 U.S. Census regions; (c) a wide range of demographics within the CBG such as a low or a high percentage of specific racial groups (6.8 to 38.1 percent African Americans and 1.9 to 58.7 percent Latinos/Latinas), poverty (11.4 to 30.6 percent below the poverty rate), female headed households (10.8 to 25.2 percent), below 18 years old (15.6 to 30.1), and owner occupied housing (24.6 to 64.7 percent). The study sample included mostly racial minorities residing in neighborhoods with a concentration of poverty, which may have an impact on NSC due to their experiences coping with long-term segregation at the intersections of both race and class. The 10 cities were selected because they demonstrated the ability to help the AECF meet the goals of collecting data and improving outcomes for children and families.

Household-level surveys were collected at three different time points. The first survey wave was administered between

Table 3. United States Census 2000 Demographics for Cities

| City | Population (City) | Population (Metropolitan Area) | National Population Rank | Census Region | White (%) | African American (%) | Latino/Latina (%) | Below Poverty (%) | Female Headed Households (%) | Below 18 Years Old (%) | Owner Occupied (%) |
|-----------------------------|-------------------|--------------------------------|--------------------------|---------------|-----------|----------------------|-------------------|-------------------|------------------------------|------------------------|--------------------|
| Denver | 554,636 | 2,581,506 | 18 | M | 65.3 | 11.1 | 31.7 | 14.3 | 10.8 | 22.0 | 52.5 |
| Des Moines | 198,682 | 481,394 | 85 | WNC | 82.3 | 8.1 | 6.6 | 11.4 | 12.6 | 29.5 | 64.7 |
| Hartford | 121,578 | 1,183,110 | 47 | NE | 27.7 | 38.1 | 40.5 | 30.6 | 12.4 | 30.1 | 24.6 |
| Indianapolis | 781,870 | 1,607,486 | 33 | MW | 69.1 | 25.5 | 3.9 | 11.9 | 15.1 | 25.7 | 58.6 |
| Louisville | 256,231 | 1,025,598 | 43 | ESC | 62.9 | 33.0 | 1.9 | 21.6 | 8.6 | 23.7 | 52.6 |
| Milwaukee | 940,164 | 1,689,572 | 35 | MW | 65.6 | 24.6 | 8.8 | 21.3 | 16.3 | 26.4 | 45.3 |
| Oakland | 399,484 | 7,039,362 | 13 | P | 31.3 | 35.7 | 21.9 | 19.4 | 24.4 | 25.0 | 41.4 |
| Providence | 173,618 | 1,188,613 | 39 | N | 54.5 | 14.5 | 30.0 | 29.1 | 20.5 | 26.1 | 34.6 |
| San Antonio | 1,444,646 | 1,592,383 | 26 | WSC | 67.7 | 6.8 | 58.7 | 17.3 | 16.4 | 28.5 | 58.1 |
| Seattle | 563,374 | 3,554,760 | 14 | P | 81.8 | 8.4 | 5.3 | 11.8 | 25.2 | 15.6 | 46.0 |
| <i>United States Totals</i> | 105,480,101 | -- | -- | -- | 75.0 | 12.3 | 12.5 | 12.4 | 12.2 | 26.0 | 66.2 |

Note. The cities sampled include: (a) a range of populations, (b) 8 of the 9 U.S. Census regions including: East South Central (ESC), Midwest (MW), Mountain (M), New England (NE), Northeast (N), Pacific (P), West North Central (WNC), and West South Central (WSC), and (c) a wide range of the percent of racial/ethnic populations, poverty, female headed households, below 18 years old, and owner occupied housing.

2002 and 2004, the second survey wave was administered between 2005 and 2007, and the third survey wave was administered between 2008 and 2011. Local community-based research teams had slightly different timelines in the ten study cities, which was the result of locally-driven data collection teams that had to track study participants who had a high rate of residential mobility. In total, the data set provides survey information for 7,495 households at the first point of data collection.

U.S. CBG, as a proxy for neighborhoods, are places where families live, socialize, interact, raise their children and carry out their daily lives (Dinesen & Sonderskov, 2015). A U.S. CBG is an imperfect proxy for how all residents conceptualize their neighborhood; however, the choice to analyze U.S. CBG-level data provides a practical means to align NSC data with neighborhood level demographic controls collected in all U.S. locations. The researchers of this study aggregated the MCI household-level NSC data to CBGs, with whatever data was available for each CBG, without imputing the missing data.

The MCI sample includes approximately 800 households selected from the target neighborhoods in each of the MCI cities. MCI established the study as a panel study with replacement households as means to decrease the missing data rates given the known high mobility rates. Therefore, if a different individual or family occupied the household address during the second or third survey administration, then the new residing individual or family was invited to complete the survey. If no individual or family from an originating address was available to complete the second or third wave of the study, a new address was randomly chosen to replace the wave 1 address.

Neighborhoods were operationalized as U.S. CBG in 2000. At wave 1 the dataset contained 7,495 households and 418 CBGs; at wave 2 the dataset contained 6,957 households in 417 CBGs. Three cities did not participate in the wave 3 surveys and as a result the dataset contains 4,315 households in 321 CBGs at wave 3. The cities not included in the wave 3 data were not excluded in the current analyses to improve the generalizability of findings. The response rates at each wave of data collection varied between 63% and 87%. In some cases new household addresses sampled at waves 2 and 3 were within CBG boundaries that were previously not sampled. For this reason, the total

number of neighborhoods across the three waves of the survey was 430, which was higher than the total neighborhoods sampled for any single wave of the survey. Therefore the study sample size is 430 U.S. CBG that are an aggregate of over 7,495 household-level surveys (the exact number of households included in replacement households is not reported).

The demographic data for each U.S. CBG included in the study are available in Table 3. The sample of this study includes neighborhoods with an average of 77 percent individuals representing non-White ethnic/racial groups residing in Making Connections Initiative (MCI) focused communities with high rates of mobility (more than half of residents moved in the 3 years between the first and second waves of data collection in 8 out of 10 of the cities) (Coulton, Theodos, & Turner, 2012).

Neighborhood Measures

The study compares aggregate U.S. CBG from the year 2000 with aggregate NSC as captured in the MCI survey at all three waves of data collection (Abascal & Baldassari, 2015). NSC was measured using five items from the Project on Human Development in Chicago Neighborhoods (PHDCN) (Earls et al., 2007). The five NSC items are: (a) I live in a close knit neighborhood; (b) People in my neighborhood are willing to help their neighbors; (c) People in my neighborhood generally do not get along with each other; (d) People in my neighborhood do not share the same values; and (e) People in my neighborhood can be trusted. All items were measured on a five-point Likert scale where one was equal to strongly disagree, two was equal to disagree, three was equal to neither agree nor disagree, four was equal to agree, and five was equal to strongly agree. The two negatively worded items were reverse coded in the construction of the NSC scale. An aggregation of all surveys within a given U.S. CBG represents the NSC score for each U.S. CBG. The mean NSC score for the 418 CBGs at wave one of data collection was 3.24 (sd = .33), which represents a range of 2.25 (between disagree and neutral) to 4.23 (between agree and strongly agree) within the CBGs. The scale has a reliability coefficient alpha of .71.

Table 4. United States Census 2000 Block Group Characteristics: Descriptive Statistics and Correlations with Wave One Neighborhood Social Cohesion (NSC) Scores

| U.S. Census. Block Group Characteristics | Mean (sd) | Correlation with Wave One NSC |
|---|-----------|-------------------------------|
| Percent homeowners | 45 (25) | .39* |
| Percent Latino/Latina | 43 (39) | .30* |
| Percent all non-White | 77 (29) | .10* |
| Percent foreign born | 19 (16) | .01 |
| Percent employed | 48 (12) | -.01 |
| Percent male | 49 (6) | -.04* |
| Total housing units | 372 (194) | -.10* |
| Percent White | 23 (29) | -.10* |
| Percent less than a high school education | 73 (.14) | -.13* |
| Percent living below poverty | 31 (15) | -.20* |
| Percent African American | 24 (31) | -.21* |
| Percent below 18 | 33 (10) | -.24* |
| Percent female headed household | 26 (15) | -.24* |
| Percent moved | 47 (16) | -.30* |

Note. Mean scores are listed as percentages. The Census Block Groups in this study include a wide range in variables including the percent of racial/ethnic populations, poverty, female-headed households, below 18 years old, and owner occupied housing. However, the average percent of the variables are above the national average and therefore the sample is representative of neighborhoods with a high percentage of African American and Latino/Latina residents that reside in neighborhoods of concentrated disadvantage. * $p < .05$.

The study U.S. CBG variables include: racial and ethnic composition (percent Latino/Latina, African American, White) and percent foreign born (Demireva, 2015; Van der Meer & Tolsma, 2014). Measures of concentrated disadvantage and advantage from the U.S. CBG are: density (total housing units), gender composition (percent male), percent of children and youth (below 18 years old), education level (percent less than high school education), poverty rates (percent below poverty rate), resident stability (percent moved), homeownership (percent), female-headed household (percent), and employment (percent employed). The U.S. CBG scores are from one time point in 2000, and therefore changes in neighborhood demographics were not accounted for in this study. Table 4 provides descriptive statistics for all study variables including the mean, standard deviation, and correlations with NSC at baseline (wave one).

The researchers tested the data linearity assumptions of the NSC and CBG demographic data were established prior to data analysis. Correlations between wave one NSC and neighborhood characteristics provide information about the cross-sectional bivariate relationship between study variables

(see Table 4). Correlations reveal a number of significant relationships between neighborhood characteristics and NSC. The following U.S. CBG variables all had a positive relationship with NSC (listed in order of the strongest correlation): percent homeowners, percent of Latino/Latina residents, the percent of non-White residents, and the percent foreign born. Neighborhood U.S. CBG characteristics that have a negative relationship with NSC are (listed in order of the strongest correlation): residents that have moved, resident below the age of 18, female-headed households, African American residents, households living below the poverty line, total housing units, adults with less than a high school education, White residents, male, and employed.

Analysis Plan

Hierarchical linear models (HLM) of NSC for each of the neighborhood characteristics were assessed with Stata software (Snijders & Bosker, 1999). Changes in NSC from 2004 to 2011 were modeled controlling for U.S. CBG variables for the year 2000 as baseline. The data analysis is an iterative HLM-building process that included four models. The first two models establish how much variation exists across the 430 neighborhoods (random intercepts model) and how much variation exists across the 430 neighborhoods over time (random slopes and intercepts model). The first two models are run as an initial exploration to establish the variability of NSC in the dataset, prior to running the analysis with the measures of concentrated race, advantage, and disadvantage.

The third model is the concentrated disadvantage and advantage model is conceptually based, using previous concentrated disadvantage (such as the percent of residents with less than a high school education) and advantage factors (such as homeownership). The concentrated disadvantage and advantage model neighborhood demographics are expected to be negative and statistically significant predictors of NSC because the variables are measures of concentrated disadvantage. The only exceptions are: (a) homeownership, which is a known positive predictor of longer-term relationships and commitments to the neighborhood, and (b) employment, which is hypothesized to have a negative association with NSC because households

have less time and energy and less need to build supportive relationships with neighbors. The third model is intended to test whether concentrations of African American and Latino/Latina residents are indicators of concentrated disadvantage (i.e., negative predictors of NSC where concentrations of African American and Latino/Latina residents predict lower NSC over time).

The fourth model tests whether the racial concentrations and homeowners are positive predictors of NSC, as studies in Europe have found, when statistically significant variables representing concentrated disadvantage are included in the model. Specifically, the fourth model is intended to test whether concentrations of African American and Latino/Latina residents are positive predictors of NSC over time and therefore an asset in multicultural neighborhoods with likely ongoing contact within and across diverse racial/ethnic groups during the 10-year period of this study. In the fourth model, the variables not exceeding a threshold for statistical significance are removed to create a more parsimonious and interpretable model. Models 1 and 2 establish that HLM is an appropriate data analysis plan for this data set. Models 3 and 4 will be compared with model fit statistics such as the Wald Chi Square test to determine the most parsimonious model.

Results

All HLM models indicated significant variation in NSC between neighborhoods ($p < .001$); however, NSC did not change over time at statistically significant levels when the CBG variables were controlled (see Table 5). The mean NSC scores for Model 1 (random intercepts) and Model 2 (random intercepts and slopes) were 3.23. Forty-eight percent of the variance in the random intercepts model is explained by differences between neighborhoods. In the random intercepts and slopes model, forty-five percent of the variance is explained by the differences between neighborhoods, and 4 percent of the variance is explained by variation in growth over time.

