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Studies of Contemporary Social Issues:Life Transitions and Institutional Effectiveness

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Silicon Valley Notebook

Volume 16, 2018

**Studies of Contemporary Social Issues:
Life Transitions and Institutional Effectiveness**

**Dr. Marilyn Fernandez, Editor
Department of Sociology
Santa Clara University**

SILICON VALLEY NOTEBOOK

Volume 16, 2018

Studies of Contemporary Social Issues: Life Transitions and Institutional Effectiveness

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LETTER FROM THE EDITOR OF
Silicon Valley Notebook, Volume 16
Dr. Marilyn Fernandez, Professor of Sociology

The Sociology Department at Santa Clara University is proud to present, in this volume of *Silicon Valley Notebook*, four research papers written by students from the class of 2018. As in the past years, the substantive, theoretical, methodological, and applied content of the Sociology curriculum at SCU are reflected in these papers. Originally prepared as part of the Research Capstone course (Sociology 121), the student authors further refined their work during the following quarter for inclusion in this volume.

Taken together, the authors addressed a classic sociological issue, the tension between social structure and personal agency in understanding and addressing life transitions as well as the effectiveness of contemporary social institutions. Each student used a sequential mixed methods research design. They conducted rigorous quantitative analyses of national secondary survey data to test predictions grounded in sociological theoretical traditions and reflected on their potential social applications; narrative interviews with sources knowledgeable about their respective topics and content analyses of documents were used to supplement their quantitative findings.

Student authors in the first set titled, “Life Transitions”, explored how adults and teenagers, respectively, make sense of the challenges they face in different life stages. **Christian Abraham**, in “Shifting Priorities over the Life Course: The Changing Roles of Work, Family, and Leisure in American Adult Self-Concept”, demonstrated how American adults realigned their life priorities over a ten year span from 2002 to 2011. She used the Americans’ Changing Lives (ACL) survey, supplemented with narrative comments from professionals and textual analyses of journalistic accounts of select celebrities and average citizens to demonstrate shifts in priorities from work to family as people aged. She theoretically framed her empirical analyses of self-concept redefinition over the life course within the social systems of work, family, and leisure. The second author in this section, **Emilio Sánchez**, focused on the challenging transitions that American teenagers face in the social ecologies of school, home, and their neighborhoods. In his paper, “Bullying and Victimization: Strains and Protections during Teenage Transitions”, he relied on the 2015 “National Crime Victimization Survey: School Crime Supplement”, and a few qualitative interviews with school professionals, to illustrate the strains caused by drug culture and neighborhood crimes as well as the protections offered by schools. The types and depth of bullying experiences and associated fears were contingent on teenage students’ maturity.

In the next set titled, “Effectiveness of Institutions”, two student authors focused on the police force and health care system. **Pamela M. Low**, in her “Community Trust in Their Local Police Force: The Gendered Impacts of Police Militarization and Community-Police Relationships”, examined the consequences that systemic social boundaries (gender, race, and community standing) between police and citizens have on citizen trust in the police. She used the 2011 national Police-Public Contact Survey,

complemented with interview comments from community organizers, to capture strains in community trust due to police militarization and limited community-police familiarity. The gendered and other systemic bounded impacts also varied depending on whether the community encountered the police as pedestrians or drivers. **Deja Shantel Webster** rounds out this section with her paper “The Costs of NOT having ACA Insurance: Access, Costs, and Informed Choices.” She used the 2014 Health Reform Monitoring Survey, with comments from health care professionals, to demonstrate the comparative advantages that non-elderly adults enrolled in the Affordable Care Act health insurance program had over those who had other health insurance policies. Despite the overwhelming health impacts of pre-existing conditions, non-ACA insurees had better health outcomes than ACA members, only if they had access to health care and at lower costs. In contrast, ACA participants, because of the structural advantages of the ACA, kept their health stable with lower health care costs and more equitable access to care.

As a collection, student research presented in this volume, continue to exemplify the evidence based social science curriculum offered by the Department of Sociology at Santa Clara University. The social issues explored have important policy and programmatic implications that each of the authors explored. These applications resonate with the University’s mission to prepare students, of competence, conscience, and compassion, who will help fashion a more just, humane, and sustainable world.

Life Transitions

Shifting Priorities over the Life Course: The Changing Roles of Work, Family, and Leisure in American Adult Self-Concept

By
Christian Abraham¹

ABSTRACT. The shifting priorities of work, family, and leisure, in American adults' lives and their self-concepts were assessed. Secondary survey data from 3,617 American adults (aged 25 and older) in the Americans' Changing Lives survey were supplemented with qualitative insights from four professionals knowledgeable about work and community and with journalistic accounts about life transitions. Earlier in the life course (2002), work, followed by family and leisure, defined one's social identity (supporting Parson's social systems and Mead's self-concept). However, life priorities of Americans were redefined over a ten-year period (2011); family roles and leisure were the only factors that shaped their identity (supporting Elder's life course theory). These findings contributed to the literature on changing priorities over the life course. Future research is warranted on the place of health in shaping one's identity as well as differences in life course trajectories across social locations of race, class, and gender.

INTRODUCTION

It is axiomatic that what people consider important at any given phase in their lives, more often than not, shapes their social identities and that such priorities change over their lifetimes. For example, for many American children, simple pleasures like food, toys, and games might be their primary concerns. The priorities of young adolescents tend to shift towards socializing with friends, completing high school, and possibly obtaining a higher education. As they transition into young adulthood, finding a financially stable job and eventually a promising career become important goals. Eventually, there is the pressure to settle down, get married, and start a family. In late adulthood, depending on one's financial circumstances, retirement becomes the main priority. While these are ideal life transitions for many American adults, life priorities define peoples' social roles, their place in society, and their individual self-concepts.

A theoretical and empirical case can be made for a sociological exploration of how role priorities shape Americans' self-concept and the shifting nature of priorities in contemporary times. Such an analysis can offer an empirical test of the relevant social

¹ **Acknowledgments:** I would like to thank my professional interviewees for their participation and valuable insights on this subject matter. Also, I want to sincerely thank Dr. Marilyn Fernandez for her consistent encouragement, guidance, patience, and assistance throughout this research process. Your support and advice have helped me complete this research to the best of my ability. Lastly, I would like to extend my deepest gratitude to my family and friends for their endless love and support throughout my academic career. I would not be where I am today without you all, betam amesegenalew.

roles in defining one's social identity at different life stages. A focus on transitions in adult social identities is important not only for understanding significant social roles, it also can improve role performance for individual adults, their families, workplace, communities, and other social organizations in which Americans are engaged.

LITERATURE REVIEW

One's sense of self, and the factors that shape it, have been researched from various disciplinary perspectives. In the research reviewed below, four themes emerged: 1) work identity, 2) the role of family, 3) the importance of work-family balance, and 4) improving and redefining one's identity through volunteering and leisure activities.

Work Identity

A defining aspect of one's sense of self is, often, the person's work. In fact, Williams, Berdahl, and Vandello (2016), in their review of work-family research, found that the workplace had become an environment that overpowered other social roles in one's life and established identity and status. Americans' insistence on devotion to their work, or the assumption that one's occupational and personal identities are enmeshed, is epitomized by the question "What do you do?" (p.531). Commitment to work was of the highest priority for understanding individuals' sense of self and their position in society. The importance of work identity is not limited to American society. Using a sample of 529 German university alumni in diverse occupations, Hirschi (2012) confirmed the positive connection between one's occupational calling and an increased level of engagement and dedication within the workplace.

Scholars have also devoted attention to factors that shape an individual's work identity, satisfaction with their jobs, and overall definition of self. One's commitment to and satisfaction with their work have been found to be subject to change due to external forces, such as job insecurity. For instance, Reinardy (2012) studied the job satisfaction of 2,159 newspaper journalists who had survived a round of layoffs. Overall, strong coping mechanisms, job security, and deep commitment to their occupational organizations were important, positive indicators of job satisfaction (p.66). A key distinction was whether or not the respondents were planning on quitting their positions at the time of the survey; those who planned on quitting were significantly less satisfied with their jobs than employees who intended to stay.

Race, ethnicity, gender, and age variations in job satisfaction have been related themes in the research on work identity. Among a secondary survey sample from the 2010 National Survey of College Graduates, Hersch and Xiao (2016) confirmed differences in job satisfaction between highly educated white and nonwhite employees; not only were Asian men, Asian women, and black women dissatisfied with many aspects of their jobs, Asian and black workers had substantially lower overall job satisfaction, relative to

their white counterparts (p.4). Given the implicit racial biases operational in the workplace and gendered inequities like the wage gap, such a finding was not surprising.

The role of work in defining one's identities has also been shown to change as people age. Based on a sample of 1,873 employed adults aged 17 to 81, Besen et al. (2013) studied how an employee's feeling of satisfaction with their occupational roles altered with age. Younger workers felt a higher level of enthusiasm and desire to learn more about their work. However, older workers who were closer to retirement were mainly concerned with their personal lives and relationships outside of the workplace (p.285).

Family Roles

Aside from one's occupation shaping his or her self-concept, life-cycle transitions from young adulthood to marriage and parenthood also play an important role in how people learn who they are. In their analyses of a random sample of 7,339 individuals between the ages of 15 (mid-adolescence) and 38 (young adulthood), Chen, Enright and Tung (2016) found that the development of individuals' self-esteem and sense of mastery over their lives were shaped by their marital unions and transitions to parenthood. Of the two transitions, being married was more impactful on one's sense of self than being a parent. To quote Chen and his colleagues, "whereas entering into marriage protects individuals' self-esteem and sense of mastery, becoming parents within marriages does not provide additional protections in their sense of self, compared with their single counterparts" (p.349).

One reason why becoming a parent was not as momentous as getting married was offered by Crocetti et al. (2016) using the conceptual tool of self-concept clarity; they defined self-concept clarity as the extent to which one's internal belief systems and values are defined and stable (p.581). In their study of 497 Dutch families, self-concept clarity was found to be unidirectionally transmitted from both fathers and mothers onto their children. It was their children, not the parents themselves, who were more likely to develop a stronger sense of self. Furthermore, adolescents looked to their parents' stable self-concepts to better understand who they were as individuals. Different parenting styles have various effects on how children conceptualized their own identities as they grew older.

That children were able to most directly establish their identities based on how their parents and families raised them was the focus of Yeung et al.'s (2016) research with Chinese families. In their study of 223 Chinese parent-child pairs, Yeung and his colleagues supported the notion that authoritative parenting contributed to strong identities and worldviews of children, regardless of varying cultural backgrounds (p.1987). When the child received less authoritative parenting than the parent claimed to provide, the child's ability to interpret others' perspectives worsened and self-esteem was reduced. But, children brought up by authoritative parents had developed a higher sense of trust in their actions and who they were as unique persons.

Overall, family was a significant source in how people understood themselves as individuals in society. Not only does the transition from singlehood to marriage and parenthood impact a person's social position, parents are influential in molding their children's identity; and the cycle continues.

Work-Family Balance

While work and family roles are distinctly impactful on a person's sense of self, it is also important to achieve a balance between work and family responsibilities. In other words, the ways both work and family roles are interpreted and balanced help shape the stability of his or her sense of self.

Achieving Balance

To achieve work-life balance is not an easy feat for working adults who have familial duties to attend to when they return home. Matheson and Rosen (2012), who studied the work and personal life balance of 16 marriage and family therapy (MFT) faculty members, found that six respondents felt 'good' about their balance, six did not, and four were in 'the middle', or somewhat satisfied with their balance. In order to resolve their work-life balance difficulties, respondents reported taking the following actions: "temporarily reprioritizing their work and personal lives, scheduling full days away from the office, keeping a personal planner, and actively seeking support from others" (p.409). In a similar vein, Uusiautti and Määttä (2012) suggested "bend[ing] and adjust[ing] without forfeiting anything of primary value" (p.159) as an important method to achieving stability between work and family. Their case studies included two sets of working adults in Finland who had established a healthy compromise between their work and families. One set of married couples (n=342) concentrated on marital success while the other set of employees who had been selected as 'employees of the year' (n=8) described their solutions to combine work and family successfully.

Individuals' interpretations of their work-life balance and self-concept are also mediated by gendered social locations. Gaunt and Scott (2017) broadened the scope of self-concept research by focusing on role differences between working men and women with children. Among a convenience sample of 296 participants (148 married couples with children) in Cambridgeshire, United Kingdom, working men identified themselves as the 'family breadwinner', whereas stay-at-home mothers self-identified in accordance with their parental duties. However, if couples were dual earners, the disparity between occupational and parental identity was no longer apparent for fathers and mothers. In sum, while it is important to understand one's personal position, separately in relation to their occupations and families, there is still a scholarly need to consider gender variations in how people balance their work and family identities.

Burnout and Agency in Resolving Work-Family Conflicts

The feeling of being ‘burned out’ as a result of not properly balancing work and familial responsibilities has been another important area in adult self-concept research. Difficulties in effectively resolving work and/or family conflicts can lead to negative health impacts on individuals, particularly an increase in stress. Jenull and Wiedermann (2015) utilized a latent profile approach to categorize a sample of 844 nurses who experienced stress due to negative interactions with hospital residents, family issues, and personal emotional distress; about 12% of the sample expressed high levels of stress within all of these spheres (p.827).

Fortunately, there are solutions, located in an individual’s agency, to the burnout challenges that individuals and couples may face. For example, Weinzimmer et al. (2017) found that a key psychological resource needed to maintain a positive sense of self was emotional intelligence (EI). Based on a sample of 233 respondents in a mid-size Midwestern university, who responded to an online survey, the researchers uncovered that having EI, or the capacity to control one’s own self and to deal with others’ temperaments, emotions, actions, helped people increase their work productivity and decrease family pressures within their households (p.324). Having a robust EI contributed to a stronger feeling of control over one’s actions, and consequently over their lives. Similarly, Pagnan, Seidel, and MacDermid (2017), in their study of 811 parents from the 2008 National Study of the Changing Workforce, found that respondents who felt they had agency over their life schedules were more likely to engage in health-promoting behaviors and activities, despite having more family responsibilities like childcare and eldercare demands (p.1595). Another example of personal assets is available in Haines et al.’s (2013) random sample of 289 police officers and civilian staff; they were either married or in a common-law partnership. The respondents who had positive, more than negative, core-self evaluations were better able to develop strategies to overcome work-family conflicts and to reduce burnout.

Redefining Self-Concept over the Life Course: Volunteering and Leisure

As people go through their life course, interpretations of their well-being typically become associated, less with work and family, and more with losses, such as memory loss and lack of control over their motor functions. In late adulthood, well-being can be negatively impacted by physical and psychological illnesses. Based on a sample of 96 older Italian citizens, Fastame et al. (2013) confirmed that adults within “the 65–74 age range [experienced] an onset of illnesses, retirement, a less gratifying social status, and a more limited physical autonomy” (p.746); as a result, favorable perceptions of themselves and their position in their surrounding environments deteriorated over time.

Fortunately, the quality of life of older adults, who had retired from full-time work, has been found to improve through volunteering and leisure activities; by reconnecting and forming new connections with their communities, the negative impacts of aging can be

reduced. As activities outside of work and their families take precedence over the latter part of their lives, older adults are able to better integrate themselves into their broader communities by participating in outside groups and institutions; such participation not only helps individuals strengthen their own values and beliefs by aligning with like-minded community members, it also improves their own degree of well-being, and heighten or redefine their self-concepts. For example, in a sample of 572 retired Dutch volunteers aged 50 and older, van Ingen and Wilson (2017) affirmed the benefits of older citizens having a volunteer identity. Older retirees felt that their volunteer work was important because of a need to compensate for the loss of productivity they once felt in their previous work roles (p.40).

The beneficial relationship between health, both psychological and physical, and doing volunteer work has been documented in Taiwan as well as in the United States. Hua-Chin Ho's (2015) Taiwanese citizens aged 65 or more, believed that, in spite of their advancing age, volunteering could improve their intellectual development and widen their social connections. Another health benefit of volunteering in one's community was demonstrated in Thomas's (2012) study of 1,667 adults aged 60 years or older from the Americans' Changing Lives Survey. Thomas concluded that the more socially integrated a person was, the longer their life span. In other words, people who continued to be actively involved, by maintaining or increasing their social engagement over their lifetime, had a lower risk for early mortality than those with low and decreasing social engagement.

Leisure engagement is another tool found to improve well-being as people age. Adams-Price et al. (2018) noted that participation in creative activities helped seniors balance the gains and losses they later experienced in their lives (p.260). In addition, leisure engagements addressed older adults' sense of generativity and their concerns for leaving behind a future legacy or contribution, and in turn, allowed them to redefine their identities. The favorable association between leisure involvement and subjective well-being (SWB) was also found by Kuykendall, Tay, and Ng (2015). In a review of four decades of empirical evidence and conducting a meta-analysis of cross-sectional and longitudinal studies, individuals who more frequently participated in a diverse set of leisure activities were more likely to experience contentment in their lives, thus strengthening their individual self-concepts.

Future Directions

The research reviewed above offered valuable insights into how adults understand themselves and what is important to them. Overall, two major insights have been offered by scholars of self-concept: 1) work and family are important markers of self-identity, and 2) being involved in social groups outside of work and family are both physically and mentally beneficial for one's well-being. Yet, what is lacking in the review presented above is a simultaneous assessment of the importance of work, family, and community, as well as an analysis of shifting priorities over one's lifetime. In the research presented in this paper, an attempt was made to address this lacuna.

RESEARCH QUESTION

In order to expand the existing scholarly conversations about adult social identity, the concurrent, and the extent of change in the, impacts of work, family, and leisure roles on self-concept were examined. The formal research question posed was “how have changes, between 2002 and 2011, in occupational commitments, family engagement, and leisure involvement affected American adults’ self-concept?”

THEORY AND HYPOTHESES

The analyses, presented in this research, of shifting priorities in adults’ social identities as they mature, were guided by an interrelated set of theoretical concepts. The following overarching theoretical argument was tested: adults’ self-concept is shaped by their role identities (Mead’s Self-Concept, 1934:164) in critical social systems (Parsons’ Social Systems 1951:25), and these role priorities shift over the adults’ life course (Elder’s Life Course Theory, 1998:5). More specifically, two related sets of theoretical arguments followed. First, that adult self-concept is the product of being engaged in multiple social systems, such as work, family, and community. For instance, as theorized by George Herbert Mead, “the individual possesses a self only in relation to the selves of the other members of his social group” (Mead 1934:164). In other words, adults are connected with one another through the different roles that they have in their families, at work, and within their communities. Second, following Elder’s life course perspective, role priorities do change as their identities mature.

In his social systems theory, Parsons posited how work, family, and leisure activities become part of how an adult establishes his or her social identity. The nature of any society can be viewed as a system of interrelated domains in which “each individual actor is involved in a plurality of such interactive relationships each with one or more partners in the complementary role” (Parsons 1951:25). Typically, adults work to support themselves and to provide for their families. Working helps individuals understand their social roles as spouses and parents, and allows them to contribute to the overall functioning of their communities. Even as work becomes a time-consuming role that fulfills their economic and professional needs, individuals may also engage in non-work related activities such as volunteering and leisure. Scholars have defined volunteering to include the production, performance, and/or consumption of a symbolic social good or service which “enables people to ‘act out’ their values” (Wilson and Musick 1997:696). While volunteering helps adults attain cultural capital by living out their self-identified characteristics and beliefs, it also enables them to create strong social connections and give back to their communities. Not only do volunteer activities offer venues for individuals to express themselves and to attain personal satisfaction and enjoyment, they can also become a coping mechanism for personal role strain and role conflicts. In short, it is important to understand how people comprehend their identities and view themselves as part of society.

While Parsons' systems framework illustrated a static analysis of how individuals understand their place in their communities, Elder offered tools to explore how adults' social identities might be subject to change throughout their lifetimes. In Elder's theoretical thinking, individuals use their human agency "to construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstances" (Elder 1998:5). In other words, most adults have the ability to decide how their lives will be lived, and what aspects of their lives will be prioritized. As adults grow older, their sense of self might be reshaped as different responsibilities and/or activities become more important to them.

Using an Elder-Parsons-Mead self-concept hybrid theoretical model, two sets of hypotheses were proposed. First, earlier in an adult's life, their work, family, and leisure role identities, in that order, would be the most salient for defining their social identities net of age and sex (Hypothesis #1). But, as American adults become older, their role priorities will shift in their net importance for their individual sense of selves (Hypothesis #2). For example, once adults become more established in their commitment to their jobs, it was expected that their family and leisure role identities will become more important for defining who they are as social entities.

METHODOLOGY

A sequential mixed methods design, of secondary quantitative survey data supplemented with primary qualitative data, was used to offer a comprehensive understanding of the research problem posed in this paper. While quantitative data were drawn from a secondary data source, supplemental qualitative information was collected from primary interviews with professionals, knowledgeable about work commitment and community involvement, as well as a content analysis of several journalistic accounts illustrating life transitions.

Secondary Survey Data Analyses

Survey data used in this research were drawn from the Americans' Changing Lives (ACL) survey series, an ongoing nationally representative longitudinal panel study conducted by principal investigator James S. House from University of Michigan's Institute for Social Research.² A national sample of 3,617 adults aged 25 and older in 1986, selected using a stratified sampling strategy, with oversampling of black Americans and those aged 60 and older, voluntarily participated in the ACL survey. The first 1986 wave was followed by a second (1989), third (1994), fourth (2002), and fifth (2011) wave and covered a wide range of sociological, psychological, mental, and physical health items (House 2014).

² The original collector of the data, or ICPSR, or the relevant funding agencies bear no responsibility for use of the data or the interpretations or inferences based on such uses.

Relevant to the analyses presented in this paper are the 1,787 surviving respondents (from Wave 1) who were re-interviewed in 2002 (Wave 4) and again 1,427 in 2011 (Wave 5); these were the two time periods covered in this paper. For the purpose of this research, only 1,293 respondents who had complete answers to self-concept-related questions (the main focus of this research) in 2011 were used. A majority of respondents were female (62.5%), were, on average, 62 years old in 2002, and about 66 by 2011 (Refer to Appendix A).

Primary Qualitative Data

In keeping with a sequential mixed methods design, the statistical analyses of the Americans' Changing Lives survey were followed with supplemental qualitative interviews (in person) with four professionals experientially knowledgeable about balancing work, family, and leisure. The four interviewees, who were at different stages in their professional careers, offered valuable insights related to the research findings. Interviewee #1 is a male vice president (VP) of a material handling company, who has worked there for twenty-eight years. Interviewee #2 is a female youth outreach coordinator (YOC) for a children's volunteer center; she has volunteered at this organization for five years and has been employed for twelve. Interviewee #3 is a female career development specialist (Career Specialist) at an accredited four year university's career center; she has worked at this institution for over a year. Interviewee #4 is a female Controller (Chief of Financial Operations or CFO), of a material handling company; she has twenty years of experience as a Controller, but has worked at this company for over a year. All participants were asked a series of open-ended questions about their thoughts on how their sense of self was impacted by their commitments to work, family, and leisure. The interview protocol and consent forms are available in Appendix B.

In addition to the in-person interviews, a content analysis of journalistic accounts of the life stories of a few well known and non-celebrity American adults was conducted to illustrate the statistical findings. Two public figures (Bill Gates and Oprah Winfrey) who have been profiled by journalists (in *The Telegraph* and *The Singju Post*) were selected. Gates and Winfrey were chosen because their stories reflect ideal life trajectories. Both had strong occupational identities during their working lives. However, Gates's life followed the transitions modelled in this analysis, from work to family and philanthropy. Winfrey's life story deviated from typical chronological life transitions. In addition, obituaries of two non-celebrity American adults (Ron Blick Blickensderfer and Thomas James O'Neil), found in *The East Bay Times* and *The Santa Barbara News-Press*, were utilized to diversify the sources of qualitative data. While Winfrey's current life course reflected the 2002 statistical findings, the story lines of Gates, Blickensderfer, and O'Neil offered support for the shifting priorities from 2002 to 2011.

DATA ANALYSES: SURVEY AND QUALITATIVE INSIGHTS

Three levels of statistical data analysis were used to examine the question about shifting priorities in defining self-identity. A portrait of the survey research sample with regard to their multiple role identities, which was drawn using univariate analyses, was useful in setting the context for further explorations of the research question at hand. Bivariate analyses of relationships among role identities offered preliminary glimpses into the potential impacts of occupational commitment, family satisfaction, and leisure involvement on American adults' self-concept. The bivariate relationships were retested using multivariate regression analyses. It was in the multivariate analyses that the changing net impacts of occupational commitment, family satisfaction, and leisure involvement were identified.

Operationalization and Descriptive Analyses

In the following section, a descriptive profile of the ACL sample, in 2002 and 2011, on their self-concept, occupational commitment, family satisfaction, and leisure involvement was developed. During this ten-year period, respondents had a relatively strong self-concept, strong commitment to their work and families, and were moderately involved in leisure activities.

Self-Concept

American adults had strong, positive perceptions of themselves and of their lives in 2002 (Table 1.A.); the mean on the Index of Self-Concept was 24.69 (sd=3.22) on a range of 7-29. About ten years later in 2011, even though there was a slight difference in how they saw themselves, respondents still viewed themselves favorably; the mean on the Index of Self-Concept in 2011 was 24.19 (sd=3.35) on a range of 9-29. Some specifics: in 2002, a majority of participants strongly agreed (61.9%) that they had a positive attitude toward themselves. However, in 2011, 57.4% had a positive attitude, indicating that respondents' self-concept was still strong in 2011, but not as it once was in 2002.

Table 1.A. Self-Concept
Americans' Changing Lives (ACL) Survey – Wave IV (2002) and Wave V (2011)¹

Concept	Indicators	Values and Responses	Statistics	
			2002 (n=1658-1681)	2011 (n=1308-1318)
Self-Concept	V.12135 / ² V.15301.	1 Not at all satisfied	1.5%	2.1%***
	Recoded_Life Satisfaction	2 Not very satisfied	4.2	3.7
		3 Somewhat satisfied	31.9	32.2
		4 Very satisfied	41.6	38.6
		5 Completely satisfied	20.8	23.4
	V.12136/V.15302	1 Disagree strongly	2.7%	3.5%***
	Reversed_LOT1.Life Optimism1. Always Optimistic about Future	2 Disagree somewhat	10.3	8.6
		3 Agree somewhat	45.5	50.0
		4 Agree strongly	41.5	37.9
	V.12139/V.15305	1 Agree strongly	1.1%	2.3%***
	SlfEst3.Self-Esteem3.Inclined to Feel I Am Failure.	2 Agree somewhat	4.5	4.6
		3 Disagree somewhat	15.4	14.9
		4 Disagree strongly	79.0	78.1
	V.12140)/V.15306	1 Disagree strongly	2.8%	2.7%***
	Recoded_SlfEst6. Self-esteem6. Take positive attitude toward myself	2 Disagree somewhat	5.7	5.5
		3 Agree somewhat	29.6	34.4
		4 Agree strongly	61.9	57.4%
	V.12142/V.15307	1 Agree strongly	3.0%	3.3%***
	SLFEST10.Self-Esteem10.I think I am no good at all	2 Agree somewhat	9.0	8.7
		3 Disagree somewhat	14.6	15.2
		4 Disagree strongly	73.5	72.7
	V.12561	1 Disagree strongly	3.2%	N/A
	W4.P9b.Recoded_Meaning2.I have a sense of direction and purpose in life (R's life in general)	2 Disagree somewhat	6.5	
		3 Agree somewhat	27.5	
		4 Agree strongly	62.8	
	V16216:	1 Agree strongly	N/A	6.9%
	W5.HOPELES2. Future seem hopeless to me	2 Agree somewhat		20.0
		3 Disagree somewhat		26.5
		4 Disagree strongly		46.6
	V.12145/V.15309	1 Disagree strongly	4.0%	4.0%***
	Recoded_PrlnMst6. Mastery 6.I can do anything I set my mind to do	2 Disagree somewhat	10.0	8.6
		3 Agree somewhat	35.3	40.2
		4 Agree strongly	50.7	47.3
	Index of Self-Concept	\bar{x} (s)	24.69 (3.2) ³	24.19 (3.4) ⁴
		Min-Max (n)	7-29 (1632)	9-29 (1293)

¹ Although indicators for 2002 and 2011 consist of slightly different indicators, difference in their means is the same;

² Left Variable Name = 2002 (Wave 4); Right Variable Name = 2011 (Wave 5);

³ IndexofSelfConcept_2002 = Recoded_Life Satisfaction + Reverse_LOT + Recoded_SlfEst6 + Recoded_PrlnMst6 + W4_Recoded_Meaning2 + (V.12139) SlfEst3. + (V.12142) SLFEST10; Among these indicators, correlation values are between 0.17*** and 0.41***; (* p <= .001);

⁴ IndexofSelf-Concept_2011 = Reversed_LifeSatisfaction + W5_Recoded_LOT1 + W5_Reversed_SlfEst6 + W5_Recoded_PrlnMst6 + (V.15305) SlfEst3 + (V.15307) SlfEst10 + (V.16216) HOPELES2. Among these indicators, correlation values are between 0.19*** and 0.45***; (* p <= .001).

Occupational Commitments

Of the three role identities that were theorized to shape how individuals self-identified themselves, occupational commitment was the first to be explored (Table 1.B). Not only did American adults maintain strong self-concepts, but their work commitments remained strong as well. In 2002, most respondents felt very satisfied with their jobs (69.9%), whereas in 2011, more American adults were satisfied with their jobs (72.6%). Overall, a majority of American adults in 2002 had a strong commitment to their work; the mean (standard deviation) on the Index of Occupational Commitment in 2002 was 21.12 on a range of 11-25. Ten years later, in 2011, American adults had only a slightly weaker work commitment; on a range of 13-27, the mean (standard deviation) of the Index of Occupational Commitment in 2011 was 21.59.

Table 1.B. Occupational Commitments
Americans' Changing Lives (ACL) Survey – Wave IV (2002) and Wave V (2011)

Concept	Dimensions	Indicators	Values & Responses	Statistics	
				2002 (n=819-858)	2011 (n=566-598)
Occupational Commitment	Tenure	V.12377/V.16114	1 Weeks	2.1%	2.3%
		How Long Has R	2 Months	8.1	5.9
		Worked at present Job- Unit = Wks/Mos/Yrs	3 Years	89.8	91.8
	Satisfaction	V.12384/V.16125	1 Not at all	1.0%	0.8%***
		Reversed_EnjoyWrk.	2 A little	1.9	1.2
		How much does R enjoy doing that kind of work	3 Some	13.8	11.2
			4 Quite a bit	29.7	34.1
			5 A great deal	53.6	52.7
		V.12386/V.16127	1 Not at all satisfied	1.6%	0.8%***
		Reversed_SatisWrk.	2 Not very satisfied	2.1	2.2
		How satisfied are you with your job	3 Somewhat satisfied	26.4	24.4
			4 Very satisfied	44.7	49.2
			5 Completely satisfied	25.2	23.4
	Strain	V.12393 W4.	1 Agree strongly	7.0%	N/A
		EmpStrn1.My job leaves me feeling too tired and stressed after work to participate in activities with friends/family	2 Agree somewhat	25.3	
			3 Disagree somewhat	29.1	
			4 Disagree strongly	38.7	
		V.16140	1 Agree strongly	N/A	4.9%
		W5.EMPSTRN1.Job leaves R too tired for family activities	2 Agree somewhat		20.1
			3 Disagree somewhat		32.5
			4 Disagree strongly		42.4
		V.16141	1 Agree strongly	N/A	4.8%
		W5.EMPSTRN2.Job leaves R too tired for community activities	2 Agree somewhat		18.4
			3 Disagree somewhat		32.0
			4 Disagree strongly		44.9
	Index of Occupational Commitment		\bar{x} (s)	21.12 ¹ (2.6)	21.59 ² (2.6)
			Min-Max	11-25	13-27
			(n)	(536)	(343)

¹ IndexofOccupationalCommitment_2002 = (V.12377) How Long Has R + Recoded_EnjoyWrk + Recoded_SatisWrk + (V.12393) EmpStrn1;

² IndexofOccupationalCommitment_2011 = (V.16114) How Long Has R + W5_Reversed_EnjoyWrk + W5_Reversed_SatisWrk + W5_Reversed_EMPSTRN1 + W5_Reversed_EMPSTRN2.

Family Satisfaction

The second institution that influences adult identity is family. Not only did American adults have strong self-concepts and work commitments, they also felt very satisfied with their family dynamics and their roles as spouses and parents (Table 1.C). In 2002, the mean (standard deviation) on the Index of Family Satisfaction was 21.78 (2.81) on a range of 12-27. In 2011, American adults had a mean score of 21.94 (2.98) on a range of 9-27 on the Index of Family Satisfaction. For example, in 2002, respondents were at least very satisfied with their marriages (81.9%) and with being parents (81.4%). After ten years, marital satisfaction (81.3%) and parental satisfaction (84.2%) within their families persisted in 2011. In other words, American adults experienced a slight increase in how satisfied they were with their familial identities during the ten-year period. Along this same sentiment, Interviewee #2 (Youth Outreach Coordinator) concurred that as opposed to ten years ago, she believes now that “the family that I have and hope to create” is the most important priority in her life; moreover, she asserted that “without family, you cannot have a functional life.”

Table 1.C. Family Satisfaction
Americans' Changing Lives (ACL) Survey – Wave IV (2002) and Wave V (2011)

Concept	Dimensions	Indicators	Values and Responses	Statistics	
				2002 (n=991-1833)	2011 (n=756-1427)
Family Satisfaction	Marital	V.12147/V.15401 Reversed_MarStat.at.Marital Status	1 Never married	7.2%	8.6%***
			2 Widowed	22.0	22.0
			3 Divorced ¹	13.6	16.5
			4 Separated	2.6	1.9
			5 Married	54.6	51.0
		V.12152/V.15409 Reversed_MARS ATIS.Marital Satisfaction	1 Not at all satisfied	0.4%	1.5%***
			2 Not very satisfied	2.1	1.8
			3 Somewhat satisfied	15.6	15.5
			4 Very satisfied	41.5	33.6
			5 Completely satisfied	40.4	47.7
		V.12155/V.15414 MARCONFL.How Often R & Spouse Have Unpleasant Disagreements/ Conflicts	1 Daily or almost daily	2.9%	3.3%***
			2 2 or 3 times a week	7.0	8.6
			3 About once a week	12.3	11.2
			4 2 or 3 times a month	14.9	11.0
			5 About once a month	23.5	25.3
			6 LT ² once a month	30.6	30.4
			7 Never	8.8	10.2
	Parental	V.12169/V.15507 Reversed_ParSat is.Parental Satisfaction.How Satisfied Is R with Being Parent	1 Not at all satisfied	1.0%	1.5%***
			2 Not very satisfied	2.2	1.5
			3 Somewhat satisfied	15.4	12.8
			4 Very satisfied	37.1	27.5
			5 Completely satisfied	44.3	56.7
		V.12170/V.15508 ParUpset.How Oft R bothered, Upset as Parent	1 Almost always	1.5%	1.9%***
			2 Often	5.8	6.3
3 Sometimes			36.9	33.5	
4 Rarely			36.3	38.9	
	5 Never	19.5	19.4		

Index of Family Satisfaction	\bar{x} (s) Min-Max (n)	21.78 (2.8) ³ 12-27 (888)	21.9 (2.9) ⁴ 9-27 (663)
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¹ Includes marriage annulled;

² LT is an abbreviation for "less than";

³ IndexofFamilySatisfaction_2002 = Recoded_MarSatis + W4_ReversedMarStat + (V.12155) MARCONFL.+ Recoded_ParSatis + (V.12170) ParUpset;

⁴ IndexofFamilySatisfaction_2011 = W5_Reversed_MAtO TAT + W5_Reversed_MARSATIS + (V.15414) MARCONFL + (V.15508) ParUpset. + W5_Reversed_PARSATIS.

