Intersectional Burdens: How Social Location Shapes Interactions with the Administrative State

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Administrative decisions mediate whether the millions who turn to the state for social services annually can access the assistance they need. We introduce the concept of intersectional burdens—*which describes how a person's social location (including race, class, gender, age, and ability) shapes their access and use of state benefits and programs—to account for the ways mutually reinforcing systems structure experiences with the state and to better understand how inequalities are experienced, reproduced, and resisted. We illustrate the intersectional nature of associated costs by drawing on a random stratified sample of sixty-one Black, Latinx, and White women's experiences from the American Voices Project. We find that individuals who seek public safety net assistance do not experience administrative burdens in the same way or to the same degree and that social location substantively affects how people navigate administrative burdens in public income assistance processes, health-care systems, and housing experiences.*

Keywords: administrative burdens, intersectional burdens, social location, social reproduction, interlocking inequalities, public assistance

Approximately one hundred million Americans participate in social safety net programs each year (Macartney and Ghertner 2023). Recent data indicate that one in four working adults and one in two children in the United States received social safety net benefits and that at least half of those adults participated in multiple safety net programs (Macartney and Ghertner 2023). Many more apply but are turned away for lack of eligibility or by the bureau-

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cratic confusion and inefficiency surrounding access to the benefits for which they do qualify. Poor or working-class people are often the intended recipients of social programs, such as childcare and health-care subsidies. Yet those who gain access routinely report negative experiences navigating program eligibility, compliance, and redemption.

The concept of administrative burdens describes these onerous, complex, and constrained systems that mediate access to state programs and benefits (Burden et al. 2012, 742; Herd and Moynihan 2019). Routine burdens often involve learning, psychological, and compliance costs for individuals in need. Examples include learning to navigate dense policies and procedures to determine eligibility, experiencing psychological stigma in the application process for particular programs, and the need to provide ongoing documentation of one's qualifications, all of which can bring lengthy wait times, innumerable forms, and little direct assistance (Moynihan, Herd, and Harvey 2014, 46). The more demanding these burdens are, the less likely eligible claimants may be to access the benefits they are legally entitled to receive (Fox, Feng, and Reynolds 2023). In turn, these obstacles reproduce existing social and racial inequalities that are most likely to harm women, communities of color, and other marginalized groups (Bleiweis, Boesch, and Cawthorne Gaines 2020; Michener 2018).

In addition to being complex, administrative burdens can be racialized and gendered in ways that normalize and reproduce inequality while obscuring the role of racism and sexism in the process (Ray, Herd, and Moynihan 2022). Racialized burdens make it more challenging for people of color to access public benefits, especially when administrative processes rely on notions of "deservingness" to legitimize the unequal distribution of resources across racial groups (Ray, Herd, and Moynihan 2022). Likewise, gendered burdens disproportionately affect women, migrant women, women of color, and LGBTQ individuals because these communities are more likely to work in low-paid and devalued work with limited health-care benefits (Elliott et al. 2021; Scott, London, and Gross 2007). These inequalities manifest in all areas of social life, including whether households

have enough money to pay rent and feed their family. Supplemental Nutrition Assistance Program (SNAP) data in 2019 illustrated this disparity: approximately 62 percent of American households with children receiving food benefits had one adult in the home, and in 92 percent of those households, the adults were women (Tucker et al. 2021).

National hardships can also compound the complexity and frequency of administrative burdens. In 2020, for example, the COVID-19 pandemic turned the nation upside down, exacerbating existing disparities in health care (Garcia et al. 2021; Bowleg 2020; Rocha Beardall 2020), while also pushing families into new job loss, underemployment (Montenovo et al. 2022; Miquel et al. 2022), and food insecurity (Elliott et al. 2021). When attempting to access health care, the pandemic prevented some Americans from traveling safely to and from appointments and required many more to learn new policies to maintain existing benefits while seeking eligibility for new ones. New and old hardships were exacerbated by the 2020 police murder of George Floyd in Minnesota. Floyd's death sparked the largest protest in U.S. history (Kaba and Ritchie 2022) and disproportionately affected Black Americans coping with the stress and emotional fallout of anti-Black violence. However, an emphasis on the racialized and gendered aspects of these experiences alone cannot fully capture how social inequalities unfold along multiple axes, including one's gender, age, and ability status.

We introduce the concept of *intersectional burdens*—which describes how one's social location (including race, class, gender, age, ability, and other social identities) shapes their ability to access and use state benefits and programs. This conceptual framework accounts for the mutually reinforcing identities that affect one's experiences with the state by facilitating an intersectional understanding of how inequalities are experienced, reproduced, and resisted. In the present study, we illustrate the salience of intersectional burdens by drawing on the rich qualitative data collected by the American Voices Project (AVP) from 2019 to 2021. This nationally representative sample includes questions about household composition, emotional well-being, health status, and

personal and family experiences navigating daily life in the context of broader social factors such as the COVID-19 pandemic and the murder of George Floyd (Fields et al. 2023). Using a random subsample of sixty-one interviews with Black, Latinx, and White women, we find that respondents' social location affected whether and how their journeys were advantaged or disadvantaged. Indeed, although respondents from each racial-ethnic group detailed encounters with administrative burdens, White women seldom experienced disruptions that they perceived to be inescapable. Further, we find that among women who qualified and accessed public benefits, their position within established social hierarchies shaped their experiences navigating administrative burdens.

An intersectional burdens framework sheds new light on how, where, when, and why inequalities persist in the administration of public benefits by providing language to understand how existing social hierarchies are reproduced and strengthened. The framework also enables a more tailored analysis of efforts to increase the uptake of social safety net resources among those in need. This approach does so by uncovering how generalized burdens—such as spending more time in undesirable situations, experiencing heightened distress, and bearing the weight of associated stigmas—are experienced differently in ways that current frameworks have yet to capture. We conclude by considering how intersectional burdens can inform future studies of citizen-state interactions and policy efforts to reduce individual and accumulated administrative burdens. We also consider the utility of this approach in the intergenerational transfer of these burdens and the embodied implications burdens have on family life.