The concentrated disadvantage and advantage model (variation across neighborhoods and over time controlling for U.S. CBG variables) had a mean NSC ($m = 3.68$) that was higher than the random intercepts (variation across neighborhoods) ($m =$

Table 5. Growth Curve Models for United States Census Block Groups and Neighborhood Social Cohesion

| Census Block Group Characteristics (% unless noted) | Model 1: Random intercepts | Model 2: Random intercepts and slopes | Model 3: Neighborhood disadvantage and advantage model | Model 4: Final model |
|--|----------------------------|---------------------------------------|--|----------------------|
| Intercept | 3.23*** (.02) | 3.23*** (.02) | 3.68*** (.15) | 3.52*** (.06) |
| Time (Years) | .006* (.003) | .005 (.003) | .004 (.003) | .004 (.003) |
| Latino/Latina | -- | -- | .003*** (.0004) | .003*** (.0004) |
| African American Homeowners | -- | -- | .001* (.0006) | .001** (.0004) |
| Below 18 | -- | -- | .004*** (.0001) | .004*** (.0004) |
| Less than a high school education | -- | -- | -.010*** (.001) | -.007*** (.001) |
| Moved | -- | -- | -.010*** (.001) | -.006*** (.001) |
| Foreign born | -- | -- | .001 (.001) | -- |
| Households below poverty | -- | -- | .001 (.001) | -- |
| Female headed households | -- | -- | .0004 (.001) | -- |
| Employed | -- | -- | -.0003 (.001) | -- |
| Total households | -- | -- | -.002 (.001) | -- |
| Neighborhood variance | 48% | 45% | -.008 (.01) | -- |
| Growth over time variance | -- | 4% | 35% | 35% |
| Wald Chi Sq. | 4.14 | 3.23 | 244.34 | 234.44 |
| N | -- | 430 | 430 | 430 |

Note. * p < .05; ** p < .01; *** p < .001

3.23) and random intercepts and slopes model (variation across neighborhoods and over time) ($m = 3.23$). The concentrated disadvantage and advantage model explained 5 percent of the variation in NSC over time and 35 percent of the variation between neighborhoods when controlling for U.S. CBG characteristics. The percent African American and Latino/Latina had a positive and statistically significant relationship with NSC over time. The percent below 18 years old, less than a high school education and the percent employed had a negative relationship with NSC over time, controlling for the other variables in the model. Six variables were not statistically significantly related to NSC over time and were therefore omitted in the fourth model. The concentrated disadvantage and advantage model and the fourth model have a similar percent of variance explained and percent of variance over time, but the fourth model was selected as the final model because it is a more parsimonious model and has better model fit as indicated by the Wald Chi Square results.

The fourth model had a mean NSC score that was in-between Model 3 (random intercepts and slopes) and Model 4 (concentrated disadvantage and advantage) ($m = 3.52$). Thirty-five percent of the variance in the model is attributable to differences in NSC across neighborhoods and 5 percent of the variance is attributable to changes in NSC over time. The U.S. CBG variables in the fourth model include the percent: Latino/Latina, African American, below 18 years old, less than a high school education, and homeowners. The percent below 18 in the neighborhood and the percent with less than a high school education are both associated with lower NSC scores. A ten-percentage point increase in residents below 18 years of age is associated with a .07 lower average NSC score over time, controlling for all other variables in the model. A ten-percentage point increase in household heads with less than a high school education is associated with a .06 lower average NSC score over time, controlling for all other variables in the model. The other variables in the model have a positive relationship with NSC over time, controlling for the other variables in the model. A ten-percentage point increase in homeowners is associated with a .04 higher average NSC score over time, controlling for all other variables in the model. A ten-percentage point increase in Latino/Latinas is related to a .03 higher average NSC score over

time. A ten-percentage point increase in African American's in the neighborhood is associated with a .01 higher average NSC score over time.

Discussion

The results of this study provide a longitudinal description of the positive impact of concentrations of African American and Latino/Latina on NSC in high-to-extreme poverty neighborhoods in ten multiracial/multiethnic U.S. cities. The study data provide evidence that supports the hypothesis that aligns with European research demonstrating that concentrations of African American and Latino/Latina residents are positive predictors of NSC when controlling for measures of concentrated disadvantage (Cantle, 2005; Demireva, 2015; Laurence & Heath, 2008; Letki, 2008; Sturgis et al., 2010; Sturgis et al., 2014). The study provides evidence that concentrations of African American and Latino/Latina households within high-to-extreme poverty neighborhoods may be inherent strengths that buffer the impact of concentrated disadvantage when communities of color live among one another and work together on initiatives that develop their NSC in multicultural neighborhoods.

The findings of this study are compared with previous research are discussed below within the context of the demographics of the neighborhoods in the study sample. Then study results are integrated with theoretical explanations for why concentration of African American and Latino/Latina residents in high-to-extreme poverty neighborhoods may, in fact, increase trust within and between ethnic groups over time, which may result in higher U.S. CBG NSC scores. The discussion seeks to explain the known strengths and challenges that may result in concentration of African American and Latino/Latina residents increasing NSC in multiracial/multiethnic high-to-extreme poverty neighborhoods.

The two significant concentrated disadvantage variables (the percent below the age of 18 years old and the percent of adults with less than a high school education) and the percent homeowners (a measure of concentrated advantage) align with previous findings and directions of relationships with NSC

(Browning & Cagney, 2003; Elliott et al., 2006; Forrest & Kearns, 2001). In the U.S. Census year 2000, the MCI neighborhoods had a large percentage of residents with less than a high school education (13 percent less than the U.S. population average) and a large percentage of children under the age of 18 years old (9 percent higher than in the U.S. population). These two neighborhood characteristics are the strongest concentrated disadvantage predictors of NSC in this study. Together they account for .13 combined lower NSC scores on average. The high percentage of adults without a high school education and the high percentage of children and youth in these neighborhoods with high-to-extreme poverty rates are known contributors to challenges to parenting and positive youth development, which may lower NSC, particularly for younger residents (Abada et al., 2007; Browning & Cagney, 2003; Hewstone, 2015; Manjarrez, 2005; Rotolo, Wilson, & Hughes, 2010; Sampson & Graif, 2009; Sturgis et al., 2014; Uslander, 2011; Wilson, 1987).

In contrast, the percent homeowners (19 percent below the U.S. population), Latino/Latina (27 percent above the U.S. population), and African American (11 percent above the U.S. population) account for a combined .08 increase in NSC over time. These three variables are stabilizing factors in MCI neighborhoods that help increase NSC, despite high mobility and concentrated disadvantage (Coulton et al., 2012; Manjarrez, 2005; Rotolo et al., 2010; Sampson & Graif, 2009; Sampson et al., 1999). Therefore, concentrations of Latinos/Latinas and African Americans in high poverty neighborhoods are not an indicator of concentrated disadvantage, but instead are positive predictors of NSC over time.

The positive association of the percent Latinos/Latinas and African Americans and NSC match Wilson's (2009) and Uslander's (2011) assertions that historic concentrations of ethnic minorities have the potential to develop diverse social networks and coalitions of residents that build trust and work together in local organizations. Five possible reasons for long-term benefits to maintaining or developing NSC in neighborhoods with a high percentage of African American and Latino/Latina networks are described below.

First, African American and immigrant networks frequently rely on informal social supports and networking for information

about housing and employment opportunities and therefore personally benefit from helping one another, which builds closeness and trust (Keller, 2011; Kleit & Galvez, 2011; Krysan, 2008; Varady et al., 2001). Second, residents of high and extreme poverty neighborhoods often describe individual experiences of NSC as being more racially mixed if they are younger, have lived in the neighborhood longer, or interact with others where they get to know their neighbors of different races (Hewstone, 2015; Hudson et al., 2007; Laurence, 2011; Uslaner, 2011). Third, African American networks describe an increase in social interactions in more recent years, while racial acceptance has increased for longer term Black residents. This may be a result of increased contact between groups that work together on common goals, reduce prejudices, and increase bridging ties and NSC across ethnic groups (Allport, 1954; Cook, 1988; Dinesen & Sonderskov, 2015; Gijsberts et al., 2012; Hewstone, 2015; Hudson et al., 2007; Laurence, 2011; Pettigrew 1998; Pettigrew & Tropp, 2008; Sturgis et al., 2014; Uslaner 2011); Fourth, African American and Latino/Latina networks may have developed communal trust/solidarity, wisdom, strengths, and power over time as they generationally resisted oppression in a manner that has resulted in building ties to establish power and maintaining more collective cultures in an individualistic dominant U.S. culture (Collins, 2000; Harding, 1993; Tuck & Yang, 2012; Uslaner, 2011; Van der Meer & Tolsma, 2014). And fifth, NSC is conceivably higher on specific blocks or in specific resilient networks where long-term residents name social ties as a reason to remain in the neighborhood (Hudson et al., 2007).

Therefore, being a long-term U.S. resident of a particular MCI neighborhood with a concentration of African American and Latino/Latina residents may increase trust within and between ethnic groups over time, which may result in higher U.S. CBG NSC scores. The positive association of a concentration of African American and Latino/Latina residents is a finding in contrast to previous studies (Abada et al., 2007; Abascal & Baldassari, 2015; Bakker & Dekker, 2012; Demireva, 2015; Hewstone, 2015; Uslaner, 2011). The possibility of improved outcomes for individual residents was the goal of the MCI, and therefore the positive association between NSC and racial concentrations of residents that the AECF invested in building the capacity

of is important (Hewstone, 2015; Koopmans & Schaeffer, 2014; Schaeffer, 2014).

NSC grew over time, and the growth was explained by neighborhood characteristics. Additionally, this study explained more variance in NSC over time (5%) than previous studies of this nature (1-4%). Therefore results indicate NSC is malleable over time in neighborhoods with high poverty (Sampson & Graif, 2009; Sampson et al., 1999). Additionally, the 47 percent mobility rate and the maintenance of NSC over time is an accomplishment of the MCI, particularly given the racial heterogeneity of neighborhoods.

These findings contrast with many other studies that define heterogeneous racial segregation within neighborhoods as a measure of concentrated disadvantage that results in low levels of communication across racial/ethnic groups, lower levels of trust, and higher levels of social disorganization (Browning & Cagney, 2003; Elliott et al., 2006; Kingston, Huizinga, & Elliott, 2009; Van der Meer & Tolsma, 2014). The NSC in the neighborhoods may have decreased over time given the high mobility; however, the trust established within the CBGs with concentrated African American and/or Latino/Latina populations provides an explanation for maintaining and/or increasing NSC (at a non-significant level when controlling for U.S. CBG variables). Therefore, neighborhoods comprised of historic and ongoing African American and Latino/Latina populations may in fact become assets to high poverty neighborhoods seeking to build NSC (Chaskin & Joseph, 2010). The MCI invested in resident, public, and private participants building trust and a common vision for the future of the families that live within the MCI neighborhoods (AECF, 2013). The community investment likely builds on the existing cultural strengths within the African American and Latino/Latina populations that interact within neighborhood blocks, schools, and other neighborhood institutions over time.

Study Strengths, Limitations, and Future Research

The study has several strengths, including the use of a stratified, random, longitudinal sample of high poverty neighborhood residents in 10 cities (Bécares et al., 2010; Gijssberts

et al., 2012). The study also has several limitations. First, MCI neighborhoods are all high poverty neighborhoods, and therefore results cannot be generalized to higher income neighborhoods. For example, previous studies found more variance between neighborhoods (48-73%) than this study (35%) and also include more income diversity in their sampling (Sampson & Graif, 2009; Sampson et al., 1999). Second, the sample did not include a large percentage of Native American or Asian American populations and therefore repeats a common limitation of studies rendering these identities invisible or non-significant despite their presence (Tuck & Yang, 2012). Third, our analysis did not focus on youth and therefore cannot assess the unique experiences of Latino/Latina and African American youth who may experience increased NSC in diverse neighborhoods and decreased NSC in racially segregated neighborhood (Sturgis et al., 2014). And fourth, some aggregated NSC data included fewer than five cases, and therefore the U.S. CBG with less than five cases may not be as representative, due to either missing data or following residents that moved to U.S. CBG that were outside the initial study parameters.

The study has additional limitations related to measures including: (a) the use of the U.S. CBG measure of employment rather than unemployment as utilized in previous research; (b) not including additional measures of diversity (such as Simpson's Diversity Index) that take into account the number of racial/ethnic groups or segregation (Laurence, 2011; Sturgis et al., 2014; Uslaner, 2011); (c) not including interactions between NSC and neighborhood characteristics; and (d) not including non-Census-related variables like crime or social control (Silver & Miller, 2004). The inclusion of these study measures could have more clearly differentiated the impact of concentrations of specific race/ethnicities with U.S. CBG from the impact of other measures of concentrated disadvantage, the impact of diversity or segregation, and other social factors known to impact NSC. As a result, the nuanced variation within U.S. CBG with concentrations of racial/ethnic groups was not described within this study.