Leisure Involvement

Thirdly, leisure involvement was theorized to play a significant role in how American adults viewed themselves. While work commitment and family satisfaction were strong for American adults, they were also able to participate in personal activities outside of their work and family obligations (Table 1.D).

Table 1.D. Leisure Involvement
Americans' Changing Lives (ACL) Survey – Wave IV (2002) and Wave V (2011)

Concepts	Dimension	Indicators	Values and Response	Statistics	
				2002 (n=1293)	2011 (n=1293)
Leisure Involvement	Recreation	V.12130/V.15195	1 Never	1.8%	5.1%***
		Reversed_SeeFr	2 LT once a month	8.1	10.8
		Rel.How Often	3 About once a month	15.5	17.4
		Get Together	4 2 or 3 times a month	23.6	22.1
		with Friends,	5 Once a week	27.9	21.5
		Neighbors or	6 More than once/week	23.2	23.1
		Relatives			
		V.12131/V.15196	1 Never/not belong	27.5%	30.2%***
		Reversed_AttMtg	2 LT once a month	11.9	12.1
		s.How Often	3 About once a month	16.0	17.1
		Attend Meetings	4 2 or 3 times a month	14.5	12.4
		or Programs of	5 Once a week	14.2	14.0
		Groups, Clubs,	6 More than once/week	16.0	14.2
		Organization			
		V.12132/V.15197	1 Never	17.2%	24.1%***
		Reversed_WorkY	2 Rarely	14.7	16.2
		ard.How Often	3 Sometimes	23.9	22.1
		Typically Work in	4 Often	44.2	37.5
		Garden or Yard			
		V.12133/V.15198	1 Never	11.9%	11.1%***
		Reversed_Take	2 Rarely	18.0	17.3
		Walk.How Often	3 Sometimes	26.8	27.1
		Do You Take	4 Often	43.3	44.5
		Walks			
		V.12134/V.15199	1 Never	17.8%	17.9%***
		Reversed_ActvS	2 Rarely	22.3	21.8
		prt.How Often Do	3 Sometimes	26.8	28.2
		You Engage in	4 Often	33.1	32.1
		Active Sports or			

Exercise			
Index of Leisure	\bar{x} (s)	16.34(3.42) ¹	15.76(3.80) ²
Involvement	Min-Max	6-24	5-24
	(n)	(1076)	(1290)

¹ IndexofLeisureInvolvement_2002 = W4_SeeFrRel + W4_Reversed_AttMtgs + W4_Reversed_WorkYard + W4_Reversed_TakeWalk + W4_Reversed_ActvSprt;

² IndexofLeisureInvolvement_2011 = W5_Reversed_SEEFRREL + W5_Reversed_ATTMTGS + W5_Reversed_WORKYARD + W5_Reversed_TAKEWALK + W5_Reversed_ACTVSPRT.

As seen in Table 1.D, the average American adult, in 2002, was moderately involved in leisure activities, as evidenced by the mean score of 15.76 (3.76) on a range of 5-24 on the Index of Leisure Involvement. In 2011, American adults maintained a slightly less moderate engagement in leisure; the mean (sd) on the Index of Leisure Involvement was 15.74 (3.83) on a 5-24 range. For instance, in 2002, a majority of American adults (58.1%) were able to attend group and club meetings at least once a month; ten years later, attendance slightly decreased (57.4%) in 2011.

Bivariate Analyses

In a second analytical step, bivariate correlational analyses were conducted to assess the preliminary impacts of work, family, and leisure roles on American adults' self-concepts. As seen in Table 2, in 2002 (refer to bottom half of Appendix C), respondents who had strong work ($r=0.45^{**}$), family ($r=0.33^{**}$), and leisure ($r=0.21^{**}$) commitments were the ones who had a more positive understanding of themselves. Ten years later, the role priorities that shaped one's sense of self shifted. In order of significance, only family and leisure remained relevant. In fact, by 2011 (refer to top half of Appendix C), family roles ($r=0.42^{**}$) became the most important to a person's positive self-concept, followed by leisure involvement ($r=0.28^{**}$). In the ten year span from 2002 to 2011, commitment to one's work role was surprisingly no longer relevant to how adults viewed themselves (r not significant). The robustness of these correlations was tested using multivariate analyses and the results are presented below.

Linear Regression Analyses and Qualitative Insights

To assess American adults' shifting role priorities as they grew ten years older, two sets of multiple regression analyses were performed. In the first set (Table 3), self-concept was separately regressed in 2002, and then in 2011, on the salience of work, family, and leisure roles. In the second set (Table 4), the extent of change in self-concept from 2002 to 2011 was regressed on change in role commitments to work, family, and leisure.

A definite net shift in life priorities was evident between 2002 and 2011 in Table 3. In 2002, when the average respondent was 62 years old, work, family, and leisure, in that respective order, had positive net impacts on one's sense of self. People's commitment to their work ($\beta=0.35^{***}$) was most important to their identities. Of second importance,

was their satisfaction with their family lives ($\beta=0.27^{***}$). Leisure activities of American adults ($\beta=0.15^{***}$) was also an affirming element of how they viewed themselves, despite leisure being behind family commitments in its impact on identity. On balance, in 2002 when the sample of American adults in this analysis were about 62 years old, work, family, and leisure roles, in that order, were the most pertinent to their identities.

However, ten years later in 2011 (in Table 3), family roles ($\beta=0.44^{***}$) and leisure ($\beta=0.25^{***}$) became the only significant forces impacting how American adults viewed themselves; work commitments were no longer salient. That is, as American adults matured in age, they usually aligned their identities more with their family roles and leisure activities rather than with their occupational roles.

Table 3. Regression Analysis of the Impacts of Occupational Commitment, Family Satisfaction, and Leisure Involvement on American Adults' Self-Concept^{a, b}
Americans' Changing Lives (ACL) Survey – Wave IV (2002) to Wave V (2011)

	Beta Coefficients	
	2002	2011
A. Work, Family, and Leisure		
1. Occupational Commitment	0.35 ^{***}	0.015
2. Family Satisfaction	0.27 ^{***}	0.44 ^{***}
3. Leisure Involvement	0.15 ^{***}	0.25 ^{***}
B. Demographics		
1. Sex	-0.04	0.025
2. Age	-0.08	-0.128
Model Statistics:		
Constant	13.70 ^{***}	15.42 ^{***}
Adjusted R ²	0.29 ^{***}	0.25 ^{***}
DF 1 & 2	5 & 417	5 & 327

*** p \leq .001; ** p \leq .01; * p \leq .05;

a. IndexofSelfConcept_2002 = Recoded_Life Satisfaction + Reverse_LOT + Recoded_SlfEst6 + Recoded_PrlnMst6+W4_Recoded_Meaning2 + (V.12139) SlfEst3. + (V.12142) SLFEST10 (Range: 7-29);
IndexofOccupationalCommitment_2002 = (V.12377) How Long Has R + Recoded_EnjoyWrk + Recoded_SatisWrk + (V.12393) EmpStrm1 (Range: 11-25);
IndexofFamilySatisfaction_2002 = Recoded_MarSatis + W4_ReversedMarStat + (V.12155) MARCONFL.+Recoded_ParSatis + (V.12170) ParUpset. (Range: 12-27);
IndexofLeisureInvolvement_2002 = W4_SeeFrRel + W4_Reversed_AttMtgs + W4_Reversed_WorkYard + W4_Reversed_TakeWalk + W4_Reversed_ActvSprt. (Range: 5-24);
AgeatW4: V.12005. W4.Year of ACL4 Interview – V.2001. RR12(YR):YEAR OF BIRTH (Range: 40-100);
Female: Female = 1; Male = 0.

b. IndexofSelf-Concept_2011 = Reversed_LifeSatisfaction + W5_Recoded_LOT1 + W5_Reversed_SlfEst6 + W5_Recoded_PrlnMst6 + (V.15305) SlfEst3 + (V.15307) SlfEst10 + (V.16216) HOPELES2. (Range: 9-29);
IndexofOccupationalCommitment_2011 = (V.16114) How Long Has R + W5_Reversed_EnjoyWrk + W5_Reversed_SatisWrk + W5_Reversed_EMPSTRN1 + W5_Reversed_EMPSTRN2. (Range: 13-27);
IndexofFamilySatisfaction_2011 = W5_Reversed_MARSTAT + W5_Reversed_MARSATIS + (V.15414) MARCONFL + (V.15508) ParUpset. + W5_Reversed_PARSATIS. (Range: 9-27);
IndexofLeisureInvolvement_2011 = W5_Reversed_SEEFRREL + W5_Reversed_ATTMTGS + W5_Reversed_WORKYARD + W5_Reversed_TAKEWALK + W5_Reversed_ACTVSPRT. (Range: 5-24);
W5Age: W5InterviewYear – (V2001) RR12(YR):YEAR OF BIRTH (Range: 50-103)
Female: Female = 1; Male = 0.

The VP of a material handling company (Interviewee #1) elaborated on why work might be such a significant factor for one's identity when respondents are younger. He opined that "working is more important than volunteering since it does not provide a paycheck; no one can live only by doing volunteer work." In fact, he continued; if employees are married and have children, they were expected to "leave family business at home because bringing family problems to work interferes with their work productivity." Compared to the workplace, which is where individuals spend a very large amount of their time on a regular basis, family, leisure, and volunteer activities were not given the same degree of priority. For example, speaking of commitments outside of work and family, the YOC (Interviewee #2) admitted that "it is harder to find people to volunteer for free as opposed to being committed to a full-time, paying job." One of the biggest issues with some volunteers, she noted, was that even if they "may be emotionally invested [in the program they choose to commit to], some tend to cancel too often." Such cancellations often are due to work conflicts, children falling ill, or not finding reliable childcare. Therefore, even though individuals may feel the need to volunteer or do anything non-work related, their family, and more so their occupational obligations, usually came first.

The professional interviewees' comments also helped illustrate why, as Americans grew older, work became less important than family in identifying oneself. In the words of the VP (Interviewee #1), "family is life and everything else is secondary to that; my loyalty and passion are for my family." Similarly, in the lived experiences of the YOC (Interviewee #2), when she was ten years younger, she believed that working and "getting money was the equivalent to happiness." However, she now believes that "[neither] money [nor working] mean as much happiness as family does." Interviewee #4, the CFO (of the material handling company), corroborated the strong influence of family on a person's identity; "parents raise you and instill core values, which tends to grow with people as they mature."

On balance, three out of the four professional interviewees concurred that family is more important than work. Leisure is a luxury constrained by one's work and family responsibilities (Interviewees #2 and #4). Leisure was deemed to be an activity that could be engaged in during the weekends (Interviewees #1 and #3).

Interestingly, the life stories of Ms. Oprah Winfrey (interview by TSP Staff 2014) and Career Specialist (Interviewee #3) added a dissenting note to the 2011 family-leisure-work model of self-concept. Interviewee #3 agreed that family is important. However, she personally prioritized her "service-based work and empowering [her] clients with the tools and resources to take action for themselves" as currently being the most significant role in her life. Not only does she have a strong work commitment, it is guided by a personal desire to serve others rather than to make money. Similarly, Oprah Winfrey, when asked by TSP staff about her life and success, affirmed that work is the most important role. Ms. Winfrey proclaimed that "my real contribution, the reason why I'm here, is to help connect people to themselves. And [to their] higher ideas of consciousness." The fact that Ms. Winfrey is a sixty-four year old American businesswoman, talk show host, actress, producer, and philanthropist added an

important variation on the aforementioned finding that work loses its salience to a person later in life. It is also important to note that both women, Ms. Winfrey and Interviewee #3, are not married nor have children. Therefore, their current social locations make their prioritization of work over other life priorities reasonably expected.

In order to confirm the decade long shifts in life priorities captured in Table 3, a second multivariate analysis was conducted to understand how changes in American adults' commitments to their work, family, and leisure roles shaped shifts in their self-concept from 2002 to 2011³. As seen in Table 4, an individual's growth in satisfaction with their families ($\beta=0.27^{***}$) and participation in leisure activities ($\beta=0.15^{***}$) were the only two factors that positively contributed to the strengthening of their self-concept. As was observed in Table 3, despite one's occupation being the defining feature of self-concept when American adults were ten years younger in 2002, occupational role commitment was no longer relevant to who they were as they grew ten years older.

**Table 4. Regression Analysis of the Impacts of Changes in Occupational Commitment, Family Satisfaction, and Leisure Involvement on Strengthening Self-Concept^a.
Americans' Changing Lives (ACL) Survey: Wave IV – Wave V (2002 – 2011)**

	Beta (β)
A. Family, Leisure, and Work	
1. Family Satisfaction	0.29 ^{***}
2. Leisure Involvement	0.14 ^{***}
3. Occupational Commitment	0.06
B. Demographics	
4. Sex	0.05
5. Age	-0.01
Model Statistics:	
Constant	0.164
Adjusted R ²	0.087 ^{***}
DF 1 & 2	5 & 224

^{***}p \leq .001; ^{**}p \leq .01; ^{*}p \leq .05

^a. $\text{RateofChangeinSelfConcept}_{2002_2011} = \text{ChangeinSelfConceptIndex}_{2002_2011} / \text{IndexofSelfConcept_2002W4}$;
 $\text{RateofChangeinLeisureInvolvement}_{2002_2011} = \text{ChangeinLeisureInvolvement} / \text{IndexofLeisureInvolvement_2002}$;
 $\text{RateofChangeinFamilySatisfaction}_{2002_2011} = \text{ChangeinFamilySatisfaction} / \text{IndexofFamilySatisfaction_2002}$;
 $\text{RateofChangeinOccupationalCommitment}_{2002_2011} = \text{ChangeinOccupationalCommitment} / \text{IndexofOccupationalCommitment_2002}$;
 $\text{AgeDifferenceW5ToW4} = \text{W5InterviewYear} - \text{AgeatW4}$;
 Female: Female = 1; Male = 0

An excellent illustration of these shifts in life priorities away from work as one ages is available in Bill Gates's life story (Tweedie 2013). According to Mr. Gates, as he grew

³ Rate of change in self-concept, occupational, family, and leisure commitments indicates the extent to which these dimensions have changed from their 2002 base line.

older, his work with Microsoft lost its relevance to his sense of identity. He stated that “When I was in my 40s Microsoft was my primary activity. The big switch for me was when I decided to make the [Gates] foundation my primary purpose.” His efforts to help eradicate Polio and invest in other global humanitarian efforts have overshadowed his previous role as Microsoft’s CEO.

Other personal narratives from non-celebrities also supported the growing shift in focus from work to family and even leisure. For example, Ron Blick Blickensderfer’s (Obituary #1) life story reflected the life course priorities identified in the 2011 sample of American adults. As a former president of Lonestar Industries, located in San Francisco, Mr. Blickensderfer had a successful career in the building materials industry, which spanned from 1958 until his retirement in 1999. Meanwhile, he got married in 1955 and had two sons. Once he retired, family and leisure became the most important aspects of his life until his death in February 2018; Mr. Blickensderfer and his family spent many years in retirement traveling overseas, taking their grandchildren on trips, and going on golf trips with his sons, twin brother, and wife. Thomas James O’Neil (Obituary #2) had a similar life trajectory. Mr. O’Neil had spent twenty-eight years (1978-2006) running his Santa Barbara quality tax and accounting services firm. Upon retirement, O’Neil and his wife and children were able to travel, go on road trips to visit relatives in Ireland; he was also able to focus on his woodworking hobby. Overall, Mr. Gates, Mr. Blickensderfer, and Mr. O’Neil had what many may consider an ideal life course: education, successful occupational identities, stable family roles, and opportunities to retire and engage in family and leisure until they passed away. Later in life, their lives centered around their families and leisure activities, or volunteering, meant for personal fulfillment.

CONCLUDING REMARKS

In the concluding sections, a synthesis of the study’s findings with theoretical premises and several real-world applications were explored. Some suggestions for future research on understanding other sources of one’s self-identity were also outlined.

Empirical Summary and Potential Applications

Between 2002 and 2011, the 1,293 American adults from the ACL survey offered answers to the research question posed in this paper. On average, American adults had relatively strong self-concepts, strong commitments to their work and families, and were somewhat involved in leisure activities. As for how they defined themselves, work was the most important in 2002. But, ten years later, commitment to one’s family and, to a lesser extent, involvement in leisure activities overshadowed work. While all professional interviewees concurred that adult priorities change as they grew older, only three of the four interviewees concurred with shifting priorities from work to family and leisure. Likewise, the life stories of three (of the four) Americans, whose lives were

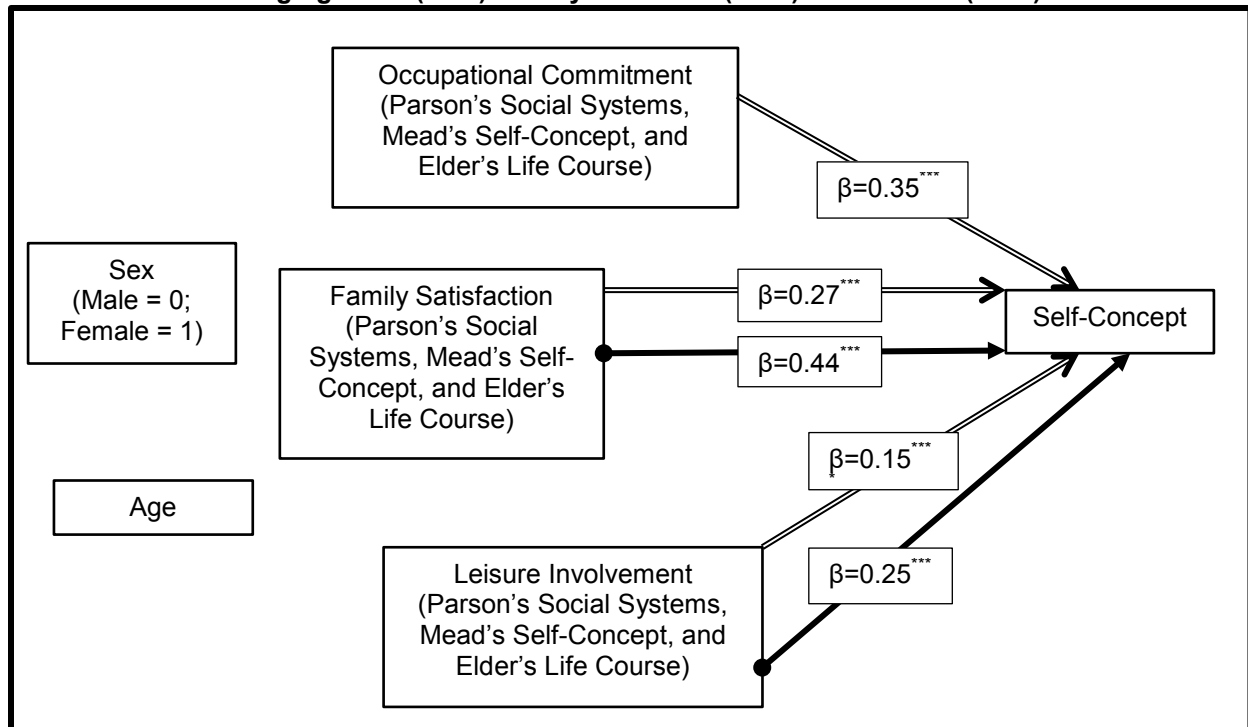
chronicled in the journalistic accounts, offered corroboration of the family-leisure-work model of self-concept as indicated in the 2011 ACL sample.

These research findings, about how their employees prioritize their obligations over their life courses, are potentially useful to human resource departments in both corporate businesses as well as community-based organizations. In addition, professional interviewees pointed to employee health conditions, particularly as they get older, as an important dimension of identity. For example, Interviewees #1 and #2 asserted that being healthy was important to all; “[your] health is the engine behind any work that you do” (Interviewee #1). If companies have not done so already, perhaps they should revisit and improve personnel policies by extending maternity/paternity leave and creating more opportunities to improve employee health and wellness; some possibilities might be designated times and spaces for exercise, various leisure activities, and volunteer involvement or community outreach.

Theoretical Implications

Theoretically speaking, the Elder-Parsons-Mead self-concept hybrid framework was useful in understanding how work commitment, family satisfaction, and leisure involvement shaped American adults’ self-concept over a ten-year period (see Figure 1). Based on the aforementioned regression analyses, both hypotheses were supported. Earlier in their lives, work, family, and then leisure were the most important for defining their identities (Hypothesis #1). However, as American adults grew ten years older, work was no longer salient to their understanding of their identities. Family and leisure role identities became the only significant factors to shape their self-concepts (Hypothesis #2).

Figure 1. Empirical and Theoretical Model of American Adults' Self-Concept: Impacts of Occupational Commitment, Family Satisfaction, Leisure Involvement, Age, and Sex Americans' Changing Lives (ACL) Survey – Wave IV (2002) and Wave V (2011)¹



Limitations and Suggestions for Future Research

As with most research studies, while many valuable lessons were learned about American adults' self-concept, there is much more to be explored. In the analyses presented in this paper, work, family, and leisure identities, net of age and sex, captured only between 29% (in 2002, adjusted $R^2 = 0.286$) and 25% (in 2011, adjusted $R^2 = 0.254$) of variability in self-concept; and only 9% of the ten year shift was accounted for. Methodological and conceptual challenges offer explanations that would be useful for the future of life course research. For example, self-concept, as defined in this study, covered only life satisfaction and how respondents' viewed themselves. Likewise, occupational commitment relied on the perspectives of employees' satisfaction with their work. And family satisfaction consisted of questions about respondents' marital and parental satisfaction and how often they experienced conflict in their marital and parental statuses. Leisure simply measured how often participants' engaged in a limited number of non-work related activities.

Future studies on life trajectories should find ways to improve the explanatory power of the self-concept model. As some of the professional interviewees suggested, including other sources of self-identity, like health and volunteering, will be fruitful. According to

Interviewees #1 and #2, being healthy is also important for all individuals; “healthiness leads to wellness, which leads to happiness and being with your family longer” (Interviewee #2). Investigating how health conditions and wellness may contribute to how a person’s life priorities shift as they grow older will be an important contribution. The field of self-concept in the life course would also benefit from using a more holistic and expansive set of measurements that reflect the following: 1) respondents’ understanding of their values and beliefs, 2) specific indicators of occupational trajectories of respondents and how that influences work commitment level, and 3) more insights about the types of and time commitment to leisure activities.

Another challenge in the analysis presented in this paper was that the ACL sample’s life course was suggestive of a middle class socioeconomic background. Testing the work-family-leisure model of identity across a variety of social locations, such as lower classes, gender, religious background, etc. can provide more generalizable insights into how American adults from different walks of life understand their own identities.

APPENDICES

Appendix A

Control Variables: Age, and Sex Americans’ Changing Lives (ACL) Survey – Wave IV (2002) and Wave V (2011)

Concepts	Dimensions	Indicators	Values and Responses	Statistics
Demographics	Age	Age at W4 (2002) ¹	\bar{x} (s)	62.81 (14.93)
			Min-Max	40-100
			(n)	(1785)
		Age at W5 (2011) ²	\bar{x} (s)	66.89 (12.25)
			Min-Max	50-103
			(n)	(1427)
	Sex	Age Difference between W5&W4 ³	\bar{x} (s)	1953.8 (12.32)
			Min-Max	1919-1972
			(n)	(1181)
		Dummy_SEX	0 Male	37.5%
		AOB1(1):SEX OF	1 Female	62.5
		R-1 ST	(n)	(3617)

¹ AgeatW4: V.12005) W4.Year of ACL4 Interview – (V.2001) RR12(YR):YEAR OF BIRTH;

² Age at W5 (2011): W5InterviewYear – (V.2001) RR12(YR):YEAR OF BIRTH;

³ Age Difference between W5&W4:W5InterviewYear – AgeatW4

Appendix B (Consent Letters and Interview Protocol)

Consent Letter (Work Identity)

Dear Interviewee,

I am a Sociology Senior working on my thesis under the direction of Professor Marilyn Fernandez in the Department of Sociology at Santa Clara University. I am conducting my research on the shifting influence of work, family, and leisure on how American adults understand their identities.

You were selected for this interview because of your knowledge of and experience working in the area of human resources and employee support.

I am requesting your participation, which will involve responding to questions about a series of open-ended questions about what factors may impact an individual's understanding of self-concept and will last about 20 minutes. Your participation in this study is voluntary. You have the right to choose to not participate or to withdraw from the interview at any time. The results of the research study may be presented at SCU's Annual Anthropology/Sociology Undergraduate Research Conference and published (in a Sociology department publication). Pseudonyms will be used in lieu of your name and the name of your organization in the written paper. You will also not be asked (nor recorded) questions about your specific characteristics, such as age, race, sex, religion.

If you have any questions concerning the research study, please call/email me at ____ or Dr. Fernandez at mfernandez@scu.edu.

Sincerely,
Christian Abraham

By signing below you are giving consent to participate in the above study.

_____	_____	_____
Signature:	Printed Name:	Date:

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, through Office of Research Compliance and Integrity at (408) 554-5591.

Consent Letter (Community Identity)

Dear Interviewee,

I am a Sociology Senior working on my thesis under the direction of Professor Marilyn Fernandez in the Department of Sociology at Santa Clara University. I am conducting my research on the shifting influence of work, family, and leisure on how American adults understand their identities.

You were selected for this interview because of your knowledge of and experience in community-based work.

I am requesting your participation, which will involve responding to questions about a series of open-ended questions about what factors may impact an individual's understanding of self-concept and will last about 20 minutes. Your participation in this study is voluntary. You have the right to choose to not participate or to withdraw from the interview at any time. The results of the research study may be presented at SCU's Annual Anthropology/Sociology Undergraduate Research Conference and published (in a Sociology department publication). Pseudonyms will be used in lieu of your name and the name of your organization in the written paper. You will also not be asked (nor recorded) questions about your specific characteristics, such as age, race, sex, religion.

If you have any questions concerning the research study, please call/email me at ____ or Dr. Fernandez at mfernandez@scu.edu.

Sincerely,

Christian Abraham

By signing below you are giving consent to participate in the above study.

Signature: _____

Printed Name: _____

Date: _____

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, through Office of Research Compliance and Integrity at (408) 554-5591.

Interview Questions

Interview #1 Schedule for Supplemental Qualitative Interviews for Thesis Sociology 195, Winter 2018

Interview Date and Time: 03/02/18; 9:30 PM

Respondent ID#: 1

1. What is the TYPE Agency/Organization/Association/Institution (**NO NAME**, please) where you learned about (and/or worked) with this issue?
2. What is your position in this organization?
3. How long have you been in this position and in this organization?
4. How would you describe the work that your company does and/or the services it provides?
5. Based on what you know of work commitment related issues that employees face, how important is this issue for employees? Why? How do you think employees deal with work commitment issues? May you please provide some examples?
6. For employees that are married and have families, how important is it that they balance work and family? Please explain with examples.
7. How about volunteering and being engaged in the community? In your professional opinion, do employees have enough time outside of their work to volunteer or engage in leisurely activities? How important are such actions to the employee's sense of self? Please explain.
8. Reflecting on your own life and experience, what did you consider important when you were about ten years younger? What would you say is the most important role, position, or responsibility for you today? Please explain.
9. Do you believe that as adults grow older, their priorities change? If yes, what do you think becomes the most important priority? Why?
10. Is there anything else that you have found to be important regarding one's sense of self as people grow older?

Thank you very much for your time. If you wish to see a copy of my final paper, I would be glad to share it with you at the end of the winter quarter. If you have any further questions or comments for me, I can be contacted at _____. Or if you wish to speak to my faculty advisor, Dr. Marilyn Fernandez, she can be reached at mfernandez@scu.edu.

Interview #2 Schedule for Supplemental Qualitative Interviews for Thesis Sociology 195, Winter 2018

Interview Date and Time: 02/25/18; 8:00 PM

Respondent ID#: 2

1. What is the TYPE Agency/Organization/Association/Institution (**NO NAME**, please) where you learned about (and/or worked) with this issue?
2. What is your position in this organization?
3. How long have you been in this position and in this organization?
4. How many volunteers does your organization have? How often do they actively volunteer? What are their responsibilities?
5. Based on what you know of work commitment related issues that face employees, how important is this issue for employees? Why? How do you think employees deal with work commitment issues? Can you give me some examples.
6. For employees that are married and have families, how important is that they balance their work and their families? Please explain with examples.

7. How about volunteering and being engaged in the community? In your professional opinion, do employees have enough time outside of their work to volunteer or engage in leisurely activities? How important are such actions to the employee's sense of self? Please explain.
8. Reflecting on your own life and experience, what did you consider important when you were about ten years younger? What would you say is the most important role, position, or responsibility for you today? Please explain.
9. Do you believe that as adults grow older, their priorities change? If yes, what do you think becomes the most important priority? Why?
10. Is there anything else that you have found to be important regarding one's sense of self as people grow older?

Thank you very much for your time. If you wish to see a copy of my final paper, I would be glad to share it with you at the end of the winter quarter. If you have any further questions or comments for me, I can be contacted at _____. Or if you wish to speak to my faculty advisor, Dr. Marilyn Fernandez, she can be reached at mfernandez@scu.edu.

Interview #3 Schedule for Supplemental Qualitative Interviews for Thesis Sociology 195, Winter 2018

Interview Date and Time: 02/26/18; 1:30 PM

Respondent ID#: 3

1. What is the TYPE Agency/Organization/Association/Institution (**NO NAME**, please) where you learned about (and/or worked) with this issue:
2. What is your position in this organization?
3. How long have you been in this position and in this organization?
4. How many volunteers does your organization have? How often do they actively volunteer? What are their responsibilities?
5. Based on what you know of work commitment related issues that face employees, how important is this issue for employees? Why? How do you think employees deal with work commitment issues? Can you give me some examples.
6. For employees that are married and have families, how important is that they balance their work and their families? Please explain with examples.
7. How about volunteering and being engaged in the community? In your professional opinion, do employees have enough time outside of their work to volunteer or engage in leisurely activities? How important are such actions to the employee's sense of self? Please explain.
8. Reflecting on your own life and experience, what did you consider important when you were about ten years younger? What would you say is the most important role, position, or responsibility for you today? Please explain.
9. Do you believe that as adults grow older, their priorities change? If yes, what do you think becomes the most important priority? Why?
10. Is there anything else that you have found to be important regarding one's sense of self as people grow older?

Thank you very much for your time. If you wish to see a copy of my final paper, I would be glad to share it with you at the end of the winter quarter. If you have any further questions or comments for me, I can be contacted at _____. Or if you wish to speak to my faculty advisor, Dr. Marilyn Fernandez, she can be reached at mfernandez@scu.edu.

Interview #4 Schedule for Supplemental Qualitative Interviews for Thesis Sociology 195, Winter 2018

Interview Date and Time: 03/02/18; 3:00 PM

Respondent ID#: 4

1. What is the TYPE Agency/Organization/Association/Institution (**NO NAME**, please) where you learned about (and/or worked) with this issue:
2. What is your position in this organization?
3. How long have you been in this position and in this organization?
4. How many volunteers does your organization have? How often do they actively volunteer? What are their responsibilities?

5. Based on what you know of work commitment related issues that face employees, how important is this issue for employees? Why? How do you think employees deal with work commitment issues? Can you give me some examples.
6. For employees that are married and have families, how important is that they balance their work and their families? Please explain with examples.
7. How about volunteering and being engaged in the community? In your professional opinion, do employees have enough time outside of their work to volunteer or engage in leisurely activities? How important are such actions to the employee's sense of self? Please explain.
8. Reflecting on your own life and experience, what did you consider important when you were about ten years younger? What would you say is the most important role, position, or responsibility for you today? Please explain.
9. Do you believe that as adults grow older, their priorities change? If yes, what do you think becomes the most important priority? Why?
10. Is there anything else that you have found to be important regarding one's sense of self as people grow older?

Thank you very much for your time. If you wish to see a copy of my final paper, I would be glad to share it with you at the end of the winter quarter. If you have any further questions or comments for me, I can be contacted at _____. Or if you wish to speak to my faculty advisor, Dr. Marilyn Fernandez, she can be reached at mfernandez@scu.edu.

Appendix C.

Table 2. Correlation (r) Matrix¹

Americans' Changing Lives (ACL) Survey – Wave IV (2002) and Wave V (2011)

(The top half (from left to right) represents 2011 whereas the bottom half (from right to left) represents 2002)

	Index of Self- Concept	Index of Occupational Commitments	Index of Family Satisfaction	Index of Leisure Involvement	Age	Female (1) vs. Male (0)
Index of Self- Concept	1.0	-0.012 (n=560)	0.42** (n=654)	0.28** (n=1290)	-0.133** (n=1293)	-0.054 (n=1293)
Index of Occupational Commitments	0.45** (n=676)	1.0	0.07 (n=333)	-0.05 (n=565)	0.04 (n=566)	0.02 (n=566)
Index of Family Satisfaction	0.33** (n=657)	0.26** (n=504)	1.0	0.069 (n=661)	0.092* (n=663)	-0.097* (n=663)
Index of Leisure Involvement	0.21** (n=1072)	0.14** (n=816)	-0.005 (n=887)	1.0	-0.14** (n=1316)	-0.05 (n=1316)
Age	-0.028 (n=1073)	0.14** (n=817)	0.15** (n=888)	-0.12** (n=1683)	1.0	0.12** (n=1427)
Female (1) vs. Male (0)	-0.045 (n=1074)	-0.002 (n=817)	-0.041 (n=888)	-0.056* (n=1683)	0.156** (n=1785)	1.0

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

¹ IndexofSelfConcept_2002 = Recoded_Life Satisfaction + Reverse_LOT + Recoded_SlfEst6 + Recoded_PrlnMst6 + W4_Recoded_Meaning2 + (V.12139) SlfEst3. + (V.12142) SLFEST10 (Range: 7-29)

IndexofOccupationalCommitment_2002 = (V.12377) How Long Has R + Recoded_EnjoyWrk + Recoded_SatisWrk + (V.12393) EmpStrn1 (Range: 11-25);

IndexofFamilySatisfaction_2002 = Recoded_MarSatis + W4_ReversedMarStat + (V.12155)

MARCONFL.+Recoded_ParSatis + (V.12170) ParUpset. (Range: 12-27);

IndexofLeisureInvolvement_2002 = W4_SeeFrRel + W4_Reversed_AttMtgs + W4_Reversed_WorkYard + W4_Reversed_TakeWalk + W4_Reversed_ActvSprt. (Range: 5-24)

IndexofSelf-Concept_2011 = Reversed_LifeSatisfaction + W5_Recoded_LOT1 + W5_Reversed_SlfEst6 + W5_Recoded_PrlnMst6 + (V.15305) SlfEst3 + (V.15307) SlfEst10 + (V.16216) HOPELES2. (Range: 9-29);

IndexofOccupationalCommitment_2011 = (V.16114) How Long Has R + W5_Reversed_EnjoyWrk + W5_Reversed_SatisWrk + W5_Reversed_EMPSTRN1 + W5_Reversed_EMPSTRN2. (Range: 13-27);

IndexofFamilySatisfaction_2011 = W5_Reversed_MARSTAT + W5_Reversed_MARSATIS + (V.15414) MARCONFL + (V.15508) ParUpset. + W5_Reversed_PARSATIS. (Range: 9-27);

IndexofLeisureInvolvement_2011 = W5_Reversed_SEEFRREL + W5_Reversed_ATTMTGS +

W5_Reversed_WORKYARD + W5_Reversed_TAKEWALK + W5_Reversed_ACTVSPRT. (Range: 5-24)

AgeatW4: V.12005. W4.Year of ACL4 Interview – V.2001. RR12(YR):YEAR OF BIRTH (Range: 40-100);

W5Age: W5InterviewYear – (V2001) RR12(YR):YEAR OF BIRTH (Range: 50-103)

Female: Female = 1; Male = 0.

