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The Role of Community Risks and Resources in the Psychosocial Adjustment of At-Risk Children: An Examination Across Two Community Contexts and Two Informants

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Relative to the attention given to the family, the larger environmental context in which children live has received little attention. This study examined 277 African American children from single-parent families living in two community contexts: rural and urban. Resources and risks within each community were compared across communities. Furthermore, the relations of community, community environment (a resource-risk index), and the interaction of these two variables to child psychosocial adjustment were examined. Finally, the role of informant (mother or child) was ex-

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amined. The results indicated that the mothers and children from the urban community reported more risks than those from the rural community. The community environment, but not community (rural vs. urban), related consistently to child psychosocial adjustment but only when the same informant (mother or child) reported both the resource-risk index and child psychosocial adjustment. Community did not qualify this relationship. Implications for prevention and intervention programs are considered.

Over 15 years ago, Griest and Wells (1983) stressed to behavior therapists the importance of attending to the larger environmental context when studying and treating children's psychosocial adjustment. Nevertheless, most research has continued to focus on variables most proximal to the child, primarily the family. For example, in a recent review of prevention programs, Durlak (1998) identified community-level variables (e.g., impoverished neighborhoods, social norms) as being related to child adjustment difficulties; however, in contrast to family variables, these variables were not noted as receiving much research attention. Although family variables account for substantial variance in child psychosocial adjustment, sociologists and developmental psychologists have demonstrated that community-level variables should not be ignored (for reviews, see Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993; Furstenberg & Hughes, 1997). Unfortunately, as Brodsky (1999, p. 158) recently noted, "often, policy and programs intervene at the individual level as if families lived in a vacuum, neglecting resources and stressors at the community and societal level."

The community contexts in which children live can vary substantially. Rural and urban environments potentially represent two end-points of the community context spectrum. Within both of these two contexts, a subgroup of families, African American children living in single-parent households, have been identified as being at risk for psychosocial adjustment difficulties (e.g., Cowart & Smith, 1983; Jenkins & Bell, 1994; Orthner, 1986). As research indicates that African American mother-headed families are not likely to escape poor neighborhoods (South & Crowder, 1998), the children of these families may experience sustained exposure to community risks and, in addition, encounter few community resources to combat difficult living conditions.

Two studies have examined children living in rural and urban communities; however, neither focused on African American children from single-parent households. In a comparison of children from inner-city London and those living in rural or small towns on the Isle of Wright, higher rates of child psychosocial difficulties, based primarily on parent report, were found in the urban community (Quinton, 1980; Rutter, 1981). However, the two contexts were not equivalent on a measure of community risks: Families in the urban environment experienced more risks than those in the rural environment. When families were matched on community risks, differences in child psychosocial adjustment disappeared. More recently, Hope, Bierman, and The Conduct Problems Prevention Research Group (1998) contrasted children from several urban and rural communities in the United States. The chil-

dren from the two community contexts did not differ on parental ratings of psychosocial adjustment difficulties. Neither community risks nor resources were examined.

The findings from these two studies provide an inconsistent picture about the relation of the rural-urban environment and child psychosocial adjustment difficulties. Furthermore, based on the United Kingdom study (Quinton, 1980; Rutter, 1981), community risks may play a role when differences do emerge across urban and rural settings. Other research (e.g., Seidman et al., 1998) also has demonstrated the prominent role that community risks can play in child adjustment. Most research examining community influences on children have compared advantaged and disadvantaged neighborhoods (see Brooks-Gunn, Duncan, & Aber, 1997, for reviews). In contrast, research has not considered disadvantaged communities in two contexts such as rural and urban settings. In order to design effective prevention and intervention studies in environments that present substantial challenges to children, research is needed that both delineates the community risks and resources inherent in these environments and examines whether these risks and resources operate similarly across the environments. If community variables operate differently in the environments, then prevention and intervention programs will need to be contextualized to fit the environment of the individual. Disadvantaged rural and urban environments offer an excellent testing ground for examining community risks and resources.

Previous research (e.g., Seidman et al., 1998) has found that perceptions of risks and resources are more strongly related to child psychosocial adjustment difficulties than are structural indicators of the community (e.g., census tract level data). Furthermore, the importance of assessing the perspectives of multiple informants has been emphasized in the literature (e.g., Achenbach, McConaughy, & Howell, 1987). Each individual brings her or his own unique experiences and perceptions as an informant (e.g., Burton, Price-Spratlen, & Spenser, 1997); therefore, to best capture relationships between community variables and child adjustment, multiple perspectives are beneficial. Thus, in this study, we examine both mother perceptions and child perceptions of community risks and resources, as well as mother report and child report of psychosocial adjustment. Whether similar relations emerge between community environment and child adjustment when various combinations of mother and child serve as informants for these two sets of variables has not been examined.

