ABSTRACT

| | |
|---|---|
| Title of Dissertation: | SOCIAL SKILLS AND BEHAVIOR PROBLEMS OF AFRICAN AMERICAN HEAD START PRESCHOOLERS: ROLE OF PARENTING, INFORMAL SOCIAL SUPPORT, AND CHILDREN'S EXPOSURE TO FAMILY CONFLICT AND COMMUNITY VIOLENCE |
| Degree Candidate: | Linda M. Oravecz |
| Degree and year: | Doctor of Philosophy, 2004 |
| Dissertation directed by: | Professor Sally A. Koblinsky, Chair |
| | Department of Family Studies |

In recent decades, urban African American families have faced an increasing number of environmental and familial stressors, including exposure to family conflict and community violence. African American children are disproportionately likely to encounter such violence, especially at the community level, because they are more likely to reside in poor families within the inner-city than children from other racial/ethnic groups. While many children who experience such stressors display harmful effects, many others exhibit socially competent behavior. Both family and community level variables may help to protect children from the negative effects of violence, such as the presence of nurturant, consistent parenting and the availability of social support from family and friends. The purpose of this study was to examine factors that might increase

the resilience of African American preschoolers in urban neighborhoods by examining the role of two potential protective factors, positive parenting and informal social support, and two potential risk factors, direct exposure to family conflict and community violence, in predicting the children's social skills and behavior problems.

Study participants were 223 African American mothers and other female caregivers who had a three- to five-year old preschool child enrolled in a Head Start center in the Washington DC area. Data were obtained for the study through a culturally sensitive interview, which included demographic data, the Parenting Dimensions Inventory, the Family Support Scale, the Conflict Tactics Scale, and a measure of children's direct exposure to community violence. Mothers also completed the Social Skills Rating System and Child Behavior Checklist for their child. Descriptive statistics were computed for maternal, familial, and child measures, and a correlation matrix examined the relationships between all variables. Stepwise multiple regression analyses were used to investigate the relative strength of the independent variables (parenting, social support, family conflict, community violence) in predicting preschoolers' social skills, internalizing behavior problems (e.g., fear, anxiety), and externalizing behavior problems (e.g., anger, aggression). The regression analyses revealed that positive parenting significantly predicted greater child self-control and cooperation, and fewer internalizing and externalizing behavior problems. Greater informal social support significantly predicted higher levels of children's self-control, cooperation, responsibility, and assertion. Community violence exposure was a significant predictor of greater

internalizing and externalizing behavior problems, and greater family conflict predicted internalizing problems. Implications of the findings for fostering resilience among young African American children in urban communities are discussed.

SOCIAL SKILLS AND BEHAVIOR PROBLEMS OF

AFRICAN AMERICAN HEAD START PRESCHOOLERS:

ROLE OF PARENTING, INFORMAL SOCIAL SUPPORT

AND CHILDREN'S EXPOSURE TO

FAMILY CONFLICT AND COMMUNITY VIOLENCE


By

Linda M. Oravecz


Dissertation submitted to the Faculty of the Graduate School of the
University of Maryland, College Park in partial fulfillment
of the requirements of the degree of
Doctor of Philosophy
2004


Advisory Committee:
      Professor Sally A. Koblinsky, Chair
      Associate Professor Suzanne M. Randolph
      Professor  Elaine A. Anderson
      Associate Professor Roger H. Rubin
      Associate Professor Elisa L. Klein

TABLE OF CONTENTS

LIST OF TABLES

## LIST OF FIGURES

CHAPTER I: INTRODUCTION

Increasing numbers of families across the U.S., and particularly economically,

marginalized families, are forced to raise their young children in neighborhoods plagued by

chronic violence, crime, and illegal drug sales (USDHHS, 2000; Randolph, Koblinsky &

Roberts, 1996). Living in violent neighborhoods not only leaves children and families

vulnerable to direct exposure to violent events such as robberies and physical assaults, but

also to indirect exposure such as witnessing a shooting or knowing a victim of violence

(Hill, Hawkins, Raposo, & Carr, 1995). Research also reveals an increased likelihood of

family conflict in neighborhoods characterized by violence, perhaps as a result of the

stressors associated with coping with violence outside the home (Lynch & Cicchetti, 1998;

Richters & Martinez, 1993). African American children are at higher risk than children

from other ethnic groups of encountering family conflict and community violence

because they are more likely to live in poor, single-parent families within the inner-city

(Gelles & Straus, 1988; Huston, McLoyd & Garcia Coll, 1994).

Research on community violence and family conflict and their effects often

focuses on the perpetrators and immediate victims (Osofsky, 1995), overlooking the

potentially damaging psychological impact that witnessing such violence may have on

children. Community violence and family conflict can be viewed as ecological stressors

which interact with individual, family and cultural factors and have the potential to

jeopardize young children's development (Bronfenbrenner, 1986). Community violence

and family conflict exposure may not only have a direct influence on children's

adjustment, but may indirectly affect children's behavior by reducing the parents' ability

to cope and adequately nurture their offspring. Parents who are dealing with community

1

violence and family conflict may have less time to actively parent their children, and less capacity to protect them from negative developmental outcomes associated with violence exposure. Some of these parents may be able to draw on the support of family and friends in raising their children, but others must struggle with little outside help to care for their children in a stressful home and neighborhood environment.