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- Interviewee #3. February 26, 2018. Career Development Specialist at Local University.
- Interviewee #4. March 2, 2018. Chief of Financial Operations (CFO) of a Material Handling Company.
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Bullying and Victimization: Strains and Protections during Teenage Transitions

**By
Emilio Sánchez¹**

ABSTRACT. Teen maturational differences in the effects of straining and protective forces in school bullying and crime-associated fear were compared using a sequential mixed methods approach; the “National Crime Victimization Survey: School Crime Supplement (2015)” were supplemented with content analysis of qualitative interviews with school professionals. Strains induced by drug culture exacerbated the presence of school bullying, particularly for older teens. The protections offered through school safety measures were more in response to bullying, with effects being slightly stronger for younger students. These findings highlighted the direct objective, and indirect subjective, strains created by drug culture (Merton’s and & Agnew’s Strain Theories respectively). But, the secondary preventive role of school ecologies (Human Ecology) in maintaining social order was also underscored. On balance, the types and depth of these experiences were contingent on student maturity level (Elder’s Life Course Theory). These findings not only contributed to the literature on school bullying and related problems but also highlighted the need for programmatic interventions to combat bullying by dealing with drug culture in schools.

INTRODUCTION

Students encounter a variety of obstacles on their journey towards their educational certifications, starting with graduating from elementary school, high school, college, and perhaps even graduate school. The purpose of education is to inform, inspire, and empower students, ultimately, endowing a growing generation with the tools to life success. It is therefore important that, starting early, students are provided with an academic environment that is supportive of their learning process and the manner in which they go about learning. Students are typically expected to accomplish their learning through attending classes at a school in specified locations and meeting the requirements in order to obtain satisfactory credentials and further their education.

But, many students do face obstacles in their schools, both in and outside the classrooms, which do not make for optimal learning environments. These obstacles can manifest themselves in several different ways. One more recent, but growing, obstacle

¹ **Acknowledgements:** I would like to thank Professor Marilyn Fernandez and my capstone cohort, in particular Pamela Low, for helping me through the process of this research. I would also like to thank my family, my mother for reminding me of the importance of hard work and always looking forward. Gratitude also goes to my older brother for inciting in me the aspiration to further my education, my father for teaching me that there are other ways to demonstrate care for others, and my younger brother, for without his presence, I would not have understood the importance of mentorship and role models.

is bullying. During middle school and early high school, especially, students' social circles become very important to them; that is, they feel the need to have friends. Many become focused on their image, material possessions, and their social clout in cultivating friendships. They can feel pressured to exclude or include others in order to further their social reputation. In fact, there are some students who feel the need to compensate for their fears of being excluded or being bullied themselves by hurting others in order to make themselves feel better. Unfortunately, these unhealthy behaviors begin to create a cycle of bullying and victimization.

Of course, there are other sources strain, outside the school walls, that might promote and encourage a bullying culture and victimization in schools. One example is the presence of crime in students' home and in their neighborhoods. If students do not feel safe, that is, that they are unable to control the circumstances under which they live, they make feel the need to compensate by victimizing, bullying, and manipulating others. Substance abuse, when added to this very dangerous mix, might become an enabler to victimizing. Once students have their inhibitions lowered, whilst already victimizing others, may find negative actions, like bullying, more permissible. This is particularly problematic for those being victimized; victims who may already be suffering from verbal abuse or feeling excluded by others.

Bullying, victimization, and/or other neighborhood crimes pose impending threats to the emotional wellbeing, and sometimes even personal, safety of students. Students who feel threatened, are worried and stressed will be detracted from, or even halt, their academic development. To address these strains, schools offer secure learning environments that allow their students to feel at ease and learn without fear. It is critical for schools to uphold and periodically review their code of conduct policies and rules, as well as set in place precautionary measures, to protect and support their students. These preventative measures are meant to deter school crime and generate a positive learning environment.

LITERATURE REVIEW

A preliminary review of relevant literature on school performance identified both sources of strain that detracted from learning and protections that enhance learning. Scholars have identified programs, both supportive and interventionist, to enhance learning. On the other hand, bullying, victimization, and associated violence posed a threat to students in schools and inhibited their learning. Despite these valuable lessons, there was not much consideration of maturational differences in how older and younger teens deal with strains and react to supportive programs.

Creating Conducive Learning Environments

Researchers have identified several aspects of the school structures and environment that can offer protection to students against crime as well improve their learning

environments. Protective structural elements in school composition and staff involvement, ranging from race/ethnic mix in student composition to supportive teachers and adults, have been noted the scholarship.

A mix in race and ethnicity cohorts in schools had positive effects on the “black-white and Latino-white achievement gaps” (Goldsmith, 2004:140-42); there were improvements in the academic and occupational aspirations of black and Latino students enrolled in segregated-minority schools than when they were in white dominant schools (p.130-132). However, ethnic mixing does not always result in academic success, of minority students in particular. For example, Burdick’s (2010) examined the 2002-2009 crime data from public high schools in Chicago and concluded that the transfer of students (as a result of public housing demolitions) from their home neighborhoods and gang territories into new schools contributed to a rise in conflict and overall crimes (in schools). Before the sudden influx of students, these schools had relatively low crime rates. Besides, student fears associated with school crime caused cognitive stress for students and negatively affected their learning process and ultimately resulted in poor academic performance (p.9).

These challenges notwithstanding, schools do act as a deterrent to crime. For one, keeping kids in school has been found to reduce the possibility of students engaging in crime, avoiding continued arrest, and eventually incarceration (Cook, Gottfredson and Na, 2010). Yet despite the high proportions of high crime risk students, Billings and Philips (2017) found crimes to decline in institutions on teacher in-service days (p. 24).

It then stands to reason that teachers can shape how students perceive and engage in their school environment. Wang and Holcombe, in their 2010 study, found that adolescents’ perception of their school environment directly impacted their success in the classroom. More specifically, it was how engaging the teachers made the course that resulted in more positive student responses. By contrast, when a teacher solely promoted the importance of high grades and completion of assignments, without positive reinforcement or engagement of course material, a student’s willingness to engage was severely limited (p.652-53).

On balance, as Cook, Gottfredson, and Na concluded, ultimately it was the type of school (mixed grade population, urban or suburban) that each student attended and how it was structured (rules set in place, schedules, classroom setup) that shaped levels of school crimes. In addition, the diversity in age and racial-ethnic composition, essentially the social composition of each school, proved to be a more tension-ridden environment. For example, a held-back student might be teased for being, “too old” for their current grade. There could be tension among students from distinct racial-ethnic group as well. Schools, where said differences were more acute, exhibited more detrimental behavior and poor academic performance.

Sources of Strains: School Crimes

School crimes are, effectively, deterrents to learning. Ranging from school associated deaths to cyber-bullying, hate crimes, and drug use, these crimes can render the environment less conducive to student learning. Gray and Laurie (2015) identified a range of school crimes which included rape, attempted rape, assault, theft, gang-related crimes, physical fights on school grounds, and substance-related (such alcohol-related or marijuana related) crime. As of 2015, according to Gray and Laurie, one of these crimes was reported to occur at least once a month at 65% of all school across the US. Because these crimes occur in a school setting it is important to examine their impacts on the student victims' academic achievement.

Among the many challenges that students face in their academic lives are personal health challenges and related negative behaviors, which in turn can negatively impact academic performance. For example, McLeod, Uemura, Rohrman (2010) found that attention deficits, delinquency, and drug use by adolescents (7th-12th graders) from 80 high schools and 52 middle schools, were all associated with diminished academic success. The key implications, according to the authors, were that the effect of these health conditions and behavioral problems did not compromise adolescent abilities. Rather these problems, particularly delinquency, not only detracted from academic learning but contributed to student's engagement in delinquency and crime (p.488-90).

Bullying

A particularly common and problematic school crime is bullying. It is important to define bullying as an intentional action meant to harm another. Often times, kids may misinterpret behavior by others as bullying when in reality the intent was not to bully, but rather to correct, inform, or support. Baumann (2008) defined bullying using three criteria: 1) the intention to harm others, 2) repetitions of these harmful intentions, and 3) a power imbalance between the bully and the victim. It is important to note that the power imbalance denotes a power or authority given to the bully as a result of physical attributes or social position, as in the case of an older middle school student bullying a younger elementary school student (p.393).

Sometimes the punishments and treatment of students by school teachers and administrators effectively may backfire and encourage students to engage in bullying behavior. Farina (2016) in the chapter, "How Schools Teach Bullying" documented the following scenario: students are punished, often times as an example, to deter unwanted behavior by other students. However, this ridicule and repetitive targeting may cause those students around them to perpetuate this sort of treatment. An example is a seven-year-old who was handed a flash drive by a peer. When he proceeded to play with it, he was accused of stealing it by their teacher. Afterwards, the teacher forced the seven-year-old to admit his crime in front of the whole class (p.76). However, embarrassment was not the only worry for these victims. In some other cases, a victim

may also become a bully themselves due to the psychological and emotional effects that a traumatizing event can have on an impressionable young child (p.80).

Drugs in Schools

What roles do drug use play in bullying? Baker and Pelfrey (2016), in their survey study of 6th-12th graders, revealed that as the availability of “soft” drugs (marijuana, cigarettes, and alcohol) became more prominent in schools the overall soft drug use among bullied students increased. In addition, victims of bullying (i.e. students who were picked on) and of cyberbullying were found to be more likely to skip school and resort to soft drugs (p.1030). The association between bullying and drugs cannot be ignored. However, it is important to point out that in these cases drug use might be a coping mechanism when students are bullied over an extended period of time.

Of course, since adolescents tend to be more impulsive, acquiring habitual addictions might be quite dangerous. As Chuang, Sussman, Stone, Pang, Chou, Leventhal, and Kirkpatrick (2017), found adolescents who tended to be more impulsive and had a history of behavior addiction (like playing video games, eating, using the internet, shopping, or working) were at a higher risk for drug addiction. In other words, impulsivity coupled with the addictive substance abuse, might result in drug use and drug addiction as early coping mechanisms among young adolescents (p.46).

Protection from Strains: School Safety Measures

Given the growing incidence of drugs and bullying related challenges to learning in schools, schools have policies and procedures in place to ameliorate some of their negative consequences. In fact, as Ramirez, Ferrer, Cheng, Cavanaugh, Peek-Asa (2011) noted, schools have to maintain social order if they are to function properly (p.214). Their results, from a study of incident reports from the school security division in an urban school district in South Los Angeles (the district enrolled an average of 19,365 students total from all grades up to high school) substantiated the fact that the students need to adhere to school behavioral policies if schools are to prioritize social control as well as to prevent disorder. They defined poor social control in schools as a violation of school behavioral policies (p.218).

Yet, the relationship between safety measures and school success is not axiomatic. No doubt, safety measures adopted by schools can reduce the strain and stress that many students experience. But, Schwartz, Ramchand, Barnes-Proby, and their colleagues (2016) found that stakeholders (teachers, administrators, counselors, etc.), who take precautions and train themselves to respond to school crime-related events, can diffuse or intervene at the time of problem incidents. As these researchers recommended, schools must be equipped with alert technologies (for law enforcement, fires, or medical services) and safety technologies (metal detectors, searches, etc.) if they are to make the school environment safe and more conducive to student learning. School

stakeholders must also tailor procedures and technologies to their specific students and school environment. However, while these programmatic interventions are geared toward the victims of violence, schools must also address delinquent students. If schools are to function properly, they must confront the perpetrators of school crime incidents as well as the victims. Ultimately, it may come to several trial and error runs with different programs and technologies to see what works best in each school.

Sport programs are another source of deterrence to school crimes, such as bullying. Opportunities to participate in school sports can redirect problematic behavior into something more expressive or creative. However, research has been mixed about the power of sports to reduce, if not deter adolescents from, crime. In a 2007 study, Hartmann and Massoglia found that athletes were associated with delinquent behavior (like driving under the influence or stealing from malls). More specifically, adolescents who were engaged in school sports were more likely to drive under the influence, even if less likely to shoplift, when compared to non-athletes (p.498)

Summary and Looking to the Future

In summary, the existing scholarship on school success and related challenges have indicated the following: Delinquent behavior, such as student misbehaviors, has been found to disrupt learning processes. Further, other more serious crimes, like bullying, can not only disrupt learning but also have long-lasting negative consequences.

It is, therefore, important for schools to employ stronger safety measures like teacher response training (in the event of a classroom incident) or more security personnel. The administrative sector of schools should be more consistently involved in providing a safer learning environment, whether it is through better supervision, a review of school policies, extra-curricular programs, and a more intimate connection with students whose home and neighborhood environments are not always supportive of academics. But, schools also need to offer their students constructive supplemental learning programs and activities (Gray and Laurie 2015; Cornell and Mayer 2010). And while drug use tended to accentuate the perpetuation of bullying, if further victimization is to be prevented more attention needs to be given to bullies as well as the victims.

Strains that disrupt learning also arise from students' home and may lead students to exhibit disruptive behaviors when in school. School programs, including more parental involvement, can both directly help students reduce overall strain of the usual grades and test scores but also succeed academically. No matter the source of strains, when dealing with these disruptive behaviors, it is apparent that they may come from a place of pain and thus may lead to drug use as a coping mechanism. It is critical that programs be tailored to helping these high risk youths, in addition to their victims. Such programs could be violence prevention programs, after school learning programs, family-oriented activities, or discipline specific programs that help students convert their aggressive or energetic tendencies into creative forms or other activities, like sports (Astor, Guerra, Acker 2010).

RESEARCH QUESTION

Scholars, reviewed above, have offered valuable insights into the connections of bullying and fear of victimization with strains caused by drug culture, neighborhood crime and protections against strain (Safety measures, college aspirations). While informative, there is a scholarly need to disaggregate the maturational effects of strains and alleviators on bullying and fear among teenagers. Teenage years are fast moving, in their growth spurts and volatility, warranting separate analyses of younger and older teens so that age appropriate programmatic interventions can be developed. A comparison of younger teens (ages 12-15) with their older (ages 16-18) cohorts, in the respective impacts of straining and alleviating sources of school bullying and crime-associated fear, was the main focus of this study.

THEORETICAL FRAMEWORK AND HYPOTHESES

An interrelated set of perspectives were used to theoretically frame the analyses of the maturational nature of strains and protection on school bullying and crime induced fear as teenagers mature. Starting with Park's Human Ecology (1936:4) model of a well-functioning school environment, Merton's Strain (1938:679-80) and Agnew's General Strain (1992:66-7) Theories were used to capture the strains that students encounter in the student academic and living environments. Explorations of the changing nature of teenagers' experiences of strains and protections, as teenagers mature, were guided by Glen Elder's Life Course Theory (1975:168-69).

The starting theoretical point in this research was Park's Human Ecology (1936:4) model, who stressed the importance of a symbiotic balance maintained in an organized social structure for effective functioning. Because humans are free agents of their own will, if a society is to maintain social equilibrium, they must set checks and balances in place. In a school setting, rules and safety measures become the mechanisms through which a symbiotic balance is obtained and maintained so that students have a safe atmosphere that is conducive to their learning needs. For example, schools institute on-going supervision of students by school staff to deter acts of delinquency and protect students from these crimes. Additionally, inculcating a "college-bound" mentality among high school students also promotes the value of on-going learning. Under this scenario, it was hypothesized that, on balance, the more protective sources (school safety measures and college aspirations) existed in the lives of teenagers, the less bullying and fear of crime there will be among students, net of straining factors, race/ethnicity, sex, and academic involvement (Hypothesis #1).

No doubt, the mere existence of rules and promoting college aspirations do not guarantee a functioning school atmosphere. Sometimes, crime and other social problems can disrupt the proper functioning of the system and create strains on students. Robert Park did acknowledge the potential for social disequilibrium. But, it was

Merton who elaborated on the sources of disequilibrium in his Strain Theory (1938:679-80) when he argued that strains are inherent in unequal social structures. In hierarchical societies, some (those with resources) have access to the socially approved means to achieve culturally approved goals while others without resources do not have as much access. The socially conditioned desires to achieve the culturally approved goals often force many of those without resources to utilize illegitimate means to acquire culturally approved goals; stealing, or selling drugs, bullying, or other disruptive actions that would involve breaking the law are some examples. Applying Merton's exposition of Strain Theory, it can be argued that the presence of crime (such as school drug culture and neighborhood crime) in the students' lives can induce bullying. Crimes, in the school and in the student neighborhoods, lead to more disruptive experiences that ultimately present an objective impediment to student learning and disruption of the symbiotic school balance. Following Merton's theoretical argument, it was predicted that the more students were surrounded by a drug culture and neighborhood crimes, the more bullying they would experience, net of the protective school resources, race/ethnicity, sex, and academic involvement (Hypothesis #2).

However, there is also a subjective component to this strain where students internalize the crime-associated fear. Agnew's General Strain Theory (1992:66-7) was instructive in explaining how it is that crime-associated fear might affect student learning and disruption of the school equilibrium. To Agnew, subjective strain, is the stress that is projected by an individual's own self. In the presence of crime, students might find it more difficult to obtain the culturally valued goals of performing well in school. When students are fearful of crime and paranoid of becoming victims, such fear would prevent them from fully engaging in their academics and getting the most out of their education. Under this scenario, it was hypothesized that the more drug culture and neighborhood crime in students' lives, the more fear they will have of crime, regardless of the school protective resources, objective bullying, race/ethnicity, sex, and academic involvement (Hypothesis #3).

It is also axiomatic that these experiences are not constant and are subject to change as teenagers mature in age. In Elder's Life Course perspective (1975:168-69) while social values are transmitted through early socialization, they are also shaped by life stages and situations. As Elder puts it, "a man who learned the value of job security as a child may have little regard for this issue in adulthood if he has achieved a measure of success and security in his work life" (p.171). In other words, as people mature in age, they differentiate not just their values but also their priorities, privileges, and, of course, experiences. A teenage student may no longer be as sensitive, affected by, or fearful of harassment and crime if they have grown to accept it and are not embarrassed by it now that they are older. Following Elder's life course model, it was hypothesized that the negative effects of school drug culture and neighborhood crime as well as the protective effects of school safety measures on bullying and crime associated fear will be weaker among older teenagers than their younger counterparts (Hypothesis #4).

METHODOLOGY: SEQUENTIAL MIXED METHODS

A sequential mixed methods approach was used to test the differences in bullying and crime-associated fear among two teenage age groups. Secondary survey data from the National Crime Victimization Survey: School Crime Supplement was key to testing the hypotheses. Survey analyses were then supplemented with qualitative comments from schooling professionals working in both high schools and middle schools to provide experiential perspectives on school crime and bullying.

Secondary Survey Data

The SCS (School Crime Supplement 2015), the secondary survey used in this study, contained information about student victimization as result of criminal activity as well as the school environment; a sample of 9,552 students, ranging from ages 12 to 18 were surveyed. The SCS was a product of the US Department of Justice and the Bureau of Justice statistics (United States Department of Justice 2015).

There were more young teens (12-15 years: 57.8%) than older teens (16-18 years: 42.2%) in the sample. They were predominantly white (~73% in both age groups). Of the non-white student groups, roughly 15% of reported being black and even smaller percentages were Asian (~6%), or Hispanic (~3%). There was also a very slight majority of male students that were included in the sample (~51%). In addition, while an overwhelming majority attended school (98% young and 89% older teens), only under a quarter (16% young and 24% older teens) were involved in academic clubs (Appendix A, Table A.1). These demographics will be controlled for in the multivariate analyses.

Qualitative Interviews

Interviews with school administrators and counselors were used to supplement and elaborate on the statistical findings. Three interviewees were identified through search engines and snowballing methods. The first interviewee (Interviewee #1), a female School Principal of a local Primary and Secondary Montessori Education Institution, offered her reflections and experiences with the student population, prior school operations, and understanding of the child psychology. Being the head of an institution that has an emphasis on the performing arts and other technical activities, she stressed that “some students who experience stress, of any kind, require some sort of outlet, be it creative writing, music, art, or a sport.”

Two female school counselors, one from a private high school and another from a catholic private middle school, also contributed to this research by offering their insights and recollections of prior experiences working with students. Interviewee #2 is an Upper School Counselor in a local private school with grades K-12; she specifically worked with the high school students and noted that social relationships are more important to

incoming students. But, as concerns about college manifested in the final years of high school, conflict and drama among students tended to subside. The third interviewee (Interviewee #3) was also a School Counselor from a local catholic private school. She highlighted the family as a core influencer, especially when it came to student behavior. The interviewee consent form and protocol are available in Appendix D.

DATA ANALYSIS: SURVEY AND QUALITATIVE INSIGHTS

In the following sections, three different types of statistical analysis were used. They were descriptive, bivariate, and multivariate analysis. The descriptive analysis offered a detailed portrayal of school bullying, crime-associated fear experienced by these students, the drug culture that they have described, the school safety measures active at each student's school, a brief assessment about their college aspirations, and their academic involvement. In the bivariate analysis, preliminary correlations of school bullying and crime-associated fear with drug culture, neighborhood crime, school safety measures, and college aspirations; the correlations were disaggregated between the two age groups. In the Multivariate analysis, both school bullying and crime-associated fear were separately regressed on the respective strain protective factors. In keeping with the research design, separate analyses were conducted for young and older teens.

Operationalization and Descriptive Analysis

In order to understand the maturational changes in bullying experiences and crime fears of teenagers, analyses were separated into two age groups: young teens aged 12-15 and older teens 16-18 years (Table 1 for summary, with details in Appendix C, Tables C.1.A to C.1.F.). Overall, the younger teens experienced more bullying and fear of crime than their older counterparts. But, there were more drugs and neighborhood crime in the lives of older teens. It was hopeful that there were more alleviating factors, such as effective safety measures and college aspirations, in the lives of the younger, than the older teens.

Table 1. Descriptive Data
National Crime Victimization Survey: School Crime Supplement, 2015

Concept Indices	Age Group: 12-15 (n=5415)	Age Group: 16-18 (n= 3957)
	Mean (sd)	Mean (sd)
1. School Bullying ¹	-10.98 (10.91)	-12.88 (9.44)
2. Crime-Associated Fear ²	2.25 (2.37)	1.73 (2.14)
3. Strains:		
a. School Drug Culture ³	0.711 (.451)	1.11 (1.43)
b. Neighborhood Crime ⁴	3.60 (3.41)	1.86 (3.35)
4. Protective Sources:		
a. School safety Measures ⁵	7.10 (6.60)	5.75 (6.62)
b. College Aspirations ⁶	0.915 (.970)	0.727 (.931)

¹ School Bullying= DummySCS192 + DummySCS193 + DummySCS194 + DummySCS195 + DummySCS191 + DummySCS190 + DummySCS196 + DummySCS197 + DummySCS198 + DummySCS199 + DummyVS0081 + DummyVS0082 + DummyVS0083 + DummyVS0087 + DummyVS0085 + DummyVS0086 + DummySCS211 + DummySCS200 + DummySCS201 + DummySCS202 + DummySCS203 + DummySCS204 + DummySCS205 + DummySCS206 + DummyVS0073 + DummyVS0074 + DummyVS0075 + DummyVS0076 + DummyVS0077 + DummyVS0078 + DummyVS0079 + DummyVS0071 + DummyVS0127 + DummyVS0128 + DummyVS0129 + DummyVS0130 + DummyVS0132 + DummyVS0134;

² Crime-Associated Fear= DummyVS0113 + DummyVS0114 + DummyVS0115 + DummyVS0116 + DummyVS0117 + DummyVS0118 + DummyVS0119 + DummyVS0120 + DummySCS208 + DummyVS0121 + DummyVS0122 + DummyVS0123 + DummyVS0136 + DummyVS0124 + DummyVS0125 + DummyVS0126 + DummySCS189;

³ School Drug Culture= DummyVS0058 + DummyVS0059 + DummyVS0067 + DummySCS209 + DummySCS210;

⁴ Neighborhood Crime= DummySCS212_V2 + DummySCS213_V3;

⁵ Safety Measures= DummyVS0036 + DummyVS0037 + DummyVS0038 + DummyVS0039 + DummyVS0040 + DummyVS0041 + DummyVS0042 + DummyVS0043 + DummyVS0044 + DummyVS0045 + DummyVS0088 + DummyVS0050 + DummyVS0051;

⁶ College Aspirations= DummyVS0139 + DummyVS0140.

School Bullying

As seen in Table 1, young teens (Mean index of bullying = 10.98 on a range of -20 – 43²) indicated that they experienced bullying more often than the older students (Mean index score = 9.44 on a range of -20 to 37). It appears that after a period of maturation, adolescents have either moved on or stopped bullying others.

More specifically (see Table C.1.A. in Appendix C), younger students seemed even more susceptible to trauma caused by bullied experiences than older adolescents. In this case, three percent of younger students were bullied by another student compared to 1% of older students. Similarly, while 2.7% of younger students were bullied by someone in power, only 1.3% of older students were. Bullying experiences of younger

² The negative sign on the lower range of the bullying index refers to those who did not experience bullying and were assigned the code of -1.

students tended to be more name calling and having rumors spread about them (2.8%); only 0.9% of older students encountered this type of bullying.

Crime-Associated Fear

For teens already traumatized by bullying or crime in general it is important to assess the ways in which trauma is manifested in their day to day lives. Generally, younger students, more than their older counterparts, tended to avoid spaces purposefully in an attempt to remain safe from bullying. For example, (Table C.1.B. in Appendix C), compared to older students, younger students tended to stay away from the shortest route to school (1.4%), to stay away from less supervised areas such as bathrooms (1.1%), and also experience more fear of harm (0.9%). The comparable percentages for older teens was only 0.6%, 0.5%, and 0.4%, respectively.

The average score on the index of crime associated fear was fairly low, at 2.25 (range of 0-23) and 1.73 (0-19), for the young and older teens, respectively. However, even if both sets of teenagers exhibited had few types of fear, one cannot ignore that students, particularly the younger group, are actually avoiding specific spaces because they fear being harmed by someone in those spaces.

Sources of Strain: Neighborhood Crime

Stress inducers exist everywhere and are especially problematic when they are in one's own environment. These stressors can stem from the neighborhoods of a student's home or school. Overall, about half of the young teens agreed that there was crime in both their school and home environments (Table C.1.C. in Appendix C). More precisely, 49% of younger students indicated that there is a lot of crime in their school neighborhood and almost half confirmed the presence of crime in their home neighborhood. In contrast, older students reported less crime in school (28.8%) and more at home (39%). Overall it is safe to say that the younger students tended to notice more crime. The mean on the index of neighborhood crime was 3.60 for young teens when compared to the older students mean of 1.86; the range for both groups was 0-8.

Sources of Strain: School Drug Culture

Faced with these stressors, some students turn to drugs as coping mechanisms, compounding the stress. Students may resort to drugs should they feel the need to cope or peer pressure from their friends to try it for the first time. In addition, bullies, who are often victims themselves, may resort to drug use to cope with their life stressors. At a glance, it seemed, as per the older teens, that there is a prominent network of dealers and users; the younger teens may just be naïve to its presence and not notice. (Table C.1.D. in Appendix C). For instance, older teens (20.7%) reported a large presence of marijuana as opposed to the younger teens (13.9%). Similarly, presence of alcoholic

beverages in their schools was more likely to be noted older (13.8%) than by young teens (9.5%). Furthermore, a larger percentage of older students (15.5%) also indicated that they had witnessed another student under the influence of drugs or alcohol while at school while only 9.5% younger students reported having witnessed this sort of incident.

Perhaps it is the maturation effect and/or the additional stressors associated with a more rigorous curriculum that older students encounter, that older teens were more likely to observe the drug culture in their school environment. The average presence of drug culture for older teens was 1.11 (on range of 0-5) compared to younger students (mean=0.71 on a range of 0-5).

Protections: Safety Measures

Because of the presence of bullying, drugs, and other forms of crimes in schools, it is imperative that schools maintain a degree of safety and order. Safety measures are procedures that school personnel take to ensure the safety and flourishing of students in their charge. While protecting students against existing harm is the main goal, schools also institute preventative measures, such as supervision and rules, that serve as deterrence from crime related acts.

There is a general consensus among a good number of students, across both age groups, felt safe and that their schools had a fair amount of safety measures in place mean on the index of safety measure means was 7.10 and 5.75, for the young and older teens, respectively. For example, 34% of younger and 37% of older students confirmed the presence of assigned police officers or some kind of security personnel in their schools. In addition, there were security cameras present at schools, as reported by 44% of younger and 38% of older students. Interestingly, enough students from both age groups (34% of younger and 28.2% of older students) felt that school rules were not being enforced (Table C.1.E. in Appendix C).

Protections: College Aspirations.

Like safety measures and supervisions, academic engagement might also deter crime. Students who are struggling, being distracted, or suffering from other types of strain may benefit from preoccupying themselves with their school work and academic responsibility. However, stress-related experiences, such as fear and bullying, may cause many students to become disengaged from school, under-perform, and have a poor academic self-image.

There was a clear maturational divide (Table C.1.F. in Appendix C) between the two groups of teens. The younger students (mean=0.92 on range of 0-2) were more adamant about their future academic plans than the older students (mean=.073 on a range of 0-2). In comparison with the younger teens, only a third of the older age group was interested in higher education (33.6% vs. 43.5%) or schooling in a technical field

(39.1% vs. 48.1%). Perhaps, the rigor of a high school curriculum and the increased workload lead to lowering of academic aspirations. Also, as teenagers mature, their interests change as well; some of them no longer want to become a doctor, mathematician, or teacher anymore.

Bivariate Analyses

In the second analytical step, bivariate correlations were run between bullying and crime induced fear with the strains and supportive sources (Table 2 in see Appendix D). In keeping with the research design, correlational analyses were disaggregated into two teen groups: the 12-15 year olds versus the 16-18 year olds.

For the younger group (12-15 year olds), it was found that those who were fearful of experiencing crime were more likely to be bullied ($r=.50^{***}$) and vice versa. Concerning strains, drug culture was found to aggravate ($r=.54^{***}$) the presence of bullying and to instill fear as well ($r=.38^{**}$). Moreover, the presence of crime in the home and school neighborhood was found to incite more fear ($r=.82^{***}$) than bullying ($r=.34^{***}$). It was rather unexpected that protections, like safety measures, increased, rather than alleviated, fear of crime ($r=.89^{***}$) and bullying experiences ($r=.54^{***}$). This pattern was similar with college aspirations too; those with more college aspirations were more fearful of crime ($r=.80^{***}$) and experienced more bullying ($r=.46^{***}$). There were no significant differences in school bullying and crime associated between the different races, sexes, or academic involvement.

Similar patterns were also noted among the older teen group (16-18 years old). Those who were bullied were more likely to have experienced fear ($r=.57^{***}$). Drugs were found to accentuate the presence of bullying ($r=.67^{***}$), even if they were slightly less impactful on student fear ($r=.55^{***}$). Crime presence in school and home neighborhoods made students more fearful overall ($r=.87^{***}$) while impacting bullying on a lesser level ($r=.47^{***}$). As with the younger cohort, protective sources were connected with more fear and bullying among older students also. For example, safety measures were associated with more fear ($r=.89^{***}$) and more, than less, bullying ($r=.54^{***}$). And students who had more promising outlooks on their college plans, experienced more fear ($r=.80^{***}$) and more bullying ($r=.46^{***}$). The robustness of these relationships was re-assessed using multivariate regression analyses. Of particular relevance was whether the unexpected positive connections, of protective measures with bullying or fear of crime, remained stable, once the strains of drug cultures and neighborhood crimes were accounted for.

Multivariate Regression Analyses

Finally, multivariate regression analyses were run to test the hypotheses about the roles of strains and alleviating factors in bullying and fear of crime. The analyses, which were

disaggregated by the two groups of young teens and older teens, are presented in Table 3 below.

Irrespective of how old the teenagers were, bullying and fear of crime strongly influenced each other in a vicious cycle, net of the strains they experienced or the protections they had. That is, if students exhibited fear it was because they had experienced bullying (12-15 $\beta = .309^{***}$ and 16-18 $\beta = .203^{**}$) or vice versa (12-15 $\beta = .40^{***}$ and 16-18 $\beta = .32^{***}$). In other words, strains from bullying and submissive fear responses elicit and incite more bullying and fear.

Several additional noteworthy patterns were evident in the comparative impacts of strains leading to bullying (objective) versus fear of crime (subjective). First, strains from drug cultures in schools were the most impactful in bullying experiences of students. For example, presence of drug cultures in schools, increased the probability of bullying, irrespective of whether the teens were older ($\beta = .379^{***}$) or younger ($\beta = .47^{***}$). But, once bullying was accounted for, drugs did not elicit much fear of crimes in either age group. Second, neighborhood crimes, a second source of strain, did not have the predicted effect on bullying or crime associated fears. Neighborhood crimes slightly lowered (net of drug cultures) the bullying potential for young ($\beta = -.082^{***}$) and older teens ($\beta = -.056^{***}$) but raised crime fears only for youngest teens ($\beta = .06^{**}$).

Third, the strains, particularly caused by drug culture, increased the potential for bullying substantially more than the protection offered by school safety measures or college aspirations. In fact, school safety measures were slightly associated with more bullying for younger teens ($\beta = .125^{***}$) and for older teens ($\beta = .098^{***}$) alike. College aspirations had little to no impact on either bullying or fear of crime for either group of teenagers.

Fourth, neither protecting nor alleviating factors directly influenced the crime fears that students, young and old alike, experienced. But, drugs and protective measures indirectly shaped teenagers' fears of crime, because of bullying, the major strain that elicited fear among teenagers.

There were also a few theoretically interesting maturational differences in the impacts of strains and protective resources in bullying and fear of crime. Regarding the maturational differences in the cyclical impacts of crime-associated fear on school bullying, it would seem that younger students experienced more fear induced bullying ($\beta = .309^{***}$) and more bullying induced fear ($\beta = .40^{***}$) than older teens ($\beta = .203^{***}$ vs. $\beta = .32^{***}$ respectively). Students, young students in particular, were more susceptible to the trauma caused by prior bullying experiences, and when they fear it, more bullying seems to occur. However, as they mature and grow, students seem to adapt to this fear and learn how cope with it or perhaps they have managed to reconcile the conflict with their bully. As reiterated by Interviewee #2, an Upper School Counselor, "conflict and drama becomes more present in the younger grades and then starts to lessen as their priorities shift to academic and college applications." As result, there are more bullying events in the lives of younger students. Unfortunately, more bullying would also mean a more traumatized target audience for bullies.

Table 3
Regression of School Bullying and Crime Associated Fear on
Strains and Protections (net Race, Sex, & Academic Involvement) in Young and Older Teens:
National Crime Victimization Survey: School Crime Supplement (2015)

	School Bullying		Crime-Associated Fear	
	(1)	(2)	(3)	(4)
	Age 12-15	Age 16-18	Age 12-15	Age 16-18
Crime-Associated Fear¹	.309***	.203***	-	-
School Bullying²	-	-	.40 ***	.32***
<u>Straining Factors:</u>				
School Drug Culture³	.379***	.470***	-.06**	-.06
Neighborhood Crime⁴	-.082***	-.056***	.06**	.013
<u>Alleviating Factors:</u>				
College Aspirations⁵	-.006	.034	.02	.057*
School Safety Measures⁶	.125***	.098***	.002	.02
<u>Demographics:</u>				
Minority (1) vs. White (0)⁷	-.001	-.026	-.01	-.016
Female (1) vs. Male (0)⁸	.021	.043	.001	.032
Academic Involvement⁹	.024	.036	-.038	.047
Model Statistics:				
Constant(a)	-26.753	-24.516	4.648	4.505
Adjusted R²	.325	.344	.136	.091
DF 1 & 2	8 & 2217	8 & 1315	8 & 2217	8 & 1315

*** p <= .001; * p <= .05

¹ School Bullying= DummySCS192 + DummySCS193 + DummySCS194 + DummySCS195 + DummySCS191 + DummySCS190 + DummySCS196 + DummySCS197 + DummySCS198 + DummySCS199 + DummyVS0081 + DummyVS0082 + DummyVS0083 + DummyVS0087 + DummyVS0085 + DummyVS0086 + DummySCS211 + DummySCS200 + DummySCS201 + DummySCS202 + DummySCS203 + DummySCS204 + DummySCS205 + DummySCS206 + DummyVS0073 + DummyVS0074 + DummyVS0075 + DummyVS0076 + DummyVS0077 + DummyVS0078 + DummyVS0079 + DummyVS0071 + DummyVS0127 + DummyVS0128 + DummyVS0129 + DummyVS0130 + DummyVS0132 + DummyVS0134;.