Also, the decision to aggregate NSC to CBG results in a macro-level analysis of repeated cross-sectional data (Van der Meer & Tolsma, 2014). As a result, the study does not control

for NSC ratings by individual demographic variation (such as race/ethnicity, income, education, age, and length of time residing in the neighborhood), individual resident attitudes about other racial/ethnic groups, or individual resident contact across groups (Bakker & Dekker, 2012). Therefore, there may be some bias in study results from contextual explanations rather than the experiences of individuals over time (Lundåsen & Wollebaek, 2013). Future research could include: individual (within person variation), waves (time variation), neighborhoods (within neighborhood variation), and cities (within cities variation) (Abascal & Baldassari, 2015; Lundåsen & Wollebaek, 2013; Van der Meer & Tolsma, 2014). A multilevel modeling process could provide more nuanced experiences of social trust among individuals and within communities (Lundåsen & Wollebaek, 2013). Multilevel modeling could also specify time varying characteristics such as CBG changes in income, education, mobility, and race/ethnicity that may contribute to changes in NSC over time. Combining neighborhood- and individual-level units of analysis could help describe why NSC is higher or lower in low-income neighborhoods with concentrations of African Americans and Latinos/Latinas (Abascal & Baldassari, 2015; Van der Meer & Tolsma, 2014).

Conclusion and Study Implications

The MCI and related longitudinal dataset provided an opportunity to study the impact of racial concentrations in the U.S., on NSC over time, while controlling for other neighborhood demographics. NSC is often thought of as a stable concept in neighborhoods, but NSC changes over time in high poverty neighborhoods. The impact of a large composition of specific racial groups in high poverty neighborhoods was not well established with research prior to this study (Hewstone, 2015; Koopmans & Schaeffer, 2014; Schaeffer, 2014). Racial concentrations are sometimes described as racial segregation and are considered a measure of disadvantage with a negative impact on NSC, particularly in the U.S. (Abada et al., 2007; Hewstone, 2015; Sturgis et al., 2014; Uslaner, 2011; Wilson, 1987). Yet, racial concentrations of Latinos/Latinas and African Americans in MCI neighborhoods within the U.S. were associated with

higher levels of NSC. This finding is supported by previous research from outside the U.S. (Cantle, 2005; Demireva, 2015; Laurence & Heath, 2008; Hewstone, 2015). The U.S.-focused dataset of this research may represent a higher composition of African American and Latino/Latina residents than European samples, and therefore may represent neighbors that are more similar when they build trust within racial/ethnic groups (Abascal & Baldassari, 2015). Generations of collective resistance by Latinos/Latinas and African Americans in MCI neighborhoods may have developed communal trust/solidarity, wisdom, strengths, and power over time, and therefore the stigma associated with concentrations of racial minorities in neighborhoods should be challenged (Collins, 2000; Harding, 1993; Tuck & Yang, 2012).

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The Association Between Neighborhood Factors and Mexican Americans' Mental Health Outcomes: A Systematic Review

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This systematic review seeks to elucidate the association between neighborhood factors and Mexican American mental health outcomes. We searched PsycINFO and Academic Search Premier for studies related to neighborhood factors and mental health. Google Scholar was used to identify additional studies, followed by a manual inspection of the related work. Eleven studies were identified. Nine studies found that neighborhood factors had a significant impact on mental health among this group. Neighborhood compositional factors influenced mental health directly, among which minority concentration was found to be protective for Mexican American mental health. Neighborhood contextual factors influenced mental health directly and indirectly through the mediation of family cohesion. This study reveals the protective effects of minority concentration and calls for further investigation on the cross-level interaction effects of neighborhood and individual/family factors on Mexican American mental health.

Keywords: neighborhood context, mental health outcomes, Mexican American, systematic review.

Introduction

The Mexican American population is the largest Hispanic group in the U.S. (64%) and continues to grow (U.S. Census Bureau, 2013). From 1960 to 2013, the number of immigrants from Mexico increased from 600,000 to 11.6 million (Pew Research Center, 2015), with more than half (52%) living in the west (Gonzalez-Barrera & Lopez, 2013). This population primarily lives in homogeneous neighborhoods in which the majority of their neighbors share the same ethnicity, and these neighborhoods generally experience high rates of poverty (Eschbach, Ostir, Patel, Markides, & Goodwin, 2004). Many theories have been advanced to understand this dynamic, with an interest in explaining the effects of neighborhood characteristics on mental health outcomes.

Earlier studies that investigated neighborhood characteristics mainly focused on socioeconomic status (SES) and racial/ethnic composition at the neighborhood level (Macintyre, McKay, & Ellaway, 2005; Shaw, Criss, Schonberg, & Beck, 2004; Sooman & Macintyre, 1995). These studies indicated the negative impact of disadvantaged neighborhoods on mental health outcomes (Macintyre, MacIver, & Sooman, 1993; Sooman & Macintyre, 1995). More recent studies have expanded their scope to include protective neighborhood factors on mental health, such as the strength of social cohesion (Sampson, Raudenbush, & Earls, 1997). These recent studies may be particularly relevant to Mexican Americans, given the potential protective role of social environment that may exist in the homogeneous neighborhoods which experience socioeconomic disadvantage (Blair, Ross, Garipey, & Schmitz, 2014; Sampson, 2012; Wu, Prina, & Brayne, 2015). A review of prior studies can provide insights for the competing theoretical perspectives regarding the effects of neighborhood characteristics on Mexican American mental health.

Background

Ethnic enclaves develop in response to structural barriers to mobility, socioeconomic opportunity, and resident choice (Sampson, 2012) for Mexican Americans and recent Mexican immigrants, who frequently live in homogeneous neighborhoods

(Herrera, Lee, Nanyonjo, Laufman, & Torres-Vigil, 2009). In 2012, there were 53 million Latinos living in the U.S. Of these, 33.7 million were of Mexican origin, including 24 million native-born and naturalized citizens, 3.7 million Mexico-born permanent residents, and 6 million Mexico-born unauthorized immigrants (Gonzalez-Barrera & Lopez, 2013). In total, 8.5 million people of Mexican origin were concentrated in just four metropolitan areas, with 3.8 million living in the Los Angeles area alone (Gonzalez-Barrera & Lopez, 2013). In 2010, there were 13 metropolitan regions with at least 100 Latino neighborhoods (neighborhoods in which at least 50% of the population is Latino) (Onésimo Sandoval & Jennings, 2012).

The residential settlement style, referred to as *hyper barrios* by Massey and Denton, exhibits a minority concentration effect (Massey & Denton, 1992; Sandoval & Jennings, 2012; Wilson, 2012). This minority concentration has been theorized to have both negative and positive effects on mental health outcomes. Minority concentration can reinforce economic disadvantages, which is related to adverse mental health outcomes (Shaw & McKay, 1942). It can also promote social cohesion, which is related to positive mental health outcomes (Roberts, Roberts, & Chen, 1997; Sampson, 2012). Homogeneous neighborhoods may help maintain traditional norms and values, such as familism and gender roles, both of which can protect Mexican Americans from adverse mental health outcomes (Campos, Ullman, Aguilera, & Dunkel Schetter, 2014; Keeler, Siegel, & Alvaro, 2014). Because of the growth of the Mexican American population, it is important to understand both the positive and negative effects of minority concentration.

Social Disorganization Theories and Mental Health Outcomes

Living in a disadvantaged neighborhood (defined as 30-40% of the population living below the poverty line) has consistently been associated with psychological distress beyond that of individual SES (Massey & Denton, 1992; Mirowsky & Ross, 2003; Wilson, 2012). This social phenomenon has frequently been referred to as an upstream social determinate of distress (Braveman, Cubbin, Egerter, Williams, & Pamuk, 2011); the impact of individual-level psychological changes comes from the direct and indirect effects

of neighborhood-level factors. Social disorganization theory has been advanced to explain the relationship between neighborhood disadvantages and mental health outcomes.

The classic social disorganization theory, which is one of the foundational theories in the study of neighborhood effects, suggests that concentrated disadvantages, homogeneous ethnic groups (that include large concentrations of immigrant groups), residential instability, and weak social ties are associated with increased crime and violence (Sampson, 2012; Shaw & McKay, 1942). Feeling unsafe in a neighborhood may directly and indirectly influence residents' mental health outcomes by affecting individuals' stress levels (Booth, Ayers, & Marsiglia, 2012), as well as social processes, such as social cohesion, that occur within the neighborhood (Macintyre et al., 1993; Sooman & Macintyre, 1995). Ross (2000) found that neighborhood disorder, which is characterized by general signs of crime (e.g., graffiti, broken windows, and noise), fully mediated the relationship between neighborhood disadvantages and distress (Ross, 2000).

Modern studies of social disorganization theory have found strong evidence for the protective effect of *collective efficacy* (Sampson et al., 1997), wherein "social cohesion among neighbors combined with their willingness to intervene on behalf of the common good" (p. 918). *Collective efficacy* reduces violence in a neighborhood by creating social norms that communicate intolerance of criminal behavior and the ability to enforce that norm. Recent studies have found support for this hypothesis. For example, Burchfield and Silver (2013) found that collective efficacy may reduce the robbery incidents in disadvantaged neighborhoods with large concentrations of immigrant groups.

The classic social disorganization theory and the more modern introduction of collective efficacy lead to differing hypotheses that associate living in a neighborhood with a high concentration of immigrants (important when discussing Mexican Americans) and mental health outcomes. Classical disorganization theory hypothesizes that a high concentration of immigrants in a neighborhood is associated with more crime, and therefore poorer mental health (Sampson et al., 1999; Sampson et al., 1997). In contrast, the collective efficacy perspective hypothesizes that a high concentration of immigrants is associated with increased social cohesion, which protects against elevated rates of crime (Nielsen,

Lee, & Martinez, 2005; Salanova, Llorens, Cifre, Martínez, & Schaufeli, 2003; Sampson, Morenoff, & Raudenbush, 2005), and consequently has a positive effect on immigrants' mental health. The concentration of Mexican Americans in neighborhoods may aid in the creation of collective efficacy by facilitating a shared identity (Milbrath & DeGuzman, 2015) that reinforces traditional norms and values which place a strong emphasis on family interdependence and family-wide supportiveness (familism) (White, Roosa, & Zeiders, 2012c).

These dynamics raise questions about the mechanisms within neighborhoods that affect mental health. Previous systematic reviews have summarized the association between neighborhood context and mental health outcomes in the general population (Blair et al., 2014; Cutrona, Wallace, & Wesner, 2006; Mair, Roux, & Galea, 2008; Paczkowski & Galea, 2010; Truong & Ma, 2006). However, no studies have reviewed the relationship between neighborhood factors (e.g., ethnic composition) and Mexican American mental health outcomes. This systematic review seeks to fill this gap and elucidate the association between neighborhood factors and mental health outcomes among this group.

Deconstructing Neighborhood Factors

Since the introduction of the social disorganization theory, many concepts have been introduced in the study of neighborhood factors. To guide this systematic review and add depth to the discussion of neighborhood effects, this study examines neighborhood factors in greater detail by deconstructing two important categories of neighborhood measure: neighborhood compositional factors and neighborhood contextual factors (Wu et al., 2015). *Neighborhood compositional factors* are created by aggregating the individual characteristics (Wu et al., 2015) of neighborhood SES and racial/ethnic composition (Sampson, 2012; Wilson, 2012). Indicators of SES include income, education, and percentages of unemployed male-headed households, female-headed households with children, and families on assistance (Massey & Sampson, 2009). Measures of the racial/ethnic composition describe the homogeneity or heterogeneity of the racial/ethnic make-up of neighborhoods (Wilson, 2012).

Neighborhood contextual factors are related to the social, service, and physical characteristics of a neighborhood (Robert, 1999). Social characteristics include social cohesion (neighborhood cohesion and neighborhood familism), informal control between neighbors and within families (collective efficacy) (Sampson et al., 1997), and social capital (trust between neighbors) (Valencia-Garcia, Simoni, Alegría, & Takeuchi, 2012). Service characteristics include health service facilities, fitness centers, religious organizations, supermarkets, and schools (Longest, 2002; Robert, 1999). Physical characteristics include the safety and afforestation (the coverage of green areas) of neighborhoods (Longest, 2002; Schaefer-McDaniel, Caughy, O'Campo, & Gearey, 2010). *Mental health outcomes* refer to positive and adverse mental health, such as anxiety, depression, attention deficit disorder, and cognitive function decline.

This review uses these deconstructed neighborhood factors as a framework to summarize studies linking neighborhood factors to Mexican American mental health. This study specifically examines: (1) The association between neighborhood compositional factors and mental health outcomes among this group; and (2) the association between neighborhood contextual factors and their mental health.