Previous research reveals that exposure to family and community violence threatens children's physical health, mental health, social competence, and readiness to learn (Harden & Koblinsky, 1999). Violence-exposed children are vulnerable to aggression and poor impulse control; heightened fear and anxiety; regression and depression; and difficulties with concentration and school performance (e.g., Barnett, Miller-Perrin, & Perrin, 1997; Cichetti & Lynch, 1993; Osofsky, Wewers, Hann, & Wick, 1993). Violence exposure may also threaten children's development of prosocial skills, such as responsibility and cooperation (Barnett et al., 1997; Groves, Zuckerman, Marans, & Cohen, 1993).

Among families with young children, one group that appears vulnerable to the threats of violence exposure is Head Start families. Recent literature reveals that over the last two decades, Head Start families have been affected by an increase in familial and environmental stressors, resulting in an escalation of mental health challenges (USDHHS, 2003; Yoshikawa & Knitzer, 1997). Head Start administrators acknowledge that community violence has become a greater problem in recent years (Phillips & Cabrera, 1996; USDHHS, 2003). The increase in Head Start children's exposure to violence is evidenced by mothers in a Baltimore-Washington D.C. study who listed community

violence as the second largest problem they faced, surpassed only by the problem of financial difficulties (Holland, Koblinsky, & Anderson, 1995).

Although many children who experience community violence and/or family conflict display harmful effects associated with such exposure, many others exhibit socially competent behavior. Studies have found that as many as 80% of children who are exposed to significant stressors manage to maintain healthy adjustment or grow even stronger in reaction to hardship (Garbarino, Dubrow, Kostelny, & Pardo, 1992; Grych, Jouriles, Swank, McDonald & Norwood, 2000; Hughes & Luke, 1998). Children's resilience may be fostered by the interaction of multiple variables, including individual character traits and protective family and community factors. A number of family and community level variables may help to protect children from violence-related stress, including the presence of nurturant, consistent, responsive parenting and the availability of social support from family members and friends (Cichetti, & Lynch, 1993; Jennings, Stagg, & Connors, 1991). Given the unique challenges presented by exposure to community violence, there is currently an urgent need to identify protective factors that may contribute to young children's resilience, as well as the risk factors that increase their vulnerability to negative outcomes.

The purpose of the current study is to examine the role of selected risk factors and protective factors in predicting the social skills and behavior problems of urban African American children in Head Start programs. While some previous studies have documented adverse outcomes associated with preschoolers' exposure to community violence (Harden et al., 2000; Holland, 1996), few studies have examined the impact of family conflict on young children's development. Moreover, the majority of previous

research has been descriptive in nature. There has been a relative absence of investigations examining how multiple factors contribute to Head Start children's resilience in violent neighborhoods. The current study was designed to address significant gaps in the literature by examining factors that may contribute to African American preschoolers' social competence in a low-income urban environment. The study was unique in focusing on how two violence-related risk factors and two potential protective factors are related to behavioral outcomes among African American Head Start children. Specifically, this study examines the role of community violence exposure, family conflict, positive parenting, and social support as predictors of preschool children's social skills and behavior problems.

This study is a secondary analysis of a larger, three-year, University of Maryland, College Park investigation of community violence and Head Start families. The study, *The Role of Family and School in Promoting Positive Developmental Outcomes for African American Preschoolers at Risk for Exposure to Community Violence,* was funded by the U.S. Department of Education.

CHAPTER II: REVIEW OF LITERATURE

Children in the United States, particularly those reared in poverty, are witnessing considerable violence in their homes and in their communities (Bell & Jenkins, 1993; Lorion & Saltzman; 1993; Lynch & Cicchetti, 1998; Schwab-Stone, Chen, Greenberger, Silver, Lichtman, & Voyce, 1999). Over the last two decades, Head Start families have been affected by an increase in familial and environmental stressors, including violence, and such exposure has been associated with an escalation in mental health challenges (Yoshikawa & Knitzer, 1997). Similarly, the FACES 2000 study (USDHHS, 2003) found a significant correlation between exposure to violence and child behavior problems. The purpose of this study is to examine the role of two violence risk factors and two protective factors in predicting the social skills and behavior problems of African American Head Start preschool children. Identifying factors that may potentially reduce the negative outcomes associated with violence exposure is critical to developing strategies that may help young children develop resiliency in challenging environments.

The current chapter reviews theory and research relating to children's exposure to violence and describes two protective factors that may contribute to children's resilience. The chapter begins with a review of Bronfrenbenner's ecological model, including an examination of individual, family, community, and societal level factors that may affect child outcomes. Following discussion of the theoretical frameworks are reviews of literature addressing children's exposure to community and family conflict. The chapter concludes with a review of research on two potential protective factors that may reduce adverse responses to violence exposure among young children: positive parenting and informal social support.

Theoretical Framework

A multi-level ecological model can be used to examine the effects of family and community violence and various protective factors on the social development and mental health of preschool children. Ecological theory states that while the majority of young children's development takes place in the context of the family, extrafamilial conditions also affect family processes, influencing child outcomes. As Buboltz and Sontag (1993) state: "the well-being of individuals and families cannot be considered apart from the well-being of the whole ecosystem" (p. 425).

According to Bronfrenbrenner (1986), the four sources of influence on the development of a child are: the microsystem, the individual level; the mesosystem, the family level; the exosystem, the community level including the parents' workplace, parents' social networks, and community influences on the family; and the macrosystem, the larger societal level. Community violence has the potential to infiltrate many ecological levels---the home, the school, the playground, the neighborhood, and the larger social culture (Shahinfar, Fox, & Leavitt, 2000).