ADMINISTRATIVE BURDENS ARE RACIALIZED

The bureaucratic processes that govern how public resources are distributed can exert unequal costs on Americans in need. These costs are made visible in the study of administrative burdens—defined as the onerous, complex, and constrained experiences individuals encounter when accessing state programs and benefits (Burden et al. 2012, 742; Herd and Moynihan 2019). However, burdens transcend state benefits and appear wherever the state dictates how individuals must seek access to public services, including immigration, voting, and health care (Moynihan, Herd, and Harvey 2014; Mueller and Bartlett 2019). In immigration processes, administrative burdens include substantial application fees, extensive knowledge of U.S. government and history, and complicated paperwork. Additionally, citizens can encounter barriers to exercising their right to vote when faced with a lengthy voter registration process and expensive identification requirements that change across time and place (Moynihan, Herd, and Harvey 2014). In the context of health care, administrative burdens can appear when program eligibility is vague and difficult to access, when the stigma of participation in programs such as Medicaid is high, and when the continuous paperwork involved with accessing and maintaining those benefits proves too unmanageable (Moynihan, Herd, and Harvey 2014). In some cases, these difficulties are designed to refuse rights to claimants knowingly; in others, these burdens can accumulate over time and leave everyday people less able to manage burdens associated with the programs they need.

Administrative burdens can be classified into three types of costs: learning costs, which include the process of gathering and understanding relevant information about available benefits and determining whether is eligible; psychological costs, such as the stigma of applying to and participating in state programs, a sense of powerlessness in dealing with the state, and the stresses and fears associated with dealing with extensive administrative processes; and compliance costs, which account for the time and effort people invest in following tedious administrative requirements to receive and maintain their benefits, including documentation of ongoing eligibility (Herd and Moynihan 2019; Moynihan, Herd, and Harvey 2014). For instance, college students who rely on need-based financial aid must first determine their eligibility, complete arduous income-verification processes, maintain a minimum grade point average, and remain en-

rolled in a minimum number of credit hours to maintain financial aid (Gándara et al. 2023). Some students may also be required to recertify their U.S. citizenship or residency, which can stigmatize students in need who may already feel stressed and powerless in an unfamiliar bureaucratic process.

Recent scholarship finds that these three costs extend beyond the time and effort residents invest to receive and maintain their benefits and into whether, where, and how they can redeem them. Redemption costs—referring to the multiple challenges residents encounter trying to use their benefits (Barnes 2021)—primarily emerge in consumer choice and voucher-based programs such as SNAP. To use this food benefit, beneficiaries must find and navigate third-party vendors to purchase pre-approved foods, which vary across retailers (Barnes 2021). In addition to public benefits, such costs can affect the redemption of the municipal services a person is entitled to receive. For example, in the event of police misconduct, claimants must navigate review boards and power hierarchies to access police services and achieve police accountability (Cheng 2022, 2024; Rocha Beardall 2022, 2024). These hardships disproportionately affect poor and minoritized populations.

Based on theories that the United States is a racial state—in the sense that it relies on racial ideology to govern and organize social life via symbolic, structural, and institutional violence (Alicea 2022)—scholars suggest that administrative burdens can be politically motivated and organized to reproduce White supremacy (Herd and Moynihan 2019; Jung and Kwon 2013; Ray 2019). Scholars have advanced the concept of racialized burdens to illustrate how state actors and practices impose administrative burdens that normalize and reproduce racial inequality and obscure the role of race and racism in the process (Ray, Herd, and Moynihan 2022). One way this happens is when frontline workers rely on notions of deservingness to legitimize the unequal distribution of resources across racial groups (Ray, Herd, and Moynihan 2022), making it more challenging for racial and ethnic minorities to access public benefits.

The costs of administrative burdens—learning costs, psychological costs, and compliance costs—are replicated within racialized burdens in ways that enhance or diminish the standing of particular racial groups. Returning to our immigration example, the inclusion of an English-language requirement and racial restrictions illustrates the presence and influence of racialized burdens. Recent changes made during the Donald Trump administration (2016–2020) reflect these practices for contemporary U.S. citizenship applicants by increasing the number of questions on the naturalization test, restricting travel, and capping visas from Muslim-majority countries, African countries, and Middle Eastern countries (Moynihan, Herd, and Gerinza 2022). In this case, administrative burdens can become "racialized weapons" by limiting access to resources for particular groups (Ray, Herd, and Moynihan 2022). Likewise, in the context of voting, literacy tests, and property requirements disproportionately affected people of color (Herd et al. 2023), and more recently, felon disenfranchisement laws have effectively blocked thousands of people of color from exercising the right to vote (Uggen et al. 2020).

Intersectional Burdens

Administrative burdens are not just racialized; they also differ based on other critical dimensions of one's social location, including gender, class, age, ability, immigration status, and criminal legal system contact. We argue that, intentionally or not, some administrative burdens affect particular groups differently based on specific dimensions of individual identity. To account for the mutually reinforcing identities that affect experiences with the state, we introduce the concept of *intersectional burdens*—which describes how one's social location (including race, class, gender, age, ability, and other social identities) shapes their ability to access and use state benefits and programs—to better understand how inequalities are experienced, reproduced, and resisted. We advance this concept by drawing from intersectionality theory, a conceptual framework that fills in the methodological and theoretical gaps that often remain underexamined when using

an administrative or racialized burdens lens alone.

Legal scholar Kimberlé Crenshaw coined the term intersectionality (1989) when she described the multiplicative experiences of Black women in the workplace and the law's failure to capture how they were subject to intersecting forms of marginalization based on their race, gender, class, and sexuality. Using the case of *DeGraffenreid v. General Motors* (1976), Crenshaw (1989) recounts how GM's hiring policies excluded Black women before 1964, and years later, how their downsizing using a "last hired-first fired" seniority policy laid off all the Black women hired after 1970.[1] In response, five Black women sued the company, alleging that this layoff system perpetuated and preserved the effects of past discrimination (Crenshaw 1989).