Method

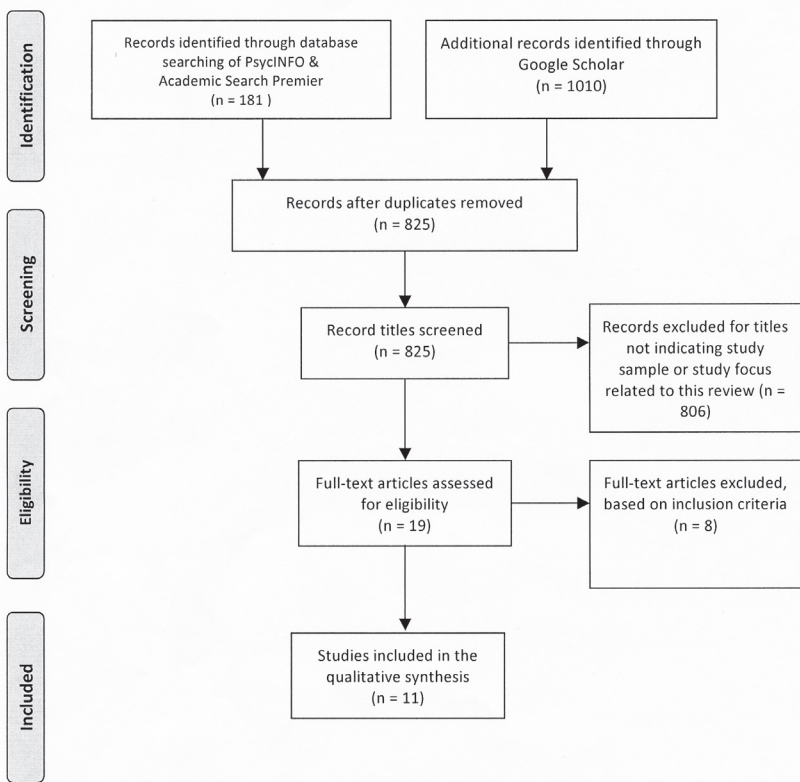
Inclusion Criteria

Studies were included using several criteria. First, the studies were required to be peer-reviewed journal publications. Second, *at least* 70% of the study participants were required to be Mexican Americans. Third, the studies were required to examine the effect of *at least* one neighborhood factor on mental health outcomes. The studies excluded in the review process were unpublished manuscripts, editorials, and opinion pieces.

Search Strategy

Studies were identified using PsycINFO and Academic Search Premier databases and Google scholar (see Figure 1). In phase one of the search, we applied English-language search

Figure 1. A flow chart¹ for identifying the 11 eligible studies.



¹ Format Source: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 6(6): e1000097. doi:10.1371/journal.pmed1000097.

terms to PsycINFO and Academic Search Premier. Search terms were used to select articles whose abstracts contained “Mexican American” and included *at least one term* from each of these sets: Neighborhood compositional factors = [“neighborhood”, “community”]; Neighborhood contextual factors = [“social”, “cohesion”, “service”, “environ*”, “safety”, “facility”, “health care”, “disorganization”, “collective efficacy”]; and Mental health outcomes = [“psych*”, “mental”, “stress”, “emotional”]. These search terms were constructed to match articles concerned with the effects of neighborhood factors on Mexican American mental health. This search returned 181 articles, all of which were published between 1966-2014 (with 51 from PsycINFO and 130 from Academic Search Premier). Based on the inclusion criteria,

11 articles were identified, among which were four duplicates, leaving seven articles for full-text review.

In phase two of the search, Google Scholar was used to identify additional articles that were missed in the first search. Previous studies have indicated that Google Scholar has a larger number of publication records than PsycINFO (García-Pérez, 2010) and Academic Search Premier (Holman, 2011) and a higher recall than PsycINFO (Jean-François, Laetitia, & Stefan, 2013). We used Google Scholar's *related article* feature for each of the seven identified articles. This feature of Google Scholar retrieves articles using author names and self-selected keywords extracted from the article (Falagas, Pitsouni, Malietzis, & Pappas, 2008). The search resulted in 1,010 related articles. After removing duplicate articles and conducting title and abstract reviews, four additional articles were identified through Google Scholar. As a result, a total of 11 articles were selected for full-text review.

In phase three of the search, we manually examined the reference lists of the 11 articles. No additional articles were found. Through these three phases, we identified a total of 11 studies.

Results

Table 1 summarizes the study samples, neighborhood compositional factors, neighborhood contextual factors, mental health outcomes, key findings, and proposed mechanisms of the 11 studies. Among the studies, eight examined the association between neighborhood compositional factors and Mexican Americans' mental health (Gerst et al., 2011; Gonzales et al., 2011; Ostir, Eschbach, Markides, & Goodwin, 2003; Roosa et al., 2010; Sheffield & Peek, 2009; White & Roosa, 2012; White, Roosa, & Zeiders, 2012b; White, Deardorff, & Gonzales, 2012a). Seven studies focused on the association between neighborhood contextual factors and mental health (Gonzales et al., 2011; Nair, White, Roosa, & Zeiders, 2012; Ornelas, Perreira, Beeber, & Maxwell, 2009; Roosa et al., 2010; Valencia-Garcia et al., 2012; White & Roosa, 2012; White et al., 2012b). Four studies were primarily interested in the indirect association between neighborhood factors and mental health (Gonzales et al., 2011; Nair et al., 2012; White et al., 2012c; White et al., 2012a).

Table 1. Summary of 11 articles on the effect of neighborhood factors on mental health outcomes of Mexican American

| Authors (year) | Sample size (age) | Method | Compositional factors | Contextual factors | Mental health outcomes (scale) | Key findings | Proposed mechanisms |
|-------------------------|-------------------|--------------|---|--------------------|-----------------------------------|---|---|
| Ostir et al. (2003) | 2710 (age ≥ 65) | Longitudinal | Neighborhood poverty, neighborhood ethnic group concentration | N/A | Depressive symptoms (CES-D scale) | 1) Significant positive association between neighborhood poverty and the percentage of Mexican Americans in the neighborhood; 2) Significant negative association of the percentage of neighborhood poverty and the percentage of Mexican Americans with depressive symptoms among older Mexican Americans | Neighborhood poverty increases depressive symptoms, and neighborhood ethnic group concentration decreases depressive symptoms |
| Sheffield et al. (2009) | 3050 (age ≥ 65) | Longitudinal | Neighborhood SES (education, occupational class, poverty, housing, income), Neighborhood components | N/A | Cognitive status (MMSE) | 1) Significant positive association between neighborhood poverty and cognitive decline 2) Negative association of neighborhood ethnic homogeneity with cognitive decline 3) Neighborhood context is independent of individual-level risk factors regarding late-life cognitive function decline | Neighborhood poverty increases cognitive decline, and neighborhood ethnic group concentration decreases cognitive decline |

Table 1. (continued)

| Authors (year) | Sample size (age) | Method | Compositional factors | Contextual factors | Mental health outcomes (Scale) | Key findings | Proposed mechanisms |
|-----------------------|-------------------|-----------------|---|---|--|---|--|
| Ornelas et al. (2009) | 20 (age ≥ 18) | Qualitative | N/A | Social isolation, community resources, churches | Depressive symptoms (frequency of using the word depression or related words including sadness, shame, loneliness) | 1) Social isolation in the community is associated with depressive symptoms of Mexican American mothers 2) Accessing community resources and attending churches are strategies to reduce depressive symptoms of Mexican American mothers | 1) Social isolation increases depressive symptoms; 2) Community resources and churches decrease depressive symptoms |
| Roosa et al. (2010) | 750 (age 10-11) | Cross-sectional | Neighborhood SES (income, unemployed, percentage of male-headed households, percentage of female-headed households with children) | Informal social control | Mental health internalizing and externalizing symptoms (DISC) | 1) Neighborhood disadvantage did not directly lead to mental health symptoms of Mexican American early adolescents 2) Informal social control was negatively associated with mental health internalizing and externalizing symptoms | 1) Neighborhood disadvantage does not lead to mental health symptoms; 2) Informal social support decreases mental health symptoms |

Table 1. (continued)

| Authors (year) | Sample size, (age) | Method | Compositional factors | Contextual factors | Mental health outcomes (Scale) | Key findings | Proposed mechanisms |
|-------------------------------|--|-----------------|---|--|---|---|---|
| Gonzales et al. (2011) | 750 mothers and 5 th graders, 467 fathers | Longitudinal | Neighborhood disadvantage (income, unemployment, education, percentage of female-headed households with children, percentage of families on assistance) | Perceived neighborhood danger, neighborhood familism | Mental health internalizing and externalizing symptoms (DISC) | 1) The mediated effect of mothers' perceptions of neighborhood danger on early adolescence externalizing symptoms through warmth parenting was positive 2) Neighborhood familism had a negative direct association with early adolescence externalizing symptoms | 1) Neighborhood familism decreases early adolescence externalizing symptoms; 2) Mothers' perceptions of neighborhood danger has a positive mediating effect on the association between early adolescence externalizing symptoms and warmth parenting |
| Gerst et al. (2011) | 1,875 (age ≥ 75) | Cross-sectional | Neighborhood ethnic group concentration | N/A | Depressive symptoms (CES-D scale) | 1) Significant negative association of the percentage of Mexican Americans in the neighborhood with depressive symptoms among older Mexican American men 2) The proportion mattered more for older Mexican American men than for women | Neighborhood ethnic group concentration decreases depressive symptoms |
| Valencia-Garcia et al. (2012) | 205 (age ≥ 18) | Cross-sectional | N/A | Social capital, perceived access to services | Psychological distress (CIDI-SF) | 1) Perceived access to community services was not directly associated with depression and anxiety 2) The barriers to access community services were low 3) Social capital was associated with fewer depression and anxiety symptoms | Social capital decreases psychological distress |

Table 1. (continued)

| Authors (year) | Sample size, (age) | Method | Compositional factors | Contextual factors | Mental health outcomes (Scale) | Key findings | Proposed mechanisms |
|----------------------|--|-----------------|--|--|----------------------------------|---|---|
| White et al. (2012a) | 344 girls (age 10-14) | Longitudinal | Neighborhood Hispanic composition, neighborhood disadvantage | N/A | Depressive symptoms (DISC) | 1) Neighborhood Hispanic composition was positively associated with neighborhood disadvantages; 2) Neighborhood Hispanic composition moderated the pubertal timing and depressive symptoms of Mexican American girls | Neighborhoods with a high Hispanic group concentration decrease depressive symptoms |
| White et al. (2012b) | 463 father and youth dyads (youth age 10-11) | Cross-sectional | Neighborhood disadvantage | Perceived neighborhood danger, neighborhood familism | Internalizing symptoms (DISC-IV) | 1) Neighborhood disadvantages moderated the associated between paternal harshness and internalizing symptoms 2) Family cohesion mediated the association between fathers' perceived danger and Mexican American youth internalizing symptoms 3) Fathers' perceived neighborhood danger was not associated with youth internalizing symptoms | Neighborhood familism decreases youth internalizing symptoms |

Table 1. (continued)

| Authors (year) | Sample size, (age) | Method | Compositional factors | Contextual factors | Mental health outcomes (Scale) | Key findings | Proposed mechanisms |
|----------------------|---------------------------------|--------------|---------------------------|--|---|--|--|
| White et al. (2012c) | 749 students and their families | Longitudinal | Neighborhood disadvantage | Perceived neighborhood danger, neighborhood familism | Mental health internalizing and externalizing symptoms (DISC) | 1) Family cohesion decreases youth mental health symptoms 2) Neighborhood disadvantage moderates the association between family cohesion and youth's internalizing and externalizing symptoms | Family familism decreases youth mental health symptoms, Neighborhood disadvantage moderates the association between family cohesion and internalizing and externalizing symptoms |
| Nair et al. (2013) | 710 youth (age 10 - 14) | Longitudinal | N/A | Neighborhood cohesion, Family cohesion | Mental health internalizing and externalizing symptoms (DISC) | 1) Family cohesion mediated the association between language hassles and externalizing symptoms of Mexico-born youth 2) Neighborhood cohesion moderated the association between cultural stressors and youth mental health outcomes | Neighborhood and cohesion moderate the association between cultural stressors and youth mental health symptoms |

Study Characteristics

The examined studies varied both in sample size and in participant characteristics. The sample sizes ranged from 20 to 3050 participants. Three publications were specifically limited to older adults aged 65 and over (Gerst et al., 2011; Ostir et al., 2003; Sheffield & Peek, 2009). Six studies focused on youths and adolescents (Gonzales et al., 2011; Nair et al., 2012; Roosa et al., 2010; White & Roosa, 2012; White et al., 2012b; White et al., 2012a). Two studies restricted their participants to adult women (Ornelas et al., 2009; Valencia-Garcia et al., 2012). Three studies were limited to youths' parents (Valencia-Garcia et al., 2012; White & Roosa, 2012; White et al., 2012b).

These studies also varied in methodology. The majority of the studies (ten of the 11) used quantitative methods to examine the effects of neighborhood factors on mental health outcomes. Several conducted cross-sectional studies to investigate their associations with mental health (Gerst et al., 2011; Roosa et al., 2010; Valencia-Garcia et al., 2012; White & Roosa, 2012), and others conducted longitudinal studies to examine the casual effects (Gonzales et al., 2011; Nair et al., 2012; Ostir et al., 2003; Sheffield & Peek, 2009; White et al., 2012b; White et al., 2012a). Only one study used a qualitative method (semi-structured interviews) and identified neighborhood factors that influenced mental health from the conversations with participants (Ornelas et al., 2009).

Neighborhood Compositional Factors and Mental Health Outcomes

Neighborhood compositional factors were found to directly affect mental health and to alter the strength of the relationship between individual-level factors and mental health outcomes. Some studies focused on the effects of neighborhood ethnic composition (Gerst et al., 2011), while others were interested only in the impact of neighborhood disadvantages (Gonzales et al., 2011; Roosa et al., 2010; White et al., 2012b). In addition to these studies, several included both ethnic composition and neighborhood disadvantage in their investigation of mental health among Mexican Americans (Ostir et al., 2003; Sheffield & Peek, 2009; White et al., 2012a).

