“We call it the badlands”: How Social-Spatial Geographies Influence Social Service Use

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Using data from in-depth qualitative interviews with poor non-Hispanic white and Puerto Rican women living in a high-poverty neighborhood in Philadelphia, this article investigates how issues of geographic and social space condition participants’ use of social resources provided locally by nongovernmental social service organizations (SSOs). The findings suggest that use of SSOs is highly contextual and situated in the local environment. In particular, proximity to agencies is found to be an important consideration in participants’ decision to use SSOs, but equally important are subjective understandings of the immediate environs and the ethnoracial groups that live there. Results suggest that studies of geographic place and social welfare might consider the role of service users’ sense of place and community in whether and how poor people make use of available organizational resources.

Eileen is a 44-year-old unmarried white woman who dropped out of high school in the tenth grade. She lives in a small, two-story brick row home in Kensington, a Philadelphia neighborhood where she has lived “mostly all [her] life.” Like many Kensington mothers, Eileen worries a great deal about the safety of her children, as she resides on an “ungodly” street with “six drug dealers” who peddle their merchandise day and night. Despite her fears, Eileen leaves her four youngest children in the care of her oldest daughter, a 22-year-old who has a significant intellectual disability and who trusts others too quickly, so that she can work 42 hours a week at a local laundromat. After 5 years of service, the owner now trusts Eileen with many of the responsibilities of running the business. She not only cleans, dries, and folds laundry for the customers but also manages the front desk, maintains all the machines, supervises the other workers, and opens and closes the store daily. Not-
withstanding her tenure and duties, Eileen still earns only minimum wage. Furthermore, she no longer receives cash assistance from welfare, although she does receive food stamps and medical assistance for her four youngest children.

Even with a stable, full-time job, Eileen still struggles. Her mother died the previous summer, and Eileen accumulated a large debt in cremating her. She admits that this debt forces her to “take turns” between paying her monthly bills and paying the burial expenses. Moreover, Eileen has trouble finding affordable child care and after-school programs for her children. Because she and her oldest daughter are uninsured, she also has trouble accessing the physical and mental health services that they need. With bills “piling up” and a food stamp allotment that fails to last the entire month, Eileen finds that she has trouble feeding her family adequately. Tearing up, she summarizes her condition: “I have been dealing with what I had to do, robbing Peter to pay Paul. . . . I am just, like, trying to get my life together, and I am slowly getting it, [but] it is kind of hard. . . . We got ‘bout another 15, 16 days hoping I get my next set of stamps, but if not, I don’t know. I just put my TV or stereo on pawn. . . . I’m stressin’ out. I’m working myself too hard.”

Fortunately, Eileen knows about a number of social service organizations that offer assistance to poor families in her neighborhood; however, she chooses to avoid a whole set of agencies that provide services she could use: youth and child-care services, medical care, food assistance, heating assistance, and education and training programs. When asked why she rules out using these agencies, Eileen shakes her head incredulously and replies, “We call it the badlands; we don’t travel there.”

Eileen’s case highlights the challenges encountered by many working poor and welfare-reliant mothers in the United States, but it also demonstrates that issues of place influence poor women’s use of needed social services. Certainly, the idea that local environs matter for poor, urban residents is not new. Many studies since the 1960s have documented the crippling circumscription of opportunity and mobility in inner-city residents’ lives, the fear of street crime, and a lack of access to employment, retail establishments, and other amenities (Wilson 1987, 1996; Anderson 1990, 1999; Klinenberg 2003; Barnes 2005). What is rarely considered, however, are how physical and symbolic manifestations of space condition poor women’s use of nongovernmental social service organizations in their neighborhoods. This article attempts to demonstrate that geographic space, namely, proximity to agencies, influences the choices women make in selecting to use (or not use) local social services. Moreover, it details how these choices are situated in social space, arguing that women’s perceptions of and relations with members of other ethnoracial groups largely influence their assessments.
of geographic zones in their neighborhood as well as their willingness to enter into those zones for nongovernmental social services. These analyses paint a complex portrait in which participants' considerations of space and place, their understandings of the benefits (and risks) of nongovernmental services, and their personal experiences and resources intertwine to ultimately constrain their service use.

Neighborhood, Place, and the Urban Poor

Over the past 3 decades, social science research has devoted considerable attention to the significance of neighborhood for individual and family well-being. Scholarship on neighborhood effects, environmental justice, and spatial mismatch posits that living in poor or racially segregated neighborhoods disadvantages individuals across a whole host of outcomes (Wilson 1987, 1996; Bullard 1990, 1994; Massey and Denton 1993; for reviews, see Leventhal and Brooks-Gunn [2000]; Ellen, Mijanovich, and Dillman [2001]; Small and Newman [2001]; Sampson, Morenoff, and Gannon-Rowley [2002]; and Brulle and Pellow [2006]). The research often attributes this disadvantage in part to the assumptions that such residents are distant from personal and organizational resources and that they are proximate to undesirable land uses. William Julius Wilson (1987, 1996), for example, argues that middle-class flight, depopulation, and deindustrialization (all of which limit organizations' base of support) render poor inner-city residents physically and socially isolated from positive role models, employment opportunities, and local businesses. Indeed, studies show that poor or racially segregated areas often lack geographic access to retail and grocery stores (Alwitt and Donley 1997; Chung and Myers 1999; Morland et al. 2002; Barnes 2005), financial institutions (Pollard 1996), and child-care centers (Queralt and Witte 1996).²

Recent scholarship has also begun to investigate the extent to which disadvantaged areas are deplete of resources that one might expect to find there, namely, social services (Joassart-Marcelli and Giordano 2006; Han and Stone 2007; Allard 2009). Social service providers, even those catering to poor families, may decide to locate close to affluent constituencies in order to garner resources easily, and poor communities may be unable to dedicate resources to support such organizations (Allard 2007). Accordingly, Scott Allard (2009) finds that high-poverty neighborhoods in Chicago, Los Angeles, and Washington, DC, have less access (as defined by geographic proximity) to social services than low-poverty neighborhoods do. In another analysis, Allard, Richard Tolman, and Daniel Rosen (2003) discover that use of mental health services among welfare recipients in Detroit is associated with the spatial proximity of mental health care providers to recipients’ neighborhoods of residence. Allard (2007) speculates that proximity to services creates differences
in receipt of help because individuals who need services (and those providing referrals) likely know of and know more about agencies and services nearby than about those farther away. Moreover, living near providers likely reduces the costs of commuting and helps compensate for transportation difficulties, which are especially prevalent among low-income populations (Allard 2007; Han and Stone 2007).