The District Court decided against the women, determining that Black women were not "a special class to be protected from discrimination . . . [and] they should not be allowed to combine statutory remedies to create a new 'super-remedy' which would give them relief beyond what the drafters of the relevant statutes intended" (*DeGraffenreid*). The court reasoned that because GM did hire *some* women before 1964, no sex discrimination had occurred. The court further recommended that the case be consolidated with another against GM alleging race discrimination. Crenshaw's framework illustrates that employment discrimination against Black women did not arise because of their race or gender, but instead, it was because of their race and gender (Crenshaw 1989). This multiplicative framework rejected the idea that experience with oppression is additive, arguing that focusing on single-axis analysis "marginalizes those who are multiply-burdened and obscures claims that cannot be understood as resulting from discrete sources of discrimination" (Crenshaw 1989, 138; Rocha Beardall 2021).

Building from intersectionality theory, the concept of intersectional burdens describes how and when an administrative policy or program can explicitly privilege some people and not others based on their unique social location. Like Crenshaw, this lens emphasizes how administrative policies and burdens can inherently disadvantage individuals or groups differently based on one's social location. Although not naming this process explicitly, social scientific literature illustrates how administrative burdens associated with rights-granting and rights-depriving programs are differentially experienced by race and gender (Roberts 2022; Rose 1993) or gender and class (Edin and Lein 1997; Orloff 1996). In family formation, for example, several studies demonstrate how women of color routinely encounter racial discrimination in policies surrounding family planning services, exacerbating the longstanding historical devaluation of non-White women's fertility and childrearing practices (Bonaparte 2019; McCormack 2005).

Burdens emerge from structural factors that shape individual-level interactions with organizational processes that in turn influence individual-level life course experiences over time. Our conceptualization of intersectional burdens emphasizes the role of a person's multidimensional social location and patterned interactions with health care and human services organizations as key sites where burdens unfold. For example, due in part to legislation restricting access to family planning and reproductive health services in the broader context of racialized access to health insurance coverage, low-income Black and Latinx women are more likely to experience delayed reproductive health screenings and prenatal care enrollment than low-income White women (Sutton et al. 2021). Given that Black women remain at significantly greater risk for maternal mortality than White women, scholars are now examining how unequal burdens emerge through organizational processes involving health-care providers' racial bias, racialized access to insurance coverage, and disparities in accessing high-quality medical care. These issues contribute to the disproportionate rates of adverse birth outcomes (Bridges 2011), and compounding burdens then manifest cumulative, intersectional inequalities across institutional sites

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1. *DeGraffenreid v. General Motors Assembly Div., Etc.,* 413 F. Supp. 142 (E.D. Mo. 1976).

such as childcare systems (Bouek 2023) and public cash benefits and nutrition assistance programs (Barnes, Halpern-Meekin, and Hoiting 2023; Watkins-Hayes 2011).

Studies focused on more explicitly punitive state institutions further illustrate the intersectional nature of administrative burdens, especially among low-income families of color (Roberts 2022; Soss, Fording, and Schram 2011). For example, the child welfare system highlights that "coercive and punitive administrative burdens work to make punishment and marginalization more certain and more severe for poor, Black, and Indigenous families" (Edwards et al. 2023, 227; Rocha Beardall and Edwards 2021). In addition to having disparate experiences with rights-granting social benefits, some social groups are disproportionately affected by rights-depriving administrative burdens such as the requirement that parents document and prove their status as fit parents to pull their families out of the child welfare system (Edwards et al. 2023; Rocha Beardall and Edwards 2021). Parallels to criminal legal system contact are significant. Consider, for example, the administration of probation, another area rife with racialized burdens, where welfare services are provided for only some and the administrative burdens of accessing those services are considerable. Racialized administrative burdens are prominent in both of these cases given that individuals involved in the criminal system are disproportionately people of color who are dealing with poverty (Phelps and Ruhland 2022). Against this backdrop, we examine how women experience and navigate intersectional burdens when attempting to access or comply with public benefits to promote their well-being, families, and communities.

DATA AND METHODS

The American Voices Project interviewed a nationally representative sample of approximately 2,700 Americans between 2019 and 2021, oversampling for low-income households in a three-stage cluster sampling approach. This dataset offers a comprehensive snapshot of everyday social life in the United States during a period marked by the COVID-19 pandemic and mass protests against police violence. These immersive interviews examine many aspects of American life, including political engagement, health-care usage, and economic hardships.

Based on our underlying interest in the challenges of national crises and state resources, we first drew a stratified random sample of five participants in each of twenty-four categories contained in the AVP data, along the following dimensions: gender (men, women); race (Black, White, Latinx); children in the household (yes, no); and time period (interviewed before March 11, 2020, the date the coronavirus pandemic was declared, or interviewed after May 25, 2020, the date George Floyd was murdered). Questions on respondents' social, emotional, and physical well-being were well suited to our overall inquiry. We triangulated that focus by reviewing the entire transcript for each case in our analytic sample to contextualize our analysis within each person's overall life history.

The following analysis focuses on women's experiences navigating the administrative state. We do so for two reasons. Practically, a closer analysis of half our sample positions us better to introduce and develop the emergent concept of intersectional burdens. Substantively, the focus on women promised to be generative given well-documented gendered inequalities and their subsequent likelihood of encountering the administrative state. Patriarchal cultural norms around caregiving, motherhood status, and family affairs translate into expectations for women to take on childcare, housework, and coordinating everyday familial logistics (Daminger 2019; Kyle and Frakt 2021; McLanahan and Kelly 2006; Power 2020). These gendered expectations mean that women are more likely to interface with public institutions, especially because the state engages in what feminist scholars call "homebreaking" or exerting state power inside disorderly homes and forcing changes on them (Gurusami and Kurwa 2021).