The studies that examined the direct effect of these factors revealed that the negative effect of neighborhood disadvantage varied across age groups, and that the positive effect of ethnic homogeneity was consistent across age groups regardless of neighborhood SES. Some researchers found that low neighborhood SES, an indicator of neighborhood disadvantage, significantly increased the risk of cognitive decline among older adults (Sheffield & Peek, 2009). The same relationship was found between neighborhood disadvantage and depressive symptoms in the same population (Ostir et al., 2003). However, studies focusing on youth found that neighborhood disadvantages were not significantly associated with higher risk of adverse mental health outcomes, such as anxiety, mood disorder, and attention deficit disorders (Roosa et al., 2010). Neighborhood homogeneous ethnic composition, regardless of SES, was shown to significantly reduce depressive symptoms among both older adults and youth (Gerst et al., 2011; Ostir et al., 2003; White et al., 2012a).

Studies also found that neighborhood compositional factors moderated mental health outcomes through their interaction with individual-level factors, such as the time of puberty in teenage girls (White et al., 2012a), family relationship (White et al., 2012b), and parents' perception of a neighborhood (Gonzales et al., 2011). These cross-level interaction effects illustrated the complex dynamics within a neighborhood and their influence on mental health. For example, in neighborhoods with a low proportion of Hispanics, teenage girls experiencing puberty early had less depressive symptoms, while experiencing puberty late was associated with more depressive symptoms (White et al., 2012a). However, this relationship was reversed in neighborhoods with a high proportion of Hispanic concentration, with girls who experienced puberty late having significantly less depressive symptoms.

Studies also found that a more disadvantaged neighborhood was associated with mothers' higher sense of danger about their neighborhoods, which in turn increased maternal warmth and reduced incidents of behavioral problems among youth, such as antisocial behaviors and attention deficit disorder (Gonzales et al., 2011). Similarly, another study found that when the level of neighborhood disadvantages were high, supportive family

relationship (family cohesion) was associated with significantly fewer behavioral and emotional problems, such as attention deficit disorder, anxiety, and depression (White et al., 2012b). This association was not significant when the levels of neighborhood disadvantage were low. These last two studies suggested that family might buffer the negative effect of neighborhood disadvantages on Mexican American youths' mental health.

Neighborhood Contextual Factors and Mental Health Outcomes

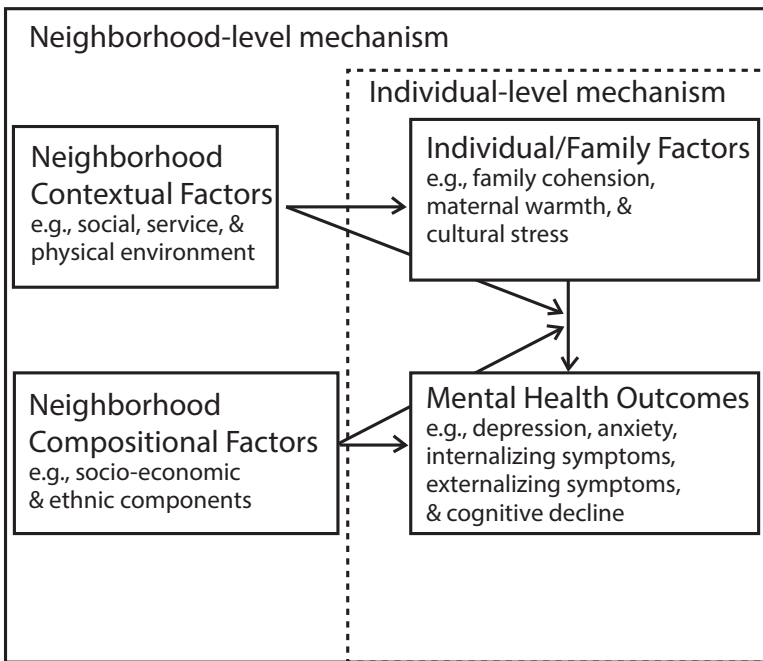
Neighborhood contextual factors were found to have direct, indirect, and cross-level interaction effects on mental health outcomes among this group. Studies that examined the neighborhood social environment factors found that supportive relationships in a neighborhood had a significantly positive effect on mental health. For example, the increase of informal social control among neighbors was associated with significantly fewer behavioral and emotional problems among youth (Roosa et al., 2010). Neighborhood familism, a construct that incorporated family values of support and emotional closeness, also had a significant association with the reduction of these problems among youth (Gonzales et al., 2011; White & Roosa, 2012). Higher level of trust between neighbors was found to be associated with significantly fewer depressive and anxiety symptoms among adult women (Valencia-Garcia et al., 2012). In addition to these direct effects, one study also found cross-level interaction effects. In this study, higher rates of neighborhood cohesion, shared mutual values, goals, and trust buffered the effect of language hassles and discrimination on Mexican American youth's mental health (Nair et al., 2012).

In the domain of the neighborhood service environment, studies found that adult women had fewer depressive symptoms when they reported adequate services and low barriers to access these resources, such as child care in a neighborhood (Ornelas et al., 2009). Attending churches was also associated with lower rates of depression among adult Mexican American women (Ornelas et al., 2009). Within the category of the neighborhood physical environment, no direct association was found between parents' perception of neighborhood danger and adverse mental

health outcomes among youth, including antisocial behaviors, attention deficit disorder, anxiety, and depression (White & Roosa, 2012).

Studies that examined the indirect effect of neighborhood contextual factors found that family cohesion could alleviate the negative impact of contextual factors on mental health. The higher level of familism (family support, emotional closeness, and obligation to family) significantly reduced the influence of fathers' sense of neighborhood danger on behavioral problems among youths (White & Roosa, 2012). Family cohesion mediated the relationship between mothers' sense of neighborhood danger and youths' emotional problems (White et al., 2012b). Based on the findings, a conceptual model of neighborhood factors and their effects on mental health outcomes is presented in Figure 2.

Figure 2. A conceptual model for understanding how neighborhood factors affect Mexican Americans' mental health outcomes.



Discussion

This systematic review deconstructed neighborhood factors and summarized studies that examined the association between neighborhood factors and Mexican American mental health outcomes. This study examined neighborhood compositional factors and neighborhood contextual factors in terms of their direct, indirect, and cross-level interaction effects on mental health. The majority of the studies (nine of the 11) found significant direct associations between at least one of the neighborhood factors, such as neighborhood disadvantage, and mental health outcomes. Several studies also found that neighborhood factors could alter the association of individual-level factors and mental health, including ethnic composition and neighborhood cohesion.

This study contributes to our understanding of neighborhood-level mechanism and its effects on minority populations' mental health. As observed in our review, minority concentration may be a protective factor for Mexican American mental health, regardless of the level of neighborhood disadvantage. These findings lend support to the more recent conceptualization of neighborhood dynamics that go beyond the classic social disorganization theory. In early disorganization theory, neighborhood strength is not considered, one of which is the possible protective effect of cultural norms such as familism that may be retained in a neighborhood with large proportion of Mexican Americans. The theory assumed that a high concentration of immigrants was a sign of disorganization, and it dismissed the idea that immigrant neighborhoods with high poverty rates could have strong social ties, which in turn, could reduce the risk of having adverse mental health outcomes.

The more recent theoretical framework incorporates potential neighborhood strengths, such as collective efficacy, that may coexist with neighborhood disadvantage. The inclusion of this perspective illustrates the complexity of social dynamics underestimated by the earlier disorganization theory, and may be more suitable for the understanding of immigrants' experiences in neighborhoods. Its emergence addresses the limitations of early assumptions about immigrant concentration and

provides immigrant researchers with a theoretical framework to measure and test hypotheses regarding the protective effects that may occur in ethnic enclaves. For example, researchers began to examine protective effects on Mexican American mental health during the early 2000s, a few years after Robert Sampson and his colleagues developed the collective efficacy framework for social disorganization theory (Sampson, Morenoff, & Earls, 1999; Sampson et al., 1997).

This review also contributes to the understanding of cross-level interactions between neighborhood and individual/family factors on minority populations' mental health. The early disorganization theory underestimated the importance of individuals' characteristics, such as age and family relationship, and their interactions with neighborhood structures. This lack of consideration for cross-level interactions may explain the inconsistency found in the relationship between neighborhood disadvantages and Mexican American mental health. For example, some researchers found that neighborhood low SES was associated with higher rates of adverse mental health outcomes among older adults (Ostir et al., 2003; Sheffield & Peek, 2009), a relationship that was not observed among youth (Roosa et al., 2010). In this case, older adults may be at higher risk when living in a disadvantaged neighborhood, because they may be more isolated due to the lack of mobility or limited contact from family members. The low level of contact with family members may restrain the buffering effects of family cohesion.

The buffering effect of family factors may be particularly relevant to the studies of Mexican Americans due to the centrality of familism in traditional norms and values. Considering the interaction between individual-level characteristics and neighborhood-level factors allows researchers to fully understand the social processes in neighborhoods and their impact on the mental health outcomes among this group. Thus, it is important for future researchers to account for both neighborhood- and individual/family-level characteristics in conceptualizing neighborhood dynamics and their impact on mental health outcomes.

The conceptual model presented in this review may provide theoretical insights for neighborhood studies and interventions targeting immigrants and minorities (see Figure 2). Neighborhood-level factors can be categorized as neighborhood

contextual and compositional factors. Neighborhood contextual factors include social, service, and physical environments, and these factors can affect mental health directly and indirectly via individual/family factors. These contextual factors present a dynamic pattern and can be improved through intervention efforts such as the increase of collective efficacy and through strategies for community development, such as the increase of green areas coverage. Neighborhood compositional factors also affect mental health directly and through their interactions with individual/family factors. However, these factors are more static compared to contextual factors. While these compositional factors have been theorized as a risk to mental health in early stage of neighborhood studies, recent research has found support for their protective effects. Thus, it is important to be aware of this shift and to emphasize the strength of disadvantaged neighborhoods in future research on immigrants and ethnic minorities.

Limitations and Future Directions

Although this systematic review holds implications for mental health research and interventions, it is important to recognize the study's limitations. First, the limited number of articles examined in this study constrains the conclusions that can be drawn regarding neighborhood mechanisms and their effect on Mexican Americans' mental health. Second, the proposed neighborhood mechanisms might not explain the relationship between neighborhood factors and mental health outcomes among Hispanics in general, because of large variances in this group. Hispanics can be Hispanic immigrants or part of the U.S.-born Hispanic population. Hispanic immigrants overall have better mental health outcomes than the U.S.-born population; for example, they have lower rates of depression (Alegría et al., 2007; Burnam, Hough, Karno, Escobar, & Telles, 1987; Grant et al., 2004; Vega & Gil, 1998). In addition, the analysis of neighborhood mechanisms among Hispanic immigrants must be adjusted for demographic risk factors, such as the length of stay in the U.S. (Vega, Ang, Rodriguez, & Finch, 2011). The primary focus of our study is the Mexican American population, which falls in the scope of the U.S.-born Hispanic population; thus, our findings may not be generalizable to a larger population.

Our study assumes that the terms *neighborhood* and *community* refer to the same concept, "a person's immediate residential environment" (Diez Roux, 2001). However, neighborhood and community are not precisely defined in previous literature (Furstenberg & Hughes, 1997; Gephart, 1997). Future studies may need to distinguish between neighborhood and community and provide more precise definitions for both terms. In addition, this systematic review used pre-defined eligibility criteria to select studies. This approach might lead to the possible unintentional exclusion of articles. All of the identified studies were written in English, which was an unintended consequence of the search strategy. Some of the reviewed articles were cross-sectional studies, which can limit the understanding of causality between neighborhood factors and mental health outcomes among the Mexican American population. The self-reporting measures in the reviewed studies may also introduce a possible response bias among the participants.

Our review suggests the need for additional studies to further examine each component in the proposed conceptual model. One understudied area is the effect of deforestation and the presence of grocery stores, which are neighborhood contextual factors. Previous studies have found these factors to display a protective effect on psychological distress. Nielsen and Hansen (2007) indicated that shorter distances from resident dwellings to publicly accessible green areas, private gardens, or shared green areas was associated with less distress. Previous studies also found that a lower availability of grocery stores indirectly increases mental distress via an increase in body weight (Papas et al., 2007).

However, to what extent grocery store availability in neighborhoods affects Mexican Americans' mental health has not yet been examined. In addition, the mediation effect of neighborhood compositional factors on their mental health has also not been investigated. We suggest that future studies should be conducted to examine this effect using a longitudinal design. When exploring community-based mental health interventions for this group, future studies may also consider neighborhood compositional and contextual factors to advance the understanding of their effects on mental health outcomes. Finally, our study suggests that future research may need to further

investigate how neighborhood compositional factors interact with collective efficacy and how the interactions affect Mexican Americans' mental health.