The literature indicates that not only the reporter but the affectivity of the reporter can influence findings. Specifically, depressive symptoms are associated with cognitive bias in recall and distortions in perceptions of an informant (Haaga, Dyck, & Ernst, 1991). For example, Ferguson, Lynskey, and Horwood (1993) found that maternal depressive symptoms were associated with mother overreporting of child behavior problems. Thus, when studying the role of informant, it is important to consider any bias in reporting that may result from depressive symptoms.

The purpose of this study was sixfold. First, we compare the risks infringing upon, as well as the resources available to, African American children living in single-parent families in rural and urban communities. We expect that urban mothers and children will report more community risks and more available community resources than rural mothers and children. As Seidman et al. (1998) found, some communities can have high levels of both risks and resources, and we hypothesize that an urban environment may provide both. Second, we compare children living in these two community contexts on each of four domains of mother-reported and child-reported psychosocial adjustment: externalizing problems, internalizing problems, prosocial competence, and cognitive competence. Based on Rutter (1981) and Hope et al. (1998), we hypothesize that a consistent relationship between community (i.e., rural-urban) and the four domains of child adjustment will not emerge; however, where differences do emerge, we expect that children in urban settings will manifest more difficulties. Furthermore, based on the existing literature (e.g., Connell & Halpern-Felsher, 1997; Seidman et al.), we expect difficulties to emerge primarily in the domains of externalizing problems and cognitive competence. Third, in contrast to the hypothesized weak or inconsistent findings for community, we expect that an index of community resources and risks, labeled as community environment, will relate to child psychosocial adjustment: As resources outweigh risks, adjustment difficulties will diminish.

Fourth, we examine the role of community (rural and urban) in moderating the relationship between community environment and child psychosocial adjustment—that is, whether a similar or different relationship exists between community environment and child adjustment in rural and urban settings. As there is no literature to guide us in offering a hypothesis, we view these analyses as exploratory. Fifth, we examine whether our findings are dependent on the reporter of the community environment and the reporter of child psychosocial adjustment. Mothers and children likely will not perceive the environment identically. Additionally, previous research indicates they do not perceive child adjustment similarly (e.g., Achenbach et al., 1987). Thus, we expect stronger associations when the same individual reports both community environment and child adjustment. Finally, we examine if significant relationships between the independent and dependent variables continue to exist once depressive symptoms of the reporter are taken into account. We hypothesize that significant relationships will continue to exist.

Method

Participants

The participants were 136 and 141 children and their single-parent African American mothers from a rural and urban environment, respectively. The rural environment consisted of several counties in Georgia with populations under 7,500. The urban environment was inner-city New Orleans. The city of

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF RURAL AND URBAN SAMPLES

Variable	Rural *M* or %	*SD*	Urban *M* or %	*SD*	*F*	χ^2
Child						
Age (yrs.)	11.08	1.83	11.60	1.75	5.67*	
% Female	49%		51%			.09
Mother						
Age	32.01	6.25	36.33	6.0	24.12**	
Education						1.97
Less than high school	38%		45%			
High school or GED	41%		32%			
More than high school	21%		23%			
Family[a]						
Difficulty paying bills each month	22%		30%			2.30
Receives public assistance	97%		96%			.69

[a] Proxies for family socioeconomic status.
* $p < .05$. ** $p < .01$.

New Orleans has a population of approximately .5 million people and the New Orleans metropolitan area has a population of approximately 1.3 million people (Louisiana State Census Data Center, 1999). The exposure to violence (e.g., murder rate, children who report seeing someone shot) and demographic characteristics of residents (e.g., percent ethnic minority, median household income) of inner-city New Orleans resemble those of other cities. All mothers had a child who was between the ages of 7 and 15 (mean age = 11 yrs.). Table 1 presents the demographic characteristics of the two groups.

The two samples initially were recruited as a part of two independent projects being conducted by two separate sets of investigators. Measures were independently selected for use in each project and each sample was assessed once per year during the next 2 years. The similarity of the two samples led the two sets of investigators to conclude that the rural and urban samples could be combined to examine questions related to community and risks and resources within those communities.

For both samples, the majority of the data for the current study represents the third assessment. Identical measures (e.g., risk and resources, competence, behavior difficulties) were inserted in this assessment of the two samples in order to allow for comparisons across the samples.

The rural sample originally consisted of 161 single-parent African American families. Twenty of these were married and, therefore, were excluded from the sample. Forty-nine dropped out between the first and third assessment because of moving or refusal to participate. In order to increase the size of the sample, 44 additional single-parent families were recruited for the current assessment, resulting in a sample of 136.

