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The Outlook of Children and Mothers on Their High-Risk Neighborhoods

A Thesis

Presented for the

Master of Science

Degree

The University of Tennessee, Knoxville

Heather Anne Doyle

May, 1994

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DEDICATION

This thesis is dedicated to my mother, Nikki Doyle whose constant love and support has inspired and motivated me throughout this project and throughout my life.

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I would like to thank my major professor, Dr. Julia Malia, for her continuous guidance and support. Her never ending patience and constant smile always encouraged me even when I felt overwhelmed by this project. I would also like to thank the other committee members, Dr. Schuyler Huck, Dr. Delores Smith, and Dr. Connie Steele for their assistance. Each member, in their own way, provided invaluable advice and support.

ABSTRACT

The present study investigated children's and mothers' perceptions of their high-risk neighborhoods. Forty-nine children and 24 mothers were interviewed using the Neighborhood Perception Interview (NPI). The mothers were also given the Social Support Index (SSI) and the Adult Nowicki-Strickland Internal-External Control Scale. The SSI measures perceived level of social support, while the ANSIE assesses whether or not persons perceive an internal or external locus of control to be the stronger in their lives. The results of the study revealed that (a) children often described their neighborhoods in the same manner as their mothers' and (b) a significant positive relationship existed between perceived social support and perception of the neighborhood. The themes described by both children and mothers included important descriptions of the activities of drug dealers, adults, and children in the neighborhood. Gender differences were observed. Boys mentioned fear of more violent crimes (getting shot or physically assaulted). Girls more often discussed crimes involving victimization (being sexually assaulted or kidnapped). This study supported previous findings that social support can have a positive impact on adults' perceptions of their neighborhood and that parents and their childrens' perceptions have an impact on each other. The study also added to the literature descriptions of what mothers and their children

fear most often in their high-risk neighborhood.

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1. Introduction

The fastest growing segment of the American family in the 1980s were comprised of persons living in poverty (U.S. Bureau of the Census, 1991b). Statistics also show that for the lower 40% of Americans, income had declined during the prior ten years. By the late 1980s, about 20% of the children in America were living in poverty (U.S. Bureau of the Census, 1991a). Adding to these dismal reports is the projection that almost one-half of the children born in the United States since 1980 will spend at least some part of their first 18 years in a single-parent household (U.S. Bureau of the Census, 1991c). More specifically, the African American population is experiencing other difficulties as well. According to McAdoo (1993), half of the African-American population lives in poverty. This segment of the American population also experiences lower earnings and lower status occupations when compared to the white population (Bowman, 1991).

While studies have focused on high-risk families, few researchers have included the neighborhood itself as an influencing factor on children and families. Garbarino and Sherman (1980) stated that, in order to understand high-risk families, researchers must go further in identifying and investigating high-risk environments. As more families fall below the poverty line, concerns about the development of

children and families living in public housing have become prevalent.

2. Review of Literature

The majority of research on public housing developments since the early 1980s has been performed by Garbarino and his colleagues (Dubrow & Garbarino, 1989; Garbarino, 1992b; Garbarino, Kostelny & Dubrow, 1991; Garbarino & Sherman, 1980). They have studied children living in war zones around the world, as well as those living in crime-infested inner cities. Results of their research reveal that children growing up around violence are at risk for developmental harm (e.g., language, social, and physical deficits). The main theme guiding their research has been an ecological perspective on human development or, more specifically, the reciprocal interactions between the individual and the environment. This is an important approach because the relationship between the parent and the developing child cannot be understood without understanding the conditions surrounding the family (Garbarino, 1992a).

The Ecology of Human Development

The ecology of human development emphasizes the interplay of human and societal influences. Neither the individual organism, nor the environment is the sole determinant of outcomes. Instead, "[studying people] from an ecological perspective views individuals and their environments as mutually shaping systems, each changing over time, each adapting in response to changes in the other"

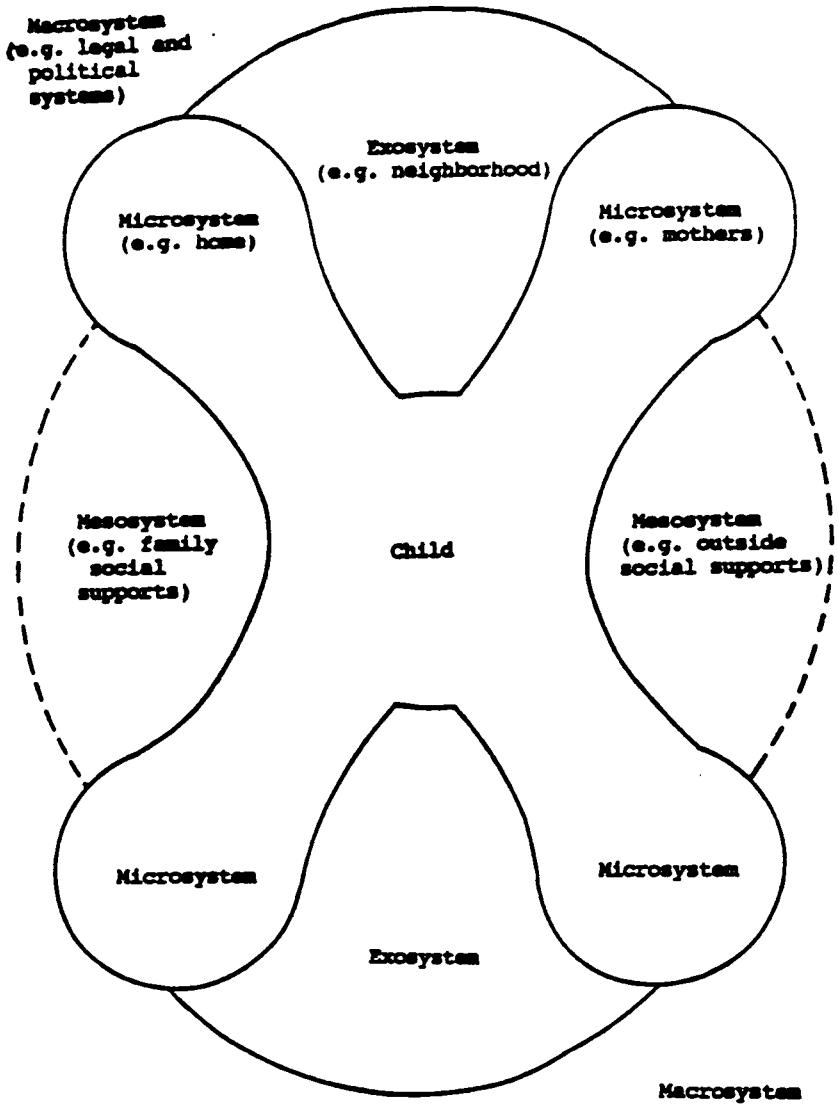
(Garbarino, 1992a, p. 16). When looking at the dyad of the parent and the child, one finds the relationship between the parent and child itself is a cause of change in both. Relationships are, in fact, the basis of the ecological approach to human development.

In 1979, Bronfenbrenner specified and defined terms to explain the interlocking systems that comprise the ecological approach. Figure 1 is an adaptation of Bronfenbrenner's model showing the relationships among the microsystem, mesosystem, exosystem, and macrosystem. Past research has most often employed a two-element model in which an influence is conceptualized as acting directly on the subject under study (X ⟶ Y, where X = the family environment and Y = the developing human). Children, however, do not exist only in the context of their immediate families. The wider social and cultural worlds are also influential. The effects of these indirect influences, therefore, need to be put in the developmental equation as well.

Microsystem

The microsystem level is the context most immediate to the developing individual. Included are the home setting, the parents or parent figures, any siblings, and other relationships that exist within the home. One of the important ways in which the microsystem influences the developing child is by providing exposure to relationships

Figure 1. The Ecological Model of Human Development.



Note. From The Ecology of Human Development: Experiments By Nature and Design (p. 29) by U. Bronfenbrenner, 1979, Cambridge, MA: Harvard Press.

that go beyond the basic parent-child dyad. Interactions such as the effect of the mother on the father's relationship with their child are important when one wishes to promote more enduring reciprocal relationships.

Single parents may be excellent caregivers, but within the context of the microsystem, the single parent-child relationship may not be sufficient for the needs of the developing child. A rich environment with varying interactions is important for healthy development (Garbarino, 1992a). Unfortunately, single-parent households are increasing for all demographic groups (U.S. Bureau of the Census, 1991a). Within the African-American population, however, the rise in single-parent households from 47% in 1980 to 56% by 1990 is particularly dramatic (U.S. Bureau of the Census, 1991a). This statistic is especially high when compared to the percentage of single-parent households among the European-American population where there was a modest increase from 15% in 1980 to 19% in 1990 (U.S. Bureau of the Census, 1991a).

In many public housing projects, poverty coupled with chronic violence has "[led] to widespread depression among mothers left behind to care for children" (Garbarino, 1992a, p. 44). Other researchers have found deleterious outcomes from single parenting. In a study by Weinraub and Wolf (1983), single-parent mothers were more socially isolated, received less emotional and parental support, and had fewer

enduring social networks than married mothers. The work of D'Ercole (1988) also supported this idea, finding that four times as many single women, compared to married women, use mental health services.

The negative effects of single parenting have also been linked to other adverse outcomes for children. Hetherington, Cox, and Cox (1978) studied divorced couples and found that many of the newly-single custodial mothers were less affectionate, more authoritarian, and experienced more behavior problems from their children. When discussing the effects of environment on children living in low-income housing, Condry and Siman (1974) found that in homes where at least one parent is frequently absent, children are more vulnerable to peer group influence.

