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The Impact Of Poverty And Neighborhood Characterstics On The Mental Health And Parent-child Closeness In The Black Community: The Protective Role Of Black Cultural Strengths

Brandon Davis Hollie
Syracuse University, bhollie@syr.edu

ABSTRACT

Poverty and negative neighborhood characteristics can be detrimental to the mental health wellbeing of Black people. Yet, there is a lack of understanding of how, why, and for whom such factors impact the mental of the Black community. Using a sample of 1654 Black families from the Fragile Family and Child Wellbeing Study I investigated two models. First, I examined the path from poverty to depression, anxiety, and tested Black cultural strengths, religiosity and neighborhood cohesion as moderators. Second, I examined the path from poverty to parent-child closeness and tested Black cultural strengths, social ties and extended family as moderators. Results from a structural equation path analysis model indicated that material deprivation and mediated of the relationship between poverty and depression/anxiety. Religiosity significantly buffered the effects of poverty on anxiety. Material deprivation and parenting stress were mediators of the relationship between poverty and the parent-child closeness. Extended family support was marginally significant in buffering the effects of poverty on the parent-child relationship for father primary caregivers. Clinical implications from these findings are discussed.

THE IMPACT OF POVERTY AND NEIGHBORHOOD CHARACTERSTICS ON THE MENTAL HEALTH AND PARENT-CHILD CLOSENESS IN THE BLACK COMMUNITY: THE PROTECTIVE ROLE OF BLACK CULTURAL STRENGTHS

BY

Brandon Davis Hollie

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Dedication

I am dedicating this dissertation to all the Black folks out there that are feeling hopeless. I understand the struggle and nuances that comes with being Black in America, and I am still experiencing them until this day. I want to see that the struggle is temporary and there is hope! I promise to dedicate my life to the advancement of Black people, in whatever capacity that might be.

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Introduction

[1]The United States of America, known as the land of opportunity, has a deep-rooted history of marginalization and oppression of people of color. Particularly salient is the historical and consistent discrimination of African Americans who were brought over as slaves, stripped of their rights, and forced to be servants based on the sheer notion of the color of their skin. Policies were formed by large structures of power over the course of slavery, Reconstruction, and the Jim Crow Era that attempted to hinder the advancement of Black people. Discriminatory and predatory initiatives such as redlining and subprime lending placed Black people into neighborhoods with inferior housing at inflated prices that left them unable to finance mortgage payments and with homes that needed repairs which resulted in dilapidated and abandoned homes (Werner, Frej, & Madway, 1976). Due to devaluation of such areas, businesses and property owners left these neighborhoods resulting in concentrated poverty, joblessness and an increase of crime (Werner, Frej, & Madway, 1976). Unfortunately, such neighborhoods became synonymous with the Black families that occupied them, and the sheer notion of Black occupancy became associated with devalue in neighborhoods (Taylor, 2019). The impact of such discriminatory practices is salient across generations for Black families.

Redlining and subprime lending led to neighborhoods characterized by concentrated poverty, which resulted in inequality of wealth and a lack of available resources. Subsequently, individuals engaged in crimes such as robberies and shootings in attempts to make ends meet (Hollie & Coolhart, 2020). Devasting is that crime, which was largely influenced by systemic

[1] It is important to note that throughout this text I use the word "Black" and "African American" interchangeably. Although I recognize that there are likely differences of experiences based on ethnicity and nationality, I contend that the darker pigmentation of one's skin is often associated with marginalization and oppression in the United States and is often the basis for discrimination.

injustice, led to a significantly disproportionate amount of Black people populating the U.S. prison systems. From 1940-2017 Black people have made up at least 30% of the prison population but have never made up more than 14% of the entire U.S. population (U.S. Bureau of Justice Statistics 2016). This is a stark disparity that has resulted in exacerbated poverty and single parent female households due to women becoming the sole providers while men are incarcerated. Consider that from 1959-2017, of all people living in poverty that are female householders', Black people have never made up less than 34% of the total number of people living in poverty (Semega, Kollar, Shrider & Creamer, 2020). The narratives associated with such individuals is that they are violent, deviant, welfare queens and lazy (Sklar 1995; Unnever and Gabbidon 2011), suggesting that individuals should "pull themselves up by their bootstraps". However, Black people were not afforded the same opportunities that White people were such as land through the Homestead Act (Edwards, 2019) adequate lending (Taylor, 2019) and quality education (Anderson, 2016). In fact, public schools are funded through federal, state, and local resources, but nearly half of those funds come from local property taxes (Biddle & Berliner, 2002; Anderson, 2016). For predominantly Black public schools this is particularly concerning, considering that the entire premise of redlining was devaluing the property value for areas with large amounts of Black residents (Jackson, 1980), ultimately resulting in lower taxes and thus less funding for these schools. Further, even when Black people do hold the same education credentials as their White counterparts, the return on investment largely favor the latter (Darity et al., 2018).

Essentially, structures systemically placed Black people into segregated communities, which led to concentrated poverty and subsequently crime. Neighborhood disadvantage is often characterized by poverty and single parent households (Ross & Mirowsky, 2001), which are

extremely prevalent in Black communities due to the ripple effects of discriminatory lending and mass incarceration (Hitchens & Payne, 2017). Neighborhood disorder is often characterized by the prevalence of crime and physical decay/deterioration, which is also prevalent in Black neighborhoods largely as result of the systemic impact of redlining and other discriminatory lending practices that led to scarce resources and individuals doing what was necessary to make ends meet. Thus, I postulate that Black people were deliberately placed into disadvantaged and disordered neighborhoods as a result of discriminatory policies from larger structures of power. Yet, this is rarely made salient. Instead, negative stereotypes are heightened about the individuals who occupy such spaces, rather than placing the responsibility on the larger structures of power that have created disadvantaged and disordered neighborhoods. When you have neighborhoods that are plagued with poverty, lack of available resources, physical deterioration, and crime, negative mental health outcomes almost seem inevitable.

Despite the 250 years of slavery, 90 years of Jim Crow laws, 60 years of separate but equal, and discriminatory lending that led to inequality of wealth, and disordered and disadvantaged neighborhoods, Black people have prevailed. Cultural strengths, such as extended family support, have traditionally provided Black families economic and emotional security that larger structures of power have attempted to deny (Martin & Martin, 1978; Hill 1972). Marginalization and exploitation from larger systems of health such as the Tuskegee Syphilis Experiment (Thomas & Quinn, 1991), and health providers silencing the symptoms of Black people (Mcguire & Miranda, 2008), garnished mistrust from this community as it relates to mental and physical healthcare. Despite this, Black people have tapped into cultural religious strengths as means of support, which appears to sometimes protect against developing negative mental health (Avent, Cashwell, & Brown-Jeffy 2015). This likely explains why even with

poverty, neighborhood violence/disorder, and exposure to violence being associated with higher risk of mental health disorders, and Black people being disproportionally representative of such risk factors (Kim 2010; Sheats et al. 2018), they still have better mental health outcomes compared to their non-Black racial counterparts (Zuvekas & Fleishman, 2008; Breslau et al., 2006). Regardless of the community traumas such as homicides, robberies, and drug sales that are prevalent in Black neighborhoods as a result of systemic injustice, Black people have worked together to form and develop neighborhood cohesion (Gapen et al, 2011) social ties and fictive kin (Taylor et al., 2013; Parent et al., 2013) to provide a sense of safety and support.

Some literature has provided evidence of adverse neighborhood characteristics having a detrimental impact on mental health (Kim 2010; Mair et al. 2010). However, relational paths based on structural violence and oppressive theories remain underexplored, and to a large extent ignored. The same is true for Black cultural strengths. In addition, to my knowledge, there are no studies examining the impact that the intersection of poverty and neighborhood characteristics have on parent-child closeness for Black families. Thus, using a structural violence systemic perspective, I explored additional paths between poverty and mental health outcomes such as material deprivation and neighborhood disorder. Furthermore, I explored paths from poverty to parent-child closeness such as material deprivation and parenting stress. In addition, I explored Black cultural relational strengths as protective factors.

Below, I delineate how disadvantaged and disordered neighborhoods were formed by larger structures of power. Following, I provide an overview of literature that focuses on the relationship between neighborhood disadvantage, neighborhood disorder and mental health. I also provided a detailed overview of two studies that I have completed (one published, one in process) which came about from the gaps in the neighborhood disadvantage/disorder literature. I

also described my current study which examines additional paths to negative mental health, such as crime and material deprivation. I tested neighborhood cohesion and religiosity as moderators. I also explored the impact of neighborhood disadvantage on the parent-child closeness through examining paths such as material deprivation and parenting stress. I tested social ties and extended family as moderators.

Literature Review

Poverty and Systemic Disadvantage

Poverty, defined as living at or below a specific income threshold (U.S. Census Bureau, 2018) has remained high and persistent across time in the United States of America (USA). Consider that from 1959 to 2018, poverty has never seen a rate below 11%. Of concern is the large disparity in poverty rates amongst Black and White Americans. In 2018, the overall poverty rate was 11.8%. However, for Black Americans the rate was 20.8% compared to 8.1% for White Americans (Semega et al., 2018). Thus, Black Americans experience a poverty rate at more than double their White counterparts. Common perceptions of why Black Americans are impoverished stems from longstanding negative stereotypes such as being lazy, dependent on welfare, and lacking a strong work ethic. To illustrate, Katz and Braly (1933) conducted a study with 100 Princeton undergraduate students where they were asked to indicate traits most characteristic of ten different social groups. Results showed that 75% of students agreed that laziness was an accurate description of Black people. Although this percentage dropped in years to follow, lazy remained one of the most commonly used traits to describe Black people in years 1951 and 1967 at 31 and 26% respectively (Gilens, 1999). In another national survey conducted in 1991, 78% of non-Black survey respondents said that Black people are more likely than Whites to live off welfare, less likely to prefer to be self-supporting, and 62% said Black people

are more likely to be lazy (Duke, 1991). Furthermore, African Americans are largely represented in the media as criminals, aggressive thugs and unemployed (Tukachinsky, Mastro, & Yarchi, 2017).

The above findings are concerning, considering that the contemporary and historical stereotypes have contributed to negative educational outcomes, unequal employment opportunities, lower SES, and the dismantling of African American families and communities (Taylor, Guy-Walls, Wilkerson, & Addae, 2019). In addition, such findings demonstrate the negative perpetuation of Black people, poverty and crime based solely on stereotypes. Rarely is there acknowledgement of larger systemic issues such as racism, redlining, mass incarceration, and inequality of wealth, and the impact it has had on Black Americans becoming impoverished. Below, I position myself to provide clarity on how larger structures of power have created and placed Black people into poor communities.

Redlining. During the Great Depression era, economic failure was omnipresent, which led to housing foreclosures becoming a major crisis. As a result, in 1933, President Franklin Roosevelt and his administration implemented the Homeowners Loan Corporation (HOLC) with the intent of refinancing mortgages for homes that were in foreclosure (Ryan, 2018). This program included providing bonds for home mortgages in default, and to a lesser extent cash loans for mortgage refinancing (Harriss, 1951). According to Harriss, (1951) HOLC made over one million refinancing loans for a total of $3.1 billion. Despite this number, a large portion of HOLC loans were foreclosed even after refinancing (Harriss, 1951; Jackson, 1980). To evaluate and judge the value of property for investment, HOLC sought qualified appraisers with specific qualifications (e.g., at least five years full-time experience in real estate brokerage and appraisal; Harriss, 1951). Appraisers used a ninety-eight-item form that evaluated the property based on

attributes such as materials used (e.g., brick, frame), number of rooms, and estimation of repairs needed (Harriss, 1951). In addition, information was gathered on the occupation, income, age, and ethnicity of the occupants (Jackson, 1980). In his article, Jackson (1980) suggested that such an appraisal process initiated what is now known as redlining.

Redlining is the denial of mortgage credit on properties located in certain geographic areas, even though the market value of the property is sufficient collateral and the applicant is creditworthy. It is also described as the approval of mortgage credit on less favorable terms than those granted on properties located in other areas even though the market value of the property and the creditworthiness of the borrower are similar (Smith, 1980). Historically, racial/ethnic minorities were deemed as a risk to lending companies, resulting in differential access to credit compared to their White counterparts (Lloyd, 2015; Ryan, 2018). Jackson (1980) was the first to connect the process of redlining within the HOLC. In his article, he detailed how HOLC developed a rating system that consisted of applying racial and ethnic worth to real estate appraising. According to Jackson (1980), the HOLC created four categories of quality coded by letter A, B, C and D with corresponding colors of green, blue, yellow, and red. Grade A (green) was described as American business and professional men and areas that were in demand during good and bad times; B (blue) was described as desirable areas that had reached their peak, but would remain in demand for many years; C (yellow) was described as definitely declining; and D (red) was described as areas that were certain to decline (Jackson, 1980). Collectively, these categories created what came to be known as secret “Residential Security Maps” that consistently discriminated against African American neighborhoods by rating them as “Red”, which subsequently influenced the inability of African Americans to secure housing loans

because larger structures of power such as the Federal Housing Administration adopted such policies outlined by HOLC.

Werner, Frej and Madway (1976) asserted that the "social and economic well-being of any community is dependent upon the availability of credit granted to purchase homes and make necessary construction maintenance." This is concerning, considering that African Americans have been historically deemed as "at risk" for lending, denied housing loans (Smith, 1980) and suffered neighborhood disinvestment as lenders strategically chose to invest in suburban rather inner-city communities (Werner, Frej & Madway, 1976). The result of redlining practices for African Americans was inferior housing with inflated prices that left them unable to finance mortgage payments and with homes in need of repairs, which resulted in dilapidated and abandoned homes (Werner, Frej, & Madway, 1976). Due to the inability to refinance, landlords resorted to overcrowding and higher rent in order to earn a profit. Subsequently, businesses and property owners left these neighborhoods, resulting in concentrated poverty, joblessness and an increase of crime (Lloyd, 2016; Massey & Fischer, 2000; Matthew, Rodriguez, & Reeves, 2017; Werner, Frej, & Madway, 1976). Such urban neighborhoods became synonymous with the Black families that occupied them, and the sheer notion of Black occupancy became associated with devalue in neighborhoods (Taylor, 2019).

The government profited from discriminatory policies, at the expense of Black Americans' wellbeing. For example, Werner, Frej & Madway (1976) outlined how once a neighborhood was redlined, the only lending that was available for such areas were loans 100% insured by the FHA. Front end financing charges were attached to such loans which essentially made early foreclosure profitable to realtors, savings and loans associations, and mortgage bankers (Wermer, Frej & Madway, 1976). Residents were eventually relocated, and

neighborhoods once deemed as unsalvageable became prime location for higher income families and new commercial ventures. Stated differently, larger structures of power disinvested in Black areas and deliberately forced them out of neighborhoods, in favor of reinvesting in White suburbs and gentrifying "red zones" into business districts. Thus, Werner, Frej, and Madway (1976) suggested that redlining was a conscious decision to bring about urban renewal and commercial expansion. Taylor (2019) voiced similar sentiments. In her book, 'Race for Profit: Justice, Power, and Politics' she delineated how certain policies and programs guaranteed to pay lenders in full for mortgages that were foreclosed, which perpetuated discrimination against Black women, as they were often sought after for such programs due to their risk of not being able to make payments. Taylor (2019) described such practices as 'predatory inclusion', which ultimately led to the economic exploitation of African Americans in the U.S. housing market. In general, redlining and subsequent economic discriminatory policies led to a lack of adequate housing for Black people, which then resulted in racial segregation, inequality of wealth between Black and White Americans, and set the platform for a long history of predatory lending to Black Americans.

Subprime lending and racial segregation. Segregation creates minority dominant and poverty-stricken neighborhoods (Massey, 1996; Rugh & Massey, 2010). Black residents residing in a neighborhood have historically been associated with devalue. Thus, policies such as redlining and other discriminatory lending practices were implemented to keep Black people out of White neighborhoods which contributed to and exacerbated racial segregation. Not only is poverty most salient in racially segregated neighborhoods (Massey, 1996), racial segregation has been shown to have a detrimental impact on health, education, employment, and child advancement for Black residents (Massey & Condran, 1987). Perhaps most concerning is that

racial segregation has been shown to have a significant contributing role in housing foreclosures. For example, Rugh, & Massey (2010) found that Black residential dissimilarity and spatial isolation were powerful predictors of foreclosures across U.S. metropolitan areas. They also found that subprime lending was associated with foreclosure. Hall, Crowder, and Spring (2015) found similar results. In their article examining data on housing foreclosures from 2005 to 2009, the authors found that Black, Latino and racially integrated neighborhoods had extremely high levels of foreclosure rates. Their article also supported the notion of Black residents being associated with neighborhood devalue, as results showed that foreclosures were influenced by a decline in White residents and an increase of Black and Brown populations.

Stein (2008) made a distinction that subprime lending is the reverse of redlining. That is, redlining avoided loaning to Black people, whereas subprime lending specifically targeted Black people for more costly and risky home loans. Black people fought for equal homeownership, and the results were subprime lending and a decrease in credit. For instance, in 2006, 46 percent of home loans to African Americans in California were high price subprime loans, compared to 19 percent of their White counterparts (Stein, 2008). It has been argued that poor credit in low-income Black households does not justify the high rates of subprime loans in their neighborhoods (Bunce, Gruenstein, Herbet, & Scheessele, 2001). Bunce et al. (2001) came to this conclusion arguing that incomes are not correlated with credit score, Black neighborhoods are more likely to have subprime loans even after controlling for income, and 39 percent of homeowners living in upper income Black neighborhoods have subprime refinancing compared to 9 percent of upper income White neighborhoods. Thus, it appears that markets deliberately target Black communities. Subprime lending is also associated with high rates of foreclosure (Bunce et al., 2001). Aguirre and Martinez (2014) echoed the notion that subprime and predatory

lending is associated with higher foreclosure rates. As a result, between 2007 and 2009, Black people experienced a foreclosure rate of 21.6 percent compared to 15.7 percent of their White counterparts (Aguirre & Martinez, 2014).

Redlining set the tone for discriminatory lending in Black communities. In attempts to gain equal homeownership, Black people fell victim to subprime lending which resulted in racial segregation and foreclosures. Businesses left such areas because unequal access to lending resulted in neighborhoods with depleted and limited resources. Consequently, lending institutions such as payday loans, pawn shops, and check cashing services moved into Black communities and perpetuated the history of predatory lending taking advantage of the fact that those living in such communities were often not knowledgeable about better options (Immergluck & Wiles, 1999). Not only did redlining and subsequent discriminatory economic policies exacerbate the negative stereotypes of Black people and create racially segregated impoverished neighborhoods, but it also resulted in large disparities in wealth between Black and White Americans.