In the urban sample, the original sample consisted of 149 families. Thirty-two of these were married and, therefore, were excluded from the sample. Eleven of the remaining 117 dropped out between the first and third assessment because of moving or refusing to participate. In order to increase the sample size, 35 additional single-parent families were recruited for the current assessment, resulting in a sample of 141.

Measures

Demographic information. Mothers completed a demographic measure that provided information about themselves, their children, and their families.

Mother depressive symptoms. The Depression subscale of the Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982) was administered. The BSI is a 53-item inventory that was developed as a global measure of psychological symptomatology. Adequate reliability and validity data have been presented by the investigators who developed the scale (Derogatis, Rickels, & Rock, 1976; Kremer, Atkinson, & Ignelzi, 1981) and by others (Morlan & Tan, 1998; Piersma, Boes, & Reaume, 1994). The internal consistency and test-retest reliability of the Depression subscale have been shown to be adequate and to have adequate discriminant and convergent validity (Morlan & Tan; Piersma et al.). Each item was rated on a 4-point Likert scale ranging from 0 (*not at all*) to 3 (*extremely*). This scale represented a modification of the standard BSI, on which individuals rate the items on a 5-point Likert scale. The modification resulted from focus group testing which suggested that, with oral administration of the instrument, a 4-point Likert scale was easier to complete than a 5-point Likert scale. Additional modifications included minor word and format changes to increase simplicity of verbal administration and comprehensibility. A mean score of the Depression subscale, ranging from 0 to 3, was utilized in analyses. The alpha coefficient for the current sample was .82.

Community resources. Potential community resources (e.g., library, police station, outdoor parks, health center) were generated by the investigators examining the Yellow Pages of phone books and talking with community leaders. Subsequently, the list was expanded and refined by pilot testing with single-parent African American mothers and their children. Mothers in the current study were asked if each of 15 resources was available in their community. Children were asked if each of 8 resources, which directly pertained to youth activities, was available in their community. The alpha coefficient for mothers and children was .90 and .77, respectively.

Community risks. The risks (gangs, drug use/dealing, dirty, crowded) that were present in communities were developed based on risks examined in prior studies (e.g., Miller, Forehand, & Kotchick, 2000; Rutter, 1981) 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. Both mothers and children in the current sample were asked if each of nine risks was present in the community. The alpha coefficient for mothers and children was .89 and .84, respectively.

The nine risks and their definitions (in parentheses) were as follows: neighborhood dirty (streets and yards are littered with trash); neighborhood noise (noises, such as music and people shouting, often occur); gangs (groups of individuals, who often carry weapons, roam the streets); physical fighting (individuals or gangs fight in neighborhood); shootings and/or knifings (individuals are injured in fights that involve use of guns and knives); people being killed (people are killed in fights or through the use of guns or knives); drug use/dealing (drugs are sold and used by many people in neighborhood); poor housing conditions (many houses and apartments in neighborhood are in poor condition [e.g., dirty, leak, insect infested]); and crowded, no privacy (many people in neighborhood live in houses or apartments that have a lot of people in a few rooms).

Child psychosocial adjustment. Instrument selection consisted of several steps. These included selecting constructs and discussing and refining them within focus groups of African American women.

Mother and child reports on standardized instruments were used to assess four domains of child psychosocial adjustment: externalizing problems, internalizing problems, cognitive competence, and prosocial competence. The preliminary evaluation of each instrument completed by the mother and child in each of these four domains depended on whether the instrument had been used with samples similar to the one studied in this report. For instruments not used with similar samples, confirmatory factor analysis, with retention of items loading .40 and higher, was conducted. Subsequently, an alpha coefficient for retained items was calculated. For instruments with standardization data with samples similar to the current one, only an alpha coefficient was calculated.

Externalizing and internalizing behavior problems. The mother completed the Child Behavior Checklist (CBCL: Achenbach, 1991a). 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*), and 2 (*very or often true*). Broadband categories of externalizing and internalizing problems were examined. Achenbach has reported mean test-retest reliability of .87, as well as evidence for content and criterion-related validity with samples similar to the current one. The alpha coefficients for our sample were .93 and .90 for externalizing and internalizing problems, respectively. As recommended by Achenbach, raw scores were converted to T scores ($M = 50$, $SD = 10$), which could range from 30 to 100, with higher scores indicating more behavior problems.

The child completed the Aggressive Behavior subscale from the Youth Self-Report of the CBCL (Achenbach, 1991b) as a self-report indicator of externalizing problems. This subscale, selected because it assesses the types of externalizing problems typically displayed by 6- to 11-year-old children, has acceptable reliability and validity data (Achenbach); however, it was not standardized with 6- to 11-year-old children. Consequently, we initially conducted a confirmatory factor analysis, specifying one factor, and retained all

19 items. The alpha coefficient was .87. Scores could range from 0 to 38, with high scores indicating higher levels of externalizing problems.