Urban sociologists caution, though, that geographic locations such as neighborhoods have both practical and symbolic meanings. Neighborhoods are “places” to be “interpreted, narrated, perceived, felt, understood, and imagined” (Gieryn 2000, 465). They provide a “territorial manifestation of social relations and practices” (Tickamyer 2000, 806). Thus, individuals’ access to and employment of social services may involve not only issues of proximity but also how individuals interpret local geographic spaces and the material forms that inhabit them. Subjective understandings of symbolic identities, social relations, and events intertwine with particular locations to shape positive and negative attachments, feelings, and, ultimately, social action. Spatial and social factors are engaged in a dynamic interplay whereby social factors construct space; space, in turn, establishes and sustains social relations and identities (Tickamyer 2000). As such, neighborhood spatial boundaries are not only socially determined and malleable (Campbell et al. 2009) but also influence how people act and understand others.

Neighborhood studies on these subjective understandings of place largely center on how individuals construct and use cognitive maps in their daily lives. This research frequently focuses on how these maps allow inner-city residents to navigate through dangerous local environs (Suttles 1968, 1972; Hunter 1974; Merry 1981; Roy 2004; Tita, Cohen, and Engberg 2005; Garot 2007). Although much of the research highlights black men, individuals of various age, racial, ethnic, and gender groupings create cognitive maps by drawing on “architectural design, the social identities of the habitual users of a location, and familiarity” with particular locations and people (Merry 1981, 153). These maps then serve to regulate movements, helping to prevent conflict between antagonistic groups and offering a way to differentiate between those with whom one can and cannot safely associate (Suttles 1972; Anderson 1990, 1999). Robert Garot (2007), for example, finds that young people rely on cognitive maps to avoid being questioned about gang affiliations, and those who cannot formulate such maps are reticent to leave their homes or blocks. Some youth rule as always off-limits certain physical elements of space, such as alleyways, but they also evaluate local spaces using various contextual signals, such as the presence of children playing outside (Garot 2007). Likewise, Kevin Roy (2004) discovers that low-income African American fathers are cautious of associating even with family members in and around areas that they map as dangerous on Chicago’s South Side.
Drawing on urban sociology, this study seeks to expand the developing literature on the geography of social services by offering a detailed exploration of how both practical and symbolic aspects of space relate to poor women’s decisions to use nongovernmental social service agencies. The research on place and social services largely focuses on proximity, but the literature on subjective understandings of place among the poor typically ignores the effects of these considerations for use of social services. In an earlier analysis (Kissane 2003), location is found to be one of several factors restricting poor white women’s use of local nongovernmental organizations that provide social services (henceforth SSOs). The current study delves more deeply into how conceptions of physical and social space relate to SSO use for both white and Puerto Rican women. This research also attempts to theoretically and conceptually ground such place-based considerations as well as the circumstances under which they become salient and vary.

As others (Small 2006; Allard 2009) note, understanding how individuals interact with SSOs is critical because of recent policy shifts (including the end of entitlement to cash assistance, the devolution of welfare from federal to local levels, and the rise of faith-based initiatives) that promote local, private-sector social service provision as the most promising route to alleviate poverty. Poor people’s encounters with the safety net now increasingly occur at the neighborhood level (Allard 2009), but research has yet to unpack what neighborhood-level service delivery really means in a sociospatial sense. Place-based analyses like this are therefore more vital than ever.

Method

The current analyses draw data from in-depth qualitative interviews conducted between April 2001 and April 2002 with 40 low-income mothers living in the Kensington neighborhood in Philadelphia. The sample was recruited through a nonrandomized, snowball method similar to that employed by Kathryn Edin and Laura Lein (1997). Contacts at SSOs were asked to refer low-income white or Hispanic women living in Kensington to participate in the study. About half of the current study’s respondents \(n = 19\) were contacted through this approach. These respondents then referred neighbors, relatives, and friends. The women recruited from referrals by other respondents \(n = 21\) do not vary in service knowledge or use from those recruited through agency contacts; however, because of the network ties between the agency-recruited and respondent-recruited groups, this sample likely includes more users of SSOs than would participate in a random sample. As such, this study likely underestimates the extent to which issues of proximity and place prevent women from using social services in this community.
This study's sample is composed of disadvantaged women (those most in need of services) who were members of the two largest ethnoracial groups residing in the Kensington neighborhood at the time of the data collection (non-Hispanic whites and Hispanics). This strategy resulted in 20 interviews with non-Hispanic white women (henceforth, white) and 20 interviews with Puerto Rican women. At the time of interview, all participants had annual incomes that placed their families below the official poverty line, and all had received Temporary Assistance for Needy Families (TANF) within 5 years of the interview. Sixty-five percent were receiving TANF, and most (78 percent) were not employed in the formal sector. The overwhelming majority of sample members (70 percent) did not have a high school education or general equivalency diploma (GED), and 88 percent were single, divorced, or separated mothers at the time of interview. On average, sample members had two or three children.

Through a series of semistructured, open-ended exchanges, the respondents and the author discussed each of the Kensington SSOs they had used. Participants detailed their experiences with these agencies, the circumstances under which they turned to the SSOs, the barriers they faced in using services, and the services they felt they still needed. Participants also provided information on their life histories, personal networks, use of network-based aid, and receipt of public assistance. This information enabled the study to further situate participants' accounts of SSO use. The duration of each interview ranged from 45 minutes to upward of 4 hours. Some were conducted over more than one session. As most of the women are proficient in English, all but one of the interviews was conducted in English (one interview was conducted with the assistance of a translator). All but four of the interviews were conducted in participants' homes to help the women feel comfortable. In-home interviews also allowed the author to see neighborhood and housing conditions (which were overwhelmingly poor) as well as participants' interactions with friends, family, and neighbors. All of the interviews were tape-recorded, transcribed verbatim, and then analyzed using a qualitative data analysis software (QSR NVivo). This process was conducted in a manner consistent with a grounded-theory approach (for details, see Strauss and Corbin [1990]).