As a first step toward an intersectional approach to administrative burdens, we explore these complex interactions by focusing on sixty-one self-identified women (twenty Black, twenty-one Latinx, and twenty White). Descriptive statistics of our sample are presented in

Table 1. Descriptive Statistics of AVP Sample

	N	Percent
Female	61	100
Age		
18–44	27	44.27
45–54	13	21.31
55+	19	31.15
Race-ethnicity		
Black	20	32.79
Latinx	21	34.43
White	20	32.79
Income		
<=$24,000	17	27.87
$24,001–$48,000	13	21.31
$48,000–$72,000	14	22.95
>$72,001 (or missing)	17	22.87
Weeks worked in last year		
0	15	24.59
<=40 weeks	16	26.23
41–51 weeks	15	24.59
52 weeks	11	18.03
Region of residence		
Midwest or Northeast	21	34.42
South	26	42.62
West	14	22.95

Source: Authors' tabulation.

table 1, which provides as much detail as possible but collapses certain categories together to meet AVP data reporting requirements.[2]

Over twelve months, we invested equally in training graduate students in qualitative methods and analyzing the AVP data to better understand how women navigated administrative burdens. First, two authors closely read a random sample of ten interviews, three of which overlapped. Based on themes from this initial sample, we created a preliminary codebook that included examples and definitions of parent codes (such as racial identification, political participation, administrative burdens) and

their respective subcodes (such as food-, legal-, health-care-, and housing-related administrative burdens). Second, we trained a research team of six sociology graduate students to apply the preliminary codebook and analyze their assigned category. Each student wrote a detailed memo based on each case they coded and a thematic memo based on the five interviews making up each category (such as White women during unsettled times with children). The authors met with each student individually after each set of five interviews they coded and collectively as a team biweekly. These discussions provided the opportunity to refine and expand the codebook based on new themes identified within and across interviews. Finally, the faculty team collectively reread all sixty-one interviews to clarify, refine, and reconcile the primary findings.

This process employed a modified team-based grounded theory approach to develop conceptual models from the AVP data. Using constant comparison, we proceeded systematically from the within-case level to the within-group and across-group levels. This approach involved open coding to identify general indicators, concepts, and themes around the questions of interest; axial coding to determine the conditions, phases, and relationships between conceptual domains; and selective coding to determine which outcomes emerged as most important in the data analysis and which variables matter most in shaping those outcomes. We employed within-group analyses to assess patterns by time period of data collection, race-ethnicity, gender, and class status, followed by cross-case analysis facilitating comparisons of experiences across individuals and groups. Individual members of our research team proceeded through the data and memos by closed-coding transcripts with the current iteration of the codebook, open-coding transcripts for novel insights, recoding already coded interview transcripts whenever the codebook was updated, closed-coding individual case summary memos, and open-coding subgroup-level

2. The AVP generally applies the Census Bureau's principles on disclosure avoidance for qualitative research. The policies that were most relevant to findings described were, first, quotations can be published only if at least ten thousand people in the group were formed by the combination of all descriptors and, second, demographic tables describing the sample can only be published if the cell count is greater than eleven.

theoretical memos to identify emergent group-level processes. In conducting these analyses, we used the interactive synthesis approach, which combines variable-oriented and case-oriented perspectives (Miles and Huberman 1994).

Our analysis yielded insights regarding the multidimensional nature of social location in shaping individuals' experiences with administrative burdens as they navigated interlocking systems of inequality. However, AVP's reporting requirements and confidentiality design constrained our ability to report more detail regarding the intersectionality of oppression experienced by participants in our analytic sample. For example, the cases presented in table 1 are aggregated in categories no smaller than ten individuals per response category in accordance with AVP policies. Rightfully, the qualitative details on respondent experiences we offer below honor this same confidentiality threshold. Within this context, we draw on illustrative cases to describe the intersectional nature of burdens with as much attention to the particularities of respondents' experiences as possible while maintaining confidentiality.

FINDINGS

The findings are presented in three parts. First, to better understand how the state distributes and withholds resources, we provide an overview of the conditionality of public benefits. These data show that most women experienced some significant form of administrative burden and that these experiences have intersectional dimensions. Whether intentionally administered as such or not, women's ability to navigate and secure public benefits differed and were stratified along race and class lines, in addition to other critical dimensions of their identity, including age, ability, immigration and citizenship status, and criminal legal system contact. Respondents experienced a range of administrative burdens, but our analysis found that intersectional burdens manifested prominently in health-care benefits and housing benefits. We focus on these two domains and unpack the heterogeneity in how people navigated administrative burdens with different levels of success and strain.

The Conditionality of Public Benefits

Respondents across the sample described their experiences with intersectional burdens when the public benefits they were entitled to became conditional during the pandemic. Specifically, governmental programs reassessed eligibility requirements and enhanced overall scrutiny for non-COVID benefits. At the same time, administrative attention turned toward pandemic-related priorities, leaving respondents without assistance even as they sought to comply. As we describe, nonstate sources of support, such as personal savings, distinguished those who achieved greater financial security following the pandemic.

Women across race-ethnicity articulated challenges in maintaining their pre-COVID benefits in the context of additional, compounding hardships experienced during the emerging pandemic. For instance, Pamela, a White woman without children in the home living in the West, described how receiving her unemployment benefits has been a "nightmare" because "trying to get a hold of anybody is virtually impossible. I mean, I literally call them at eight o'clock on the dot, and they're already full to the rim. . . . there's no other way to get a hold of anybody." Over months, the unemployment office had not returned Pamela's phone calls or provided any updates. Going to the unemployment office in person was also fruitless. Lori, a White woman with children in the home living in the South, described her difficulty in paying bills because she stopped receiving her unemployment during COVID. In fact, she was entitled to $9,000 in unemployment, but "because of all the COVID stuff, we weren't able to actually go over to the unemployment office, talk to them." Although neither Pamela nor Lori lost their employment due to the COVID-19 pandemic, they described meaningful challenges to maintain their pre-COVID benefits and navigate the ongoing complex challenges of the COVID context in their daily lives. Here, the pandemic exacerbated the costs of continuing to receive case assistance, even as people sought to comply.