The child completed the Child Depression Inventory (CDI: Kovacs, 1981) as a self-report indicator of internalizing problems. The CDI consists of 27 items, each rated on a 3-point scale. Standardization data are available for children ranging in age from 7 to 17 years. A mean score of 9 ($SD = 7$) has been reported across various samples (Finch, Saylor, & Edwards, 1985; Fitzpatrick, 1993; Kovacs). The alpha coefficient for our sample was .76. Scores could range from 0 to 54, with higher scores indicating more depression.

Child social and cognitive competence. The Perceived Competence Scale for Children (PCSC; Harter, 1982) and the Parent's Rating Scale of Child's Actual Competence (PRS; Harter) were administered to children and mothers, respectively, to assess child and parent perception of child competence (e.g., cognitive and social competence). The PCSC assesses a child's perception of her or his competence in several areas, whereas the PRS assesses parents' perceptions of their children's competence in the same areas. Two subscales of each instrument were of interest: Cognitive Competence and Social Competence. Internal consistency of the subscales ranged from .93 to .96, and test-retest reliability across 3 months in one sample ranged from .70 to .87 (Harter).

Because the PCSC and PRS have not been used with samples similar to the one in the present study, a confirmatory factor analysis, specifying one factor, was performed on the child-reported PCSC Cognitive subscale and on the mother-reported PRS Cognitive subscale. Six of the seven items of the PCSC Cognitive subscale and all seven items of the PRS Cognitive subscale were retained. The alpha coefficients were .59 for the PCSC and .81 for the PRS. Scores on the PRS and the PCSC could range from 6 to 24 and from 7 to 28, respectively, with higher scores indicating more cognitive competence.

Social competence was assessed by mother and child reports on the Social Competence subscale of the PCSC and PRS, respectively. Confirmatory factor analysis, specifying one factor, resulted in five of seven items being retained for both the PCSC and the PRS. Alpha coefficients were .67 for the PCSC and .63 for the PRS. Scores on the PRS and PCSC could range from 5 to 20, with higher scores indicating more competence.

Procedure

In the rural sample at the first assessment, a staff member contacted African American community leaders, such as teachers, and explained the project to them. The community leaders then contacted prospective participant families and informed them about the purpose of the project. The community contact gave the names of families who expressed interest in the project to a research staff member who contacted the families. Similar procedures were followed at the time of the third assessment when the 44 additional participants were recruited.

For the rural sample, data were collected during two home visits. During

each visit, the mother and other family members were administered measures in an interview format. Each interview was conducted privately between the family member involved and a researcher, with no other family members present or able to overhear the conversation. Cue cards containing descriptors and numeric values of the range of possible answers were used.

In the urban sample at the first assessment, mother-child dyads were recruited through teachers in each of five public schools serving inner-city New Orleans children. In each of two waves of recruitment, teachers sent home letters describing the study and inviting participation of 30 African American mothers at each school. In each wave, the first 15 women at each school to return a reply card constituted the sample. When the 34 additional participants were recruited at the third assessment, the same letter was mailed to mothers in two of the five schools.

The same procedures, including collecting data during two separate interviews, were utilized in the urban sample as in the rural sample. Interviews were conducted separately with the mother and the child at the child's school.

Retention was promoted in both samples by mailing cards to mothers and children on special occasions and holidays. Furthermore, families in both samples were paid $100 for their participation. Neither recruiters nor families in either sample were informed that a purpose of the study was a comparison across rural and urban settings. Instead, the purpose of the study was presented as the examination of mother-child relationships.

Results

Preliminary Analyses

We initially examined whether gender of child qualified the findings (i.e., interacted with rural/urban community or the risks/resources in the community). As it did not, subsequent analyses did not include gender.

Resources and Risks Across Communities

Our first purpose was to compare the resources and risks present in the rural and urban communities. Means and standard deviations for each community are presented in Table 2. Mothers in the rural community reported more resources, $F(1, 275) = 61.89, p < .01$, and fewer risks, $F(1, 275) = 72.05, p < .01$, than those in the urban community. Children in the rural community reported fewer resources, $F(1, 275) = 27.69, p < .01$, and fewer risks, $F(1, 275) = 49.34, p < .01$, than those in the urban community. Table 3 presents the percent of mothers in each community who indicated the presence of each resource and risk and the chi-square examining if rural and urban mothers differed significantly. In order to control for Type I error, the criterion for significance (Bonferroni correction) was set at $p < .002$. Table 4 presents the same data for child report of resources and risks. Based on the Bonferroni correction, the criterion for significance was set at $p < .003$ for child report.