² Crime-Associated Fear= DummyVS0113 + DummyVS0114 + DummyVS0115 + DummyVS0116 + DummyVS0117 + DummyVS0118 + DummyVS0119 + DummyVS0120 + DummySCS208 + DummyVS0121 + DummyVS0122 + DummyVS0123 + DummyVS0136 + DummyVS0124 + DummyVS0125 + DummyVS0126 + DummySCS189;

³ School Drug Culture= DummyVS0058 + DummyVS0059 + DummyVS0067 + DummySCS209 + DummySCS210;

⁴ Neighborhood Crime= DummySCS212_V2 + DummySCS213_V3;

⁵ Safety Measures= DummyVS0036 + DummyVS0037 + DummyVS0038 + DummyVS0039 + DummyVS0040 + DummyVS0041 + DummyVS0042 + DummyVS0043 + DummyVS0044 + DummyVS0045 + DummyVS0088 + DummyVS0050 + DummyVS0051;

⁶ College Aspirations= DummyVS0139 + DummyVS0140;

⁷ Race: 1 = Minority Race, 0 = White, Non-Hispanic;

⁸ Sex: 1 = Female, 0 = Male;

⁹ Academic Involvement: School attendance + Participation in Academic Clubs.

On the other hand, the maturational prospects of being bullied when exposed to drug cultures increased more for older teens ($\beta=.470^{***}$) than for the young teens

($\beta=.379^{***}$). Two of the counselor interviewees assisted in contextualizing this maturational drug culture effect. The School Counselor (Interviewee #3) stated that drugs and alcohol lower inhibition, and unleash otherwise repressed daring behaviors. Such lowering of inhibitions was also substantiated by the Upper School Counselor, Interviewee #2; she added that while under the influence (of drugs/alcohol) certain acts of bullying instantly become more permissible, such as posting material or texts online, calling someone, or even, “hooking up”. These drug-connected negative behaviors were more common among older than younger students perhaps due to the increased autonomy and access that comes with teens growing older. For example, access to a vehicle or longer curfews, and even income (such as working a part-time), that come with turning 16 might enable them to engage in more unsupervised drug-related activity. The transitory period between middle and high school, when young high school students are mainly concerned with reestablishing their social circles as they enter new social environments, needs special programmatic and research attention.

CONCLUDING REMARKS

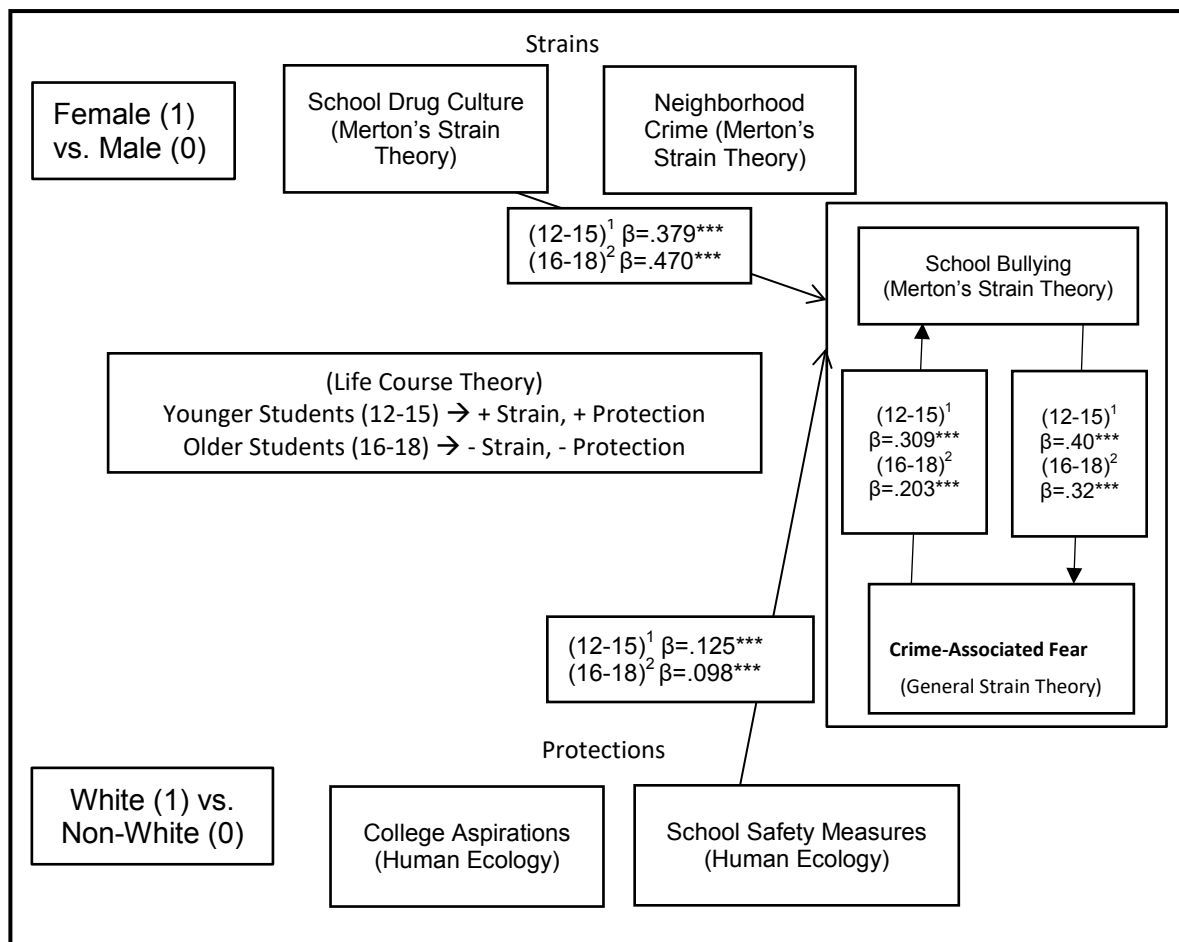
Empirical & Theoretical Implications

Maturational differences in how teens experienced bullying, fear of crimes, protections, and other sources of strain were manifested in two ways. First, the cycle of objective and subjective fears was much more acutely experienced by the younger teens than by the older teens. Second, the way strains and protective sources impacted bullying and fear of crime predictably varied by maturation stages (See Figure 1).

Starting with the most powerful effects, the vicious cycle of bullying (objective strain) creating fear (subjective strain), and in turn resulting in bullying, was strong in both groups of teenagers, but was stronger for the young than older teens (Hypotheses #2, #3, and #4). Younger students, who were more inexperienced and less mature, were more likely to succumb to reoccurring bullying coupled by fear of victimization. Although older students were also caught up in the bullying-fear repeat cycle, the grip of the cycle got a bit weaker as teenagers matured in age, as Elder predicted. Younger teens seem to have more difficulty coping with the subjective fear. But, as the teens matured, they acquired coping methods and began to learn how to adapt to their experiences.

More specifically, Merton’ Strain theory received support in the objective strain experiences of teens (Hypothesis #2). Drug cultures were most likely to exacerbate the prospect of bullying for both age groups. Yet, following Glen Elder’s maturational predictions, the strains of drugs were much stronger on the older than the younger teens (Hypothesis #4). However, there was not much direct support for Agnew’s subjective strain theory (Hypothesis #3), where it was predicted that drug culture and neighborhood crime in students’ lives will be directly associated with more fear of crime. Yet, strains from drugs did, even if indirectly, raise crime associated fears by exacerbating bullying.

Figure 1
Empirical and Theoretical Model of School Bullying and Crime Associated Fear on Strains and Protective Factors (net of Race, Sex, and Academic Involvement) among Young and Older Teens: (NCVS: SCS [2015])^a



*** $p \leq .001$, ** $p \leq .01$, * $p \leq .05$;

^a Refer to Table 3 for coding of indices and other variables

¹ Teens 12-15 years of age

² Teens 16-18 years of age

Finally, the prediction using Park's Human Ecology model, that school safety measures will reduce bullying and crime associated fears (Hypothesis #1), was also indirectly supported. Even though school safety measures seemed to operate more as responses to bullying (weak positive Beta effects) an argument can be made for their deterring effects. A balanced school structure was useful, even if as a secondary prevention tool, in securing social control within a school setting. Students generally tend to adhere to school rules and avoid possible consequences for breaking the rules. Even so, the safety structure proved to be more protective of younger than the older teens. As the teens aged, they, perhaps, adhered less to school rules. Older students may also be

less preoccupied with the consequences of breaking the rules (Elder's Life Course and Hypothesis #4).

Applied Implications

In the final analysis, bullying and fear of crime operated in a cycle in the lives of teenagers. Students who experienced fear were more likely to be bullied themselves; similarly, as students were bullied they experienced more fear for becoming bullied. Drugs were found to accentuate the presence of bullying among this sample of students. While school safety measures were the primary source of protection against bullying, their protective power, even if in response to bullying, was not strong enough to counter the presence of drugs. And these effects weakened as students matured, had more liberty, and experience.

Important messages are available to school administrators in these findings. Bullying was most responsive to both the strains experienced by youth and the protections that schools offered. If schools can contain bullying, they can create an atmosphere where their students can learn free from fear. To this end, schools will need to refocus their attention on school safety measures. Strengthening safety measures need to be looked at not only as a secondary response to bullying but also as a prime deterrent. Besides, schools should strengthen, not only their rules and guidelines, but should also monitor adherence to the rules to reduce, and not only to respond to, the incidence of bullying.

One structural safety solution would be to have closer supervision of more secluded areas, such as corridors, school yards, locker rooms, and bathrooms, where bullying may take place. In addition, there is a need for supportive programs to alleviate and prevent drug use, bullying and fear of crime. The School Counselor (Interviewee #3), recommended supportive programs that include those with a familial focus; when parents are able to be involved in their child's education, the child receives the necessary attention that they were seeking in the first place. The School Principal (Interviewee #1) believed it important for habitual bullies to find outlets for that extra energy. These activities should include ones that student would enjoy such as drawing, painting, playing an instrument, or participating in sports. It is imperative for researchers to evaluate the effectiveness of these programmatic suggestions as well the maturational trends in bullying among different grades and age groups of teens. At the same time, as the Upper School Counselor (Interviewee #2) noted, bullying type behavior tends to decrease as students mature, are engaged in more rigorous courses, and become preoccupied with their academic responsibilities. Of course, these maturational changes should not be assumed to be uniform in all schools, as the level of rigor and expectations tend to vary between schools.

Limitations and Suggestions for Future Research

As a school crime supplement, the secondary survey used in this analysis had valuable data geared toward capturing the victim's experiences of bullying and other school

crimes. However, there was not much information on the perpetrators of bullying. A holistic portrayal of school bullying will require information on not only the victim but also the perpetrator. Also, cyber bullying, another growing forum for bullying, needs urgent scholarly and programmatic attention. In Interviewee #2's (Upper School Counselor) experience, there is a very active culture of cyberbullying and internet harassment. Interestingly enough, the anonymity of the internet seems to allow for a permissible environment where anything can be said without facing the consequences or taking responsibility. In the experience of this Upper School Counselor, cyberbullying was mostly seen among young adolescent girls, who tend to be more passive with their bullying as opposed to face-to-face confrontations with boys. Gendered bullying and their gendered consequences is another fruitful area of research.

A comprehensive study of school bullying will have to also include parents. As noted by Interviewee #3 (School Counselor), parents may also be victims of bullying. To reiterate, the criterion for bullying is having the intent to harm, repeating said action, resulting in a power imbalance between victim and bully. She mentioned a case of an immigrant family, whose parents were threatened by their own son with deportation. The complex dynamic of a power imbalance in the inverted parent-child roles in immigrant families cannot be ignored. Many Immigrant parents rely on their children to help them navigate life in their new home. The anxiety and stress caused by such role reversals might create a need for control in young students and inappropriate acting out of the perceived power imbalance.

Lastly, due to the very strong connection between school bullying and the presence of drugs in schools, there should be more research on the intricate connection between drugs and impulsivity of young adolescents (Chuang, Sussman, Stone, et al. 2017:46). It is also important to note that the drugs in the schools are not facilitated by the schools but by students themselves. Therefore, it is plausible to assume that there are active distributors at large that have instilled realms of communication within school walls. Perhaps a less aggressive attitude towards student drug users would entice them to step forward and offer helpful information so that the distributors are caught and evaluated for the causes and potential solutions to drug cultures.

APPENDICES

Appendix A

Table A.1. Controls

National Crime Victimization Survey: School Crime Supplement, 2015

Controls	Indicators	Values and Responses	Statistics	
			12-15 (n=5415)	16-18 (n=3957)
Demographics	AGE	1 = Ages 12-15	57.8%	
		2 = Ages 16-18	42.2	
	RACE/ETHNICITY	1 = White Only	73.8%	73.1%
		2 = Black	15.5	16.9
		3 = Amd INd/Ak native only	0.7	1.9
		4 = Asian Only	6.2	5.6
		5 =Hawaiian/Pacific IS Only	0.4	0.4
		6 = Mixed Race	3.6	3.0
	SEX	0 = Male	51.0%	51.8%
		1 = Female	49.0	48.2
Academic Involvement	ModifiedS0013. DID YOU ATTEND SCHOOL AT ANY TIME THIS SCHOOL YEAR?	0 = No	1.9%	10.6%
		1 = Yes	98.1	89.4
	ModifiedVS0032. DURING THIS SCHOOL YEAR, HAVE YOU PARTICIPATED IN ANY ACADEMIC CLUBS?	0 = No	83.5%	75.6%
		1 = Yes	16.5	24.4

Appendix B

Consent Forms and Interview Protocols

Letter of Consent

Dear _____:

I am a Sociology Senior working on my Research Capstone Paper under the direction of Professor Marilyn Fernandez in the Department of Sociology at Santa Clara University. I am conducting my research regarding the different impacts between age groups in the presence of school bullying and fear of becoming victimized.

You were selected for this interview because of your knowledge of and experience working with students in the field of education.

I am requesting your participation, which will involve responding to questions regarding the impacts of drug culture, college aspirations, safety measures on bullying culture among students of different age groups. This will last about 30 minutes. Your participation in this study is voluntary. You have the right to choose to not participate or to withdraw from the interview at any time. The results of the research study may be presented at SCU's Annual Anthropology/Sociology Undergraduate Research Conference and published the Silicon Valley Notebook. Pseudonyms will be used in lieu of your name and the name of your organization in the written paper. You will also not be asked (nor recorded) questions about your specific characteristics, such as age, race, sex, religion.

If you have any questions concerning the research study, please email me at ____ or Dr. Fernandez at mfernandez@scu.edu.

Sincerely,
Emilio Sanchez

By signing below, you are giving consent to participate in the above study.

Signature: _____ Printed Name: _____ Date _____

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, through Office of Research Compliance and Integrity at (408) 554-5591.

Interview Schedule

for Supplemental Qualitative Interviews for Research on the differences in impacts on bullying and victimization in teenage adolescents, Sociology 195, Winter 2018

Interview Date and Time: _____

Respondent ID#: ____

1. What is the type of agency where you learned about (and/or worked) with this issue?
2. What is your position in this organization?
3. How long have you been in this position and in this organization?
4. Based on what you know about school bullying, what is kind of factors tend to influence it? Perpetuate it?
5. In your opinion, what influences bullying and victimization among students?
- 6a. How about the drug culture/gang presence?
- 6b. How about school safety Measures?
- 6c. How about neighborhood crime?
- 6d. How about college aspirations?
- 6e. How about the age? Race/Ethnicity?

Appendix C

Table C. 1.A School Bullying
National Crime Victimization Survey: School Crime Supplement, 2015

Concept	Dimension	Indicators	Values and Responses	Statistics	
				Ages: Ages: 12-15 (n=5415)	16-18 (n=3957)
School Bullying	Bullying experiences	DummySCS192. BY THIS DEFINITION, HAVE YOU BEEN BULLIED AT SCHOOL, BY ANOTHER STUDENT THIS SCHOOL YEAR	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	93.5% 3.5 3.0	97.4% 1.6 1.0
		DummySCS191. ¹ BULLIED BY SOMEONE HAD MORE POWER	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	93.5% 3.8 2.7	97.4% 1.4 1.3
		DummySCS190. ¹ DID IT HAPPEN OVER AND OVER, OR WERE YOU AFRAID IT WOULD HAPPEN OVER AND OVER?	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	93.5% 4.0 2.5	97.4% 1.8 0.9
		DummySCS193. ¹ VERBAL - THAT IS, DID IT INVOLVE MAKING FUN OF YOU, CALLING YOU NAMES, OR SPREADING RUMORS ABOUT YOU	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	93.5% 3.7 2.8	97.4% 1.7 0.9
		DummySCS194. ² PHYSICAL - THAT IS, DID IT INVOLVE HITTING, SHOVING, TRIPPING, OR PHYSICALLY HURTING YOU IN SOME WAY, OR THE THREAT OF HURTING YOU IN SOME WAY.	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	93.5% 5.3 1.2	97.4% 2.5 0.1
		DummySCS195. ² SOCIAL - THAT IS, DID IT INVOLVE IGNORING YOU OR EXCLUDING YOU FROM ACTIVITIES ON PURPOSE IN ORDER TO HURT YOU	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	93.5% 5.3 1.2	97.4% 2.1 0.5
	Specialized Targeting	DummySCS200. ² DID YOU EVER THINK IT WAS RELATED TO YOUR RACE?	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	78.8% 20.2 1.1	75.0% 24.7 0.3

Location	DummySCS201. ² DID YOU EVER THINK IT WAS RELATED TO YOUR RELIGION?	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	78.8% 20.8 0.4	75.0% 24.8 0.2
	DummySCS202. ² DID YOU EVER THINK IT WAS RELATED TO: YOUR ETHNIC BACKGROUND OR NATIONAL ORIGIN. FOR EXAMPLE, PEOPLE OF HISPANIC ORIGIN?	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	78.8% 20.6 0.6	75.0% 24.7 0.3
	DummySCS203. ² DID YOU EVER THINK IT WAS RELATED TO: ANY DISABILITY YOU MAY HAVE - SUCH AS PHYSICAL, MENTAL, OR DEVELOPMENTAL DISABILITIES?	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	78.8% 20.6 0.6	75.0% 24.6 0.4
	DummySCS204. ² DID YOU EVER THINK IT WAS RELATED TO: YOUR GENDER?	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	78.8% 20.4 0.8	75.0% 24.7 0.3
	DummySCS205. ² DID YOU EVER THINK IT WAS RELATED TO: YOUR SEXUAL ORIENTATION - BY THIS WE MEAN GAY, LESBIAN, BISEXUAL, OR STRAIGHT?	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	78.8% 20.8 0.5	75.0% 24.8 0.2
	DummySCS206. ² DID YOU EVER THINK IT WAS RELATED TO: YOUR PHYSICAL APPEARANCE?	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	78.8% 18.4 2.8	75.0% 23.6 1.4
	VS0081. ³ IN A CLASSROOM AT SCHOOL	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	91.1% 5.4 3.5	95.4% 3.1 1.5
	VS0082. ³ IN A HALLWAY OR STAIRWELL AT SCHOOL	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	91.1% 5.2 3.7	95.4% 2.6 2.0
	VS0083. ³ IN A BATHROOM OR LOCKER ROOM AT SCHOOL	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	91.1% 7.7 1.2	95.4% 4.1 0.4
	VS0087. ³ IN A CAFETERIA OR	-1 = Not Bullied 0 = Not Bullied	91.1% 6.6	95.4% 3.6

	LUNCHROOM AT SCHOOL	This Way 1 = Bullied This Way	2.3	1.0
	VS0085. ³ OUTSIDE ON SCHOOL GROUNDS	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	91.1% 7.2 1.6	95.4% 3.7 0.9
	VS0086. ³ ON A SCHOOL BUS	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	91.1% 7.8 1.1	95.4% 4.2 0.4
	SCS211. ³ ON-LINE OR BY TEXT	-1 = Not Bullied 0 = Not Bullied This Way 1 = Bullied This Way	91.1% 7.9 1.0	95.4% 3.8 0.7
Nature of Effects	DummySCS196. ⁴ YOUR SCHOOL WORK	0 = Not at All 1 = Not very much 2 = Somewhat 3 = A lot	95.9% 2.3 1.3 0.5	98.2% 1.2 0.4 0.3
	DummySCS197. ⁴ YOUR RELATIONSHIPS WITH FRIENDS OR FAMILY	0 = Not at All 1 = Not very much 2 = Somewhat 3 = A lot	97.0% 1.4 1.1 0.5	98.7% 0.5 0.6 0.2
	DummySCS198. ⁴ HOW YOU FEEL ABOUT YOURSELF	0 = Not at All 1 = Not very much 2 = Somewhat 3 = A lot	95.9% 1.6 1.6 0.9	98.5% 0.6 0.6 0.4
	DummySCS199. ⁴ YOUR PHYSICAL HEALTH FOR EXAMPLE, CAUSED INJURIES, GAV YOU HEADACHES OR STOMACH ACHES	0 = Not at All 1 = Not very much 2 = Somewhat 3 = A lot	97.7% 1.0 1.0 0.3	99.1% 0.5 0.3 0.1
	Weapon Possession DummyVS0127. ⁵ A GUN?	0 = No 1 = Yes	99.8% 0.2	99.8% 0.2
	DummyVS0128. ⁵ A KNIFE BROUGHT AS A WEAPON?	0 = No 1 = Yes	99.2% 0.8	99.3% 0.7
	DummyVS0129. ⁵ SOME OTHER WEAPON??	0 = No 1 = Yes	99.7% 0.3	99.8% 0.2
	DummyVS0130. ⁶ DO YOU KNOW OF ANY OTHER STUDENTS WHO HAVE BROUGHT A GUN TO YOUR SCHOOL?	0 = No 1 = Yes	98.6% 1.4	98.5% 1.5
	DummyVS0132. ⁶ COULD YOU HAVE GOTTEN A LOADED GUN WITHOUT ADULT PERMISSION, EITHER AT SCHOOL OR AWAY FROM SCHOOL?	0 = No 1 = Yes	98.3% 1.7	97.3% 2.7
	DummyVS0134. ⁶ HOW	0 = Never	96.8%	96.6%

Acts of Bullying	OFTEN HAVE GANGS BEEN INVOLVED IN FIGHTS, ATTACKS, OR OTHER VIOLENCE AT YOUR SCHOOL?	1 = Once or twice this school year	1.9	2.5
		2 = Once or twice a month	0.8	0.7
		3 = Once or twice a week	0.2	0.1
		4 = Almost every day	0.2	0.1
	DummyVS0071. ⁶ HAVE YOU BEEN IN ONE OR MORE PHYSICAL FIGHTS AT SCHOOL?	0 = No	97.9%	99.3%
		1 = Yes	2.1	0.7
	DummyVS0073. ⁷ MADE FUN OF YOU, CALLED YOU NAMES, OR INSULTED YOU,	0 = No	95.9%	97.9%
		1 = Yes	4.1	2.1
	DummyVS0074. ⁷ SPREAD RUMORS ABOUT YOU OR TRIED TO MAKE OTHERS DISLIKE YOU?	0 = No	96.5%	97.5%
		1 = Yes	3.5	2.5
	DummyVS0075. ⁷ THREATENED YOU WITH HARM?	0 = No	98.9%	99.3%
		1 = Yes	1.1	.7
	DummyVS0076. ⁷ PUSHED YOU, SHOVED YOU, TRIPPED YOU, OR SPIT ON YOU?	0 = No	98.1%	99.5%
		1 = Yes	1.9	.5
	DummyVS0077. ⁷ TRIED TO MAKE YOU DO THINGS YOU DID NOT WANT TO DO?	0 = No	99.3%	99.6%
		1 = Yes	0.7	0.4
	DummyVS0078. ⁷ EXCLUDED YOU FROM ACTIVITIES ON PURPOSE?	0 = No	98.3%	99.2%
		1 = Yes	1.7	0.8
	DummyVS0079. ⁷ DESTROYED YOUR PROPERTY ON PURPOSE?	0 = No	99.3%	99.8%
		1 = Yes	0.7	0.2
Index of School Bullying ⁸		Mean	-10.98	-12.88
		(SD)	(10.91)	(9.44)
		Range:	-20 to 43	-20 to 37

¹ When You Were Bullied This School Year: ² Was Any of the Bullying:

³ Where Did the Bullying Occur? ⁴ This School Year, How Much Has Bullying Had a Negative Effect On:

⁵ During This School Year, Did You Ever Bring the Following to School Grounds:

⁶ During This School Year

⁷ During This School Year Has Another Student;

⁸ Index of School Bullying= DummySCS192 + DummySCS193 + DummySCS194 + DummySCS195 + DummySCS191 + DummySCS190 + DummySCS196 + DummySCS197 + DummySCS198 + DummySCS199 + DummyVS0081 + DummyVS0082 + DummyVS0083 + DummyVS0087 + DummyVS0085 + DummyVS0086 + DummySCS211 + DummySCS200 + DummySCS201 + DummySCS202 + DummySCS203 + DummySCS204 + DummySCS205 + DummySCS206 + DummyVS0073 + DummyVS0074 + DummyVS0075 + DummyVS0076 + DummyVS0077 + DummyVS0078 + DummyVS0079 + DummyVS0071 + DummyVS0127 + DummyVS0128 + DummyVS0129 + DummyVS0130 + DummyVS0132 + DummyVS0134; correlations ranged from .020*** to .994***. Of Both younger and older age groups.

Table C.1.B Crime-Associated Fear
National Crime Victimization Survey: School Crime Supplement, 2015

Concept	Dimension	Indicators	Values and Responses	Statistics	
				Ages 12-15 (n=5415)	Ages 16-18 (n=3857)
Crime-Associated Fear	Avoidance of Certain Spaces	DummyVS0113. ¹ SHORTEST ROUTE TO SCHOOL	0 = No 1 = Yes	98.6% 1.4	99.4% 0.6
		DummyVS0114. ¹ THE ENTRANCE INTO THE SCHOOL	0 = No 1 = Yes	99.4% 0.6	99.7% 0.3
		DummyVS0115. ¹ ANY HALLWAYS OR STAIRS IN SCHOOL	0 = No 1 = Yes	98.9% 1.1	99.2% 0.8
		DummyVS0116. ¹ PARTS OF THE SCHOOL CAFETERIA	0 = No 1 = Yes	99.1% 0.9	99.6% 0.4
		DummyVS0117. ¹ ANY SCHOOL RESTROOMS	0 = No 1 = Yes	98.9% 1.1	99.5% 0.5
		DummyVS0118. ¹ OTHER PLACES INSIDE THE SCHOOL BUILDING	0 = No 1 = Yes	99.4% 0.6	99.7% 0.3
		DummyVS0119. ¹ SCHOOL PARKING LOT	0 = No 1 = Yes	99.5% 0.5	99.8% 0.2
		DummyVS0120. ¹ OTHER PLACES ON SCHOOL GROUNDS	0 = No 1 = Yes	99.4% 0.6	99.7% 0.3
		DummySCS208. ¹ SCHOOL BUS OR BUS STOP	0 = No 1 = Yes	99.4% 0.6	99.7% 0.3
	Paranoia	DummyVS0121. DID YOU AVOID ANY ACTIVITIES AT YOUR SCHOOL BECAUSE YOU THOUGHT SOMEONE MIGHT ATTACK OR HARM YOU?	0 = No 1 = Yes	99.1% 0.9	99.6% 0.4
		DummyVS0122. DID YOU AVOID ANY CLASSES BECAUSE YOU THOUGHT SOMEONE MIGHT ATTACK OR HARM YOU?	0 = No 1 = Yes	99.6% 0.4	99.8% 0.2
		DummyVS0123. DID YOU STAY HOME FROM SCHOOL BECAUSE YOU THOUGHT SOMEONE MIGHT ATTACK OR HARM YOU?	0 = No 1 = Yes	99.4% 0.6	99.7% 0.3
		DummyVS0136. DURING THE LAST 4 WEEKS, DID YOU SKIP ANY CLASSES	0 = No 1 = Yes	98.4% 1.6	96.1% 3.9

DummyVS0124. ² IN THE BULDING/PROPERTY?	0=Never 1=Always 2=Sometimes 3=Most of the time	91.0% 7.1 1.8 0.2	94.4% 4.7 0.9 0.0
DummyVS0125. ² ON A SCHOOL BUS OR ON THE WAY TO AND FROM SCHOOL?	0=Never 1=Always 2=Sometimes 3 = Most of the time	94.4% 4.6 0.9 0.1	96.5% 3.1 0.3 0.1
DummyVS0126. BESIDES THE TIMES YOU ARE ON SCHOOL PREPRTY OR GOING TO RO FROM SCHOOL, HOW OFTEN ARE YOU AFRIAD THAT SOMOENE WILL ATTACK OR HARM YOU?	0=Never 1= Always 2=Sometimes 3 = Most of the time	92.3% 6.3 1.3 0.1	94.2% 5.1 0.7 0.1
Index of Crime Associated Fears	Mean (SD) Range	2.25 (2.37) 0-23	1.73 (2.14) 0-19

¹Did you Stay Away from Any of the Following Places
²How Often Are You Afraid That Someone Will Attack or Harm you
³Index of Crime-Associated Fear= DummyVS0113 + DummyVS0114 + DummyVS0115 + DummyVS0116 + DummyVS0117 + DummyVS0118 + DummyVS0119 + DummyVS0120 + DummySCS208 + DummyVS0121 + DummyVS0122 + DummyVS0123 + DummyVS0136 + DummyVS0124 + DummyVS0125 + DummyVS0126 + DummySCS189; correlations among these indicators ranged from .035*** to .596***

Table C.1.C Neighborhood Crime
National Crime Victimization Survey: School Crime Supplement, 2015

				Statistics	
Concept	Dimension	Indicators	Values and Responses	Ages:	Ages:
				12-15 (n=5415)	16-18 (n=3957)
Neighborhood Crime	School Neighborhood	DummySCS213_V2.	0=Did not answer	45.5%	56.3%
		¹ WHERE YOUR SCHOOL IS LOCATED, THERE IS A LOT OF CRIME IN THE NIEGHBORHOOD WHERE YOU GO TO SCHOOL	1=Strongly Disagree	1.1	1.1
			2=Disagree	4.4	3.8
			3=Agree	24.8	8.7
			4=Strongly Agree	24.2	20.1
	Home Neighborhood	DummySCS212_V2.	0=Did not answer	45.6%	56.3%
		¹ WHERE YOU LIVE: THERE IS A LOT OF CRIME IN THE NEIGHBORHOOD WHERE YOU LIVE	1=Strongly Disagree	0.8	0.9
			2=Disagree	3.7	3.8
			3=Agree	28.8	23.4
			4=Strongly Agree	21.1	15.6

Index of Neighborhood Crime ²	Mean (SD) Range	3.60 (3.41) 0-8	1.86 (3.35) 0-8
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¹ Thinking about the Neighborhood where you live

² Index of Neighborhood Crime= DummySCS212_V2 + DummySCS213_V3; correlations among these indicators ranged from .961*** to .961***

Table C.1.D School Drug Culture
National Crime Victimization Survey: School Crime Supplement, 2015

Concept	Dimension	Indicators	Values and Responses	Statistics	
				Ages: 12-15 (n=5415)	Ages: 16-18 (n=3957)
School Drug Culture	Drug Presence	DummyVS0058_V2. ¹ ALCOHOLIC BEVERAGES	0 = No 1 = Yes	90.5% 9.5	86.2% 13.8
		DummyVS0059_V2. ¹ MARIJUANA	0 = No 1 = Yes	86.1% 13.9	79.3% 20.7
		DummyVS0067_V2. ¹ PRESCRIPTION DRUGS ILLEGALLY OBTAINED WITHOUT A PRESCRIPTION	0 = No 1 = Yes	92.8% 7.2	86.8% 13.2
		DummySCS209_V2. ¹ OTHER ILLEGAL DRUGS, SUCH AS COCAINE, UPPERS, OR HEROIN	0 = No 1 = Yes	95.1% 4.9	92.0% 8.0
	Personal Experiences	DummySCS210_V2.DURING THIS SCHOOL YEAR, DID YOU SEE ANOTHER STUDENT WAS UNDER THE INFLUENCE OF ILLEGAL DRUGS OR ALCOHOL WHILE THEY WERE AT SCHOOL?	0 = No 1 = Yes	90.5% 9.5	84.5% 15.5
		Index of Drugs/Alcohol Culture	Mean (SD) Range	.711 (.451) 0-5	1.11 (1.43) 0-5

¹The Availability of Drugs/Alcohol at School

² Index of School Drug Culture= DummyVS0058 + DummyVS0059 + DummyVS0067 + DummySCS209 + DummySCS210; correlations among these indicators ranged from .409*** to .700***

Table C.1.E Safety Measures
National Crime Victimization Survey: School Crime Supplement, 2015

Concept	Dimension	Indicators	Values and Responses	Statistics	
				Ages: 12-15 (n=5415)	Ages: 16-18 (n=3957)
Safety Measures	Supervision	DummyVS0036. ¹ SECURITY GUARDS OR ASSIGNED POLICE OFFICERS	0 = No 1 = Yes	64% 34.0	66.3 33.7
		DummyVS0037. ¹ STAFF OR OTHER ADULTS SUPERVISING	0 = No 1 = Yes	50.9% 49.1	60.3% 39.7
	Use of Technology	DummyVS0038. ¹ METAL DETECTORS, INCLUDING WANDS?	0 = No 1 = Yes	94.4% 5.6	93.9% 6.1
		DummyVS0039. ¹ LOCKED ENTRANCE OR EXIT DOORS DURING THE DAY?	0 = No 1 = Yes	56.6% 43.4	65.8% 34.2
	Checks & Searches	DummyVS0040. ¹ A REQUIREMENT THAT VISITORS SIGN IN?	0 = No 1 = Yes	50.4% 49.6	59.9% 40.1
		DummyVS0041. ¹ LOCKER CHECKS?	0 = No 1 = Yes	75.0% 25.0	77.0% 23.0
	School Policy	DummyVS0042. ¹ A REQUIREMENT THAT STUDENTS EAR BADGES OR ID	0 = No 1 = Yes	88.3% 11.7	88.4% 11.6
		DummyVS0043. ¹ ONE OR MORE SECURITY CAMERAS TO MONITOR THE SCHOOL GROUNDS?	0 = No 1 = Yes	55.9% 44.1	62.0% 38.0
		DummyVS0044. ¹ TAKE A CODE OF STUDENT CONDUCT?	0 = No 1 = Yes	47.7% 52.3	57.5% 42.5
		DummyVS0045. IF YOU HEAR ABOUT A THEAT TO SCHOOL OR STUDENT SAFETY DO YOU HAVE A WAY TO REPORT IT TO SOMEONE IN AUTHORITY...	0 = No 1 = Yes	60.1% 39.9	65.5 34.5
		DummyVS0088.WAS A TEACHER OR SOME OTHER DAULT AT SCHOOL NOTIFIED ABOUT THIS BULLYING?	0 = No 1 = Yes	95.5% 4.5	98.2 1.8
		DummyVS0050.WOULD YOU AGREE: THE PUNISHMENT FOR BREAKING SCHOOL RULES IS THE SAME NO MATTER WHO YOU ARE	0 = Did not answer 1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree	45.4% 0.8 4.6 31.5 17.7	56.3% 0.9 5.9 25.0 11.9

DummyVS0051.WOULD YOU AGREE: THE SCHOOL RULES ARE STRICTLY ENFORCED	0 = Did not answer 1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree	45.3% 0.4 5.2 34.0 15.0	56.2% 0.4 5.3 28.2 9.9
Index of School Safety Measures	Mean (SD) Range	7.10 6.60 0-18	5.75 6.62 0-18

¹ Does your school take any measures to make sure students are safe?

