

The Relation of Social Capital to Child Psychosocial Adjustment Difficulties: The Role of Positive Parenting and Neighborhood Dangerousness

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Substantial research attention has focused on the psychosocial adjustment problems of children and adolescents residing in disadvantaged neighborhoods. However, less attention has been directed to neighborhood factors within disadvantaged neighborhoods that may facilitate child psychosocial adjustment. An expanded model, assessing how social capital, neighborhood dangerousness, and positive parenting relate to child psychosocial adjustment difficulties, was estimated using structural equation modeling (Lisrel 8.3). Participants included 130 African American mothers and their children (mean age = 12.9 years) residing in inner city New Orleans, LA. The model examined 3 avenues through which social capital (e.g., support, neighborhood cohesion) may relate to fewer child psychosocial adjustment difficulties: a direct relation; through its relation to positive parenting; and through its relation to neighborhood dangerousness. Results indicate that social capital related to child psychosocial adjustment difficulties through positive parenting and neighborhood dangerousness, but not directly. Overall, the proposed model fit the observed data reasonably well. The results suggest that social capital in disadvantaged neighborhoods is important in indirectly facilitating child psychosocial adjustment and should be incorporated into assessment and intervention practices.

KEY WORDS: social capital; child adjustment; parenting.

The neighborhoods in which families live are an important and influential component of their environment. They often encompass many or all of the contexts within which families operate (Hughes, Furstenberg, & McDonald, 1998). In addition, neighborhoods provide the most proximal social context for families and, as such, they often mold the experiences of parents and children (Hughes et al., 1998) by outlining the resources and opportunities for families (e.g., schools, employment possibilities), as well as many of the risks and boundaries (e.g., dangerousness, insufficient public transportation).

Given the importance of neighborhoods, it is not surprising that many children residing in economically-disadvantaged neighborhoods experience difficulties (Brooks-Gunn, Duncan, & Aber, 1997; Sampson,

Raudenbush, & Earls, 1997). As Leventhal and Brooks-Gunn (2000) note, only in the past 20 years has research attention been directed at the effects of residing in poor neighborhoods. The majority of this work has examined links between neighborhood structural characteristics, such as socioeconomic status (SES) of residents, and child psychosocial adjustment and educational achievement (see Leventhal & Brooks-Gunn, 2000, for a review).

Unfortunately, studies of neighborhood effects rarely include an examination of family-level processes, such as parenting, that comprise the child's most immediate environment (Armistead, Forehand, Brody, & Magnen, 2002). Positive parenting, which is constituted by a warm and supportive parent-child relationship, parental monitoring of children's activities, and consistency in discipline and rule enforcement (Kotchick, 1999), has been shown to relate to a number of domains of child functioning, including decreases in internalizing and externalizing behavior problems (e.g., Baumrind, 1978; Fauber, Forehand, Thomas, & Wierson, 1990). Unfortunately, parents in disadvantaged

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and dangerous neighborhoods often exhibit decreased levels of such parenting (Klebanov, Brooks-Gunn, Chase-Lansdale, & Gordon, 1997; Simons, Johnson, Beaman, Conger, & Whitbeck, 1996) as parenting is a complex and challenging process when living in such environments. As a consequence, residence in an economically challenged and dangerous neighborhood may relate to child psychosocial adjustment problems not only directly, but also through its negative effect on positive parenting.

As noted, most research to date has focused on neighborhood factors that are detrimental for parenting. Currently there is a need to cultivate a better understanding of neighborhood factors that may facilitate positive parenting (Furstenberg, Cook, Eccles, Elder, & Sameroff, 1999; Seidman et al., 1998) and, in turn, lead to fewer child psychosocial adjustment problems. The purpose of the present study is to examine one such factor, available social capital, and its relation to positive parenting and child psychosocial adjustment problems.

Social capital is defined as social relationships that act as resources that allow individuals to implement goals and accomplish tasks that otherwise would not have been possible (Coleman, 1988; Sampson, 1992). Social capital is not comprised merely of the individuals involved in these relationships, but rather the dynamic action created by the formation of trust, sharing, and opportunities. This construction evolves from collective associations and participation with other individuals (Putnam, 1995). In general, social capital focuses on both the importance of support networks available to individuals as well as on neighborhoods operating at some level of cohesion and integration. Specifically, forms of social capital can include support from neighbors (e.g., in an emergency willingness to help with child care or provide a ride), informal social control (degree to which neighbors collectively monitor and supervise children), and neighborhood cohesion and trust (e.g., willingness of neighborhood to work together to solve problems).

In his ethnographic research, Furstenberg (1993) found that the availability of social capital bolstered the efforts of even parents who were only marginally skilled by providing a route for them to become informed of misbehavior and providing opportunities for discussion about how to handle that behavior. Although Furstenberg's research suggests the importance of social capital, further research is needed to confirm its role in effective parenting.

In addition to the potential importance of social capital in facilitating effective parenting, it may be equally important in its role in decreasing neighborhood danger. Communities that possess high levels of social capital typically have lower levels of community risks, particularly danger, violence, and crime (Leventhal & Brooks-Gunn,

2000). This effect on community violence is a result of increased informal social control and neighborhood cohesion, both of which are forms of social capital created by the individuals involved in the interconnected social networks. Reducing levels of neighborhood danger is critical as children who reside in neighborhoods characterized by a constellation of risks are susceptible to numerous problems (Berman, Kurtines, Silverman, & Serafani, 1996; Taylor, 1997).