Overall, 80 percent of the women (n = 32) discussed issues of geographic or social space as influences on their use of services. After describing the research site, the discussion below explains how proximity to agencies, perceptions of danger in the local environs, and views and relations with others complicate use of SSOs.
Results

Kensington, Philadelphia

The Kensington neighborhood is located near the Delaware River in North Philadelphia, about 2 miles northeast of Center City and adjacent to the neighborhoods of Fishtown (historically considered part of Kensington), Port Richmond, and Hunting Park. Its boundaries remain disputed among residents and include to varying degrees each of these neighboring areas (see fig. 1, which draws on respondents' estimations to map the neighborhood boundaries). In the 1800s, Kensington was a port of entry for European immigrants (especially Irish, German, and Polish). The neighborhood was renowned for its textile, carpet, and dye industries. Once a stable, working-class community with two lively business strips (Kensington and Frankford Avenues), Kensington was transformed by the deindustrialization and loss of manufacturing jobs that devastated Rust Belt cities in the 1960s and 1970s. Well-maintained streets of row homes and thriving mills gave way to boarded-up, burned-out, dilapidated residences, abandoned industrial spaces, and overgrown, trash-filled vacant lots. Poverty rates also rose and presently exceed 40 percent for most areas in the neighborhood (2000 U.S. census data).

Kensington also diversified in the latter half of the twentieth century. Puerto Rican and African American migrants began to arrive in the 1950s but were recently joined by Asian immigrants. These ethnic and racial groups live segregated from one another, however, with Kensington Avenue and Front Street acting as strong symbolic and physical boundaries. These main thoroughfares, above which run the elevated train (or El) lines, separate the largest neighborhood group, the Hispanics, from the second-largest group, the whites (see fig. 1). African Americans compose the third-largest group. Approximately two-thirds of the neighborhood’s African Americans live on both sides of Kensington Avenue in areas east of the railroad tracks that run along Lehigh Avenue. The Asian population (the smallest of the four ethnoracial groups) clusters in the area bordered by Front Street, Kensington Avenue, Trenton Avenue, and Lehigh Avenue.

Although ethnic and racial animosities do not currently escalate to riots as they did in the early to mid-1800s (Binzen 1970), neighborhood residents reported that race and ethnic relations are still problematic for the community. Consistent with group threat theory and research in other locales (Rubin 1994; Sugrue 1996), some of the remaining whites in Kensington associate the neighborhood’s deterioration with the invasion of Puerto Ricans, African Americans, and Asians (particularly the Vietnamese). Some whites indicate that they view these groups
Fig. 1.—Map of the Kensington area. Note.—Race and ethnicity information is based on 2000 block group data from the U.S. census. “Agencies” represent SSOs that the study’s respondents as a group identified as being in the neighborhood. Neighborhood boundaries and the “No Cross Line” are also based on study participants’ estimations.
as unwelcome competition for jobs. Moreover, various proclamations of ethnic identity are visible in Kensington. Visual symbols, such as Irish and Puerto Rican flags, shamrocks, and murals, mark claims to certain sections of the neighborhood.

Geographic Proximity

Similar to other high-poverty neighborhoods in Philadelphia (see Twombly and De Vita 2000), Kensington houses many agencies that offer services to poor families. In fact, sample members mentioned more than 70 SSOs scattered throughout the area (see fig. 1), and all of the respondents reside less than a mile and a half from multiple agencies (a distance researchers often use as a cutoff for determining geographic access to services; see Allard et al. 2003). So too, each respondent can reach at least one organization within a 5–10-minute walk. The South-eastern Pennsylvania Transportation Authority (SEPTA) operates five bus routes and an elevated train line in the neighborhood; these options may offer access to agencies beyond a short walk.

Because the interviews focused on agencies within Kensington, this study cannot address how proximity limits participants’ use of agencies farther away. The analyses therefore likely underestimate the extent to which proximity poses a barrier to service use. Nevertheless, 40 percent of the sample (n = 16) spoke about the importance of distance in their decisions to use even these local SSOs. For some, concern over distance is merely a matter of convenience. Kelly, a 48-year-old white welfare-reliant mother of two, for example, explained that the choice of an SSO “depends on if it’s easy, if it’s easy enough to get to. . . . If it’s only two blocks away, I can just walk there and stop in whenever I get the chance. So yeah, [proximity] does make a difference.”

Participants also reported that agency proximity matters because they lack cars and do not see public transportation as a feasible way to get to services. The women repeatedly explained that they could not manage getting to and from agencies that are perceived to be too far away. Typically, agencies described as too far away are those beyond a 20–30-minute walk. Hope, a 20-year-old white welfare-reliant mother of three, for example, said she wants to get her GED but decided not to attend a program that is less than a mile and a half away because she feels it is not close enough: “Like, I checked into GED programs, and I just, that’s not a place I would want to go. Too far.” Similarly, Pebbles, a 31-year-old welfare-reliant Puerto Rican mother of five, reported that she does not use a large agency that is less than 2 miles from her home and that has many services she needs. She explained that it is “too far. Yeah, with having no car.”

Participants who do not own cars reported that they are often at the mercy of their networks to help them access services. Thus, although
friends, family members, and neighbors directly provide social support, they also, at times, provide assistance (most often in the form of transportation or child care) that allows participants to get to agencies for services. Anna, a 35-year-old white welfare-reliant mother of five, acknowledged that she does not receive the services she needs from three different agencies because each is “too far,” and she does not have a car. Two of these SSOs offer youth programs and are about half a mile from her home. The third provides welfare advocacy and is located about a mile and a half from her home. She said that she made it to the welfare advocacy agency once, but the office was closed that day. When asked why she never went back, Anna replied, “Because I had no way of getting back down there. . . . I’d borrowed a car [that one time].” Similarly, Grace, a 23-year-old working Puerto Rican mother of three, reported that she once accepted a friend’s offer to drive her to an agency about a mile from her home. The agency helps families provide Christmas gifts for children. Despite ample need, Grace did not return to the agency because she “didn’t even have a car to get there” and her friend would no longer provide a ride.