Inequality of wealth and homeownership. Homeownership is often described as being synonymous with success, independence and the American Dream. It is also representative of financial security for families (Aguirre & Martinez, 2014). Furthermore, homes are the largest investment that most American families make and are by far the biggest item in their wealth portfolio (Shapiro, Oliver, & Meschede 2013). Shapiro et al. (2013) sought to determine the major drivers of a wealth gap between Black and White families in America that nearly tripled from 1984 ($85,000) to 2009 ($236,500). The authors found that homeownership accounted for the largest percentage in the gap, followed by average family income, inheritance and financial support from family. Thompson and Suarez (2015) supported such claims, finding that from

2007 to 2013, the average wealth of White families ($688,000) was seven times greater than that of Black families ($95,000). They concluded that the majority of the White-Black racial gap can be accounted for by basic demographic traits and disparities in homeownership. Thus, the stark contrast in wealth between Black and White Americans comes as no surprise considering the long history of discriminatory practices that prohibited Black people from gaining adequate housing, forced them into foreclosure, and denied them access to credit which led to decrease in home equity assets. White families were afforded privileges such as being able to finance education and provide resources for their children through securing land in the nineteenth century, whereas Black families were victims of discriminatory practices and structural violence that decreased the likelihood of them being provided the same benefits (Oliver & Shapiro, 2006).

Inequality of wealth pertaining to income and education. Over the past half century, the change in the racial wealth gap has been negligible. That is, the distribution in Black wealth in 2016 is still lower than the distribution in White wealth from the year 1962 (Aliprantis & Carroll, 2019). In addition, the racial wealth gap rose from 14% to 22% between 1962 and 2007 (Aliprantis & Carroll, 2019). In contrast to authors who have suggested that homeownership is the major driver behind the racial wealth gap (Thompson & Suarez, 2015; Shapiro, Oliver & Meschede, 2013), Aliprantis and Carroll (2019) argued that the racial wealth gap is largely influenced by the dipartites in the labor income gap. Considering that from 2000 to 2019 the gap in Black and White labor wages grew from 20.8% to 24.4% (Gould, 2020), it comes as no surprise that it has been suggested that it would take 259 years for Black and White people to have comparable means as it relates to wealth (Aliprantis & Carroll, 2019). In 2017, Black men and women were paid 69.7and 60.8 cents on the White male dollar (Gould, Jones, & Mokhiber, 2018). Such disparities combined with the fact that Black people have never had an

unemployment rate of less than 6.8% for any month of the year (U.S. Bureau of Labor Statistics, 2018) translates to large disparities of Black and White wealth. In their article examining racial disparities in job finding and wages offered, Fryer, Pager and Spenkuch (2013) found that racial discrimination on offered wages accounted for at least one third of the black-white wage gap in their data. Black people are underemployed and underpaid, but it would be remiss not to delineate how discrimination and larger structures of power have influenced such injustices.

An article by Herring and Henderson (2016) found that cultural factors such as female-headed households, spending patterns, and inheritance account for little of the racial wealth gap. Rather, it was racial differences in income, stock ownership, and business ownership that accounted for much of the racial wealth gap. Interestingly, the authors concluded that compared to White Americans, Black Americans received significantly lower wealth returns on education, age, income, stock ownership, and business ownership. Articles by Shapiro et al., (2013) and Darity et al. (2018) provided support for these claims. Shapiro et al., (2013) found that highly educated households correlated strongly with more wealth, but similar college degrees between Black and White people produced more wealth for the latter. Darity et al. (2018) described similar disparities in college attainment and higher wealth claims. In their article, the authors demonstrated that White households with an unemployed head had a higher net worth than Black households with a head who was working full-time. Furthermore, a Black household with a college-educated head had less wealth than a White family whose head did not even obtain a high school diploma (Darity et al., 2018).

To summarize, the above literature suggests that structural characteristics (redlining, discriminatory lending) lead to racial segregation, inequality of wealth, and concentrated poverty. However, this is rarely discussed in the neighborhood disadvantage and disorder

literature. My model highlights the systemic impact of structural violence on mental health and relational functioning. Concerning is that poverty has been shown to be associated with violence and crime in neighborhoods (Krivo & Peterson, 1996, Hollie & Coolhart, 2020), which in turn impacts mental health (Curry et al., 2008, Smith, 2015). Extensive research documents the associations between poverty, neighborhood disadvantage/disorder and poor mental health outcomes (Hastings and Snowden 2019; Kim 2010; Mair et al. 2010). The literature below provides an overview on what is known about adverse neighborhood characteristics and mental health outcomes.

Neighborhood Disadvantage and Mental Health

Neighborhood disadvantage has been indicated by the amount of poverty and mother-only households (Ross and Mirowsky, 2001) and has shown to be correlated with poor mental health outcomes. For example, Silver, Mulvey, and Swanson (2002) conducted a study examining neighborhood structural characteristics and the association of mental health disorders in a majority White adult sample. The authors found that neighborhood structural characteristics (e.g., percentage living in poverty, female headed home, adult unemployment rate, etc.) was associated with higher rates of major depression and substance use. In addition, results indicated that resident neighborhood mobility (persons over five years old who did not live at the same address five years earlier, percentage of housing units that are rentals) was significantly associated with higher rates of schizophrenia, major depression, and substance abuse disorder. Ross, Reynolds, and Geis (2000) also found that poverty was associated with higher levels of depression and anxiety in a majority White sample. Furthermore, the authors reported that residential instability (moved residence within five years) was associated with higher levels of depression and anxiety compared to those who live in stable neighborhoods, which they

attributed to having high levels of neighborhood disorder. That is, it is possible that residents developed a sense of powerlessness that subsequently was associated with higher levels of poor mental health.

Galea et al. (2007) examined SES and depression in White adults and produced similar results. The authors found that those who lived in low SES neighborhoods had a higher incidence of depression than those who lived in high SES neighborhoods, and Black people are more likely to occupy such spaces. Similarly, Matheson et al. (2006) found that material deprivation (e.g., below income cutoff, unemployment, single parent households) was associated with higher levels of depression in a large sample of Canadians. Skapinakis, Lewis, Araya, Jones, and Williams (2005) echoed such results with a United Kingdom sample, indicating that areas with more deprivation were associated with higher levels of depressive symptomology. Mulvaney and Kendrick (2005) found that neighborhood deprivation was associated with higher depressive symptoms amongst a majority White sample of mothers with young children. In addition, low social support and higher self-reported stress were also strongly correlated with more depression. Although not explored, such results seem to be suggestive that high social support in impoverished neighborhoods might serve as a protective factor to developing negative mental health.

One major concern of the above studies is the oversample of White participants. Considering that Black people are more than twice as likely to live in impoverished areas compared to White people (Semega et al., 2018), it seems remiss not to collect a sample from this population. In addition, the above studies largely focused outside of the U.S. Notwithstanding the need to examine the impact of poverty on depression in other countries, the U.S. has a long history of oppression against Black people that has contributed to neighborhood

disadvantage. Perhaps most concerning is that the relationship between neighborhood disadvantage and depression/anxiety has been shown to be twice as large for those who live in urban neighborhoods in contrast to non-urban neighborhoods (Rudolph, Stewart, Glass, & Merikangas, 2014). This is troubling, considering that Black people are more likely to live in urban areas.

There have also been studies examining the relationship between poverty and mental health amongst Black people. For example, Hammock, Robinson, Crawford, and Li (2004) conducted a study examining the relationship between poverty and depressed mood among an African American adolescent sample. Results suggested that living in poverty was associated with more depressive symptoms. In addition, the authors found that family stress mediated the relationship between poverty and adolescent depressive moods. That is, poverty led to family stress which then led to depression. Cutrona et al. (2005) examined neighborhood level economic disadvantage (percentage below poverty line) and social disorder (e.g., drinking in public, selling drugs use) amongst a sample of African American women. Results indicated that women living in neighborhoods characterized by poverty and high social disorder experienced higher rates of depression than women who lived in neighborhoods with less poverty and social disorder. The authors also found that negative life events (e.g., marriage problems, being robbed, threatened with a weapon) interacted with neighborhood disadvantage/disorder. That is, women who experienced recent negative life events and lived in high disadvantage/disorder neighborhoods were more likely to become depressed than were those who lived in neighborhoods with less disadvantage/disorder. The authors concluded that women who resided in neighborhoods characterized by widespread poverty and crime were more likely to react to

negative life events by becoming depressed than women who resided in neighborhoods without such negative characteristics.

Schulz et al. (2006) appeared to echo such results and provided additional insights examining the relationship between living in racially segregated impoverished neighborhoods amongst a sample of African American women, while also exploring psychological stress and social support as mediators. The authors found that those living in impoverished areas were more likely to experience poor mental outcomes. In addition, results indicated that household income might serve as a protective factor against developing symptoms of depression through reduced financial stress and increased social support (e.g., financial assistance, received help to care for sick, received help watching children). However, results indicated that household income did not protect against distress from neighborhood disorder. Thus, it appears that neighborhood disorder might have a larger impact on psychological functioning than poverty alone. A more recent study by Alamilla, Scott, and Hughes (2016) examining the relationship of sociocultural and neighborhood factors on mental health amongst a sample of African Americans and Latino/a's supported claims of neighborhood disadvantage contributing to negative mental health outcomes and provided additional insights. In their article, the authors found that lower income was related to lower levels of psychological well-being. In addition, the authors found that familisms and religious/spiritual coping were predictive of better mental health functioning. Thus, it appears that exploring the role of the family and spiritual/religious beliefs is imperative, as it might serve as a protective factor to developing negative mental health.

The above literature suggests that neighborhood disadvantage has a negative impact on mental health for adults. However, results also suggested that neighborhood disadvantage alone is not the most important factor contributing to negative mental health. That is, other contextual

factors might mediate this association. Although the above studies underscore the importance of family and spiritual/religious practices as they relate to decreasing mental health symptoms, explorations of such variables as protective factors are underdeveloped and warrant attention. Black cultural strengths remain underexplored and pathways from neighborhood disadvantage to mental health for Black people are underdeveloped and require further exploration.

Neighborhood disadvantage, children, adolescents and mental health. Leventhal and Brooks-Gunn (2000) conducted a comprehensive review on the effects of neighborhood residence on child and adolescent outcomes. The authors articulated that neighborhood effects typically only accounted for five to ten percent of the variance in child and adolescent outcomes after controlling for family-level characteristics (e.g., family income, family structure, maternal education, maternal age, race/ethnicity) and that family level variables tend to be more strongly associated with individual outcomes than neighborhood level variables. However, the authors did not specify for what outcomes (school readiness and achievement, behavioral and emotional problems (externalizing and internalizing), and sexuality and childbearing) such percentages represented. The authors did mention that findings for behavioral problems are less consistent than those reported for cognitive and school outcomes. While this may be true, the authors also stated that low SES (e.g., income, or combination of income and female headed households, male joblessness, percentage of professionals in the neighborhood, and education level) was the strongest predictor of children's and adolescents' mental health. Such results suggest that economic disadvantage does indeed impact the mental health of children and adolescents, but other family level variables are of equal or greater importance. Research has consistently shown that poverty does have a negative impact on children and adolescent's mental health.

For example, Leventhal and Brooks-Gunn (2002) conducted a study examining whether moving from high impoverished neighborhoods to low poverty neighborhoods had an impact on mental health among a sample 512 African American and Latinx families (parents, children, adolescents). Results indicated that parents and boys who moved to low poverty neighborhoods reported less depressive/anxiety symptoms than those who remained in highly impoverished environments at 3 year follow up. Such results suggested that there are contextual influences of living in highly impoverished areas compared to neighborhoods that have less poverty which negatively impacts mental health. Wickrama and Bryant (2003) expanded on the relationship of neighborhood characteristics and depression among adolescents. The authors found community poverty was associated with more symptoms of depression. However, community social resource variables (e.g., parents are members of community organizations, people in this neighborhood look out for each other, how participants felt their parents cared about them) mediated the relationship. Essentially, adverse neighborhood characteristics diminished parent's ability to join community organizations, parents and adolescents' perceptions of neighbors looking out for one another, and adolescents' feelings of adults caring about them. In turn, involved parenting and parental acceptance were diminished which led to depressive symptoms in adolescents. The authors also found that parental acceptance may serve as a protective factor, but not for those who live in extreme poverty with limited resources. Such results are concerning, considering that Black people are more likely to live in highly impoverished areas with a lack of community resources.

Xue, Leventhal, Brooks-Gunn and Earls (2005) seemed to support such results and provided additional information regarding pathways of the association between neighborhood disadvantage and mental health. In their article, the authors found that neighborhood

disadvantage was associated with higher scores of depression and anxiety amongst a majority Latino and African American sample of children aged 5 to 11. In addition, the authors found that collective efficacy (e.g., people around here are willing to help their neighbors) and being involved in local organizations (e.g., religious organizations) mediated this association. Thus, it appears that a sense of collectivism and religious participation are important mechanisms to explore as it relates to reducing depression. An article by Boardman and Onge (2005) refuted such results. In their article examining neighborhood characteristics amongst a representative sample of adolescents, the authors found that neighborhood residence had no statistically significant impact on mental health. However, the authors used extensive individual level controls. As a result, findings suggested that the relationship between neighborhood characteristics and health has more do with individual rather than neighborhood characteristics.

Wadsworth et al. (2008) came to similar conclusions in their article examining the association between poverty and child functioning among a sample of multiethnic adolescents (11-18) and preadolescents (6-10). Results indicated that poverty-related stress was associated with a wide range of health syndromes, including depression and anxiety. Their path analysis model suggested that SES indicators (e.g., maternal education, occupation status, income-needs ratio) influenced poverty-related stress, which subsequently contributed to increased psychological problems. Thus, it appeared that it is stress that contributes to negative mental health more so than economic factors alone. An article by Kohen, Leventhal, Dahinten, and McIntosh (2008) examined neighborhood disadvantage and pathways to depression among a large representative sample of Canadian 4 and 5-year-olds and seemed to provide support for the above claim. Results of their study indicated that neighborhood structural disadvantage (e.g., income, education, family structure, unemployment) did not have a direct effect on children's

behavioral problems. Rather, it had an indirect effect through neighborhood cohesion, maternal depression, and punitive parenting. That is, neighborhood disadvantage was associated with less neighborhood cohesion (e.g., If there is a problem, neighbors get together to deal with it, people are willing to help their neighbors); neighborhood cohesion was subsequently associated with poorer family functioning and higher levels of maternal depression. Poor family functioning and maternal depression were related to less consistent and more punitive parenting, which as a result was associated with more behavioral problems in children. This study provided insight on what neighborhood characteristics impact mental health by answering "how" and "why".

Santiago, Wadsworth, & Stump (2011) provided similar results and additional insights in their study exploring SES, neighborhood disadvantage and poverty-related stress amongst low income multiethnic families that included parents and children. Results suggested that higher poverty related stress was associated with more anxious/depressed symptoms for children more so than adults. Interestingly, the authors found that higher SES (parent education, occupational status, income-to-needs) predicted more aggression, delinquency, and anxious/depression symptoms and more neighborhood unemployment predicted fewer symptoms of aggression, attention problems, and social problems. These results suggested that living in poverty does negatively impact children's mental health, but that other contextual influences need further exploration. A study by Leventhal and Dupéré (2011) examining the impact of long-term poverty on mental health among a majority Black sample of adolescents (12-19-year-old) provided further support of the detrimental impacts of living in such environments. The authors compared outcomes between adolescents who moved from highly impoverished into low poverty areas to those who remained in highly impoverished areas. Results indicated that girls who moved into low poverty areas and remained for a long period of time (5 years) had better mental health

(depression, anxiety, distress) and engaged in less risky behaviors than those who remained in high impoverished environments. For boys, the authors found less consistent results and did not conclude that there was a statistically significant difference in mental health between those who lived in high poverty and low poverty neighborhoods.

Wickrama and Noh (2010) conducted a study using a nationally representative sample of 12 to 19-year-olds seeking to explore the longitudinal effects of childhood community context on young adult outcomes. Their study provided important information because it addressed the questions of "why" and "how". For instance, the authors found that early community adversity (e.g., In this neighborhood, litter or trash on the streets and sidewalks is a big problem, you live here because there is less crime in this neighborhood than there is in other neighborhoods) was associated with more depression. However, poverty mediated this relationship suggesting that it is has a long-term indirect effect on young adults. That is, it appeared that early community adversity had an impact on young adult depression, but it is the poverty experienced that accounts for this association. Thus, it seems that reducing poverty is important as it relates to decreasing depressive symptoms in young adults. Jager (2011) examined Black and White differences in growth of depressive affect using a longitudinal design with a majority Black sample and found similar results. Results indicated that around early adulthood, depression trended upward for Black and downward for White individuals. Particularly, the upward trend for Black individuals was due to deficits in SES (under/unemployment). Considering that Black people are more likely to be unemployed compared to their White counterparts, this is concerning for their mental health. A more recent article by Snedker and Herting (2016) examining the relationship between neighborhood characteristics (e.g., economic disadvantage, residential instability, foreign born) and emotional distress (depressed affect, anxiety,

hopelessness) among a sample of racially diverse adolescents seemed to support the above results. Using a hierarchical linear model, the authors found that unemployment and residential instability (vacant housing) was associated with more emotional distress.

The above literature suggests that neighborhood disadvantage and other SES measures have a negative impact on the mental health of children and adolescents. This is especially concerning for Black children and adolescents considering that they are more likely to live in disadvantaged neighborhoods, live in single parent households and to have parents who are unemployed (U.S. Census Bureau of Labor Statistics, 2018). With the exception of Wickrama and Bryant (2003), Xue, Leventhal, Brooks-Gunn and Earls (2005) ,Wadsworth et al. (2008), Kohen, Leventhal, Dahinten, and McIntosh (2008), and Wickrama and Noh (2010), studies did not address underlying mechanisms that might account for the association between neighborhood disadvantage and mental health. Specifically, community trauma/crime remained understudied which is troubling because Black people are more likely to be victims of crime (Sheats et al., 2018). Furthermore, paths did not include how disadvantaged neighborhoods impact material resources (e.g., paying phone bill, keeping food on the table) and the subsequent impact on mental health and relationships in the Black community. There also remains a lack of understanding of "when" and for "whom" neighborhood disadvantage and other SES/neighborhood characteristics are more strongly related to mental health beyond demographic factors such as age, race, and gender. For instance, although several studies above indicated that positive family dynamics and religious orientation were associated with less depressive symptoms, examining them as protective factors has been understudied and undeveloped. Thus, it appears that additional paths, along with Black cultural relational protective factors need further exploration.

Neighborhood Disorder and Mental Health

Neighborhood disorder refers to the perceived lack of order and social control in the community (Skogan, 1990) and is described in both physical and social terms. Physical disorder refers to the physical aspects of a neighborhood and is characterized by rundown and poorly maintained buildings and dwellings, graffiti, trash, dirt, vandalism, and noise. In neighborhoods with high levels of social disorder, residents report drug and alcohol use, crime, danger, loitering, trouble with neighbors, and observing people hanging on the block (Ross & Mirowsky, 1999; Ross & Mirowsky, 2009). Ross and Mirowsky (2001) argued that neighborhood disadvantage might provoke disorder, due to limited opportunity, lack of social integration and cohesion, and climates conducive to disorderly behavior. Research on neighborhood disadvantage and disorder appear to support this claim.