In the current study, a model of child psychosocial adjustment for African American children residing in low-income neighborhoods is examined where social capital is hypothesized to relate to child psychosocial adjustment through three avenues: the indirect relation to child psychosocial adjustment problems through bolstering positive parenting and through decreasing neighborhood danger (Sampson et al., 1997) as well as a direct negative relation between social capital and adjustment problems (Furstenberg & Hughes, 1995; Sampson, 1992). The model to be tested is presented in Fig. 1.

The following hypotheses are tested. Higher levels of social capital will be associated with lower levels of child psychosocial adjustment problems. Social capital will be positively related to positive parenting, which, in turn, will be related to fewer child psychosocial adjustment problems. Higher levels of social capital also will relate to lower levels of neighborhood dangerousness, which, in turn, will be related to fewer child psychosocial adjustment difficulties. Neighborhood dangerousness will relate to lower levels of positive parenting, as parents residing in dangerous neighborhoods often utilize more controlling and harsh parenting practices (Leventhal & Brooks-Gunn, 2000).

METHOD

Participants

The participants were 130 African American mothers (mean age = 37.43 years) and one of their children (mean age = 12.96 years; 49% female) between the ages of 7 and 15 who resided in low-income neighborhoods in New Orleans, LA. Twenty percent of the mothers were married and 42%, 36%, and 22% of them had less than, equivalent to, or more than a high school education, respectively. The monthly mean family income was \$944.

Recruitment and Retention

Participants were recruited through public schools serving low-income neighborhoods. The sample was

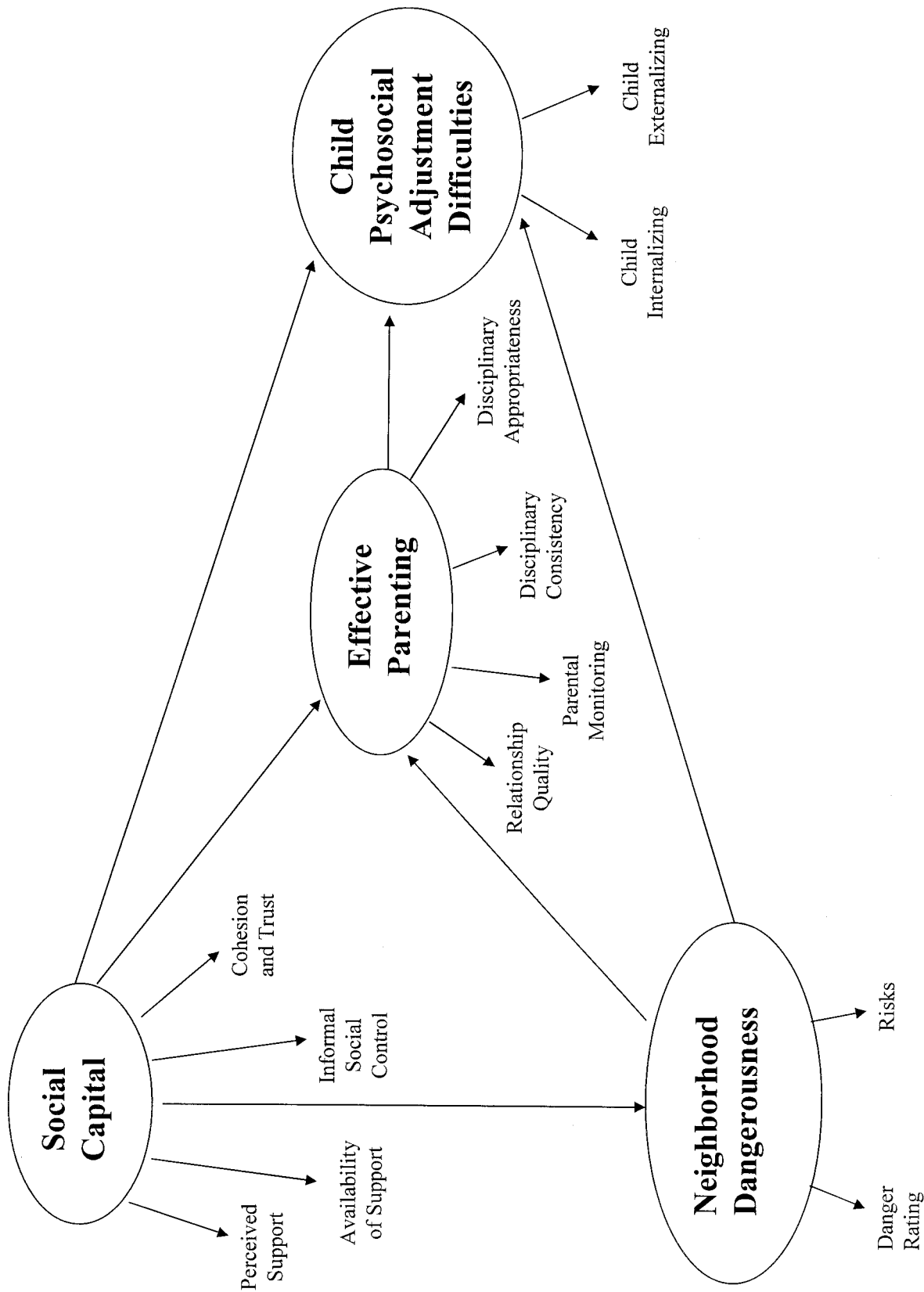


Fig. 1. The hypothetical model with latent and observed variables.

stratified based on school attended, gender of child, and age of child. Letters describing the study and inviting participation were sent home to 30 African American mothers randomly selected by personnel at each school. Mothers were asked to return a card indicating their interest in the project, resulting in a 94% return rate. Of the mothers who were selected for participation based on first return of their cards, 100% participated in the study.