While there are positive ways in which single-parent mothers cope with stressors in their lives, several studies (D'Ercole, 1988; Gladow & Ray, 1986; Hall, Gurley, Sachs, & Kryscio, 1991; Martinez & Richters, 1993; Zelkowitz, 1987) have found that poverty and crime produce added stressors that make effective parenting difficult. Single-parent mothers who lack basic resources often experience increased difficulty in their parental role as compared to mothers who have a parenting partner.

Mesosystem

The mesosystem level is comprised of the relationships among major settings containing the developing person. It is

a network of microsystems (Bronfenbrenner, 1977). Included are links such as the parent visiting the child in the school setting or the teacher entering the child's home environment. Interactions between society and the family are regarded as having a crucial influence on human development (Powell, 1979).

Parents who are socially isolated because they live in dangerous areas may perpetuate their isolation by not seeking supportive networks outside their home (Garbarino, Dubrow, Kostelny, & Pardo, 1992). At the very time when they need to connect outwardly with others, they instead draw inward. Developmental risks for the child in such a situation can be direct (e.g., physical abuse) or indirect (e.g., a lack of social interactions outside of the family). A study by Garbarino (1977) found that child abuse and neglect were associated with the isolation of the parent-child relationship from prosocial support systems.

Social support has been defined as "information leading the subject to believe that he[she] is cared for and loved, esteemed, and a member of a network of mutual obligations" (Cobb, 1976, p. 300). The social network consists of "relationships with relatives, friends, neighbors, co-workers, and other acquaintances who interact with the person" (Unger & Powell, 1980, p. 566).

Other researchers have studied the importance of social

support to the developing child as well as to the family as a whole. In concurrence with Cobb's definition of social support, children and families seem to benefit from emotional support (e.g., providing advice, listening to problems and concerns) and network support (e.g., providing information, childcare, and being a role model). Each of these categories is well represented in the literature.

Studies on stress and coping have found that, during stressful situations, the ways people cope are strongly correlated with the support they receive (Cobb, 1976; Dunkel-Schetter, Folkman, & Lazarus, 1987; Garbarino, 1992a; Unger & Powell, 1980). Emotional support has also been shown to form a buffer between families and stress (Cobb, 1976; D'Ercole, 1988; Unger & Powell, 1980; Zelkowitz, 1987). Additionally, physical well-being appears to be significantly related to the amount of support received.

Caplan and Killilea (1976) found that a high degree of social support is related to less stress and illness, while a low degree of social support is related to increased stress and illness. The positive effects of social support on wellbeing have been corroborated by other researchers as well (Gladow & Ray, 1986; Powell, 1979). More specifically, Cobb (1976) found that emotionally supportive interactions can protect individuals against arthritis, depression, and alcoholism.

African-American network support has proved to be of great value to families with limited funds. Powell (1979) found that minority families living in low-income neighborhoods rely heavily on social networks for informal child care. Garbarino (1992b) stated that, "according to some estimates, more than 90% of basic health care and child care for children come in and through the nonmonetarized economy (i.e., within families and neighborhood)" (p. 222). Indeed throughout the literature on social support, the importance of providing childcare and information is prevalent.

Additionally, social networks have been found to influence the child by providing cognitive and social stimulation as well as supplying positive role models. Hess, Shipman, Brophy, and Bear (1968) conducted a study of mothers and their children and found that children of network-integrated mothers were more effective in goal-oriented tasks than were children whose mothers were network-isolated. The children of network-integrated mothers also performed better in school. Cochran and Brassard (1979) suggested that the esteem of network-integrated mothers had been increased by the social interactions and that this transferred to the parent-child relationship.

Personal social networks have been shown to have a significant impact on the family as well as on the developing

child. Social support can provide childcare, advice, role models, and opportunities for membership in positive social relations for both the parent and the child (Powell, 1979). Garbarino (1992a) stated:

> Children who have the benefit of growing up amidst a diverse set of relationships that span age groups, generations and backgrounds enjoy a special social opportunity, whatever other risks may attend upon their situation. Thus, social risk and opportunity can exist side by side in the same environment. (p. 40)

Exosystem

The exosystem is an extension of the mesosystem level. According to Garbarino, "exosystems are situations having a bearing on a child's development but in which the developing child does not actually play a direct role" (1992a, p. 26). It is instead comprised of social structures that indirectly affect the child. Examples include the neighborhood and the workplace of the parents. The qualities of the family's neighborhood are important forces on a developing child.

Smith (1976) found that the importance of the neighborhood is greater among the poor as they typically do not have the resources to employ social systems outside of their neighborhood. She also found that the certain characteristics of high-risk neighborhoods tend to weaken families and make life more stressful. Bronfenbrenner (1986)

stated that for parents to be an effective support for their children, communities must sustain the basic infrastructure of family life.

A main function of housing and the neighborhood is to provide a place of safety as well as a sense of security for children and their families (Garbarino, 1992a; White, Kasl, Zahner, & Will, 1987). With the increasing reports of crime and violence in low- income housing (Dubrow & Garbarino, 1989; Garbarino, Kostelny, & Dubrow, 1991), many mothers are not experiencing feelings of safety there. Many instead are reporting feelings of helplessness and hopelessness, and these emotions are often conveyed to their children.

A study by Dubrow and Garbarino (1989) explored how mothers who live in low-income housing in Chicago shared their feelings about the neighborhood with their children. The results revealed that mothers felt almost no resident control and they experienced a sense of powerlessness in the face of serious dangers (e.g., shootings, gangs, elevators, and darkness). Their children were very aware of the mother's fears even though the children were young (preschool age).

Locus of control has been defined by Stevens (1988) as beliefs about whether outcomes in life are influenced externally because of chance or a higher being or internally because of one's own behaviors. Several studies (Lefcourt,

1982; Stevens, 1988) have revealed that the feeling of having some control over one's life is positively associated with successful parenting and more optimal for individual functioning.

Stevens (1988) studied low-income mothers in relation to their sense of personal control and parenting skills. The results indicated that a stronger sense of internal locus of control predicted more optimal parenting skills. Stevens also suggested that there is a positive relationship between informal support and enhancing personal control. Lefcourt (1982) stated that an individual's belief that the outcome of important life events can be influenced by him/her has been positively related to higher self-esteem and feelings of self-reliance. Albee's (1980) work supports the finding that powerlessness is the primary factor in impaired development and psychopathology. The importance of a sense of personal control on healthy functioning is apparent in the literature. However, people living in high-risk situations are often in survival mode. Dilworth-Anderson, Burton, and Johnson (1993) discussed people who live in disadvantaged environments and stated that, "in the face of unchangeable events (death, disability, chronic illness), those who feel that life is to be endured rather than enjoyed (external control traits) will find it easier to cope than will those who are internally controlled" (p. 634).

This theory is an important consideration and may provide an alternative way of analyzing ethnic minority families.

Macrosystem

The macrosystem level is comprised of overarching institutional patterns of the culture or subculture, including economic, social, educational, legal, and political systems. The institutional patterns reflect peoples' shared beliefs about how the world should run. A macrosystem-level risk to the developing child is any social pattern or societal event that impedes the ability of adults to care for children (Garbarino, 1992a).

The understanding of human development goes beyond direct observations of one or two variables and aspects of the environment that do not directly contain the individual must be examined. In high-risk neighborhoods, the stressors experienced by parents and caregivers are greater than and qualitatively different from those felt by the American population who do not live in poverty. Studies of families in high-risk neighborhoods reveal that the four most frequently mentioned fears are anxiety regarding shootings, gangs, elevators, and darkness (Dubrow & Garbarino, 1989).

While the risks for the developing child are evident, research by Elder (1974) has shown that the degree of impact that these stressors have on children are mitigated by how the factors are experienced by the child and the community

and how they are transmitted to the child. In studies of the impact of dangerous environments, such as war zones, children who remained in the care of a family member or surrogate did not experience psychological devastation. Their caregivers were able to maintain day-to-day care routines and portray an appearance that all was normal (Freud & Burlingham, 1943).

Families both shape their environment and are shaped by them. As stated by Garbarino and Sherman (1980), "high-risk neighborhoods and socially impoverished settings are significant influences in the lives of children" (p. 189). The interactions that occur can either promote development of the child or serve as a risk.

Rationale

Studies on low-income housing have most often investigated residents who live in high-rise buildings in large urban areas (Dubrow & Garbarino, 1989; Garbarino, 1992b; Garbarino & Sherman, 1980). Fears of these residents are reported to include dangerous elevators and hallways where crime often occurs because the areas are enclosed. While such studies offer important information about what is feared in larger cities, their findings are not always applicable or generalizable to all low-income housing residents in America. Public housing residents in smaller cities, for instance, may report different neighborhood

problems because their buildings are often on only one or two levels. Therefore, the rationale for the present study is the need to investigate what residents may reveal about living in low-income neighborhoods in smaller cities.

3. Research Design

The study employed both quantitative and qualitative data collection and analysis to explore how children and mothers perceive their neighborhood.

Research Questions

The questions that guided the present study were the following:

1. What themes about the neighborhood are identified by the children (according to age and sex) and by the mothers in the neighborhood interview?

2. What is the relationship between the mother's perception of the neighborhood, social support, and locus of control and her children's perception of the neighborhood?

Sample

All of the participants lived in one of two public housing developments located within two miles of each other in Knoxville, Tennessee, in 1993. The two housing developments were selected as sites for this project because of the low-income status of the residents and the high-risk nature of the environments, including high rates of violence and drug-related crime. Statistics provided by the Knoxville Community Development Corporation (KCDC), which operates the developments, revealed their high-risk nature: 1) Almost 88% of the households are single-parent families; 2) average household income is under $4,200 per annum; 3) over 80% of

the households are on public assistance; 4) the average monthly rent for an apartment is under $90; 5) approximately 12% of the households report no income; and 6) over 91% of the heads of households are unemployed.