COVID also consumed administrative attention, relegating non-andemic issues to low-priority status. For instance, Stephanie, a

Latinx woman without children in the home living in the South, explained how an accident disabled her and left her without work. She began receiving $500 a month in disability payments and was aware of the performative nature of demonstrating compliance and continued need. She described how she needed to attend her doctor's appointments for "as long as I gotta do it, you know, what the government asks, you know, they wanna see you go to your doctor appointments, they wanna see that, you know, you're doing all right and not messing up." Despite her disability payments, she soon entered housing instability because "they [the government] don't wanna help me with my rent because I didn't lose my job to COVID-19. I'm on my disability, but they're not helping anybody unless you lost your job to COVID-19." Other minority women similarly expressed pandemic delays in receiving food stamps and childcare services.

Women across our three subsamples experienced heightened administrative burdens during the pandemic, but these challenges layered on top of existing needs that were not equally distributed before the pandemic. Mirelia, an undocumented Latinx mother with children in the home living in the West, explained how fortunate her family was to live in a state that permitted those without legal status to obtain identification cards. At the same time, she recognized that the IDs increased their visibility to the state, saying, "We can't commit any mistakes, not at all." Mirelia cited examples of insurance and other licenses, where her family complied with requirements to avoid risking revocation of their IDs.

The psychological costs of the mother's precautions against potential mistakes spilled over into the interview itself, where Mirelia declined to provide the birthdates of her children because of a recent fraud in the clinic where they receive care. The fraud affected her children's documentation, which they had to work to fix. In other words, as someone with a precarious legal status, the mother was simultaneously eager to comply yet constantly suspicious. Such an orientation toward public benefits can foreseeably make it difficult to contest mistakes. Dolores, another Latinx mother with children in the home living in the

West, explained how her friend does not have legal status, even though her children do, and during the pandemic, "she can't do work and they [the government] stopped her cash so far." Whether she was supposed to continue receiving the benefits or not, she did not feel comfortable inquiring because the conditionality of their legal status exacerbated their public benefits.

Existing inequalities in the distribution of resources meant that some respondents had greater access to nonstate forms of support to navigate the pandemic. For example, Candice, a Black mother with children in the home living in the South, explained how they were not relying on public resources before COVID and were relatively unaffected as administrative burdens intensified. Pattie, a Black mother with children in the home living in the South, also described how, even though their bills were piling up, she was "thankful I don't need to go out the house, I barely even go to the mailbox." Although they could live comfortably in their house, she was looking forward to receiving her child's social security check soon to help cover some of their bills. Pattie expressed implicit guilt because she could "barely take him to the movies or stuff like that."

White women in the sample were more likely to describe access to nonstate forms of financial support to ease their pandemic-related stress. For instance, Pamela, who could not contact the unemployment office via telephone, explained how she navigated the pandemic, unemployment, and falling ill through her savings. Previously, she had put aside money to allow her grandchild to visit her. The pandemic's onset forced her to cancel the trip, and she used the money to pay off her vehicle—despite the difficulties with securing her unemployment benefits. For people such as Pamela, the ability to draw on nonstate financial resources available in personal savings or social networks provided a buffer against future exposure to administrative burdens when they met difficulties securing benefits.

Several other White women expressed proficiency and ease when navigating the bureaucracy of public benefits. Many were able to take advantage of COVID-related benefits, such as Sarah, a White woman without children living

in her home on the East Coast, who placed both stimulus checks into her savings account. When Sarah's business began falling low during the pandemic, she got a Payment Protection Program loan that "almost dollar for dollar made up for what I lost." When asked about her experiences with dealing with government programs, Nancy, a White woman with children in the home living in the South, said, "it's fairly easy for me." She explained:

> There's a lot to it in the beginning when you're trying to get on them, you gotta fill out all the paperwork, then you gotta go for interviews and then they do interviews over the phone and they're just checking on all those funds and make sure what you're making and how much they're going to give you, but pretty much I haven't had any problems like I think every six months they do their call a re-determination and like they just go over . . . finances just to make sure where you're at with your money, you're not making no more money or whatever. But I mean it's as easy as getting on the computer and just filling out the work.

Nancy's institutional knowledge likely derived from working at an organization that assisted others in applying for government assistance. Such expertise meant that what would be considered administrative burdens for others, namely, the compliance and redemption costs associated with demonstrating eligibility and claiming entitlements, were actually manageable for Nancy.

Such institutional knowledge may be gendered, given that mothers may be the ones with the onus to contact programs on behalf of their children. Jackie, a White mother with children in the home living in the Midwest, described how it "didn't bother me so much when they cut off the food stamps, but when they cut off the food stamps, they would cut off the kids' health insurance and that was really irritating." Jackie had recently moved from one state to another, which prompted an investigation into whether she was receiving benefits in two states. However, Jackie contacted the insurance offices in the state from which she moved and straightened it out. The mother was hesitant to demand the insurance, but felt compelled to do so on behalf of her children: "I didn't want to fight with them because I was glad that they even gave me anything. So it was like I felt bad calling and saying why aren't you giving this to me? It was like I didn't even feel like it, but I did it for the kids, you know." With the stimulus money, tax returns, and public benefits, Jackie explained how this was one of the few times she felt financially stable during motherhood.

Overall, women's ability to navigate administrative burdens differed across program domains, yet their experiences with intersectional burdens due to their unique social location manifested prominently in the salience of health-care benefits and public housing. The two remaining subsections dive deeper into these areas to unpack their heterogeneity with greater specificity.