² Index of Safety Measures = DummyVS0036 + DummyVS0037 + DummyVS0038 + DummyVS0039 + DummyVS0040 + DummyVS0041 + DummyVS0042 + DummyVS0043 + DummyVS0044 + DummyVS0045 + DummyVS0088 + DummyVS0050 + DummyVS0051; correlations among these indicators ranged from .055*** to .953***

Table C.1.F College Aspirations
National Crime Victimization Survey: School Crime Supplement, 2015

Concept	Indicators	Values and Responses	Statistics	
			Ages: 12-15 (n=5415)	Ages: 16-18 (n=3857)
College Aspirations	DummyVS0139. THINKING ABOUT THE FUTURE, DO YOU THINK YOU WILL: ATTEND SCHOOL AFTER HIGH SCHOOL, SUCH AS A COLLEGE OR TECHNICAL SCHOOL	0 = No 1 = Yes	52.0% 48.0	60.9% 39.1
	DummyVS0140. THINKING ABOUT THE FUTURE, DO YOU THINK YOU WILL: GRADUATE FROM A 4-YEAR COLLEGE?	0 = No 1 = Yes	56.5 43.5	66.4 33.6
	Index of College Aspirations	Mean (SD) Range	.915 (.970) 0-2	.727 (.931) 0-2

¹ Index of College Aspirations = DummyVS0139 + DummyVS0140; correlations among these indicators ranged from .894*** to .894***

Appendix D.
Table 2. Bivariate Analysis

Ages 12-15 (n=5415- 2976)									
Ages 16-18 (n= 3957- 2976)	A	B	C	D	E	F	G	H	I
A. School Bullying¹	1.0	.50***	.54***	.34***	.44***	.34***	-.003	.02	.02
B. Crime Associated Fear²	.57***	1.0	.38***	.82***	.83***	.73***	-.011	.015	-.007
C. School Drug Culture³	.67***	.55***	1.0	.33***	.42***	.34***	-.008	.004	.006
D. Neighborhood Crime⁴	.47***	.87***	.52***	1.0	.908***	.84***	-.019	.009	.06***
E. Safety Measures⁵	.54***	.89***	.59***	.93***	1.0	.83***	-.001	.01	-.03
F. College Aspirations⁶	.46***	.80***	.52***	.87***	.86***	1.0	.011	.050***	.14***
G. Race⁷	-.02	.03	-.04*	.02	.04**	.031	1.0	.009	.022
H. Sex⁸	.04	.01	.01	-.01	-.004	.03	-.01	1.0	.005
I. Academic Involvement⁹	.07**	-.01	.08***	.12***	-.02	.21***	-.001	.084***	1.0

¹ School Bullying= DummySCS192 + DummySCS193 + DummySCS194 + DummySCS195 + DummySCS191 + DummySCS190 + DummySCS196 + DummySCS197 + DummySCS198 + DummySCS199 + DummyVS0081 + DummyVS0082 + DummyVS0083 + DummyVS0087 + DummyVS0085 + DummyVS0086 + DummySCS211 + DummySCS200 + DummySCS201 + DummySCS202 + DummySCS203 + DummySCS204 + DummySCS205 + DummySCS206 + DummyVS0073 + DummyVS0074 + DummyVS0075 + DummyVS0076 + DummyVS0077 + DummyVS0078 + DummyVS0079 + DummyVS0071 + DummyVS0127 + DummyVS0128 + DummyVS0129 + DummyVS0130 + DummyVS0132 + DummyVS0134.

² Crime-Associated Fear= DummyVS0113 + DummyVS0114 + DummyVS0115 + DummyVS0116 + DummyVS0117 + DummyVS0118 + DummyVS0119 + DummyVS0120 + DummySCS208 + DummyVS0121 + DummyVS0122 + DummyVS0123 + DummyVS0136 + DummyVS0124 + DummyVS0125 + DummyVS0126 + DummySCS189.

³ School Drug Culture= DummyVS0058 + DummyVS0059 + DummyVS0067 + DummySCS209 + DummySCS210.

⁴ Neighborhood Crime= DummySCS212_V2 + DummySCS213_V3.

⁵ Safety Measures= DummyVS0036 + DummyVS0037 + DummyVS0038 + DummyVS0039 + DummyVS0040 + DummyVS0041 + DummyVS0042 + DummyVS0043 + DummyVS0044 + DummyVS0045 + DummyVS0088 + DummyVS0050 + DummyVS0051.

⁶ College Aspirations= DummyVS0139 + DummyVS0140.

⁷ Race: 1 = Minority Race, 0 = White, Non-Hispanic

⁸ Sex: 1 = Female, 0 = Male

⁹ Academic Involvement: ModifiedVS0013+ModifiedVS0032

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Effectiveness of Institutions

Community Trust in Their Local Police Force: The Gendered Impacts of Police Militarization and Community-Police Relationships

By
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ABSTRACT. While the ideal model of policing includes community collaboration to define and provide safety, the reality of the relationship is strained due to the distinct divide in community-police social boundaries. The gendered impacts of police militarization, community-police familiarity, and race heterogamy on community trust in the local police force were assessed, using a sequential mixed methods approach. The 2011 national “Police-Public Contact Survey” data were supplemented with a content analysis of journalistic writings and interviews with community organizers. Together, the findings partially supported Strain and Social Boundaries theories. Irrespective of gender social boundaries, militarization led to higher levels of mistrust in the police. While drivers did not trust militarized police, pedestrian mistrust included other factors that illustrated gendered differences. Direct police interactions largely shaped female pedestrian mistrust. In contrast, male pedestrian mistrust stemmed from their community social standing, based on their racial identity, income, and age. Unlike the scholars who used a legal framework, this research contributed to existing literature on police-community relationships by focusing on the people directly impacted under a sociological lens. Additional examinations of police perspectives on community relations are warranted.

INTRODUCTION

When a white supremacist group received permits from the local police to march, I participated in a community event with other residents in the neighborhood to resist hate. Dressed in black clothing and covered faces, the community promoted alternative services to local policing and shouted in front of the city capital: “End police brutality.” “Police get away with murder.” “Cops and Klan go hand-in-hand.” How did we get to the point where neighborhoods align the local police with the Ku Klux Klan?

Ideally, we understand that a local police officer’s role is to serve the community as beacons of safety, and a community’s sense of safety manifests itself as trust between the people and the police. But, in reality, police officers, as members of the criminal justice system, can inflict severe and lethal violence onto a community, including unwarranted deaths. For instance, a county Board of Supervisors in California invested

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“\$5.5 million in federal emergency preparedness funding for Urban Shield, the multiday event that includes tactical exercises for SWAT² teams, bomb squads and emergency workers” (Taylor 2017). While Urban Shield trains local police officers in emergency preparedness, it is better known for militarizing them against terrorist attacks, rather than implementing crime prevention and teaching de-escalation skills. In addition, over half of the national police killings have been either Black or Latino people, indicating a racialized pattern to police violence (Ghandnoosh 2015). These challenging events have given rise to activist groups, like Stop Urban Shield, #SayHerName, and #BlackLivesMatter. In the context of local community policing and the reality of police violence, it is important to question the extent to which the police are responsible for the shifting attitudes in community safety. At the same time, in what ways do communities purposefully distance themselves away from the police? And, how are efforts for more police surveillance in a community justified?

Before exploring some answers to these questions, a brief note about the author is warranted. My personal journey is linked with efforts to end mass incarceration because of my personal relationships and my participation in events similar to the one described above. While my views are more aligned with those of community activists, understanding current community-police relationships is imperative to design evidence based improvements to community safety practices; the ultimate goal is to have someone, a group of people, or organizations that a community can trust to settle civil disputes and function during emergencies, whether or not it be the local police officers. An analysis of current community relations with policing and police officers, even if at the national level, will inform local police departments how to better establish and foster trust with community members. Moreover, both researchers and community organizers can also benefit from the national perspective on community-police relations as they develop policy proposals and safety alternatives to the current policing structure.

LITERATURE REVIEW

Scholars, whose current work on policing and community-police relationship was reviewed for this paper, predominately focused on race relations, gendered policing, and other social and structural barriers that exist between community members and local police officers. These researchers focused heavily on the police academy, the local police departments, and their culture to uncover operational dynamics that may have instigated the unwarranted force and violence in policing.

Structure of the Police Force

Historically, the police force in the U.S. was built on the distinction between the military and civilian law enforcement so that the latter could maintain good relations with the community. Under the Posse Comitatus Act (PCA), the local police are fined if they use the Army or the Air Force to enforce the domestic law without the authorization of the

² SWAT stands for Special Weapons and Tactics.

Constitution or Act of Congress (Gamal 2016:983). While there is a formal legal declaration in the separation of local and military enforcement, Congress support to maintain power over Black bodies through military force can be found throughout American history from the Reconstruction and Civil Rights Eras to today's #BlackLivesMatter movement (2016). Since 9/11, however, the police, as an institution, have taken drastic organizational shifts that further blur the lines between military and civilian law enforcement, as demonstrated by Mastrofski and Willis (2010). Through qualitative interviews, observations, and secondary research of different U.S. local police departments, the researchers found that the police have acquired the legal and technical sources of power and legitimacy to justify these military tactics.

With the change in the police infrastructure, two types of community safety institutions, which are independent of the government, have emerged and now shape the structure of American local policing. The first type falls under police professional associations, which are corporations that have privatized and commercialized policing. The other is a grassroots-based movement that has encouraged more community integration and either smoother relations with local police officers or independence from existing police forces. These organizations have a growing influence in defining and promoting the “best practices” for the local police. Consequently, two “reform” movements in policing arose from these two re-institutional trends – terrorist-oriented policing and community policing. Terrorist-oriented policing refers to the national police response to the recent domestic terrorist incidences that now encourage local officers, in police trainings, “to acquire and use special technologies to combat terrorism, to acquire special training in the use of these technologies and intelligence gathering, and to increase security and surveillance efforts” (Mastrofski and Willis 2010:121). In contrast, community policing advocates for “departments to deformatize, reduce hierarchy, decentralize, and functionally despecialize, while increasing geographic specialization” (p.12). Under the community policing model, strengthening neighborhood bonds and community partnership to prevent crimes are encouraged. Irrespective of the policing model used, terrorist or community, the media and community surveys have illustrated a divide between the community and its local officers; the intensified bureaucracy in police culture has led to the police isolating itself from the community and defusing tension with new violent techniques (p.73). In other words, more police departments are adopting the terrorist-oriented policing, which has severed community ties.

These shifts, in a police culture that distances officers from the community, can be found in recent court cases and in the rhetoric from the police academy. In 2015, *Milan v. Bolin* helped clarify the Fourth Amendment and its protections, in which a woman sued the local police in Evansville, Indiana. In this case, the local police called for a SWAT raid at the woman's home and arrested her and her daughter; these women, who were suspected to have written anonymous threats against the department, were later found innocent (Harvard Law Review Student Authors 2016:1779). This case interrogated the local police's thoroughness in its investigation and asked whether or not the officers had objective reasonableness to uphold the Fourth Amendment. While the court at first denied qualified immunity for the excessive force, the Judge found the excessive force, which included damages to the home and the use of two ‘flash bang’

grenades, to be unreasonable because of the incomplete investigation and evaluation of the suspects' threat to the local police (p.1781). Such militaristic treatment of the Evansville women was a sharp contrast to the local police's invitation to a former police investigator who actually wrote the threats, to turn himself in for arrest without incident (p.1781). It was concluded that the officers did not have adequate training or community relations to assess and handle the possible threats, even if little to none, from the two women. Administrative policies of the police force and its department size can also further isolate officers from the community. Nowacki (2015) defined policing, on an organizational level, as the relationship between discretionary police practices and lethal force incidents. From a structural perspective, administrative policies were responsible for the police more likely using lethal force on a Black community member than a White one.

Race Relations in Policing

Amidst the growing use of excessive police force, community trust and its connection to racial differences between an officer and a community member, otherwise termed in this paper as race heterogamy, has also become one of the more dominant scholarly narratives. Challenges in community-police relations are nothing new. During the Civil Rights Era, the State responded to many racial uprisings with more police militarization and perpetrated a rhetoric that devalued minority communities, specifically the Black community (Gamal 2016:989). Ever since, when there is a police incident of excessive force, the race of the police officer and that of the community member in question are interrogated (Jetelina et al. 2017). Granted, in a cross-sectional study of 5630 use-of-force reports from the Dallas Police Department in 2014 and 2015, there was no clear evidence to indicate that the community member's race influenced the officer's confrontation. The supporting evidence for these findings, however, may be incomplete, as it was the result of an internal police department study based on officer self-reports.

The interpersonal relationship between a community member and the local police during a police stop can also reveal the subtle, subconscious interplay of their racial, gendered, and other identities. More recently, social physiologists studied the relationship of the Oakland Police Department with the local community (Hetey et al. 2016). While White police officers were more likely to stop a Black person than one of any other racial group, an officer, who did not know the community well or was commissioned recently by the city, was even more likely to use force against a community member. That is, both the officer's familiarity and experience with the community influenced how they categorize and label people in their community. The junior officer's limited experience in the community can lend itself to confrontations, while on duty, based on inaccurate assumptions of the community.

Gender and Policing

A largely overlooked social dimension that can subconsciously influence an officer's action is a person's gender identity. It is true that police brutality and harassment often target Black men. However, women of color, specifically Black women, experience a different kind of abuse from police officers that should also be considered. According to Brunson and Miller, while previous research has focused on gender identities other than men, there is a need to investigate gendered treatment further, because "there is strong evidence that African American women and girls receive more punitive treatment within the justice system than their white counterparts" (2006:533). Through qualitative interviews, they found not only that the police tended to be less responsive to poorer neighborhoods in general but also that the young women, especially Black women, from these communities were more likely "to face juvenile justice interventions for minor offenses" (pp. 535-36). Such a racialized and gendered policing trend is largely linked to slavery and the portrayal of the Black woman. In the criminal legal system, the concept of "true womanhood" socially validates only women who are pure victims of the crime (Battle 2016). Pure victimhood refers to women enduring the violence and feeling helpless in the situation. At the same time, "true womanhood" exclusively centers on White women, as the color of her skin is also a determinant of the label (p.113). Ironically, many women of color, specifically in domestic violence cases, identify their motives as self-defense and themselves as the victims (Leisenring 2008:460). However, because of the constructed social perception of their skin color, the criminal legal system can seldom contextualize these women in the true womanhood narrative, even if they committed some form of violence to defend themselves.

Gender considerations are not isolated to community members. Traditional policing, as an institution, promotes strength, authority, and power, has been stereotypically known to be hyper-masculine. Paradoxically, officers when engaged in context of community policing, are expected to foster relationships with their assigned community and to be a trusting mediator in civil disputes; both qualities are typically understood to be more feminine characteristics. In fact, there is evidence that female police officers have the potential to "make a major contribution to improving security and prosperity" (Prenzler and Sinclair 2013:117) in communities. Furthermore, female officers were effective resources for women involved in criminal cases, as departments with a relatively balanced gender distribution had fewer complaints and reports of misconduct. However, women, as well as people with other marginalized identities, remain highly unrepresented in the police force (Workman-Stark 2015). On the one hand, a department can distinguish itself interdepartmentally with their healthy representation of gender and other marginalized identities, as it is likely to create a more cooperative relationship with its community. On the other hand, there can be clash of values within a department, as policing continues to draw on images of hegemonic masculinity to define itself, leaving unresolved tension from the gendered paradox of an officer's role.

Immigration and Policing

In addition to racial and gender identities, immigration and immigration status work simultaneously to help shape the relationship between the community and police. More recently, scholars of immigration-related criminalization have coined the term, “crimmigration” (Rosenbloom 2016:149); it refers to the collaborative efforts between immigration and local police enforcement, even though immigration falls under the purview of the federal government while the local police are under their city jurisdiction. Crimmigration is played out in policies like Arizona’s “show me your papers” law that encourages collaborations between the local police and immigration authorities. The intense surveillance by the local police and increased deportation by immigration enforcement demonstrate a shift in how the two departments interact. Crimmigration is not necessarily a recent partnership; in the 1950’s, police and immigration enforcement worked together in *Rosenberg v. Fleuti* to convict George Fleuti for engaging in sex with another man in public under the punishment of deportation, even though he was a permanent resident in the U.S. (2016:154). While the court ruled in favor of Fleuti to return to the U.S., more recently immigrants have encountered deportation threats from both the local police and immigration enforcement because “the deportation system has come to depend on the existence of an expansive criminal justice system” (2016:150). As the local police exempt Black communities from the Posse Comitatus Act and blur the lines between military and local enforcement, they also operate outside of their jurisdiction and play a role in immigration and deportation.

Additionally, immigration and deportation are laced with racism and sexism, as local policing can play on nativist priorities and fears. A national telephone public opinion survey was evaluated by Justin T. Pickett to determine whether the possible economic and political threats posed by Latinx³ communities are connected to the support for expanding police’s role in immigration enforcement. While there was public support for the local police to operate as immigration enforcement, the comments around the wave of immigrants and gender identities revealed that the public’s fear stemmed from perceived threats. Rhetoric about possible threats posed by immigrants often depicted the loosening of the rigid gender roles, both in its gendered and racial expectations. Community members often adopted these negative attitudes without any experience or interaction with the immigrant community (Pickett 2016:125). Furthermore, deportation continues to be politically attractive and have strong public support because it is seen as “a solution” to immigration, when defined as a problem based on perceived threats.

Opinions about the police among immigrants were largely shaped by the media exposure of police misconduct and by their neighborhood’s relationship with the police. That is, if immigrants lived in neighborhoods with strong collective efficacy and low crime rates, they had more positive views of their local police (Wu et. al 2011:768). Among Asian immigrants, their birth location also influenced opinions of the police. For instance, Chinese immigrants were more likely to be dissatisfied with the police’s effectiveness and demeanor than American-born Asians. In short, as police officers

³ Latinx, a gender neutral term, means relating to Latin American countries, culture, or people of origin or descent.

inflict violence onto a community based on their immigrant identity, immigration status can shape trust in the local police.

Community Organization and Trust in Police

While not many scholars have focused on recent community activism around racial justice, events in Oakland, California provide a historical and temporal context to the current movement, like #BlackLivesMatter, to confront police violence in communities. Oden (1999) reviewed three case studies of Oakland between 1966 and 1996 to illustrate growth in community organization in the face of police confrontations: the political history of urban regimes, the downtown development, and the relationship between the Port of Oakland and the City of Oakland. During these three decades, the city experienced a political shift from a White, Republican-led urban regime to a Black-led urban regime dominated by liberal Democrats. For instance, in the 1960's the city government, best described as rule by "white businessmen" (p.48), focused on Oakland's economic growth rather than the concerns of 40% of the population, namely the Black and poor residents in the Port of Oakland. In response to the city's priorities, grassroots organizations, such as the Black Panther Party for Self Defense, resisted race and class discrimination. The Black Panther Party instituted survival programs that provided community services, such as health services, after-school tutoring, and a food bank. However, the Black Panther Party also confronted the police with violence "because of the perceived and actual record of harassment and brutality of Black people in Oakland" (p.51). Despite being almost defunct, scholars and community organizers, in the past and present, refer to the Black Panther Party as an important group to study when organizing communities.

Today, Oakland faces similar threats in the new manifestations of violence against the community through gentrification and broken windows policing. Like the city leaders in the 1960's, leaders in the general Bay Area have to deal with a housing shortage. Major housing developments are pushing long-time resident members out so that the city can profit more from real estate than it had before. The in-migration of people who can afford the gentrified housing market and are deemed acceptable to the landlord have reshaped the Oakland community's identity. To support the new gentrified community identity, the police now label people who belong to the community differently and practice a "broken windows model" policing; the police attempt to prevent major crimes by policing smaller violations and misdemeanors with large consequences. In following this model, local police departments have become an "overfunded segment of the state" that "dominates, assaults, and helps reinforce the eradication of" those deemed deviant in a community (Camp and Heatherton 2016:3). In other words, people of color and poor communities have become the target of gentrification and broken windows policing. Movements, like #BlackLivesMatter, have developed to organize and support the local communities of color to address police brutality. These new community movements have not only created a support system for Black people but also renewed awareness of the drastic police mistreatment and violence in their communities.

Because these movements are rather new, their effectiveness in uncovering the police's unjust actions and shifting the national opinions on local police remain open questions.

Summary and Suggestions for Future Explorations

While there is ample evidence to demonstrate that, when seen from within a legal framework race and gender stereotypes inform police confrontations, further research is needed to study police-community relationships from the perspective of those directly impacted. Among other issues, focus on the attitudes and behaviors of community members directly impacted by the police would be productive because it will amplify the voices of those who have valuable insights on the subject. In addition, there is an assumption in the literature reviewed above that community-police trust is a consequence of racial and gendered profiling and disparate use of force. Scholars also willingly participate in the narrative that the community does not trust the police because of the multiple racialized incidents in the media. If these assumptions of community mistrust prove to be false, suggestions for productive change in the police force and in community-police relations would be less effective in addressing issues important to communities.

RESEARCH QUESTION

Community mistrust in police seems to be the foundation of the current scholarly narratives about community-police relationships. Many studies have assumed that the police isolate themselves and have poor community relations because of growing militarization. An attempt was made in this study to examine the validity of these assumed narratives by shifting the discussion to the voices of the community members and expanding the experiences to include women. To pursue a more comprehensive understanding of the tensions, with its gendered and racial dimensions, between a community and the police, the following question was posed: What are the gendered impacts of police militarization, community-police familiarity, and race heterogamy on community trust in police protection?

THEORY AND HYPOTHESES

A holistic understanding of community-police relations, with their gendered and racial dimensions, is best available through an interpersonal lens that can reveal the strains in relationships across multiple social boundaries of race, gender, and social class. On the police side, Agnew's Strain Theory was useful to understand the sudden shift in policing tactics to enforce laws and provide safety, from the collaboration with the community to militarization (1985). As for the community members, Lamont and Molnár's overview of Social Boundaries and Bourdieu's Social Capital were used to explain the fractures in the community-police relationship (2002).

Police Militarization, Community Familiarity, and Strain Theory

One ideal model of local policing is Sir Robert Peel's London Metropolitan Police; the goal is to make "a clear distinction between the police and the military. While the military's mission is predicated on the use of force, Peel's principles of policing emphasized crime prevention, public approval, willing cooperation of the public, and a minimal use of physical force" (Bickel 2013). This original concept for community policing is a stark contrast to the reality of modern policing. Today, officers are seen using more weapons, defense gear, and excessive force because of their difficulties realizing Peel's model of local policing that requires a relationship with the community. These shifts to police militarization tactics, as per the Strain Theory, occur "when individuals are unable to achieve their goals through legitimate channels. In such cases, individuals may turn to illegitimate channels of goal achievement or strike out at the source of their frustration in anger" (Agnew 1985:151). That is, police militarization is an illegitimate strategy used to fulfill Peel's principles of serving the community by building relationships and trust. Following this theoretical reasoning, it was predicted that police militarization and reduced community-police familiarity will create more community mistrust in police protection, net of race heterogamy in police-public interactions, age, community population size, income, and the location of the stop.

Social Boundaries and Social Capital: Gender, Race, and Community

Another lens to analyze strains in police-community relations, in addition to the militarization as a product of strain angle, is to interrogate the sources of strain. For example, interactions between police and community members of different bounded identities, hierarchical statuses, and their associated social capital (Bourdieu 1986) can become sources of strain. The first clear social boundary distinction is the hierarchy and expectations within policing, in which the officer is deemed more knowledgeable, than a community member, in defining safety. When gender and racial identities are added to the mix, the interactions across these social boundaries, along with their social capital, can either further strengthen or challenge the trust between a community and the police.

Two interpretations of Social Boundaries paradigms are illustrative in current community-police relationships. Growing numbers of community organizations and activists are attempting to fulfill Peel's vision of the local police, one that constantly collaborates with the community to define safety. Although there are many programs, like *Sheriff and Coffee*, where these conversations happen (Interviewee #1, a Police Officer, 2017 and Interviewee #2, a Community Activist, 2017), strained relationships result from the "interface between dominant and dominated groups in the production of symbolic and social boundaries" through the credentialing system (Lamont and Molnár, 2002:178). That is, because community members have not been formally trained at the police academy or served as an officer, their input to improve policing is often seen as less valid than that of the police.

Secondly, gender and racial differences shape a community's relationship with the local police. The challenging circumstances of these different identity groups, along with their historical legacy of oppression, can "marginalize other groups and block their access to resources" (2002:176). Additionally, according to the police officer interviewed for this paper (Interviewee #1, 2017), policing often relies on discerning "transients" and suspicious behaviors in the local community. As Bourdieu posited in his Social Capital framework, people's identities and behaviors come with or without social capital that assumes "membership in a group which presupposes and produces mutual knowledge and recognition" of members, such as a community resident or outsider (Bourdieu 1986:9). Marginalized identity association patterns in policing were evident in the literature reviewed above; an officer was more likely to use physical violence against men than women and more likely to stop people of a darker skin tone than those with lighter skin. Following the Social Boundaries and Social Capital theoretical framework, it was predicted that race heterogamy and gender difference between police and community will create more community mistrust in police protection, after controlling for militarization, age, community population size, income, and the location of the stop.

METHODOLOGY

A sequential mixed methods approach was used to assess the effects of the local police enforcement and its relationship with community on community member's trust and sense of safety. The secondary source used was the "Police-Public Contact Survey" (United States Department of Justice 2011). Results from the survey analyses were elaborated on with a content analysis of current journalistic writings about community-police relations and qualitative interviews with both a local police officer and grassroots organizers from the West Coast.

Secondary Survey Data

The secondary survey data source, the "Police-Public Contact Survey"⁴, is a cross-sectional interview survey conducted by the United States Department of Justice (DoJ) and the Office of Justice Programs, Bureau of Justice Statistics in 2008 and 2011. As a supplement to the National Crime Victimization Survey (NCVS), interviews were conducted every three years through computer-assisted telephone interviews, face-to-face interviews, or telephone interviews from July to December of a given year. Community members were asked about the nature and characteristics of their face-to-face contacts with the local police, including the reason for and outcome of the contact, during the past 12 months from the time of the interview.

The survey was organized into two different scenarios: Police Pedestrian Stop and Police Traffic Stop. A police pedestrian stop, or a street stop, refers to the police stopping a community member as a pedestrian while walking in public space. A police

⁴ The original collector of the data, or ICPSR, or the relevant funding agencies bear no responsibility for the use of the data or for the interpretations or inferences based on such uses.

traffic stop describes an officer stopping a community member while driving a car. With direct confrontations between an officer and a community member, police pedestrian stop and traffic stop offer unique opportunities to illuminate community-police relations because these stops often catalyze stress, anxiety, and tensions between community members and the police. A nationally representative sample of 62,280 United States residents were chosen through a multistage cluster sample of households to participate in the 2011 survey. They were 16 years or older at the time of the interview.

Given the study's focus on the direct interactions between the community and the police, the available number of people from the Police-Public Contact survey who had experienced a police stop was extremely small; around 200 cases in total. To allow for a robust statistical testing, the sample size was weighted to reflect the nationwide population. In addition, to highlight the gendered effects of policing, the sample was divided between the gender identities⁵ of the community members – female and male. The average female community member was 46 years old and had an income of less than \$20,000. The average male community member was slightly younger, at 44 years old, and reported more income (\$50,000 or more) than women. Both male and female pedestrians were stopped by the police in their community of less than 100,000 people or were displaced at the time of the survey. Meanwhile, male drivers were stopped in a different city or town than where they lived (Appendix A, Table A.1).

Another distinct contributor to community-police relationships, particularly trust, is race heterogamy, or the racial differences between a police officer and a community member. A White officer, for instance, holds the legacy of violence against Black and Brown people due to, but not limited to, colonization, slavery, and immigration. If there is already mistrust derived from this historical context, then past and current acts of police brutality against people of color can exacerbate the already low levels of trust in the local police. Interviewees #2 (the Community Activist), #3 (Detention Coordinator and Research Organizer), and #4 (Volunteer Community Organizer) concurred with this racialized tensions in policing: Police officers target Black and Brown bodies (Interviewee #2 2017). That is, race relations, in a presumed post-racial country, complicate a typical community-police interaction.

In the case of the community members from the “Police-Public Contact Survey”, most police stops occurred between a White officer and a White community member, irrespective of whether it was a woman (66.3% to 76.9%) or a man (69.2% to 70.46). A White officer stopping a non-White female (3.0% to 6.2%) or a male community member⁶ was seldom (Refer to Appendix A, Table A.2).

⁵ Gender identities of community members were determined by their responses to the SEX indicator. While sex identity is based on the biological assignment at birth and gender identity is based on where someone aligns on the spectrum between masculinity and femininity, I will refer to these differences as gendered for ease of reading. More exploration in the importance of distinguishing and representing more identities can be found under Limitations.

⁶ Non-white in the context of the survey refers to the following racial and ethnic identities: Black, American Indian, Alaskan Native, Asian, Hawaiian/Pacific Islander, White-Black, White-Americana Indian, White-Asian, White-Hawaiian, Black-American Indian, Black-Asian, Black Hawaiian/Pacific Islander, American Indian-Asian, Asian-Hawaiian/Pacific Islander, White-Black-American, Indian, White-Black-Asian, White-American Indian-Asian, White-Asian-Hawaiian, 2 or 3 races, and 4 or 5 races.

Qualitative Methodology

As part of the sequential mixed methods design, statistical analyses of the Department of Justice survey were supplemented with four qualitative interviews and a content analysis of four journalistic articles about policing. Interviews were either in person or over the phone and lasted around an hour long. The interviewees represented the two sides of this conversation – a police officer and community organizers. The first interviewee (Interviewee #1) is a police officer who has been commissioned for almost five years in a community whose population is roughly under 100,000 people. In addition to the interview, I also had the opportunity to participate in a ride along program with this officer. The second interviewee (Interviewee #2) is a grassroots organizer dedicated to demilitarizing the police. She serves as an advocate in a countywide organization and as a legislative member in a nationwide organization. Both organizations work to end mass incarceration and police militarization and to promote community power and prosperity. The third interviewee (Interviewee #3) is a Detention Coordinator and Regional Organizer for an organization that advocates for women who have been incarcerated. These three interviewees were women of color and between late 20's and 30's⁷. Unlike Interviewee #2 and #3 who are paid community organizers, Interviewee #4 is a volunteer for a national grassroots organization that works to build a mass movement to dismantle the prison-industrial complex. The consent form and interview protocol are available in Appendix B.

Current events reviewed for this research included four journalistic writings, two of which were from the perspective of community organizers, and the other two by current or former police officers. In these articles from the past four years, the authors outlined their understanding of current community-police relations in the contexts of Trump's presidency, police militarization, and racial profiling. Anecdotes from the interviews and content analyses have been provided throughout my analyses and conclusions to contextualize, illustrate, and update the story about community-police relations that emerged from the 2011 secondary survey.

DATA ANALYSES: SURVEY AND QUALITATIVE INSIGHTS

Three levels of analyses were used to examine community-police relations. The descriptive analyses organized and contextualized the experiences of community members with their local police. In the bivariate analysis, connections among community members' attitudes about police militarization and community-police familiarity, and race heterogamy experiences offered a preliminary glimpse into the role of relationships and interactions with the local police in trust levels in community safety. In the third and final level, multivariate regression analyses were used to identify the net gendered impact of police militarization, community-police familiarity, and race heterogamy on community trust in local police protection. A comparative analysis was

⁷ All demographic descriptions throughout this research paper are based on my own interpretations and were not verified with the people described.

also conducted to examine whether these experiences differed when a community member was stopped by a police officer as a pedestrian or as a driver and whether the member was a woman or man.

Operationalization and Descriptive Analysis

A profile of the community members surveyed in the Police-Public Contact Survey, about their opinions on local police protection, militarization, familiarity, and race heterogamy in community-police interactions, were presented in Tables 1.A through 1.C. Overall, while both community members and local police officers were typically White, relationships were not very strong. Community members reported little familiarity with their local police departments and low levels of trust in the local police department. There was also a higher likelihood of police using force or weapons when they stopped a pedestrian rather than a driver.

Community Trust of Police Protection

The community's responses towards the local police captured in Table 1.A indicated the following: Community members, irrespective of whether they were male or female or whether they were pedestrians or drivers, reported a low trust level in their local police officers. For instance, on a trust index that ranged from 0 to 6 for pedestrians, the average score was 2.8 for females and 2.9 for males. Likewise, male and female drivers indicated mistrust with an average score of 2.9 (on an index range of 0 to 5).

Specific opinions of community members illustrated the low trust levels in the local police. When a police officer stopped a community member on the street, male pedestrians who believed that the officer did not have a legitimate reason for the stop (37.5%) were more likely to think that the officer was not fair ($r = 0.67^{***}$) or that the interaction exceeded an appropriate amount of time ($r = 0.53^{***}$). Similar patterns were also found among female pedestrians who found the stop to have an illegitimate reason (32.1%). In both cases, the majority of male and female pedestrians deemed the officer's actions to be unnecessary (90.2% and 75.5%, respectively).

Drivers displayed similar, even if not as pronounced, mistrust in the police. When male drivers thought the stop lasted for an inappropriate amount of time (22.6%), they were more likely to believe that the stop was illegitimate ($r = 0.37^{***}$), or that the officer's actions were unnecessary ($r = 0.38^{***}$) or excessive in force ($r = 0.40^{***}$). Male drivers who thought the stop was unwarranted (17.7%) also thought that the officer's actions were unnecessary ($r = 0.39^{***}$). Similarly, female drivers who perceived the officer's actions as excessive in force (35.4%), were more likely to think the officer's actions were unnecessary ($r = 0.36^{***}$) or that the stop was unnecessarily long ($r = 0.47^{***}$).