Ecological models suggest that there are risk and protective factors at each of the four levels for children who are being raised in high-violence neighborhoods. The four levels are interrelated and may act as a system, with risk factors at one level of the system influencing outcomes at other levels. For example, the combined stress of poverty, crowded housing, and unemployment in inner-city neighborhoods may increase the likelihood of violence in both the family and the community (Harden & Koblinksy, 1999). The more risk factors a child is exposed to, and the more levels that are affected

by the risk factors, the greater the likelihood of adverse outcomes in children's physical, social, emotional, and cognitive development (Rutter, 1979). Conversely, protective factors have the potential to enhance an individual's ability to resist stressful events, promoting competence and healthy behavior (Bogenschneider, 1996).

When studying families from different racial/ethnic backgrounds, it is important to consider the broad array of cultural factors that affect individual and family functioning. Garcia-Coll et al. (1996) have expanded traditional ecological frameworks by recognizing the impact of macrosystem variables such as race and socioeconomic status. In research examining the developmental competencies of minority children, Garcia-Coll and her colleagues integrate variables of social location, including race and ethnicity, into a larger, more culturally sensitive and integrative ecological model. The researchers argue that in order to obtain a more complete understanding of child development and family relationships, one must also consider the effects of such macrosystem influences such as racism, prejudice, discrimination, and oppression experienced by families of color.

Ogbu (1981) also presents a cultural ecology model which stresses the importance of examining cultural contexts that contribute to individual development, parenting, and family interaction. In studying how family variables influence African American child development, he asserts that researchers must consider the cultural group's unique cultural and historical roots. For example, African Americans often function as members of extended families or larger kin networks, and these systems influence parents' ability to parent, nurture, and provide for their children. The Black church has also been a

traditional sorce of strength and guidance for   Afrian   American families, fostering

spiritual values and providing a social support network (Blank, Mahmood, Fox &

Guterbock, 2002).

An ecological framework is useful in conducting research on African American

families because it integrates components of ecological theory and risk/protective factors

at the individual, family, community, and societal levels (Murry, Bynum, Brody, Willert

& Stephens, 2001).  This framework can be used to examine why some low-income

African American  mothers and their children succumb to the risks they face, while

others remain resilient  (Murry & Brody, 1999).  The model also focuses on individual

characteristics and circumstances that foster competence and healthy behavior

(Bogenschneider, 1996).

Resilience has been defined as the development of competence in the face of

severe stress or hazardous circumstances (Doll & Lyon, 1998; Pianta & Walsh, 1998). It

is a process that involves the interaction of stress with protective factors linked to the

child, the family, and the community.  Protective factors are defined as individual or

environmental characteristics that enhance one's ability to resist stressful events,

promoting competence (Pianta & Walsh, 1998; Garmezy, 1983), such as positive

parenting. Research suggests that some individuals possess physiological strengths,

psychological resources, and interpersonal skills that enable them to respond successfully

to major challenges and to grow from the experience (Cowan, Cowan & Schulz, 1996).

Children who are resilient not only avoid the negative outcomes associated with risk, but

also exhibit adequate or more than adequate adjustment when subjected to adversity.

Prior research examining risk and protective factors at the individual level finds that higher cognitive ability among children is related to fewer externalizing behavior problems (Lyons-Ruth, Alpern, & Repacholi, 1993; McGee, Partridge, Williams, & Silva, 1991). At the same time, individual factors such as low self-esteem and poor attachment are predictive of more negative child outcomes (Wurtele & Miller-Perrin, 1992). Examining risk at the family level, data suggest an association between family conflict and internalizing and externalizing behavior problems in young children (Meyers, Taylor, Alvy, Arrington, & Richardson, 1992). Similarly, coercive interactions between parents and children have been found to be related to problematic child outcomes (Patterson, Reid, & Dishion, 1992). Research finds that protective factors such as firm control exercised within affectively positive parent-child relationships is predictive of positive outcomes such as self-regulation, social competence and good mental health among African American children (Brody & Flor; 1997, Taylor, 2000). An example of risk in the exosystem, or community level, is poverty and its frequently accompanying factors, such as community violence and drug activity. Such factors have been tied to a variety of behavioral difficulties in young children (e.g., Harden et. al, 2000). As Wandersman and Nation (1998) state, "neighborhoods influence children because children spend a majority of their time there" (p. 647). Research provides evidence of the protective value of another community level factor, social support from extended African American family networks, which may buffer the direct and indirect effects of stressful life events on family functioning and child development (Hill, Hawkins, Raposo, & Carr,1995 ; Stack, 1974). Finally, macrosystem or cultural level factors, such as societal acceptance of guns and violence, male and female socialization

practices, and violence in the media, may have an impact on the behavior of young children (Harden & Koblinsky, 1999).

This study examines factors within the ecological system of low-income, urban, African American preschool children to determine their relationship to children's social skills and behavior problems. At the family level, family conflict and parenting practices are examined. At the community level, children's direct exposure to community violence and the family's level of informal social support are investigated. Thus, this study examines the role of two potential risk factors (family conflict, exposure to community violence) and two potential protective factors (positive parenting, informal social support) in predicting young Head Start children's behavior.

## Community Violence

Community violence exposure can be defined as an individual's experience or witnessing of violent events, instigated by known or unknown perpetrators, within the proximal environment of one's home, neighborhood, or school (Shahinfar et al., 2000). Such violence may involve either direct harm or the threat of harm. Recent research reveals that poor inner-city children are facing unprecedented rates of exposure to community violence, representing a chronic threat to their well-being (Yoshikawa & Knitzer, 1997). Fueled by the illegal drug trade and the accessibility of handguns, community violence in urban areas has become a public health epidemic in the United States (Children's Defense Fund, 1998).