Participants’ ability to use local agencies is also impeded by the fact that most must travel with their children in tow. Melissa, a 35-year-old white welfare-reliant mother of five, described a parenting program that she “loved” but admitted that she only uses it “once in a while” because the program moved to a new location that is “further away” (a little less than 2 miles from her home). She explained, “It is hard for me to get there. . . . It is kind of hard to get there with two [young] kids.” Toni, a 34-year-old white welfare-reliant mother of three, likewise argued that the lack of a car and the need to travel with children creates problems when she tries to get to and from agencies, especially since the buses do not stop for her if she has a stroller. Quite perceptively, she recognizes that those with more resources might be better able to access the services available in the community. She explained:

I was like, “Wow, they [agency staff] are giving me all this food. Oh my God.” But without a car you are stuck with a shopping cart. . . . I think that is why the people that do go there—because they have cars, you know—they are doing better off in life. They know about the place. They can get to it. People like me, you know, you can only go so far with a shopping cart. That kind of stuff really makes me mad. . . . You can’t do anything without a car or a babysitter. . . . And the buses, they won’t stop for the twin coach [stroller]. . . . The bus driver goes right on by me, because I can’t pick up the coach, and actually he ain’t going to get out of his seat and help you pick up the coach. You know what I mean? So they don’t stop [when] they see the twin coach and keep on going.

Women in the sample revealed that proximity is especially relevant when they consider using certain types of services. In particular, prox-
mony is important if they must make more than one trip to an agency in a day (e.g., to drop off and later pick up children at agencies that provide youth services), obtain a referral from one location and deliver it to another, or carry something home (e.g., food, clothing, gifts, or appliances). Lisa, a 28-year-old white working mother of two, for example, mentioned two nearby summer programs for her children. She said that they are about a mile and a half from her home but admitted that she does not use them because they are “a little bit too far to be driving back and forth.” Toni, quoted above, explained that she went only once to a food pantry near her home because, although it was less than a mile away, she had trouble walking home with the food. She explained, “[The food pantry] was too far . . . . She gave me a couple of bags of food . . . . It was snow out; it was pretty deep. In fact, I almost left some of the food behind on the sidewalk . . . . It was too much to carry back.”

Taken as a whole, these findings confirm what other studies suggest: issues of geographic proximity limit poor individuals’ use of SSOs. The results also indicate that proximity barriers may be more considerable than previously expressed, as some of the women reported that even relatively close agencies (i.e., within a mile and a half) are too far to use. In participants’ deliberations on use of services, distance concerns are thus found to intertwine with type of service, transportation, and child-care difficulties, as well as with individual and network-based resources.

Dangerous Places: Avoiding Violence, Crime, Interracial Conflict, and SSOs

More than proximity, participants’ interpretation of neighborhood locations restricts their use of services. Similar to findings in other research, this study finds that participants rely on mental maps of the neighborhood. In these maps, certain areas (often ones only blocks away from their homes) are marked as dangerous and others as safe. These socially determined estimations ultimately affect whether and how participants use SSOs. Notably, such understandings have a different effect on participants’ use of SSOs than they do on participants’ use of public welfare.

In discussing their use of local SSOs, 63 percent of respondents ($n = 25$) use factors other than proximity to make place distinctions. Although similar numbers of white and Puerto Rican women said that safety concerns limit their use of services, white women eliminate a greater number of SSOs because of safety concerns, talk more frequently about the importance of SSOs being located in safe areas, and talk at more length about safety issues. Moreover, white participants typically map a very large portion of the neighborhood as dangerous (e.g., the entire area north of and including Kensington Avenue and west of and
including Front Street), but Puerto Rican participants identify smaller pockets of danger within the areas that white participants describe as dangerous. Some Puerto Rican respondents also view the area south of Trenton Avenue and west of Lehigh Avenue as dangerous; this is an area that white participants do not generally consider unsafe. Puerto Rican participants are also less likely than white ones to report that they are unwilling under any circumstances to use SSOs in their danger zones.

Although danger can mean many things (Merry 1981), participants overwhelmingly assess certain spots in the neighborhood as dangerous because these areas are said to be rife with violence and criminal activity. Samantha, a 21-year-old welfare-reliant Puerto Rican mother of two, for example, discussed why she does not use a particular SSO, claiming, “Just because it is underneath the El [on Kensington Avenue] . . . [I’m afraid of] getting stuck up, mugged, raped, killed, kidnapped. Call me paranoid, call me paranoid, but that is it.” Similarly, Eileen said that she is unwilling to use any SSO within a zone she maps as unsafe. She explained, “That is because you have to go to a war zone to get there, . . . because you can get your head blown off before you get to the door [of the SSO].” Likewise, Kelsey, a 30-year-old white mother of one, claimed she would not use agencies in one section of Kensington because “that’s the badlands over there. [There is] a lot of gunfire, a lot of fights [there].”

Participants do not base these judgments on official crime statistics or police reports. Some delineate safe from unsafe areas by drawing on their experiences or the experiences of others. Tammy, a 35-year-old unemployed Puerto Rican mother of five, explained why she steers clear of a few different locations (and the SSOs in them) in Kensington: “I used to live around that area, and I don’t want to be around that area no more. It’s very rough around there. My brother got shot in the head trying to get into his own car. I can’t be around the area, because that’s, like, where my brother got killed.” In discussing another area, she said, “That’s bad around there [too]. They have drugs in that area. My daughter got stuck by a needle. She has to get [an] AIDS test every 6 months to see if she has AIDS.”

When asked what scares her about going to SSOs in a particular section of Kensington, Ruth, a 33-year-old unemployed white mother of one, replied sarcastically, “Let’s see. I had two cousins that were killed. My uncle was just walking home, and he got mugged. Then you hear about these guys going around raping girls.” Koria, a 31-year-old welfare-reliant Puerto Rican mother of four, also would not take her children to SSOs in one part of Kensington, although she would go alone. Recalling a body she saw retrieved there, she said, “Not over that way. . . . There’s no way [I would go there with my kids], you know. . . . They
found bones in the railroads. I was over there, when they lift the mattress up, you saw it. It was a shame.”

Such experiences undoubtedly inform the connections that these women make between criminal activity and certain geographic zones. More often, though, women map an area as threatening because of the symbolic identities of those who gather or live there. More specifically, when youth or ethnoracial minorities (namely, blacks for the Puerto Rican women and Hispanics or blacks for the white women) inhabit a space, participants come to associate the space with criminal activity and thus perceive it as dangerous. Moreover, once an area is considered dangerous, the women often assume that certain groups reside there. Kristina, a 21-year-old welfare-reliant white mother of two, for example, explained why she refuses to enter one area for services: “I really don’t like that neighborhood. Bad. The drugs and all. I guess there was more, like, Spanish people up around that area.”