The city police and KCDC have assigned full-time officers to these areas due to the neighborhoods' high level of illegal activity and violence. According to the police, they dispatch a total of approximately 12,000 calls per month in Knoxville. Of these, approximately 200 calls each month involve each of these low-income projects. This calculates to approximately six calls per apartment each year (W. White, personal communication, September 1, 1993).

The sample children were recruited to volunteer in the present study through personal contacts that the researchers have with the Boys and Girls Clubs in the two neighborhoods. The mothers were contacted by mail with a follow-up phone call.

The sample consisted of 49 African-American youths between the ages of seven and sixteen. The sample of children was archival data and had been collected for a previous study (Vonbargen, Blinn-Pike, & Doyle, 1993). For this study, interviews of the mothers of the children were added (39). In several cases, the adults were actually mother figures to the sample child, being a grandmother or aunt. Six of the children's mothers declined participation

in the interview, and nine of the children's families had moved and could not be located. This resulted in a total sample of 24 mothers. In the sample of mothers, only one is married and living with her husband. The remaining 23 mothers are the heads of their household either widowed, divorced, or never married. The sample of children was divided into five age categories. The numbers of children in each age group were: seven to eight-year-olds (9), nine to ten-year-olds (10), eleven to twelve-year-olds (10), thirteen to fourteen-year-olds (10), and fifteen to sixteen-year-olds (10). Within the sample of 49 children, there were several sibling groups, specifically, seven sets of brothers and sisters. Pairing each child with his/her mother resulted in 35 mother-child dyads.

Interviews with the children were completed in Spring of 1993 and the mothers' interviews were completed in Spring of 1994. The proposal for doing mothers' interviews in this project was submitted to the Committee on Research Participation after the children's interviews had been approved. This accounts for the lapse in time between the two sets of interviews.

Instruments

Instruments used in this study were selected in order to assess neighborhood perceptions, and measure perceived social support and perceived locus of control.

Neighborhood Perception Interview

The Neighborhood Perception Interview (NPI) (Blinn-Pike, 1993) consists of thirteen open-ended questions that inquire about various aspects of a neighborhood. Some of these include asking whether or not the child likes living in the neighborhood and why, what the people are like, what the buildings look like, and what things people do in the neighborhood. (Appendix A has the complete list of questions asked in the NPI.)

The NPI Mother Version was an adaptation of the children's NPI compiled by the author and varies slightly from the NPI. For example, in the NPI Mother Version, the mothers were asked if their child likes living in the neighborhood instead of asking if the mother likes living in the neighborhood. (Appendix B has a complete list of the questions asked in the NPI Mother Version.)

Social Support Index

The Social Support Index (SSI) (McCubbin, Patterson, & Glynn, 1982) was the first questionnaire administered to the mothers. The mothers were asked to answer this questionnaire as completely and honestly as possible and to leave any questions blank that they did not want to answer. A measurement of the mother's perception of her family and of the community as a part of her life is obtained from the SSI. The SSI was developed for the Family Stress, Coping, and

Health Project and based on the Double ABCX Model of Family Adjustment and Adaptation (McCubbin & Thompson, 1987). It is one of seven indices of family functioning that comprise the Family Index of Regenerativity and Adaptation (FIRA-G) (McCubbin & Thompson, 1987). Table 1 presents the mean scores and standard deviations of comparative data from three surveys of family strengths measured across the family life course (see Appendix C). Of particular importance to the present study was the social support dimension that is the fourth dimension in the table. The families in the present study were in either the preschool-age stage or the adolescent-launching stage of the family's life course.

The SSI uses a Likert-type scale to rate the degree of agreement for each question. According to the scale, zero indicates strong disagreement, one indicates disagreement, two indicates not sure, three indicates agreement, and four indicates strong agreement. The reported reliability for the SSI is .82, and the validity coefficient is .40 (correlation with the criterion of family wellbeing) (McCubbin & Thompson, 1987). (A copy of the SSI is presented in Appendix D.)

Adult Nowicki-Strickland Internal-External Control Scale

The Adult Nowicki-Strickland Internal-External Control Scale (ANSIE) (Nowicki & Duke, 1974) was also administered to the mothers in order to obtain the mother's perception of internal versus external locus of control. The ANSIE was

designed to assess perceptions of the relationship between actions and their consequences. The list of questions related to locus of control was given to each mother, who filled in a "yes" or "no"
answer for each question. In the scale, a higher number indicates a higher degree of perceived external control while a lower number is indicative of a higher degree of perceived internal control. The reported reliability for the ANSIE is .83. Nowicki and Duke (1974) established that a significant correlation ($r=.68$, $df=47$, $p<.01$) exists when compared to the Rotter scale, which is a proven measurement of a similar construct. A copy of the ANSIE is presented in Appendix E.

Developmental Assessment Issues

Because children were represented in the present study's sample, strengths and weaknesses of utilizing this subsample need to be addressed. Cognitive development and memory development are important factors in assessing the data collected from child subjects.

Cognitive Development

According to Piaget's theory of cognitive development (Thomas, 1985), children between the ages of seven and sixteen progress through two developmental stages. The developmental stages are the concrete operational stage and the formal operational stage. Children in the concrete

operational stage, ages seven to eleven, prefer mentalactivities to physical activities to carry out operations as well as rules of logic. They can use their memories to recall information and can identify objects that are either real or imagined. Knowledge about their neighborhood would come from their observations of participation in the neighborhood. According to Garbarino and Stott (1992), children in this stage are able to make logical inferences beyond their initial perception of a situation.

Adolescents in the formal operational stage, ages twelve to sixteen, can deal with abstractions and hypotheses. They can extend their thinking further than the present and recognize the past and future. Adolescents can develop logical hypotheses about outcomes that could occur under different situations. Their ability to discuss the neighborhood effectively is apparent because they are also participating members of the community in question. Therefore, cognitively, the subjects can be expected to describe their neighborhood accurately.

Memory Development

There are significant changes in the children's ability to remember and recall occurrences during their middle childhood years. As the child's fund of knowledge and experience increases, improvements in memory occur. The

reliability of the memory increases with age. However, with younger children, the liabilities of a preschooler's memory sometimes are seen (Garbarino & Stott, 1992). Therefore, with the younger children in the present study, there existed a possibility of exclusion or embellishment of information. Data from younger children were used in this study as if it were accurate with this caveat to be kept in mind.

In adolescence, several strategies are combined and employed. These include categorizing items and rehearsing them for more efficient memory storage and retrieval. By the age of twelve, adolescents are aware of their own thought processes and are able to reflect accurately on what they know and do not know. Due to adolescents' active participation in the neighborhood, the present study assumed that interviews would be effective in assessing the adolescents' perception of their neighborhood.

Data Collection

Interviews of the children in the study were completed in Spring of 1993. Each child was given the Neighborhood Perception Interview (NPI) which was developed by a co-researcher (Blinn-Pike, 1993). All 49 children were interviewed either at the Boys and Girls Club or at the neighborhood community center. The children were interviewed individually either by the author or another graduate

student. Both researchers have been trained in interviewing techniques, including how to make the children feel comfortable. Each child was given the NPI and then offered a snack. The interview lasted approximately twenty-five minutes. All interviews were tape recorded and later transcribed.

The interviews of the mothers, all conducted by the author, were completed in the Spring of 1994. Each mother was given the NPI Mother Version, the Social Support Index (SSI), and the Adult Nowicki-Strickland Internal-External Control Scale (ANSIE). The mothers were interviewed in their homes by the author. Each mother was offered five dollars upon completion of the interview. The interview lasted approximately forty minutes. All interviews were tape recorded and later transcribed.

Data Analysis

Data collected in this study were analyzed either quantitatively for the questionnaires that were administered or qualitatively from the personal interviews, as appropriate.

Qualitative Analysis

Each of the interviews that had been conducted in this study was transcribed for content analysis. Techniques for coding were drawn from two books on qualitative methods (Straus & Corbin, 1990; Glesne & Peshkin, 1992). The author

read the transcripts several times for increasing familiarity with the emerging themes. As the interviews were read, a list of themes was generated. Notes were written relating to organization of the themes. The list was analyzed and broader themes were noted (the initial list of themes now became subthemes). Quotes that supported the subthemes were placed into a quotation file. The quotes were later transferred onto large sheets of paper and arranged according to subthemes. The sheets of subthemes were utilized when reporting and analyzing the data. Cultural bias was minimized in this data analysis due to the fact that the author had been involved in an intervention project in the same neighborhoods for three years and was very familiar with the children, as well as their families and neighborhood.

Quantitative Analysis

The children's and mothers' interviews were analyzed and their overall perception of the neighborhood rated as being positive or negative. This was accomplished by reading each interview and categorizing each positive and negative statement made by the subject. The following is an example of a statement that was categorized as positive (Q=question, A=answer):

Q: Describe your neighborhood.

A: It's fun. They got basketball out there, the

center and they got two playgrounds.

Similarly, an example of a statement that was categorized as negative is:

Q: How would your mother describe the neighborhood?

A: All I think she would say is that it bad.

Any statements that were not clearly positive or negative were not categorized. After each statement in an interview was read and rated, the positive and negative statements were summed. The interview was thus given an overall rating of positive if the sum was a positive number or negative if the sum was a negative number. For each interview, the sum of the negative numbers was divided by the total number of categorized responses. This gave a percentage in which 51% or higher represented a negative neighborhood rating. Conversely, a percentage score of fifty or below represented a positive neighborhood perception rating. This technique was used to simplify comparisons among the subjects. Note that this approach evaluates the overall rating of one respondent comparative to her-/himself. It is not the result of summing all positive responses of mothers or of children as groups. Thus, whether one respondent is more or less talkative than others makes no difference in the rating.