Convoluted Access to Affordable Health Care

Respondents shared how the organizational ecology of bureaucratic red tape demonstrated that whatever public safety net there might be, it did not seem to care about women, their children, or their extended family's well-being. Specifically, respondents shared their learning cost experiences navigating Obamacare and making sense of medical billing, compliance costs in traversing application processes to secure disability benefits and navigating health-care systems without insurance coverage, and psychological costs in keeping pace with shifting insurance coverage statuses for themselves and their loved ones. Their accounts revealed that access and use of health-care services at affordable costs was sometimes a matter of will, but frequently just came down to chance.

Sometimes, respondents experienced positive surprises in the form of health policy changes. For example, Sharon, a White woman who lived in the South, explained that although she had Medicaid coverage while she was pregnant with her children, she lost it because her work paid her enough to disqualify her from Medicaid but not enough to be able to afford private insurance. She shared that she briefly worked enough hours to qualify for private insurance through her employer, but then had to cut back her hours because balancing work and other responsibilities became too hard, result-

ing in her losing her coverage. It is likely that during this period, her state expanded Medicaid eligibility. One day, as Sharon discovered, "They actually just sent me a card in the mail one day, and I was like, 'What the hell?' I hadn't applied and like probably a couple of years. . . . I called them, they're like, 'Hey, you have Medicaid, you're eligible for it.'"

Public insurance was not, however, typically characterized by positive surprises. Many respondents shared that administrative burdens introduced sources of stress, confusion, and complexity. For example, Whitney, a Black woman living in the Northeast with children in the home, said that it was relatively easy to navigate meeting her physical health needs with health-care coverage provided through her state. However, she experienced more difficulty finding a mental health-care treatment provider to prescribe psychiatric medications and help her address insomnia after her former provider quit. Additionally, Jennifer, a Latina woman living in the South with children in the home, shared that breaks in the continuity of her health-care treatment as a function of Medicaid policies and procedures had been challenging to navigate. She related, "Oh, it's been hell," when describing periods when she could not afford to adhere to her medications due to financial burdens. She shared that as she discovered Medicaid would not cover some needed prescriptions, her health would decline until she felt forced to use the Emergency Department or be hospitalized "just for me to get my immune system back working properly until my Medicaid kicks back in to where they pay for it. . . . So that's very hard."

For Jennifer, psychological and compliance costs in health-care led to deferred treatment, and ultimately contributed to her experiences with employment and housing instability as well. She told her interviewers that although she might qualify for Family and Medical Leave through an employer, this was not a paid leave, so she had no source of income during her hospital stays. She said that this process was emotionally overwhelming for her, explaining that "some days I used to just cry. I used to tell my sister, 'You know what, I'm just giving all my children up.' And she was like, 'Why?' I said,

'Because I can't take care of them.' And I'd get frustrated . . . I just shut down." Jennifer's tribulations with complex medical needs was isolating and overwhelming. She reported leaning on her sister for emotional and social support as a resource to help her cope with complex challenges navigating health-care systems and securing resources for her family. Others echoed this sentiment and identified bureaucratic hurdles as a cause of deferred medical treatment or going without prescribed medications.

The emerging pandemic often exacerbated these dynamics. Sarah, a White woman living in the South with children in the home, said that she was not currently taking her medications because of COVID: "I was actually supposed to see [the] pain doctor to get on medication, but they won't see me because of the whole COVID stuff, some clinics closed down, so I haven't been able to actually get into the doctors I need." When asked about any unmet medical needs, Sarah shared her experiences with learning costs associated with navigating the changing bureaucratic landscape of health-care. When it came to something as seemingly simple as a vision exam to fix and update her glasses, she said, "I can't do that because I don't know which doctors I can go to." She explained that it was challenging to figure out which health-care providers were in her coverage network or outside of it, and that her confusion was compounded when her network switched.

Others shared that navigating administrative bureaucracies on behalf of loved ones was time-intensive, challenging, and at times stressful on top of the everyday burdens of caregiving. Navigating health-care paperwork for loved ones was especially difficult. Lydia, a White woman living in the Northeast with no children in the home, related that it was challenging to travel long distances to help her aging parents every month. Eventually, she helped her mother locate and move into a nursing home, "and that was really hard." She found herself simultaneously caring for her parents and struggling to learn how to help her brother access Medicaid from a long distance, which involved a "forty-six-page application." For others, caregiving for a relative with a disability

while managing work became a stressful time management challenge. As Lynne, a White woman in the Northeast with children in her home, explained, this experience was "stressful in the sense of, like you kind of feel helpless, there's nothing you can do to help cure somebody." This meant "always kind of stressing and wondering what today's going to bring." She said that caregiving responsibilities required difficult everyday decisions surrounding whether to take time away from work to travel to appointments or provide care at home.

Yet not all respondents experienced navigating administrative health-care bureaucracies as burdensome. Tia, a Black woman living in the West with grown children, had served in the military and received coverage through the Veterans Administration (VA). She shared that having the same health-care system to meet a range of medical needs provided a relatively smooth process before, during, and after a number of major surgeries. She alluded to the VA's recent transition to rapidly expand Tele-health services during the pandemic, noting, "any issues that arise, you make an appointment, and you see your doctor via the computer screen, but that is working also." She explained that she pays for health care at a reduced rate because it is offered through the VA, that payment is not a barrier for her, and that she did not have any unmet health needs due to the persistence of her VA providers in caring for her.

Despite her positive experience with the VA health-care system and her adult children's experiences with employer-based private health insurance coverage, Tia expressed frustration that her aging mother's health-care experiences have been less straightforward. In fact, this topic was the first thing she mentioned when asked about political issues that mattered to her: "My mom's on Social Security and Medicaid, and I talk to [her] every day and we have conversations about her having to either put off buying her medicines or stating that she can't, you know the medicine's price went up all of a sudden, or the insurance now no longer covers it. . . . that's an issue for me." For Tia, it is unacceptable that her mother has had such a negative experience with the administrative bureaucracies that link health insurance cover-age to health-care treatment. Her mother's medical needs are a source of frustration in that these experiences illustrate firsthand the effects of health-care fragmentation, surprise negative policy changes, and prohibitive costs.