Conclusion

This systematic review deconstructed neighborhood factors in detail and summarized the studies that examined the pathway from neighborhood factors to Mexican American mental health outcomes. This review identified neighborhood mechanisms that may explain the dynamic process between neighborhood compositional factors, neighborhood contextual factors, and their effects on mental health outcomes. The proposed conceptual model may offer insights for future researchers to examine the effect of neighborhood mechanisms on mental health outcomes. To better understand neighborhood effects, it is necessary for future studies to include both neighborhood compositional and contextual factors in the analysis of mental health outcomes among immigrants and minorities.

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The Impact of Dysfunctional Families and Sexual Abuse on the Psychological Well-being of Adolescent Females in Eastern Cape, South Africa: A Research Note

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Owing to fear to report abuse to significant others (e.g., educators), research highlighted that abused female youth tend to be submissive and experience impaired self-acceptance and negative relationships with others. The aim of the study was to investigate the circumstances under which sexually abused adolescent females engage in risk-taking activities. The research used a qualitative method to collect data from 8 purposively sampled participants (aged 15-18 years) from one secondary school in Eastern Cape, South Africa. Results indicated that sexually abused youth are susceptible to neuroticism and substance abuse. In recommendation, the community should be pro-active in ending abuse.

Key words: dysfunctional family, adolescent females, sexual abuse, alcohol, South Africa

In recent years there has been a considerable increase in the number of female adolescent sexual abuse cases reported in South Africa, and these cases demonstrate the severity of the phenomenon that continues to impair their psychological well-being (Human Sciences Research Council, 2010). Ismail, Taliep and Suffla (2012) reported that in the Eastern Cape Province, 39.1% of women reported experiencing sexual abuse before they reached eighteen years of age. According to the South African Police Services (SAPS), analysis of the national crime statistics showed that the crime ratio was 127 per 100,000 in

the population for reported sexual offenses, including sexual assault, acts of consensual sexual penetration with children ranging from 12 to 16 years of age, and date rape (South African Police Services, 2013). The World Health Organization (2010) described sexual abuse as the involvement of a minor (i.e., a person below the age of 18) in a sexual activity that she does not fully realize, nor gives informed consent to, or for which she is not sexually and mentally prepared. According to the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, this constitutes a criminal offence and violation of human rights.

Literature identified dysfunctional families (e.g., divorce, substance abuse by parents, poor socioeconomic status, permissive parenting styles) amongst deleterious factors that contribute to sexually-risky behavior of female adolescents, especially in households having step-parents (Donald, Lazarus, & Moolla, 2014). For example, in Gauteng province in 2010, the Gender Link and Medical Research Council found that almost 3 in 12 female adolescents have been sexually abused by their fathers, uncle and grandfathers (Vetten, 2014). Mitchell, Ybarra and Korchmaros (2014) described incest as any sexual activity between close blood relatives, including step-relatives and family members, who are forbidden by law to marry. Furthermore, owing to an erosion of traditional values and disorganized communities, Meinck, Cluver, Boyes, and Mhlongo (2015) found that in Sub-Saharan countries, sexual abuse is rife because of the myth that sleeping with a virgin cures HIV/AIDS.

There is a general trend amongst the abused adolescent females to engage in at-risk behaviors when the family is deficient in providing security, support and guidance for their physical, cognitive, moral, social and spiritual development (Holborn & Eddy, 2011). In contrast, female adolescents whose parents provided a warm, loving and nurturing environment have been associated with optimism, courage and coping skills when faced with situations leading to risk-taking behavior (Cox, 2014). According to Blum and Rinehart (1997), parents' values about adolescents' sexual intercourse tend to decrease the risk of female adolescents' sexual abuse. For example, studies conducted in Limpopo showed that adolescents whose parents were clear about the value of delaying sex were not sexually promiscuous

(Berglas, Brindis, & Cohen, 2003). Consistent with a resilience perspective, researchers found that such adolescent females have positive self-concepts and do not use alcohol and practice unsafe sex, owing to their goals, hopes and aspirations for the future, as compared to their counterparts with low self-esteem (Ungar, Liebenberg, Dudding, Armstrong, & Van de Vijver, 2013).

Evidence showed that in sub-Saharan countries such as Kenya, Namibia, and Zimbabwe, adolescent females lack empowerment in the domains of cognitive stimulation (as opposed to adherence to patriarchy), and as a result, they often report poor psychological well-being, alcohol and drug abuse, intimate partner violence and school-dropout (UNICEF, 2014). Psychological well-being is an integrative concept with six dimensions: autonomy; environmental mastery; personal growth; positive relationships with others; purpose in life; and self-acceptance (Ryff & Keyes, 1995; Wissing & Temane, 2008). When psychological well-being is thwarted, adolescent females are likely to develop neuroticism, negative self-image, stress, and anxiety. Furthermore, they are likely to become emotionally detached and socially withdrawn (Engler, 2014). Owing to their vulnerability, female adolescents who experienced abuse in early stages of their lives have been found to have low self-esteem and have become submissive to abusive sexual partners. As a result of this, they carry feelings of shame, guilt, helplessness, and hopelessness (Collishaw et al., 2007; Kheswa & Mahlalela, 2014).

Theoretical Framework

Murray Bowen introduced the family systems theory and described families as systems that entail united and mutually dependent individuals who cannot be understood in isolation from the system (Swartz, De la Rey, Duncan, & Townsend, 2013). Austin and colleagues (2012) emphasized that the interaction and communication within the system is important and could serve as a buffer against adolescent females' sexual abuse, including incest. Closely linked to family systems is Bowlby's attachment theory (1998), in which insecure bonds between adolescent females and their family members play a role in mediating sexual abuse, as there is no closeness and trust amongst them (Jones & Butman, 2011). This creates an opportunity for

adolescent females to be sexually abused within the family (Postmus, 2012). According to Vis, Handegård, Holtan, Fossum and Thørnblad (2014), for fear of stigmatization and reprisal, parents tend not to believe their daughters when they report sexual abuse, and very often these adolescent females languish. To cover emotional inadequacies, they enter into relationships characterized by violence because their sense of self-worth is depleted (Comer, 2013). Further, they experience heightened rates of alexithymia (Pecukonis, 2009). Alexithymia refers to emotional dysregulation, and it is characterized by pessimism and difficulties in controlling cognitive, affective, physiological and interpersonal functioning (Sharma, 2014). Because of such experiences, they have been reported to experience repression, paranoid ideations, and posttraumatic stress disorder (PTSD) (Sigurdardottir, Halldorsdottir & Bender, 2013).

Against this background, this research intended to answer the following questions: (1) Under which circumstances do adolescent females become sexually abused? (2) What impact does a dysfunctional family have on adolescent females' psychological well-being? and (3) What preventative measures do adolescent females take against sexual abuse?

Methodology

The researcher conducted in-person face-to-face interviews with 8 respondents who represented the population of adolescent females aged between 14 and 19 years attending one secondary school in Alice, Eastern Cape, which has an existing relationship with the university at which the author is employed. Non-probability sampling was used to purposively sample the eight participants. Welman, Kruger and Mitchell (2015) described purposive sampling as a technique in which the researcher selects participants who share the same knowledge or experiences about a phenomenon of interest.

Ethical Considerations

As suggested by Marlow and Boone (2011), the participants were of the same gender and shared the same cultural composition and experiences (e.g., sexual abuse) to ensure the rigor of the

study. The school principal gave consent for the research project. The school principal assigned the Life-Orientation's Head of Department (HOD) to provide a list of female learners with a history of child sexual abuse. The Life-Orientation HOD did not assist in identifying the participants beyond providing the list of learners with myriad sexual abuse encounters to the principal. However, prior to the research, the HOD had informed the learners about the research project during lessons. The participants were assured of anonymity and confidentiality, and they were not required to mention their names during the interview. Acknowledging the sensitivity of the topic, the interview was conducted in one of the offices designated by the principal, and neither the educators nor learners saw the participants. Most importantly, this research was conducted during extra-curricular activities in order to allow for confidentiality.

The research respondents were given consent forms to sign and no respondents were coerced into participating in the study. All respondents participated voluntarily. The adolescent females were given an opportunity to withdraw at any point during the research study if they wished to do so. Confidentiality and anonymity were ensured, as the researcher did not ask the participants to provide their names on the open-ended questionnaires.

After the interviews, the researcher, who is a qualified educator and a specialist in adolescent guidance and counseling, debriefed all eight participants to ensure that they did not become traumatized by having reawakened their ordeal, as suggested by Johnson-Russell and Bailey (2010) in previous research.

Trustworthiness

In pursuit of trustworthiness, four criteria suggested by Guba (1981) were followed, namely, credibility, transferability, dependability and confirmability. Credibility seeks to ensure that the research measures what is intended to measure (De Vos, Delpont, Fouché, & Strydom, 2011) and the researcher's sample was purposive. According to Finfgeld-Connett (2010), transferability refers to a process of applying the results of research in one situation to other similar situations. To achieve this, the researcher compared the findings of the results to those reported by previous scholars. In terms of dependability, the results of the research should strive

for consistency and ability to be repeated (Houghton, Casey, Shaw, & Murphy, 2013). This was achieved through a dense explanation of the research methodology utilized to conduct the study and through data analysis. Interviews were transcribed and translated verbatim, after which it was arranged into themes. The researcher reported in detail the responses given by the respondents. Confirmability as described by Houghton et al. (2013) means that the researcher should not show bias by only reporting the findings that suit his or her research objectives. As suggested by Krefting (1991), confirmability was ensured through an audit trail of the verbatim transcriptions and themes.

Results

After thorough coding of the responses, seven themes were identified: incest; avoidance of physical assaults; substance abuse; teen-parent sexual communication; neuroticism; academic performance; and legal processes.

Incest. The majority of the respondents stated that sexual abuse among adolescent females occurs even within the family setting. Regarding the question "How did you experience the sexual abuse?" the respondents reported the following:

My mother was always away, which left me vulnerable. Every time she was gone, I was forced to take her place as my father would rape me. [Age 15]

My cousin's brother would touch me and have sex with me when my mother was at the tavern. [Age 18]

I experienced sexual abuse when I was 14 years when I was visiting my uncle's house. My uncle would rape me repeatedly. [Age 16]

I was sexually abused by a close member of my family who used to come over daily; he used to convince my parents that he could baby-sit me, and when we were alone, he would rape me. [Age 14]

Avoidance of physical assaults. The respondents highlighted that they were scared of physical and emotional abuse, thus, they succumbed to sexual abuse, especially when their perpetrators were under the influence of alcohol. It was clear from their narratives that the participants have been socialized to not discuss the sexual harassment. Their fears are evident in the extracts below:

My uncle is always drunk; he was very abusive towards his wife. He would actually touch my bums when he is drunk. [Age 17]

My boyfriend would force me to have sex with him when he came back from drinking at the tavern. [Age 18]

Substance abuse. Female adolescents expressed that substance abuse was one of the contributory factors that influenced their experience of sexual abuse. In the cases here, the young women identify their own alcohol consumption as the reason they were abused.

Drinking alcohol was the cause of me being sexually abused; my friends were also pressuring me to go out and drink with them. [Age 16]

Too much drinking of alcohol is the reason for me being a victim of sexual abuse. [Age 14]

Teen-parent sex communication. The statements below give evidence of how impermeable communication about sex is between parents and female adolescents in an era where young people should be entitled to information, education and the right to express their sexuality.

My family members are old-fashioned, so we never talk much about sexual relationships. They just tell me to have sex when I am married. [Age 14]

No, we do not talk about sexual relationships; they do not care about it, because when I try to talk about sexual relationships they ignore the topic. [Age 15]

No, we don't even talk about sex and relationships with my parents. I only talk with my friends and sisters. [Age 16]

The communication with my family is always general; we do not discuss about sexual things. [Age 18]

Neuroticism. In the study conducted, it is evident that female adolescents who have been sexually abused displayed psycho-emotional effects which include depression, low self-esteem and self-blame, as they expressed in the following:

I did blame myself, and I isolated myself because many people told me about him, but I did not listen. [Age 14]

I always cried, because it felt like he was controlling. I blamed myself for letting the rape happen. [Age 17]

It affected my daily functioning and my self-esteem and I cried all the time when I thought about it; I felt guilty and blamed myself. [Age 16]

After being raped, I was depressed and felt like my childhood was taken away from me at a very young age. I began to isolate myself because I was scared of people making fun of me. [Age 17]

Academic performance. Sexual abuse has repercussions, as a majority of the respondents reported poor school performance.

I could not focus in class; my marks dropped, but luckily I did not fail. [Age 15]

My school performance was bad because I was thinking about it all the time, and I did not want any man near me. [Age 17]

My marks fell drastically, and I failed my tests because of poor concentration in class. [Age 16]

I struggled with my schoolwork, as I could not concentrate in class. I would be very scared to go out of my house to school. I would rather be absent at school. [Age 14]

Legal processes. The researcher wanted to know if the respondents know about the legal processes that are expected from the victims of sexual abuse. The participants mentioned that they were knowledgeable about the procedures to be followed when sexually assaulted. However, their narratives were more focused on avoidance.