All data were taken from the fourth assessment of the sample (approximately 4 years after the first assessment) when some of the key measures utilized in this study were added to the assessment package. The original sample consisted of 149 families. Twelve participants dropped out between the first and third assessment due to a move or to a refusal to participate. In order to increase the sample size, 34 additional families were recruited for the third assessment, resulting in a sample of 171. Five participants dropped out between the third and fourth assessment, resulting in a final sample of 166. Of those 166, 130 completed all measures in the fourth assessment and constituted the sample for this study. The participants in the current study were originally recruited to serve as a comparison sample to New Orleans families in which the mother was HIV infected (Forehand et al., 1998, 2002).

Interviewers and Interviewer Training

Interviewers consisted of clinical psychology doctoral candidate graduate students, a social work graduate student, and PhD sociologists and licensed clinical psychologists. All interviewers had extensive experience in interviewing and assessing adult and child individual and interpersonal psychosocial functioning and were thoroughly trained in the use of their respective instruments during the pilot phases of the project. The goals of training were ensuring cross-interviewer reliability and enhancing sensitivity to cultural and socioeconomic status differences.

Measures

Based on the goals of the current project, mother report was used for all measures for the following reasons. First, social capital is one of the primary constructs of interest. Child perception of social capital was not assessed due to the varying ages of children. Furthermore, in the literature on social capital, adult reporters are traditionally utilized (e.g., Sampson et al., 1997). Second, when mother and child reports were used jointly to assess latent

constructs, the measurement model would not converge. Therefore, to include both reporters in a latent construct in the structural model would result in the utilization of latent indicators that are not supported by the data. This inclusion would weaken the ability to interpret content effects of the model as they would be confounded with source effects (P. Horan, personal communication, November 17, 2000).

In order to utilize measures that were culturally sensitive and appropriate for the target population, a number of steps were undertaken, including conducting four focus groups with low-income, inner-city women. Each instrument utilized to assess the constructs examined was selected, in part, because these focus-group participants viewed it as culturally sensitive and, for child psychosocial adjustment, also age appropriate. The preliminary evaluation of each instrument completed by mother and child depended upon whether the instrument had been utilized with samples similar to the one in the current project. For instruments not used with similar samples, confirmatory factor analysis, with retention of items loading .40 and higher, was conducted to ensure that each scale was composed of a coherent set of items for this population. Subsequently an alpha coefficient was calculated for retained items. For instruments that have standardization data with samples similar to the current one, only an alpha coefficient was calculated. The present study utilizes structural equation modeling procedures to analyze the proposed theoretical relationships among four latent constructs: social capital, neighborhood dangerousness, positive parenting, and child psychosocial adjustment problems.

Social Capital

This construct is designed to assess mothers' perceptions of available social capital in the neighborhood. Four indicators, based on the forms of social capital delineated in the Introduction, were utilized to assess the construct: perceived support for work and parenting; availability of support; informal social control of children; and neighborhood social cohesion and trust.

Perceived support was assessed by the Neighborhood Support for Work and Parenting Scale, a scale developed by Brody (1996). The scale consists of nine items and is designed to assess the mother's perception of the degree of instrumental support in her neighborhood to provide assistance for her work and parenting endeavors. Items are rated on a 7-point Likert scale anchored by "Strongly disagree" and "Strongly agree." Exploratory factor analysis revealed a one-factor solution with seven of nine items being retained. The resulting alpha coefficient

was .89. Higher scores indicate higher levels of perceived support.

Availability of support was assessed by the Neighborhood Support subscale of the Social Support Scale (SSS), a self-report questionnaire based on an instrument used by Belle (1982) in a study of stress in the lives of single African American mothers. The SSS measures the extent to which a mother perceives that she personally receives emotional and instrumental support from their friends and neighbors. The Neighborhood Support subscale consists of four items, rated on a 4-point scale anchored by "Always very easy" and "Always very hard," that measure how available neighbors are to the mother for assistance. In addition, there is a fifth question that assesses the perceived quality of the contacts a mother has with her neighbors, with ratings ranging from "Very positive to "Very negative." All items were reverse-coded so that higher scores indicate more support from neighbors. As this scale has been used in previous studies with similar samples, only an alpha coefficient was calculated. The alpha coefficient of the Neighborhood Support subscale was .76.

Informal social control was assessed by three items taken from Sampson's (1992) Collective Efficacy Scale. These three items are part of the Informal Social Control subscale. Two original items that did not pertain to children were not included in the questionnaire as the goal was to assess social control behaviors specific to children. In particular, items assess the degree to which neighbors collectively are involved in supervising and monitoring children in the neighborhood. Items are rated on a 4-point Likert scale anchored by "Very likely" and "Very unlikely." A sample item is, "if some children were spray-painting graffiti on a building, how likely is it that your neighbors would do something about it?" As two items from the original subscale were not used, confirmatory factor analysis was conducted specifying one factor. Analyses revealed that the three items loaded onto one factor with an alpha coefficient of .85. Higher scores indicate more child-specific informal social control.