In one of the first studies to examine the amount of community violence to which children are exposed, Richters and Martinez (1993) chose a sample of 165 children ages six to ten living in a low-income, moderately violent neighborhood in Washington DC.

The researchers found that 45% of the children had witnessed a mugging, 31% had viewed a stabbing, 27% had witnessed a shooting, and 37% had seen one or more dead bodies. The incidence of witnessing violence among the children was two to four times greater than the incidence of being directly victimized, underscoring the importance of examining the effects of indirect exposure to violence on child adjustment. Those children exposed to violence experienced significantly more distress-related psychological problems, including depression, than those who were not exposed.

A similar study was conducted using a sample of 53 children, ranging in age from nine to twelve years old, living in areas of New Orleans with high levels of community violence (Osofsky, Wewers, Hann, & Fick, 1993). Most of the children were African American and members of single parent, low-income families. Findings indicated that 91% of children had witnessed incidents of community violence, and over half had been actual victims. The study further revealed that there were significant relationships between children's hearing about and witnessing community violence and their reports of stress symptoms.

Bell and Jenkins (1993) examined similar questions in a study of African American elementary school children in Chicago. A total of 538 children in the second through eighth grades were surveyed. Twenty-one percent reported that they had seen someone shot and 30% had witnessed a stabbing. These rates were even higher among a group of children ages 10-19. Three out of four had witnessed a robbery, stabbing, shooting, and/or killing, while almost 47% had been personally victimized.

While older children are likely to confront higher levels of community violence (Bell & Jenkins, 1993; Richters & Martinez, 1993), even the youngest children in poor,

inner-city neighborhoods report witnessing violent events. In a study of 155 families with a child between the ages of three and four living in a low-income, primarily African American neighborhood near Washington DC, 78% of the children and 67% of the parents reported children's exposure to at least one incident of community violence (Shahinfar et al., 2000). In another study conducted in Boston, Taylor, Zuckerman, Harik, and McAlister Groves, (1994) surveyed a sample of 142 low-income mothers of children ages one to five who were patients at a pediatric clinic. The sample consisted primarily of low-income African American families. Mothers described an alarming degree of violence exposure among their children, reporting that 10% of the children had witnessed a shooting or a stabbing by age five, and 47% had heard gunshots.

A study of preschool children in Baltimore-Washington, DC area Head Start programs examined young children's exposure to community violence (Holland, Koblinsky & Anderson, 1995). Approximately 80% of the preschoolers in the sample were African American. Of the 104 mothers interviewed, over 65% reported hearing gunshots in their neighborhood during the past year. Mothers also reported that their children ages three to five had been threatened or been a victim of violence (including being bullied or chased by other children) an average of two times in the past 12 months.

More recently, the U.S. Department of Health and Human Services conducted the Family and Child Experiences Survey (FACES), a study of a national random sample of 2,800 Head Start children and their families in 43 programs, to examine factors influencing young children's cognitive, social, and emotional development (USDHHS, 2003). Head Start parents were asked about their own and their preschoolers' exposure to community violence. Among parents of African American children, 36.3 % reported

witnessing violent crimes in their neighborhoods, more than twice the rate of parents of Hispanic children (17.5 %) and   parents of White children (15.5 %). Approximately 3.8 % of Head Start children from all ethnic groups were reported by parents to have witnessed a violent crime during the previous year; no data were reported specificallyfor the group of African American preschoolers.  It is also important to note that 7.4 % of parents of African American children indicated that they were victims of crime in their neighborhoods, while 5.8 % of parents of Hispanic children and 4.4 % of parents of White children reported that they were victims of neighborhood crime. These findings suggest that African American Head Start children are indirectly exposed to violence at higher rates than other racial/ethnic groups as a result of their parents' victimization.

Both the FACES study and other research reveal that African American families are particularly vulnerable to community violence.  Their susceptibility stems from their disproportionate representation among groups that are likely to reside in high risk neighborhoods, including the poor, the unemployed, and families headed by single parents (Hampton, 1996; Leventhal & Brooks-Gunn, 2000).  African-American families are 10 times more likely than European-American families to live in neighborhoods where at least 30% of the residents are poor (Duncan, Brooks-Gunn, & Klebanov, 1994) and where there are high levels of joblessness (Chase-Lansdale & Gordon, 1996).  Similarly, African American parents are disproportionately represented in neighborhoods saturated with community violence, crime, and drug abuse (Sampson, 2001; Sampson, Raudenbush, & Earls, 1997).  Residency in such neighborhoods increases the likelihood that children as young as the preschool years will witness one or more violent events on the street.

Research suggests that both direct victimization and indirect violence, such as witnessing violent acts, can have harmful effects on young children's growth and behavior (Holland et al., 1995). Violence exposure may negatively affect children's physical, cognitive, and socio-emotional development (Harden & Koblinsky, 1999; Richters & Martinez, 1993). A long list of psychological problems has been associated with children's exposure to community violence, ranging from temporary distress to symptoms of post-traumatic stress disorder (Bell & Jenkins, 1991; Osofsky, 1995; Pynoos et al., 1987). Other studies have linked direct and indirect violence exposure to externalizing behavior problems, such as aggression and impulsiveness, and internalizing behavior problems, such as anxiety and depression (Osofsky, 1995; Schwab-Stone et al., 1999; Singer, Anglin, Song, & Lunghofer, 1995). Moreover, one study suggests that the more times a child is exposed to violence, the more likely the child will exhibit psychological disorders (Garbarino et al., 1992).