Prevailing neighborhood norms of interracial relations and distrust among the different neighborhood groups help establish the respondents’ maps of danger. Both white and Puerto Rican respondents reported that they try to avoid interracial conflict by limiting their movements to areas where their “own kind” predominate. Eileen, a white respondent, explained, “If you would cross on the other side [of Kensington Avenue], it also becomes a racial thing because you are white and they are black or Hispanic and you are walking through their drug territory, and it is like ‘Here is this white lady coming on through.’” Samantha, a Puerto Rican respondent, explained that she would never let her children use a particular after-school program about which she has heard good things: “Because that is the white section. . . . I just don’t like going down there. . . . It is natural that if they [whites] feel some type of way about me, I am going to feel some type of way about them.” Liz, a 33-year-old welfare-reliant Puerto Rican mother of four, similarly avoids going into the white sections of the neighborhood by herself. She claimed that she does not speak English very well and would be “terrified” about what the white residents “might do” to her.

As previous research suggests (Merry 1981; Roy 2004), familiarity with an area or its inhabitants (regardless of their race) can alleviate fear of zones that others deem too dangerous to enter. For example, Kristina acknowledged that the blocks around her house are as violent as the “Spanish” ones she avoids: “Around here there is, like, a lot of shooting and all, with the drugs and all on the corner.” She claimed, however, that she is “used to the neighborhood” and thus feels secure. Similarly, Koria explained why she does not fear an area that many others (especially white participants) do: “I’ve been around this neighborhood for 20 years, so even though I might not like the area, I’m pretty much familiar with everyone around here. . . . Even though it’s such a bad
neighborhood, at the same time I feel safe. . . . Everyone knows me. Everyone knows my children, so, you know, everyone around here pretty much knows everyone."

Although participants primarily use social factors to define danger zones, physical elements of space also influence their decision to identify locations as dangerous. Indeed, signs of drug use are evident throughout the neighborhood. Dime bags, empty plastic vials, and needles are scattered along sidewalks and street gutters. The women explained that such visible drug paraphernalia sometimes leads them to avoid certain areas. More often, however, they discussed avoiding dimly lit locations, regardless of whether they are familiar with the area. Jessica, a 31-year-old welfare-reliant white mother of four, lives near a food pantry but reported using a second pantry that is farther from her home and that imposes more administrative hassles, explaining, “I don’t know, because [the closer agency is], like, right under the bridge, and I’d be scared. Just the area, it’s so dark. Probably not during the day either. Under that bridge, yeah, I’m a chicken.”

Expanded Notions of Dangerous Places: Avoiding Known Associates

Fears of being mugged, raped, killed, or physically assaulted were prominent and frequently occurring themes in participants’ discussions of how dangerous places affect their SSO use, but the women sometimes also explained expanded notions of danger; in these explanations, an area becomes coded as hazardous for reasons that intertwine with the location’s precarious social and economic status in the community. For example, several women reported that they avoid locations where they perceive high levels of drug activity because they fear being lured back into drug or alcohol abuse. Page, a 23-year-old welfare-reliant Puerto Rican mother of one, is a recovering addict. She dropped out of a welfare-to-work program at a local SSO after seeing that it was located in a drug-infested area. She argued that she is worried about her ability to stay clean in such an environment:

I thought [the SSO] was gonna be located somewhere nice. When they [welfare staff] told me [where to go], I started to say that was right down the block from the weed corner, right up the block from the cocaine corner. I’m like, “Ha ha, they’ve got nerve to send me to a training program here!” . . . I knew half of the people that was busy sellin’ drugs left and right. I’m like: “Yeah, they’re gonna see me coming into that little training program. They’re gonna think that I’m crazy.” So I never went back. . . . Explain to me: how are they actually gonna send me to a training program when I’m known around the area [for using drugs], and there [are] drugs back and forth? What’s that showin’ me? That’s showin’ me to get out the program and go buy me a bag of weed, a bag of cocaine. I don’t know why, I mean these people are sick. Oh no.

The respondents also referenced other aspects of social danger in
discussing their movements through the neighborhood. Some revealed that they want to keep others from knowing that they are struggling economically and need help. Thus, in attempting to maintain a front of self-sufficiency and to avoid stigma, they choose to avoid SSOs in areas where they are in danger of running into people they know. Such calculations become especially salient when participants use agencies that require them to wait in lines outside (and risk being seen by someone who knows them) or agencies that only provide services in such domains as basic needs assistance (which respondents indicated are more stigmatized than services like GED classes). Accordingly, participants balance their desire to avoid the hassle and burden of traveling a geographic distance with their desire to avoid being outed as a user of social services. Eileen, for example, reported that she does not seek SSO services within several blocks of her landlord’s home because she fears he will see her: “My landlord is right up the street [from the agency], and I don’t want him to know any of my—I would rather not let him know my business. . . . It would be hell, because my landlord, he would call me up and be all over my case [for going to the agency for help].”

Kathy, a 30-year-old welfare-reliant white mother of two, also chooses to use an agency well out of the neighborhood when she needs food assistance. She explains, “It’s out of the area—because nobody would see me.” Thus, although proximity and fear of violent and criminal confrontations partly explain how place limits participants’ service use, the interviews also suggest that there are social risks in using SSOs in their immediate neighborhood. Respondents expressed concerns about social reprisals and dangerous encounters with known associates like drug dealers, landlords, friends, or family members. These perceived perils prompt some women to avoid SSOs in proximate, familiar areas.

**Entering Dangerous Places: Considerations and Risk-Reducing Strategies**

Just because a participant considers an area dangerous, fears being a victim of crime, violence, or intimidation, fears returning to bad habits, or fears being seen by others does not mean that she will never enter the area. Deploying strategies used by other urban dwellers (Roy 2004), many respondents discussed how they negotiate place to minimize risk to themselves and their families. Respondents revealed that they engage in a certain cost-benefit analysis when thinking about entering dangerous parts of the neighborhood for social services, even if that analysis is not explicitly considered or calculated. Furthermore, such analyses are not static; potential risks and gains can shift as circumstances change in the women’s lives (e.g., losing a job) or at the SSOs (e.g., increased rationing of aid). In other words, the interviews suggest that service use
Participants reported that, when weighing whether to enter a dangerous area for services (or, for that matter, to travel a distance for them), they take account of what they would receive and the extent to which receipt of services is likely. Koria, for example, said she believes that there are risks in going into dangerous zones for any service, but she is willing to assume those risks if she knows that she will receive significant help. She reported that she would enter into dangerous areas “if I knew 100 percent that they could help me, I mean really help, well then, yes, I would. I would go for my kids, I would. I won’t take my children with me. I would go by myself.” However, because participants (including Koria) generally described SSO aid as rarely guaranteed and often trivial, most indicate that entering into dangerous areas for such services is not worth the risk.