TABLE 2
MEANS AND STANDARD DEVIATIONS FOR MOTHER AND CHILD REPORT OF INDEPENDENT AND DEPENDENT VARIABLES FOR EACH COMMUNITY

Variable	Rural Community		Urban Community	
	M	*SD*	*M*	*SD*
Independent				
Risks				
Mother	2.01	2.42	4.85	3.10
Child	2.26	2.46	4.49	2.79
Resources				
Mother	12.46	4.02	8.91	3.47
Child	3.63	2.65	5.07	1.84
Dependent				
Internalizing problems				
Mother	56.05	12.37	55.85	10.17
Child	7.94	7.12	7.28	5.58
Externalizing problems				
Mother	55.65	12.87	58.30	11.67
Child	9.05	7.06	6.55	5.81
Social competence				
Mother	16.78	2.81	16.04	2.79
Child	16.03	3.64	15.73	3.38
Cognitive competence				
Mother	21.76	4.30	22.35	4.23
Child	16.98	3.75	17.88	3.70

An examination of mother report and child report of individual resources indicates that, with a few exceptions (e.g., child report of YMCA/YWCA), the resources were reported as being available by the majority of participants. Nevertheless, more rural than urban mothers perceived availability of most resources, particularly formal community agencies (e.g., Red Cross), informal community organizations (i.e., community watch), and libraries. In contrast, for the three child reported resources where differences emerged, fewer rural than urban children reported availability of resources, particularly organized sports and swimming pools.

An examination of mother and child report of individual risks suggests a similar trend across the two informants: More urban mothers and children reported the presence of almost every risk than rural mothers and children. Of particular note are the perceived risks of violence and of drug use/drug dealing reported by the majority of urban mothers and children.

Children's Psychosocial Adjustment

Hierarchical multiple regression was used to address our second (comparison of psychosocial adjustment of rural and urban children), third (relation-

TABLE 3
PERCENT OF RURAL AND URBAN MOTHERS RESPONDING AFFIRMATIVELY TO EACH RESOURCE AND RISK ITEM AND CHI-SQUARE RESULTS

Measure	Rural	Urban	χ^2
Resources			
1. Police officers/police stations	93%	80%	9.15*
2. Community recreation center/programs	85%	77%	3.39
3. Adult education programs	84%	61%	17.98*
4. Salvation Army	79%	38%	46.37*
5. Community watch	82%	30%	77.49*
6. Red Cross	71%	18%	78.62*
7. Church choir	86%	77%	3.51
8. Church Bible study	90%	81%	4.30
9. Other church activities besides regular services	85%	64%	16.73*
10. Church programs that provide food or clothing	85%	77%	2.35
11. Health centers providing free or reduced rate services	80%	65%	8.40*
12. Counseling centers providing free or reduced rate services	77%	40%	38.33*
13. Outdoor parks or swimming pools	79%	79%	.02
14. Library	87%	48%	48.07*
15. Organized sports activities	85%	58%	23.50*
Risks			
1. Neighborhood dirty	30%	52%	13.37*
2. Neighborhood noise	35%	56%	11.99*
3. Gangs	8%	30%	21.07*
4. Physical fighting	26%	55%	23.79*
5. Shootings and/or knifings	15%	62%	64.50*
6. People being killed	8%	55%	70.82*
7. Drug use/dealing	37%	79%	50.07*
8. Poor housing conditions	18%	59%	47.70*
9. Crowded, no privacy	24%	38%	7.05

* $p < .002$.

ship of resource-risk index to child psychosocial adjustment), and fourth (differential relationship of resource-risk index to psychosocial adjustment in rural vs. urban environments) purposes. In order to form an index that took into consideration resources and risks, both were standardized and risks then were subtracted from resources. The index was formed for mother report and for child report of resources and risks. Increasingly large positive numbers indicated more resources relative to risks. As the rural and urban samples differed on mother age and child age, these two variables were entered in Block 1. Community (rural [scored as 1] vs. urban [scored as 2]) was entered in Block 2. The community environment (resource-risk index) was entered in Block 3. The interaction of Community × Community Environment was entered in Block 4.