Neighborhood social cohesion and trust was assessed by the Neighborhood Questionnaire that consists of nine items based on the Social Cohesion and Trust subscale from Sampson's (1992) Collective Efficacy Scale. These items assess the degree of neighborhood cohesiveness and willingness to work together as a group to address neighborhood problems. Sample items include Items are rated on a 4-point Likert scale anchored by "Strongly agree" and "Strongly disagree." Six of the eight items were recoded so that higher scores indicate a more positive neighborhood environment. Confirmatory factor analyses yielded a one-factor solution with eight items. The resulting alpha coefficient was .62.

Neighborhood Dangerousness Construct

This construct is designed to capture mother's perceived level of dangerousness in the neighborhood in which she and her child reside. It consists of both specific risks present in communities and of the mother's overall perception of the danger present in her neighborhood. This construct was defined by two indicators.

Neighborhood danger was measured by a question that read, "How safe do you feel your neighborhood is?" and was answered using a 4-point Likert scale anchored by "Very safe" and "Not safe at all." Higher scores indicate that mothers perceive their neighborhood as less safe.

Neighborhood risks were based on risks examined in prior studies (e.g., Forehand et al., 2000) and interviews with community leaders. The risks were then refined and expanded based on pilot work with single-parent African American mothers and their children. Mothers were asked if each of nine risks was present in their neighborhood. For the current study, only risks related to dangerousness or violence (five of the nine items—e.g., presence of gangs, fighting, and shootings) were included. The alpha coefficient for the five items was .84. Higher scores indicate more neighborhood risks.

Positive Parenting Construct

Four measures of parenting were utilized to assess the construct of positive parenting: mother-child relationship quality, parental monitoring, and both consistency and appropriateness of parental disciplinary actions.

Relationship quality was assessed by the short form of the Interaction Behavior Questionnaire (IBQ; Prinz, Foster, Kent, & O'Leary, 1979). This form consists of the 20 items with the highest Phi coefficients and the highest item-total correlations among the 75 items in the original form. It correlates .96 with the long form. Items assess the quality of parent-child interactions. Questions are rated as true or false, and after reverse scoring, higher scores indicated better relationship quality. Adequate internal consistency and discriminant validity have been reported in the literature (Prinz et al., 1979). Confirmatory factor analysis, specifying one factor, resulted in 14 out of the 20 items being retained. The alpha coefficient for the IBQ was .85.

Parental monitoring of children's activities was assessed by the 26-item Monitoring and Control Questionnaire developed for use in this project. The Monitoring and Control (MC) scale is based on monitoring measure used by Patterson and Stouthamer-Loeber (1984). It measures how knowledgeable parents feel about different areas of their children's lives, as well as how much they try to

influence or control their children's lives in those same areas. Items are rated along a 4-point Likert type scale, ranging from (1) *never* to (4) *always*. Confirmatory factor analysis, specifying one factor, resulted in all 17 items being retained with an alpha coefficient of .91. Higher scores on the MC scale indicate higher levels of maternal monitoring.

Disciplinary consistency was assessed using the Laxness subscale of The Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993). The Parenting Scale is a 30-item scale originally designed to measure dysfunctional parenting in parents of young children. Each item consists of a parenting "mistake" which is paired with its more effective counterpart to form the anchors of a 7-point scale and response choices are preceded by a leading statement that clarifies the discipline encounter (e.g., "When my child misbehaves . . . I raise my voice or yell *or* I speak to my child calmly"). The effective or mistake anchor appears randomly on the left or the right throughout the scale. Respondents are asked to rate their own behavior for each item, with higher scores indicating more dysfunctional parenting. Arnold et al. (1993) provided information on the factor structure of the scale and reliability coefficients. Three subscales were factor analytically derived: Laxness (alpha = .83); Overreactivity (alpha = .82); and Verbosity (alpha = .63). The Laxness subscale assesses the consistency of parental discipline. The original subscale consisted of 11 items. However, because the proposed study utilized this scale with an older population than the original sample, the entire Parenting Scale was reanalyzed. Three factors emerged that closely corresponded to the original subscales presented by Arnold et al. (1993). The resulting Laxness subscale consisted of 10 of the 11 items that originally constituted the subscale. The alpha coefficient was .66. Items were reverse-scored so that higher scores indicated greater disciplinary consistency.

Disciplinary appropriateness was assessed using the Overreactivity subscale of The Parenting Scale (Arnold et al., 1993). The Overreactivity subscale assesses the degree to which parents engage in inappropriate displays of anger, meanness, and irritability when disciplining their children. The original subscale consisted of 10 items. The factor analysis with the current sample resulted in eight items constituting the Overreactivity subscale. The alpha coefficient was .67. Items were reverse-scored so that higher scores indicated more disciplinary appropriateness.

Child Psychological Adjustment Construct

Mother report on standardized instruments was utilized to assess two areas of child behavior problems: internalizing problems and externalizing problems. As these

two dimensions of child adjustment were highly related ($r = .69$), they were utilized as indicators of one construct.

Child internalizing was assessed by the Child Behavior Checklist (CBCL; Achenbach, 1991). The 113 items describing child problem behaviors are rated on a 3-point scale for the target child: 0 = *not true*; 1 = *sometimes or somewhat true*; or 2 = *very true or often true*. Broadband categories of externalizing and internalizing problems were calculated. Achenbach (1991) reports mean test-retest reliability of .87, as well as evidence for content and criterion-related validity with samples similar to the current one included in the standardization data. The alpha coefficient for the Internalizing Problem Score was .90 for the current sample. As recommended by Achenbach (1991), raw scores were converted to *T* scores (Mean = 50, *SD* = 10), which can range from 30 to 100 with higher scores indicating more internalizing problems.