The Carcerality of Subsidized Housing

Several respondents described overwhelming burdens in housing and utility assistance programs, preventing them from living in a safe and stable home. Further, rigorous and continuous eligibility requirements left women feeling stressed and without options. Tamara, a Black woman in the Midwest with children in the home, explained: "Living in low-income, you don't have that many good places to stay without having a good income. So, you have to take what you can get sometimes." For others, the lack of essential appliances in rental units exacerbated their anxiety. Many families turned to safety net programs with long waiting lists for assistance because their Section 8 financial status made saving enough money for these items difficult. Stephanie, a Latinx woman in the South without children in the home, shared her struggles with rent, bills, prescriptions, and living with a disability. She confronted her stress by planning ahead, first to catch up on her electric bill and then to buy a stove after a year without one, both of which limited her ability to care for herself.

Burdensome housing experiences also activated "carceral memories" when rental units were physically and psychologically reminiscent of incarceration. Jean, a Black woman, received housing assistance in addition to Medicaid and other public benefits and articulated this experience in two ways: building management and the rental unit. Jean recalled discriminatory treatment and shared how her race, gender, and criminal history compounded her socioeconomic challenges and complicated eligibility for desperately needed public services.

She described her former housing administrators as "real mean," mistreating her in ways that reminded her of being in a jail cell under constant surveillance. Like guards in jail, this person dictated what she could and could not do. This stressor interacted with the physical layout of Jean's public housing unit. She explained:

We can't come outside. We can't hang out. We can't do this. The farthest we can go is from our living room to the patio . . . [it] started making me feel uncomfortable because now I feel like I'm in jail. Because when I was in the penitentiary, we couldn't do nothing but go from our bed to the day room. So, that's how I'm living out here, and I'm paying rent. . . . I feel like, "You holding us captive in our house, and I feel like I'm back in prison again."

In addition to being "real mean," housing administrators jeopardized Jean's public housing access. At one point, she received a letter stating that she failed her background check and no longer qualified for housing assistance. She called the housing office, and the matter was cleared up, but her anxieties about keeping her rental were already in motion.

Considering Jean's social location through an intersectional burdens lens reveals her significant learning, psychological, and compliance costs. Moreover, Jean's journey revealed how death in the family can be a psychological cost in obtaining state benefits. Jean inherited her relative's housing voucher because she was the only living family member listed on the application, not because she was homeless at the time given that the eligibility waitlist at the time was still several years long. This meant that three generations of Jean's family endured race and gender inequalities before their housing need was met by Section 8. Each generation likely felt powerless dealing with the state and fearful when navigating administrative processes to remain eligible for public housing. Further, when housing stability arrives through the loss of one's family, we can begin to see how administrative burdens carry intergenerational psychological costs that outlive those waiting to receive that assistance.

Jean faced additional psychological and learning costs due to the discretionary authority of frontline workers. For instance, when a housing administrator threatened eviction, she said, "Oh, I don't need a reason," implying that their authority to decide on the spot who was a "good fit" for the complex. Feeling powerless, Jean was mindful of her criminal record and dependence on government assistance. Jean continued working with this person despite the administrator's disdain and efforts to hinder her benefits. Jean also encountered psychological costs and learning costs with another layer of frontline workers' discretionary authority concerning her criminal background and its impact on benefits eligibility. Eligibility protocol and exceptions often remained unclear or undisclosed until recipients received a formal notice, causing residents such as Jean distress. She explained: "I called them [the office] hysterical because they pulled up my background. I know I didn't fail no background." Only after another public housing worker conducted a more thorough investigation did they realize that Jean's criminal record was too old to disqualify her. Although they dismissed the notice and reinstated her housing assistance, failed evictions are traumatic and leave lasting stress and anxiety.

Jean also faced compliance costs with the tedious administrative requirements she navigated to maintain her benefits. She navigated bureaucratic expectations cautiously to avoid risking her eligibility, paying close attention to where she worked, when, and even whether and how she saved any leftover money. Jean explained that she had to constantly monitor her actions and social circle to ensure that she stayed, in her words, on the straight and narrow to not risk losing her benefits. Similarly, she worried about how her multiple safety net programs conflicted with her desire for financial independence. She believed that having Section 8 prevented her from saving or holding a bank account, "because if you can afford that, you can afford to pay your rent."[3] Like other women, Jean turned to her religious faith to help her cope with intersectional burdens.

[3.] It is, in fact, perfectly rational for tenants to be extremely careful about considerations such as this because only 25 percent of those who qualify for vouchers get them, and 40 percent of those who receive vouchers are unable to find a landlord willing to rent to them before the voucher take-up period expires. In rare but important cases, one can be prosecuted for welfare fraud based on simply not understanding the financial rules of the program (Ellen, O'Regan, and Strochak 2021).

Rochelle, a Black woman in the South with children in the home, linked Jean's experience with her own by describing her experience in the form of redemption costs—the cost of learning how to use benefits according to specific procedures (Barnes 2021)—while navigating the public housing lottery system. She explained, "They have to pick your number, I done applied for five to six places, but my number never got picked, so I finally get picked for somewhere I don't want to move to, because I wanted to move far out, but I was ready to go so that's what happened with that situation." Like other public housing assistance residents, Rochelle's housing options were constrained by market availability, location, and the timing of her housing assistance voucher redemption. Her intersectional identity as a low-income mother of color left her feeling behind procedurally, as decisions about her life and her housing were literally left up to the draw. She had to choose what she could and when she could. Similarly, once in an apartment, Rochelle encountered compliance costs—to remain compliant with the tedious administrative requirements and rules of public housing, she needed to "mind her business" with others because not doing so could jeopardize her family's safety.