Table 1.A. Community Trust in Police Protection
United States Department of Justice, 2011 – Police-Public Contact Survey

Concepts	Dimensions	Indicators	Values and Responses	Statistics			
				Pedestrian		Traffic	
				Female	Male	Female	Male
Community Trust in Police Protection	Opinions (At time of Survey)	V118 ¹ . You don't trust the police?	0. Yes 1. No (n)	18.0% 82.0 (229793)	22.2% 77.8 (376052)	--- --- (---)	--- --- (---)
		V66/248 ² . Was stop legitimate?	0. No 1. Yes (n)	32.1% 67.9 (465780)	37.5% 62.5 (962921)	15.1% 84.9 (11365587)	17.7% 82.3 (14061104)
		V162/304 ³ . Do you feel that these actions were necessary?	0. No 1. Yes (n)	75.5% 24.5 (128713)	90.2% 9.8 (284498)	78.6% 21.4 (528470)	76.7% 23.3 (991458)
		V100. The officer was fair?	0. No 1. Yes (n)	40.1% 59.9 (239075)	39.9% 60.1 (376052)	--- --- (---)	--- --- (---)
	Actions During Stop	V305 ⁴ . Force used or force threatened was excessive?	0. Yes 1. No (n)	--- --- (---)	--- --- (---)	35.4% 64.6 (557709)	33.5% 66.5 (1025698)
		V84/209 ⁵ . Stop was an appropriate amount of time?	0. No 1. Yes (n)	28.6% 71.4 (454416)	22.6% 77.4 (876835)	11.4% 88.6 (11392188)	12.4% 87.6 (13986325)
		V164/V306 ⁶ . Did you disobey or interfere with the officer(s)?	0. Yes 1. No (n)	1.8% 98.2 (465780)	2.6% 97.4 (942192)	0.3% 99.7 (11713475)	0.3% 99.7 (14617129)
		Index of Community Trust in Police Protection ^{7,8}	Mean \bar{x} (s) Min-Max (n)	2.8 (1.6) 0 to 6 (119384)	2.9 (1.5) 0 to 6 (175553)	2.9 (1.4) 0 to 5 (491758)	2.9 (1.4) 0 to 5 (880544)

¹ V118 is recoded into a Dummy Interval for Pedestrian Stop; Dummy_V118;

² V66/248 are recoded into Dummy Intervals; for Pedestrian Stop, DummyPedestrian_V66; for Traffic Stop, DummyTraffic_V248;

³ V162/V304 are recoded into Dummy Intervals; for Pedestrian Stop, DummyPedestrian_V162_withV118; for Traffic Stop, DummyTraffic_V304;

⁴ V305 is recoded into a Dummy Interval; for Traffic Stop, DummyTraffic_V305;

⁵ V84/209 are recoded into Dummy Intervals; for Pedestrian Stop, DummyPedestrian_V84; for Traffic Stop, DummyTraffic_V209;

⁶ V164/V306 are recoded into Dummy Intervals; for Pedestrian Stop, DummyPedestrian_V164_withV95; for Traffic Stop, DummyTraffic_V306;

⁷ Index of Community Trust in Police Protection_Pedestrian = DummyPedestrian_V66 + DummyPedestrian_V118 + DummyPedestrian_V162_withV118 + DummyPedestrian_V100 + DummyPedestrian_V84 + DummyPedestrian_V164_withV95; for male pedestrians, $r = 0.057^{***}$ to 0.666^{***} ; for female pedestrians, $r = -0.088^{***}$ to 0.681^{***} ($p \leq .001$).

⁸ Index of Community Trust in Police Protection_Traffic = DummyTraffic_V248 + DummyTraffic_V304 + DummyTraffic_V305 + DummyTraffic_V209 + DummyTraffic_V306; for male drivers, $r = 0.00^{***}$ to 0.40^{***} ; for female drivers, $r = -0.01^{**}$ to 0.47^{**} ($p \leq .001$).

Police Militarization

Community trust levels in their local enforcement could be the product of the interactions during a stop (Table 1.B). To capture the different levels of militarization, three types of violent responses were examined: the officer's use of verbal abuse or threats, physical aggression without a weapon, and, in extreme cases, lethal weapons.

Overall, there were clear patterns based on a community member's gender identity that determined whether a police officer implemented a certain level of violence during a stop. At the same time, when considering the type of stop, pedestrians, regardless of gender identity, were more likely to experience all three levels of militarization (\bar{x} = 2.4 for female and 2.9 for male pedestrians on an index range of 0 to 9) than drivers (\bar{x} = 0.0 for female and 0.1 for male drivers on an index range of 0 to 7).

During a pedestrian stop (Table 1.B), community members reported that if the officer verbally threatened them, the use of a weapon was unlikely (r = -0.21^{***} to -0.18^{***}). The nature of force and violence, at the same time, was highly dependent on the gender identity of the pedestrian. When police officers shouted at pedestrians during the stop (13.2% for male pedestrians and 19.8% for female pedestrians), they were also more likely to curse (r = 0.44^{***}) or use physical force (r = 0.46^{***}) with a male pedestrian than a female pedestrian (r = 0.28^{***} and 0.21^{***}, respectively). Similarly, while around half of the pedestrians confirmed use weapons during a stop, a police officer was more likely to use weapons on male (60.8% to 65.9%) than female pedestrians (49.7% to 52.2%).

Cumulative militarization patterns were also gendered based on the different experiences between male and female drivers. When police officers threatened a driver with arrest (0.7% to 2.3%), they were also more likely to use other types of verbal abuse (r = 0.41^{***} to 0.41^{***}) or physical force (r = 0.42^{***} to 0.49^{***}) against a male driver than a female driver (r = 0.11^{***} to 0.31^{***}). In contrast, there was higher likelihood of police officers pointing a gun at a female driver (0.2%) than a male one (0.2%) when they used other types of violence during the traffic stop (for female drivers, r = 0.17^{***} to 0.71^{***} and for male drivers, r = 0.19^{***}).

Table 1.B. Police Militarization
United States Department of Justice, 2011 – Police-Public Contact Survey

Concepts	Dimensions	Indicators	Values and Responses	Statistics			
			(n)	Pedestrian		Traffic	
				Female (465780)	Male (962921)	Female (11709888)	Male (14618079)
Police Militarization	Verbal Assault	V138/279. Did the police... Shout at you?	0. No	80.2%	86.8%	98.6%	97.1%
			1. Yes	19.8	13.2	1.4	2.9
		V140/281. Curse at you?	0. No	95.1%	94.0%	99.9%	12.2%
			1. Yes	4.9	6.0	0.1	0.1
		V146/V287. Threaten to use force?	0. No	95.7%	98.0%	99.8%	99.2%
			1. Yes	4.3	2.0	0.2	0.8
	Use of Force	V142/V283. Threaten to arrest you?	0. No	88.1%	88.1%	99.3%	97.7%
			1. Yes	11.9	11.9	0.7	2.3
		V148/289. Actually push or grab you?	0. No	98.9%	95.4%	99.7%	99.4%
			1. Yes	1.1	4.6	0.3	0.6
	Use of Weapons	V154. Spray you with a chemical or pepper spray?	0. No	50.3%	39.2%	---	---
			1. Yes	49.7	60.8	---	---
		V156. Use an electroshock weapon?	0. No	50.3%	39.2%	---	---
			1. Yes	49.7	60.8	---	---
		V150/291. Handcuff you?	0. No	47.8%	34.1%	99.2%	98.5%
			1. Yes	52.2	65.9	0.8	1.5
		V158/V299. Actually point a gun at you?	0. No	50.3%	39.2%	99.8%	99.8%
			1. Yes	49.7	60.8	0.2	0.2
	Index of Police Militarization ^{9, 10}		Mean \bar{x} (s)	2.4 (1.8)	2.9 (2.9)	0.0 (0.3)	0.1 (0.5)
			Min-Max	0 to 9	0 to 9	0 to 7	0 to 7

¹ V138/279 are recoded into Dummy Intervals; for Pedestrian Stop, NEWDummyPedestrian_V138; for Traffic Stop, DummyTraffic_V279Recoded.

² V146/287 are recoded into Dummy Intervals; for Pedestrian Stop, DummyPedestrian_V146Recoded; for Traffic Stop, DummyTraffic_V287Recoded.

³ V142/283 are recoded into Dummy Intervals; for Pedestrian Stop, DummyPedestrian_V142Recoded; for Traffic Stop, DummyTraffic_V283Recoded.

⁴ V148/289 are recoded into Dummy Intervals; for Pedestrian Stop, NEWDummyPEdestrian_V148; for Traffic Stop, DummyTraffic_V289Recoded.

⁵ V154 is recoded into a Dummy Interval; for Pedestrian Stop, DummyPedestrian_V154_withV116.

⁶ V156 is recoded into a Dummy Interval; for Pedestrian Stop, DummyPedestrian_V156_withV116.

⁷ V150/291 are recoded into Dummy Intervals; for Pedestrian Stop, DummyPedestrian_V150_withV110; for Traffic Stop, DummyTraffic_V291Recoded.

⁸ V158/299 are recoded into Dummy Intervals; for Pedestrian Stop, NEWDummyPedestrian_V158; for Traffic Stop, DummyTraffic_V299Recoded.

⁹ Index of Police Militarization_Pedestrian = NEWDummyPedestrian_V138 + DummyPedestrian_V140Recoded + DummyPedestrian_V146Recoded + DummyPedestrian_V142Recoded + NEWDummyPEdestrian_V148 + DummyPedestrian_V154_withV116 + DummyPedestrian_V156_withV116 + DummyPedestrian_V150_withV110 + NEWDummyPedestrian_V158; for female pedestrians, $r = -0.440^{***}$ to 0.873^{***} ; for male pedestrians, $r = -0.180^{***}$ to 0.461^{***} ($^{***}p < 0.001$).

¹⁰ Index of Police Militarization_Traffic = DummyTraffic_V279Recoded + DummyTraffic_V281Recoded + DummyTraffic_V287Recoded + DummyTraffic_V283Recoded + DummyTraffic_V289Recoded + DummyTraffic_V291Recoded + DummyTraffic_V299Recoded; for female drivers, $r = 0.084$ to 0.705^{***} ; for male drivers, $r = -0.006$ to 0.543^{***} ($^{***}p < 0.001$).

Community-Police Familiarity

The concept of community policing is intended to build relationships in the community, foster a sense of safety in the public sphere for both community members and local police officers and, ultimately, build trust. Yet, just as there was low community trust in the police and the frequent presence of police militarization, there was little to no familiarity between the police officers and the community, either for female or for male community members⁸ (Table 1.C).

The community's infrequent interactions with its local police helped illustrate these low familiarity levels. Male community members who did not report a non-crime emergency to the police (95.0%), for instance, were neither likely to know the police officers in their neighborhood ($r = 0.10^{***}$) nor seek help from the police ($r = 0.15^{***}$). Female community members who have sought help from the police before (94.6%) were also less likely to report future non-crime emergency to the police ($r = 0.14^{***}$).

Table 1.C. Community-Police Familiarity
United States Department of Justice, 2011 – Police-Public Contact Survey

Concepts	Indicators	Values and Responses	Statistics	
			Female	Male
Community-Police Familiarity	V2 ¹ . Do you know any police officers that work in your neighborhood by name or by sight?	0. No 1. Yes (n)	79.6% 20.4 (123061887)	77.7% 22.3 (118217930)
	V3 ² . Have you approached or sought help from the police in the last 12 months?	0. No 1. Yes (n)	91.5% 8.5 (12313646)	92.2% 7.8 (118267679)
	V5 ³ . Reported a non-crime emergency such as a traffic accident or medical emergency to the police?	0. No 1. Yes (n)	94.6% 5.4 (123136463)	95.0% 5.0 (118267679)
	V7 ⁴ . Have you participated in block watch or other anti-crime programs WITH police?	0. No 1. Yes (n)	98.5% 1.5 (123136464)	98.6% 1.4 (118267679)
	Index of Community-Police Relationship Challenges ⁵	Mean \bar{x} (s)	0.4 (0.6)	0.4 (0.6)
		Min-Max	0 to 4	0 to 4
		(n)	(123061887)	(118267679)

¹ V2 is recoded into a Dummy Interval; Dummy_V2.

² V3 is recoded into a Dummy Interval; Dummy_V3.

³ V5 is recoded into a Dummy Interval; Dummy_V5.

⁴ V7 is recoded into a Dummy Interval; Dummy_V7.

⁵ Index of Community-Police Familiarity = Dummy_V2 + Dummy_V3 + Dummy_V5 + Dummy_V7; for female participants, $r = 0.064^{***}$ to 0.144^{***} ; for male participants, $r = 0.065^{***}$ to 0.149^{***} ($p < 0.001$).

⁸ On an index range of 0 to 4, where 4 is the highest level of familiarity, the average score was $\bar{x} = 0.4$ for female and male community members.

Bivariate Analyses

To establish if community mistrust was empirically related to police militarization, community-police familiarity, and race heterogamy, bivariate correlations were examined (Appendix C: Tables C.1-2). When community members were stopped on the street, their answers exhibited patterns of gender differences when they reported community trust. Female pedestrians, for instance, reported higher levels of mistrust when an officer used excessive force or weapons during the stop ($r = -0.48^{***}$). In contrast, male pedestrians reported mistrust when they were not familiar with their local police department ($r = -0.41^{***}$). At the same time, higher magnitudes of trust in the police officer were found when male pedestrians reported a high socioeconomic status or background ($r = 0.56^{***}$).

Meanwhile, community members, who were stopped while driving, reported more mistrust, irrespective of gender identity, when there was police militarization during the stop. Like pedestrians, female drivers reported mistrust when the officer used force or weapons during their stop ($r = -0.31^{***}$). Male drivers also reported mistrust with the use of force ($r = -0.47^{***}$), with community familiarity almost negligible in their responses, unlike their pedestrian peers.

As for other demographic factors, socioeconomic status, age, community size and the stop's location had varying impacts on community mistrust in the local police based on the community member's gender identity. Whereas age and income of female community members had relatively no impact on their trust levels, an older male pedestrian ($r = -0.17^{***}$) with a lower socioeconomic status ($r = 0.62^{***}$) reported lower trust levels, compared to those who were younger and had a higher income. On the other hand, levels of trust for both pedestrians and drivers varied with the community's characteristics. Female community members, for instance, reported mistrust, when they also were from a large community ($r = -0.27^{***}$ for pedestrians and -0.15^{***} for drivers). While male pedestrians' trust in the police also depended on community size ($r = -0.26^{***}$), male drivers reported mistrust when the stop occurred in the town or city where they lived ($r = -0.08^{***}$).

Although the relationship of community mistrust with police militarization, community-police familiarity, and race heterogamy varied depending on the type of police stop or the community member's gender identity, the robustness of these variations were tested in the multivariate analyses presented in the subsequent section.

Multivariate Regression Analyses and Qualitative Insights

In the final analytical step, multivariate regression analyses were used to test the hypothesis about the net gendered effects of police militarization, community-police familiarity, and race heterogamy of the community and local police. The analyses were disaggregated between police pedestrian stops and traffic stops and further between

the community members' gender identities. Community size, age, annual income, and location of the stop were controlled for in the regression analyses (Table 3, Panel 1-4).

When an officer stopped a community member on the street, the construction of trust, or the lack thereof, in the police revealed gendered differences (Panels 1 and 2). For female pedestrians, challenges from direct interactions and their relationship with the officers, occasioned by militarization and reduced familiarity, largely shaped their mistrust in the police. For instance, if a police officer were to use force and weapons on a female pedestrian during the stop, she mistrusted the police more than if no weapons were used ($\beta = -0.43^{***}$ in Panel 1). But, contrary to Strain theory, the more familiar a female pedestrian was with the police officer who stopped her, the more likely she did not trust the officers to resolve civil disputes or emergencies ($\beta = -0.41^{***}$). Female pedestrians' mistrust was further amplified if they lived in larger (500,000 or more people) than smaller in communities ($\beta = -0.45^{***}$).

In contrast, the social and economic capital of male pedestrians and officers, because of their skin color and income, influenced a male participant's level of trust in his local enforcement (Panel 2). For example, when a White male pedestrian encountered a White police officer on the street, the pedestrian was more trusting of the police officer ($\beta = 0.38^{***}$). Similarly, a pedestrian from an upper socioeconomic background was more likely to trust the police ($\beta = 0.62^{***}$) than a poorer pedestrian. And, unlike the female pedestrians, male pedestrians showed more trust in the police when they were familiar with the department ($\beta = 0.12^{***}$). But, they were more likely to mistrust the officer if they were older (rather than younger) in age ($\beta = -0.17^{***}$).

Unlike pedestrian stops, only a few explanations were available (of the factors considered in this analyses) for a driver's level of trust in their local police force (Table 3: Panels 3 and 4). For female drivers, for instance, only police militarization had a significant negative impact on their trust levels; the more violent the officer was in their traffic stop, the more mistrust they had in the police ($\beta = -0.30^{***}$). There was an even stronger case for male drivers, who were even more unlikely to trust the police who used excessive force or weapons during a traffic stop ($\beta = -0.45^{***}$). Besides violence, male drivers, who were from larger communities (of 500,000 people or more $\beta = -0.20^{***}$) or were older ($\beta = -0.12^{***}$), were also likely to have low levels of trust in the police. This pattern was not found in for female drivers and their trust levels.

Across stops, there were also interesting trust implications that arose from the intersections of racial and gendered social boundaries. Holding racial and gendered social capital, a White male pedestrian was more trusting of the White police officer who stopped him than otherwise ($\beta = 0.38^{***}$). Even non-White male drivers were likely to trust the White police officer that stopped them ($\beta = 0.11^{***}$). Granted, the racial identity of female drivers had little to no effect their trust levels. However, as a White pedestrian, the female community member trusted the officer, if they were also White ($\beta = 0.11^{***}$).

Table 3
Regression Analyses of the Effects of Police Militarization, Community-Police Familiarity, and Race Heterogamy on Index of Community Mistrust of Police Protection, Net of Age, Income, Community Size, and Stop Location^{1,2}
United States Department of Justice, 2011 – Police-Public Contact Survey

	Pedestrian Stops Beta (β)		Traffic Stops Beta (β)	
	Panel 1 Female	Panel 2 Male	Panel 3 Female	Panel 4 Male
Police Militarization	-0.43***	-0.12***	-0.30***	-0.45***
Community-Police Familiarity	-0.41***	0.12***	0.01	-0.05
<u>Race Heterogamy:</u>				
White Officer, White Respondent	0.05	0.38***	0.03	0.06
White Officer, Non-White Respondent	0.11***	0.11***	-0.08	0.10***
Age	0.10***	-0.17***	-0.10	-0.12***
Income	0.01	0.62***	0.00	-0.08
Community Size	-0.45***	-0.05	-0.09	-0.20***
Stop in town/city where you live?	0.09	-0.09	-0.10***	0.05
<u>Model Statistics:</u>				
Constant (a)	114.9***	58.1***	529.0***	558.5***
Adjusted R²	0.373***	0.494***	0.136***	0.281***
DF 1 & 2	8 & 119375	8 & 170922	8 & 476165	8 & 876440

* p <= .05; ** p <= 0.05; *** p <= .001.

¹ Index of Community Trust in Police Protection Pedestrian = DummyPedestrian_V66 + DummyPedestrian_V118 + DummyPedestrian_V162_withV118 + DummyPedestrian_V100 + DummyPedestrian_V84 + DummyPedestrian_V164_withV95;

Index of Community Trust in Police Protection Traffic = DummyTraffic_V248 + DummyTraffic_V304 + DummyTraffic_V305 + DummyTraffic_V209 + DummyTraffic_V306;

Index of Police Militarization Pedestrian = NEWDummyPedestrian_V138 + DummyPedestrian_V140Recoded + DummyPedestrian_V146Recoded + DummyPedestrian_V142Recoded + NEWDummyPedestrian_V148 + DummyPedestrian_V154_withV116 + DummyPedestrian_V156_withV116 + DummyPedestrian_V150_withV110 + NEWDummyPedestrian_V158;

Index of Police Militarization Traffic = DummyTraffic_V279Recoded + DummyTraffic_V281Recoded + DummyTraffic_V287Recoded + DummyTraffic_V283Recoded + DummyTraffic_V289Recoded + DummyTraffic_V291Recoded + DummyTraffic_V299Recoded;

Index of Community-Police Familiarity = Dummy_V2 + Dummy_V3 + Dummy_V5 + Dummy_V7;

ped_RaceHetero_WOffWResp_Final, if the officer was White and pedestrian was White = 1, if else = 0;

ped_RaceHetero_WOffNWResp_Final, if the officer was White and pedestrian was non-White = 1, if else = 0;

traffic_RaceHetero_WOffWResp_Final, if the officer was White and driver was White = 1, if else = 0;

traffic_RaceHetero_WOffNWResp_Final, if the officer was White and driver was non-White = 1, if else = 0;

Community Size: 1 = Under 100,000 / Not in a place; 2 = 100,000-499,999; 3 = 500,000-999,999; 4 = 1 million or more;

Age: For female participants, Mean = 46.3, Range from 16 to 74; for male participants, Mean = 44.7, Range from 16 to 74;

Income: 1 = Less than \$20,000 or NA; 2 = \$20,000-\$49,000; 3 = \$50,000 or more.

² While all β values were statistically significant because of the large sample size, only Beta values that were substantial (more than +/- 0.10) were discussed.

The level of militarization, or the use of police violence, is a telling indicator of mistrust between a police officer and community member on both sides. The Police Officer who interviewed for this research (Interviewee #1, 2017) for instance, tried to articulate the rationale for police militarization thusly: The profession requires the protection and preservation of the community and herself (the officer). Wearing her uniform, she continued, places a target on her because of the nature of the job and now because of the media's negative spotlight on police officers. While she feels more protected in her uniform with both lethal and defusing weapons, her work persona generates mistrust between her as a police officer and the community around her. Furthermore, she explained that officers must be able to control situations and adapt to the increasingly easy access to dangerous weapons, by arming themselves more strongly than possible community threats. With the stronger weapons than that of the possible suspect, officers are able to feel more prepared to approach and control different situations, indicating a sense of confidence and trust in their capabilities to do their work.

Additionally, the location of the stop at one's hometown or more community familiarity led to less trust for only the community members who were stopped as a pedestrian. While the community's characteristics did not have a large effect on the drivers, the traffic stop that Interviewee #1 conducted during my ride along revealed some tension with the local police in her own community, as a bystander intervened to support the community member whom she stopped.

CONCLUDING REMARKS

As outlined in the literature review, scholars have relied on the assumption that community-police relationships are fractured; these conclusions about the unequal power dynamic were based on a legal framework and on small case studies. This study attempted to either sustain or complicate this assumption and prioritize the voices of the community members. In addition, suggestions for future research and evidence-based actions to promote community safety were made.

Empirical and Theoretical Implications

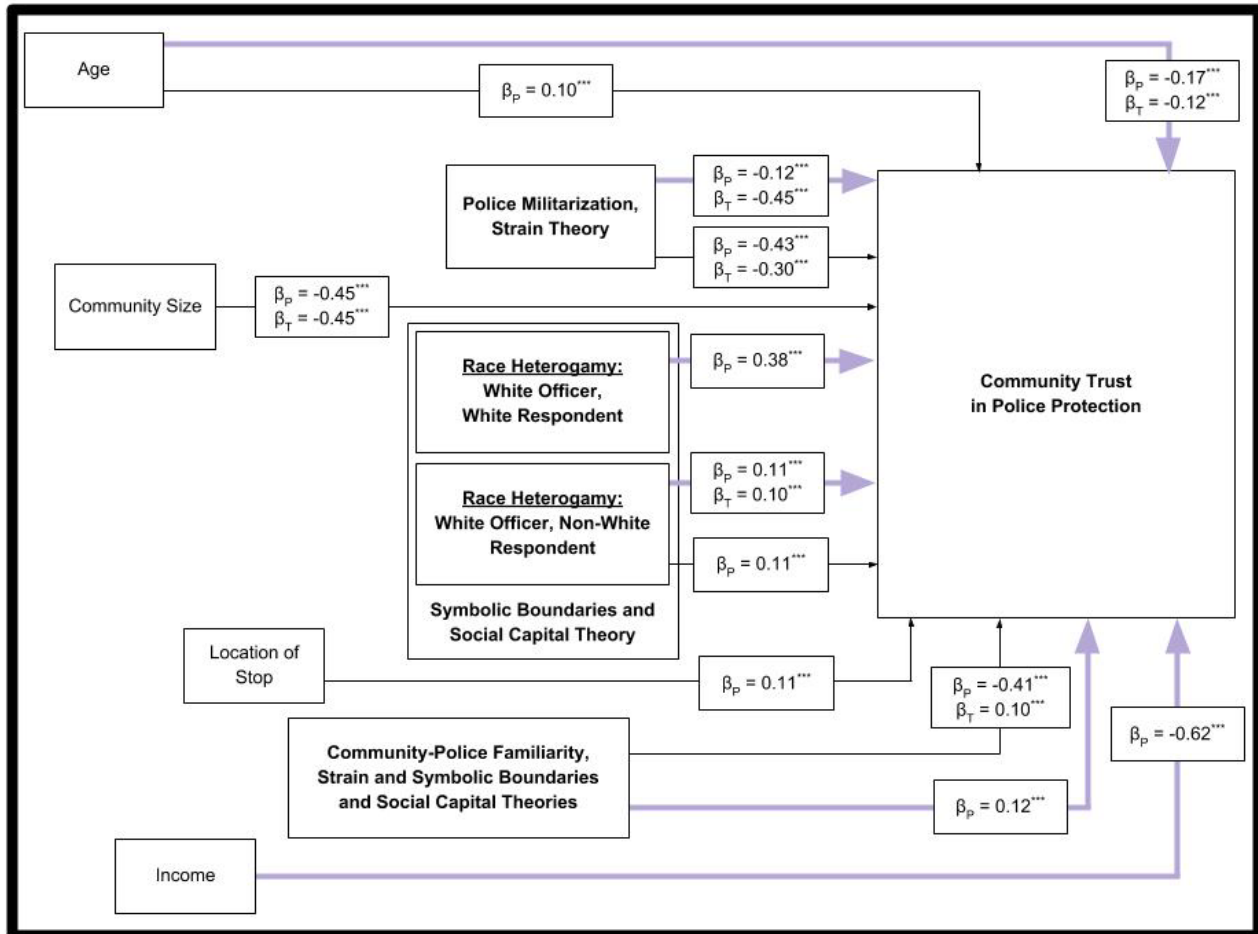
Theories of Strain, Social Boundaries, and Social Capital were tested as possible frameworks for illustrating the dynamics of community-police trust. These theoretical and empirical implications are presented in Figure 1. Several observations are discussed below.

The first hypothesis, about the police officers' failure to fulfill their job under Sir Peel's prevention and cooperative model due to militarization (framed under Strained Theory), was sustained across the two types of police stops as well as across gender identities of community members. When the police stopped a community member, either as a pedestrian or driver, for instance, there was mistrust, if the officer used either excessive

force or a weapon during the stop. As per Strain Theory, the mistrust can stem from the contradictions between community expectations of policing and the realities of achieving the expected goals through unconventional means, or against Peel's model. That is, police officers attempt to earn cooperation from the community through militarization. For example, while the police officer who was interviewed for this study (Interviewee #1 2017) tried to enforce a law related to drug possession, she had to escalate the stop because the community member, who was a man in his 60's, had gotten out of his car. She pulled out a stun gun and demanded that he stay in his car. She searched the suspected car and questioned the community member, only to discover that he possessed no weapons. Later, we learned that when the community member got out of the car, he only wanted to explain why he had the drugs in his possession. The police officer (Interviewee #1) inevitably confiscated the drugs and gave the man a warning. Granted, police officers are trained to be defensive and escalate the situation in their favor to remain safe. This traffic stop, nevertheless, could have been more efficient and in alignment with Peel's model, if she had exhibited trust and allowed the community member to explain himself while in the car, instead of escalating the situation. Besides, the failed attempt to fulfill the ideal local policing model resulted in the lack of cooperation on either side. In the final analyses, these militarized encounters look like the "adoption of aggressive, 'zero tolerance' tactics", or "an increase in violent crime and resistance" (Stoughton 2016).

Second, the expectation, theoretically framed under Strain, Social Boundaries, and Social Capital Theories, about community familiarity and its import for trust was only partially sustained (Figure 1). Responses about trust in the police exhibited gendered patterns when considering the community member's knowledge and relationship with the police prior to the stop. While a male community member who was stopped on the street trusted an unacquainted local officer less (than an acquainted one), a female pedestrian was more likely to mistrust the police officer if they were acquainted (refer to Table 3 and Figure 1). The personal experience of a female community activist illustrated the latter, as she articulated an already established mistrust in the local police (Interviewee #3, 2018). In the past, she has witnessed officers harassing her brother and her community's youth with interrogation about possible gang membership. Similarly, when she had directly interacted with the police, officers would often profile her based on their assumptions about her community, her family, and her past actions. These police profiling tactics are associated with patriarchy, a system that forms assumptions and stories about her community while stripping the dignity away from the women, cis- and transgender, who are impacted (2018; Ritchie 2017). The local police, consequently, are inaccessible to her and other community members because of previous interactions that resulted in more violence than safety, when officers tried to enforce the law.

Figure 1
Empirical and Theoretical Model of Community Trust in Police Protection:
Gendered Impacts of Police Militarization, Community-Police Familiarity, Race Heterogamy, Net of
Age, Income, and Community Size, and Stop Location^{1,2,3,4}
United States Department of Justice, 2011 – Police-Public Contact Survey



¹ Narrower lines refer to the independent variable's effect on Community Trust for female community members, and the thicker lines for male community members.

² β_P refers to the Beta effect for Pedestrian Stops, where as β_T refers the Beta effect for Traffic Stops.

³ Refer to Table 4 for index and variable coding.

⁴ While all β values were statistically significant, the sample size is so large that all beta effects, no matter the numerical value, were significant. Therefore, any beta effects under 0.050 will be counted as insignificant.

Third, trust in the police among both pedestrians and drivers partially supported the second hypothesis; using Social Boundaries and Social Capital, it was predicted that the racial identity differences between the community and police would garner more mistrust, than trust, during a stop. For example, when a White police officer stopped a White male pedestrian, the pedestrian was likely to trust the officer during their interaction. Unlike the police assumptions made about Black and Brown bodies and gang membership (per Interviewees #2 and #3, 2017-2018), the local police did not

associate White men with the label, “transient”, because of their racial social capital. The relatively high levels of trust here could suggest that policing operate to benefit the White male community. Interestingly, there was little trust between a White officer and non-White community member. The existing trust here might even be forced because of a person’s fear during a stop, as reported by Interviewee #3 (Detention Coordinator and Research Organizer 2018). Despite the infrequent or nonexistent interactions with local gangs, youth in her community, she reported, are often charged with gang membership because they neither fully know their rights nor have proper representation, leaving them vulnerable in the criminal justice system. With the little power that young people of color have in the broader community, they are subjected to more abuse and harm because the local police structure has assigned their age, race, and, for some, gender identity with little to no social capital, or benefits.

Applied Implications

These findings can inform both community members and the local police on how to better promote community safety, particularly to improve the level of community trust that was apparent in this research. For instance, based on the experiences of pedestrians whom the police have stopped, officers need to acknowledge that low levels of community trust are not unfounded. Encounters prior to a formal police interaction, which happened more frequently for community members when they lived in a small community size, resulted in more mistrust of the police. In other words, unlike the comments shared by the Police Officer (Interviewee #1), the media is not the sole factor to blame for the growing community mistrust. Community safety and trust in the local police are also a result of the direct interactions between the community and the police. To improve policing, the police academy and departments need to prioritize, fund, and mandate programming that educates their force on mental health and trauma sensitivity, promotes de-escalation skills, fosters community engagement, and reveals possible unconscious biases among officers. While psychologists and other scientists are currently studying the latter heavily for future police trainings, local police need to begin addressing the possible existing bias in their department by reflecting on previous cases and analyzing archived reports (Natarajan 2014). Comments and summaries made could be an indicator of current ideologies operating in the police force. These programs and suggestions, that offer law enforcement alternatives to the use of militarization, can garner stronger, more trusting community-police relationships.

At the same time, it is also important to acknowledge that reform policies alone are insufficient to repair the existing mistrust. All three interviewees who work with their communities (Interviewees #2, #3, #4), for instance, are committed to dismantling current policing altogether, as it is not built to be accessible for their community members. Reconstructing community safety has to start with the community defining a collective understanding of safety (Interviewee #2). It also requires deconstructing the rhetoric of mistrust that is socially conditioned among community members and police officers (Interviewee #4). These strategies can result in community cohesiveness, said Interviewee #2. Forming strong relations with the people around you can allow for intra-

community mediation or conflict resolution and a network of support during emergencies that is probably more accessible and efficient than the current local police. Specifically for women of color, community strengthening can manifest into building sisterhood by “throwing glitter instead of shade,” where their actions and words uplift each other (Interviewee #3). Safety also calls for community education, as, according to Interviewee #3 and journalistic writings, there is individual agency in recognizing and understanding power structures and their historical legacies of slavery and colonialism (Interviewee #3 2018; Brown 2017). Financial and other types of resources also play a big role in the construction of community safety, as taxpayer’s dollars are currently funding the police departments that have high rates of arrest (Interviewee #4 2018; Brown 2017). To promote the dismantling of current militarized policing practices, city or state governments should reallocate money, currently funding emergency responders like the local police, towards subsidizing emergency community kits, like medical supplies and bottled water, or implementing formal emergency plans in neighborhoods. In the long run, strengthening communities with low-income housing, resources for physical and mental healthcare, and community youth programs, can indirectly lead to healthier community-police relationships.

Suggestions for Future Research

Like most studies, this research was not free of limitations. While valuable insights into the roles of police militarization and community relationships in shaping community trust in the local police were gained, other critical factors and their impact on community trust remain unknown. This study, for instance, captured only 14 to 28 percent of variability in community trust when a police officer stopped a driver. While the research model was better able to explain pedestrian-police interactions (37 to 49 percent of variability was captured), findings from both pedestrian and traffics stop leave much about community trust unexplained and allow room for future research.

Among the limitations was the limited operationalization of central concepts in the study. For example, only three indicators were available to define community familiarity, creating ambiguity in the explanations. Defining community familiarity more precisely with more indicators would allow for more realistic portrayals of power of familiar community relations for the success of policing. For example, familiarity could include the number of stops prior to the survey or previous police interactions through family members or neighbors. Likewise, another limitation was the narrow understanding of race heterogamy and gender identities. Since both quantitative and qualitative demographics data relied on the community member’s report, the race and gender identities of the people involved may be incomplete; it is likely to be based on appearance and the parameters of the survey rather than self-identification. The likelihood of the under-estimated effects of race and gender identities on trust in police because of imprecise these identities measurements are real. Expanding the gender and racial identities would also amplify the voices of people that are often not prioritized. Lastly, future research is needed to assess the impacts of media on community trust. As illustrated in the qualitative interviews, the news and social media are seen as the

biggest contributors to the current community-police climate (Interviewee #1). On the other hand, Interviewee #2 relied on the news and the Internet to understand the lived experiences of policing victims and to develop activist agendas to end mass incarceration and police militarization (2017). In the final analyses, the goal is to enable the police and the communities they serve to recapture and sustain the Peel's principles of policing with an emphasis on crime prevention through the willing cooperation of the public and a minimal use of physical force.

APPENDICES

Appendix A

Table A.1. Background Characteristics

United States Department of Justice, 2011 – Police-Public Contact Survey

Concepts	Indicators	Values and Responses	Statistics			
			Female		Male	
Background Characteristics	Community	1. Under 100,000 / Not in a place	72.2%		72.2%	
	Size: What is the population size of your community?	2. 100,000-499,999	15.5		15.3	
		3. 500,000-999,999	4.4		4.1	
		4. 1 million or more	7.9		8.4	
	AGE	Mean \bar{x} (s)	46.3 (18.7)		44.7 (17.9)	
		Min-Max	16-90		16-90	
	INCOME	1. Less than \$20,000 or NA	40.3%		36.7%	
		2. \$20,000-\$49,000	24.7		23.6	
		3. \$50,000 or more	35.1		39.8	
			Pedestrian	Traffic	Pedestrian	Traffic
	V82/207 ¹ . Did this stop occur in the same city or town where you live?	0. No	30.4%	48.4%	24.1%	50.3%
		1. Yes	69.6	51.6	75.9	49.7
		(n)	(123136463)		(118267679)	

¹ V82/207 are recoded into Dummy Intervals.

Table A.2. Race Heterogamy
United States Department of Justice, 2011 – Police-Public Contact Survey

Concepts	Values and Responses	Statistics			
		Pedestrian		Traffic	
		Female	Male	Female	Male
Race	0. Other	97.0%	93.8%	95.5%	95.7%
Heterogamy 1, 2, 3	1. Non-White Officer, Non-White Respondent (n)	3.0 (465780)	6.2 (958299)	4.5 (11610080)	4.3 (1452682)
	0. Other	89.7%	90.0%	89.3%	88.3%
	1. Non-White Officer, White Respondent (n)	10.3 (465780)	10.0 (958299)	10.7 (11610080)	11.7 (1452682)
	0. Other	23.1%	33.7%	29.4%	30.8%
	1. White Officer, White Respondent (n)	76.9 (465780)	66.3 (958299)	70.6 (1452682)	69.2 (1452682)
	0. Other	90.3%	82.5%	85.7%	85.1%
	1. White Officer, Non-White Respondent (n)	9.7 (465780)	17.5 (958299)	14.3 (1452682)	14.9 (1452682)

¹ ped_RaceHetero_NWOffNWResp_Final, if the officer and pedestrian were non-White = 1, if else = 0;

traffic_RaceHetero_NWOffNWResp_Final, when the officer and driver were non-White = 1, if else = 0.