While directly experiencing or witnessing violence can be harmful to the psychological well-being of children, living with the continuous threat of violence can also be damaging. The randomness of community violence presents a constant threat to the sense of safety of both children and their parents (Osofsky, 1995). Jenkins and Bell (1994) found that elementary-age children who reported feeling unsafe on their way to school reported higher levels of psychological distress than those who felt more secure. Similarly, Schwab-Stone et al. (1995) found in a study of 2,248 students in sixth, eighth and tenth grades that increased violence exposure led to an increased number of settings in which children felt unsafe. In turn, the researchers found that feeling unsafe was

14

significantly related to aggressive and antisocial behavior, dysphoric mood, and diminished academic achievement.

Much of the literature that examines the relationship between chronic community violence and child mental health has focused on the internalizing problem of posttraumatic stress disorder or PTSD (Bell & Jenkins, 1991; Overstreet, Dempsey, Graham, & Moely, 1999; Pynoos et al., 1987). Overstreet et al. (1999) examined the emotional and behavioral functioning of 75 African American children aged 10 to 15, living in or near public housing in New Orleans. The researchers found that 83% of the sample knew someone who had died because of violence, 43% reported having seen a dead body, 85% had witnessed drug dealing, and 10% had been threatened with murder. Data indicated that exposure to violence significantly predicted PTSD symptoms, with 33% of the exposed children displaying a symptom pattern consistent with DSM-IV criteria for PTSD. These symptoms include: re-experiencing of the traumatic event, avoidance of stimuli associated with the trauma and numbing of general responsiveness, and persistent symptoms of increased arousal including hypervigilance and anxiety (American Psychiatric Association, 1994).

Other internalizing behaviors such as depression and anxiety have also been found to be more common among children exposed to community violence (Osofsky et al., 1993). In one study of six to twelve year old urban children (39% white, 39% African American, 19% Hispanic, 3% other), Freeman, Mokros, and Pozanski (1993) found a positive relationship between reports of violence exposure and depression. Still other studies reveal significant associations between violence exposure and internalizing behaviors such as anxiety, sleep problems, nightmares and increased fears (Pynoos, 1993;

Richters & Martinez, 1993; Singer et al., 1995). Researchers have found that infants and toddlers exposed to community violence exhibit a variety of disorders, including sleep disturbances and irritability (Osofsky, Cohen, & Drell, 1995; Zeanah, 1994).  Some studies report that female children, older children, and children who are directly victimized are disproportionately more likely to experience internalizing behavior problems as a result of exposure to community violence (Harden & Koblinsky, 1999; Jaffe, Hurley, & Wolfe, 1990; Osofsky, 1995).

Externalizing disorders, such as aggression and impulsive behavior, are a second common response in children who experience or witness community violence.  Studies suggest that the incidence of aggressive behavior among children is positively correlated with the amount of their exposure to violent events (Harden et al., 2000; Pynoos & Nader, 1988).  In a sample of urban primary- and secondary- school students, Bell and Jenkins (1993) found more frequent reports of neighborhood violence exposure to be associated with increased fighting among boys and elementary school children.

Children who experience chronic community violence may also exhibit problems in school.  In an earlier study, Garbarino et al. (1992) interviewed Head Start and elementary school teachers.  Among children exposed to violence, school-age children were more likely to exhibit learning problems and aggression.  In contrast, preschool children with violence exposure tended to display passive and regressive behaviors such as clinging, reduced verbalization, withdrawal, and thumbsucking.  Additional studies find that children exposed to community violence suffer from poor concentration, lack of memory, sleep disturbances and intrusive thoughts, which can have deleterious effects on school performance (Pynoos & Nader, 1988; Richters & Martinez, 1993).

Much of the research examining the impact of community violence on child behavior has focused on school-aged and adolescent children. The problems of preschool children who have experienced or witnessed acts of community violence are less well known. While some have speculated that younger children are less affected by violence exposure, others have stressed the potential for violence-related stress to compromise children's achievement of key developmental tasks (Farver, Natera, & Frosch, 1999; Jenkins & Bell, 1994). In particular, violence exposure may undermine young children's ability to achieve a sense of trust, autonomy, and initiative.

Studies that have examined preschool children living in violent neighborhoods suggest that community violence exposure may hinder children's development of social skills and contribute to internalizing and externalizing behavior problems (Garbarino et al., 1992; Holland, 1996;Jaffe et al., 1990). A study by Farver et al. (1999) of 64 Head Start preschoolers (30% African American, 64% Latino, 6% white) in a high-crime area of southern California examined the extent to which preschoolers and their families are exposed to community violence. This study further investigated the impact of violence exposure on young children, focusing on children's distress symptoms and social competencies. As reported by the mothers of the preschoolers, over 50% of the children exhibited distress symptoms including bad dreams, recurring fearful memories or thoughts, and worries about being safe. Findings also indicated that greater family exposure to community violence was associated with a reduction in preschoolers' positive peer interaction and an increase in socially hesitant behavior with peers.