There was a change in approach regarding analysis of

the interview during the study. Initially, the question about whether the subject liked living in his/her neighborhood was given more weight than any other statement by the individual. The author found this approach to be confusing when trying to rank each interview as positive or negative and, after much thought, concluded that people can like where they live and still recognize that their neighborhood has negative qualities. Although the subjects primarily discussed the negative aspects of their neighborhood, they sometimes said that overall they liked living in their neighborhood. The question of whether or not they like living in their neighborhood does not necessarily accurately reflect their overall perception of their neighborhood any more than does their answers to the other questions. Thus, it was decided to give equal weight to each statement made by the participant. The rating of the interviews was considerably easier using this adjusted method, and the author felt justified in labeling the interviews as positive or negative.

Reliability testing. Two raters, blind to the intentions of this study, were utilized to test whether or not this was a reliable method. Each had attained at least an undergraduate education and was unfamiliar with this project. Five interviews were selected that had been slightly more difficult to rate due to their almost equal

number of positive and negative statements. Both raters were told individually to label each statement as positive or negative. Any statements that they were unsure of were to be left unlabeled. After each had completed this task, they were told to add the number of positive and negative statements and assign an overall rating to each interview as being in the positive or negative category. No other directions were given.

The blind raters' categorizations and the author's categorizations were compared. For each interview, the overall categorizations were the same. The actual number of positive and negative statements in each interview was slightly different, with the blind raters being slightly more conservative than the author. An example of this can be seen when looking at Interview X. Both blind raters and the author categorized it as being negative. Blind rater A labeled 22 statements as being negative and 19 statements as being positive. Blind rater B labeled 21 statements as being negative and 18 statements as being positive. The author ranked 23 statements as being negative and 20 statements as being positive. The differences in labeling the statements could be attributed to the raters' lack of understanding about the population being studied. The slang phrases used by many of the subjects may have been more difficult for the blind raters to understand. The author

has been working in these neighborhoods for over two years and, therefore, may have a greater understanding about what information is being conveyed in the interviews. The categorization method used to assess the subject's overall neighborhood perception was considered to be reliable based on the results from comparison of the blind raters' and author's ratings.

Group Comparison Analysis

There was a total of 35 mother-child dyads. Of these, 11 dyads had mothers in other dyads due to seven sets of siblings. All of each mother's categorizations were compared to her child's categorizations. Four outcomes were possible (mother-positive, child-positive; mother-negative, child- negative; mother-positive, child-negative; mother-negative, child-positive). The positively and negatively matched pairs were listed and ranked by the social support and locus of control scores. Twenty-nine were mother-negative, child- negative pairs and two were mother-positive, child-positive pairs. The remaining four pairs consisted of one mother- negative, child-positive plus three mother-positive, child-negative outcomes, who were also listed in rank order.

Data from the Social Support Index and the ANSIE locus of control scale were analyzed separately for the four outcome groups using the Mann-Whitney U test at the .05

level of significance. This nonparametric statistical test "is used when the data for two samples are measured on an ordinal scale" (Vogt, 1993, p. 134). Additionally, the Mann-Whitney U test is appropriate when the population from which the sample was drawn is not normally distributed (Huck, Cormier, & Bounds, 1974), in this case due to the small sample size in each of the comparison groups. Due to the large number of data points in one of the independent groups, the z was determined based on the larger group's U.

4. Results

The results of this study included identified neighborhood themes as well as a significant relationship existing between neighborhood perception and one of the quantitative measures.

Results of Qualitative Analysis

From the author's reading of the transcripts, three major themes that described and affected the neighborhood became evident: (a) activities of drug dealers, (b) activities of adults, and (c) activities of children. In each of these categories, positive and negative qualities were identified. Table 2 lists the subthemes that comprise the three major themes as well as the number of mothers and children who discussed each subtheme.

Activities of Drug Dealers

Most of the discussions about the neighborhood were related to drug dealers and their activities within the neighborhood. From the transcripts, nine subthemes emerged that describe what effect drug usage and dealing has on the neighborhood. The subthemes included (a) the actual dealing of the drugs, (b) shooting guns, (c) breaking glass/ littering, (d) assault/ fighting, (e) vandalism, (f) reckless driving, (g) kidnapping, (h) theft/robbery, (i) sexual harassment, and (j) gambling. The following sections discuss

Table 2

Frequencies of Subthemes Mentioned During Neighborhood Interviews

Neighborhood Activities	Boys (n=24)	Girls (n=25)	Mothers (n=24)	Total
Drug Dealers' Activities				
Dealing Drugs	22	19	22	63
Gun Shooting	22	17	20	59
Breaking Glass/ Littering	12	17	14	43
Assault/Fighting	19	14	9	42
Vandalism	11	8	4	23
Reckless Driving	10	7	0	17
Kidnapping	3	5	1	9
Theft/ Robbery	3	4	1	8
Sexual Harassment	0	5	1	6
Gambling	3	0	1	4
Adults' Activities				
Moving	9	8	13	30
Doing Nothing	0	2	19	21
Staying to Yourself	1	4	14	19
Visiting Family	3	4	6	13
Children/Teenagers' Activities				
Going to Rec.Center	17	15	15	47
Visiting Friends	8	13	10	31
Having Babies	1	4	3	8
Dropping out of School	0	1	1	2

and illustrate each of the subthemes.

Dealing drugs. Both children and mothers talked a great deal about the drug dealing that occurs in their neighborhood. Many children and mothers reported that the drug dealers hangout mainly on the corners in their neighborhood. A 16-year-old boy's statement reflected this:

> Q: What do you like least about X. [the neighborhood]?
>
> A: The drug dealers standing on the corners and trying to sell drugs and everything.

The mothers that were interviewed frequently discussed the effect that drug dealing was having on the community. A mother of five children (including a newborn) mentioned how the community could be improved.

> Q: Describe your neighborhood.
>
> A: Well, it is really no place to try to raise no family 'cause they be too many shootings and things like that. Too many shootings going around and too many drug dealers. So, it is really not a good community to raise no children. If they get rid of all the drug dealers, then maybe it would be a good community to raise a family in.

A mother of three mentioned the money aspect of selling drugs and how it influences the youth in her neighborhood:

> Q: How would you describe the people in your

neighborhood?

A: The young ones? They OK, they don't bother me none. They OK, it is just the shooting and the drug dealing. They do it and then they don't have no respect and the little kids see it and then they think, some of them think that selling drugs is the way to get money.

Many children discussed drugs as being outside of their house, something that they are removed from but still affected by. A nine-year-old girl described the people in her neighborhood as bad, and when asked why, she replied:

A: 'Cause some of them, they live in a house away from me, but when I go to bed, I see them doing drugs by they house.

Q: What kind of drugs?

A: Sometimes it be in their arm and sometimes it be cocaine drugs.

Other children reported that drugs were very close to them. A 12-year-old girl indicated that people she knew were involved:

Q: How would you describe your neighborhood?

A: If you go all the way up the street, you'll see a whole bunch of drug dealers and on my porch, you'll see a bunch of drug dealers sitting on my porch.

A nine-year-old boy reported that his drug affiliation was even closer:

Q: How would you describe your neighborhood?

A: Nothing, bad stuff.

Q: What kind of bad stuff?

A: Drugs.

Q: Where are the drugs?

A: Out in X. [the neighborhood].

Q: Do you know where?

A: Yep.

Q: Who sells them?

A: My _____ [immediate family member].

Gun shooting. This was the second most frequently mentioned subtheme. Most people in the community seem to be fearful of being shot by a stray bullet from a drug dealer. A mother of a 14-year-old verbalized this concern:

Q: What is the worst thing about your neighborhood?

A: Shooting and drugs. That is the worst thing 'cause if it wasn't for that, it be real nice. The shooting and drugs, 'cause bullets don't have no eyes. You never know when you passing a street and somebody shooting.

A mother relayed her nine-year-old son's fear of being shot unintentionally:

Q: How would your son describe your neighborhood?

A: Only thing he know is gunshots . . . Everytime we talk or I tell him to go empty the trash, he will say, "Aren't you scared that I'm going to get shot?" And I say, "Let's not think that way and maybe it won't happen" and "No, I don't want you to get shot, but you do need to take the trash out."

Another frequently mentioned fear alluded to the drug/gang rivalry that has been occurring on two sides of town. When one mother was asked what she thought was the worst thing about her neighborhood, she replied:

A: It is just bad, it is just bad. It is so bad that you can't even walk the streets 'cause as far as this thing that they got with the East side, West side and you don't know where your life is in danger.

Shootings were described as happening often. A seven-year-old boy discussed the frequency of shooting that occurs in his neighborhood:

Q: How would you describe your neighborhood?

A: People in Y. [the neighborhood], they shoot.

Q: When do they shoot?

A: Everyday.

Other children responded as though they had become

accustomed to bullets being fired in their neighborhood. A ten-year-old girl stated that her neighborhood was fun and explained further:

> Q: Why is it fun?
>
> A: Because they don't shoot out here--I mean they don't kill out here and rape out here. All they [drug dealers] do is just shoot but just don't be afraid. We just go into the house when they start the shooting.

An 11-year-old girl talked about how she sometimes enjoys the sound of the shootings:

> Q: Do you like living in your neighborhood?
>
> A: Yes, I like it and there is shooting sometimes and that is bad, but I listen to it. Sometimes when they shoot, it sounds like the bullets singing a song.