Child externalizing was also assessed by the CBCL (Achenbach, 1991). Similar to the calculation of the Internalizing Problem score, the broadband externalizing problem score was calculated, and raw scores were converted to *T* scores (Mean = 50, *SD* = 10). The alpha coefficient for the Externalizing Problem Score was .93 for the current sample. Scores range from 30 to 100 with higher scores indicating more externalizing problems.

Procedure

In order to hold constant the impact that the child's attendance at school may have on interaction patterns between mother and child, all data collection sessions were conducted while the child's school was in session (e.g., not during summer or Christmas breaks). Each woman and her child were assessed at the child's school. When necessary, a taxicab was provided for transportation. Upon arrival, the mother read and signed a consent form and was reassured of confidentiality. Subsequently, the mother and child were separately administered an interview during which demographic information was obtained. The interview with the mother and child lasted approximately 1 hr and 0.5 hr, respectively. Participants received \$50 per dyad as compensation.

A second interview followed the first interview within a window of time from 2 days to 2 weeks. The purpose of this interview was to assess the psychosocial adjustment of the mother and child. Except for demographic information, all of the variables used in the current report are taken from the second interview. This psychosocial-focused interview lasted approximately 2 hr for mothers and 1 hr for children. Participants again received \$50 per dyad as compensation.

All material was administered orally to participants. In addition, cue cards were used in the second interview. These cue cards contained the descriptors (e.g., “not true,” “sometimes true,” “often true”), their corresponding numeric values (e.g., 0, 1, or 2), and pictorial representations of the descriptors (e.g., thermometers with various portions shaded).

Data Analyses

Structural equation modeling was used to examine the hypothesized relations because it provides an opportunity to estimate both the measurement and the structural model to determine the relations among latent variables without the confounding effects of measurement error. In essence, by using multiple indicators (measures) to estimate each construct, a more accurate measurement of constructs was achieved and the relationships among constructs was estimated more accurately. In the current study, two sets of analyses were performed. First, preliminary analyses consisting of correlations among demographic variables and the variables in the proposed model were performed using SPSS (8.0) for Windows. Second, the primary analyses consisted of estimating the proposed measurement and structural models. All model analyses were conducted using LISREL 8 (Joreskog & Sorbom, 1996) using the maximum likelihood method of estimation (ML). The ML method of estimation has been found to be quite robust against violations of normality (see West, Finch, & Curran, 1995). A one-tailed test alpha level of .05 was used to evaluate the significance of all factor loadings and path coefficients.

On the basis of the recommendations provided by Hoyle and Panter (1995), the following criteria are utilized in evaluating the fit of the measurement and structural models: (1) normal-theory weighted least squares chi-squares; (2) the Root Mean Square Error of Approximation (RMSEA; Steiger & Lind, 1980); (3) Incremental Index of Fit (IFI; Bollen, 1989); and (4) the Comparative Fit Index (CFI; Bentler & Bonett, 1980). For the chi-square, perfect fit would be indicated by a value of 0, and higher values indicate that the model is increasingly less similar to the observed covariance matrix. Both the chi-square and the RMSEA represent absolute fit indexes that test the degree to which the covariances specified by the free and fixed parameters in the model come close to matching the observed covariances from which the free parameters in the model were estimated. For the RMSEA, values less than .05 represent good fit, and values as high as .08 indicate reasonable errors of approximation in the population. In comparison to the absolute fit indexes, the

IFI and CFI represent incremental fit indexes that measure the proportionate improvement in fit by comparing the specified model with alternative models, such as the null model that specifies that all of the observed variables are unrelated. For these indicators, increasingly large values indicate that the hypothesized model better reproduces the observed covariances than an alternative model. A model that exactly reproduces the covariance matrix would have an incremental fit index of 1.0. Typically, a value $>.90$ indicates that the model acceptably fits the data (Hu & Bentler, 1995).

RESULTS

Preliminary Analyses

The correlations between all measured variables and three demographic variables, child age, mother's income, and mother's education, were examined. Correlations between all variables, means, and standard deviations are presented in Table I. As a number of these correlations were significant, the results of the hypothesized structural model will be compared with a model where social capital, neighborhood dangerousness, positive parenting, and child psychosocial adjustment problems are treated as endogenous variables and the demographic variables are treated as exogenous variables. The examination of this model provides an opportunity to determine if the inclusion of the demographic variables alters the relations between the model constructs in comparison to a model when demographic characteristics are not included.

Primary Analyses

Evaluation of the Measurement Model

Prior to estimating the structural model, a confirmatory factor analysis (CFA) model was estimated to determine whether the indicators selected to represent the latent constructs did so in a statistically reliable manner. The CFA model also examined the correlations among the latent constructs: neighborhood dangerousness, social capital, positive parenting, and child psychosocial adjustment problems. In the CFA model, the first observed variable for each latent factor was set to 1.0 to establish the metric. All factors were allowed to covary freely.