A study by Linares et al. (2001) of 160 low-income children between the ages of 3 and 5 (72% African American, 22% Hispanic, 6% other ethnic groups) living in high-

crime Boston neighborhoods examined the link between community violence and the development of early behavior problems.  The authors found that exposure to community violence had a direct effect on child behavior problems, with those children who witnessed violence displaying  more internalizing and externalizing behaviors than their non-exposed peers.  Another study by Harden et al. (2000) of 155 African American Head Start preschoolers in a low-income, "moderately violent" Washington DC neighborhood examined the relationship between exposure to community violence and externalizing behavior problems. The authors found that almost one quarter of the children were identified by their parents as having externalizing problems such as anger and aggression. The study also found a significant positive relationship between children's externalizing and internalizing behavior problems. Using the same sample of Washington DC Head Start children, Shahinfar et al. (2000) found that internalizing behavior problems were more common among children who witnessed violence, while externalizing problems were more likely in those victimized by violence. Finally, the FACES (USDHHS, 2003) study of a national random sample of Head Start children found that parents with greater violence exposure reported their children engaging in fewer positive social behaviors and exhibiting more behavioral problems than children of parents with lower violence exposure.  However, it is important to note that these findings examined parents', rather than children's, exposure to violence.

Taken together, these studies suggest thatpreschoolers  who witness community violence may develop aggressive, impulsive, self-protective behaviors that interfere with the development of social competencies such as cooperation and empathy.  Children exposed to community violence may likewise develop internalizing behavior problems

18

and difficulties with peer interaction. It is important to note that externalizing behavior problems are the most prevalent mental health challenges among preschool children (Campbell, 1997). Similarly, there is evidence of an association between early onset of behavior problems and antisocial behavior in later childhood and adolescence (Campbell, 1995; Farrington, 1991).

Research also reveals that violence exposure may interfere with young children's ability to establish secure attachments with their parents and teachers, and may reduce the benefits that children gain from the preschool experience. Garbarino et al. (1992) report that when a family's daily life is associated with danger, rather than safety and security, children may have difficulty forming secure attachment relationships. Some violence-exposed preschool children, fearing that they will be left alone, exhibit anxious attachments to their mothers and teachers (Osofsky et al., 1993; Wallach, 1993). As a result, preschoolers exposed to community violence may be less likely to explore their classroom and playground, and less likely to interact freely with other children---limiting opportunities to master their environment and develop important social skills (Osofsky, 1995; Holland, 1996). Other research reveals that some preschoolers who are exposed to community violence show regression in developmental achievements such as toileting and language behavior (Drell, Seigel, & Gaensbauer, 1993).

As stated previously, not all children exposed to risk factors experience negative developmental outcomes. Recent studies have examined family relationships as moderators of the association between exposure to community violence and internalizing and externalizing outcomes. In a study of 245 African American and Latino adolescent boys from economically disadvantaged inner-city neighborhoods, Gorman-Smith and

19

Tolan (1998) found that exposure to community violence was related to increased depression and anxiety symptoms in boys from families with low levels of cohesion versus boys with highly cohesive families. Similarly, Overstreet et al. (1999) found that children ages 11 to 14 living in mother-absent homes reported increased depressive symptoms as community violence exposure increased, while children living in mother-present homes did not. Yet another study by Richters and Martinez (1993) of children ages 7 to 15 found that their success and failure, as defined by school performance and emotional/behavioral functioning, were related to the safety and stability of their family environments rather than to their levels of exposure to community violence. Such findings suggest that some families may provide a dependable, organized environment that buffers children from the negative effects of community violence.

Taken together, a number of studies suggest that community violence exposure, such as witnessing a violent event, may threaten preschool children's ability to develop social competence and contribute to a variety of behavior problems. However, some of the studies that describe a greater prevalence of behavior problems among preschoolers in violent neighborhoods do not examine the relationship between children's actual experience or witnessing of community violence and child outcomes. During children's preschool years, when they are closely monitored by adults, parents may be more successful in shielding children from violent neighborhood events (e.g., physical assaults, injured victims on the streets) than they are in blocking elementary-age and older children's exposure to community violence. The current study addresses this issue of preschool children's violence exposure by examining whether or not young children's

direct witnessing of community violence is a significant predictor of their social skills and behavior problems.

<div align="center">Family Conflict</div>

When examining the effects of community violence on early childhood behavior, it is important to consider that young children may have concurrent exposure to family conflict.   Family conflict is defined as interparental or interpartner aggression that is characterized by a range of behaviors from verbal or emotional abuse to physical abuse, such as hitting a partner (Straus, 1979).

The majority of violence that children confront occurs in the home and involves parents or other family members (Finkelhor & Dziuba-Leatherman, 1994). Estimates concerning the percentages of families affected by intrafamilial conflict vary widely, ranging from 16% (Straus & Gelles, 2000) to 60% (O'Leary, Curley, Rosenbaum, & Clarke, 1985). Similarly, reports of the number of children who have observed conflict within their families differ greatly, with estimates ranging from 3.3 million (Carlson, 1984) to 10 million (Straus, 1991).  Children under the age of 5 are disproportionately represented among child witnesses of domestic violence (Fantuzzo et al., 1997). Recently, the FACES study (USDHHS, 2003) of a national random sample of Head Start children found that 8.6 % were reported to have witnessed family conflict during the previous year. Continued research on the prevalence and nature of children's exposure to family conflict is necessary to fill current gaps of knowledge in this area.

Several studies have found that children's exposure to interparental conflict is predictive of problematic child adjustment.   Family conflict disrupts normal child development in two major ways: (a) byexposing the child to maltreatment  of a parent;

and (b) bycreating a void of consistent, effective child management and family

functioning (Jaffe et al., 1990).