Rochelle experienced additional psychological costs in feeling powerless as she waited for the ability to redeem her voucher in a new place. Her unit and building were infested with rats and unclean water for an extended period. Life was unbearable. In response, she was placed in a similar apartment, lamenting, "If you ain't got nowhere to go, it's better than being outside, better than being in the shelter. And they said it use[d] to be really bad. I wasn't [there] living back when it was really bad, it was bad enough then." Rochelle explained how the long waiting list and lottery system limited her choices, leaving her to deal with an unintended form of stigma attached to participating in state programs and a sense of powerlessness in dealing with the state. When she complained, the housing authority sent technicians who never resolved the underlying problems, adding to her distress.

Housing assistance programs can also force individuals and families into unsafe living con-ditions reminiscent of jails and prisons. Rochelle, when discussing her transition into her current home, pointed out that the apartment inflicted several serious psychological costs. Structurally, the walls were made of bulletproof cinder blocks, similar to carceral spaces such as jails and prisons. She shared, "You have to live in the projects to have brick walls, you could have bricks outside your home which helps, because it will help ricochet [the bullets away]." When walls inside the home look and feel like prison walls, it becomes difficult for women to see their home as comfortable and secure.

Rochelle was also concerned about the violence outside: "I told my kids you know, stay off the floor, stuff like that . . . [and] y'all stay behind the brick wall [because] they protect you from bullets." In addition to dealing with rodents and contaminated water, the awareness that her family was unsafe because of numerous shootings nearby took a significant psychological toll. Rochelle related her desire to stay only two years, and "then we get a mobile voucher that we take anywhere in the United States." Yet she worried that wherever they went, this voucher would mark her family as "project people, because they know where we come from." Criminal records, socioeconomic status, gender, and race all converged to create a profoundly burdensome psychological toll on those seeking assistance from the state and, in many cases, highlighted that "moving to opportunity" may not offer the relief some policymakers had envisioned.

DISCUSSION AND CONCLUSION

In this study, we sought to understand whether and how administrative burdens impacted women's experiences with racialized social systems. To examine and refine our theory, we conducted a team-based approach to analyzing a stratified random sample of sixty-one qualitative interviews with women who participated in the American Voices Project. Our findings draw attention to the relationship between state services and the intersectional reproduction of inequality. Overall, the distribution of public benefits, especially in the context of the emerging COVID-19 pandemic, revealed that respondents' ability to secure resources for

themselves and their families was patterned by race, class, gender, age, and ability dynamics. We unpack these patterns in two domains. First, we found that caregiving stress was exacerbated by varying levels of accessibility to medical treatments, arbitrarily restrictive regulations governing insurance coverage eligibility, and out-of-pocket prescription costs. Second, we found that bureaucratic processes governing housing assistance transformed the home into a place of disciplinary surveillance reminiscent of jails and prisons for women of color.

These findings illustrate that intersectional burdens are likely a key driver of cumulative advantage and disadvantage when accessing and using state benefits. Importantly, respondents emphasized how they faced these bureaucratic processes, even when compliance costs such as eligibility requirements shifted around them. Our research findings align with studies uncovering the mechanisms behind administrative burdens, especially those demonstrating the relationship between compliance and psychological costs (Baekgaard et al. 2021) and how individuals experience barriers to public assistance programs (Camillo 2021). Our findings concerning the unequal distribution of challenges in gaining access to resources also resonate with extant studies highlighting the material consequences of racialized legal status (Asad and Clair 2018) and the influential role of whiteness as a credential in the context of resource access within organizational systems (Ray 2019).

These findings on the intersectional nature of administrative burdens enhance the insights of several other articles in this volume. For example, Priya Fielding-Singh and her colleagues' (2024, this issue) findings provide further insight regarding caregiving as a driver of gendered racial inequality in the context of COVID-19 to our findings on intersectional health-care burdens. Max Besbris and his colleagues (2024, this issue) and Jessica Hardie and hers (2024) underscore the significance of processes around securing housing and extended kinship network resources. These studies might be read in conversation with our own to further illuminate the intersection of public resource distribution and private resource sharing. Kyle Fee, Sloane Kaiser, and Keith Wardrip (2024, this issue) also might be read as providing further insights on how the inequitable distribution of COVID-specific public assistance affects material outcomes pivotal for families' well-being and mobility over time.

Our study is not without limitations. For example, although we used income as a proxy for respondents' socioeconomic resources in our sample, we acknowledge that income is not the only class determinant relevant to respondents' exposure to administrative burdens. Wealth and educational attainment may both buffer against families' exposure to administrative burdens. Indeed, recent literature (Smith et al. 2023) documents that educational status may confer resources that enable families to activate "informal" safety net resources, which may in turn moderate exposure to administrative burdens.

Ultimately, this study highlights how racialized-classed-gendered interactions with the state structure people's risks, rewards, and recovery opportunities. Indeed, women in our sample experienced divergent and overlapping hardships based on their intersectional identities and social context (Crenshaw 1989; Collins 1990). Future research might extend our intersectional burdens framework in three ways. First, to examine the lives of other women—such as Native women, Asian women, and women living with disabilities—as they navigate bureaucratic processes to access the resources they need. In these analyses, we anticipate that time spent within these processes may differ across ethnoracial groups and that this unequal distribution of time may exacerbate group-level inequalities that correspond with agency and cumulative advantage or disadvantage across the life course. Second, future studies should quantitatively assess the frequency of intersectional burdens, a goal best suited for a survey instrument designed specifically for the task rather than a broader survey like AVP. Finally, although research has traditionally focused on micro-level experiences and macro-level policy design and implementation, we recommend shifting toward analyzing meso-level governance processes, administrative practices, and their impact on intersectional burdens. These steps will help

reveal the complexities of administrative burdens and provide guidance on shifting those burdens more toward agencies rather than the beneficiaries themselves.

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