The measurement model demonstrated adequate fit according to the criteria delineated earlier: $\chi^2(48, N = 130) = 78.38, p > .05$; RMSEA = .07; IFI = .94; and CFI = .94. Measured variables achieved factor loadings

Table I. Means and Correlation Matrix for All Measured Variables ($N = 130$)

Measured variable	Mean	Correlation matrix																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
1. Risks present	2.44	—																
2. Danger rating	2.42	.53**	—															
3. Informal social control	8.63	-.36**	-.33**	—														
4. Neighborhood cohesion & trust	22.89	-.33**	-.41**	.50**	—													
5. Availability of support	14.29	-.09	-.31**	.31**	.55**	—												
6. Specific support	25.89	-.21*	-.46**	.44**	.57**	.66**	—											
7. Relationship quality	10.28	-.09	-.03	.05	.13	.15	.11	—										
8. Parental monitoring	58.12	.04	-.15	.15	.24**	.17*	.15	.38**	—									
9. Disciplinary consistency	43.54	.02	.09	-.02	.08	.12	.06	.43**	.31**	—								
10. Disciplinary appropriateness	37.07	-.07	-.10	.04	.20*	.08	.06	.42**	.36**	.30**	—							
11. Child internalizing	55.65	.22*	.06	-.10	-.08	-.14	-.21*	-.42**	-.19*	-.23**	-.22*	—						
12. Child externalizing	58.35	.25**	.17	-.15	-.16	-.16	-.21*	-.56**	-.29**	-.24**	-.35**	.69**	—					
13. Child age	12.80	-.04	.04	-.01	-.09	-.12	-.02	-.21*	-.15	-.02	-.19*	-.01	.09	—				
14. Monthly Income	943.65	-.33*	-.11	.10	.08	.04	.09	.14	.04	-.02	.16	-.20*	-.03	.06	—			
15. Mother education	2.21	-.09	-.11	.06	.03	.07	.06	.04	.08	.03	.02	-.29**	-.17	-.12	.24**	—		

Notes. Values rounded to 2 decimal places.

* $p < .05$. ** $p < .01$.

that were substantial and statistically significant in the expected directions.

Evaluation of the Structural Model

Having determined that the measurement model fit the data as specified, the factor structures confirmed in the evaluation of the measurement model were used in the structural model analysis. The variance of the exogenous and endogenous factors was scaled by setting the first indicator for each latent factor to 1.0. Paths were specified to reflect the hypotheses of the study. However, as both availability of support and perceived support represent social support forms of social capital, the error variance between these two indicators was estimated.

The results of the structural model are presented in Fig. 2. The specified model demonstrated good fit: $\chi^2(47, N = 130) = 64.18, p = .048$; RMSEA = .053; IFI = .96; and CFI = .96. The model explained 47% of the variance in the endogenous child adjustment problems construct. It was hypothesized that social capital would be associated with positive parenting, and that positive parenting would, in turn, be negatively associated with child psychosocial adjustment problems. The results of the LISREL analysis were consistent with these hypotheses. Social capital ($\gamma = .33, t = 1.87$) was positively associated with positive parenting, which was negatively associated with child psychosocial adjustment problems ($\beta = -.65, t = 5.83$). Social capital was

also related to lower levels of neighborhood danger ($\gamma = -.64, t = 5.02$), which was associated with child psychosocial adjustment problems ($\beta = .23, t = 1.70$). Counter to the hypotheses, the direct relation between social capital and child psychosocial adjustment problems was not significant ($\gamma = .07, t = .52$), nor was the relation between neighborhood danger and positive parenting ($\beta = .14, t = .80$).

Analyses With Demographic Controls

As previously mentioned, bivariate correlational analyses among demographic variables and all observed variables yielded several significant correlations (see Table I). In order to determine if the relations among the latent variables in the structural model would be altered with the inclusion of these demographic variables, the model latent construct were treated as endogenous variables, and the demographic variables were treated as perfectly measured exogenous variables. Analyses revealed that child age negatively related to positive parenting, mother's income related positively to positive parenting and negatively to child psychosocial adjustment problems, and mother's education related negatively to child psychosocial adjustment problems. However, the significant paths in the structural model remained significant with the inclusion of these demographic variables, indicating that social capital is related to child psychosocial adjustment even with control variables included.