Yes, I do know of legal processes, but I do not want my boyfriend to go to prison. [Age16]

I know that I can have my cousin's brother arrested and sent to prison; however, if I told anyone about the abuse, it would tear my family apart. I don't want to be the cause of that. [Age 18]

An element of assertiveness also emerged from one of the participants who said that there should be evidence that rape took place. "Yes, I do know of the legal processes. When one has been raped, they have to report it to the police and not shower after the rape" [Age 15].

Finally, one participant mentioned her sister supported her to place a charge after being raped by one of their neighbors. "I am aware of legal processes. I was helped by the police. This is after my elder sister accompanied me" [Age 16].

Discussion of Findings

From the findings it is clear that adolescent females are not always safe in the presence of their parents or male relatives as the respondents reported incidents of incest and neglect. There are many possible explanations for why young women experience sexual abuse. According to the feminist perspective, Hooper and Humphreys (1998) found that when sexual abuse occurs within the family, it could be a reflection of male-dominance. Vetten (2014) reported that in South Africa, father-daughter incest is reported to be the most common, followed by brother-sister incest. Scanlon and Muddell (2009) advocated that the cultural norms and stigma regarding public testimony should be addressed for the safety and psychological well-being of the victims, because in the long run they ruminate, feel regret, and fail to cope with what happened to them. It could be that not reporting sexual abuse is due to the social construction of rape in many societies that is

deeply rooted in culture and has resulted in women being submissive. Additionally, according to the Medical Research Council (2011), 15% of female adolescents in the Western Cape reported that one or both of their parents were too drunk to care for them, hence they were sexually abused.

When addressing the impact that the dysfunctional family has on adolescent females' psychological well-being, respondents expressed that poor communication that prevails in the family has led them to suppress their ordeals, since they know that their parents might not believe them. Additionally, adolescent females confirmed that they were sexually abused due to substance abuse and peer influence regarding substance use, resulting in them experiencing flashbacks, insomnia (lack of sleep) and performing poorly academically. In particular, one participant (age 18) mentioned that she kept the rape ordeal to herself because she did not want to see her family in quandary. This is the same participant whose mother drinks alcohol, leaving her children unsupervised and failing to communicate about sexual matters.

Surprisingly, none of the participants mentioned condom-use in their interviews. This implies that due to impaired reasoning ability there is likelihood of contracting sexually transmitted infections (e.g., syphilis, Chlamydia) including HIV/AIDS, experiencing unwanted pregnancy, blackout amnesia and/or brutal killings. Furthermore, it is evident that this group of youth demonstrated a weak locus of control, which is one of the characteristics of poor psychological well-being. Feldman and Brown (2013) cautioned that a failure to share a close connection with adolescents often heightens the influence of peers on sexual activity.

Conversely, Berglas et al. (2003) found that Limpopo adolescent females whose parents conveyed clear values and attitudes towards delaying sex were less likely to have intercourse at an early age as compared to their counterparts reared in households marked by dysfunctionality. On the other hand, Pereda, Guilera, Forns and Gomez- Benito (2009) and UNICEF (2014) found that in sub-Saharan countries than in many parts of the world, sexual abuse has been associated with dropping out of school. Lazarus and Folkman's (1984) psychological theories of stress and coping emphasized that when stress seems to be

overwhelming for the sexually abused, the chances of resorting to risky sexual behavior are inevitable. According to Reddy (2013), the psychoactive effects of alcohol and drug use increase sexual arousal and desire, decrease inhibition and apprehension, diminish decision-making capacity, judgement and sense of responsibility; hence the young women do not resist sexual advances made to them by men when they are under the influence of drugs and/or alcohol. From the narratives, it was clear that some of the participants attend taverns and disregard the danger of being kidnapped, gang-raped or killed.

Furthermore, the majority of the respondents showed low levels of sense of purpose and assertiveness when asked to describe preventative measures taken against the perpetrators. It was clear that the adolescents experienced depression, never received any professional counseling, and adopted avoidant personality styles in response to their sexual abuse experiences. What struck the researcher is that, although the participants are aware of legal steps to take to claim their constitutional rights of living securely and protected, they do not want make charges of sexual abuse.

This finding is in line with the National Institute for Crime Prevention and Rehabilitation (NICRO)(2013), which revealed that only one in 20 rape cases is reported to the SAPS. This may be the result of female adolescents being unaware of legal procedures and processes that they can undertake once they have experienced sexual abuse. On one hand, this reminds one of the Emerson's (1976) social exchange theory, which posits that women tend to maintain relationships which benefit them financially, regardless how abusive they may be. Could there be possibilities that some of the participants may face financial hardships if they report their abusers? Or, are there other reasons for their behavior, like those named in an earlier narrative, where the young woman stated she did not want to put her family through the hardships that would follow her sharing what had happened to her? Clearly, there are many conflicting needs in these situations that the young women need to consider when deciding whether or not to report the assaults they have experienced. If they are indeed already suffering from a weak locus of control, as suggested above, as well as dealing with families who are not available to discuss issues of sexuality with them,

navigating the additional stresses of dealing with the criminal justice system may feel too difficult, on top of the distress they are already experiencing.

Conclusion

In conclusion, sexual abuse of adolescent females is a major public health concern, and a failure to address it may contribute towards future mothers who languish, as the role played by parents in ensuring that young people are equipped with sexuality communication skills remains questionable. Furthermore, adolescent females do not report the atrocities brought by their relatives, sexual partners, and fathers. Considering social exchange theory, it may be possible that some of the participants live with their sexual partners or have no parental support on which to rely. Based on what the participants shared in their interviews, one way to assist young women is to have their parents be educated to have open conversations concerning sexuality in order to curb the number of rape casualties the young women experience. At the governmental level, the district officials should organize workshops through collaboration of various departments (e.g., Education, Social Welfare, Health, NGOs and Police Services) to identify learners whose school performance is poor and who display symptoms of emotional and physical abuse. Furthermore, if it is found that adolescents are being raised in drug-friendly family settings, social workers should be alerted to intervene and foster psychological well-being in these young women and to aid in foster care placement if necessary. Most importantly, to curb child sexual abuse, a policy of mandatory arrests for perpetrators should be instituted. Finally, there should be advocacy for voluntary HIV testing, as well as counseling from church leaders, so that adolescent females who have been infected may begin antiretroviral treatment for longevity.

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Book Reviews

Michelle Jarman, Leila Monaghan and Alison Quaggin Harkin, *Barriers and Belonging: Personal Narratives of Disability*. Temple University Press (2017), 296 pages, \$39.95 (paperback and e-book), \$94.50 (hardcover).

The subtitle of *Barriers and Belonging* states that it is a collection of personal narratives of disability. However, we have to dig a little deeper to appreciate the specific scope of these narratives. They actually come from quite a focused group of contributors, the introduction informing readers that the essays reflect the disability experience of contemporary students in the United States and Canada. The thirty-seven narratives that follow reflect the very recent past, showcasing student perspectives, particularly of those guided by disability studies in formulating new outlooks to their lives. Indeed, a notable aspect of these offerings is that they are from students and young academics with a wide range of impairments. Many have experienced marginalization in childhood and adolescence, times when their worth was challenged by a medical model of disability and ableist attitudes. It is perhaps not surprising that many of the contributors have gone on to develop proactive roles such as advocacy and counseling in disability circles.

A recurring theme arises in several of the reflections, where contributors freely admit that they are addressing and describing for the first time in an open forum their very personal challenges and hurts. For many, entrance to university education and consequent exposure to disability studies has proven to be a cathartic, revolutionary moment, leading them to reappraise their own experience of disability in a new light. Emily Michael describes this process succinctly when she writes, "I offer others a new perspective of me as I accept a different vision of

myself" (p. 156). Similarly, Adena Rottenstein reveals that "... the idea that there was nothing inherently wrong with being disabled was a profound challenge to the way I saw the world" (p. 226). Likewise, Allegro Heath-Stout asserts that "... there is no universal disabled experience" (p. 183).

The collection reflects the great diversity of impairment experiences and indeed stimulates fresh thought, not only on the wider concepts of what constitutes impairment and disability, but also on the ways different individuals chose to express themselves and interact with those around them. Contributors range from those who have to counter presumptions that arise from a very visibly apparent impairment, to those with less visible impairments that result in responses such as that expressed by Catherine Graves: "If you don't look sick, you must not be sick" (p. 108). Nancy La Monica challenges those who endeavor to 'pass' as engaging in a form of denial, while Suzanne Walker shows that being encouraged by her college to self-identify highlights the challenges of 'coming out.' (p. 211) There are also justified attacks on groups that intervene in disabled lives while largely excluding disabled people from their governance and intervention strategies. Lydia Brown, for example, provides a detailed explanation of how the Autism Self Advocacy Network was a direct response to frustrations experienced among people with autism with Autism Speaks.

The stories are presented in six loose groupings. Each of these sections is preceded by an overview from the editors. Narratives are given context by inclusion of a brief biography of the writer, excepting those preferring to preserve their privacy. As a disability studies tool, each section concludes by suggesting themes to provoke thought and discussion, and offering guidance for links between stories within and across sections. This cross-sectional linkage gives the collection fluidity and encourages students to consider the complexities surrounding diverse experiences on a wide range of levels.

One of the greatest strengths of *Barriers and Belonging* is the way we are stimulated to reflect upon what society considers to be disability, not least because many of the writers express how they have gone through often complex journeys in their own evaluations of disability. As Leila Monaghan writes in the concluding afterword, "... not only are there differences between

disabled and nondisabled people, but there is variation among disabled people as well" (p. 277). She also reinforces the startling notion that "ablebodied is a temporary state" (p. 275). These narratives serve to inform presently ablebodied people, as well as those already familiar with living with an impairment. They will serve a broad and multi-faceted audience.

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Lenette Azzi-Lessing, *Behind from the Start: How America's War on the Poor is Harming Our Most Vulnerable Children*. Oxford University Press (2017), 248 pages, \$29.95 (hardcover).

The number of people in poverty in the United States is among the highest of the developed nations. Children are the largest group affected and often remain invisible. Presently, 21% of children live in families with incomes below the poverty line, with the highest rates among Black, Latino, and Native American families. Despite decades of anti-poverty programs, the proportion of children in poverty remains unchanged. *Behind from the Start* explores the issue of child poverty in detail. Azzi-Lessing exposes the interconnected circumstances that keep children in poverty. She aids readers in understanding why the poverty rate in the United States remains highest among similarly developed but less wealthy countries, the detrimental effects of poverty on children under six, and of how our responses to families in poverty are often harmful, perpetuating the cycle of poverty.

The book opens with a heart-wrenching story about Azzi-Lessing's own experience cuddling a severely neglected and affection-starved three-year-old boy in a rundown local shelter. The following chapters then set the context by providing an overview of poverty in the United States. Azzi-Lessing discusses the relationship between structural racism and poverty that contributes to higher rates of poverty among African Americans and Latinos, and she provides a comparison between the poverty levels of United States and other developed countries. Azzi-Lessing then debunks common myths about

existing antipoverty policies, traces the history of American political discourse on poverty, and highlights how this discourse shames and blames parents.

The middle section of the book provides a thorough examination of the consequences of stress and neglect that frequently occur in families experiencing poverty, specifically on the negative impact this has on cognition, ability to learn, and social and emotional well-being. Azzi-Lessing describes how these consequences may contribute to school failure, unemployment, mental health problems, teen pregnancy, and juvenile crime. She devotes a full chapter to discussing the child welfare system, highlighting areas in which reform is needed.

The latter portion of the book presents an in-depth analysis of current policies and programs that are consistently ineffective for families experiencing poverty. Azzi-Lessing challenges the use of inflexible, one-dimensional evidence-based practices, such as home visiting programs and universal preschool. She instead favors comprehensive programs that focus on the needs of the entire family. Azzi-Lessing provides specific programmatic suggestions to improve outcomes realistically and effectively for children in poverty. Recommendations include using 'extra strength' family support programs that target the physical, mental, employment, and educational needs of the whole family. She recommends assessing each family's strengths, focused on building relationships between families and service providers. Furthermore, she suggests maximizing resources in the family's community and emphasizes adapting programs to meet the needs of individual parents within a variety of cultures and backgrounds. Azzi-Lessing argues for the importance of implementing policy changes that include increasing the minimum wage, restoring and enhancing the economic safety net, improving oversight and funding to the child welfare system, and providing high quality early childhood care and education to vulnerable children in poverty. The book ends with a strong action call to educate policymakers, elected officials, the media, and fellow citizens about child poverty.

Throughout the book, Azzi-Lessing weaves together the relationship between failed program and policy initiatives to address poverty, an ineffective child welfare system, and the

harmful rhetoric that often surrounds conversations about alleviating family poverty. Her extensive experience and first-hand knowledge from her diverse roles as a clinical social worker firmly cement her credibility as an expert in child poverty. Azzi-Lessing synthesizes relevant research from the fields of neuroscience, economics, developmental psychology, political science, and environmental sciences in a manner that is easy for lay people to understand. Her policy recommendations are concrete, tangible, and would not require additional funds, but rather only the reallocation of existing resources. This book is highly recommended to anyone interested in a reader friendly yet comprehensive book about child poverty.