For example, Mair, Diez, and Galea (2008) conducted a review of published studies on neighborhood characteristics and the association of depression. The authors found that of the 45 studies examined, 37 reported an association of at least one neighborhood characteristic with depression. The articles examined fell into two neighborhood categories, structural and social processes. Structural characteristics included socioeconomic, racial/ethnic composition, residential stability, and the built-in service environments. Social processes included neighborhood disorder, social cohesion ties with neighbors, perceived exposure to crime, violence, drug use and graffiti. Interestingly, the authors found that structural characteristics were less consistent (52%) predictors of depressive symptoms than social characteristics (68%). Furthermore, among the structural features, the authors found that measures of the built-in environment (e.g., violence, homelessness, abandoned buildings) were more consistently associated with depression than socioeconomic factors. Kim (2008) echoed these findings in her

systemic review evaluating the relationship between neighborhood characteristics and depression. Conclusions indicated that social disorder is more often related to negative mental health, and to a lesser extent suggested that neighborhood SES served as a protective factor. A more recent systemic review by Rautio, Filatova, Lehtiniemo, and Miettunen (2017) found similar results examining the living environment and its relationship to depression. Of the 57 articles included in their study, the authors found that housing and the built-in environment, poor housing quality, lack of green areas and noise and air pollution were variables that most often yielded a statistically significant relationship with depression. Thus, it appears that other social/structural characteristics account for depressive symptoms in residents more so than socioeconomic factors alone.

Similarly, Aneshensel and Sucoff (1996) conducted a study examining neighborhood structural characteristics, SES, and racial/ethnic segregation on the emotional well-being of a predominately Latino youth population. They found that lower SES was associated with ambient hazards (e.g., property damage, drive by shooting, gangs, etc.), which in turn impacted mental health. Essentially, greater perceived neighborhood threats were related to more symptoms of depression, anxiety, oppositional defiant disorder, and conduct disorder. Interestingly, the authors found that African Americans and family structure (single parent households) reported living in more hazardous neighborhoods. Thus, it is likely that African Americans are especially likely to experience negative mental health outcomes. A study by Ross (2000) found similar results. In her study examining the association between neighborhood disadvantage and mental health, the author found that more disadvantage was associated with greater depressive symptoms. In addition, the author found that neighborhood disorder (e.g., drug and alcohol use, crime, danger, loitering, etc.) mediated the association. Although the sample was majority White,

such results echo those of studies discussed above (i.e., Aneshensel & Sucoff, 1996). That is, it appears that the disorder in neighborhoods accounts for the negative mental health symptoms rather than neighborhood disadvantage alone.

Latkin and Curry (2003) provided support for the above literature, exploring whether social disorganization (e.g., burglary, selling drugs, getting robbed, etc) was associated with higher levels of depressive symptoms within inner city environments. The authors found that social disorganization predicted depressive symptoms at 9-month follow up interviews with participants. In addition, they found that social support and social integration did not serve as protective factors to the association. However, scores for depression were lower amongst those who were frequent church attendees. Such results indicate the need to explore the role of the church as a protective factor. Gary, Stark, and LaVeist (2007) found similar results in their article examining the relationship of neighborhood characteristics and mental health among African American and White Americans living in racially integrated communities. Although the authors used a wide range of fifteen neighborhood characteristics (e.g., crime activity, public transportation, street lighting, gang activity) results indicated that participants who perceived more neighborhood problems reported significantly more depression and anxiety. Interestingly, African Americans reported less problems in the neighborhood than Whites, and thus lower levels of mental health problems. This is may be due to the desensitization of crime amongst Black people and different cultural perceptions of what it means to be depressed and anxious (Hollie & Coolhart, 2020). In addition, it is possible that Black cultural strengths serve as a protective/resiliency factors, which were not examined.

Echeeverria, Diez-Roux, Shea, Borrell and Jackson (2008) conducted a study examining neighborhood problems and neighborhood social cohesion on health outcomes amongst a

majority White and Black adult sample. Results indicated that participants living in neighborhoods with less problems (e.g., excessive noise, heavy traffic or speeding cars, lack of access to adequate food shopping, trash/litter) were significantly less likely to be depressed. In addition, those in neighborhoods with less cohesion (e.g., neighbors are willing to help each other, neighbors get along, neighbors can be trusted, and neighbors share the same values) were associated with an elevated risk of depression. Thus, results suggested that disorder and social cohesion play an intricate role in the development of depression among adults. An article by Curry, Latkin, and Davey-Rothwell (2008) provided further results for the impact of neighborhood characteristics on mental health outcomes. In their article, the authors explored the association between neighborhood violence and depressive symptoms with a sample of most highly disadvantaged adult current and former drug users. The authors found that neighborhood violent crime had a modest significant association with perceived neighborhood disorder and experiences of violence, but no direct association with depressive symptoms. However, the authors found two indirect pathways (neighborhood disorder, and experience of violence). Thus, it appeared that the amount of neighborhood crime alone was not associated with depression. Rather, when neighborhood crime is salient, individuals are more likely to perceive their neighborhood as unsafe and disordered and are more likely to experience crime which was associated with more depressive symptoms. This is especially concerning for Black people, considering that they are more likely to live in violent neighborhoods (Friedson & Sharkey, 2015), and are more likely to be victims of violent crime (Krivo & Peterson, 1996).

Kim (2010) found similar results in her study examining the impact of neighborhood disadvantage (e.g., poverty, female-headed households) on mental health with neighborhood disorder and social relationships as mediators. Results indicated that neighborhood disadvantage

increased feelings of depression even after controlling for individual characteristics. In addition, neighborhood disorder mediated the relationship between neighborhood disadvantage and depression. That is, neighborhood disadvantage was associated with depressive symptoms, but neighborhood disorder appeared to account for the association. Hastings and Snowden (2019) examined the relationship between perceived neighborhood disorder and depression amongst a sample of African American and Caribbean Black people. Results indicated that those living at or below the poverty line were more likely to experience clinical depression if they lived in a neighborhood perceived to be socially disordered. Thus, it appears that poverty is related to depression, but through perceived social disorder.

The above literature provides support for the concept that neighborhood disadvantage is associated with poor mental health outcomes, namely depression. However, the literature also provides evidence that neighborhood disorder and other social processes might account for such an association. Nevertheless, there is a lack of understanding as it relates to "how" and "why" neighborhood disorder is related to negative health. That is, it appears that neighborhood disorder has a direct and indirect influence on negative mental health. Yet, relational (e.g, parent-child-closeness, romantic relationships, material deprivation) indirect paths remain unexplored for the association between neighborhood disorder and mental health for adult populations. To my knowledge, only McCloskey and Pei (2019) attempted to uncover relational indirect paths, in their study examining the relationship between neighborhood social cohesion and mental health outcomes among a sample of low-income urban mothers. Using structural equation modeling, results indicated that mothers living in neighborhoods with more social cohesion were less likely to meet the criteria for Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD). Results also indicated that parenting stress mediated the relationship between

neighborhood social cohesion and MDD and GAD. That is, as neighborhood social cohesion increased, parenting stress decreased, which in turn was associated with lower levels of depression and anxiety. Such results suggest that relational variables have an impact on the mental health of adults and warrants more attention.

Further, there is limited exploration of protective factors beyond neighborhood level variables. To my knowledge, only Klijs, de Leon, Kibele, and Smidt (2017) have studied buffering effects on neighborhood characteristics and mental outcomes that expand past common neighborhood level variables. In their study, they examined personal contacts (e.g., number of different persons they had contact on average within two weeks' time) and social needs fulfillment (e.g., Do you feel that people really love you?, 'Do you feel useful to others?, 'Are you known for the things you have accomplished?) as moderators of the relationship between neighborhood deprivation (low income, assistance benefits) and mental/physical health outcomes. Results indicated that both personal contacts and social needs fulfillment served as protective factors of the relationship between neighborhood deprivation and mental health. Although this study provided important insight to protective factors beyond the neighborhood, the sample was predominately White and cultural buffering effects were not explored. Thus, the question of "when" and "for whom" this relationship is the strongest and weakest for Black populations remains unanswered. Another major gap in the literature is a focus on relationships as an outcome variable. Considering the negative impact that neighborhood disadvantage and disorder has on families, this warrants exploration. The literature on neighborhood disorder and the relationship of mental health for children and adolescents appears to be more robust.

Neighborhood disorder and mental health, children, and adolescents. There is an abundance of literature that has examined the relationship between neighborhood disorder and

mental health for children and adolescents. For instance, Kemp, Langer, and Tompson (2016) conducted a study examining the potential impact of neighborhood conditions (criminal activity, poverty, residential instability) on children's self-reported depression symptoms and maternal reports of children's overall symptoms of psychopathology within a diverse sample of 171 families. The authors found that neighborhood strain predicted parent's reporting of their child's overall mental health problems (total score of internalizing and externalizing behaviors), but not for depression symptoms alone. The authors also explored maternal function and family cohesion as mediators of this association, and maternal depression as a moderator. Results indicated that maternal functioning (overall psychological functioning) mediated the relationship between neighborhood strain and children's psychological functioning. Thus, it appeared that neighborhood strain impacts maternal functioning, which in turn has detrimental effects of children's overall functioning.

Natsuaki et al. (2007) conducted a study examining the relationship between neighborhood disorder, stressful live events, parenting and children's depressive symptoms using data collected from 777 African American families, and found similar, yet conflicting results. The authors found that families with lower household income tended to live in highly disordered neighborhoods and were exposed to more stressful live events (e.g., family problems, trouble at school) than those with higher household incomes. In addition, the authors found that those living in highly disordered neighborhoods (e.g., graffiti, gang activity) were more likely to experience stressful life events. However, parents use of inductive reasoning (e.g., How often does your primary caregiver give reasons for his or her decision? How often does your primary caregiver discipline you by reasoning, explaining, or talking to you? How often does your primary caregiver ask you what you think before making a decision about you?) served as a

protective factor against this relationship. This finding highlights the importance of the parent-child relationship as protective factor. Furthermore, the authors found that stressful life events at age 11 predicted depressive symptoms at age 13. However, this was not the case for neighborhood disorder. Neighborhood disorder did not predict depressive symptoms from age 11 to 13. Thus, it appeared that it is the stress from living in such environments rather than the income or disorder itself that predicts depression in childhood and early adolescence.

Elliot et al. (2016) found similar results in their study examining housing and neighborhood context and the relationship it has on mental health among a sample of low income predominately African American and Hispanic adolescents. The study provided insight on gender differences as it relates to neighborhood/structural context on mental health outcomes. The authors found that more housing problems were associated with more delinquency, and linked to depressive and somatic complaints for girls, but not boys, however the associations were not statistically significant. Although the authors found that neighborhood disorder was associated with more depressive symptoms for boys more so than girls, the relationship between neighborhood disorder and mental health symptoms was not statically significant. The authors also concluded that parental monitoring did not serve as a moderator between neighborhood disorder and mental health. Such findings suggested that additional protective factors need to be explored as they relate to neighborhood disorder and mental health.

Assari and Caldwell (2017) provided further insight on the impact of neighborhood disorder in their article examining the relationship between perceived neighborhood safety and MDD in a national sample of Black youth. Like Eliot et al. (2016), the authors sought to explore gender differences. In addition, the authors explored ethnic differences between African Americans and Caribbean Blacks. Results indicated that African American male youths who

perceived their neighborhoods to be unsafe were at a higher risk of developing MDD. However, this was not the case for African American female youth or Caribbean Black males or females' youths. Such results suggested that there is a unique relationship between being a Black male, feeling unsafe, and developing depression. It is likely that this has to do with the disproportionate rates of imprisonment for Black men in America (U.S. Census Justice Bureau, 2018). Although the Assari and Caldwell (2017) explored safety rather than disorder, social disorder includes elements of unsafety (e.g., shootings, drug deals) and has been shown to be associated with violence exposure (Krivo & Peterson, 1996). Voisin and Kim (2018) studied neighborhood conditions and the impact of behavioral health among low-income African American youth. Their conceptualization of neighborhood characteristics (broken windows) was structural (e.g., abandoned homes or apartments, buildings with broken windows, homes with bars on windows) rather than social (e.g., crime, drug deal, shootings). The authors found that youth who lived in neighborhoods with more broken windows were more likely to have poor mental health, report more delinquency, use drugs, and engage in risky sexual behaviors compared to those who did not live in neighborhoods with broken windows. Such results suggested the detrimental impact of structural neighborhood characteristics on mental health. However, protective factors and indirect paths remained unexplored.

An article by Wang and Maguire-Jack (2018) provided further insight on the relationship between neighborhood disorder and mental health by incorporating family and environmental influences in their analyses. Results of their study indicated that neighborhood disorder (e.g., drug dealers hanging around, gang activity) was associated with more aggression, depression/anxiety, withdrawal, and attention problems (e.g., concentration problems). Wang and Maguire-Jack (2018) also found Adverse Childhood Experiences (ACE) mediated the

relationship between neighborhood disorder and mental health outcomes. Essentially, neighborhood disorder increases the likelihood of ACE's, which in turn has a negative impact on children's mental health. Interestingly, the authors found that Black children were more exposed to ACE'S but experienced fewer behavioral problems compared to White children. Such results are consistent with other findings that also demonstrated White children experience more behavioral health problems than Black children (Gary, Stark & Laviest, 2007). Although these findings suggested that there may be unique Black protective factors, they remained unexplored.

Similarly, Xu, Huang, and Cao (2020) conducted a study in which they examined the relationship between early exposure to neighborhood disorder and children's internalizing (social withdrawal, depression, anxiety) and externalizing (aggressive, destructive, delinquent behaviors) problems from early childhood to middle adolescence using a large multiethnic longitudinal dataset. In addition, the authors explored fathers' early involvement as a protective factor. The authors developed three hypotheses: (1) early exposure to neighborhood disorder at age three is associated with increased children's internalizing and externalizing problems from age three to age 15 when controlling for other variables; (2) fathers' early involvement at age three is associated with decreased children's internalizing and externalizing problems from age three to age 15 when controlling for other variables; and (3) fathers' early involvement buffers the negative effects of neighborhood disorder on children's internalizing and externalizing problems when controlling for other variables. Multilevel modeling results provided support for their first two hypotheses. However, results suggested that fathers' involvement did not buffer the effects of neighborhood disorder on children's behavioral problems. Such results highlighted the importance of fathers' involvement on children's behavioral problems, yet it appears that the involvement was not enough to buffer against the negative impact of living in disordered

neighborhoods. Thus, more exploration is needed regarding cultural, familial, and relational protective factors to uncover "when" and for "whom" this relationship is strongest and buffered.

Black Cultural Strengths

Despite the hardship that Black people have endured due to structural violence, they have unique strengths such as religiosity, extended family, neighborhood cohesion, and social ties that has promoted survival. Neighborhood cohesion and social ties have been given considerable attention, and thus the focus below is on religiosity and extended family support.

Religiosity

Religiosity is a large part of African American culture. Traditionally, African Americans have relied on the church and its leadership to help on issues outside of spirituality which has created a strong sense of communalism within the church (Frame & Williams). Research has shown that when Black people are struggling with mental health issues, African American pastors are often the first line of support for coping (Avent, Cashwell, & Brown-Jeffy, 2015). Furthermore, Black people often rely on religious coping to help make sense of their circumstances (Hill, 199; Harris, McKinney, & Fripp, 2019), which has been shown to protective against developing negative mental health (Chatters, Taylor, Woodward, & Nicklett, 2015). Research has also shown that African Americans who identify as highly spiritual are more likely to have a positive self-concept, active coping style, perceptions of family climate and attitudes toward parenting (Broome, Owens, Allen, & Vevaina 2000). Such results suggest that religiosity might serve as a protective factor against developing negative mental health.

Extended Family

Cultural strengths, such as extended family support, have traditionally provided Black families economic and emotional security that larger structures of power have attempted to deny

(Martin & Martin, 1978; Hill 1972). Research has shown that closeness with extended family can prevent against developing negative mental health (Ngyuen et al, 2016; Taylor, Chae, Lincoln & Chatters, 2015). The literature on the protective factor of extended family in relationship to the parent-child closeness is understudied and warrants attention. This is especially important, considering that 57% of Black youth live in an extended family (Cross, 2018).

Literature Gaps

Although there is an array of literature that documents that there is a relationship between poverty, neighborhood disadvantage/disorder and mental health for adults and children, there is still a lack of in-depth understanding of what underlying mechanisms contribute to negative mental health, particularly for Black adults. For instance, taken as a whole, the above literature suggests that neighborhood disadvantage (namely poverty) is associated with developing negative mental outcomes such as anxiety and depression. However, it appeared that neighborhood disorder often mediated the relationship. That is, neighborhood disadvantage leads to neighborhood disorder, which subsequently impacts mental health. Yet, such a path does not delineate what specifics about neighborhood disorder contribute to developing negative mental health. Considering that neighborhood disorder encompasses a wide range of characteristics, many of which are concentrated in Black communities; it seems imperative that their voices are heightened and their experiences of living in impoverished/disordered neighborhoods are captured. Such narratives would provide firsthand in-depth personal experiences of the influence that neighborhood characteristics have on mental health, which will elucidate the understanding of indirect paths that account for the relationship between neighborhood characteristics and mental health. This will allow for a combination of theory and lived experiences on underlying processes that should explored.

To fill this gap, a study titled “A Larger System is Placing People in this Predicament”: A Qualitative Exploration of Living Amongst Urban Violence and the Impact on Mental Health and Relationships in the Black Community was conducted (Hollie & Coolhart, 2020). Using a critical structural violence lens, the purpose of the study was to gain an in-depth understanding of what underlying mechanisms of impoverished neighborhoods and community violence impacts the mental health, and romantic/familial relationships of Black people who have experience living in neighborhoods plagued with crime and violence. In addition, we also aimed to qualitatively gain a better understanding of what cultural and communal strengths serve as protective factors to psychological wellbeing. The study included eleven participants aged 18 to 60 who self-identified as Black and who currently or previously lived in a neighborhood plagued with crime and violence. Participants engaged in semi-structured in-depth interviews for approximately 45 minutes, with questions focused on gaining an in-depth understanding of living in a neighborhood with crime and violence and the impact it has on mental health and relationships. Results of our Interpretative Phenomenology Analysis (IPA) revealed four major themes: (1) systemic injustice, (2) impact on mental health, (3) impact on romantic and familial relationships, and (4) cultural and communal strengths of which I will delineate below.

Systemic injustice: Participants described the trickle-down impact of structural issues on their environments. Many participants described poverty as having a direct influence on the crime and violence that happens within their neighborhoods. Community violence is understood as a byproduct of structural violence such as policies that have resulted in segregated poverty and a lack of available resources. That is, individuals who engaged in crime did so because they had to make ends meet due to a lack of available resources.

Impact on mental health: Participants described their process of how they developed symptoms of worry/fear and vigilance/anxiety as a result of their environment. Findings suggested that discriminatory policies led to segregated impoverished neighborhoods, and subsequently increased crime. The high amount of crime that occurred in such neighborhoods contributed to the prevalence of hearing gunshots/seeing casings knowing someone who has lost their life to violence, and/ or knowing that violence is prevalent; which ultimately creates a heightened sense of worry and fear, vigilance and anxiety. Thus, it appeared that the community violence (e.g. killings, shootings, robberies), rather than poverty itself leads to worry, fear, vigilance and anxiety.