Breaking glass/littering. Many people discussed broken glass in their neighborhood and differentiated it from trash. The following dialogue illustrates this difference. The children were asked to describe their neighborhood:

> A #1: It is bad, it's messy, it's dirty, trash on the ground and stuff. They sell dope. The drug dealers, they bust bottles and they chase cars and they throw bottles at the police. [12-year-old-boy]

A #2: It's bad out there, it's real bad . . . Dope dealers, they bust bottles. When they get hyper, they busted bottles. [seven-year-old boy]

A #3: They okay. They got trash and beer bottles and liquor bottles all over. [14-year-old-boy]

The word trash did not just imply paper and candy wrappers to the respondents. Drug needles and condoms were also mentioned, as well as a fear of stepping on needles and glass. The following responses were solicited from the question, "What would you say about the yards and the streets?"

A #1: Nasty, people write on them, throw trash around, they bumpy. I've done seen some yards with rubbers and stuff in them. Needles . . . You can't walk barefoot too much outside. [16-year-old girl]

A #2: That the streets sometimes can be dangerous . . . Like on the streets, little kids find needles and like drugs outside on the streets and stuff like that. Kids can get hurt like that, like some kids can catch AIDS from like picking these things outside. [13-year-old girl]

A #3: Don't fall in the yards because they got glass in the yards, you could kill yourself. It could go through your neck and kill you. [seven-

year-old boy]

Assault/fighting. These subthemes were considered to be so similar that they could be included as one. The subjects in the study discussed witnessing assaults as well as participating in fights themselves. A fear of being ganged up on by several people was also expressed by many. When asked about things that can be done in the neighborhood, an 11-year-old boy replied:

> A: Don't fight, and if you fight, they gonna go get their whole crew and they gonna gang you and then if you have something like money or stuff, they try to be your friend after they beat you up.

Other children discussed the need for "watching your back" to make sure nobody is behind you and to be ready to fight. When a 12-year-old boy was asked to explain why he needed to look behind him, he stated:

> A: Some kids go up behind your back and jump up on you and hit you with things.
>
> Q: Like what?
>
> A: Like my stepbrother is 13-year-old and some kids came up behind him and they started ganging up and they took a pipe and the other one took a bat. They just kept hitting him in the ribs.

A mother of a nine-year-old boy talked about how her son had changed in the short time that they had lived in

their neighborhood and how he had to learn to protect himself:

> Q: What would your son say about the neighborhood?
>
> S: We have been living out here almost three years and he was harassed a lot by the neighborhood kids because he wasn't used to having to battle, having to fight everytime he steps out.
>
> Q: Has that affected him at all?
>
> A: He has to fight more. He has been kicked out of Boys Club so many times and he has never been a troublemaker . . . He do have to protect hisself. I don't want him to get hurt and I don't want no other kid to get hurt . . . I don't encourage him to fight, but I don't want no kid picking up no beer bottle or a stick and beating him crazy either.

A 16-year-old boy described how he eventually was able to handle other people in the neighborhood:

> Q: What are the people like?
>
> A: They picking on you, mess with you. When I first moved here, they did just to spite me, beat me up until I stop. They don't beat me up no more because I stood up for myself. I fight them back.
>
> Q: How old were you when you moved here?
>
> A: I was about four . . . They beat me up until I

was about nine or ten and then I started fighting back.

Vandalism. Children and mothers reported much spray painting on the walls when asked to describe the buildings:

A: They could look better if they stop writing on them. You know, make it look like a ghetto place. [mother of four]

An unanticipated theme also emerged that is related to vandalism. When asked about the buildings, several children and mothers reported that the buildings smell bad in certain areas outside because drug dealers urinate on the buildings. An eight-year-old boy had this to say when asked to describe the buildings in his neighborhood:

A: Around the buildings, you can see pee on the side of the building.

Q: Who pees?

A: Drug dealers, they don't give a care where they pee at. It stinks!

A mother of two validated this idea when asked to give a description of the neighborhood:

A: Dangerous . . . They be dealing in drugs or pulling themself out peeing or shooting.

Reckless driving. This subtheme was defined as the threat of being hit by a car. According to the subjects interviewed, the driver of the car frequently is trying

deliberately to hit children. When asked to describe the streets and yards, several children discussed the role that drug dealers have in the streets:

> A #1: The yards? I'd say that yards are pretty fun to play in, but if you roll a ball in the street, they won't stop. They keep on going.
>
> Q: Who is they?
>
> A: The drug dealers.
>
> [12-year-old girl]
>
> A #2: It's not safe to go out in the streets because there are a lot of drug dealers with guns and stuff and fancy cars and they try to hit kids.
>
> [Ten-year-old boy]
>
> A #3: They dangerous, the streets.
>
> Q: Why are they dangerous?
>
> A: 'Cause they drive too fast.
>
> Q: Who drives too fast?
>
> A: Them dope dealers, they drive too fast.
>
> [Seven-year-old boy]

Kidnapping. The following dialogue transcriptions illustrate a fear of kidnapping, which is especially prevalent among females. The first quote is from a seven-year-old girl:

> Q: What things can people do in your neighborhood during the day?
>
> A: They watch their kids outside. This white boy

told me to come here and I went in the house and told my mom and she called the police.

Q: Were you scared?

A: Yes, 'cause he was going to try to kidnap me.

A ten-year-old girl further expressed a fear of being taken and indicated that drug dealers often are involved:

Q: Describe your neighborhood.

A: If you live out in X. [the neighborhood], you better be careful 'cause there is a lot of shooting, a lot of drug dealers. You have to let a parent take you to the store 'cause they like run up to kids and snatch kids in X. [the neighborhood].

Theft/robbery. Both children and mothers expressed a fear of being victimized inside their home as well as outside in the neighborhood. An eight-year-old girl told of her personal belongings being taken from her and destroyed:

Q: How would you describe the people?

A: They like riding around, running, taking my bike, flatten it. They already flattened mine.

Q: Somebody flattened your bike?

A: And they took my tennis shoes.

A ten-year-old girl discussed an attempted burglary at her home:

Q: Do you like living in your neighborhood?

A: No, 'cause there is a lot of commotions. They like starting fights and they shoot and they break into people's houses. They tried to break into ours with a stick, but they didn't get in.

Robberies do not affect only the law-abiding residents in the neighborhood. A mother of a 16-year-old boy described what happened recently when a man tried to steal drugs from a dealer:

Q: Describe your neighborhood.

A: It got pretty bad out here last night. This guy came in just to buy drugs or whatever. He tried to snatch it and run and they beat him up. [He] tried to speed out and had a wreck. They [drug dealers] got to the wreck and beat him up. Left him hanging on the bars out front.

Sexual harassment. Females were most affected in the activities in this category. When a nine-year-old girl was asked how she would describe her neighborhood to a new girl moving to the neighborhood, she gave advice about where she should not go:

A: Tell her momma, "Don't go to the parks with men who say, 'Hey, you want to be my girlfriend?' 'cause they will kidnap you and rape you too."

An older female (12 years old) revealed how she avoids sexual harassment:

Q: What do you like least about your neighborhood?

A: Watch out, protect yourself..don't wear a miniskirt or tank top. It don't make no sense. I wear stuff like this [baggy flannel shirt hanging out over her pants] to protect myself . . . Don't think you're pretty because you know how these boys and men are out here.

Gambling. This subtheme was also mentioned by the subjects of this study. One child (nine years old) listed gambling as something for people to do in his neighborhood. He went on to discuss how two of his relatives were affected by the illegal activity:

Q: What can people do in your neighborhood?

A: Gamble, play Russian Roulette.

Q: What is that?

A: They get a gun and put a bullet in it. Roll the dice and if they get a seven or a nine, they have to click the gun. My cousin killed himself by playing it, and somebody shot my uncle in the stomach with a shotgun.

The children also reported the effects of gambling on the community. An 11-year-old boy revealed that gambling can lead to other problems:

Q: Where do people go in your neighborhood?

A: Down people's houses and flip that dice.

Q: Is that good?

A: No, 'cause they be shooting and when they win, they go buy some drugs with it.

Activities of Mothers

If a person was not a drug dealer or involved with drugs in some other way (such as a user), they were usually labeled as being a "good" person. The interviews of the mothers and children revealed that if one were not out in the neighborhood dealing drugs, there really was not much else to do. The four most frequently mentioned activities for mothers were (a) trying to move, (b) doing nothing (due to lack of community activities), (c) staying to yourself, and (d) visiting family.

Moving. Many children and mothers referred to moving either as a wish or as a future plan. It is interesting to note that of the 15 children who said they would be moving, only nine actually did in the year that elapsed between the children's and mothers' interviews. One mother expressed a problem that comes when a family moves into the neighborhood. Her statements might address why many who talk about moving do not follow through:

Q: Describe your neighborhood.

A: First of all, I wouldn't recommend no one to move here.

Q: Why would you say that?

> A: Because of the people in this community . . . I feel like it is an entrapment. The projects is an entrapment to keep people here, especially black, low-income families. They feel like once they here, this is "I'm resting, it's OK to be here" and it is not OK to be here and the drugs, they right down the street. You have access to drugs, every corner you turn on. Alcohol, every corner and I just don't feel like that is right.

A 12-year-old boy stated specifically why his mother wanted to move:

> A: She don't like it, I mean she want to move. My momma don't like it. She want to move out and stuff because everytime we go outside, somebody take our football and say that they are going to bust out my momma's windows.

Doing nothing. Almost every mother described their neighborhood as having no activities for adults. The following example represents the opinion of many of the mothers that were interviewed:

> Q: What would you say about places that people go?
>
> A: There is nowhere to go and everywhere you go, you getting in trouble.