In contrast, respondents expressed optimism that they would receive valuable aid from public welfare, even though eligible women are no longer legally entitled to public assistance. As a result, all of the women in this study said that they are willing to travel to locations frequently identified as dangerous in order to receive public assistance, yet few said that they would travel to these same areas for SSO services. Eileen, for example, explained that she restricts her movements in an area she identifies as dangerous. When asked about why she avoids this area, Eileen revealed that she was stabbed once on her way to the welfare office: “A guy, he needed a fix for the morning. He stuck a knife in my back . . . when I was going to pick up a DPA [Department of Public Assistance] check, and he demanded the money, and he put this knife [in my back]. And here I was feeling, a couple of seconds later, my back was getting wet, and I am thinking, ‘Man, it is not really hot.’ And here it was blood. I had to go get stitches.”

Despite that experience, Eileen still walks through this area to meet her DPA caseworker month after month, and yet she resolutely refuses to do so for SSO services. When asked why this was the case, she replied, “Because I had to pay my bills. . . . You have to have medical. Well, I guess, it’s just worth the trouble more.” Toni also expressed the belief that SSOs do not offer enough to compensate for the risk and effort involved in traveling to them, but public welfare does: “[SSOs] don’t give you enough. There is not enough. . . . They give you what they can give you, what they have, . . . [plus] it is usually a hike where I have to go . . . so it is not worth it, yeah, not worth it.” Furthermore, despite the well-documented stigma of public welfare, respondents typically said that they fear the social repercussions of being seen entering SSOs that provide basic needs services more than they fear the repercussions of being seen entering public welfare offices. Accordingly, the
dangers of running into known associates are greater when participants use these sorts of SSOs than when they use public welfare (see Kissane [2003, 2010] for more on stigma, SSO use, and public aid).

Once they decide that receiving an SSO service might be worth traveling to or through a dangerous area, the women routinely require that other conditions be met before they actually use the SSO. For instance, Kelsey, a 30-year-old unemployed white mother of one, is one of several respondents who said that they do not use agencies located in the “badlands” of Kensington, but she allows for the possibility of using one if she has a ride. To use such agencies, she says, “I’d have to walk through my neighborhood and then walk through the other side of Kensington Ave. That’s the badlands over there. . . . I could be walking down the street, and it’s starting to get . . .” “Drugs, shoot-outs,” her father interrupts. “You know what I mean?” she continues. “And they [staff] need to see my kid, because some places want to see your child. Now if I had a car, then it would be different. If someone was going with me in a car, that would be different. But walking or taking SEPTA, no.”

Previous scholarship notes that associations of risk and danger have a temporal dimension (Roy 2004). As such, respondents said that visiting SSOs in unsafe zones after dark is not an option. For example, Jessica explained that she will only go to agencies located in dangerous areas during the day, but she also mentioned other conditions: “I wouldn’t go to [an SSO in a bad zone] unless it was daylight. . . . If it was during, like, the day, yeah, [I’d go], [but] it would have to be, like, really, really necessary and that was the only place to go.” So too, Mevie, a 39-year-old unemployed Puerto Rican mother of one, will not travel to agencies (or anywhere else) at night: “[In] Kensington, I wouldn’t go [to any SSO] at nighttime. . . . See, like [one SSO], let me say this, has night classes. [When] they told me the hours, I said, no. . . . They sell drugs right around the corner from it. So no, I can’t deal with that.” Joan, a 30-year-old welfare-reliant white mother of one, also asserted that she refuses to “go out at night.” She elaborated: “Not around here. . . . It’s pretty scary at night down here.”

Besides limiting their use of dangerously located agencies to daylight hours or instances when they have a ride, many participants also require that someone else (usually a man) accompany them. Danielle, for example, said that she will only cross into the “Spanish” sections of the neighborhood if her Puerto Rican boyfriend is with her and that she never allows her children to enter such areas. She explained: “I wouldn’t let my kids go there [to a SSO with youth services]. That’s a bad location. . . . It’s on Kensington Ave. Prostitutes, junkies, hookers, all that stuff is up there. No, not up there; there’s too many bad things. . . . I would go up with Omar [her boyfriend], but I wouldn’t go up there [alone]. He knows what they’re saying; he’s one of them. He’s Spanish, so he
would know what they were saying and all. ‘Cause that’s what it is, it’s all Spanish on that side. It’s drug-infested throughout the whole neighborhood.”

Similarly, Margie, a 40-year-old unemployed white mother of two, said that she will only go to SSOs located in dangerous zones if she is accompanied by a man: “If I’m by myself, then I won’t go very far, and I’ll get John [a friend] to go with me, or my husband, or his cousin and all. ‘Cause if it’s a bad neighborhood, I won’t go. Oh, say like right now, if I got to go [into a bad zone], I’ll make sure somebody goes with me.”

The desire to keep children from harm is also a very common theme in the interviews, and this desire conditions whether the women use SSOs. Similar to results in different contexts (Suttles 1972; Roy 2004), the current study finds that concerns over children’s safety amplify the women’s place-based fears. Gerald Suttles (1972, 38) notes that “perhaps the best way to discern the spatial orbits which make up a neighborhood is to listen to how parents allow or restrict the movements of their children.” For example, Tammy quickly dismissed the idea that certain areas are too dangerous to enter; yet, when the subject of her children arose, she immediately revealed that she does indeed restrict where she goes with her children and identified areas she does not even go by herself. Tammy said she believes that she is generally able to protect herself but that her children cannot: “[That area is] not for the kids. I already know how to protect myself, you know. Well, my oldest daughter and my oldest son are streetwise, but I still wouldn’t want them around the area; you never could know what happens. . . . If I have, like if I’m in a really bad situation that I need [a service], I would [go to an SSO in the dangerous area], but I’ll go by myself and leave the kids home with somebody.”