Romantic and familial relationships: Participants described how their caregivers' inability to show love and affection impacted their own ability to do so in their romantic relationships. Findings suggested that being a single parent led to elevated stress, which led to a diminished ability to express love and affection. In turn, this ultimately resulted in diminished parent-child and romantic relationships. In addition, some participants reported that low income households led to aggravation in parenting (e.g., yelling, unsolicited beatings) which in turn impacted the love that children felt they received from their parents. Despite living in low income neighborhoods plagued with crime and violence, participants discussed several cultural and communal strengths.

Cultural and communal strengths: Participants discussed how aspects of neighborhood cohesion, such organizations and block clubs attempting to alleviate crime and having people bring food and engage in fellowship during difficult times, often provided a sense of hope. Participants also discussed how having positive life figures (e.g., siblings, mentors) throughout life served as coping and resiliency factors. The concept of seeing and knowing others who had

made it out of difficult situations provided a sense of encouragement for them to do the same. It was also discussed how having extended family member involvement (e.g., uncles, grandparents) provided extra support that helped maintain wellness despite living in adverse environments. Having a strong sense of religion was identified as a coping mechanism for participants. Although participants lived in neighborhoods plagued with crime and violence, using religion as a guide helped with getting through tough times.

The above study provided several insights. It clarified, through theory and narratives, pathways from neighborhood disadvantage to negative mental health outcomes. For instance, it appears that neighborhood disadvantage leads to a lack of available resources which leads to crime in a neighborhood, which subsequently leads to the development of anxiety and depression. To my knowledge, this was also the first and only study that examined the impact of adverse neighborhood characteristics on relationships in the Black community. Important paths were suggested. For example, it appears that living in a disadvantaged neighborhood is associated with diminished parent-child relationships through material deprivation and aggravated parenting. That is neighborhood disadvantage leads to a lack of available resources which leads to aggravated parenting, which in turn diminishes the parent-child relationship. Furthermore, it seems that living in disadvantaged neighborhoods is associated with decreased relationship quality through community trauma and lack of affection. That is neighborhood disadvantage leads to an increase in the amounts of shootings, robberies, and drug deals witnessed, which in turn leads to not being able to show vulnerability, subsequently leading to decreased relationship quality.

Perhaps most importantly, this study provided insight on Black cultural strengths that may serve as protective factors. For instance, it appears that even if you live in low income

neighborhoods plagued with crime and violence, if you have a strong religious orientation, family support, and neighborhood cohesion, these factors may protect against and/or lessen the association between adverse neighborhood characteristics and mental health/relationships. The findings of this study led me to examine some of the findings quantitively.

Another study, titled "Poverty and the Impact of Mental Health in the Black Community: Cultural Strengths as Moderators" sought to examine the relationship between poverty and mental health (Hollie, Soloski, & Tadros, 2020), while also examining if cultural strengths such as religion and relationship quality served as protective factors. In addition, the authors explored community trauma as a mediator for the relationship between poverty and mental health. Data was used from the Fragile Family and Child Wellbeing Study (FFCWS) of which adult mothers and fathers were the sample. The FFCWS is a longitudinal, birth cohort survey that follows 4,898 children born between 1998-2000 who were randomly sampled from 20 U.S. cities with populations of 200,000 or more. Poverty was defined as the total household income in relation to the official poverty thresholds designated by the U.S. Census Bureau. Major Depressive Disorder (MDD) was the outcome variable for mental health. Individuals were classified as either depressed or not depressed. Community trauma was operationalized based on teachers' perspectives on the degree of crime and physical decay in the neighborhood. For religion, mothers and fathers were asked a single question about religion serving as a guide in their lives, "my religious faith is an important guide for my daily life." For relationship quality, mothers and fathers were asked the following questions about their partners: (a) She is fair and willing to compromise when you have a disagreement, (b) She expresses affection or love for you, (c) She encourages or helps you to do things that are important to you, (d) She listens to you when you need someone to talk to, and (e) She really understands your hurts and joys.

Elaborating on findings from Hollie and Coolhart (2020), the authors hypothesized that living in poverty would be positively correlated with meeting the diagnosis for MDD. Further, it was hypothesized that community trauma would serve as an indirect effect. That is, poverty leads to community trauma which in turn is associated with meeting the threshold for MDD. Findings from Hollie and Coolhart (2020) suggested that relying on religion could serve as a protective factor of the relationship between living in disadvantaged neighborhoods and negative mental health outcomes. Thus, the authors hypothesized that parents who identified as being highly religious would be less likely to meet the threshold for depression, despite living in impoverished neighborhoods plagued with crime and violence. Relationship quality showed mixed findings in the literature as a protective factor for mental health. However, for Black people, relationship quality means having a partner that authentically understands one another's injustices, and having someone that listens, understands and is willing to talk and engage in conversation around injustices and everyday struggles. Thus, regarding adverse neighborhood characteristics and metal health, relationship quality warranted exploration as a protective factor. In addition, the authors controlled for variables that have been linked to poverty and depression in order to decrease the likelihood of results being impacted by confounding variables. Previous research has shown that poverty varies by race (Semega et al., 2018), education (Shapiro, et al., 2013), and relationship status (Thiede et al., 2017); thus, I controlled for those variables in the analyses.

The authors used structural equation modeling to test the above hypotheses. For mothers, results indicated that moving up one poverty ratio was associated with a 22% decrease in the likelihood of having depression. Similar results were found for fathers. Moving up one poverty ratio was associated with a 29% decrease in the likelihood of having depression. Mothers with some college or a college degree had a 37% lower odd of being depressed than mothers without

a college degree. For mothers, a one unit increase in relationship quality decreased their probability of having depression by 39%. Similar results were found for fathers. A one unit increase in relationship quality decreased their probability of having depression by 38%. A one unit increase in father's religious orientation decreased the probability of mothers having depression by 83%. Interesting, White mothers had more than twice the odds of being depressed compared to Black mothers. This is consistent with other literature (Zuvekas, & Fleishman, 2008; Breslau et al., 2006) that showed Black people generally have better mental health outcomes compared to other races. In addition, it is likely that the strong religious orientation of Black people lessens the amount of depression experienced.

Results also indicated that religiosity served as a moderator of the relationship between poverty and depression. For those living in deep poverty, their depression was not impacted even if they had a high religion orientation. However, as poverty ratios increased, having a higher religious orientation lessened the probability of developing depression. This may be related to Maslow's hierarchy of basic needs not being met. Individuals living in deep poverty are worried about food and shelter, making it difficult to find hope in midst of extreme adversity. Results indicated that community trauma did not mediate the relationship between poverty and depression. This is likely due to such questions being answered by teachers rather than the residents who live within the neighborhoods, which was a major limitation of the study.

Problem Statement

There is an abundance of literature that documents the association between poverty, adverse neighborhood characteristics, and mental health outcomes such as depression (Kim, 2010; Mair et al., 2010), anxiety (Snedker & Herting, 2016; Wadsworth et al., 2008) and to a lesser extent, post-traumatic stress disorder (PTSD) (Gapen et al., 2011). As mentioned

previously, a major premise of neighborhood disorder is crime and violence, which have been shown to be correlated with elevated risk of depression, anxiety, trauma and PTSD (Gillespie et al. 2009; Stansfeld et al. 2017). This is concerning given that Black people are more likely to be victims and/or know someone who was a victim to homicide (U.S. Bureau of Justice Statistics 2016; Zinzow et al. 2009), and Black people are more likely to be exposed to violence (Sheats et al. 2018) and poverty compared to people of other races. There has also been research that explores the relationship between living in neighborhoods with crime and the impact on mental health from a qualitative perspective (Hollie & Coolhart, 2020; Smith & Patton, 2016; Smith, 2015). One major concern is that to my knowledge, apart from Hollie and Coolhart (2020), neighborhood disadvantage nor disorder, are discussed in terms of structural violence and systemic racism resulting in historical unjust policies such as discriminatory lending and inequality of wealth. Although social disorganization theory is often mentioned, the connection is rarely made salient, which again, places blame on the individuals instead of larger structures of power that have contributed to the development of impoversihed and disordered neighborhoods.

Black cultural strengths are also adaptive coping mechanisms and communal resiliencies (Hill 1972; Menakem, 2017; Martin & Martin, 1978). Even so, these strengths are largely ignored as protective factors to developing negative mental health as a result of adverse neighborhood characteristics. Instead, studies have mostly focused on neighborhood cohesion and social support (Echeeverria, Diez-Roux, Shea, Borrell & Jackson, 2008; Klijs et al., 2017; Rosengarten, 2020). Notwithstanding the importance of such factors, it is important to study the unique strengths of Black Americans considering that they are disproportionately representative of living in impoverished disadvantaged/disordered neighborhoods, and such strengths have traditionally provided the necessary support and sense of control that larger structures of power

have attempted to deprive them of. This is a major gap in the poverty and neighborhood characteristics literature. Furthermore, there seems to be a lack of understanding of what indirect paths account for the relationship between poverty, disadvantaged/disordered neighborhoods and mental health outcomes. Studies have shown that neighborhood disorder mediates the relationship between neighborhood disadvantage and mental health outcomes (Ross & Mirowsky, 2001; Kim, 2010), but the underlying mechanisms remain incomplete and warrant more attention. To my knowledge, there are no studies that examine the intersection of how poverty and neighborhood characterstics impacts the parent-child closeness. This is concerning, considering that results of qualitative exploration conducted by Hollie & Coolhart (2020) suggested that living in neighborhoods with crime and violence has detrimental impacts on familial and romantic relationships.

Perhaps most troubling, is that poverty and neighborhood disorder are largely ignored in the family therapy literature. Considering that families are nested within larger systems such as neighborhoods and communities, it seems imperative to examine the impact that such factors have on family relations. This is notwithstanding the work that has already been done. For example, in Families of the Slums (Montalvo et al., 1967) the researchers determined that many of the problems that occur within African American families were due to unbalanced hierarchies, a lack of authority, and the overall family disorganization. The authors suggested that this was normative for families that were poor and living in “urban ghettos”. The authors also mentioned that in impoverished Black homes there was less predictability decreasing children’s sense of self, lack of communication which contributed to diminished vocabulary and the amount of attention paid to children, an over expression of aggressive affect, and the relinquishing of executive control from parents. Thus, they used intensive in-vivo interventions to enhance the

communicational system, enhance the affective system, and reorganize the family structure. Although the authors expressed moderate improvement, the focus was on the family unit with no attention to how larger structures contributed to the problems of the family. For example, there was no mention of how living in poor communities with little resources might have contributed to the aggravation that parents showed and the reciprocal impact it had on their children. In addition, there was no mention of how larger systems contributed to poverty and racism experienced in such families, and the reciprocal impact. Instead, there was simply acknowledgement that there were differences between impoverished and middle-class Black families.

As time evolved, as did our view of the impoverished. What Montalvo et al. (1967) described as disorganized families, Aponte (1994) described as underorganized. That is, we cannot understand the emotional and relational problems of the poor without directing attention to the role of the larger sociopolitical realm (Aponte, 1994). Aponte (1994) contended that chronic deprivation of socioeconomic resources and cultural supports undermine the infrastructure of communities, families and personal psychology. In turn, families that live within such communities lose cohesiveness, fail to develop roles and healthy relationships, and feel incompetent and lack self-confidence. Despite this, Aponte (1994) asserted that poor families have inherent strengths, and it is the role of therapist to assist them in connecting with traditions, rituals and beliefs to promote internal autonomy, personal identity, and a sense of self-worth. Essentially, religion serves in the role of creating a vision beyond themselves to help with facing life's difficulties (Aponte, 1994). Aponte (1994) focus was seemingly dedicated to therapy with poor families with some attention on larger structural process and inherent

strengths. Others such as Boyd-Franklin (2004) have explicitly focused on Black families, specifically by identifying cultural strengths and the impact of larger systems.

Boyd-Franklin (2004) eloquently outlined the strengths of African American families while also discussing the challenges of larger systems such as racism, underemployment and unemployment, poverty, and crime. Boyd-Franklin (2004) articulated that the extended family within the African American community is a strength in which exchanging and sharing support as well as goods and services is central in their lives. The author also articulated that religion and church in the African American family is vital and has often served as a strength that helped them cope with racism and discrimination. Boyd-Franklin (2004) suggested connecting isolated African American families with church networks, utilizing ministers as part of the therapeutic process, and understanding that African Americans often frame issues in religious terms. Unique is that in her book, Boyd-Franklin (2004) delineates how to apply the major therapeutic models with African American families and specifically addresses the role of larger systems such as foster care and church organizations. Others such as Cleek et al. (2012) have explicitly identified how other contextual factors such as homelessness, poverty, and racism have contributed to a sense of hopelessness amongst urban Black people. In addition, the authors discussed how such families often interact with outside systems such as foster care, public assistance, and family court that may have alternative agendas and fail to coordinate with their priorities. The authors argued that such processes ultimately contributed to fragmentation and confusion amongst families, and the focus of such services focus on individuals and problems while neglecting inherent strengths of the family and community.

Hardy (2013) discussed how racism creates trauma wounds that are often expressed as anger and “acting out” behaviors from youth. The author articulated how racial trauma

contributes to internalized devaluation, assaulted sense of self, internalized voicelessness, and rage. Hardy (2013) mentioned that the focus is often within the individual and the family, rather than unmasking the systemic impact of racial trauma that are creating such wounds. An eight-step approach was proposed that focused on healing wounds by framing racial oppression as the point of intervention. More recently, McDowell, Knudson-Martin, & Bermudez (2018) developed a framework, Socioculturally Attuned Family Therapy, with the intention of building on existing family therapy models to include the impact of societal systems and power on presenting problems. In addition, the authors focused on a push towards third order change. That is, therapists help families connect their lived experience to broader systems of systems, raise awareness and question cultural norms, values, and societal power structures on relational dynamics and presenting problems.

The field of Marriage and Family Therapy has addressed poverty, African American strengths, racial trauma, and the role of the larger sociopolitical realm on presenting problems. However, there is a lack of focus specifically on how poverty and disordered neighborhoods/communities impacts the mental health and relationships of Black people. This is problematic, considering that families are nested within and influenced by communities, of which are influenced by larger politics, law and policies.

Thus, the purpose of this study was to test two models. (1) I investigated the hypothesis that living in poverty is associated with symptoms of depression and anxiety through material deprivation and neighborhood disorder. That is, poverty leads to a lack of available resources which leads to disorder in a neighborhood being more prevalent, which subsequently leads to the development of anxiety and depression. I investigated religiosity, and neighborhood cohesion as moderators. (2) I investigated the hypothesis that living in poverty is associated with reporting

lower levels of parent-child closeness through material deprivation and parenting stress. That is, neighborhood disadvantage leads to a lack of available resources which leads to parenting stress, which in turn diminishes parent-child closeness. I tested extended family and social ties as moderator variables.

Theoretical Orientations

General Family Systems Theory

It is a system's natural tendency to resist change and maintain a dynamic equilibrium or a steady state (Bale, 1995). In the U.S., this process of homeostasis often looks like White supremacy. White supremacy is an "historically based, institutionally perpetuated system of exploitation and oppression of continents, nations, and peoples of color by White peoples and nations of the European continent, for the purpose of maintaining and defending a system of wealth, power, and privilege" (Martinez, 1988). Whenever Black people are perceived to be gaining traction towards equity, the U.S. as a system forms policy to resist this change in favor of maintaining normality (e.g., White wealth, power and privilege). Thus, when considering concepts such as poverty, from a systems perspective the problem is not within the individual; but rather embedded within the larger sociopolitical realm and patterns that create disparities in wealth between Black and White Americans.

The primary objective of a family system is supporting the survival of its members (Sexton, 2015). Family members are interdependent, and express interdependency through their relationships with each other (e.g., parent-child closeness, extended family). Such interdependencies are important because they support the welfare and survival of family members (Sexton, 2015). Families are nested within the larger sociopolitical realm, and Black people have continuously been marginalized and oppressed by larger systems. As a result, Black

people have relied on interdependence (e.g., extended family, church) to survive and develop a sense of wellness. Their homeostasis often includes relying on religion, extended family, and fictive kin to promote stability. Although such characteristics seem "nontraditional", for Black families these are normal necessary adaptive coping skills. Poor Black families are embedded within larger systems that often include unemployment, public housing, and other social institutions. Such systems contribute to the development of family rules and patterns, many of which are problematic and go unrecognized. The complexity of poverty and deprivation within family systems can contribute to elevated stress levels of which interplay with the creation of family rules and patterns ultimately impacting the strength of parent-child closeness.

Structural Violence

The concept of Structural Violence was first introduced by Johan Galtung in his paper titled "Violence, Peace, and Peace Research" (Galtung, 1969). In his paper, Galtung argued that violence often does not look like one person harming another person. Rather, it is often situated within structures, and shows up as unequal power and subsequently unequal life chances (Galtung, 1969). According to Galtung (1969), resources are unevenly distributed, and the power to decide where resources are allocated is reserved for large social structures and institutions. Such structures, and the injustice and oppression imposed on minorities, lowers the actual degree to which someone can meet their needs, hindering them from what would otherwise be possible (Galtung, 1993). These acts have become normalized and embedded in the way that we understand society; to the point where they almost seem invisible (Farmer et al., 2006). Farmer et al., (2006) asserted that "This type of violence is *structural* because it is embedded in the political and economic organization of our social world; and they are *violent* because they cause injury to people". Essentially, historical processes and structures have worked together to

continuously oppress and marginalize minorities and other groups (Hollie & Coolhart, 2020). However, particularly salient is the historical oppression of Black people in the United States.

Policies such as Redlining, mass incarceration, lack of access to healthcare, gentrification, slavery, and legal segregation are all injustices that impact Black people in America, and these practices are fueled by structural violence (Hollie & Coolhart, 2020). I situate myself within this framework and understand larger structures of power to be responsible for the creation of impoverished and disordered neighborhoods and the placement of Black people within such communities.

Racial Invariance Theory

In 1995, Sampson and Wilson introduced the concept of racial invariance in their article "Toward a Theory of Race, Crime, and Urban Inequality". They viewed the intersection of race and crime from a contextual ecological perspective and asserted that "macrosocial patterns of residential inequality by race gave rise to the social isolation and ecological concentration of the truly disadvantaged, which in turn led to structural barriers and behavioral adaptations that undermined social organization and hence the control of crime and violence" (Sampson and Wilson, 1995). Essentially, the authors maintained that engaging in criminal activity is not a problem within the individual, but rather embedded in communities, cities, and societies that lead to high rates of criminality. Further, it was suggested that crime is not unique to race. Instead, this theory contends that higher crime engagement amongst Black compared to White Americans is a result of social and material adversities, both of which stem from racial status in America (Sampson, 2012). The theory draws from social disorganization theory (Sampson and Groves, 1989), systemic model of community (Kornhauser, 1978), and the truly disadvantaged theory (Wilson, 1987). More specifically, the racial invariance theory includes social isolation (e.g.,

segregation form resources and networks), a lack of collective efficacy, the disruption of institutional and organizational strength (e.g., diminished networks of connectivity among institutions, lower density of organizations), and the emergence of a peer control system that facilitated gang formation (Sampson, Wilson & Katz, 2018).