² ped_RaceHetero_NWOffWResp_Final, if the officer was non-White and pedestrian was White = 1, if else = 0;

traffic_RaceHetero_NWOffWResp_Final, if the officer was non-White and driver was White = 1, if else = 0.

³ ped_RaceHetero_WOffWResp_Final, if the officer was White and pedestrian was White = 1, if else = 0;

traffic_RaceHetero_WOffWResp_Final, if the officer was White and driver was White = 1, if else = 0.

⁴ ped_RaceHetero_WOffNWResp_Final, if the officer was White and pedestrian was non-White = 1, if else = 0;

traffic_RaceHetero_WOffNWResp_Final, if the officer was White and driver was non-White = 1, if else = 0.

Appendix B (Consent Form and Interview Protocol)

Letter of Consent

Dear _____:

I am a Sociology Senior working on my Research Capstone Paper under the direction of Professor Marilyn Fernandez in the Department of Sociology at Santa Clara University. I am conducting my research Community Trust in the Their Local Police Force.

You were selected for this interview because of your knowledge of and experience with forming and understanding community and police relations.

I am requesting your participation, which will involve responding to questions about the current climate of community and police relations and will last about 20 minutes. Your participation in this study is voluntary. You have the right to choose to not participate or to withdraw from the interview at any time. The results of the research study may be presented at SCU's Annual Anthropology/Sociology Undergraduate Research Conference and published (in a Sociology department publication). Pseudonyms will be used in lieu of your name and the name of your organization in the written paper. You will also not be asked (nor recorded) questions about your specific characteristics, such as age, race, sex, religion.

If you have any questions concerning the research study, please contact me at ____ or Dr. Fernandez at mfernandez@scu.edu.

Sincerely,

Pamela Low

By signing below, you are giving consent to participate in the above study.

Signature:

Printed Name:

Date:

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Committee, through Office of Research Compliance and Integrity at (408) 554-5591.

Interview Schedule

Supplemental Qualitative Interviews for Research Capstone Paper Sociology 195, Winter 2018

Interview Date and Time: _____

Respondent ID#:

1. What is the TYPE Agency/Organization/Association/Institution (**NO NAME**, please) where you work with this issue?
2. What is your position in this organization?
3. How long have you been in this position and in this organization?
4. Based on what you know of community-police relations, how common would officers go out of their way to form relationships with the community?
5. Is there community mistrust in the police? If so, what does that look like in everyday interactions? Can you give me some examples?
6. In your opinion, what are some reasons that contribute to the current climate of community-police relations both in your community and nationally? (PROBE: Could you expand a bit more?).
7. [If concepts not mentioned] PROBE:
 - a. How about police militarization?
 - b. How about community-police relationship challenges? In what ways do either party try to interact with the other?
 - c. How about the racial/ethnic differences or similarity between the citizen and the local police officer?
 - d. How about the gender identity of community members?
8. What questions did I not ask that you think would help shape my understandings of community-police relations?

Thank you very much for your time. If you wish to see a copy of my final paper, I would be glad to share it with you at the end of March 2018. If you have any further questions or comments for me, I can be contacted at plow@scu.edu. Or if you wish to speak to my faculty advisor, Dr. Marilyn Fernandez, she can be reached at mfernandez@scu.edu.

Appendix C. Table 2. Bivariate Analyses

Table C.1. Correlation (r) Matrix for Pedestrian Stops^{1, 2, 3}
United States Department of Justice, 2011 – Police-Public Contact Survey

	A	B	C	D	E	AGE	F	G	H
Index of Community Trust in Police Protection (A)	1.0	-0.09***	-0.41***	0.37**	-0.18***	0.11***	0.56***	0.08***	-0.31***
Index of Police Militarization (B)	-0.48***	1.0	0.05***	0.06***	-0.14***	-0.02	0.02	-0.09***	0.03
Index of Community-Police Familiarity (C)	-0.08***	0.10***	1.0	0.12***	-0.08***	0.03***	0.07***	-0.12***	-0.10***
White Officer, White Respondent (D)	0.27***	0.03***	0.16***	1.0	-0.65***	0.13***	0.16***	-0.08***	-0.07***
White Officer, Non-White Respondent (E)	0.03	-0.06***	-0.06***	-0.60***	1.0	-0.10***	-0.18***	0.02	0.11***
Age	0.00	0.01	-0.02	-0.03	-0.13***	1.0	-0.03	-0.09***	0.01
Income (F)	-0.07***	-0.02	0.06***	-0.17***	-0.12***	-0.10***	1.0	-0.06***	-0.26***
Community Size (G)	-0.27***	0.00	-0.11***	-0.44***	0.24***	-0.06***	-0.05***	1.0	0.12***
Stop in town/city where you live? (H)	-0.01	-0.10***	-0.24***	-0.14***	0.04	-0.05***	-0.01	0.18***	1.0

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

¹ Index of Community Trust in Police Protection Pedestrian = DummyPedestrian_V66 + DummyPedestrian_V118 + DummyPedestrian_V162_withV118 + DummyPedestrian_V100 + DummyPedestrian_V84 + DummyPedestrian_V164_withV95; for male pedestrians, r = 0.057*** to 0.666***; for female pedestrians, r = 0.088*** to 0.681*** (*** p <= .001);

Index of Police Militarization Pedestrian = NEWDummyPedestrian_V138 + DummyPedestrian_V140Recoded + DummyPedestrian_V146Recoded + DummyPedestrian_V142Recoded + NEWDummyPedestrian_V148 + DummyPedestrian_V154_withV116 + DummyPedestrian_V156_withV116 + DummyPedestrian_V150_withV110 + NEWDummyPedestrian_V158; for female pedestrians, r = -0.440*** to 0.873***; for male pedestrians, r = -0.180*** to 0.461*** (*** p <= .001);

Index of Community-Police Familiarity = Dummy_V2 + Dummy_V3 + Dummy_V5 + Dummy_V7; for female participants, r = 0.064*** to 0.144***; for male participants, r = 0.065*** to 0.149*** (*** p <= .001);

Ped_RaceHetero_WOffWResp_Final, if the officer was White and pedestrian was White = 1, if else = 0;

Ped_RaceHetero_WOffNWResp_Final, if the officer was White and pedestrian was non-White = 1, if else = 0;

Traffic_RaceHetero_WOffWResp_Final, if the officer was White and driver was White = 1, if else = 0;

Traffic_RaceHetero_WOffNWResp_Final, if the officer was White and driver was non-White = 1, if else = 0

Community Size: 1 = Under 100,000 / Not in a place; 2 = 100,000-499,999; 3 = 500,000-999,999; 4 = 1 million or more;

Age: For female participants, Mean = 46.3, Range from 16 to 74; for male participants, Mean = 44.7, Range from 16 to 74;

Income: 1 = Less than \$20,000 or NA; 2 = \$20,000-\$49,000; 3 = \$50,000 or more.

² While all β values were statistically significant, the sample size is so large that all beta effects, no matter the numerical value, were significant. Therefore, any beta effects under 0.050 will be counted as insignificant.

³ Relationships from female pedestrians are below the diagonal, and relationships from the male pedestrians are above.

Table C.2. Correlation (r) Matrix for Traffic Stops^{1, 2, 3}
United States Department of Justice, 2011 – Police-Public Contact Survey

	A	B	C	D	E	AGE	F	G	H
Index of Community Mistrust of Police Protection (A)	1.0	-0.47***	-0.03	0.01	0.02	-0.08***	-0.05***	-0.26***	-0.01
Index of Police Militarization (B)	-0.31***	1.0	0.04	0.03	0.01	-0.06***	-0.04	0.07***	0.04
Index of Community-Police Familiarity (C)	-0.10***	0.04	1.0	0.04***	-0.04***	0.03	0.07***	-0.12***	-0.04
White Officer, White Respondent (D)	0.02	0.03	-0.01	1.0	-0.63***	-0.04***	0.07***	-0.13***	-0.05***
White Officer, Non-White Respondent (E)	0.00	0.00	0.00	0.00	1.0	-0.07***	-0.06***	0.07***	0.06***
Age	-0.13***	-0.04	-0.02	-0.03	0.00	1.0	-0.03	-0.09***	-0.04
Income (F)	-0.01	-0.04	0.06***	0.04	0.00	-0.10***	1.0	-0.06***	-0.13***
Community Size (G)	-0.15***	0.03	-0.11***	-0.13***	0.00	-0.06***	-0.05***	1.0	0.10***
Stop in town/city where you live? (H)	-0.08***	-0.03	-0.05***	-0.02	0.00	-0.04	-0.08***	0.07***	1.0

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

¹ Index of Community Trust in Police Protection Pedestrian = DummyPedestrian_V66 + DummyPedestrian_V118 + DummyPedestrian_V162_withV118 + DummyPedestrian_V100 + DummyPedestrian_V84 + DummyPedestrian_V164_withV95; for male pedestrians, r = 0.057*** to 0.666***; for female pedestrians, r = 0.088*** to 0.681*** (p <= .001);

Index of Police Militarization Pedestrian = NEWDummyPedestrian_V138 + DummyPedestrian_V140Recoded + DummyPedestrian_V146Recoded + DummyPedestrian_V142Recoded + NEWDummyPedestrian_V148 + DummyPedestrian_V154_withV116 + DummyPedestrian_V156_withV116 + DummyPedestrian_V150_withV110 + NEWDummyPedestrian_V158; for female pedestrians, r = -0.440*** to 0.873***; for male pedestrians, r = -0.180*** to 0.461*** (p <= 0.001);

Index of Community-Police Familiarity = Dummy_V2 + Dummy_V3 + Dummy_V5 + Dummy_V7; for female participants, r = 0.064*** to 0.144***; for male participants, r = 0.065*** to 0.149*** (p <= 0.001);

Ped_RaceHetero_WOffWResp_Final, if the officer was White and pedestrian was White = 1, if else = 0;

Ped_RaceHetero_WOffNWResp_Final, if the officer was White and pedestrian was non-White = 1, if else = 0;

Traffic_RaceHetero_WOffWResp_Final, if the officer was White and driver was White = 1, if else = 0;

Traffic_RaceHetero_WOffNWResp_Final, if the officer was White and driver was non-White = 1, if else = 0

Community Size: 1 = Under 100,000 / Not in a place; 2 = 100,000-499,999; 3 = 500,000-999,999; 4 = 1 million or more;

Age: For female participants, Mean = 46.3, Range from 16 to 74; for male participants, Mean = 44.7, Range from 16 to 74;

Income: 1 = Less than \$20,000 or NA; 2 = \$20,000-\$49,000; 3 = \$50,000 or more.

² While all β values were statistically significant, the sample size is so large that all beta effects, no matter the numerical value, were significant. Therefore, any beta effects under 0.050 will be counted as insignificant.

³ Relationships from female drivers are below the diagonal, and relationships from the male drivers are above.

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The Costs of NOT Having ACA Insurance: Access, Costs, and Informed Choices

By
Deja Shantel Webster¹

ABSTRACT. An investigation of how the Affordable Care Act (ACA) affected health outcomes in terms of access, cost and knowledge level was conducted using the Health Reform Monitoring Survey (2014) of about 7,500 nonelderly adults in the U.S. Content analysis, of journalistic accounts of insurance coverage experiences in tandem with interviews with healthcare professionals knowledgeable about the ACA's insurance coverage guidelines, its social, and current political constraints, were used to illustrate the survey findings. Although health outcomes of both ACA and non-ACA insurees were adversely affected by pre-existing conditions, ACA participants were better able, than non-ACA, to keep their health stable with lower costs and independently of access differentials. In contrast, non-ACA insurees were able to improve their health outcomes only if they had more access to health care and at lower costs. These findings, theoretically framed using Structural Functionalism, Strain, and Social Resources theories, contributed to the scholarly literature on Health Care Reform initiatives and equitable quality care service models. Future research, on the fate of the ACA under the current political climate, is recommended to support evidence based health care reform.

INTRODUCTION

The United States is an outlier on healthcare spending; we lead the world with health care spending at 16% of our total GDP and yet spend significantly less on social services (Kamal, Cox and Blumenkranz 2017). Hence, the most recent efforts to reform the American healthcare system are timely. But these efforts should not only focus on improving the healthcare delivery system, but also on the economic, behavioral, and environmental factors that heavily burden health behaviors and health outcomes.

The 2010 Affordable Health Care Act was a major national effort at reforming the American health care system by expanding access to health insurance, emphasizing prevention and wellness, providing improved quality and performance, as well as

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curtailing rising health care costs via subsidies². In 2014, additional improvements were made to equalize existing inequalities, like ensuring nondiscriminatory prices for those with pre-existing conditions and guaranteed mental health and substance abuse coverage. The ACA was also inclusive in other ways; the system covered the insurance gap for employed citizens in the income threshold that was above Medicare eligibility but below private insurance affordability. For example, Lupita was a single mom who worked as a dental assistant, but unfortunately could not afford private insurance coverage. She was constantly worried about her lack insurance coverage when she was driving; as she said “one car crash could cost everything. I could lose it all” (Healthcare.gov 2013). Covering these gaps in health care access through ACA not only made more preventable services accessible to the general population but also had the potential for strengthening the overall health of all Americans.

Three additional elements in the ACA, relevant to the analyses presented in this paper are: coverage options, preventative care, and continued barriers to access. There are generally two types of plans offered within the marketplace: (1) low deductible plans that have higher premiums, but lower out of pocket expenses; whereas, (2) high deductible plans have lower premiums, but higher out-of-pocket expenses. However, the variety of health insurance coverage options is poorly understood by many, including young adults. For example, young adults did not understand that all plans provided preventive care; a case in point was an ACA insurer who mistakenly thought that routine visits were uncovered in her health plan (Wong, Asch, Vinoya, Ford, Baker, Town and Merchant 2014).

Preventative care, a second critical ACA component, is essential for maintaining good health and for reducing long-term health care costs by relieving some of the health threats posed by socioeconomic resource challenges that people face. Routine care identifies health problems early to keep them from becoming chronic conditions. In the United States chronic illness related mortality are at an all-time high; nearly 1 in 3 deaths in the US each year is due to heart disease and stroke; at least 200,000 of these deaths could have been prevented through changed health habits (Center for Disease Control 2013). Third, while there were attempts, in the ACA, to reduce the cost barriers to preventative services, persistent income disparities constrain ACA's success. In the last two decades, the United States has had the highest degree of income inequality among wealthy countries and Americans with lower incomes are less likely to report good health than those with high incomes (Kamal, Cox and Blumenkranz 2017). Income inequality in America cannot be effectively addressed unless accessible and affordable quality insurance options are available across the economic spectrum.

LITERATURE REVIEW

The ACA is a bold, ambitious policy that has redesigned how the healthcare model addresses the health of the American population. Its historic implications have been assessed in detail by scholars and some of their work is reviewed below. They analyzed

² Data in this section were compiled by the author from the resources reviewed for this paper.

the pros and cons of the Affordable Care Act along dimensions of access to care, health care costs, and knowledge level. Scholars revealed that Medicaid expansion (under the ACA) was more cost effective than the ACA Marketplace; private coverage was the most expensive. They have also demonstrated that cost fluctuations directly result in negative health outcomes. Besides, according to public health scholars, addressing unequal social determinants of health are equally important to maintain a healthy population. In a critical analysis of the ACA's attention to social disparities it was found that broad community-based interventions were more successful than those that focused on the individual. And yet, the political climate during the implementation of the ACA led critics, who were unwilling to learn from credible sources, to discredit the policy's value, and in turn, skewed public opinion.

Medicaid Expansion vs Marketplace Coverage vs Private Insurance

Health scholars have conducted comparative assessments of the cost and access implications of the three most common health insurance vehicles in the American Health Care system; they are Private Insurance, Marketplace, and Medicare Expansion. On both cost and access, Medicare expansion came out ahead of the Marketplace with private insurance lagging behind.

Health Care Cost Differentials

The Affordable Care Act expanded Medicaid coverage eligibility for non-elderly adults whose family incomes are 138% below the federal poverty line. In 2012, provisions in the Affordable Care Act allowed states to opt out of Medicaid expansions. These nineteen states took advantage of this opt-out option; instead they offered subsidized Marketplace coverage options for adults with family incomes of 100-400 percent of poverty. The ACA Marketplace is a place for adults with an income 100-400% above the poverty level to shop for subsidized private plans funded by the government through tax credits. Cost-sharing reduction subsidies generally decrease out of pocket spending to 6 percent of the premiums and are capped at 2 percent of income (Blavin, Karpman, Kenney and Sommers 2018). On the other hand, in Medicaid expansion states qualified adults typically face no premiums and have minimal cost-sharing requirements.

No doubt, the cost impact of Medicaid expansion was more beneficial than the Marketplace. For example, relative to states that did not expand Medicaid, insurees in Medicaid states had lower out-of-pocket premium spending and lower probability of having a high-out of pocket premium (more than 10% of income) (Blavin, Karpman, Kenney and Sommers 2018). In other words, in order to ensure lower costs for low-income uninsured people, states must further subsidize premiums and cost-sharing rates for those in the Marketplace plans. Increasing health credits is advantageous to the healthcare delivery system as a whole, especially in hospital care settings. There were decreases in uncompensated care expenditures when affordable coverage increased and, in turn, stabilized hospitals' financial performance and reduced hospital

closures (Lindrooth, Perrailon, Hardy and Tung 2018). On balance, although Medicaid expansion has better cost outcomes for low-income adults than the Marketplace, the Affordable Care Act as a whole is still more beneficial than private insurance plans.

Disparate Health Care Access

Yet, despite the evidence showing the cost benefits of subsidized care, spending on healthcare by federal, state and local governments steadily decreased from 2015 to 2016. The decline in the amount of subsidies granted by the government reduced the use of health care goods and services from 3.5% in 2015 to 1.6% in 2016 (Hartman, Martin, Espinosa, Catlin and The National Health Expenditure Accounts Team 2017). In contrast to private health insurance coverage, Medicaid expansion has been shown to improve access to care and affordability of care. For example, Sommers, Blendon and Orav (2016), in their comparisons of the Medicaid expansion state of Kentucky and the Marketplace option in Arkansas with private coverage in Texas, Kentucky and Arkansas showed significant improvements in the affordability in care and large declines in the un-insurance rate -- compared to Texas which did not expand Medicare. In other words, there was a strong relationship between increase access to care and lower health costs for low-income adults. The reduction in cost-sharing in the Marketplace and in Medicaid expansion states had a direct negative effect on employer-sponsored insurance and directly purchased private insurance; costs for both dramatically increased (Blavin, Karpman, Kenney, and Sommers 2018). These cost burdens specifically hit employees at lower-wage firms. Before the enrollment period for the ACA in 2013, workers, in small firms, covered under employee-sponsored plans were more likely to face an annual deductible of \$1,000 or more than in 2012 (Claxton, Rae, Panchal, Damico, Whitmore, Bostick, and Kenward 2013).

One major reason why private health plans are the most expensive is the high deductibility options. High Deductible Health Plans, with low monthly premiums, are the fastest growing type of private insurance plan. But, they included high liability expenses, making access an expensive commodity. Enrollment in high deductible health plans reduces the frequency of preventative care use and hinders adherence to medication regimen. More specifically, the adverse effect stems from the buyer's obligation to weigh opportunity costs for accessing preventative care services or adhering to medication regimens (Agarwal, Mazurenko and Menachemi 2017). Besides, health outcomes worsened when the high deductible plan insurees changed their health behavior in order to save money. On balance, even though there are cost differences between Medicaid expansion mandate and the Marketplace provision, both improved overall coverage. In fact, uninsured rates declined 16.4% in Medicaid expansion states in contrast to only 11.7% decline in the non-expansion states (Blavin, Karpman, Kenney and Sommers 2018).

The Affordable Care Act and the Social Determinants of Health

Affordable insurance coverage is only half the battle in ensuring a healthy and productive population. Despite increased health care coverage, low-income populations still face harsh environmental factors that have adverse effects on their health. And reduced health care use and irregular adherence to medications in low-income communities can intensify existing vulnerabilities evident in the inequalities in the social determinants of health. However, as Leong and Roberts (2013) alerted, it is a mistake to assume that health inequalities are derived only from the failure to take responsibility for one's health. Improving population health and achieving equitable healthcare reform requires a broader framework that encompasses the social, economic, political and cultural factors that influence health. President Barack Obama intended to mitigate the social determinants of health via a two prong approach that emphasized individual and community well-being (Leong and Roberts 2013). As seen below, these community initiatives were more successful than the individual programs.

As many health scholars have demonstrated, the Affordable Care Act, which was intended to bring about healthcare reform in the United States, did not address the social determinants of health and consequently was limited in its full potential. For example, individual behavior was targeted in the ACA (in Section 4108: Incentives for Prevention of Chronic Disease in Medicaid) by providing monetary incentives to Medicaid enrollees to adopt and maintain healthy behaviors (Koh and Sebelius 2010). Funds were also dedicated to create an Internet portal that allowed individuals to track their own health and ultimately reduce their health care costs. But, enrolled Medicaid participants were unlikely to see the monetary incentives associated with improved health because many enter the program with undiagnosed or untreated diabetes and other chronic conditions (Kaiser Family Foundation 2012). By placing responsibility for reducing diabetes on the individual to make informed diet choices, the ACA failed to recognize that low income neighborhoods are also food deserts and not very conducive to healthy food styles. Most food desert neighborhoods are restricted to convenience stores, which carry low-nutrition, high-cost foods, that create a stressful environment for diabetes management. In fact, diabetes risk was approximately 50% higher among adults in food-insecure households than in food-secure households (Gucciardi, Vahabi, Norris, Del Monte and Farnum 2014). In addition, the ACA's Internet portal was also counterintuitive because it did not address the digital divide in America. Americans with lower incomes are much less likely to use a computer or have Internet access than their higher-income counterparts (Brodie, Flournoy, Altman, Blendon, Benson and Rosenbaum 2000). The ACA did not address how the lack of universal access to the internet (a social determinant of education rates) as a barrier to reaching and understanding personal health information. In short, the monetary incentive approach and the implementation of electronic health records both fell short because these initiatives did not prioritize disadvantaged populations. However, community empowerment, the second major strategy to bring about healthcare reform in the ACA was more successful.

Stimulating local involvement of community-based organizations in health care initiative

can highlight and address community specific problems. For example, The Secretary of Health and Human services was enabled in Subtitle C of the ACA to award monetary grants to community organizations to address healthy living in areas that have “racial and ethnic disparities” (Leong and Roberts 2013). Community Transformation Grants also gave states opportunities to purchase vaccines at a reduced price in order to improve vaccination rates among minority groups; there is a large racial and ethnic disparity in vaccination rates. More specifically, African Americans and other minority groups are disproportionately affected by HPV infection and subsequent cervical cancer compared with non-Hispanic Whites; a primary reason for this disparities in HPV infections is that the vaccine is largely not talked about in the minority communities (Ylitalo, Lee and Mehta 2012). Community education about discounted vaccines can increase vaccination rates and decrease serious long-term, chronic health risks. The ACA also targeted another meso-level community-- the workplace. Again, the Secretary of Health and Human Services was authorized to fund small businesses to introduce wellness programs in the workplace. Similar programs in Canada have already been implemented with positive outcomes; wellness scores in Canada increased by 6.8% during a two-year period of the program (Elia and Rouse 2016). In sum, the ACA did a better job at uplifting communities and addressing the needs of specific communities than meeting individual health needs.

The Affordable Care Act: Information Barriers to Policy Implementation

While addressing the social determinants of health was an important part of health reform, there were political barriers to these social service investments in the polarized political system. Bipartisan gridlock is not uncommon in Congress as the system is resistant to change. And ACA’s major investment in social services did not go uncontested in Congress. A long list of presidents has tried to reform the U.S. healthcare delivery model, but most have failed. One failed example was the American Health Security Act (AHSA) of 1993 spearheaded by First Lady Hillary Clinton. The Clinton plan attempted to secure universal coverage and regulate the private insurance market. But this plan faced vigorous opposition as it reduced the profitability of the private healthcare (Oberlander 2007).

But, the Affordable Care Act broke the status quo with the addition of a new marketplace exchange. As noted above, the marketplace included private coverage plans at subsidized rates for those whose income was above Medicaid eligibility levels but could not afford private coverage. The e-marketplace, Healthcare.gov, was the portal for the health reform initiative. When first opened, the government website was overwhelmed by more users than it was designed to handle, causing navigational glitches, that frustrated millions of consumers who tried to complete applications for health insurance under the Affordable Care Act (Benoit 2014). Unfortunately, the initial failure of the launch decreased the credibility of the site and caused skewed bias against the health reform bill.

These criticisms, surrounding the Affordable Care Act, among others, skewed its

purpose and generated false information leading many Americans to believe falsified opinions rather than credible knowledge. When shopping for health insurance, it is necessary to properly weigh the benefits and costs of different plans. But, Americans were ill-equipped and unprepared to navigate the new exchanges. Besides, one-half of the American population did not know about the new health insurance exchanges or their subsidies, and 42% could not correctly describe a deductible (Barcellos, Wuppermann, Carman, Bauhoff, McFadden, Kapteyn, Winter and Goldman 2014).

But the question still remains whether this is an issue with the healthcare law. Researchers have found that when people are provided with policy-specific factual information, they use this information in formulating individual beliefs. The trouble is, “People rarely possess even a modicum of information about policies”; meaning, personal experiences alter one's ability to learn facts if it goes against their self-interest (Bullock 2011: 498). In short, basic knowledge of different health services is crucial if people are to make the right health plan choices. Besides, identifying geographic variation in enrollment is important to developing and refining policies and enrollment strategies on a national level.

Although there is a surplus of data about access, costs and knowledge of ACA, there is not much research that related these health care dimensions to healthcare outcomes. Perhaps the newness of the ACA and its uncertain future under new political administrations might have discouraged health outcome research. In this study, attempts were made to expand on these relationships in hopes to identify further areas for improvement.

RESEARCH QUESTION

The main goal of this research was to uncover the potential health benefits of government social insurance programs such as the Affordable Care Act. As detailed above, the Affordable Care Act not only covered millions of uninsured Americans but also, rewrote insurance rules to treat millions of sick people more equitably. This new revolutionary (at least in the American system) marketplace, with changed policies and practices, requires an investigation into how ACA insurees compare with non-ACA insurees, in terms of knowledge of, access to, and costs of health care. Is there a cost for not being covered by the ACA health insurance? And is the advantage in coverage also translated into favorable health outcomes?

THEORY AND HYPOTHESIS

This research was guided by a global hypothesis that participants who enrolled in the ACA insurance program, when compared to those who had non-ACA insurance would have better health outcomes because of reduced healthcare costs, more access to care services, and more knowledge about the marketplace, net of pre-existing conditions, gender, employment status, income, and age. Talcott Parsons (1978: 437) argued that

a well-functioning health care system, that provides effective care leading to good health outcomes, is essential for the smooth functioning of a society. However, the American Health Care system has not been functioning at an optimal level. In fact, many health care critics such as Leong and Roberts (2013) have documented that the system is in disequilibrium because of discriminatory practices along many dimensions. The market model of health care delivery, which provides high cost care without the expected health benefits, critics argued, is one major problem. Besides, health care is unequal because it is contingent on how much resources you have. To address these disparities in health access and outcomes, the social justice proponents have made a theoretical and programmatic case for universal health care access. The ACA program, which offers universal coverage, was based on the premise that healthcare is a human right. The ACA is expected to equalize health care resources and offer better health outcomes than the market model could.

Labeling and Social Resource Theories In a Structural Functionalist Framework

Health is typically defined as a person's physical, mental and social well-being. Medicine refers to the institution that seeks to prevent, treat and cure disease and illness, while healthcare is the actual medical services that allows for medical treatments to be carried out. Dr. Talcott Parsons' (1978) conception of the 'sick role' and its relevance to the consumption of health integrated all three of these concepts (structural functionalism, social resources theory, and labeling theory) to theorize how they are interdependent upon one another. When one takes on a 'sick role', illness exempts them from daily obligations because they need rest, and requires them to seek appropriate medical attention to regain optimal health. The 'sick role' focuses on restoration of health as the ultimate goal and the only way to do so is to be cured by a physician. In this scenario, Parsons highlighted the importance of accessible medical services to ensure a functional relationship between illness and health.

But, accessibility to health care is contingent on whether societies perceive health care to be a human right (social justice) or a market commodity. Under a health as a market commodity principle, healthcare is offered within a free market where private insurance companies set competitive prices among themselves with little government intervention. Under a free market health care system, individuals who have resources are able to seek better care and have better outcomes. Social resources, be they ascribed (race/ethnicity, gender, religion) or achieved (education and jobs), and the associated social networks and social ties (Lin 1982) make for unequal access to knowledge about, options for health care, and health outcomes. Besides, before the implementation of the Affordable Care Act, American private insurance companies thrived under the free market model. They set their own prices and hand-picked their customers by excluding those with pre-existing conditions. Those with pre-existing conditions were 'labeled' (Mead 1934) as high-risk and were flagged under "high risk" pools with high coverage cost rates.

In contrast, the ACA was premised on a social justice principle; healthcare was treated as a human right and universal coverage is provided no matter if you can afford it or not. Expansion of Medicaid coverage and opening up a subsidized Marketplace provided more Americans with insurance coverage and attempted to close the inequality gap in health care. Besides, the safeguards against discrimination against pre-existing conditions did away with the 'high risk' label used in the free market health care model.

MIXED METHODOLOGIES

A sequential mixed methods approach was used to estimate the relative effects of Healthcare Access, Healthcare Costs, and Knowledge Level on health outcomes. The secondary survey source used was the 2014 "Health Reform Monitoring Survey". Qualitative interviews conducted for this research with healthcare professionals were used to elaborate on the survey findings.

Secondary Survey Data

In January 2013, the Urban Institute launched the Health Reform Monitoring Survey (HRMS) of nonelderly population in the U.S. to study the Affordable Care Act (ACA), aside from available federal government survey data (Holahan and Long, 2014). HRMS obtained information about one's self-reported health status, access to and use of health care, health care affordability, health insurance literacy, understanding of health insurance marketplaces, and attentiveness of ACA provisions. Additional information collected in the survey included age, gender, sex, education, income, and employment status. HRMS covered a random sample of approximately 7,500 nonelderly adults (ages 18-64).

The survey sample used in this study consisted mainly of 45-59 year old ACA insurance holders (34.0%) and non-ACA insurance holders (38.7%)³. High school diploma was the most frequency level of education for ACA insured participants (33.8%) and for non-ACA participants (25.9%). Nearly half of both ACA (48.9%) and non-ACA (54.1%) groups were female and over half of the former (59.4%) and latter (71.8%) groups were employed. Pre-existing conditions were important to account for because they can determine health outcomes. Unlike private insurance, the ACA protects those with pre-existing conditions from ineligibility or elevated coverage costs. An overwhelming majority of non-ACA members (90.3%) and surprisingly, protected ACA insured participants (88.4%) did not have pre-existing conditions. Finally, given the ACA's expanded medicaid (a social need) program, majority of ACA insured participants were a part of the lower economic class (40.3%), while majority of non-ACA, privately insured group consisted of upper class (45.4%). Details are available in Appendix A.

³ The original collector of the data, or ICPSR, or the relevant funding agencies bear no responsibility for the use of the data or for the interpretations or inferences based on such uses.

Supplemental Qualitative Interviews

The statistical analyses of health outcomes, as documented in 2014 Health Reform Monitoring Survey, were illustrated with content analysis of individual experiences with the Affordable Care Act, and qualitative interviews with two healthcare professionals. The two interviewees were professionals from the healthcare administration sector specializing in policy implementation and reform. One, Interviewee #1, a Health care Program Specialist, has 12-14 years of experience working at a local health insurance plan; this focuses on providing effective, efficient, and equitable care for its participants. The second, a senior director (Interviewee #2) is an associate on the general counsel for a state health insurance plan and has worked in Washington assisting with the implementation and monitoring of the Affordable Care Act. Both were asked questions via email about their thoughts on the price of not being covered under the Affordable Care Act. Refer to Appendix B for the consent form and interview protocol.

Documented experiences and testimonies from the ACA and privately insured were also included in this research. Journalistic reports were incorporated about unaffordability of health insurance, ineligibility because of pre-existing conditions, and inaccessibility due to unemployment status. These stories offered supplements to the quantitative differences between the two coverage types and underscored interviewee comments.

DATA ANALYSES: SURVEY AND QUALITATIVE INSIGHTS

There were three types of analysis conducted for this research. First, univariate analyses were used to determine the participants overall health status and build a profile of their opinion on accessibility, costs and knowledge level of healthcare services. Preliminary associations between health outcomes and the way it was impacted by the initiation of the ACA expansion vs non-ACA insurance plans were done using bivariate analysis. These associations were re-tested using multiple regression analyses, which offered evidence for the theoretically grounded hypotheses. Insights from the qualitative interviews and testimonies were useful to illustrate the multivariate analysis findings as well as to offer suggestions for future research.

Operationalization and Descriptive Analyses

On balance, both the ACA and non-ACA insured were more unhealthy than healthy, and had high healthcare costs. However, ACA participants reported higher costs than non-ACA individuals. While both groups generally found difficulties in accessibility of care, more ACA generally found it harder to find care in their neighborhoods than those with non-ACA associated coverage. Knowledgeability levels differed between the two groups as well. More ACA insured participants did not know the meaning of general healthcare terms like co-payments or deductibles, yet knew more about the marketplace than non-ACA covered individuals.

Health Outcomes

The relationship between access to health insurance and overall health outcomes, evident in this study, were complex (Table 1.A). Overall, those who had health insurance through the ACA (Health Outcomes Index mean=19.0 on a range of 1-74) had somewhat poorer health outcomes than the non-ACA group (mean=17.3; range of 1-74). For example, 40.7% of non-ACA participants self-reported their health to be very good compared to only 33.8% ACA insurees. Similarly, ACA respondents reported feeling unhealthy more days out of the month (mean=5.21) than non-ACA insured people (mean=4.08). Perhaps, the availability of ACA health care, irrespective of pre-existing conditions, might explain the unexpected health outcome difference.

**Table 1.A Health Outcomes: ACA vs. Non-ACA
2014 Health Reform Monitoring Survey**

Concepts	Dimensions	Indicators	Values and Responses	Statistics	
				ACA (n=921)	Non ACA (n=5853)
Dependent: Health Outcomes	Overall Health	Q1_ In general, would you say your health is	1. Excellent	10.4%	10.6%
			2. Very Good	33.8	40.7
			3. Good	38.9	35.6
			4. Fair	14.1	11.2
			5. Poor	2.9	1.9
		Q18A. Standing on Poor Health Ladder ¹	1. 10	7.7%	5.8%
			2. 9	7.8	10.4
			3. 8	16.5	24.6
			4. 7	18.1	22.2
			5. 6	13.9	12.8
	Physical Health	Q2: Now thinking about your physical health, .. ² , how many days during the past 30 days was your physical health not good?	6. 5	17.7	11.3
			7. 4	7.6	5.8
			8. 3	6.0	4.0
			9. 2	2.2	1.4
			10. 1	1.5	0.8
	Mental Health	Q3_ Now thinking about your mental health, .. ³ how many days during the past 30 days was your mental health not good?	11. 0	1.1	0.9
			1-30 (n)	5.21 (932)	4.08 (5916)
			1-30 (n)	4.87 (930)	3.96 (5880)
			Index of Poor Health Outcomes ⁴	Mean (s) 19.0(15.2)	17.3(13.2)
			Min-Max	1-74	1-74

^{1.} Q18A _Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time, assuming that the higher the step the better you feel about your life, and the lower the step the worse you feel about it?