Likewise, Tracy, a 29-year-old working Puerto Rican mother of two, explained, “Me, basically, I’m kind of streetwise. . . . I know [how to act], not them [her children], because they are raised in a different way than I was raised. . . . I can’t see my kids walking in that [dangerous] corner [for services], because somebody’s gonna shoot them and somebody’s gonna kill my kids. So, since I know that instinct, I rather not send them.”

Participants who are unwilling to enter unsafe areas under any circumstances limit their pool of exploitable agencies, but those who make their use conditional in the ways described above also significantly curtail their SSO use. If a woman will use services during the day, then refusing to draw on them at night might not affect her life very much. However, the respondents often complained that they cannot find the time to go to agencies during the day, and some work during these hours. Thus, an unwillingness to enter particular sections of the neighborhood after dark could, in essence, prevent these women from taking advantage of
many programs available in the neighborhood (this is especially an issue for use of GED programs). In addition, if a woman is willing to go into certain areas only when accompanied by someone else or when she has a ride, her ability to use SSOs there becomes contingent on the availability and willingness of others. By not allowing their children to enter specific areas, respondents preclude the use of youth and child services (e.g., after-school, day-care, recreation, and summer programs). This decision also forces participants to find someone to watch their children if the women want to go to any SSO located in a dangerous area. All of these factors, coupled with the nature of SSO assistance, which is typically described as neither substantial nor guaranteed, prompt participants to limit their use of dangerously located services to only those times when they are faced with the most pressing of needs, and some do not even use them then.

SSOs as Marked Territory

The inhabitants of diverse urban areas may come to code religious, commercial, recreational, and educational institutions as the territory of one group or another (Suttles 1968). Analyses of the interviews suggest that the current study’s participants also assign SSOs to certain ethnoracial groups. Although participants indicated that they base these designations on various factors, they say that location is the most common factor used to assign an agency to a particular racial or ethnic group. Other commonly mentioned factors include the agency’s reputation (via word of mouth), its name (whether it is Spanish-sounding), and the nature of its staff and clientele (whether they look Hispanic or speak Spanish).

Respondents often reported that they use a combination of these factors in determining that certain agencies are off limits to them, even if the staff running those agencies make no ethnic or racial distinctions among clients. Because the white and Puerto Rican women typically live in different sections of the neighborhood, they seldom identified proximate agencies as belonging to an ethnoracial group that differs from their own. However, participants who live near demarcating boundaries (e.g., Kensington Avenue) are only a few blocks away from ethnoracially coded agencies. Once a participant assumes that an agency belongs to an ethnoracial group other than her own, she considers the SSO irrelevant and sees no point in investigating its services.

Danielle, a white respondent, acknowledged that she avoids some agencies, in part, because she assumes that they are for another ethnoracial constituency. When asked about services provided by a large agency that she knows by name, Danielle answered, “[The name is] all I know of... And I know, basically it’s a Spanish organization; they have all Spanish [clients].” When asked whether the agency served any
white people, she replied, “I don’t know; I don’t think; I think it’s just all Spanish people.” Danielle also said she avoids another agency that is less than a 10-minute walk away because it “became a Spanish organization” when, as she believed, the clientele shifted from white to “Spanish.” Overall, Danielle’s assessment of these SSOs as “Spanish” is based on what she heard about the agencies’ clientele and their location in the “Spanish” section of Kensington. She indicated that she has no direct, firsthand knowledge of them. Similarly, Koria, a Puerto Rican respondent, said that she does not use a particular agency because she thinks it is just for blacks. When asked what she knew about the agency, she replied, “Oh not too much, but I know, I heard that’s a place where they help black people, I’m not sure exactly what for.”

Participants’ decisions concerning ethnoracially marked SSOs are certainly influenced by fears that they will be physically harmed, criminally victimized, or refused services, but they also report that they steer clear of such agencies because they are uneasy with people of other ethnoracial groups and worry about being ridiculed. In particular, participants expressed concern that they will not be able to understand the language spoken at the SSO. Danielle claimed that she would be “uncomfortable” at “Spanish” agencies, “even if” they serve whites, “just [because] I was different than them.” She continued, “Well, if there was white people, other white people there, I wouldn’t mind. But if it was just me, yeah, I would feel funny.” Kelly, a white respondent and one of the study’s most frequent users of SSOs, claimed that she is “bothered” when she is a minority in a room, especially when she does not understand what others are saying: “It bothers me more to sit next to a few Puerto Ricans, and they’re speaking in a different language. That bothers me more than to have to walk into a whole room with black people. I can’t stand not knowin’ what somebody’s talking about. . . . I wanna know if they’re talking about me.”

Later in the interview, Kelly admitted going once to a “Puerto Rican” agency that is a few blocks from her home. She said that she went to see what services they provide, but she left before learning anything. When asked why she left so quickly, she responded, “It’s just, well, I guess, kinda ’cause, I kinda felt outta place.” When prodded about whether she would feel differently if equal numbers of whites, blacks, and Puerto Ricans were in the waiting room, she replied, “You know what, that’s bad, but yeah, I probably would. That’s bad! You just, I just felt outta place. It was like me tellin’ ’em [staff], ‘Oop, it was an accident [that I came in], sorry.’ . . . That’s what I did. . . . They [the clients and people outside] were just talking in Puerto—in Spanish, and they are what made me feel uncomfortable. . . . They were talking among themselves about me, you know.”

Despite a widespread and frequently expressed belief that certain
agencies cater to particular ethnoracial groups, only one woman (a white respondent) actually reported that she has been a victim of discrimination because her race differs from that of the agency’s clientele and staff (a few of the Puerto Rican respondents claimed that Puerto Rican staff discriminate against Hispanic clients). Moreover, analyses of interviews with SSO directors in Kensington (not presented here) suggest that the vast majority do not attempt to focus their services on certain ethnoracial groups in the community. This is reported even by directors at agencies that the women consider ethnoracially marked. Only a handful of directors, however, said that they actually try to diversify their clientele, and such efforts usually arise when the agency’s client base is below capacity. Few of the interviewed directors recognize that issues of territoriality and place pose problems for poor women’s use of their services.

Conclusion and Discussion

Over the past several decades, scholars of neighborhood effects and environmental justice have delved deeply into the ways that poverty and place intersect to produce deleterious experiences and outcomes for families. This literature focuses on the geographic marginalization of the poor, who bear the brunt of residing near undesirable land uses (e.g., landfills) while living distantly from important amenities and resources (e.g., employment). The current study documents an understudied aspect of this geographic marginalization, examining the limits that issues of physical and symbolic space impose on poor people’s access to resources that flow through SSOs.