TABLE 4
PERCENT OF RURAL AND URBAN CHILDREN RESPONDING AFFIRMATIVELY TO EACH RESOURCE AND RISK ITEM AND CHI-SQUARE RESULTS

Measure	Rural	Urban	χ^2
Resources			
1. Organized/supervised sports	44%	78%	35.09*
2. Clubs (e.g., Boy/Girl Scouts, 4-H)	54%	52%	.10
3. Private lessons (e.g., music, dance, sports)	38%	50%	3.66
4. Public parks	46%	74%	24.11*
5. YMCA/YWCA	26%	33%	1.92
6. Swimming pool	38%	74%	36.93*
7. Church youth group	58%	74%	8.33
8. Library	60%	70%	3.45
Risks			
1. Neighborhood dirty	30%	50%	10.96*
2. Neighborhood noise	39%	51%	4.09
3. Gangs	18%	48%	26.49*
4. Physical fighting	37%	57%	11.09*
5. Shootings and/or knifings	18%	59%	49.61*
6. People are being killed	17%	59%	51.58*
7. Drug use/dealing	35%	68%	31.16*
8. Poor housing conditions	19%	38%	11.59*
9. Crowded; no privacy	14%	21%	2.10

* $p < .003$.

Four sets of regression analyses were conducted: (a) mother-reported community environment–mother-reported child psychosocial adjustment; (b) mother-reported community environment–child-reported child psychosocial adjustment; (c) child-reported community environment–mother-reported child psychosocial adjustment; and (d) child-reported community environment–child-reported child psychosocial adjustment. Within each set, four regression analyses were performed, one for each domain of child psychosocial adjustment: (a) internalizing problems, (b) externalizing problems, (c) social competence, and (d) cognitive competence. The means and standard deviations for each measure of child psychosocial adjustment are presented in Table 2, and the results of the regression are summarized in Table 5. In order to facilitate comparisons across the four sets of analyses, the first block (demographic control variables) is not presented.[1] Furthermore, the interaction term of Community × Community Environment is not presented, as it was not significant in any of the analyses.

[1] Child's age did not predict any of the four mother-reported or four child-reported outcomes. Mother's age predicted mother report of child cognitive competence ($\beta = .13, p < .05$) and child report of child internalizing problems ($\beta = -.16, p < .05$).

TABLE 5

SUMMARY OF REGRESSION ANALYSES USING COMMUNITY AND MOTHER REPORT AND CHILD REPORT OF COMMUNITY ENVIRONMENT TO PREDICT MOTHER REPORT AND CHILD REPORT OF CHILD PSYCHOSOCIAL ADJUSTMENT

Child Psychosocial Adjustment[a]	Mother Report of the Community Environment				Child Report of the Community Environment			
	Mother Report CPA		Child Report CPA		Mother Report CPA		Child Report CPA	
	β[c]	ΔR	β[c]	ΔR	β[c]	ΔR[b]	β[c]	ΔR[b]
Internalizing Problems								
Community (rural-urban)	.00	.00	.00	.00				
Community environment	−.22**	.05	.01	.00	−.10	.01	−.20**	.04
Externalizing Problems								
Community (rural-urban)	.13*	.02	−.18**	.03				
Community environment	−.17**	.03	−.02	.00	−.11	.01	−.18**	.03
Social Competence								
Community (rural-urban)	−.13*	.02	−.06	.00				
Community environment	−.14*	.02	−.05	.00	.06	.00	.02	.00
Cognitive Competence								
Community (rural-urban)	.03	.00	.09	.01				
Community environment	.18**	.03	.05	.00	.07	.00	.20**	.04

Note. CPA = Child Psychosocial Adjustment.

[a] Demographic variables were entered in the first block (not presented), Community was entered in the second block (presented), Community Environment was entered in the third block (presented), and Community × Community Environment was entered in the fourth block (not presented).

[b] β and R^2 are not reported for Community, as they are the same as for Mother Report of the Community Environment.

[c] β = Standardized Beta Coefficient.

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

Several patterns emerge in the findings. First, community emerged as significant for mother report of adjustment in two of four analyses: Urban mothers reported more child externalizing problems and lower level of child social competence than did rural mothers. For child report of adjustment, community setting was significant only for externalizing problems and in the opposite direction than reported by mothers: Urban children reported *fewer* externalizing problems than rural children. Second, community environment (i.e., the resource-risk index) was associated with all four domains of child psychosocial adjustment when the mother reported both community environment and child adjustment and with three domains of child psychosocial adjustment when the child reported both community environment and her or his adjustment. In all cases, the direction of the effect was as hypothesized: As resources outweigh risks, problem behaviors decreased and competence increased. However, the significant relationships emerged only when the reporter of the community environment and child psychosocial adjustment was the same (i.e., mother as both reporters or child as both reporters). Finally, as noted earlier, none of the interactions of Community × Community Environment was significant, suggesting that the relationship between the resource-risk index and child psychosocial adjustment was similar across the two communities.