Research suggests that interparental conflict has direct effects on children's

socioemotional development. The most vulnerable aspect of social development in terms

of family conflict may be the child's ability to regulate emotional states. Maccoby

(1980) targeted early childhood as the most important period in the development of

emotional control and regulation, with a child's ability to control impulses, tolerate

frustration, delay gratification and manage excitement as important developmental

milestones. Gottman and Katz (1989) found that marital conflict may alter children's

physiology, placing them in a state of chronic stress. The researchers hypothesized that

children with maritally-conflicted parents may have difficulty self-regulating when they

experience distressed affective states and may be hypervigilant to cues linked to these

states. These children may be overly sensitive to both marital and parent-child conflict,

and may be especially afraid of people being angry at them.

Interparental conflict can also affect child development by shaping children's

cognitions and perceptions. Marital conflict may generate an environment that is

insensitive to and rejecting of the child, threatening a child's sense of safety in the family

(Davies & Cummings, 1998). In the short term, this environment may cause the child to

experience distress and anger. Prolonged exposure to interparental or interpartner

conflict may alter the child's feelings of security, causing the child to perceive the family

and even the world at large as threatening.

Another aspect of child development that may be affected by interparental

conflict is the child's style of coping. In a study of 83 children between the ages of eight

and eleven years (65% white, 23% African American, 12% other ethnic minorities),

O'Brien, Margolin, and John (1995) found that children who involve themselves in their

parents' marital conflict have higher levels of anxiety, hostility, and lower self-esteem

than do children who do not utilize self-involving coping strategies.  Conversely, those

children who utilize coping strategies that distract and distance themselves from their

parents' conflict experience less anxiety than children who do not use avoidant and self-

reliant coping strategies.   Seemingly, children who develop the skills to remove and

distract themselves from their parents' marital conflict decrease their exposure to hostile

and emotionally intense exchanges, reducing their vulnerability to serious mental health

problems including depression, anxiety, hostility and lower self-esteem.

Children who are exposed to family conflict may also be more likely than

unexposed children to exhibit developmental delays.  A study by Huth-Bocks,

Levendosky, and Semel (2001) examined the intellectual functioning of low-income

preschoolers with varying levels of exposure to family conflict, as measured by parents'

completion of the Conflict Tactics Scale.  It is important to note that the Conflict Tactics

Scale measures the amount of conflict between adults, so the researchers assumed that

preschoolers actually observed or overheard the conflict, or witnessed after effects of the

conflict such as a parent's physical injuries or emotional pain. The sample was 43%

African American, 24% biracial, 21% white, 11% Latino and 1% Asian preschool

children. The researchers found that children in homes with higher levels of family

conflict had poorer verbal abilities than those children not exposed to conflict.   In an

earlier study, Westra and Martin (1981) also found that children ages two to eight who

had witnessed domestic conflict scored significantly lower than the general population on

verbal, quantitative, motor, and overall intellectual ability tests. However, it is significant that the latter study did not control for socioeconomic status and only included children from a battered women's shelter.

Family conflict and aggression have been associated with a wide range of symptoms of psychological distress among children, including anxiety, depression, post-traumatic stress disorder, and behavioral problems. Emotional and behavior problems are exhibited by disproportionate numbers of preschoolers exposed to family violence.  In a study by Attala and Summers (1999) of 115 preschoolers from low-income families (50% African American, 46% white, 3% Hispanic and 1% Asian), the researchers found that exposure to family conflict, as measured by a parent's completion of the Conflict Tactics Scale, was significantly linked to a wide array of child problems.  In this study, preschool children in homes with higher versus lower levels of family conflict were more likely to exhibit emotional problems, such as being afraid and crying often; social problems, such as resisting guidance and discipline; and educational problems, such as learning difficulties and inability to obey rules at school.

Other studies also found that children who witness familial conflict in their homes exhibit more internalizing and externalizing behavior problems than those who do not witness conflict.  For example, Fantuzzo et al. (1991) studied 107 young children (59% White, 29% Hispanic, 5% Black, 4% Asian, 4% Native-American, and 2% mixed) in Southern California who were enrolled in Head Start Centers or temporarily residing in shelters for battered women. Using the Conflict Tactics Scale as a measure of family conflict, the researchers found that children in families with high levels of physical and verbal interparental aggression exhibited significantly more externalizing and

internalizing behavior problems than children in comparison groups whose families were not characterized by domestic conflict.  Specifically, children in families with high interparental conflict displayed more conduct problems, emotional problems, and lower levels of social functioning.

A study by Harden et al. (2000) of 155 low-income African American preschool children in the Washington, DC area also found that family conflict, as measured by a subscale of the Family Environment Scale (FES; Moos & Moos, 1994), was positively related to child externalizing behavior problems such as aggression.   Additionally, Levendosky and Graham-Berman (1998) examined 21 preschoolers (52% white, 48% African American) from low-income families in urban Michigan who were exposed to intrafamilial conflict, as measured by the Conflict Tactics Scale.  Results revealed that higher levels of family conflict significantly predicted the frequency of internalizing and externalizing behaviors of the preschool children.  This finding reveals that family conflict may have multiple effects on children's behavior:  children in homes with higher levels of domestic conflict were more likely to display agitation and aggression, as well as depression and withdrawal.