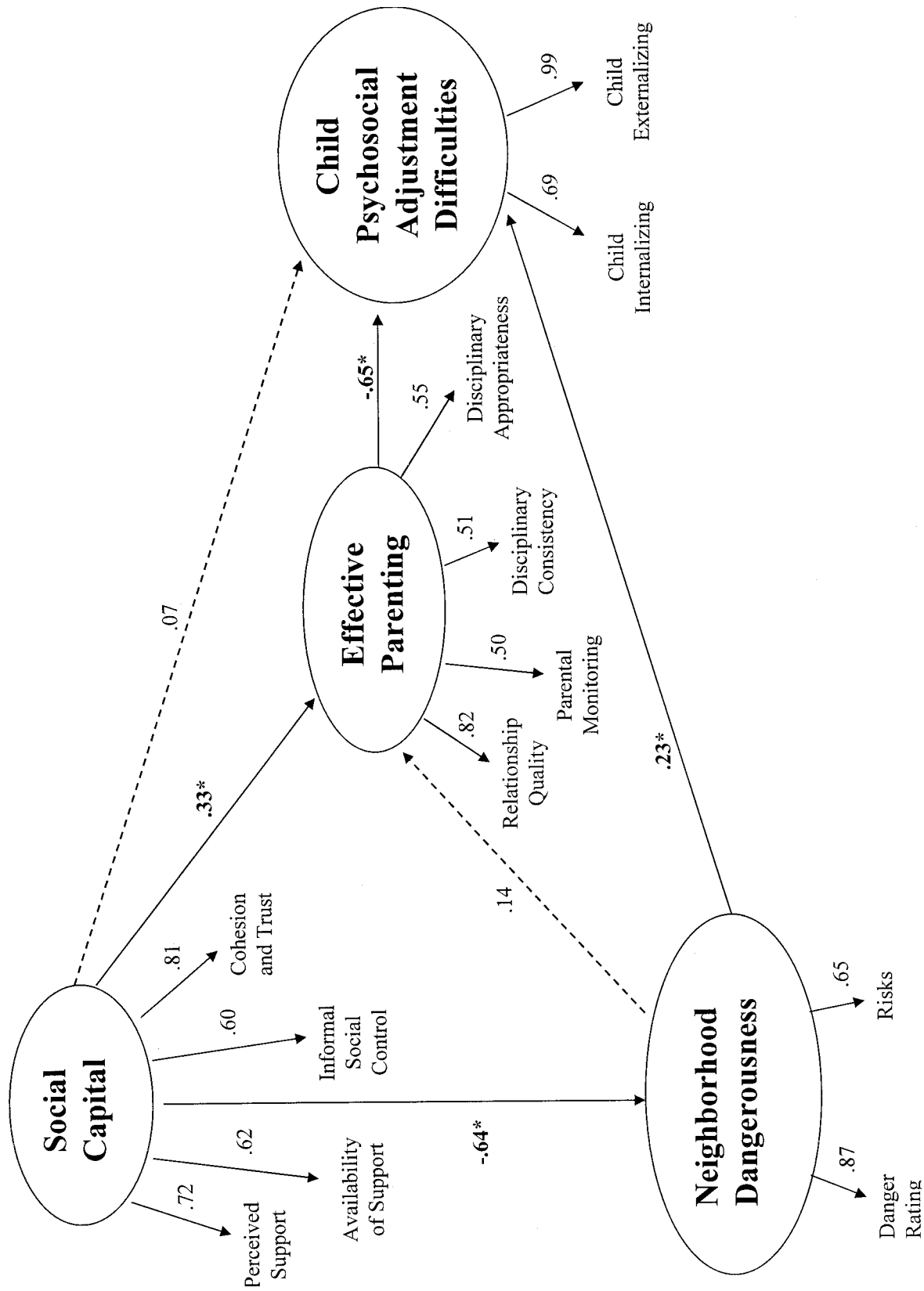


Fig. 2. The structural model. Parameter estimates shown are standardized values. Values significant at $p < .05$ are in bold.

Analyses With Complete Sample

The structural model also was examined using all 166 participants to determine if those participants with missing data differed in any significant way from the ones with complete data. In order to examine the hypothesized model using all participants, pairwise deletion, as opposed to listwise deletion, was employed when determining the sample covariance matrix. Using pairwise deletion maximizes the number of participants for computing each variance and covariance, but results in a covariance matrix where the sample size varies for each value computed. Because of this limitation, pairwise deletion cannot be used to determine the fit of a proposed model, but it provides a way to compare the relations in the hypothesized model with the entire sample and with the study sample (K. Hagtvet, personal communication, March 19, 2001). Analyses revealed that the relations among the latent variables were similar to those in the structural model (i.e., significant paths remained significant and insignificant paths remained insignificant).

DISCUSSION

The purpose of the present study was to examine the relation of social capital to child psychosocial adjustment problems. It was hypothesized that higher levels of social capital would relate to lower levels of child psychosocial adjustment problems (i.e., fewer internalizing and externalizing symptoms) in three ways: (1) through a direct negative association; (2) through its positive relation to positive parenting, which, in turn, would relate to fewer child psychosocial adjustment problems; and (3) through its negative relation to neighborhood danger, which, in turn, negatively relates to positive parenting and positively relates to child psychosocial adjustment problems. Thus, the effect of social capital on child psychosocial adjustment problems was expected to operate both directly and through its impact on other constructs: positive parenting and neighborhood danger.

The result indicate that, overall, the proposed model provides a reasonable fit for the data and that two of the three proposed pathways were significant. Social capital did not relate directly to child psychosocial adjustment problems as was hypothesized; it operated through positive parenting and neighborhood danger. These findings suggest that mothers who have access to higher levels of social capital are more successful in their efforts to engage in positive parenting behaviors that, in turn, relate to lower levels of child psychosocial adjustment problems. Social capital provides further benefits for children in that

neighborhoods with high levels of this resource are typically less dangerous, thereby lessening the link between danger and child psychosocial adjustment problems.

In the current model, both positive parenting and neighborhood dangerousness related to child psychosocial adjustment problems in the expected directions, which supports previous findings in the literature (e.g., Baumrind, 1978). The findings in the current study are particularly important for children residing in disadvantaged neighborhoods, as the combination of behaviors involved in positive parenting may serve as a buffer from environmental stress. However, as previously mentioned, children residing in disadvantaged neighborhoods are less likely to experience high levels of positive parenting, due to the numerous stressors with which parents must cope (Simons et al., 1996). Programs designed to build social capital in disadvantaged neighborhoods may offer one way to increase the prevalence of positive parenting in an environment in which it is needed.

The findings in the current study also support prior research indicating that residence in a dangerous neighborhood is related to both internalizing and externalizing in children and adolescents (e.g., Richters & Martinez, 1993). Disadvantaged neighborhoods are often dangerous, and children living in them are frequently victims of physical and emotional trauma as a result of exposure to violence (DuRant, Cadenhead, Pendergrast, Slavens, & Linder, 1994). As social capital relates to lower levels of neighborhood violence, building this resource would not only support positive parenting, but would potentially decrease the levels of neighborhood dangerousness with which children residing in disadvantaged neighborhoods have to contend.