In order to examine if the significant relationships between community environment and child psychosocial adjustment exist because of informant depressive symptoms, we repeated the regressions for mothers and children. For mothers we entered the Depression subscale of the BSI into the first block of the hierarchical multiple regression analyses where significant relationships emerged (i.e., those in which the mother was the reporter for both the independent and dependent variables). For all four significant relationships reported in Table 5 between mother-reported community environment and mother-reported child adjustment, the relationship remained significant ($p < .05$). For children, we repeated the analyses for externalizing problems and cognitive competence, entering the CDI score in the first block. The analysis for social competence was not repeated as a significant relationship between community environment and social competence did not exist in the original analysis. The relationship between community environment and cognitive competence remained significant at $p < .05$, whereas the p level for the relationship between community environment and externalizing problems changed from .05 to .10. The results for mothers and children suggest that depressive symptoms, and the negative cognitive biases that accompany them, do not account for the findings.

Discussion

Most research focusing on child psychosocial adjustment has examined environments (i.e., family and peers) proximal to the child, whereas more distal environments (i.e., neighborhoods and communities) have been

ignored. The current study examined two groups of children that live in distinctly different environmental contexts and that have been identified in the literature as being at risk for psychosocial adjustment difficulties. We focused on the following issues in this study: (a) comparisons of the risks and resources in the two communities; (b) the relationship of the community (rural vs. urban), the community environment (risk-resource index), and the interaction of these two variables to child psychosocial adjustment; (c) the influence of reporter (mother or child) on the outcome; and (d) the role of negative affectivity of the reporter in the findings.

Our findings suggest that, from the viewpoint of both mothers and children, more risks are present in an urban than a rural environment. This finding replicates earlier work by Rutter (1981) in the United Kingdom. Although the finding was hypothesized, the extent to which urban families are exposed to violence and drugs was unexpected. A majority of urban mothers and children reported that people are killed in their community, and two-thirds and three-fourths of these children and mothers, respectively, report drug dealings and use in their community. Research has suggested that growing up in communities characterized by such risk factors is associated with child and adolescent behavioral difficulties (e.g., Connell & Halpern-Felsher, 1997; Seidman et al., 1998). As we will discuss later, when community risks are considered within the context of community resources, our findings across multiple domains of child psychosocial adjustment provide strong support for the earlier research.

Our hypothesis that there would be more resources available in an urban than rural community received only weak support. More children in the urban than rural community reported that 3 of 8 resources (i.e., organized sports, public parks, swimming pools) were available. Surprisingly, more mothers in the rural than urban community reported that 10 of 15 resources were available. Several explanations are plausible for the unexpected finding with mothers. First, mothers in rural environments may be more aware of available resources than those in urban environments as there may be less social isolation and, thus, better communication about resources in the former setting. Second, because of the smaller number of risks in rural than urban environments, mothers in the former community may tend to perceive the environment more positively than those in the latter community. This positive perception may influence the report of available resources.

Although children and mothers were not asked about the same resources, the contrasting reports for those in rural and urban settings are surprising and interesting. One explanation is that children and mothers in our study define their community differently. For example, rural mothers may have defined their community more broadly than did their children, perhaps in part because of adults having transportation more readily available than children and, thus, viewing their community as encompassing a larger geographic area. Unfortunately, information concerning definitions of community were not collected and, as a consequence, future research will need to examine this explanation.

Although our findings regarding mother and child report of resources were surprising, it is important to note that parent and child reports are often not congruent. For example, Walton, Johnson, and Algina (1999) recently reported that whereas African American children rated themselves as more anxious than Euro-American children, mothers reported the opposite (i.e., African American children were rated by mothers as less anxious than Euro-American children). Our findings, as well as those of Walton et al. and others, stress the importance of assessing multiple perspectives in family research rather than relying only on a parent or child. Different findings across informants can alert us to the complexity of the issues we are studying.

In contrast to the small existing literature comparing rural and urban communities (Hope et al., 1998; Rutter, 1981), we collected information on both risks and resources in each community. Furthermore, we combined these two variables to form a measure of the community environment. This measure, along with a community level variable (rural vs. urban), was used to examine the association between these variables and child psychosocial adjustment. Our findings failed to reveal consistent relationships between community and the four domains of child adjustment either within an informant and, in particular, across informants. Mothers reported that an urban community was associated with more difficulties than a rural community for only two of the four domains of adjustment examined: social competence and externalizing problems. In contrast, for child report, a significant relationship emerged for only one domain of child psychosocial adjustment, and this relationship was in the opposite direction than reported by mothers: Children living in the rural community reported more externalizing problems than those living in the urban community. Quinton (1980) and Rutter found, based primarily on parental report, that children living in an urban community have more psychiatric difficulties than those in a rural community; however, more recently, Hope et al. (1998) reported no differences in parental ratings from these two types of communities. Our results for mothers provide some support for Rutter's findings, but, as we have noted, the results for children contradict those of mothers. Our conclusion at this point from our findings and the two earlier studies is that community per se, when defined as rural versus urban, is not a particularly potent variable in terms of child psychosocial adjustment. In contrast, the risks and resources within a community are of considerable importance, especially under certain informant conditions.