To summarize, both historical and contemporary macrostructural factors combined to concentrate urban Black poverty and its associated social dislocation patterns of residential inequality (Sampson, Wilson, & Katz, 2018). Subsequently this leads to structural barriers and cultural adaptations that ultimately weaken social organizations and thereby decrease a community's ability to control crime (Sampson, Wilson, & Katz, 2018).

Maslow's Hierarchy of Needs

Maslow (1954) proposed a theory that suggested people are motivated to meet certain needs, of which some take precedence over others. The theory is composed of a five-tier pyramid model of human needs that includes (from bottom to top) physiological needs (e.g., food, water, warmth, rest), safety needs (e.g., security safety), love and belongingness needs (e.g., friendship, intimacy, family trust), esteem needs (e.g., dignity, achievement, status, prestige) self-actualization needs (e.g., desire to become the most that one can be) (Maslow, 1954). Originally, Maslow (1943) posited lower level needs must be fulfilled before moving to the next. However, he later stated that needs do not necessarily flow in a linear direction (Maslow, 1987). Physiological, safety, and love/belonging needs are deficiency needs that arise from deprivation. Satisfying such needs are important in order to avoid unpleasant feelings or consequences, whereas those at the top of the pyramid (esteem, self-actualization) are a desire to grow as a person (Cherry, 2020).

These four theories connect to form my basis. I make the claim that the U.S. is a system that privileges White people and that White supremacy is homeostasis. Thus, larger structures of power have committed structural violence by placing Black people into impoversihed and disordered neighborhoods through policies such as redlining and mass incarceration. Due to the lack of available resources and material deprivation, such neighborhoods are characterized by more disorder due to individuals attempting to gain resources and make ends meet. This is consistent with Racial Invariance Theory which places crime outside of the individual, but rather within communities and society at large. When people are faced with a lack of available resources and are worried about how to meet their basic needs (e.g., food, shelter) the ability to form relational and familial bonds may diminish. Additionally, due to the stress of poverty and negative neighborhood characteristics, problematic family rules and patterns are likely to be developed that ultimately has a negative impact on the parent-child closeness. However, the strengths and resiliencies of Black families through using interdependence on one another has provided survival and wellness in the face of adversity and could potentially serve as a protective factor to the relationship between poverty, neighborhood characteristics and mental health/parent-child outcomes.

This study

This study makes several notable contributions to our understanding of "how" and "why" poverty impacts mental health by examining indirect paths based on theory. Further, it provides insight on "when" and for "whom" poverty is more strongly related to mental health outcomes by exploring Black cultural relational strengths. Perhaps most importantly, I tested indirect paths from poverty to parent-child closeness along with protective factors, which to my knowledge, have yet to be examined within this context. It is important to note that rather than neighborhood

disadvantage familial poverty was used as the independent variable. A conscious effort was made not to limit the study to single-women households, but instead focus on economic adversities (poverty) as a whole. Although depression and anxiety have similar underlying features, results from Hollie and Coolhart (2020) provided evidence that for Black people symptomology differs but the pathways of development are similar. Thus, I hypothesize that for Black people:

Model 1

Hypothesis 1: An increase in poverty will be associated with an increase in depression and anxiety.

Consistent with General Systems Theory, I contend that the U.S. homeostatic pattern revolves around maintaining White Supremacy. As a result, I propose that this led to structural violence such as redlining and discriminatory lending which created and continues to create disadvantaged neighborhoods by placing Black people into segregated impoverished communities. The above literature suggests that adverse neighborhood characteristics (e.g., disadvantage, disorder) are associated with poor mental health. Taken as a whole, I hypothesize that poverty will be positively associated with depression and anxiety.

Hypothesis 2: [2]Material deprivation and neighborhood disorder will mediate the association between poverty and depression/anxiety.

Consistent with General Systems Theory, I contend that the U.S. homeostatic pattern revolves around maintaining White Supremacy. As a result, I propose that structural violence such as redlining and discriminatory lending created and continues to create disadvantaged

[2] This is similar to economic hardship described by Conger et al (1992). However, the focus of this construct is on being deprived of materials (e.g., telephone disconnected, recipient of free food) which extends past basic income. Thus, I decided to label this variable “material deprivation”.

neighborhoods by placing Black people into segregated impoverished communities to exacerbate the disparity in wealth between White and Black people. As mentioned above, it is hypothesized that poverty will be positively associated with depression and anxiety. However, I hypothesize that material deprivation and crime will mediate the association. That is, poverty leads to material deprivation, which then leads to disorder in a neighborhood. In turn, depression and anxiety are developed. Structural violence such as redlining and discriminatory lending led to disadvantaged neighborhoods and as a result, businesses and property owners left such communities resulting in lack of available resources and poverty. Living in poverty deprives people of materials because of the lack of economic ability to meet essential needs such as paying for rent, utilities, and food. Consistent with racial invariance theory, I contend the crime that happens within such neighborhoods is a result of material deprivation/adversities that occurred largely due to structural injustice. When resources are scarce within a community, individuals will do what is necessary to make sure their needs are met. A previous study from Hollie and Coolhart (2020) argued that the disorder (crime and violence) that happens within such neighborhoods is a byproduct of structural injustices and detrimental to mental health of the Black community. Essentially structural violence has led to poverty, which then leads to material deprivation. Such neighborhoods are characterized by more disorder due to individuals attempting to gain resources in communities where they are depleted. The disorder then produces a sense of anxiety and depression due to a perceived lack of safety and an overall diminishing neighborhood.

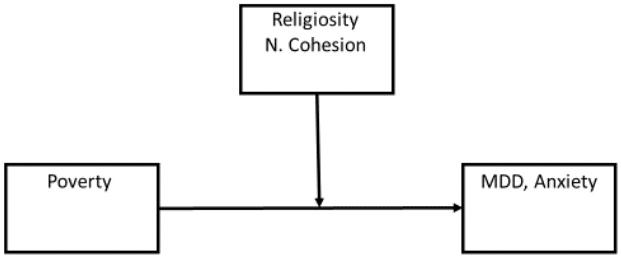
[3]

Hypothesis 3: Religiosity, and neighborhood cohesion will moderate the relationship between poverty and depression/anxiety. In addition, such variables will also moderate the indirect effects.

Black people have often relied on religiosity to protect mental health (Avent, Cashwell, & Brown-Jeffy 2015) specifically as it relates to a byproduct of adverse living conditions (Hollie & Coolhart, 2020; Hollie, Soloski, & Tadros, 2020). Thus, I hypothesize that even when individuals live in poverty and disordered neighborhoods and experience material deprivation, high religiosity will weaken the association between poverty and depression/anxiety. In addition, I hypothesize that the mediating relationship will be moderated by religiosity. That is, having high religiosity will weaken the association between crime/violence and negative mental health. Feeling as if a higher power is guiding them through life brings a sense of hope that potentially weakens the association between adverse neighborhood characteristics and mental health.

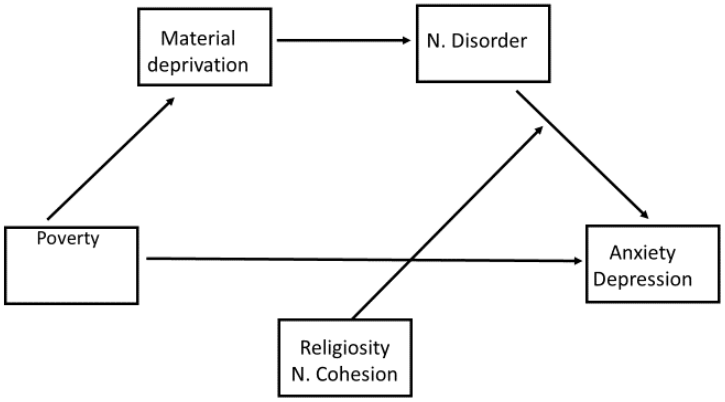
[3] Figure 1 mediation model

Neighborhoods with lower cohesion have shown to be associated with elevated risk of negative mental health (Echeeverria, Diez-Roux, Shea, Borrell & Jackson, 2008; Wikckrama & Bryant 2003; Ross & Mirowsky, 2001). Neighborhood cohesion has also been shown to serve as a protective factor between adverse neighborhood characteristics and mental health (Gapen et al., 2011). Thus, I hypothesize that even when individuals live in poverty and disordered neighborhoods and experience material deprivation; when people in the community look out for one another by attempting to stop violence and disorder, it provides a sense of safety and thus weakens the association between neighborhood disadvantage and depression/anxiety. In addition, I hypothesize that the mediating relationship will be moderated by neighborhood cohesion. That is, high neighborhood cohesion will weaken the association between crime and negative mental health.



[4]

[4] Figure 2: Moderation model



[5]

Model 2

Hypothesis 1: Higher amounts of poverty is associated with lower reported scores of parent-child closeness.

I assert that structural violence such as redlining and discriminatory lending created and continues to create disadvantaged neighborhoods by placing Black people into segregated impoverished communities. The intersection between poverty and single parenthood will be associated with low reported scores of parent-child closeness due to the multiple complexities that families in such environments experience.

Hypothesis 2: Material deprivation and parenting stress will mediate the association between poverty and parent-child closeness.

As mentioned above, I assert that poverty will be associated with lower reported scores of parent-child closeness. However, I hypothesize that material deprivation and parenting stress will mediate this relationship. That is, poverty leads to material deprivation, which leads to parenting stress. In turn, this leads to diminished perceived closeness between caregivers and children and lower scores on the parent-child relationship. Consistent with racial invariance theory, I contend

[5] Figure 3: Moderated mediation model

the material adversities are prevalent in disadvantaged neighborhoods largely due to injustices embedded within communities, that are influenced by larger structures of power. Consistent with Maslow's hierarchy of needs (1952) when individuals struggle to have their basic physiological needs met (e.g., food, shelter) it makes it difficult to form relational and familial bonds. Unfortunately, those living in the most disadvantaged areas often cannot satisfy lower level needs due to poverty and lack of available resources. Thus, the intersection between poverty, single parenthood and scarce resources leads to stress, aggravation and PCGs feeling as if parenting is much harder than they expected (Hollie & Coolhart, 2020). Consistent with General Systems Theory, family members are interconnected, and disruption and problems are seen as reciprocal. Furthermore, the stress and aggravation of such families contribute to the development of problematic family rules and patterns. Thus, in turn, when caregivers are frustrated and stressed, the presentation of such emotions will lead children to perceive such characteristics as a lack of closeness and lower scores of parent-child closeness will be reported.

[6]

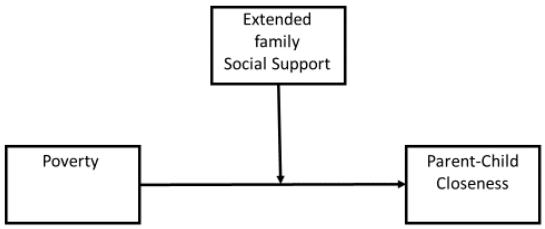
[6] Figure 4: Mediation model

Hypothesis 3: Extended family and social ties will moderate main and indirect effects of the association between poverty and parent-child closeness.

Extended family is a Black cultural relational strength. Black people have often relied on extended family for both emotional and financial support (Martin & Martin, 1978; Hill 1972). I propose that parenting stress is a byproduct of material deficits that systemically impacts the care parents feel they are able to provide to their children (Hollie & Coolhart). Thus, I hypothesize that even when individuals live in economically disadvantaged neighborhoods and are deprived of necessary materials, if individuals have the support of extended family, it will relieve some of the financial and emotional pressures that are associated with parenting and decrease stress. In turn, it will weaken the association between poverty and the low reported scores of parent-child closeness. In addition, I hypothesize that the mediating relationship will be moderated by extended family support. That is, individuals with extended family support will weaken the association between material deprivation and parenting stress, in addition to the association between parenting stress and parent-child closeness. This is consistent with General Systems Theory that families rely on interdependency of one another to promote survival.

Similar to extended family, Black people have often relied on social support (e.g., fictive kin) as a sense of support (Gonzales, Jones, & Parent, 2014; Parent et al., 2013). I assert that parenting stress is a byproduct of material deficits that systemically impacts the care parents feel that are able to provide to their children (Hollie & Coolhart). Thus, I hypothesize that if individuals have strong social support (having a reliable source to provide financial support) it will alleviate some of the financial and material barriers associated with parenting, and thus reduce stress. In turn, it will weaken the association between poverty and low reported parent-child closeness scores. In addition, I hypothesize that the mediating relationship will be

moderated by social ties. That is, higher amounts of social support will weaken the association between material deprivation and negative mental health. This is consistent with General Systems Theory that families rely on interdependency of one another to promote survival.



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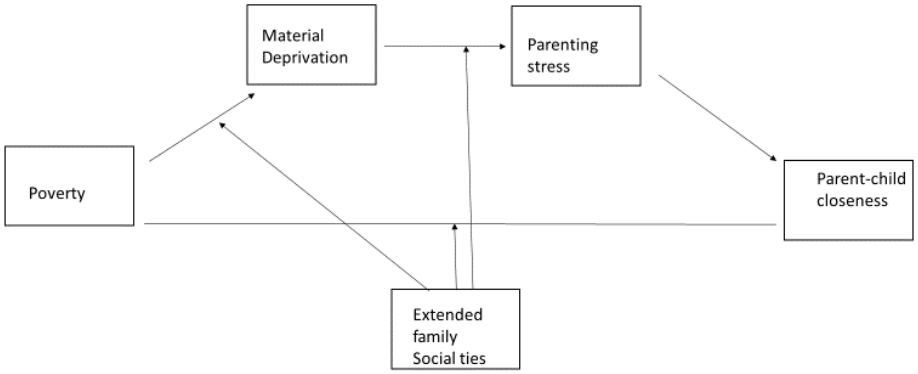


[8]

Methods

Sample and Procedure

To evaluate the hypotheses, data was used from the Fragile Family and Child Wellbeing

[7] Figure 5: Moderation model
[8] Figure 6: Moderated mediation model

Study (FFCWS). The FFCWS is a longitudinal, birth cohort survey that follows 4,898 children born between 1998-2000 who were randomly sampled from 20 U.S. cities with populations of 200,000 or more. The majority of children were born to unmarried parents of whom reported low income (Reichman, Teitler, Garfinkel, & Mclanahan, 2001). Interviews were initially conducted with mothers in hospitals shortly after birth. Follow-up interviews were conducted with mothers and fathers when their child was one (Year 1), three (Year 3), five (Year 5), nine (Year 9), and fifteen years old (Year 15). This study will use data from year 15 that was collected from February 2014 through March 2017 which included primary care givers (PCGs) and teens when they were 15 years of age. For the purpose of this study, PCGs are identified as the biological mother, father, or non-parental caregiver which the teen lives half of time or more. Response rates at baseline for parents in the survey were 73% for PCGs, 70% for teens, and 22% for in-home assessments. For this study, the sample included Black adult PCGs.

Measures

[9]*Poverty.* Poverty is defined as the total household income in relation to the official poverty thresholds designated by the U.S. Census Bureau. Once the ratios were created, they were transformed into categorical variables to be reflective of the poverty thresholds ranging from deep poverty (0-49%) to loosely, the working poor (300%+). This item was recoded so that responses range from 1 = 300%+ to 5 = 0-49%. Higher scores indicate more poverty.

Neighborhood disorder. At year 15, PCGs were asked questions relating to perceived neighborhood disorder. Questions included: (a) Frequency saw person get hit, slapped, punched

[9] Poverty was used in place of neighborhood disadvantage. Neighborhood disadvantage is typically measured by poverty and single women-headed households. The majority of this sample was single and impoverished, but the idea was not to limit to solely women, and to dispel the narrative around Black single parenting. Thus, using poverty is warranted.

in past year; (b) Frequency saw person attacked with weapon in past year; (c) Frequency saw person shot at in past year. Higher scores indicated more disorder. The alpha coefficients were α = .71.

Depression. Depression was measured using the Composite International Diagnostic Short Form (CIDI-SF), a standardized instrument for mental health disorders including Major Depressive Disorder (MDD). Scoring followed procedures outlined by the 15-year survey of the FFCWS to yield a conservative diagnosis for MDD, which requires depressive symptoms to be present "most of the day". PCG were identified as meeting the threshold for MDD or not meeting the threshold. The alpha coefficients were α = .96.

Anxiety. Anxiety was measured using the Composite International Diagnostic Short Form (CIDI-SF), a standardized instrument for mental health disorders including Generalized Anxiety Disorder (GAD). Scoring followed procedures outlined by the 15-year survey of the FFCWS to meet criteria for GAD within the last year, which requires anxious symptoms to have lasted at least six months. PCGs were identified as meeting the threshold for GAD or not meeting the threshold. The alpha coefficients were α = .98.

Parent-child closeness. At year 15, teens were asked questions pertaining to their relationship with their PCG. Questions included: (a) How close do you feel with biological mother? (b) How well do you and your mom share ideas/talk? The same questions were asked of biological fathers. This item was recoded so that responses range from 1 = not very close to 4 = extremely close. The scores of this item were summed to create a composite score, with a higher total score indicating closer parent/child relationships. The alpha coefficients were α = .83 for fathers and α = .75 for mothers.

Mediator variables

Material deprivation. At year 15, PCGs were asked eleven questions pertaining to material hardship. Questions spanned from "received free food or meals in past year" to "telephone disconnected because not enough money in past year". Questions were combined to create an overreaching material deprivation count variable. Items were recoded so that a no = 0 and a yes = 1 with a higher score indicating more material deprivation. The alpha coefficients were $\alpha = .74$.

Parenting stress. At year 15, PCGs were asked 4 questions pertaining to parenting stress. Questions included: (a) Being a parent is harder than I thought it would be (b) I feel trapped by my responsibilities as a parent (c) Taking care of children is more work than pleasure (d) I feel tired/worn out/exhausted from raising a family. This item was recoded so that responses range from 1 = strongly disagree to 4 = strongly agree. The scores of this item were summed to create a composite score, with a higher total score indicating higher amounts of parenting stress. The alpha coefficients were $\alpha = .68$.

Moderator variables

Religiosity. At year 15, PCGs were asked a single question about religion serving as a guide in their lives, "my religious faith is an important guide for my daily life". This item was recoded so that responses range from 1 = strongly disagree to 4 = strongly agree. Higher total scores represent higher amounts of religiosity.

Extended family. At year 15, PCGs were asked a single question pertaining to how often youth sees PCG parents. "How often youth sees PCGs' parent(s)?". This item was recoded so

that responses range from 1 = never to 5 = once a week or more. Higher total scores represent higher amounts of extended family support.