Also expressed were some reasons why no activities exist in the neighborhood. Two mothers revealed the following when

asked what things can be done in the neighborhood:

> A #1: As far as my age group [early 20s], there is nothing to do. Childrenwise, you can take your kids to the park, but then it is dangerous too . . . You got to worry about people shooting at each other . . . You don't want your kids to see people buying drugs, people selling drugs . . . Really not much to do. [mother of an eight-year-old]
>
> A #2: There's nothing over here. They always trying to open some little thing, try to open some little nightclub. But, then somebody will get in there and start shooting and they close it down. About the time something open up, it close down, so there is really not much to do. [mother of a seven-year-old]

Staying to yourself. Feelings of distrust and isolation in the neighborhood were revealed by the mothers. When asked to describe her neighborhood, a mother of three gave an overview of the community:

> A: It is OK, but keep to yourself because usually around here, people you get involved with, they are either out to see what you have.

Few mothers discussed having a large group of friends. In the following illustration a mother states that she has one

close friend and that nobody else in the neighborhood should be trusted:

> Q: How would you describe your neighborhood?
>
> A: I would not get too friendly with anybody out here because if you know the people out here, they real good people, but they just backstabbers down here. You have to be careful who you talk to. That is why I don't really associate with nobody. I associate with one person out here, my real good friend and my family . . . Other than that, I really don't be around nobody else out here.

Children are also aware of this distrustfulness. A seven-year-old girl revealed the following when asked about people in her neighborhood:

> A: They like to fight and they don't like to be friends. They say you acting two-faced because you can't have more than one friend.

A 15-year-old girl also expressed this opinion when asked about the people in her neighborhood:

> A: Stay to yourself. Keeps you out of trouble 'cause communities carry trouble. Projects do.

Also included in this category is the idea that children and mothers should not often be out in the neighborhood. The mother of an eight-year-old expressed this opinion when asked about the people in her neighborhood:

> A: There are some nice people. Well, I don't know too much about these people because I am in all the time . . . Out there on the street, it is very dangerous out there.

When one mother was asked what she likes best about her neighborhood, she discussed how her apartment is a refuge from a hostile outside environment:

> A: I enjoy living here, just where I live [pointing to the inside of her apartment] but like I said, the other part of it [pointing out the window], I don't have nothing to do with the other part of it. I don't know nothing about it. Once I am in the house, I am in the house. This is my own little world.

Many mothers and children discussed being outside the home as little as possible as a safety issue. The mother of a 16-year-old boy revealed the feelings she has when shootings or fights take place and her son is not within her view:

> A: I don't like him around stuff like that. I get scared when he is not around me. I keep him up under me a lot and I don't let him stray.

Another mother discussed how she keeps her nine-year-old daughter busy with community activities so the daughter would be outside as little as possible:

Q: How would your daughter describe your neighborhood?

A: She is very seldom in the neighborhood . . . She is at school and the Girl's Club. I try my best to keep her out of the neighborhood. I don't let her walk around at night after she comes in from the Girl's Club.

Q: Why don't you let her walk around at night?

A: 'Cause it is bad 'cause the shooting goes on and the shooting on at night, all times of night. People breaking glass in the street and everything. It has gotten really bad out here.

Visiting family. Though the majority of the statements about the neighborhood were negative, some positive aspects were also discussed. The presence of family members in the neighborhood seem to be one thing that made life bearable for these families. One thirteen-year-old girl explained why her mother liked living in her neighborhood:

A: Because she got her family, relatives. They always back her up for help. They ain't just gonna let her get beat-up or something like that. Always has. My mom don't worry.

The mother of a ten-year-old, when asked if she liked living in her neighborhood, also expressed this opinion while recognizing that her neighborhood has some negative points:

A: It is OK. I was raised up out here so I can't say I don't like living out here 'cause you always gonna go back to where you was raised . . . If I could, I would move. But, I'm not going to say that I'm never coming back because as long as my mother and grandmother is out here, I'm always gonna be out here . . . This is like my home.

Activities of Children

Children, unlike adults, were reported to have many activities accessible to them. Four major subthemes emerged from the transcripts that identify these activities. They include (a) going to the recreational center, (b) visiting friends, (c) having babies, and (d) dropping out of school.

Going to the recreational center. Many activities were included in this category. Both groups reported similar children activities when asked what things can be done in the neighborhood. This is evidenced by the following answers from two boys (ages 11 and 16) and a mother of a 15-year-old boy:

A #1: Play games, play hide-and-go-seek and come to this center and play foozball and stuff. They can play basketball and pool in there and listen to the radio.

A #2: Play basketball, come to the center and walk around. Talk and just play games . . . We play

football in the field.

A #3: Well, they got the center, the youth center and in the summertime, they have different programs . . . What they have is mostly for kids.

A feeling that the center is a main staple of the neighborhood emerged from reading the transcripts. A 15-year-old boy expressed this when he was asked what was the best thing about his neighborhood:

A: This center because if there wouldn't be no center, they be nowhere people could go.

Visiting friends. Though many families expressed a desire to move out of their neighborhood, the importance of friends within the community was evident. Adults seemed more cautious about having large groups of friends, but during the interview, children often named lists of friends they had in the neighborhood. This was verified by the presence of groups of children playing jump rope in the grass when the mother's interviews were being conducted. A ten-year-old girl discussed why she liked her neighborhood:

A: Because I got a lot of friends there and that's where I grew-up at and I know everybody there. That's where my family, that's where half my family grew-up at.

A 16-year-old boy also expressed a fondness for where he lived and stated the following when asked why:

A: I don't know, just used to being here.

Q: Any other reasons why you like living here?

A: All my friends.

Having babies. Teen pregnancy was mentioned as something that affects many young girls. A mother of three who had her oldest when she was 16 expressed her opinion about having children as a teenager:

> A: It is pitiful and I hate it. I tell my cousins, "Ya'll think it is fine and dandy having babies." I had babies straight out of high school, but it has been so hard. I don't think people really know how hard it is until you do it, you know. They just don't know how hard it is, but I guess we live and learn.

A 14-year-old girl included teen pregnancy when listing what there is to do in her neighborhood:

> A: Sell drugs, don't go to school, have babies, don't work, majority of people like that.

The girl described teen pregnancy in a negative light. However, when the author returned to interview her mother, she [the daughter] was pregnant. She was by then 15 and would deliver her baby soon.

When another girl (13 years old) was asked to describe her neighborhood, she gave some advice:

> A: Don't get involved with a lot of boys around

here 'cause some of them will beat you up, some of them will get you pregnant and leave you.

Dropping out of school. Although this theme was only mentioned a few times during the interviews, it has been included because some interesting comments were made by a mother who discussed why she thought so many kids quit school. When asked about what activities can be done in the community, the mother of three explained:

> A: They did the wrong thing when they closed up _____ High School. Our kids was forced to go to a school that they didn't know anything about . . . Our kids was forced to go to _____ and _____ [schools] out here, but these kids don't know anything about it. They don't and that is why they dropped out of school. They don't have no place to go, they really need a curfew out here. They just drop out of school and hang on the corners.

Results of Quantitative Analysis

When the interviews of the mothers were compared to their children's interviews, few differences were found. In 31 of the 35 matched pairs of mother-child, both had the same perception of their neighborhood (29 negative, 2 positive). In the four remaining polarized pairs, three of the mothers who had a positive perception of the

neighborhood stated that their children liked living in their neighborhood. Their children, however, reported that they wanted to move. The remaining mother said her daughter did not like the neighborhood, but the child described the neighborhood in a positive fashion.

Overall, it can be said that, in this sample, the mothers' perceptions coincide with their children's perceptions. From this study, inferences cannot be made about the direction of causality, or who influences whom. However, it is interesting to note that a positive relationship does exist for almost all of the matched pairs in this study.

The results of the Mann-Whitney U statistical test show that the level of perceived social support in positive matched mother- and-child pairs is significantly higher than the level of perceived social support in negative matched mother-and-child pairs ($U=4$, $z=2.01$, $p<.05$). According to the results of the locus of control data analysis, the perceived level of locus of control does not have a significant effect on neighborhood perception ($U=38.5$, $z=.76$, $p>.05$). Analysis of the results from the four polarized pairs revealed that the perceived level of social support and the perceived level of locus of control does not significantly relate to neighborhood perception ($U=0$, $p>.05$; $U=0$, $p>.05$, respectively). For comparison to the

information presented in Table 1, the mean of this sample was 43 with a standard deviation of 5.3.

Developmental Differences

No developmental differences across age groups can be defined from the comments of this study's sample of children. This is true at least partly because of the large number of subcategories revealed and the lack of sufficient responses in each category to make comparisons across age groups. The children's responses according to age can be seen in Table 3.

Gender Differences

Differences were apparent when comparing the boys' and girls' interviews. Boys most often reported violent activities. For example, several mentioned the likelihood of their experiencing assault/fighting as well as a fear of being run over by a car. In general, girls discussed activities in which they were victimized. Examples of this include sexual harassment and kidnapping. The males in this neighborhood seemed to be concerned with their physical safety while girls seemed concerned with being sexually assaulted. When the mothers' interviews were analyzed based on whether they had male or female children, few differences were revealed. Table 4 shows the results of this analysis.