Contrary to some of the available literature, neighborhood dangerousness did not relate to lower levels of positive parenting. Previous research has demonstrated that parents residing in neighborhoods characterized by high levels of danger are likely to be more controlling, harsher, and less warm with their children (e. g., Furstenberg, 1993). Lack of a significant finding in the current study may result from one of two possibilities. First, the limited sample size in the current project may have hindered the discovery of some associations that might have been more readily apparent with the use of a larger sample size. Second, the relation between neighborhood danger and parenting behavior may be more complex than the relation proposed here (i.e., increases in neighborhood danger are associated with increases in positive parenting), and thus could not be detected in the current model. Furstenberg et al. (1999) have suggested that family management techniques, which include monitoring and discipline, are determined by the interaction of family-level resources, such

as social capital, and neighborhood characteristics. They state that parents may select their strategies for raising children based on an understanding of their resources and what their neighborhood environment requires. Although it is unlikely that parents intentionally adjust the relationship warmth component of the positive parenting construct proposed in the model, it is likely that they may alter their level of monitoring and discipline depending on the resources that they have available and the dangerousness of the environment in which they live. If parenting is indeed determined by this interaction, then the simple linear relation proposed in the current model would not be adequate.

Taken together, the results of the current study provide data that speak to the considerable challenges to psychosocial adjustment for children living in disadvantaged neighborhoods with low levels of social capital. According to social disorganization theory, disadvantaged communities often relay their negative effects on children and families through their association with decreased ability for neighborhood residents to act together to realize goals of socializing children and providing a safe environment (Wilson, 1987). In their study, Furstenberg et al. (1999) noted that residence in a disadvantaged neighborhood with high levels of dangerousness rarely served to ignite residents into organizing community members with the goal of addressing or uniting against the violence (i.e., building social capital). Although parents themselves may be unlikely to initiate interactions that would lead to the development of social capital (Furstenberg et al., 1999), community development programs in neighborhoods that provide opportunities for residents to meet each other and interact in a positive way would provide an impetus for the development of social capital (Brown & Richman, 1997).

Unfortunately, while a significant body of research attests to the positive benefits of social capital for families and children (Furstenberg et al., 1999; Sampson & Groves, 1989), there is almost no research on methods of increasing social capital in neighborhoods (Brown & Richman, 1997). Currently, however, initiatives are underway that seek to build social capital through increasing opportunities for intergenerational relationships, providing opportunities for residents to have a voice in neighborhood decisions, and increasing overall social interaction (see Brown & Richman, 1997, for a review). Projects that contribute to our knowledge of how social capital can be developed in neighborhoods may lead to viable prevention and intervention programs for children at risk for psychosocial adjustment problems. If programs are successful in building social capital, then its positive effects may begin to mitigate some of the challenges faced by children residing in disadvantaged neighborhoods.

The present study has several limitations worth noting. First, although the current sample size provides enough cases to support the number of parameters estimated in the model, it may have restricted the capacity to find statistically significant parameters in both the measurement and the structural model. The size of the sample also hindered the ability to examine ways that social capital may operate differently for different children and families (e.g., gender differences). Second, the current study utilized only mother report on measured variables. The decision to use only mother report allowed the interpretation of relations between latent variables to represent only content effects as opposed to attempting to tease apart content and source effects, but increased the bias due to common method variance, social desirability responding, and biased reporting. The design would be significantly enhanced by the use of objective indicators, such as observational data regarding parenting behavior or police reports of crime in neighborhoods, or other reporters. For example, fathers could have served as another source of information. Unfortunately, mothers were married in only 20% of the families and fathers were typically not available to serve as an informant. Third, a general construct of child psychosocial adjustment difficulties, constituted by the broad band measures of child internalizing and externalizing problems, was utilized. Different results may have been obtained if more narrowly defined constructs (e.g., drug use, school nonattendance) or indicators of more severe problems (e.g., arrest record) had been employed. Fourth, the proposed model is not intended to be exhaustive. Other models of child psychosocial adjustment may result in similar findings. Fifth, the data are cross-sectional; therefore, although we have imposed directionality in our model (e.g., social capital \rightarrow effective parenting), it is plausible that the direction of effect is different than proposed and tested. Sixth, it is important to note that the mean scores on the two measures of child psychosocial adjustment difficulties (externalizing problems = 58.35; internalizing problems = 55.65) were above the standardized mean (mean = 50, $SD = 10$) but below the borderline clinical cut-off (score of 60). The mean scores in the current study are not surprising as the sample was not a clinical one but rather one that was drawn from a disadvantaged community. The current findings would be enhanced by replication with a clinical sample.

Even with the limitations denoted above, the current study contributes significantly to the existing literature. First, it addresses the importance of a broad-based assessment: community factors, such as social capital and neighborhood dangerousness, and family factors, namely parenting, both need to be assessed to explain child psychosocial adjustment problems. The hypothesized model

is rooted in a framework that considers the impact of not only the child's immediate family context, but also the broader context of the neighborhood in that it has the potential to influence many, if not all, of the systems postulated in Bronfenbrenner's developmental-ecological model (1979). Second, many studies of neighborhood factors only focus on negative aspects of communities. In contrast, the current study focuses on a positive neighborhood factor and how it may promote positive influences in a child's life (i.e., positive parenting) and the decreased presence of neighborhood danger. Third, many of the studies examining neighborhood effects focus on young children or late adolescents (Leventhal & Brooks-Gunn, 2000). The present study examines children in late childhood to middle adolescence, thus contributing to our understanding of neighborhood effects on their psychosocial adjustment.

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