Social ties. At year 15, PCGs were asked three questions pertaining to dependability of social network during a time of crisis. Questions included (a) Could count on someone to loan $1000 within the next year? (b) Could count on someone to provide a place to live? (c) Could count on someone to provide emergency childcare. Questions were combined to create an overreaching social tie count variable. The variable was recoded so that no =0 and yes =1 with a higher score indicating higher amounts of dependable social ties. The alpha coefficients were α = .46.

Neighborhood cohesion. At year 15, PCGs were asked questions pertaining to neighborhood cohesion. Questions included (a) Neighbors would get involved if children skip school and hang out on street, (b) Neighbors would get involved if children spray paint buildings with graffiti (c) Neighbors would get involved if children show disrespect to an adult (d) Neighbors would get involved if fight broke out in front of house/building. This item was recoded so that responses range from 1 = very unlikely to 4 = very likely with a higher score indicating more cohesion. The alpha coefficients were α = .76.

Control variables

Several variables were controlled for that have been linked to poverty and depression in order to decrease the likelihood results being impacted by confounding variables. Previous research has shown that poverty varies by education (Shapiro, et al., 2013) and relationship status (Thiede et al., 2017); thus, I controlled for these variables in the analysis. All control variables were measured at baseline. Education was dummy coded with 1 = some college or

college degree and 0 = high school diploma or less. Relationship status was coded as 1 = married or cohabiting and 0 = all else.

Analytical strategy

Descriptive statistics for PCGs' in our sample and bivariate correlations are provided in Tables 1 and 2. A path analysis was conducted using Mplus 8.4 (Wang & Wang, 2019). Full-information maximum-likelihood estimation was used to estimate the model and handle respondents with missing data. All predictor variables were standardized ($M = 0$, $SD = 1$) in the analyses which allowed for an appropriate interpretation of models testing moderation with an interaction term (Durtschi et al.,2016; Frazier et al., 2004). The interaction terms were computed by multiplying the standardized variables together, allowing a more straightforward interpretation of the interaction figures. Moderator variables were simultaneously regressed onto all predictors, including main effects, interaction effects, and control variables. Significant interaction terms were interpreted by evaluating a figure looking at the high (1 SD above mean), mean, and low (1 SD below mean) values of the moderator and predictor variables. Mediator variables were bootstrapped 2000 times to avoid any problems with power introduced by nonnormality of the sampling distribution. Such bootstrapping results for the indirect effects provided a bootstrap estimate of the indirect effect *ab*, an estimated standard error, and 95% confidence intervals for population value of *ab.* Apart from neighborhood disorder, all variables had normal skewness and kurtosis. Due to the extreme scores on the standardized neighborhood disorder variable, all scores that were above four (e.g., 4.1, 5, 7, etc.) were recoded to a four.

Results

Model 1.

This model examined the path from poverty and depression/anxiety. Education, relationship status, religiosity, neighborhood disorder, neighborhood cohesion, material deprivation, along with the four interaction terms were controlled for.

Hypothesis 1

Depression. The first hypothesis was that an increase in poverty would be associated with an increase in depression. Results indicated that a 1 SD unit increase in material deprivation was associated with 23% higher odds of meeting the threshold for depression compared to not meeting the threshold (b = .21, p = .03, OR =1.23). Similarly, those who were married or cohabiting had 43% less likely odds of being depressed compared to those who were not married or cohabiting (b = -.56, p = .02, OR = .57). This hypothesis that an increase in poverty would be associated with an increase in depression was not supported when all other variables were held constant at zero (b = -0.09, p = .41, OR = .91).

Anxiety. The first hypothesis was that an increase in poverty would be associated with an increase in anxiety. Results indicated that a 1 SD unit increase in poverty was associated with 77% higher odds of meeting the threshold for anxiety compared to not meeting the threshold (b = 0.57, p = .001, OR = 1.77). Results also indicated that a 1 SD unit increase in material deprivation was associated with 65% higher odds of meeting the threshold for anxiety compared to not meeting the threshold for anxiety (b = 0.50, p = < .001, OR = 1.65). Similarly, those with some college or a college degree had a 26% less likely odds of meeting the threshold for anxiety compared to those with a high school diploma or less (b = -0.30, p = .004, OR = 0.74). This hypothesis that an increase in poverty would be associated with an increase in anxiety was supported when all other variables were held constant at zero.

Hypothesis 2.

Depression. The second hypothesis was that material deprivation and neighborhood disorder would mediate the association between poverty and depression. Results indicated that a 1 SD unit increase in poverty was associated with a .26 SD unit increase in material deprivation (b = .26, p <.001). Subsequently, a 1 SD unit increase in material deprivation was associated with a .19 SD unit increase in neighborhood disorder (b = .19, p <.001). In turn, a 1 SD unit increase in material deprivation was associated with a 23% more likely odds of meeting the threshold for depression compared to not meeting the threshold (b = .21, p = .03, *OR* =1.23). However, neighborhood disorder was not significantly associated with depression. This indirect path from poverty to material deprivation to depression was significant (b = .06, p = .012, 95% *CI* .01 to 0.1). This hypothesis that material deprivation and neighborhood disorder would mediate the association poverty and depression was partially supported.

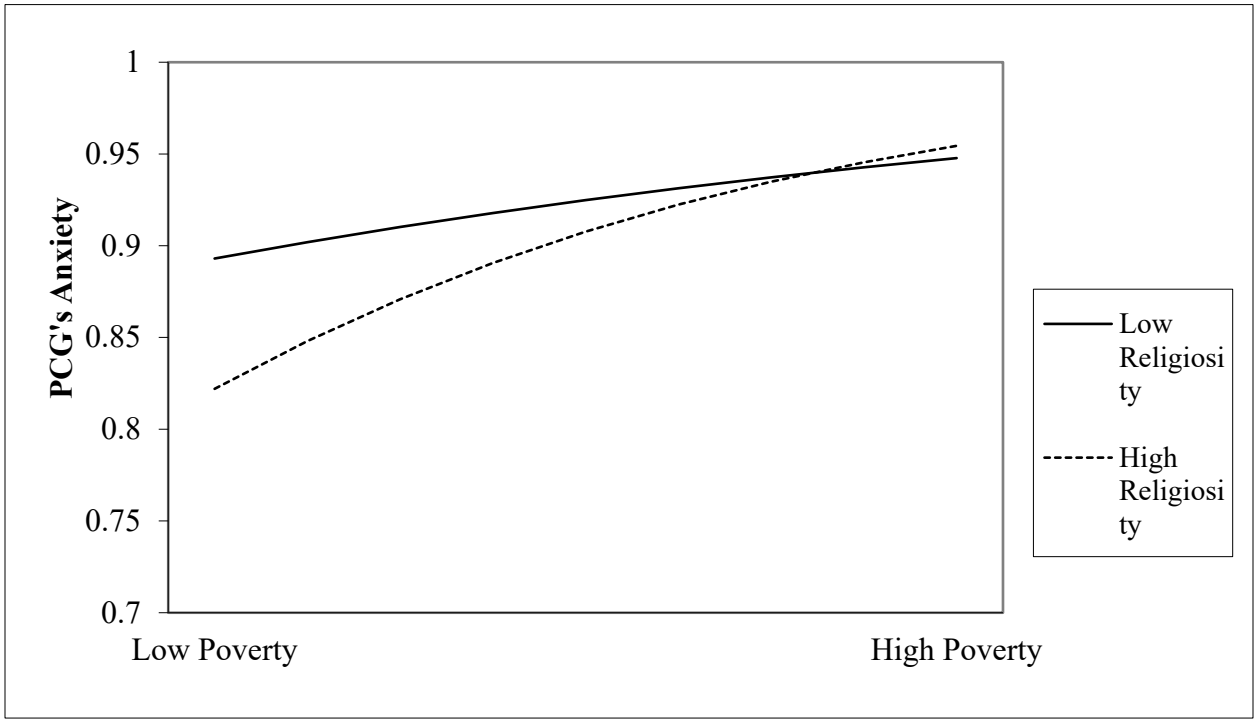
Anxiety. The second hypothesis was that material deprivation and neighborhood disorder will mediate the association between poverty and anxiety. Results indicated that a 1 SD unit increase in poverty was associated with a .27 SD unit increase in material deprivation (b = .27, p <.001). Subsequently, a 1 SD unit increase in material deprivation was associated with a .19 SD unit increase in neighborhood disorder (b = .19, p <.001). In turn, a 1 SD unit increase in material deprivation was associated with a 65% more likely odd of meeting the threshold for anxiety compared to not meeting the threshold (b = 0.50, p = < .001, *OR* = 1.65). However, neighborhood disorder was not significantly associated with depression. This indirect path from poverty to material deprivation to anxiety was significant (b = .13, p < .001, 95% *CI* .09 to .19). This hypothesis that that material deprivation and neighborhood disorder will mediate the association between poverty and anxiety was partially supported.

Hypothesis 3.

It was hypothesized that religiosity, and neighborhood cohesion would moderate the relationship between poverty and depression/anxiety. In addition, such variables were hypothesized to moderate the indirect effects.

Anxiety. Results indicated that PCGs reporting higher levels of religiosity significantly moderated the relationship between poverty and anxiety (b = .18, p = < .044, OR = 1.04). PCGs with higher levels of religiosity was a protective factor against the expected negative effect of poverty on anxiety. More specifically, PCGs with higher religiosity compared to those with lower religiosity were less likely to meet the threshold for anxiety across all levels of poverty. Furthermore, meeting the threshold for anxiety was lowest when PCGs had lower poverty and high religiosity. Meeting the threshold for anxiety was highest when PCGs had higher poverty and higher religiosity. However, the difference between high and low religiosity was negligent. When poverty was high, there was very little difference in the likelihood of meeting the threshold for anxiety regardless of the PCGs reported level of religiosity. A significant interaction effect was detected in tests of moderation, and thus this hypothesis was supported.

For depression, neighborhood cohesion nor religiosity significantly moderated effects.



[10]

Overall, this model explained 6% variation in depression, 23% variation in anxiety, 7% variation in material deprivation, and 4% variation in neighborhood disorder.

Model 2.

This model examined the path from poverty and the parent-child relationship for PCG's (mothers, fathers) and teens. Education, relationship status, parenting stress, social ties, material deprivation, extended family support, along with the four interaction terms were controlled for. The final model had good fit to the data: $\chi 2$ (12) =29.73, p = .003, RMSEA =.03 (90% CI .02 to .05), SRMR=.02, CFI = .97.

Hypothesis 1.

[10] Figure 8: PCG Religiosity Interaction Effect

Mother-Child Closeness. It was hypothesized that higher poverty would be associated with lower reported scores of parent-child closeness. Results indicated that a 1 SD unit increase in poverty was associated with a .06 SD unit decrease in the reported parent-child closeness (b = -.05, p = 0.3, β = -.06) when holding all other variables constant at zero. Similarly, results indicated that a 1 SD unit increase in extended family support was associated with a .09 SD unit increase in the reported parent-child closeness (b = .07 p = .002, β = .09,). Further, when mothers were married or cohabiting with the teen's biological father there was a .05 SD unit decrease in the reported mother-child relationship (b = .10, p = .04, β = -.05). Also, results indicated that a 1 SD unit increase in parenting stress was associated with a .11 SD unit increase in the reported parent-child closeness (b = 0.8, p < .001, β = -.11). When mothers were the primary caregiver, this hypothesis was supported.

Father-Child Closeness. It was hypothesized that higher poverty would be associated with lower reported scores of parent-child closeness. Results indicated that a 1 SD unit increase in poverty was associated with a .10 SD unit decrease in the reported parent-child closeness (b = -11, p = .001, β = -.*10*). Similarly, results indicated that when mothers reported being married or cohabiting with the child's biological father there was a .22 SD increase in the reported parent-child relationship (b = .27, p < .001, β = *.22*). Also, results indicated that a 1 SD unit increase in parenting stress was associated with a .07 SD unit decrease in the reported parent-child closeness (b = -.07, p = 0.16, β =*-.07)*. When fathers were the primary caregiver, this hypothesis was supported.

Hypothesis 2.

PCG-Mother. The second hypothesis was that material deprivation and parenting stress would mediate the association between poverty and parent-child closeness. Results indicated that

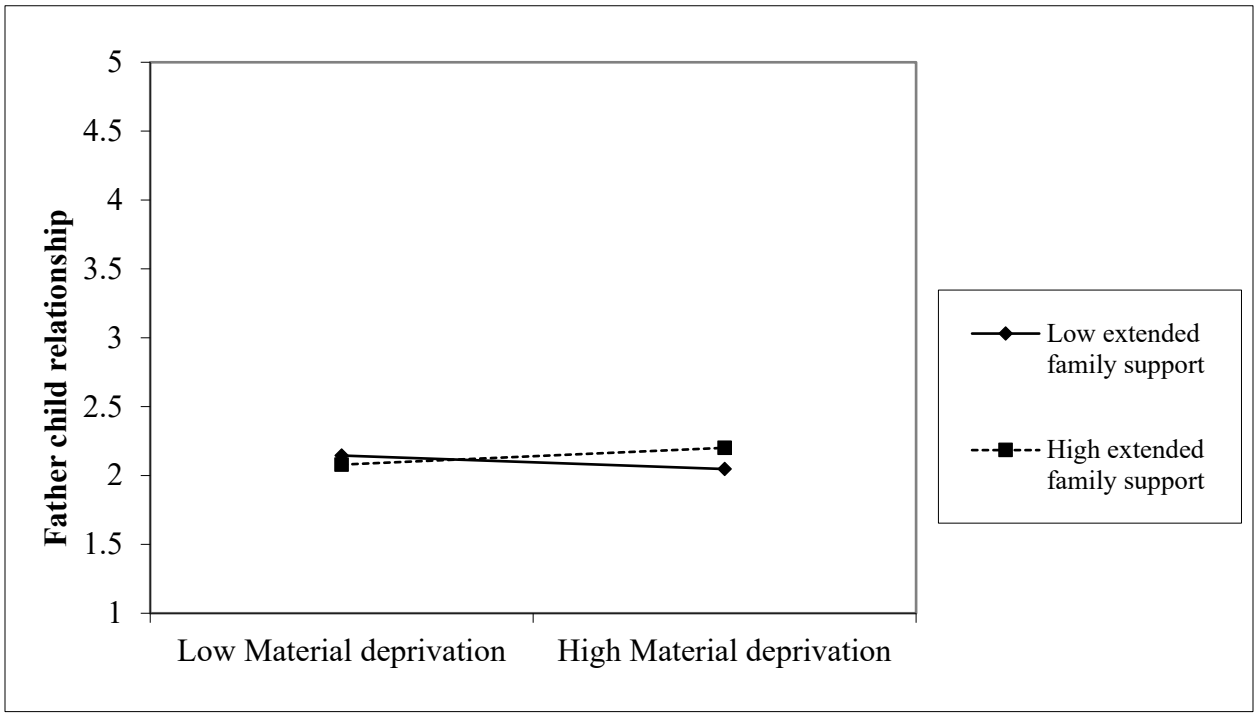
a 1 SD unit increase in poverty was associated with a .21 SD unit increase in material deprivation (b = .21, p < .001). Subsequently, a 1 SD unit increase in material deprivation was associated with a .18 increase in the amount of parenting stress (b = .28, p < .001). In turn, a 1 SD increase in parenting stress was associated with a .11 SD unit increase in the reported parent-child-closeness (b = .08, p < .001 β =.11). This indirect path from poverty to material deprivation to parenting stress to parent-child closeness was significant (b = .003, p = .001, 95% *CI* .00 to .01). When mothers were the PCG, this hypothesis was supported, however the relationship between parenting stress and the parent-child closeness was in the opposite direction than expected.

PCG- Father. The second hypothesis was that material deprivation and parenting stress would mediate the association between poverty and parent-child closeness. Results indicated that a 1 SD unit increase in poverty was associated with a .21 SD unit increase in material deprivation (b = .21, p < .001). Subsequently, a 1 SD unit increase in material deprivation was associated with a .18 increase in the amount of parenting stress (b = .28, p < .001). In turn, results indicated that a 1 SD unit increase in parenting stress was associated with a .07 SD unit decrease in the reported parent-child closeness (b = -.07, p = 0.16, β = -.07,). This indirect path from poverty to material deprivation to parenting stress to the parent-child relationship was significant (b = -0.003, p = .022, 95% *CI* -.01 to -.00). When fathers were the PCGs, this hypothesis was supported.

Hypothesis 3.

It was hypothesized that extended family and social ties would moderate main and indirect effects of the association between poverty and the parent-child closeness. When fathers were the PCGs, a marginally significant interaction effect was detected in tests of moderation for indirect effects. Father PCG's reporting higher levels of extended family support significantly

moderated the relationship between material deprivation and the parent-child closeness (b = .06, p = .06, β = .06). That is, father PCGs with higher levels of extended family support was a protective factor against the expected negative effect of material deprivation and the reported parent-child closeness. The reported parent-child closeness was highest when father PCGs had high material deprivation and high extended family support. When PCGs had low levels of material deprivation, there was a negligent difference in the reported parent-child closeness regardless of the amount of reported extended family support. This hypothesis was partially supported. When PCGs were mothers, neither extended family nor social ties moderated effects.



[11]

Overall, this model explained 8% variation in the father-child closeness, 3% variation in mother-child closeness, 12% variation in material deprivation, and 9% variation in parenting stress.

[11] Figure 9: Extended Family Interaction Effect

Discussion

Living in impoverished and disordered neighborhoods can be detrimental on the mental health and relationships of Black individuals. Yet, little research has been conducted on underlying paths such as material deprivation and neighborhood disorder from poverty to depression and anxiety for Black individuals. In addition, little research has focused the underlying pathways such as material deprivation and parenting stress from poverty to parent-child closeness amongst Black families. Furthermore, there is a lack of research that has focused on Black cultural strengths such as religion, neighborhood cohesion, social ties, and extended families as protective factors of the negative effects of poverty on mental health and relationships.

In this study, several significant predictors were found that are relevant for policy and service providers as it relates to poverty, adverse neighborhood characteristics, mental health and parent-child closeness. Poverty was associated with increased material deprivation, which then predicted neighborhood disorder. Poverty increased PCGs odds of having depression and anxiety by way of material deprivation. Furthermore, PCGs with higher levels of religiosity was a protective factor in mitigating the risk from poverty to anxiety.

In addition, PCGs reporting higher levels of poverty was associated with teens reporting lower scores of parent-child closeness. Poverty was associated with increased material depression, which then predicted more parenting stress. In turn, for mother PCGs, an increase in parenting stress was associated with an increase in teens reported scores of the parent-child closeness. When fathers were the PCGs, an increase in parenting stress was associated with a decrease in teens reported scores of the parent-closeness. Furthermore, when fathers were the

PCG higher levels of extended family was a protective factor in mitigating the risk from material deprivation to parenting stress.