Table 3

Frequencies of Subthemes Mentioned During Neighborhood Interviews by Age Groups

Neighborhood Activities	7-8 year olds (n=9)	9-10 year olds (n=10)	11-12 year olds (n=10)	13-14 year olds (n=10)	15-16 year olds (n=10)
Drug Dealers' Activities					
Dealing Drugs	7	8	9	8	9
Gun Shooting	5	10	10	9	5
Breaking Glass/ Littering	4	5	7	7	6
Assault/ Fighting	6	7	9	5	6
Vandalism	4	3	5	3	4
Reckless Driving	4	8	2	2	1
Kidnapping	2	2	4	0	0
Theft/ Robbery	2	1	2	2	0
Sexual Harassment	0	2	1	0	2
Gambling	0	2	1	0	0
Adults' Activities					
Moving	6	1	3	3	4
Doing Nothing	1	0	0	1	0
Staying to Yourself	0	1	1	0	3
Visiting Family	1	1	2	1	2
Children/Teenagers' Activities					
Going to Rec. Center	2	9	7	8	6
Visiting Friends	3	6	4	5	3
Having Babies	0	1	0	2	2
Dropping out of School	0	1	0	0	0

Table 4

Frequencies of Subthemes Mentioned by Mothers of Boys and Mothers of Girls During Neighborhood Interviews

Neighborhood Activities	Mothers of Boys (n=19)	Mothers of Girls (n=16)
Drug Dealers' Activities	19	14
Dealing Drugs	2	2
Gun Shooting	16	14
Breaking Glass/ Littering	12	8
Assault/Fighting	6	8
Vandalism	1	5
Reckless Driving	0	0
Kidnapping	0	1
Theft/ Robbery	1	0
Sexual Harassment	0	3
Gambling	1	0
Adults' Activities		
Moving	10	9
Doing Nothing	15	11
Staying to Yourself	13	9
Visiting Family	14	12
Children/Teenagers' Activities		
Going to Rec.Center	11	13
Visiting Friends	9	7
Having Babies	2	2
Dropping out of School	0	1

5. Discussion

The strongest underlying theme apparent in the interviews is a recognition of widespread drug distribution and drug usage throughout the neighborhood. Mothers and children in every age group referred to drugs in some manner. Most of the subthemes were directly related to drug transactions in the neighborhood. Other subthemes such as moving and staying to yourself were indirectly linked to drug dealing. When a mother or child mentioned moving or staying to themselves, they were asked for their reasons. In all cases, when the interviews were reviewed specifically for this purpose, the reasons that were given can be linked to drug dealers and their activities. An example of this is a mother's answer to why she wants to move:

> A: The shooting at night, the gunfire at night, the kids standing on the corner, constantly selling drugs.

Another mother revealed why she does not associate with many people in her neighborhood:

> A: I don't bother nobody and nobody doesn't bother me. Be's a lot of shooting out here though. The drug dealers, they at it. I don't get in their way . . . Whatever they do is up to them.

According to Rodriguez (1990), in the cases of injury-related deaths, homicide is the second leading cause of

mortality among children across all ethnic groups and ages in the United States. From 1978 to 1988, murder accounted for 42% of all deaths of young African-American men between the ages of 15 and 24 (National Center for Health Statistics, 1990). It is, therefore, understandable that many of the identified subthemes attributable to the males in this study are related to violent activities.

The fear of being injured in the neighborhood has been verbalized by almost all of the children and mothers in this study. While males were more likely to report violent activities, females most often reported less violent but more intrusive crimes as something they fear. The responses of many females fit into the themes of kidnapping, theft/robbery, and sexual harassment. While younger children, both boys and girls, discussed kidnapping often, older girls discussed fears of being sexually harassed or becoming pregnant.

Another interesting theme was mentioned frequently by both children and mothers. When a mother or child stated that they liked where they lived, they often said it was due to the fact that they lived in the quiet section of the neighborhood. The author noted this during the first few interviews and began observing the areas the people were referring to as noisy and quiet. By completion of the last interview, every section of the neighborhood at one time or

another had been labeled as noisy and quiet by different participants. This leads to consideration of the perceptions of the residents.

While most of the people in this study described their neighborhood as being a bad place to live, several also noted positive aspects. Especially for mothers, their home is perceived as a sanctuary from the outside world. This idea was stated by a mother of two:

> A: It's not what is on the outside, it is what is on the inside. That's where your home is your home . . . When you open your doors, you never know what might happen, but that is on the outside.

Many described the best part of their neighborhood as being their own apartment. Very few derogatory comments were made about the apartments. Most residents seemed satisfied with the upkeep of their homes and viewed their inside environment as being detached from the outside. Their overall perception of the neighborhood was represented well by the following dialogue by a 24-year-old mother of three:

> Q: Describe your neighborhood.
>
> A: Basically, if you coming and moving to this neighborhood and want to have a little something, you can have a little something out here. It ain't that it is just bums and beggars and users

> out here. There are some everyday normal people out here and I put myself in that category . . . You just have to hunt around and you might find that person, there's a few. There are some out here that stay to theirself and take care of their kids and their home, keeping it clean . . . There's a few everyday, normal people out here. You just got to get lucky and say this is the projects, but this is a place that I can make a home.

This mother, in particular, made some interesting observations during her interview. (For these and other personal reflections of the author, see Appendix F.)

Limitations of this study include the author's outsider viewpoint being applied to this population. According to Dilworth-Anderson, Burton, and Johnson (1993), "values and scientific truths are frequently confused when scientists use their own 'home base' cultural frameworks and definitions to report on the behavior of a culture other than their own" (p. 630). Subjects in this study may have exaggerated their stories or even fabricated stories, realizing that the researchers would be less likely to question their credibility. However, the consistency of the reported themes across all age categories and between the two subgroups makes this limitation seem less applicable

to this study.

Another limitation is the amount of time that lapsed between the completion of children's interviews and the completion of the mothers' interviews. Ideally, these two subgroups would have been interviewed during the same time period. Recent occurrences in the neighborhood (such as a murder or a kidnapping) may be verbalized by one subgroup during the interview, while time could fade the memory of the second subgroup. Finally, the children being interviewed by two different researchers could have affected the study. People use different probing questions that may influence the responses of the subjects. One person interviewing all of the subjects could alleviate this limitation.

6. Conclusion

The findings of this study suggested that intervention strategies for changing residents' experience of their neighborhood should focus on the violent and intrusive factors that children and mothers perceive as dangerous. Specifically, the most prevalent concerns expressed by the children and mothers were drug dealings, gun shootings, broken glass/litter, assaults/fighting, vandalism, and reckless drivers trying to run them down. While female subjects did express fear of these violent activities or situations, it was the males who saw themselves as being at particular risk.

Another issue that was mentioned frequently was the lack of activities for older children (teenagers) and adults. It was stated by several mothers that the reason for all the negative activities in the neighborhood was the lack of positive influences and activities. Organizations already present in the neighborhood could be utilized for housing new programs. The recreational centers and several churches exist in these two communities. Several mothers discussed the prevalence of churches in their community. When asked what there was to do in the neighborhood, a mother of two replied:

> A: They have a Baptist Center where you can eat free meals and you can get free clothes and they

have church up there, you know, Bible School study classes.

The local schools could be used as a location for teen meetings and activities as well.

Teen pregnancy seemed to be widespread in these neighborhoods, and even young children were able to discuss this problem. When asked what her mother did not like about her neighborhood, an eight-year-old stated the following:

A: She say little girls always trying to be grown.

Q: Do you know what does she mean by that?

A: Yes, they always stay out at ten and two and three o'clock at night and the little girls having babies.

A church-based group for older teens could be beneficial in preventing teenagers from getting involved in drugs and drug-related activities as well as providing a forum for discussing the ramifications of teen pregnancy.

7. Implications

Interventionists who work with high-risk youth to ameliorate the negative affects of dangerous environments must recognize that there are some gender differences evident in perceptions of what causes harm in the neighborhood. Different strategies may need to be devised for male and female youth. Recognizing what the mothers perceive as negative also should be taken into account when one is trying to help this population. Support groups also could help increase the sense of unity among residents. Since a significant relationship was observed between the residents' sense of social support and their perception of their neighborhood, support groups might be especially useful with this population. The drug problem, for instance, might be easier to combat if residents did not feel isolated in the neighborhood. If they felt less alone, they might feel more at ease reporting illegal activities.

A peer mediation model could be utilized to teach children an alternative way of resolving conflicts. The mediation model also could be useful as an empowerment tool for children to develop a stronger sense of being in control of their own safety.

Changing the community as a whole by eradicating the drug dealers and the guns is, unfortunately, unrealistic. Focusing on the residents' concerns, however, can be an

effective tool in reducing their anxiety. Clinicians and practitioners need to be aware of the roles these fears play in the children's and mothers' lives. They are reality-based anxieties that are experienced on a daily basis. According to Kalyanpur and Rao (1991), "services provided to low-income minority families are often rendered ineffectual because the families' needs and values are misunderstood or ignored" (p. 531). Designing interventions that are specifically aimed to alleviate residents' fears may be useful. Examples of this include open discussions and activities about how children and mothers could handle threatening situations.

While many negative aspects of neighborhood life were verbalized in this study, several favorable perceptions were also revealed, such as the neighborhood garden and the annual community Homecoming. Building upon the positive aspects might be a vehicle for empowering the residents and enabling them to feel more in control within their neighborhood as well as feeling a sense of community. Ultimately, such discussions and activities can lead to neighborhood groups organizing to take charge of their community life in ways that make the neighborhood less favorable for drug dealing and violence. They can make a real difference when they break the bondage of isolation.

Possible future directions for research coming out of

the present study include a follow-up qualitative study regarding how mothers think changes they wish to see in their neighborhood could come about. Researchers could also study what type of interventions from outside individuals and organizations would be welcomed by the residents of the neighborhood.

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APPENDIXES

APPENDIX A

Neighborhood Perception Interview

(NPI)

Neighborhood Perception Interview

Pretend you are talking to a boy/girl your age who lives far away and is moving to [insert name of child's neighborhood] and has never been to your neighborhood.