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Angela Stroud, *Good Guys with Guns: The Appeal and Consequences of Concealed Carry*. The University of North Carolina Press (2016), 159 pages, \$24.95 (paperback).

In this book, Angela Stroud primarily examines the ways in which the intersection of gender, race, and class produces a desire to have permits to carry concealed firearms in public. Through in-depth interviews with concealed handgun license (CHL) holders and field observations at licensing courses, the author utilizes a critical perspective to explain how social and cultural discourses shape respondents' understandings of obtaining a CHL.

After an overview of the rise of CHLs in the United States, the author presents the finding that masculinity plays an important role in shaping the cultural meanings of having CHLs. The framing of gun use as masculine has been embedded in men's hunting experiences with fathers during childhood, by participation in male-dominant institutions, and by the commodification of guns. The hunting stories not only demonstrate male-centered experiences, but also signify emotional connections between fathers and sons. The institutional influence of the military, police, and Boy Scouts reinforces the male sense

of gun use against potential threats. In addition, firearms are described as consumer objects that men can show off to others.

It is found that carrying licensed guns in public allows men a sense of being able to protect themselves from criminals, and against decreased masculinity as they age. Additionally, men are given the opportunity to embody their role of being a family protector as father and husband, even if they are absent from their wives and children. Stroud's interpretation of male attitudes toward carrying handguns highlights the importance of masculine culture.

The following chapter focuses on the ways gender shapes women's motivation to obtain permits to carry concealed guns in public. Interestingly, most women learned shooting from their father, husband, or boyfriend. Gun use makes women feel empowered for their own self-defense and freedom. Because of the cultural construction of gun use as man's activity, women perceive handgun competency as an effective response to potential victimization. Gun use gives women the power to reduce feelings of insecurity and develop a sense of accomplishment in the context of the wider patriarchal culture. Comparing the views of men and women in relation to gun use and obtaining CHLs, Stroud demonstrates that the act of carrying a concealed gun in public embodies different cultural meaning for each gender.

In addition to views of carrying concealed firearms, Stroud investigates how gender, race and class interact to influence CHL holder perceptions of potential crimes. Attitudes toward crimes are largely based on perceptions of reality shaped by gender, race, and class, and not on a rationally objective evaluation of threat. This finding suggests that an area is assumed to be dangerous if it is perceived to be poor and predominately black, and black men are more likely to be viewed as potential criminals. White people benefit from the privilege of being innocent until proven guilty, while black people are often considered guilty until proven innocent. The author emphasizes the influence of race and does a good job in revealing that respondents racialize their perceptions of potential threats while simultaneously striving to avoid overtly racist expressions.

A final chapter offers a macro level analysis of how CHL holders themselves understand their decisions to carry handguns. The author incorporates the neoliberal discourse that

explains personal choice as the main reason for the existence of social problems. The emphasis on individualism, including personal control and personal responsibility, is at the heart of what makes obtaining a CHL appealing. Many respondents believe that government policies foster a culture of dependency and hope to take personal responsibility to protect their individual freedom from government control. The author suggests that concealed handgun licensing is not only an expression of an individual right to self-defense, but also a representation of self-reliance and personal liberty.

The author makes a positive contribution to the analysis of how the intersection of gender, race, and class influences CHL holders' understandings of potential crimes. It is well supported that although learning to be aware of potential crimes can be beneficial, people are more likely to be victimized by the social construction of criminality than by crime itself. One serious limitation of this book is that most respondents are white people. If the responses from African American CHL holders were collected, the author would have stronger empirical evidence for his main arguments regarding the centrality of race. Overall, this book helps us understand the reasons for obtaining CHLs specifically. The author provides a useful practical recommendation, advocating that instructors at licensing courses should pay attention to how biases shape people's understandings of potential crimes.

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Christopher P. Dum, *Exiled in America: Life on the Margins in a Residential Motel*. Columbia University Press (2016), 320 pages, \$34.99 (hardcover).

Individuals experiencing residential instability are among the most marginalized in the United States. Sociologist Christopher P. Dum's new book explores the lives of residents in *Boardwalk Motel*, located in a white middle-class suburban town of Dutchland. Through a year of immersive ethnographic research, Dum thoroughly investigates the impact of a constellation of social

forces on these marginalized residents. In this book, he not only depicts the daily struggles of residents in pursuit of survival, but also highlights their sustained efforts to resist stigma and deprivation. He convincingly argues that policies of both micro and macro levels should provide support and care to this vulnerable population, instead of stigmatizing and isolating them. At the end of the book, Dum offers valuable insights regarding potential policy reform across a variety of domains.

Dum conceptualizes Boardwalk residents as social refugees who “have been impelled to relocate within their own country of citizenship because of the influence of social context and/or social policy” (p. 43). The reputation of Boardwalk Motel is notorious in the community, not least because it provides housing for registered sex offenders. Prior to settlement in Boardwalk, the majority of residents had histories of trauma in childhood and adulthood, incarceration, substance use, disability, and antecedent residential instability. Living in Boardwalk further exacerbates their sense of fragility, because Boardwalk life involves a significant amount of difficulty, including deprivation of material and social resources, conflict with other residents, and the stigma attached to the Motel.

The book is encouraging, however, in discovering a vibrant and caring community established by these residents despite their deprivation. To satisfy both material and social needs, residents transfer available resources via an underground economy and share both resources and social capital with other residents. Perhaps just as surprisingly, residents often extend emotional resources to other residents by taking care of those they perceive as the most vulnerable or deprived among them, such as residents with mental illness. Dum’s description of this resilient community helps readers develop a profile and recognize the humanity of residents, and not to be blinded by the stigma imposed on them by the broader society.

Another significant contribution of this book is the identification of underlying mechanisms explaining of residential instability. Dum perceives of homelessness situated in the context of complex layers of social forces. On the policy level, he suggests that the deinstitutionalization movement in the 1970s,

a more punitive criminal justice system, the lack of services for veterans, together with recent economic recession, each play a role in increased residential instability and social marginalization nationwide. Culturally, such forces interact with the social sanitization trends initiated by middle-class communities to remove the physical presence of these social outcasts. On the individual level, a majority of residents were drawn from disadvantaged communities with extensive exposure to stressful life events since childhood.

With this understanding in mind, Dum proposes a wide range of policies customized to the unique needs of this transient population. On the micro level, he emphasizes the importance of collaboration between the residential motel, the criminal justice system, and social services to provide support and care to residents. However, one limitation is that no detailed guidance is provided in the book in terms of how to encourage and facilitate such collaboration between different social agencies. The book would be even more appealing to policy makers and practitioners if specific guidelines were incorporated in the book to facilitate such collaboration.

On the macro level, Dum suggests provision of housing directly to this transient population and a change in those policies that create homelessness. However, his policy propositions focus primarily on adults who have already been marginalized, with little mention about how to minimize potential social inequalities among children. According to the narratives of residents in this book, the material and social disparities between these marginalized residents and their middle-class counterparts originated already in childhood. Existing research conducted among homeless populations also highlights the significant role of adverse childhood experience in predicting later residential instability. Thus, the book would have benefited greatly if Dum had incorporated policies to direct resources and services toward children from disadvantaged backgrounds aimed at achieving more social equity among children.

Despite these limitations, this is a highly engaging, touching, and inspiring book that gives voice to one of our society's most marginalized populations. It deserves wide reading and

discussion among those working in criminology, criminal justice, sociology, and social work, as well as the educated public who have a strong concern for social justice and social equality.

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Chris Lehmann, *The Money Cult: Capitalism, Christianity, and the Unmaking of the American Dream*. Melville House (2016), 398 pages, \$28.95 (hardcover).

Even many relatively sophisticated observers of American society were left in a state of rather shocked disbelief by the election of Donald Trump to the highest office in the land. How could this happen, and who are these people, the Trump voters? How could we have missed what had apparently been going on right under our noses for decades? There is a growing list of books now aimed at exploring this 'other America,' and a number of these are highly recommended. Although Chris Lehmann wrote this book prior to the rise of Donald Trump as a political phenomenon, it is nonetheless an important contribution to this current reading list. Trump drew some 80% of the vote among conservative, evangelical American Protestants, and Lehmann's book endeavors to provide a thorough historical reading of American Protestants in relation to their views on money and the general capitalist economy.

As would be expected in a treatise focusing on capitalism and American Protestantism, Lehmann is often playing his interpretations off Max Weber's seminal essay, "The Protestant Ethic and the Spirit of Capitalism." In that work, Weber suggested that by upholding virtues of the importance of secular work, enterprise, trade and self-sufficiency, the Protestant ethic created the social ethos in which capitalism would thrive. Protestantism originated, of course, in central and northern European territories, whose economies of wealth production Weber contrasted with the Catholic lands to the south. However, the paradigm example of Weber's thesis is that of the Puritan states in America. Although the original Puritan settlers were

ambiguous about wealth accumulation, it was not long before we see a general embrace of wealth as a clear sign of God's favor.

Weber, however, also predicted that the rationalizing, 'this-worldly' orientation of capitalism would eventually crowd out the importance of religious devotion altogether, resulting in an increasingly secular society in which religion played a steadily diminishing role. That aspect of Weber's predictions was well born out in Europe. But it has not been born out well at all in America, which has seen one wave of religious revivalism after another inundating the meager threads of nascent secularism that do appear. Here the originality of Lehmann's work shines. He takes as his thesis the observation that, far from capitalism leading to the erosion of religion, in America we see the capitalist market itself being sanctified and incorporated into religion. In fact, this incorporation of capitalism into American (especially Protestant) religion is so total and complete that Lehmann characterizes the entire social institution as 'The Money Cult.'

Although this characterization of American religion may make some of us uncomfortable, Lehmann does an amazing job of driving the point home, page after page, for nearly 400 pages. Given that he is a journalist, and not a sociologist, historian or religious scholar, one can only be impressed with the depth of his reading among figures of the Great Awakening, the Second Awakening, and the subsequent prominent revivalist ministers and media preachers of the 'Prosperity Gospel' up to and including the present. Through all of this, he discerns a clear thread of conviction that overtly states or simply assumes that God wants people to be rich and wealthy in the material sense, that such material wealth is a direct result of faithfulness to God, and conversely, those who are not achieving material abundance have only themselves to blame for their poverty. American religion not only reflects a capitalist ethos, but as Lehmann demonstrates repeatedly, American religion very often paves the way through the thickets of potentially resistant areas of culture for the eventual capitalist incorporation and commodification of the social ethos. The American prosperity gospel drives the truck for capitalism, in other words.

Lehmann justifies the 'cult' aspect of his characterization by depicting the American gospel as one of 'magical thinking' in

regards to the pervasive and ongoing faith that by hard work and cleverness, the individual can totally transform himself and his nature into whatever is desired, and equates wealth with spiritual values. This found perhaps most acute expression in the New Thought movement, but New Thought is but a distillation of that which is found throughout the religious culture, especially the Protestant culture. Lehmann labels this extreme dynamic individualism as an example of modern Gnostic faith, and in his telling, this is virtually the foundation of American religion in general.

There is too much in this book to cover in a short review, but it is worth looking at two points made, one ironic and one tragic. The ironic point is that the extremely individualist, capitalist social ethic is easily recognized as Social Darwinism. Thus at the same time contemporary evangelical Protestants have taken the lead in fighting against the teaching of Darwinism in the public schools, they represent some of the most pure types of Social Darwinist advocacy in areas of social and economic policy.

The tragic aspect is that this American religious Gnosticism made a certain kind of sense in the situation in which it arose, namely, the industrial revolution and time of great economic expansionism. In decades when jobs are plenty and national corporations large and small are focused on building and selling hard commodities, one might sympathize with the preachers exhorting their congregants to get out there, apply yourself, work hard, save and invest – don't expect others to do for you, God wants you to do for yourself! But we have now moved significantly, if not completely, into a post-industrial economy. Great wealth is not made in this economy by building things, but by strip-mining the public wealth already created by others, privatizing large segments of public wealth and then selling it back to the public who uses it. In a highly financialized economy of hedge funds, off-shore banking and international corporations zipping capital around the world at the pace of lightening, the hard working individual is much more likely to find their little nest egg built up from years of frugal savings to be targets for the financial sharks than anything else.

In this situation, which would otherwise be ripe for a strongly morally and religiously based criticism of the economy, the extremes of wealth accumulation and drastic inequality between

the super-rich and everyone else, the Money Cult ministers find they have nothing credible to offer of social significance, and at best are left continuing to point toward individual, personal flaws such as alcoholism and laziness as the root causes of peoples growing sense that there is something fundamentally wrong with our system. Just as we find ourselves in dire need of the Social Gospel once proclaimed from American pulpits as a vibrant voice in forming progressive social and economic policy, the air has been taken out of the sails and our Money Cult ship is left to drift aimlessly.

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