Poverty and Depression/Anxiety

Depression. In this study, material deprivation and neighborhood disorder were tested as mediating variables of the path from poverty to depression. Drawing upon a systemic structural violence perspective, it was argued that Black people were placed into impoverished neighborhoods due to discriminatory structural policies. As a result of poverty, families would have a difficult time making ends meet (e.g., paying phone bills, keeping food on the table) and thus, the prevalence of disorder in neighborhoods (e.g., robbery, selling drugs) was due to deprivation and families trying to provide for loved ones. In turn, such disorder would contribute to an increase in the odds of developing depression and anxiety. In contrast to the first hypothesis, poverty was not directly associated with an increase in the odds of meeting the threshold for depression. This contradicts other studies that have found a direct association between poverty and depression (Alamilla, Scott, & Hughes, 2016; Schulz et al., 2006; Cutrona et al., 2005). This finding is likely due to how depression is typically presented and scaled, which often does not consider racial differences (Bailey, Mokonogho, & Kumar, 2019).

In support of the second hypothesis, there was a statistically significant path from material deprivation to neighborhood disorder. That is, more poverty was associated with higher levels of material deprivation. In turn, higher levels of material deprivation were associated with more disorder in a neighborhood. These results suggest that when Black families live in poverty they are also deprived of necessary materials. As a result, the prevalence of disorder within the neighborhoods that such families live are explained by not being able to have their basic needs met. This finding was consistent with my theoretical frameworks of structural violence, racial

invariance, and Maslow's hierarchy of needs. That is, poverty leaves families in a position where they have an inability to pay for necessary materials. Consequently, disorder is high as individuals engage in disorder (e.g., crime, violence) to make ends meet. Interestingly, and in contrast of the second hypothesis, reported disorder in a neighborhood did not increase the odds of meeting the threshold for depression. This contradicts other studies that have found neighborhood disorder to have a mediating role in the association between neighborhood disadvantage and depression (Kim, 2010; Ross, 2000, Ross & Mirowsky, 2001). This finding is likely due to the desensitization and normalization of crime in such neighborhoods, and thus, it might not contribute to negative mental health for Black individuals as much as other variables (Hollie & Coolhart, 2020).

As hypothesized, poverty increased the odds of PCGs meeting the threshold for depression by way of material deprivation. That is, poverty was associated with increased material deprivation, which in turn significantly increased the odds of PCGs meeting the threshold for depression. Results suggest that being deprived of materials not only leads to more disorder in a neighborhood, but it is also leads to increased odds of meeting the threshold for depression. This is likely due to PCGs feeling sad or depressed about struggling to meet the needs for themselves and their families. Results also suggest that for Black family's proximal factors (e.g., material deprivation) might be more detrimental to mental health than neighborhood disorder. Such results expand past the current literature by identifying additional paths that explain how and why poverty is associated with depression for Black families.

Anxiety. In support of the first hypothesis, as the amount of poverty a family lives in increased, as does odds for PCGs meeting the threshold of having anxiety. Such results are like other studies that have found an association between poverty and anxiety (Snedker & Herting,

2016; Leventhal & Brooks-Gunn 2002). In support of the second hypothesis, there was a significant path from material deprivation to neighborhood disorder. That is, poverty leads to material deprivation, which in turn explains the increased prevalence of neighborhood disorder. Essentially, poverty deprives families of essential materials to meet their basic needs. As a result, the neighborhood is characterized by disorder as individuals are engaged in crime and violence to make ends meet. Such results are consistent with the identified theoretical frameworks of structural violence and racial invariance and like those of Hollie & Coolhart (2020) that suggested that the prevalence of crime and violence within Black neighborhoods was largely due to needing to provide for loved ones.

Similarly to depression, neighborhood disorder did not increase the odds of meeting the threshold for developing anxiety. Again, this finding is likely due to the desensitization and normalization of crime in such neighborhoods (Hollie & Coolhart, 2020). Although neighborhood disorder did not predict anxiety, poverty significantly predicted anxiety through material deprivation. That is, poverty was associated with increased material deprivation, which in turn significantly increased the odds of PCGs meeting the threshold for anxiety. This is likely due to PCGs developing excessive worry around things such as wondering if their phone bill would be disconnected, how to feed their family and how to pay rent. Such results expand past the current literature by identifying additional paths that explain how and why poverty is associated with anxiety for Black families. For Black families, results suggest that it is the struggles of meeting basic needs that contributes to anxiety more so than disorder in the neighborhood.

Interaction effects. One interaction effect that predicted depression and anxiety (religiosity X poverty). These results suggest under which conditions depression and anxiety

were lowest and highest. As it relates to depression, neither religiosity nor neighborhood cohesion was a significant interaction effect. This is likely due to PCGs feeling sad about struggling to provide for their families despite their level of faith in a higher power. As for neighborhood cohesion, this contrasts with other studies that found higher amounts of reported cohesion serves as a protective factor of the association between neighborhood characteristics and depression (Gapen et al. 2011) and is associated with lower risk of depression (McCloskey & Pei, 2019; Echeeverria, Diez-Roux, Shea, Borrell and Jackson (2008). This is an area that future research might examine.

In general, for anxiety, when PCGs had a higher sense of religiosity and lived in low poverty, they were less likely to meet the odds of meeting the threshold for anxiety. This is consistent with the hypothesis and theory that even when individuals live in disadvantaged/disordered neighborhoods and experience material deprivation; feeling as if a higher power is guiding them through life brings a sense of *hope* that weakens the association between adverse neighborhood characteristics and mental health. When poverty was high, religiosity did not have much of an impact on the odds of meeting the threshold for anxiety. That is, rather a PCG had high or low religiosity if they lived in deep poverty, the odds of meeting the threshold for anxiety was high. However, interestingly, anxiety was highest when PCGs had high poverty and high religiosity. This is likely due to PCGs having a lower sense of hope because although they have strong beliefs that a higher power is guiding them and they are likely praying for better results, they remain in deep poverty. Such results compliment the work of Alamilla, Scott, & Hughes (2016), Boyd-Franklin (2004) and Aponte (1994). However, these results expand past the current literature by identifying for whom and under what conditions meeting the threshold for anxiety and depression were highest and lowest as it relates to poverty. In addition,

such results suggest that even when individuals live in poverty, if they have sense of religiosity it can protect against the likelihood of developing anxiety.

Poverty, Disadvantage and Parent-Child Relationship.

In this study, material deprivation and parenting were tested as mediating variables of the path from poverty to parent-child closeness. Drawing upon a systemic structural violence perspective, it was argued that Black people were placed into impoverished neighborhoods due to discriminatory structural policies. As a result of poverty, families would have a difficult time making ends meet (e.g., paying phone bills, keeping food on the table). Subsequently, PCGs would have increased parenting stress due to the intersection of poverty and struggling to meet their basic needs contributing to them feeling as if being a parent is harder than expected. As a consequence of the stress, teens would perceive a lower sense of closeness to their parents, and lower scores on the parent-child closeness would be reported.

The first hypothesis that higher poverty would be associated with lower reported scores of the parent-child closeness was supported. Such results suggest that when families live in poverty it lowers teens perceived sense of closeness to their PCG, and thus reduces their closeness. This is likely due to the multiple complexities that are associated with living in poverty. Results also suggest that there is a slight gender difference with the association between poverty and the parent-child closeness. That is, poverty has more of a negative impact when fathers were the PCG in comparison to when mothers were the PCG. This area is one that future research might examine to gain a better understanding of such differences.

I was interested in determining how and why poverty was associated with lower reported scores of the parent-child closeness. Thus, the second hypothesis was that material deprivation and parenting stress would mediate the association between poverty and the parent-child

closeness. Consistent with the theoretical orientation of Structural Violence, Maslow's hierarchy of needs, and General Family Systems Theory, this hypothesis was supported for both mother and father PCGs. That is, poverty led to an inability for PCGs to meet the basic needs for families such as paying for phone bills and keeping utilities on. Subsequently, PCGs reported increased stress such as parenting being harder than that thought. As a result of lower level needs not being met and the development of problematic rules, it would be difficult for PCGs to form and establish closeness with their children. Interestingly, the mediating effects of material deprivation and parenting stress on the teens reported parent-child closeness differed between mother and father PCGs.

For mother PCGs, an increase in poverty was associated with an increase in material deprivation. In turn, as material deprivation increased, as did parenting stress. Subsequently, as parenting stress increased, the reported parent-child closeness increased. This impact of parenting stress on the reported parent-child relationship was in the opposite direction than expected. This might be due to the resiliency of single mothers. That is, even when they live in poverty, lack necessary materials for survival, and experience parenting stress; resiliency allows them to still maintain a sense of closeness to their teens. This is one area of research that warrants further attention. For father PCGs an increase in poverty was associated with an increase in material deprivation. In turn, as material deprivation increased, as did parenting stress. Subsequently, as parenting stress increased, the reported parent-child closeness decreased. Such results are consistent with the theories that as PCGs struggle to have their basic needs meet, parenting stress increased due to the complexities of providing for their families. Due to not having lower levels needs met, PCGs were unable to attend to higher level needs such as the parent-child closeness, of which does not go unnoticed by their children. Thus, teens reported

lower scores in that area. These results add to the current literature by elucidating how and why poverty impacts the parent-child closeness by identifying underlying paths.

Interaction effects. It was hypothesized that social ties and extended family would moderate the association between poverty and the parent-child closeness along with indirect effects. There was one marginally significant interaction effect that predicted indirect path from poverty to material deprivation (e.g., extended family X material deprivation). These results suggest under which conditions the parent-child closeness was highest and lowest. For mother PCGs, neither social support or extended family served as a moderator for direct and indirect effects. This could be a variety of reasons. One reason might be that even when one has a social circle that can loan money and grandparents willing to spend time with their grandchildren, the complexity of not having enough materials to meet the needs of one's family outweighs such strengths. Another reason might be that Black mothers receive less support than Black fathers due to the larger sociopolitical narrative that the former are expected to be "superwomen" (Wallace 1979; Collins, 2000).

For father PCGs, extended family marginally moderated the association between material deprivation and parent-child closeness. That is, the parent-child closeness was highest when father PCGs reported more extended family support and more material deprivation. This is likely due to PCGs being able to focus on other tasks because grandparents are willing to spend expanded time with grandchildren. As such, PCGs might have to worry less about barriers such as childcare and are able to work more often. It might also be that grandparents are more willing to help when PCGs have higher amounts of material deprivation. Furthermore, it might be that grandparents are more willing to help PCGs when they are fathers due the history of Black males being "coddled" and perceived to need more help compared to Black women (Jefferson,

Watkins, Mitchell, 2016). These results add to the literature by elucidating for whom and under what conditions poverty is associated with material deprivation. In addition, these findings highlight the importance of the protective factor of extended family as it relates to preserving parent-child closeness. Future research could benefit from further examining such gender differences in moderation effects.

Finally, this model contributes to dispelling the negative narratives of single-parenting for Black PCGs'. Although poverty contributed to a decrease in the reported parent-child closeness, overall, for both mother and father PCGs' the relationship with their teens were perceived as satisfactory. This is despite being deprived of materials and experiencing extreme stress. This refutes the negative betrayal of Black fathers as absentee, and Black single mothers are bad parents.

Clinical Implications

In general, the results of this study suggest that clinical efforts designed to decrease the likelihood of developing depression and anxiety, and decreased parent-child closeness may be linked to reducing poverty, connecting families to material resources, and tapping into cultural strengths such as religiosity and extended family support. Based on these findings, I offer several tentative suggestions for clinicians working with families who live in poverty and disordered neighborhoods. First, it is important that efforts are made to connect families with materials that they are being deprived of. For example, clinicians can work collaboratively with case and care managers to ensure that clients are seamlessly navigating complex systems such as rental and cash assistance. This can look like having frequent case conferencing calls to ensure all providers are systemically meeting the needs of their shared client. Such efforts could reduce the burden of stress and provide support for necessities such as paying bills and putting food on the table. In

addition, it is important that clinicians gain knowledge of community resources to be equipped to help guide families.

Second, I suggest that clinicians seek to become comfortable in talking with Black families about religion and faith. This will allow for clinicians to become better equipped to assist such families in tapping into cultural strengths. The systemic nature of connecting families to resources while also instilling hope through religion has the potential to decrease negative mental health, promote resiliency, and increase parent-child closeness. One example of this is creating a cultural genogram to display how religiosity has helped Black families across generations. In addition, clinicians can intentionally attempt to connect with leaders of Black churches to teach the importance of mental health in the Black community. Such efforts would allow for mental health to be ingrained into faith, which could assist in alleviating depression and anxiety.

Third, I suggest that efforts be made to include extended family members in sessions. Clinicians can provide psychoeducation around the importance of interdependence (e.g., decreased stress, lower material hardship) and frame such supports as cultural strengths rather than a negative sense of reliance. In addition, clinicians can assist families in boundary making to prevent against burnout. For example, clinicians can help families coordinate schedules, encourage members that it is okay to say "no" and yet still be helpful by collaboratively working together to find alternatives. Such efforts can potentially reduce stress and material hardship while simultaneously increasing the parent-child closeness. Finally, I suggest that clinicians gain knowledge of the historical and contemporary unjust policies that have placed Black people into poverty, disordered and disadvantaged neighborhoods. For example, clinicians can remove the negative narrative surrounding Black people and poverty by placing the blame on the root

problem, structural unjust policies, and removing it from the individual and the family. More specifically, I suggest that clinicians deliberately enhance their knowledge around redlining, mass incarceration and unequal access to education to address the hopelessness that some clients might be experiencing. Furthermore, I suggest that clinicians make intentional efforts to become comfortable talking about the intersection of race and gender and how that has contributed to poverty, negative mental health, and relationships in the Black community. Utilizing McDowell, Knudson-Martin, & Bermudez (2018) third order change as a framework is a good starting place.

Limitations

These findings are not without limitations. First, due to the non-experimental nature of this study, causation cannot be inferred from the analysis. Statements about predication can be made due to mediators and control variables being included in the analysis. However, in the absence of experimental data, causal interpretations are not appropriate as there is a risk of alternative explanations for predictive pathways. Future research could examine the role of poverty on mental and relationships using experimental data for a more accurate representation of causation.

A second limitation of this study is that the measurement for religiosity and extended family were single items. In addition, the scale for social ties was not a desirable reliability level. Single item scales are low in content validity, and the internal consistency is unknown due to not be able to run a Cronbach's alpha. Future research could benefit from scales of religiosity and extended family that are multidimensional, which would increase measurement precision and subsequently reliability. In addition, future research could work to improve the internal consistency of the social ties scale. A third limitation of this study is that depression and anxiety were measured as dichotomous. Respondents either met the criteria for anxiety and depression or

they did not. Thus, those experiencing symptoms of depression or anxiety, but not meeting the threshold were not accurately captured. Furthermore, the scales used have mostly captured the experiences of White people in America, and thus, might not adequality represent mental health symptoms of Black individuals. Future research could benefit from measuring depression and anxiety as a continuous variable and culturally adapting the scale as it might more accurately depict mental health struggles.

Despite these limitations, this study expands upon the current understanding of the literature by providing empirical evidence that poverty is associated with depression, anxiety, and parent-child relationships in distinctive ways through material deprivation and parenting stress for Black individuals. This study also provides evidence that disorder that happens in neighborhoods is a byproduct of poverty and a lack of needed material resources for Black individuals. Furthermore, this study adds to the current literature by identifying religiosity as a protective factor against the negative association of poverty and anxiety, and extended family support as a protective factor against the negative association of poverty and lower reported parent-child relationship scores.

Conclusion

This study used a large sample of Black, primarily single PCGs to examine the impact of poverty and neighborhood characteristics on the mental health and parent-child relationship of the Black community. Using a SEM path analysis, the current understanding of how and why poverty and other neighborhood characteristics are associated with mental health and the parent-child relationship in the Black community was enhanced. More specifically, underlying paths were identified that accounted for the relationships between poverty, mental health, and parent-child relationships. Furthermore, Black strengths as protective factors along with specific context

of when depression, anxiety, and the parent-child relationships were strongest, and weakest were identified. Although poverty is associated with increased odds of meeting the threshold for anxiety and depression and decreased scores on reported parent-child relationships, Black families benefit from high religiosity and extended family support. Therapeutic sessions and interventions with a focus on decreasing material hardship, involving extended family in processes, and tapping into religiosity are expected to reduce the chances of developing depression and anxiety and protect against developing a negative parent-child relationship for Black families.

Appendix A: Table 1

Table 1
PCGs' Reports of Material Deprivation, Poverty, Neighborhood Characteristics, and Demographics: Descriptive Statistics (N = 1654 PCG's)

	Mean or %	SD	Range
Material Deprivation	1.45	1.85	1.00-10
Poverty	3.03	1.33	1.00-3.00
Neighborhood Disorder	1.22	0.84	1.00-4.00
Neighborhood Cohesion	3.16	0.87	1.00-3.00
Religiosity	3.67	0.66	1.00-3.00
Education			
HS Degree/Less than HS Degree	50		
College Degree/Some College	26.8		
Missing	23.2		
Marital Status			
Married/Cohabitating	16.4		
All else	47.4		
Missing	36		

Note: All other control variables measured at baseline. Marital status and poverty were reported by Mother PCG

Appendix B: Table 2

Table 2
Correlations Matrix of PCGs' Reports (N= 1654)

	1	2	3	4	5
1. Material Deprivation	1	0.19**	0.258**	-0.073	-0.011
2. Neighborhood Disorder		1	0.198	-0.171	-0.057
3. Poverty			1	-0.088	-0.05
4. Neighborhood Cohesion				1	0.084
5. Religiosity					1

*Note*p < .01*

Appendix C: Table 3

Table 3 *Path Analysis model unstandardized results predicting anxiety and depression*

	Depression		Anxiety	
	b	SE	b	SE
Poverty	-0.099	0.12	0.572***	0.13
Neighborhood Disorder	0.047	0.115	0.055	0.115
Neighborhood Cohesion	0.162	0.177	0.37	0.159
Religiosity	-0.45	0.102	-0.112	0.118
Material Deprivation	0.211*	0.089	0.504***	0.082
Marital Status	-0.561	0.334	0.187	0.336
Education	0.072	0.126	-0.301**	0.122
Religiosity X Poverty	0.151	0.095	0.184*	0.091
Religiosity X Neighborhood Disorder	0.023	0.08	0.039	0.086
Neighborhood Cohesion X Neighborhood Disorder	0.156	0.117	-0.008	0.083
Neighborhood Cohesion X Poverty	-0.189	0.104	-0.162	0.133

Note: Standardized are not reported in this table as the predictors are already standardized

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

Appendix D: Table 4

Table 4 PCGs' Reports of Parent-Child Relationship, Material Deprivation, Parenting Stress, Poverty and Demographics: Descriptive Statistics (N = 1556 PCG's)

	Mean or %	SD	Range
Mother-Child Relationship	1.79	0.81	1.00-3.00
Father-Child Relationship	2.48	1.11	1.00-3.00
Material Deprivation	1.45	1.85	1.00-10.00
Parenting Stress	2.01	0.72	1.00-3.00
Poverty	3.03	1.33	1.00-3.00
Social Ties	2.1	1.01	1.00-3.00
Extended Family	2.00	1.17	1.00-4.00
Education			
HS Degree/Less than HS Degree	50		
College Degree/Some College	26.8		
Missing	23.2		
Marital Status			
Married/Cohabitating	16.4		
All else	47.4		
Missing	36		

Note: All other control variables measured at baseline. Marital status and poverty were reported by Mother PCG. Parent-child relationship reported by Teens

Appendix E: Table 5

Table 5

Correlations Matrix of PCGs' and Teen Reports (N= 1556)

	1	2	3	4	5
1. Father-Child Relationship	1	-0.169	-0.49	-0.087**	-0.153***
2. Mother-Child Relationship		1	0.055	0.109***	-0.25*
3. Material Deprivation			1	0.228	0.258
4. Parenting Stress				1	0.153**
5. Poverty					1

Note ***p < .001, **p < .01, *p < .05 (two-tailed)

Appendix F: Table 6

Table 3 *Path Analysis model standardized results predicting Mother and Father Parent-Child Relationship*

	Mother-Child Relationship		Father-Child Relationship	
	b	SE	b	SE
Poverty	-0.063*	0.029	-0.101***	0.03
Social Ties	-0.019	0.029	-0.006	0.031
Material Deprivation	0.034	0.029	0.005	0.03
Extended Family	0.085*	0.027	0.021	0.028
Parenting Stress	0.105	0.027	-0.068**	0.028
Marital Status	-0.049	0.024	0.219***	0.023
Education	0.023	0.027	-0.001	0.028
Extended Family X Material Deprivation	0.045	0.031	0.005	0.03
Social Ties X Material Deprivation	-0.027	0.03	-0.014	0.031
Extended Family X Parenting Stress	-0.021	0.027	-0.037	0.027
Social Ties X Parenting Stress	0.032	0.027	-0.034	0.028

Note: Parent Child-Relationship was reported by teen. *Note* ***p < .001, **p < .01, *p < .05

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Curriculum Vitae

Curriculum Vitae: Brandon Hollie

EDUCATION

PhD, Marriage and Family Therapy, Syracuse University, Syracuse, NY, May 2021 (expected)

- Dissertation: Poverty and neighborhood characteristics on the mental health and parent-child relationship in the Black community: The protective role of Black cultural strengths. Advisor: Deborah Coolhart PhD, LMFT.