The results suggest that proximity is an important factor in access to social services, and the poor may define desirable proximity more narrowly than previous studies indicate. Some respondents even said that SSOs within a mile or a half mile of their homes are too far to use. The findings also suggest that SSOs must demonstrate their availability to potential clients in place-specific ways. Respondents’ subjective understandings of and relations with neighborhood residents, particularly neighbors in other ethnoracial groups, intertwine with personal histories, individual experiences, and geographic space to form cognitive maps that restrict individuals’ use of known agencies, even when those SSOs are proximate. While subtle and largely invisible, artifacts of the racial politics of a previous era (see Binzen 1970) continue to manifest themselves today in how poor women consider and use SSOs. Other research examines the sociospatial aspects of racial opportunity and their toxic effects on urban mobility in the 1950s through the 1970s (Sugrue 1996; Kruse 2005), but the current findings suggest that similar processes operate today in less public ways. Furthermore, in basing de-
cisions to avoid certain SSOs on mental maps of social space, the participants inadvertently reinforce those maps, missing out on alternative experiences and relations that could transform their understandings.

Accordingly, increasing disadvantaged women’s access to social services and support programs involves closing both their geographic distance from these resources and their social distance from different groups of people within neighborhoods. The findings suggest the need to dismantle stereotypes, build trust, and ease intragroup interactions. If they fail to do so, inner-city poor women may continue to perceive specific areas and organizations as off-limits because they belong to certain ethnoracial groups or because they consider the people who inhabit the space to be too dangerous. Practical changes, such as improving the physical environment (e.g., adding lighting and reducing visible disorder), increasing the presence of police and security personnel, providing transportation to and from organizations (even local ones), eliminating referral requirements, and creating mobile service units may enhance women’s willingness to use certain SSOs for themselves and their children.

Understanding how SSO use is situated in geographic and social space is imperative in light of recent social policy shifts that privatize the delivery of social welfare programs and devolve to local levels the responsibility for helping poor families. With devolution, differences in localities may translate into differences in opportunities and outcomes. This study cannot offer a comparative account of service use across locales, but the findings suggest that service use is influenced by features of place and individuals’ related understandings of those features. Undoubtedly, the application of place considerations to service use may vary across locales, each of which is endowed with local history, populations, and a particular geographic placement of SSOs. The racial and ethnic diversity of a neighborhood may especially affect how and whether one takes advantage of local resources; as Robert Putnam (2007, 151) observes, diversity “seems to bring out the turtle in all of us.” In ethnically diverse neighborhoods where the population lacks a shared identity, residents may not be comfortable with diversity and may “hunker down,” trusting in others and participating in civic life less than those living in less diversified areas (Putnam 2007, 137). As Kensington is rather diverse, participants’ interactions with local institutions may differ from user-agency interactions in other locales. Because social policies increasingly position service delivery at a neighborhood level that may be simultaneously too local to provide equitable services within the larger urban community and too spatially dispersed to increase women’s use, additional place-based research is needed.

Further study is also warranted on the ways that welfare state privatization affects poor individuals’ receipt of services. This study’s findings
suggest that poor women see and use private providers (in this case, nonprofit ones) differently than they do public ones (e.g., the Department of Public Welfare). The women generally view SSO assistance as neither guaranteed nor substantial and, therefore, often not worth the risk of entering into dangerous areas. Even if SSO services are attractive or useful in a given situation, those eligible for and in need of services may not consider them worth the risk unless they are absolutely necessary. Conversely, the women in this study reported that public aid, with its well-documented hassles and stigma, is a more substantial, necessary, guaranteed, and desirable form of assistance than that provided by SSOs. As a consequence, the women indicated that they will enter dangerous zones for public assistance but not for help from SSOs.

Eric Klinenberg (2003, 139) argues that privatized service models treat citizens as “individuated customers or consumers in a market of public goods” and therefore “disproportionately empower residents who are already endowed” with social and cultural capital. The findings of this study provide indications that support from personal networks is critically connected to the ability to use needed SSO services. Citing concerns about proximity and danger, the participants noted that their ability to use SSO services they need depends on the availability of friends or family members to travel with them, to give them rides, to lend them cars, and to provide child care. Because people with high levels of social support tend to be advantaged in other ways (Hogan, Eggebeen, and Clogg 1993; Sarkisian and Gerstel 2004; Henly, Danziger, and Offer 2005), those most desperate for services may be least likely to have the personal network-based support needed to take advantage of them. Privatizing the social safety net may thus help reinforce this service mismatch, whereby the lives of the most vulnerable and invisible are further constrained, as they refuse to venture out to access needed SSO services or lack the social capital to dispose them to do so.

This study represents a starting point for increased dialogue among urban place studies, SSO research, and social policy. The findings highlight the need for policy makers, researchers, and practitioners to consider the influence of microlevel interactions and assessments of place on the ways in which individuals at the local level perceive and experience SSO providers. Without an understanding of the highly contextual nature of SSO use, research cannot adequately understand the implications of current social welfare policy nor how best to meet the needs of poor women and their children. Furthermore, research may miss an opportunity to improve on society’s ability to support the neediest families, to boost use of programs designed to help families get ahead, and to increase contact between different ethnoracial groups residing in close proximity with one another.
References


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Notes

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1. Throughout the article, respondents are identified by pseudonyms that they chose. Concern for confidentiality prevents identification of participants.
2. Some recent research calls into question the assumption that poor neighborhoods are bereft of such social resources as child-care centers (see Small and Stark 2005; Small and McDermott 2006).
3. Confidentiality concerns prevent the identification of respondents' homes on the map in figure 1. Most white respondents (over 80 percent) live in the area south of Kensington Avenue bounded by Front Street, Trenton Avenue, and Allegheny Avenue. Most Puerto Rican participants (over 75 percent) live north of Kensington Avenue between North American and Ontario Streets.
4. It is unclear whether SSOs in this community have the capacity to provide services for additional clients. Many of the SSO directors interviewed for a larger study said that their agencies are at or near service capacity. Therefore, increasing access in this way without increasing SSO resources may lead to additional rationing. Such changes might also shift who gains assistance and services but not how many.