^{2.} which includes physical illness and injury;

^{3.} which includes stress, depression, and problems with emotions;

^{4.} Index of Health Outcomes: Q1 + Q18A + Q2 + Q3.

Access to Healthcare

Accessibility to healthcare coverage plays a huge role in health outcomes as well. While obtaining coverage is an important step in regulating health, accessibility is equally valuable. If the services provided by the coverage are inaccessible, then the coverage is no longer relevant. Therefore, when comparing plans offered under the ACA with privately purchased coverage it was important to measure the difference in quality of care. Inability to locate a local doctor and lack of availability of preventive and emergency services were both indicators of inaccessibility.

**Table 1.B. Access to Healthcare: ACA vs. Non-ACA
2014 Health Reform Monitoring Survey**

Concepts	Dimensions	Indicators	Values and Responses	Statistics	
				ACA (n=939)	Non-ACA (n=5921)
Access to Healthcare	Emergency Treatment/care access	TQ84A_ How would you rate the characteristics of your neighborhood's availability of places to get medical care?	1. Excellent	18.6%	24.9%***
			2. Very good	30.4	30.9
			3. Good	31.7	29.0
			4. Fair	13.5	10.5
			5. Poor	5.8	4.6
	Preventative Care	Q4_ Is there a place you usually go when you're sick or need advice about your health?	1. I have a place I usually go	55.9%	57.3%*
			2. I have more than one place I usually go	16.0	19.2
			3. Do NOT have place I usually go.	28.0	23.4
		Q5_ how long has it been since you last visited a doctor or other health care provider for a routine checkup? ¹	1. Within last year	66.8%	0.5%***
			2. One plus years ago	29.3	27.5
			3. Never	3.8	1.9
		Q6_A_ Did you have trouble finding a doctor or other health care provider who would see you? ²	1. Did not need care	12.4%	11.8%***
			2. No	78.7	83.8
			3. Yes	8.8	4.3
		Q6_B Were you told by a doctor's office or clinic that they would not accept you as a new patient?	1. Did not need care	14.0%	13.2%***
			2. No	76.5	82.3
			3. Yes	9.5	4.5
		Q6_C_ Were you told by a doctor's office or clinic that they do not accept your health care coverage?	1. Did not need care	13.2%	12.6%***
			2. No	72.1	80.9
			3. Yes	14.7	6.5
		Q6_D_ Did you have trouble getting an appointment at a doctor's office or clinic as soon as you thought	1. Did not need care	14.1%	12.8%***
			2. No	72.0	75.1
			3. Yes	13.8	12.1

you needed one?				
Index of Access to Healthcare ³		Mean (s)	6.37(1.8)	5.86(1.7)
		Min-Max	3-14	3-14

*** p<=.001; * p<=.05.

1. A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition;

2. In answering the q6_A-D, please think about your experiences obtaining health care in the past 12 months, that is, since September 2014;

3. Index of Access to Health Care: Q1+Q18A+Q2+Q3;

As seen in Table 1.B, ACA insurees not only had poorer health outcomes, but also less access to care (Access to Health care Index Mean of 6.37; range of 3-14) than non-ACA respondents (mean of 5.86 on a range of 3-14). Majority of ACA covered participants rated the availability of health care as good (31.7%) whereas most non-ACA participants found their neighborhoods to have very good care available (30.9%). The non-ACA group (57.3%) also were more likely to have a consistent place of care accessible than the ACA insured (55.9%). ACA insured people did not need care at higher rates than the Non-ACA group; however, when care was needed, ACA participants (8.8%) had more trouble finding a doctor or health care provider who would see them.

Health Care Costs

Cost of care is also an important dimension in promoting and maintaining health behavior. If your insurance does not subsidize a substantial portion of expensive services or if you are simply unable to cover co-payments nor prescribed medication, then there are negative implications on health. Cost burdens associated with healthcare services are potential threats to one's health.

ACA respondents (Table 1.C), in contrast to non-ACA insurees, generally found it more expensive to purchase prescription drugs (18.1% vs. 9.8%), to see a general doctor (16.9% vs. 9.6%), a specialist (19.3% vs. 10.1%), to get medical tests (31.2% vs. 18.4%), dental care (13.4% vs. 5.2%), mental health care (7.0% vs. 2.32%), medical care (19.0% vs. 9.2%) and drug/alcohol treatment (24.2% vs. 15.2%). They (ACA insurees) also found they had more trouble paying medical bills (24.2% vs. 15.2%) especially over time (27.6% vs. 22.6%). Overall, ACA insured participants incurred more costs (Health care costs Index Mean=19 on range of 1-24) than non-ACA respondents (Health Care Cost mean=17.3; range of 1-24).

**Table 1. C. Health Care Costs: ACA vs. Non-ACA
2014 Health Reform Monitoring Survey**

Concepts	Dimensions	Indicators	Values and Responses	Statistics	
				ACA (n=824)	Non-ACA (n=6851)
Health Care Costs	Uncovered costs: In the past 12 months of Survey:	Q16B_ about how much have you and your family spent out-of-pocket for health care costs that were not covered by your health insurance or health coverage plan	1. Less than \$500	47.3%	38.9%
			2. \$500 to \$999	17.5	22.3
			3. \$1,000 to \$1,499	13.0	12.0
			4. \$1,500 to \$1,999	8.3	6.9
			5. \$2,000 to \$2,999	5.1	7.8
			6. \$3,000 to \$3,999	2.9	4.5
			7. \$4,000 to \$4,999	1.6	2.8
			8. \$5,000 to \$5,999	1.0	2.1
			9. \$6,000 to \$6,999	0.6	0.5
			10. \$7,000 to \$7,999	0.6	0.7
			11. \$8,000 to \$8,999	0.0	0.2
			12. \$9,000 to \$9,999	0.0	0.2
			13. \$10,000 or more	2.2	1.1
	Inability to Pay: In the past 12 months,	Q13: unable to pay any medical bills? ¹	1. No	75.8%	84.8%*
			2. Yes	24.2	15.2
		Q12 ² needed but didn't get it because you couldn't afford:	1. No	87.1%	77.0%
			2. Yes	12.9	23.0
		Q12_1_Prescription Drugs	1. No	81.9%	90.2%***
			2. Yes	18.1	9.8
		Q12_2_Medical Care	1. No	81.0%	90.8%***
			2. Yes	19.0	9.2
		Q12_3_To see a general doctor	1. No	83.1%	90.%***
			2. Yes	16.9	9.6
		Q12_4_To see a specialist ³	1. No	80.7%	89.9%***
			2. Yes	19.3	10.1
		Q12_5_To get medical tests, treatment, or follow-up care	1. No	68.8%	81.6%***
			2. Yes	31.2	18.4
		Q12_6_Dental care	1. No	86.6%	98.4%***
			2. Yes	13.4	5.2
		Q12_7_Mental health care or counseling	1. No	93.0%	97.7%***
			2. Yes	7.0	2.32
		Q12_8_Treatment or counseling for alcohol or drug use	1. No	75.8%	84.8%***
			2. Yes	24.2	15.2
		Q13a_Do you or anyone in your family currently have any medical bills being paid off over time? ⁴	1. No	72.4%	77.4%***
			2. Yes	27.6	22.6
			Index of Health Care Costs ⁵	Mean (s) Min-Max	19.0 1-24

***p<=.001; *p<=.05.

- ¹ For this question, think about your health care experiences over the past 12 months, that is Did you or anyone in your family have problems paying or were Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care. For this study, we're interested in your immediate family, which would include you, your spouse (if applicable), and any children or stepchildren under 19 who are living with you;
- ² Thinking about your health care experiences over the past 12 months, was there any time when you needed any of the following but didn't get it because you couldn't afford it?,...;
- ³ A specialist is a doctor who focuses on a particular class of patients (such as children) or on a specific Disease (such as heart disease) or on a particular technique (such as surgery);
- ⁴ This could include medical bills being paid off with a credit card, through personal loans, or bill 7 paying arrangements with hospitals, physicians, or other health care providers. The bills can be from earlier years as well as this year;
- ⁵ Index of Health Care Costs: Q16B+Q12_1_Dummy+Q12_2_Dummy+ Q12_3_Dummy + Q12_4_Dummy + Q12_5_Dummy+Q12_6_Dummy+Q12_7_Dummy + Q12_8_Dummy + Q13_Dummy + Q13A_Dummy.

Knowledge Level

Basic comprehension of how healthcare insurance works could also affect health outcomes. Inability to understand the terminology involved in coverage can influence choosing the correct plan for you. This is especially important when costs are involved. Subsidized marketplace plans are available in order to efficiently reach every single American with affordable coverage options. If plans are misinterpreted, this extension could potentially do more harm than good by negatively affecting health outcomes.

Non-ACA insured participants were more likely to understand the following terms than ACA covered participants: premiums (49.7%), deductibles (51.9%), co-payments (54.2%), co-insurance (32.4%), maximum annual out-of-pocket spending (42.6), provider network (46.7%), and covered services (43.5%). On the other hand, those insured under the ACA had higher knowledge levels (15.7%) about subsidies for premiums and out-of-pocket health care costs in the health insurance marketplaces. On balance, ACA and Non-ACA participants were even in their knowledge of relevant aspects of their insurance plans (Index of Knowledge Mean for ACA and Non-ACA was 29 and 29.58 on a range of 14-56).

**Table 1. D. Knowledge Level: ACA vs. Non-ACA
2014 Health Reform Mentoring Survey**

Concepts	Dimensions	Indicators	Values and Responses (n)	Statistics	
				ACA (778)	NonACA (6807)
Knowledge Level	General insurance knowledge level: How well do you understand:	TQ7A_ what the term premium means for health insurance coverage	1. Very Confident	40.5%	49.7%***
			2. Somewhat confident	33.4	30.4
			3. Not too confident	18.0	13.8
			4. Not confident at all	8.1	6.1
		TQ7B_ the term deductible?	1. Very Confident	41.2%	51.9%***
			2. Somewhat confident	35.1	32.7
			3. Not too confident	17.1	10.6
			4. Not confident at all	6.6	4.8
		TQ7C_ the term Co-payments?	1. Very Confident		
			2. Somewhat confident	42.7%	54.2%***
			3. Not too confident	35.7	31.5
			4. Not confident at all	15.6	9.9
		TQ7D_ the term Co-insurance?	1. Very Confident	6.0	4.5***
			2. Somewhat confident	24.5%	32.4%***
			3. Not too confident	31.7	32.5
			4. Not confident at all	29.5	25.5
		TQ7E_ the term maximum annual out-of-pocket spending?	1. Very Confident	14.3	9.5
			2. Somewhat confident	31.9%	42.6%***
			3. Not too confident	36.6	34.2
			4. Not confident at all	20.9	16.5
		TQ7F_ the term provider network?	1. Very Confident	37.1%	46.7%***
			2. Somewhat confident	36.6	33.9
			3. Not too confident	17.1	13.4
			4. Not confident at all	9.2	6.0
		TQ7G_ the term covered services?	1. Very Confident	34.8%	43.5%***
			2. Somewhat confident	36.4	36.4
			3. Not too confident	20.2	14.6
			4. Not confident at all	8.6	5.5
		TQ19A ¹ _ Subsidies	1. A lot	15.7%	8.1%***
			2. Some	32.2	24.9
			3. Only a little	21.7	25.3
			4. Nothing at all	30.4	41.7

ACA marketplace Knowledge: How well do you know how to figure out how to:	TQ7a_A_find a doctor or other health provider who is in your health plan's network?	1. Very Confident	43.9%	54.8%***
		2. Somewhat confident	38.4	35.2
		3. Not too confident	14.2	7.2
		4. Not confident at all	3.5	2.8
	TQ7a_B_ whether a service is covered by your plan?	1. Very Confident	31.6%	36.7%***
		2. Somewhat confident	40.8	42.2
		3. Not too confident	22.3	16.7
		4. Not confident at all	5.4	4.3
	TQ7a_C_which prescription drugs are covered by your plan?	1. Very Confident	30.8%	35.3%***
		2. Somewhat confident	40.6	41.3
		3. Not too confident	23.1	18.3
		4. Not confident at all	5.5	5.1
	TQ7a_D_how much a health care visit or service will cost you	1. Very Confident	30.6%	33.2%***
		2. Somewhat confident	39.0	37.8
		3. Not too confident	22.2	20.9
		4. Not confident at all	8.2	8.1
	TQ7a_E_how much it will cost to visit a health care provider or use a service that is not in your health plan's network?	1. Very Confident	25.2%	26.3%***
		2. Somewhat confident	34.8	33.8
		3. Not too confident	27.5	27.6
		4. Not confident at all	12.5	12.2
	TQ7a_F_ what counts as preventive care services under plan?	1. Very Confident	25.9%	31.4%***
		2. Somewhat confident	39.4	39.8
		3. Not too confident	26.4	22.3
		4. Not confident at all	8.2	6.5
	Index of		Mean (s)	29.58(9.66)
	Knowledge		Min-Max	29(9.8)
	Level ¹			14-56 14-56

***p<=.001; *p<=.05.

¹Index_ACAKnowledge=TQ7_A + TQ7_B + TQ7_C + TQ7_D + TQ7_E + TQ7_F + TQ7_G + TQ7A_A + TQ7A_B + TQ7A_C + TQ7A_D + TQ7A_E + TQ7A_F + TQ19A.

Bivariate Correlational Analyses

Correlations or bivariate analysis were used to compare the preliminary empirical relationship of Health Outcomes (effect) with Healthcare Access, Healthcare Costs, and Knowledge Levels, Pre-existing Conditions, Income, Gender, Employment Status and

Age (Appendix C). The analyses were run separately for ACA and non-ACA members.

As seen in Table 2, the primary driver of health outcomes for both ACA ($r=.32^{***}$) and non-ACA members ($r=.34^{***}$) was pre-existing conditions. Those who had pre-existing conditions had worse health outcomes of both groups. As for the potential import of the three components of health care, the more costs ($r=.196^{***}$), more access ($r=.15^{***}$), and to a lesser extent, the more knowledge ($r=.07^{***}$) that non-ACA members incurred or had the poorer their health outcomes were. Similarly, higher health care costs ($r=.15^{***}$), and to a lesser extent access ($.07^{***}$) were the only possible predictors of health outcomes of ACA insurees. The robustness of the respective effects of the three aspects of health care on the health outcomes of ACA and non-ACA participants, net of pre-existing conditions, economics, and demographics, was tested using multivariate analyses presented below.

Regression Analyses and Qualitative Insights

To assess the costs to Non-ACA insurees of not participating in the ACA marketplace, separate regression analyses for ACA and non-ACA members were conducted. As seen in Table 3, pre-existing conditions were the strongest predictor of poor health outcomes for both ACA ($\beta=.30^{***}$) and Non-ACA ($\beta=.30^{***}$) groups. But, the different pathways to avoiding poor health outcomes between the ACA and non-ACA members illustrated the costs of not having ACA coverage. Net of the pre-existing conditions, economics, and age, non-ACA insurees who had better health outcomes were those who did not access much healthcare ($\beta=.07^{***}$) and incurred less costs ($\beta=.14^{***}$). But for ACA members, perhaps because ACA equalizes access and cost, neither healthcare access nor knowledge made a net difference in their health outcome (betas not significant). The only significant predictor of good health outcomes for the ACA insured participants was lower costs ($\beta=.09^{*}$). In other words, ACA insurees had to incur only fewer costs, but not access or knowledge, for their good health outcomes. But, non-ACA insurees had to access less care and incur fewer costs to achieve good health.

That any effective health reform needs to address income inequalities were also evident in the negative effects of income and employment on health. Irrespective of the type of health coverage, those who had more income (ACA $\beta=-.10^{**}$; Non-ACA $\beta=-.07^{***}$) had better health. Similarly, non-ACA insurees better health outcomes only when they are employed ($\beta=-.11^{***}$).

**Table 3. Health Outcomes of ACA vs. Non-ACA members:
Regression Analysis of the Relative Effects of Healthcare Access, Healthcare Costs, and
Knowledge Levels¹: Beta (β) Coefficients
2014 Health Reform Monitoring Survey**

	Beta	
	ACA	Non-ACA
A. Insurance Factors		
1. Healthcare Access	.05	0.07***
2. Healthcare Costs	.09*	0.14***
3. Knowledge Level	-.01	0.03
B. Outside Factors		
1. Pre-existing conditions	.30***	0.30***
2. Family's total income	-.10***	-.07***
3. Gender	-.01	-0.03
4. Employment Status	-.06	-.11***
5. Age	.03	0.04**
Model Statistics:		
Constant	15.79***	11.87***
Adjusted R ²	.132	.197
DF 1 & 2	8 & 707	8 & 2899

*** p<=.001; ** p<=.05.

1. Index of Health Outcomes: Q1 + Q18A + Q2 + Q3 (Range = 1-74);
Index of Access to Health Care: Q1+Q18A+Q2+Q3 (Range= 1-24);
Index of Health Care Costs: Q12_1_Dummy + Q12_2_Dummy + Q12_3_Dummy + Q12_4_Dummy + Q12_5_Dummy+Q12_6_Dummy+Q12_7_Dummy+Q12_8_Dummy + Q13_Dummy + Q13A_Dummy (Range = 3-14);
Index_ACAKnowledge=TQ7_A + TQ7_B + TQ7_C + TQ7_D + TQ7_E + TQ7_F + TQ7_G + TQ7A_A + TQ7A_B + TQ7A_C + TQ7A_D + TQ7A_E + TQ7A_F + TQ19A (Range =14-56);
Age: Range:(1 = 18-29 ; 2= 30-44; 3= 45-59 ; 4= 60+);
Gender (Ppgender):(1= Female; 2 = Male);
Employment Status (ppwork):(1= Not Working ; 2=Self-Employed/Working);
Pre-exisitng Conditions (Q3A):(1= No; 2= Yes);
Income level (Q14B): (1= Lower Class; 2= Lower Middle Class ; 3= Middle Class ; 4= Upper Class).

CONCLUDING REMARKS: Empirical and Applied Implications

These findings suggested that if one did not have ACA, you need more access to healthcare services in order compensate for pre-existing conditions and to have better health outcomes. More specifically, it was primarily in the non-ACA market that access to care and costs differentiated the healthy from the not-so-healthy. For example, Howard, a self-employed diabetic, found it harder to access insurance and services provided with an incurable disease. In fact, Harold has to participate in trials studies on diabetes in order to get the necessary services to live (Healthcare.gov 2013). Since it costs more to maintain health in the private market than in the ACA market, pre-existing

conditions are more of a burden on the privately insured. More affordable health plans available in a subsidized ACA marketplace renders access less relevant.

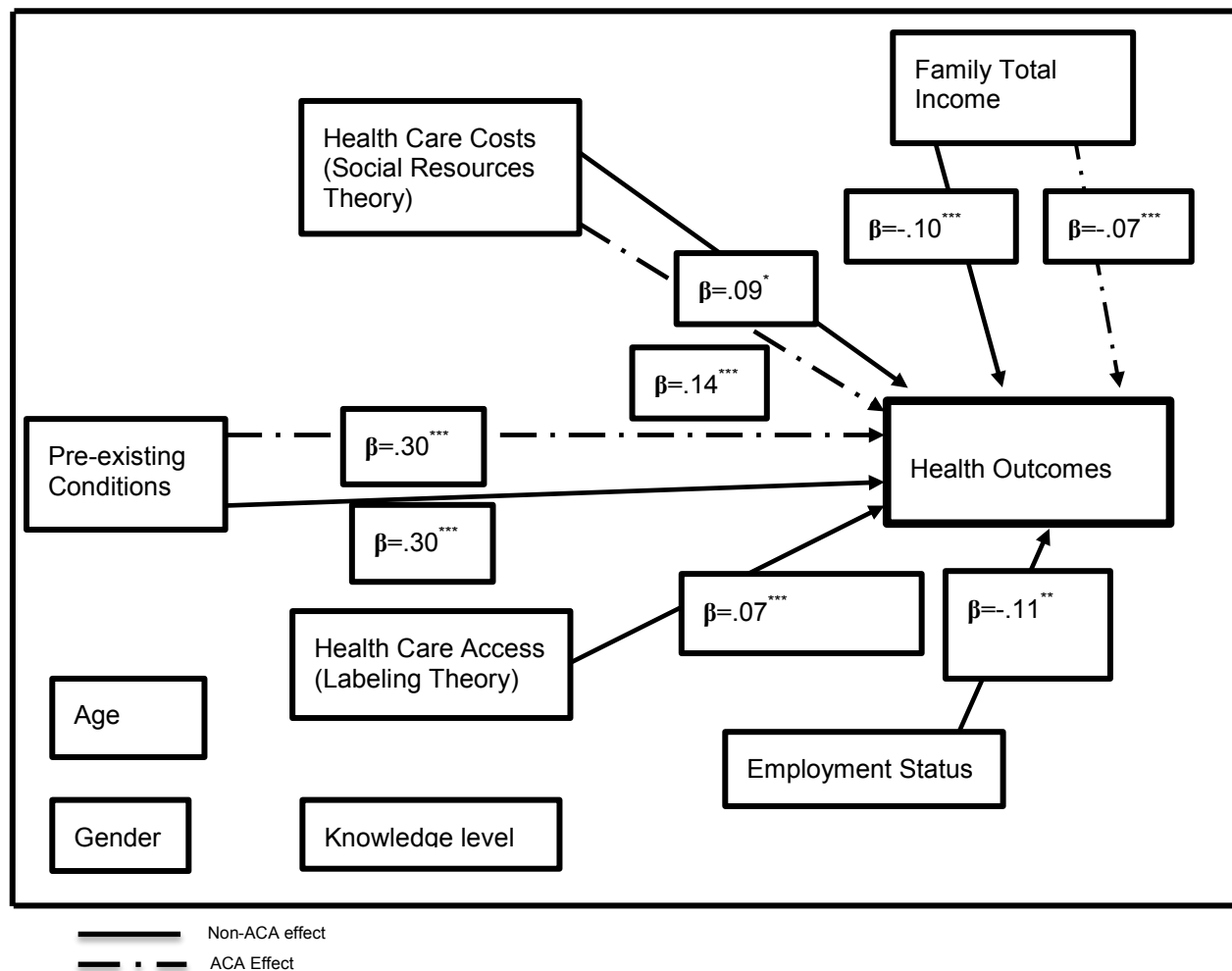
The bottom line is that, in both high and low deductible private (non-ACA) plans the patient ends up paying higher premiums than ACA-sponsored insurance plans. It stands to reason, as noted by Interviewee #1, a senior program health specialist at a local hospital network, there is a delay of care in care and worsening health when faced with high costs. The affordable care act opened up insurance options for those who considered themselves “low acuity”, or healthy enough not to need consistent care. However, as Interviewee #1 explained, individuals who did not purchase insurance because they thought they could self-maintain their health, often suffered from chronic pre-existing conditions like diabetes, a symptomless disease and ended up incurring more costs.

Theoretical Implications

The essential relationship between health services and good health outcomes outlined in this paper was analyzed using Parson’s Structural Functionalism framework (see Figure 1). That it was only primarily in the non-ACA market that access to care and costs differentiated the healthy from the not-so-healthy pointed to the need for ACA-type universal health care access. The Social Resources Theory also helped contextualize the relationship between high cost of care and health outcomes for non-ACA and ACA participants. As suggested by the theory, those with more resources could afford and access private insurance in the Non-ACA market and thereby increase the likelihood of addressing their health care challenges and ultimately maintain better health. The subsidized prices (supplemented resources) provided with ACA insurance can have similar effects on health outcomes. Finally, as predicted using Labeling Theory, pre-existing conditions was the prime driver of poor health outcomes in both ACA and Non-ACA markets and underscored the need for the types of waivers available in the ACA markets.

FIGURE 1

Theoretical and Empirical Model of the Relative Effects of Cost, Access and Knowledge Level, on Health outcomes, net of Pre-existing Conditions, Family Total Income, Age, Employment Status and Gender (Beta Coefficients)
Health Mentoring Survey 2014



² Refer to Table 3 for index coding

^{***} $p \leq .001$; ^{*} $p \leq .05$.

Limitations and Suggestions for Future Research

A full evaluation of the costs of not having ACA insurance was limited because participants were surveyed at the beginning of the open-enrollment period, before they were able to use the plan they were purchasing for the year. Since this study was conducted in 2014, at the beginning of the enrollment period, Interviewee #2 (a Senior Program Specialist) hinted that it might have been too premature to evaluate access to services and their connections to health outcomes. Interviewee #1 (the Senior Program Specialist) also noted that those who were not insured until the individual mandate

kicked in, might have not perceived they had an access problem because they originally did not go to the doctor. So, to a once non-health care user any care might seem “good” which could also have skewed the results. In addition, Interviewee #2 (Senior Director, State Policy & Strategy) noted that future researchers need to control for geographical differences in health outcomes. Not all states carried out the same method in introducing the marketplace exchange plans. In fact, some states limited standardized plans and emphasized consumer choice while others adopted formal mechanisms to foster competitive marketplaces (Dash, Lucia, Monahan, and Keith 2013).

APPENDICES

Appendix A

Concepts	Indicators	Values and Responses	Percentages	
			ACA	Non ACA
Age	Ppagect4	1. 18-29	23.9%	17.7%
		2. 30-44	24.8	28.4
		3. 45-59	34.0	38.7
		4. 60+	17.3	15.3
Gender	Ppgender	1. Female	54.1%	48.9%
		2. Male	45.9	51.1
Employment Status	Ppwork	1. Not Working	40.6%	28.2%
		2. Working/self-employed	59.4	71.8%
Pre-existing conditions	Q3A_ Do you have a physical or mental condition, impairment, or disability that affects your daily activities OR that requires you to use special equipment or devices, such as a wheelchair, TDD or communication device?	1. No	88.4%	90.3%
		2. Yes	11.6	9.7
Family Income	Q14B_ Please mark your family's income level based on category.	1. Low class	40.3%	16.9%
		2. lower middle class	30.5	17.3
		3. Middle class	15.7	20.4
		4. Upper class	13.4	45.4

Appendix B

Letter of Consent

Dear Interviewee,

I am a Sociology Senior working on my Research Capstone Paper under the direction of Professor Marilyn Fernandez in the Department of Sociology at Santa Clara University. I am conducting my research on health outcomes for those insured through the Affordable Care Act compared to those who aren't in terms of knowledge of, access to, and costs of health care. I will investigate if there's a cost for not being covered by the ACA health insurance and if this advantage can be measured by health outcomes.

You were selected for this interview because of your knowledge of and experience working in the health policy arena, particularly with the ACA.

I am requesting your participation, which will involve responding to questions about parent participation and access to funding. This will last about 20 minutes. Your participation in this study is voluntary. You have the right to choose to not participate or to withdraw from the interview at any time. The results of the research study may be presented at SCU's Annual Anthropology/Sociology Undergraduate Research Conference and published (in a Sociology department publication). Pseudonyms will be used in lieu of your name and the name of your organization in the written paper. You will also not be asked (nor recorded) questions about your specific characteristics, such as age, race, sex, religion.

If you have any questions concerning the research study, please contact me at ____ or Dr. Fernandez at mfernandez@scu.edu

Sincerely,
Deja Webster

By signing below you are giving consent to participate in the above study. (If the interviewee was contacted by email or phone, request an electronic message denoting consent).

_____	_____	_____
Signature:	Printed Name:	Date

Interview Schedule

Interview Date and Time: _____

1. What is the type of Agency/Organization/Institution where you work with this issue?
2. How long have you been working here and what is the name of your position (formal title)?
3. Based on what you know about the Affordable Care Act, how well has it:
 - a. mediated the costs of health services?
 - b. affected accessibility of health services?
 - c. been marketed to the general public?
4. In your opinion, which is the better option: Privately purchased insurance or ACA mandated insurance?
5. Why might it cost most to maintain good health for non-ACA insured participants?
6. Is there anything else you think I should take into consideration in the relationship between insurance coverage and health?
 - a. What further research would enhance the study?

Appendix C

Table 2

Correlation Matrix: Indices of Health Outcomes, Healthcare Access, Healthcare Costs, Knowledge Level, Age, Education Level, Gender, Employment Status, Pre-existing Conditions and Income level^{1,2}
2014 Health Reform Monitoring Survey

	A	B	C	D	E	F	G	H	I
A. Index of Healthcare Outcomes	1.0	.15*** (5803)	.198*** (5736)	.07*** (3104)	.04** (5853)	-.09*** (5853)	-.22*** (5853)	.34*** (5829)	-.23*** (5749)
B. Index of Healthcare Access	.07* (905)	1.0	.22*** (5765)	.24*** (3118)	-.07*** (5884)	-.07*** (5884)	-.08*** (5884)	.09*** (5858)	-.20*** (5775)
C. Index of Healthcare Costs	.15*** (895)	.17*** (900)	1.0	.11*** (3079)	-.03* (5815)	-.06*** (5815)	-.07*** (5815)	.14*** (5791)	-.24*** (5710)
D. Index of Knowledge Level	.01 (762)	.17*** (767)	.12*** (759)	1.0	-.17*** (3148)	-.03 (3148)	-.06*** (3148)	-.02 (3135)	-.18*** (3052)
E. Age	.03 (921)	-.03 (925)	-.07* (915)	-.09*** (778)	1.0	-.05*** (5938)	-.001 (5938)	.10*** (5911)	.12*** (5825)
F. Gender	-.05 (921)	-.03 (925)	-.01 (915)	-.01 (778)	-.08** (942)	1.0	.16*** (5938)	-.03 (5911)	.10*** (5825)
G. Employment Status	-.14*** (921)	-.03 (925)	-.03 (915)	-.003* (778)	-.07** (942)	.10** (942)	1.0	-.26*** (5911)	.36*** (825)
H. Pre-existing Conditions	.32*** (918)	.06 (922)	.14*** (912)	-.05 (776)	.05 (939)	.01 (939)	-.19*** (939)	1.0	-.190*** (5799)
I. Income level	-.15*** (900)	-.18** (901)	-.08** (891)	-.05 (759)	.07* (917)	.07* (917)	.20*** (917)	-.09** (917)	1.0

^{1.} Correlations above the diagonal of 1.0 are for non-ACA; Below the diagonal = ACA;

^{2.} Index of Health Outcomes: Q1 + Q18A + Q2 + Q3 (Range = 1-74);
Index of Access to Health Care: Q1+Q18A+Q2+Q3 (Range = 1-24);
Index of Health Care Costs: Q12_1_Dummy + Q12_2_Dummy + Q12_3_Dummy + Q12_4_Dummy + Q12_5_Dummy + Q12_6_Dummy + Q12_7_Dummy + Q12_8_Dummy + Q13_Dummy + Q13A_Dummy (Range = 3-14);
Index_ACAKnowledge=TQ7_A + TQ7_B + TQ7_C + TQ7_D + TQ7_E + TQ7_F + TQ7_G + TQ7A_A + TQ7A_B + TQ7A_C + TQ7A_D + TQ7A_E + TQ7A_F + TQ19A (Range = 14-56)
Age: Ppagect4 (1= 18-24; 2= 30-44 ; 3= 45-59 ; 4= 60+);
Gender: Ppgender (1= Female; 2= Male);
Employment Status: ppwork (1 =Not Working ; 2 =Self-employed/ Working)
Pre-exisitng Conditions: Q3A (1 = No ; 2= Yes);
Income level: Q14B (1 = Low Class; 2= Lower Middle Class; 3= Middle Class; 4=Upper Class)
*** p<=.001; ** p<=.05.

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Author Biographies

Christian Abraham is a senior majoring in Sociology and minoring in Ethnic Studies at Santa Clara University, who will be graduating in the spring of 2018. As a first-generation Ethiopian American college student, Christian is part of the LEAD Scholars Program and involved in SCU's Pan-African American student union, Igwebuiké. She hopes to take the lessons and skills she has attained during her time at Santa Clara into a future career in law and in her personal life.

Pamela Low is a recent graduate of Santa Clara University with a B.S. in Sociology, a B.A. in Women's and Gender Studies, and a minor in Classical Studies. She hails from Hayward, CA and loves living in the East Bay Area. She is very excited to be published for the first time and to share her findings about her community. She wishes to continue researching and sharing stories in the future. During her free time, she enjoys hiking, dancing, and watching TV.

Emilio Sanchez is senior who will graduate in the spring of 2018 from Santa Clara University with a triple major in Sociology, Communication, and Spanish Studies. His interests range from child studies to working with immigrant and minority communities. After graduation, he plans to go attend law school, specialize in immigration law, and work in immigrant communities.

Deja Shane Webster is a New Jersey native, but spent her teenage years in Thousand Oaks, California. At Santa Clara University she found her passion in studying health disparities, conducting community research, and participating in educational/advocacy outreach. In order to pursue her interests in public health she forged a new path within the School of Arts and Sciences creating an Individual Studies Major in Public Health Policy. She chose to research healthcare policy in her senior thesis in order to connect her public health coursework with her secondary major in Sociology. Deja will graduate in the Spring 2018 also with a Spanish minor.

SCU SOCIOLOGY MAJOR REQUIREMENTS

(2010 to 2016 Cohorts)

Foundation: (2 lower division courses) **REQUIRED**

Sociology 1	Principles of Sociology
Anthropology 3	Introduction to Social and Cultural Anthropology

Lower division elective (recommended but not required):

Sociology 33	Social Problems in the United States
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Inquiry Sequence: (3 Theory/ Methods courses)

Sociology 119	Sociological Theory (<i>winter quarter of junior year</i>)
Sociology 120	Survey Research and Statistical Analysis (<i>winter quarter Junior Yr</i>)
Sociology 118	Qualitative Methods (<i>spring quarter of Junior year</i>)

Capstone Courses: (*Majors must take EITHER*)

Sociology 121	Research Capstone (<i>fall quarter of senior year</i>)
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OR

Sociology 122	Applied Capstone (<i>in the senior year</i>)
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FIVE Upper Division Sociology Electives: Including at least TWO each from 2 OF 4 CLUSTERS

Criminology/Criminal Justice Cluster

Sociology 158	Sociology of Deviance
Sociology 159	Sociology of Crime
Sociology 160	Sociology of Law
Sociology 161	Sociology of the Criminal Justice System
Sociology 162	Gender & Justice

Immigrant Communities Cluster

Sociology 137	Social Change
Sociology 138	Populations of India, China and the United States (was Demography)
Sociology 150	Immigrant Businesses in the United States (was Ethnic Enterprises)
Sociology 180	Immigrant Communities

Inequalities Cluster

Sociology 132	Social Stratification
Sociology 134	Globalization and Inequality
Sociology 135	Gender and Social Change in Latin America
Sociology 140	Urban Society and Social Conflict
Sociology 153	Race, Class, and Gender in the United States
Sociology 165	Human Services
Sociology 175	Race and Inequality

Organizations/Institutions Cluster

Sociology 127	Group Dynamics
Sociology 148	Stakeholder Diversity in Contemporary American Organizations
Sociology 149	Business, Technology, and Society
Sociology 152	Women and Men in the Workplace
Sociology 157	Sociology of Family
Sociology 163	Sociology of Work and Occupation
Sociology 164	Collective Behavior
Sociology 172	Management of Health Care Organizations

Other Recommended (but not required) Outward Bound Courses (after 118, 119, 120 & 121)

Sociology 125	Honors Thesis
Sociology 198	Internship (Preferably in the Senior year)
Sociology 199	Directed Reading/Directed Research

Up-dated 5/20/13. If you have any questions regarding the above listed requirements, please feel free to give us a call in the Sociology Department and we will be happy to answer your questions. The department phone number is 408/554/279.

Credits: Cover design credits go to Mr. Chris Zamarripa, class '13 and student of graphic design and art at Santa Clara University.