MBA, University of Iowa, Iowa City, IA, December 2021 (expected).

- Concentration: Leadership.

MA, Marriage and Family Therapy, Syracuse University, Syracuse, NY, August 2017

- Thesis: TIES, Teaching Interventions to Empower and Strengthen Families. Advisor: Jacob Christenson PhD, LMFT.

BA, Psychology, University of Iowa December 2014.

RESEARCH EXPERIENCE

Refereed Publications

Tadros, E., Durante, K., McKay, T., & **Hollie, B**. (Accepted 2021). Coparenting from prison: An examination of incarcerated men's perceived consensus of coparenting. *The American Journal of Family Therapy.*

Hollie, B. D., & Coolhart, D. (2020). "A larger system is placing people in this predicament": A qualitative exploration of living amongst urban violence and the impact on mental health and relationships in the black community. *Contemporary Family Therapy*, doi:10.1007/s10591-020-09546-6

Gangamma, R., Tor, S., Whitt, V., **Hollie, B.D.,** Gao, Q., Stephens, A., Hutchings R., & Stone Fish, L. (2020) Perceived discrimination as a mediator of aces and psychological distress, *The American Journal of Family Therapy,* doi: 10.1080/01926187.2020.1813656

Hollie, B.D., (2018) Preventing gun and gang violence in the black community: A family systems perspective. *National Council on Family Relations Report: Winter 2018 (63.4)8-9.*

Christenson J.D., **Hollie, B.D.,** (2018), The role of trauma informed approaches within integrated care: Bridging the gap. *Family Therapy Magazine,18(1). 26-32.*

Gangamma, R., & **Hollie, B**. (2019). Escudero, V., & Friedlander, L. M. (2017). Therapeutic alliances with families: Empowering clients in challenging cases. Cham, Switzerland:

Springer, *Journal of marital and family therapy*, *45*(4), 734-735. https://doi.org/10.1111/jmft.12381

Manuscripts in review or in progress

Hollie, B.D,. Soloski, K, Tadros, E. (In preparation). Neighborhood characteristics and the impact of mental health in the Black community: Exploring black cultural strengths as moderator. *Journal of Marital Family Therapy.*

Tadros, E., Durante, K., Barbino, M., & **Hollie, B**. (Submitted, under review 2020). Actor partner effects of mental health, physical health, and coparenting consensus among incarcerated partners. *Families Systems, & Health.*

Hollie, B.D., (In preparation) Poverty and the impact on mental health and relationships in the black families.

Hollie, B.D., (In preparation) Poverty and the impact on mental health and relationships on black teenagers.

Hollie, B.D., et al (in preparation), University community-based collaboration to reduce barriers to family therapy services in the black community.

Grant proposals and grant funding

Hollie, B.D., (PI) Johnson, R., D, Walker, D., Albright, K Merrian, M., StoneFish, L., Watson.,. University-community collaborations to reduce barriers to mental health services in the Black Community. Sponsor: Central New York Community Foundation: Black Equity and Inclusion Grant, September 2020. Amount: 53,000 funded.

Gangamma R., Stone Fish, L., **Hollie, B.D.,** Tor, S., A collaborative model for addressing mental health disparities in underserved ethnic minority population. LOI submitted to New York State Health Foundation Special Projects Fund, October 2018. Amount: 357,000 (Not invited for full proposal). Role: Key personnel; assisted in project design and proposal writing.

Gangamma R., (PI) **Hollie, B.D**., (Co-PI). Examining the impact of urban violence on mental health and family distress in the Black community: Religiosity and spirituality as moderators. Sponsor: Family Process Institute. Amount: 4,500 (not funded).

ACEDEMIC EXPERIENCE

Graduate Research Assistant, Department of Marriage and Family Therapy, Syracuse University, Syracuse, NY, 2017-2020.

- Built relationships with external organizations to bridge gap between university and community-based organizations.
- Created a university-community based collaboration which expanded access to mental health services in traumatized inner-city communities. Across a nine-month span, over 70 families served totaling over 500 hours of therapeutic services with all treatment being free of cost. Secured $53,00 in grant funding for this initiative.
- Published empirical peer reviewed research relating to mental health, poverty, trauma and empowering African Americans and other marginalized and oppressed populations.
- Presented at national, state, and local conferences pertaining to building access to treatment, structural racism/bias, structural violence and gun violence.
- Established external internship site for master level clinicians focused on enhancing cultural competencies and working with BIPOC.
- Analyzed large datasets both quantitatively and qualitatively.

Graduate Research Assistant, Department of Marriage and Family Therapy, Mount Mercy University, Cedar Rapids, IA, 2015-2016.

- Analyzed, collected and conducted statistical analyses of datasets.
- Advanced statistical method training including ANOVA, Multiple Regression, Structural Equation Modeling, and qualitative methodology.
- IRB, publishing and grant proposal training.

Research Assistant, Department of Psychological and Brain Sciences, University of Iowa, Iowa City Iowa 2013-2014.

- Collected and logged experimental data.
- Carried out experiments and research.
- Checked facts, proofread, and edited research documents for accuracy.

PROFESSIONAL EXPERIENCE

Regional Program Director, Short-term Crisis Respite Programs, Liberty Resources, Syracuse, NY, November 2019-Present.

- Responsible for the day to day operations of three regional short-term crisis respite programs housing over 200 individuals annually experiencing mental, emotional and behavioral health crises.
- Analyzed large data both quantitively and qualitatively and turned results into idea generation and opportunity assessment.
- Disseminated research findings to internal and external stakeholders.
- Provided strategic recommendations to divisional director and Vice President based on research findings.
- Submitted for grants totaling over $1M.
- Oversaw budget excess $700,000.
- Increased racial and ethnic enrollments by 20% over a six-month span.

Project Evaluator, SAMSHA COVID-19 Emergency Response for Suicide Prevention, Liberty Resources, Syracuse NY, July 2020-Present.

- Developed tools for program/project evaluation.

- Coordinated assigned investigations and oversaw the completion of internal investigation reporting.
- Assisted in developing and maintaining databases for utilization review of assigned programs.
- Constructed quality review instruments to reflect regulatory and/or policy requirements.
- Assisted in the evaluation and revision of program policy and procedure manuals.
- Ensured attainment of goals, identified and collected data, analyzed data for insights.
- Developed operation and workflow efficiencies.

Clinical Intern, Department of Marriage and Family Therapy, Syracuse University, Syracuse, NY, 2017-2021.

- Delivered therapeutic services to a wide range of clientele totaling over 500 hours of service.
- Conducted therapy for teens being charged as adults in NYS through the Adolescent Diversion Program.
- Submitted for grants totaling over $400,000 related to improving the mental health of marginalized and oppressed groups.
- Conducted listening and healing circles for staff, students and communities.
- Taught and/or guest lectured for undergraduate and master level students on topics such as diversity and inclusion, theory, research, trauma, therapeutic technique.
- Delivered supervision to master-level clinicians.

Clinical Intern, Olson Marriage and Family Therapy Clinic, Mount Mercy University, Cedar Rapids, IA, 2016-2017.

- Delivered therapeutic services to a wide range of clientele totaling over 300 hours of service.
- Served as student marketing intern for clinic.

Clinical Intern, Mount Mercy University Counseling Center, Cedar Rapids, IA 2016-2017.

- Delivered students to undergraduate and graduate students in university counseling center.
- Conducted groups on meditation, stress management, and racial biases.
- Co-created “Recess” a mindfulness group for students of color experiencing difficulties in the
-

TEACHING EXPERIENCE

Co-instructor of record:

- Introduction to Family Systems (graduate level), co-taught master students with Dr. Dyane Watson, Syracuse University.
- Applied Research in Social Work (graduate level), co-taught master students with Dr. Rashmi Gangamma, Syracuse University.

Guest lecturer:

- Introduction to trauma studies (graduate level), guest lecture on historical and generational trauma, Syracuse University
- Applied Research in Social Work (graduate level), guest lecture on Interpretive Phenomenology Analysis, Syracuse University.
- Introduction to Trauma Studies (graduate level), guest lecture, Syracuse University.
- Introduction to Family Systems (graduate level) guest lecture, Syracuse University.
- Introduction to Family Therapy Practice (graduate level), guest lecture, Syracuse University.
- Marriage and Family Therapy Theory and Techniques (graduate level), guest lecture, Syracuse University.
- Family Systems and Therapy (graduate level), guest lecture, Syracuse University.
- Introduction to Family Systems (graduate level), guest lecture, Syracuse University.
- Introduction to Counseling (undergraduate level), guest lecture, Mount Mercy University.
- Men's Health (undergraduate level), guest lecture, Mount Mercy University.
- Healthy Lifestyles Class (undergraduate level), guest lecture, Mount Mercy University.
- Counseling for Related Professions (undergraduate level), guest lecture, University of Iowa.
- Abnormal Psychology (undergraduate level), guest lecture, Kirkwood Community College.
- Marriage and Family (undergraduate level), guest lecture, Des Moines Area Community College.

PROFESSIONAL PRESENTATIONS AND ABSTRACTS

Gangamma R., **Hollie, B.D.,** Tor, S., Reichert Schimpff, T., Stone Fish, L. University-community collaborations to reduce barriers to family therapy services: Case examples of working with resettled refugees and low-income families of color. Symposium presentation at the National Conference for Family Relations, Austin, Texas, November 2019.

Hollie, B.D. Exploring the relationship between Street Crime and Urban Violence on Mental Health and Relationships in the Black Community: A Phenomenology Study. Paper presentation at the American Family Therapy Academy National Conference, Oakland, California, June 2019.

Hollie, B.D. Preventing Gun and Gang Violence in the Black Community: A Family Systems Perspective. Paper presentation at the American Family Therapy Academy National Conference, Oakland, California, June 2019.

Hollie, B.D. Living in Urban Violence: The Impact on Relationships/Mental Health. Paper presentation at the American Association for Marriage and Family Therapy, Austin, Texas, August 2019.

Finely, E., Christenson J.D., **Hollie, B.D**. Males Perceived Role of Infertility, National Conference on Family Relations, San Diego, California, November 2018.

Hollie, B.D., Christenson J.D., Lamb, M.A. A Pilot Study of TIES: Teaching Interventions to Empower and Strengthen Families. Poster presentation at the National Conference on Family Relations, San Diego, California, November 2018.

Hollie, B.D., Christenson J.D., Lamb, M.A. A Pilot Study of TIES: Teaching Interventions to Empower and Strengthen Families. Paper presentation at the Association for Contextual Behavioral World Conference, Montreal, Quebec, July 2018.

Hollie, B.D., The marginalization of African Americans through a cybernetic lens. Paper presentation at the American Family Therapy Academy National Conference, Austin, Texas, June 2018.

Hollie, B.D., Utilizing Phenomenological Methods, Mount Mercy University, October 2016.

Hollie, B.D., Roles of Reciprocals, University of Iowa Fall undergraduate Research Festival, December 2014.

LEADERSHIP/PARTNERSHIP CULTIVATION

Calm Connections Inc (Co-founder, Director of Marketing), June 2018-April 2019.

- Certified 501(c) Non-profit organization with the mission of calming minds and building connections to empower the children, youth and families of the Syracuse Community through a variety of contemplative practices.

- Developed partnerships to provide services with two agencies within inner city communities.

University/Community Collaboration, Southwest Community Connections, Syracuse University MFT Department, September 2018- present. Through grassroots efforts:

- Organized, developed, and implemented a satellite site that allows for MFT students to provide therapeutic services to Black and Brown inner-city community free of charge

- Developed assessment, protocol, supervised master students, collaborated with local marketing agencies to promote the program.

- Provided free therapeutic services to 80 families and counting, over 500 hours of therapeutic services, increased access to treatment for Black and Brown communities, $53,000 grant for expansion.

Future Professoriate Program, Syracuse University MFT Department September 2017-present.

- Spearheaded an effort for the Syracuse University MFT Department to join the future professoriate program that now allows for Ph.D. MFT students to graduate with a certificate in university teaching.

- PhD students are now able to earn a certificate in teaching which incorporates developing a teaching portfolio and philosophy for future employment.

Black Church Outreach, September 2017-present.

- Frequented meetings with pastors in the Black community to educate them on the value of therapy and the free services we offer within the community.

- Increased access of treatment for therapeutic service.

- Provided additional resources of support to alleviate the strain of pastors and increase positive mental health in urban communities.

Recess (co-founder), August 2016, Mount Mercy University.

- A group focused on relieving stress and anxiety of undergraduate minority students through mindfulness, positive psychology, and diffusion.

MENTORSHIP/SUPERVSION

Consultant, Syracuse University Marriage and Family Therapy Program, 2019-present.

- Provided mentorship and supervision to therapist in training at an AAMFT approved program.

SERVICE/DIVERSITY AND INCLUSION

Community Outreach Chair-Elect, Black Graduate Student Organization (BGSA), Syracuse University 2020-2021.

- Acted as liaison to groups such as the Faculty and Staff Color Collective (FSCC), Democratizing Knowledge Emerging Scholars, and other groups as it related to the mission, value and goals of BGSA.

- Created and organized educational programming. Created opportunity for producing scholarship.

Chancellors Council on Diversity and Inclusion (CDI), Syracuse University, 2019-present.

- Invited by the universities Chief Diversity and Inclusion Officer and Chancellor to serve as a member of the 2019-2021 university wide Council on Diversity and Inclusion.

- Priorities include reviewing and advising on critical diversity and inclusion matters.

Faculty Institute Student Panel, Syracuse University 2019.

- Served on a diversity panel with the Initiative of informing faculty and staff how to better interact with students of diverse intersects.

Diversity and Inclusion Committee, Syracuse University 2018-present.

- Selected to represent Falk College on diversity and inclusion matters including, not limited to: College population demographics, admissions, faculty recruitment, curriculum infusion, research, student, staff and faculty development, extra-curriculum activities and civility and working environment.

National Action Network (NAN) Syracuse Chapter. Criminal Justice Committee 2018-present.

- Instrumental in developing city wide initiative to reduce violence in Syracuse, NY.

University Senator (voting member) Syracuse University 2018-2019.

- Part of the senate that successfully reduced graduate student's healthcare from $1,700 to $500 with lower premiums.

Website committee, Syracuse University.

- Part of a team that restructured the Marriage and Family Therapy Programs website to be more captivating and informational to prospective incoming master and doctoral students.

Rhetoric of Race, (committee) University of Iowa, Fall 2014, Spring 2015.

- Served on a panel for undergraduate students at the University of Iowa to talk about issues on race. The focus was to inform people on the issue's minorities face in everyday life and the action needed to ensure change.

AWARDS

- American Association for Marriage and Family Therapy (AAMFT), Minority Fellowship-Dissertation Completion, Funded by SAMHSA, 2019-2021.

PUBLIC SPEAKING

- Introduced Keynote speaker, Dexter Mckinney, for his performance during the Rev. Dr. Martin Luther King Jr. Celebration Events 2020: Elevating discourse on race and racial equality

- **Hollie, Brandon.** Preventing Gun and Gang Violence in the Black Community: A Family Systems Perspective. 3-Minute Thesis Competition**.** (2018, February) Syracuse University.

- **Hollie, Brandon.** A Pilot study of TIES: Teaching Interventions to Empower and Strengthen Families. 3-Minute Thesis Competition**.** (2018, February) Syracuse University.

- **Hollie, Brandon**. Commencement Speech. (2017, May) Mount Mercy University Graduate Convocation.

PUBLIC RELATIONS

- **The Daily Orange (2020).** Interviewed by Marnie Munoz of the Daily Orange regarding alternative to School resource officers in public schools.

- **The Daily Orange (2020).** Interviewed by Maggie Hicks of the Daily Orange regarding alternative to School resource officers in public schools.
- **The Daily Orange (2020**). Interviewed by Joey Pagano of the Daily Orange regarding the presidential election voting process for students.

- **Spectrum News, Katelynn Ulrich (2020).** Interviewed by Katelynn Ulrich of Spectrum News regarding reducing research on reducing gang violence.
- Received formal media training from Syracuse University's Maxwell school media relations team, 2019.

- **The Stand, Matti Gellman (2019).** Interviewed by Matti Gellman of the stand regarding research on reducing violence in the city of Syracuse and the development of a new university-community collaboration.

- **Power 620 Inspiration for the nation, George Kilpatrick (2019)**. Interviewed by George Kilpatrick of power 620 regarding research on reducing violence in the city of Syracuse and the development of a new university-community collaboration.

- **WAER public radio, John smith (2019).** Interviewed by John Smith of WAER public radio regarding research on reducing violence in the city of Syracuse and the development of a new university-community collaboration.

- **News Channel 9, Jennifer Sanders (2019).** Interviewed by Jennifer Sanders of

NewsChannel9 regarding research on reducing violence in the city of Syracuse and the development of a new university-community collaboration.

PROFESSIONAL AFFILIATIONS

American Association for Marriage and Family Therapy (AAMFT)

- Pre-Clinical Member, 2016-Present

National Council of Family Relations (NCFR)

- Student member, 2018-Present.