1. Describe what your neighborhood is like for him/her.

2. How would your mother describe your neighborhood?

3. What would you tell him/her about the people who live in your neighborhood?

4. What would you tell him/her about things to do in your neighborhood?

5. What would you tell him/her about the buildings?

6. What would you tell him/her about the places people go in your neighborhood?

7. What would you tell him/her about the yards and the streets?

8. Do you like living in your neighborhood?

9. What do you like least {the worst} about your neighborhood?

10. What does you like the most {best} about your neighborhood?

11. Does your mother like living in your neighborhood?

12. What does your mother like least {worst} about your neighborhood?

13. What does your mother like the most {best} about your neighborhood?

APPENDIX B

Neighborhood Perception Interview

Mother Version

Neighborhood Perception Interview Mother Version

Pretend you are talking to a man/woman your age who lives far away and is moving to [insert name of mother's neighborhood] and has never been to your neighborhood.

1. Describe what your neighborhood is like for him/her.

2. How would your child describe your neighborhood?

3. What would you tell him/her about the people who live in your neighborhood?

4. What would you tell him/her about things to do in your neighborhood?

5. What would you tell him/her about the buildings?

6. What would you tell him/her about the places people go in your neighborhood?

7. What would you tell him/her about the yards and the streets?

8. Do you like living in your neighborhood?

9. What do you like least {the worst} about your neighborhood?

10. What does you like the most {best} about your neighborhood?

11. Does your child like living in your neighborhood?

12. What does your child like least {worst} about your neighborhood?

13. What does your child like the most {best} about your neighborhood?

APPENDIX C

Family Index of Regenerativity and Adaptation (FIRA-G) - Means and Standard Deviations

Table C-1

FIRA-G Dimensions Distributed across Four Stages of the Family Life Cycle: Means and Standard Deviations

Dimensions	Couple Stage		Preschool Schoolage Stage		Adolescent Launching Stage		Empty Nest Retirement Stage	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Family Stressors**	11.0	8.0	11.0	8.0	11.0	9.0	10.0	8.0
Family Strains**	7.0	7.0	11.0	8.0	10.0	9.0	4.0	3.0
Relative and Family Support**	25.0	4.0	25.0	6.0	24.0	5.0	25.0	6.0
Social Support*	**45.4**	**8.0**	**45.3**	**7.5**	**47.9**	**7.7**	**NA**	**NA**
Family Coherence**	16.0	2.0	16.0	2.0	16.0	2.0	16.0	2.0
Family Hardiness***	48.6	5.6	47.5	4.9	46.6	6.8	47.5	7.0
Family Distress**	2.0	1.0	2.0	1.0	3.0	3.0	2.0	1.(

*N=1036 Military Families **N=1000 Families (Non-Military) ***N=300 Families (Non-Military)

Note. From Family Assessment Inventories for Research and Practice (p.303) by H. I. McCubbin and A. I Thompson, 1987, Madison, Wisconsin: University of Wisconsin.

APPENDIX D

Social Support Index

(SSI)

Family Stress, Coping, and Health Project
1300 Linden Drive
University of Wisconsin–Madison

SOCIAL SUPPORT INDEX©

Hamilton I. McCubbin Joan M. Patterson Thomas Glynn

Please indicate how much you agree with each of the following statements about your community and family.	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. If I had an emergency, even people I do not know in this community would be willing to help.	0	1	2	3	4
2. I feel good about myself when I sacrifice and give time and energy to members of my family.	0	1	2	3	4
3. The things I do for members of my family and they do for me make me feel part of this very important group.	0	1	2	3	4
4. People here know they can get help from the community if they are in trouble.	0	1	2	3	4
5. I have friends who let me know they value who I am and what I can do.	0	1	2	3	4
6. People can depend on each other in this community.	0	1	2	3	4
7. Members of my family seldom listen to my problems or concerns; I usually feel criticized.**	0	1	2	3	4
8. My friends in this community are a part of my everyday activities.	0	1	2	3	4
9. There are times when family members do things that make other members unhappy.**	0	1	2	3	4
10. I need to be very careful how much I do for my friends because they take advantage of me.**	0	1	2	3	4
11. Living in this community gives me a secure feeling.	0	1	2	3	4
12. The members of my family make an effort to show their love and affection for me.	0	1	2	3	4
13. There is a feeling in this community that people should not get too friendly with each other.**	0	1	2	3	4
14. This is not a very good community to bring children up in.**	0	1	2	3	4
15. I feel secure that I am as important to my friends as they are to me.	0	1	2	3	4
16. I have some very close friends outside the family who I know really care for me and love me.	0	1	2	3	4
17. Member(s) of my family do not seem to understand me; I feel taken for granted.**	0	1	2	3	4

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** Reverse the scoring for these items (0=4, 1=3, 2=2, 3=1, 4=0)

FIRA-M Family Index of Regenerativity and Adaptation - Military

APPENDIX E

Adult Nowicki-Strickland Internal-External Control Scale (ANSIE)

YES	NO	
—	—	1. Do you believe that most problems will solve themselves if you don't fool with them?
—	—	2. Do you believe that you can stop yourself from catching a cold?
—	—	3. Are some people just born lucky?
—	—	4. Most of the time did you feel that getting good grades means a great deal to you?
—	—	5. Are you often blamed for things that just aren't your fault?
—	—	6. Do you believe that if somebody studies hard enough, he or she can pass aNy subject?
—	—	7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?
—	—	8. Do you feel that if things start out will in the morning that it's going to be a good day no matter what you do?
—	—	9. Do you feel that most of the time parents listen to what their children have to say?
—	—	10. Do you believe that wishing can make good things happen?
—	—	11. When you get criticized, does it usually seem it's for no good reason at all?
—	—	12. Most of the time do you find it hard to change a friend's (mind) opinion?
—	—	13. Do you think that cheering more than luck helps a team to win?
—	—	14. Did you feel that it was nearly impossible to change your parent's mind about anything?
—	—	15. Do you believe that parents should allow children to make most of their own decisions?
—	—	16. Do you feel that when you do something wrong there's very little you can do to make it right?
—	—	17. Do you believe that most people are just born good at sports?
—	—	18. Are most of the other people your age and sex stronger than you are?

Yes no ANSIE - FORM NC

— — 19. Do you feel that one of the best ways to handle most problems is just not to think about them?

— — 20. Do you feel that you have a lot of choice in deciding whom your friends are?

— — 21. Do you find a four leaf clover, do you believe that it might bring you good luck?

— — 22. Did you often feel that whether or not you do your homework had much to do with what kind of grades you get?

— — 23. Do you feel that when a person your age is angry at you, there's little you can do to stop him or her?

— — 24. Have you ever had a good luck charm?

— — 25. Do you believe that whether or not people like you depends on how you act?

— — 26. Did your parents usually help you if you asked them to?

— — 27. Have you felt that when people were angry with you, it was usually for no reason at all?

— — 28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?

— — 29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?

— — 30. Do you think that people can get their own way if they just keep trying?

— — 31. Most of the time do you find it useless to try to get your own way at home?

— — 32. Do you feel that when good things happen, they happen because of hard work?

— — 33. Do you feel that when somebody your age wants to be your enemy, there's little you can do to change matters

— — 34. Do you feel that it's easy to get friends to do what you want them to do?

— — 35. Do you usually feel that you have little to say about what you get to eat at home?

— — 36. Do you feel that when someone doesn't like you there's little you can do about it?

YES	NO	
__	__	37. Did you usually feel that it was almost useless to try in school because most other students were just plain smarter than you were?
__	__	38. Are you the kind of person who believes that planning ahead makes things turn out better?
__	__	39. Most of the time, do you feel that you have little to say about what your family decides to do?
__	__	40. Do you think it's better to be smart than to be lucky?

APPENDIX F

Author Note

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As I interviewed many different people, I began to realize that this community is a world to its own. I had lived less than two miles from both housing developments as an undergraduate and had never realized that either community existed. Many interesting things happened during the course of this study, and I would like to share a few of these experiences.

After about a week of mothers' interviews, the people who had been identified as drug dealers on the corner and I would exchange waves. The same people always stood on the same corners no matter what time of day and I always drove the same car. We came to recognize each other and even exchanged a few hello's. I was also a recipient of a few "cat calls" that many of the females described in their interviews, and I became fearful at these times when I came to the realization that I was out of my territory and into someone else's who may or may not come to my rescue if anything should happen.

Before doing a scheduled interview, I would call the mother to remind her that I was coming and to make sure that she would be there. I soon realized that other people were aware of my presence. The boys on the corner would often flag me down by waving their arms to indicate that my subject lived in the apartment they were pointing to. I guess this is not so unbelievable because I stood out from the other residents.

The last thought I would like to share is about the 15-year-old girl who was now 8 months pregnant when I interviewed her mother. As I described in the body of this thesis, the girl had talked negatively about teenage pregnancy. When I walked in and saw her, I was shocked. I became even more befuddled when her mother began talking excitedly about the new baby. I quickly understood that, while many girls might say having a baby as a young girl is a bad thing, the majority of the population in these communities do not view teen pregnancy as being out of the norm. This mother was proud that she would soon be a grandmother and, by the time we had completed the interview, I had been invited to the baby shower.

I immensely enjoyed interviewing the mothers and the children. My eyes were opened when I heard all of the hardships and difficulties the residents have to endure on a day-to-day basis. I found myself feeling petty when I was worried about a paper or class and I thought back to what the mothers and children had described about their daily fears and anxieties. This has given me a new perspective, and I am grateful to the respondents for sharing their personal information with me so generously.

VITA

Heather Anne Doyle was born in Traverse City, Michigan, on September 11, 1968. She attended elementary schools in the Cumberland County area and graduated from Cumberland County High School in June, 1986. The following September she entered the University of Tennessee, Knoxville, and in December, 1990, received the degree of Bachelor of Science in Business Administration. She reentered the University of Tennessee in January, 1991, and in May, 1994, received a Master of Science degree in Child and Family Studies.