For both mother and child report, as risks outweighed resources, difficulties in multiple domains of child psychosocial adjustment emerged. However, this relationship existed only when the same informant (mother or child) completed both the community environment (risks and resources) measure and the child psychosocial adjustment measures. Our findings with the same informant generally support and extend those of Rutter (1981). It is not the community per se but rather the risks and resources operating within a community that are associated with child psychosocial adjustment. Prevention and intervention programs for children living in difficult conditions (e.g., sin-

gle-parent homes, high rates of poverty) need to directly consider these risks and resources. For example, community resources (e.g., organized sports programs) may help to offset the lack of two parents in the home. On the other hand, community risks may be countered by educating mothers about how to identify and avoid risks (e.g., parental monitoring of child activities; Forehand, Miller, Dutra, & Chance, 1997), educating children about long-term goal attainment (e.g., completing high school, obtaining a job), and the importance of avoiding community risks in order to reach goals.

Why would significant relationships emerge between community environment and child psychosocial adjustment only when the same informant reports both the independent and dependent variable? One explanation is common method variance. This likely contributes to the significant relationships. However, we believe that another equally plausible explanation has been introduced recently in the literature. Both Boyce et al. (1998) and Seidman et al. (1998) have emphasized the need to assess the perceptions of an individual when studying community-level variables. As Boyce et al. eloquently state, "The prediction of psychopathology from contextual factors hinges on the researcher's ability to evaluate individual interpretation and experience" (p. 154). We would propose that children and parents experience the same community differently. As Burton et al. (1997) have noted, there are differences in appraisals of space and risks as a function of developmental stage. Thus, when the reporter of the community environment and child psychosocial adjustment differs, the community environment being appraised is not necessarily the same context in which the child's adjustment is assessed.

As the literature suggests that depressive symptoms can lead to negative distortions in perceptions (Ferguson et al., 1993), we examined if significant relationships continued to exist between community environment and child psychosocial adjustment after removing the influence of depressive symptoms. This analysis, at least partially, controlled for any negative distortions in perceptions and lends some credibility to our findings. For the most part, once depressive symptoms were controlled, the significant relationships between the community environment (resource-risk index) and child adjustment continued to be significant when either mother or child served as reporter.

Of particular relevance for prevention and intervention programs, an interaction between community (rural-urban) and community environment (resource-risk index) did not emerge for any of the mother-reported or child-reported dependent variables. This suggests that, although the level of risks and resources differs in rural and urban communities, risks and resources relate to child psychosocial adjustment similarly in rural and urban environments. Thus, it may not be necessary to tailor prevention and intervention efforts directed toward risks and resources specifically to rural or urban environments. That is, similar prevention and intervention programs designed to counter risks and utilize resources can be employed in both environments.

There are several limitations of this study that should be noted. First, the

data are cross-sectional and, therefore, inferences about causality must be made with caution. For example, it is possible that a mother's perception of her child's psychosocial adjustment may influence her view of resources and risks in the community rather than vice versa. Second, only one rural community and one urban community were studied. Neither of these two communities may be representative of rural and urban communities. Furthermore, these two communities were located in different states. However, it is important to note that both states are located in the same geographic area, the southeast, and, based on U.S. Bureau of the Census (1991) information, are similar in terms of demographics. For example, they are similar in terms of number of persons per household (GA, 2.66; LA, 2.53), personal income (GA, $8,348; LA, $8,682), percent of population with at least 4 years of high school education (GA, 56%; LA, 57%), and percent of population in metropolitan (GA, 27%; LA, 29%) and nonmetropolitan (GA, 27%; LA, 30%) areas that is African American. Third, generalization beyond single-parent African American families should be made with caution. However, as these families have been underrepresented in the literature, our focus on this sample is appropriate and timely. Fourth, the internal consistency for some of the measures of competence (e.g., child-reported cognitive competence) is relatively low, which may have influenced the findings. Similarly, other measures we utilized (e.g., the BSI Depression subscale to assess depressive symptoms of mothers) may have validity limitations in terms of assessing the constructs we were interested in examining. Finally, reliance on one method (interview) for collection of data and on only mother and child report of the community environment also are limitations.

There are also strengths of the current study that should be noted. African American children growing up in single-parent households have received little attention in the literature. Furthermore, as we noted in the introduction, attention to the larger environmental context in which many of these children reside has been absent. Thus, comparing children who reside in two different communities and studying the resources and risks in these communities moves us a step closer to implementing prevention and intervention programs that include components to address the broader social context in which children and families reside.

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