Still another study found sex differences in the effects of family conflict on elementary-age children.   In their study of 363 children ages six to twelve from predominantly low-income families (53% white, 35% Hispanic**,** 6% African American and 6% Native American, Asian or Pacific Islander), Becker and McCloskey (2002) found that family conflict, as measured by the Conflict Tactics Scale, was associated with attention and conduct problems in girls, but not boys, and also had a direct link to delinquency in girls. The researchers hypothesize that these sex differences may be due,

in part, to the possibility that girls are more psychologically vulnerable to highly conflictual family environments than boys. When girls experience aggression and conflict in the home, they may respond with distress and acting-out behaviors that place them above the norm for conduct problems.

Interparental and interpartner conflict may also indirectly affect children's adjustment and behavior because it alters the quality of the parent-child relationship. Patterson, Reid, and Dishion (1992) suggested that parental conflict increases the risk of problem behaviors in children by reducing the consistency or effectiveness of parental discipline practices, particularly maternal monitoring of the child's behavior. An earlier, but related, explanation by Patterson (1971) is the "accidental learning" hypothesis, in which he suggests that as marital conflict escalates, parents become increasingly absorbed in the marital problems and pay less attention to the child, who may learn that acting out is an effective attention-getting strategy. Crockenberg and Covey (1991) state that "there is little question at this point that marital conflict affects child externalizing behavior indirectly, through its link with parental behavior. Whether it has a direct effect on the child as well is less certain" (p. 250).

Intrafamilial conflict has been found to be more common among economically marginalized minority families coping with the pressures of low socioeconomic status than among more affluent families (Gelles & Straus, 1988). Family conflict can be particularly damaging for low-income minority children who need structure and stability to buffer the effects of poverty on their psychological well-being (Harden et al., 2000). However, there is a limited amount of research focusing on the relationships between

family conflict and young African American children's social skills and behavior problems.

The existing literature further suggests that there is increased risk of family conflict in areas characterized by high community violence (Osofsky et al., 1993; Richters & Martinez, 1993). This finding may be attributed to the stressors associated with community violence, which may increase tensions within the family and enhance the likelihood of violent responses to interpersonal disagreement and conflict (Lynch & Cicchetti, 1998). In their study of children exposed to community violence, Richters and Martinez (1993) found that 50% of the elementary school children sampled were exposed to minor within-family conflict and 32% were exposed to severe within-family conflict. The researchers concluded that future research on the effects of community violence should include measures of family conflict in order to study children's differential exposure to these events, and to assess the combined impact of being raised in both violent homes and violent neighborhoods.

There is currently a scarcity of data documenting the social-emotional effects of young children's exposure to both family conflict and community violence (Harden & Koblinsky, 1999). The current study helps to fill this gap by examining how levels of exposure to family conflict and to violence within the child's community predict the social skills and behavior problems of low-income African American preschoolers.

<center>Parenting Practices</center>

At the family level, parenting practices is a factor that seems likely to affect the behavior of African American preschool children who are being raised in violent neighborhoods. Parents are the primary socializers of young children during their early

<center>27</center>

years of development (Bronfenbrenner, 1986).    Researchers have identified three

general parenting constructs that facilitate optimal development: parental support,

structure, and control (Maccoby & Martin, 1983; Rollins & Thomas, 1979; Slater &

Power, 1987).  Parental support, or the caregiver's ability to make the child feel

comfortable, accepted, and approved, involves nurturance, warmth, and affection

(Koblinsky, Morgan, & Anderson, 1997; Thomas, Grecas, Weigert, & Rooney, 1974).

Structure includes such variables as consistency and organization in the child's

environment, as well as parental involvement and modeling of socially mature behavior

(Slater & Power, 1987). Research finds that parental support and structure are positively

related to children's competence, self-reliance, and compliance (Baumrind, 1971;

Jackson, Brooks-Gunn, Huang, & Glassman, 2000).  The third construct, parental control,

refers to the amount of authority the caregiver exerts over the child through methods such

as discipline and punishment (Koblinsky et al., 1997; Slater & Power, 1987).  Flexible

methods of parental control have been positively associated with child competence and

self-reliance, while rigid, coercive methods of control have been found to be negatively

associated with children's adjustment (Baumrind, 1971; Power & Chapieski, 1986).

It has been suggested that African American parents use higher levels of control

than white parents (Brody & Flor, 1998). However, many of these studies have failed to

examine the influence of the high-risk environments in which many African American

families must raise their children (Murry et al., 2001).   Some research has found that

parents who reside in more dangerous neighborhoods report more controlling parental

practices than those in less dangerous environments.  For example, in a study of 429

families with children ages 11-15 (66% African American, 34% white) in inner-city

Philadelphia, researchers found that African American parents were more likely than white parents to use restrictive measures to protect their children from dangers in the neighborhood (Elder, Eccles, Ardelt, & Lord, 1995). The authors hypothesized that this was due to African American parents' decreased ability to rely on neighborhood help and resources, such as family services and programs, in raising their children.

Recent studies have examined African American mothers' parenting practices and preschool children's outcomes. Barnett, Kidwell & Leung (1998) studied 69 low-income African American mothers with children in Detroit area Head Start Programs. The researchers found that mothers with higher scores on measures of involved, supportive parenting, as measured by the Parenting Dimensions Inventory (Slater & Power, 1987), had preschoolers with fewer behavior problems and better preschool ability. Similarly, in a study of 193 low-income African American preschoolers in urban Georgia, researchers found that children whose mothers were more nurturant scored higher on cognitive measures and social skills than those with less nurturant mothers (McGroder, 2000).

Exposure to chronic community violence may not only have direct detrimental effects on child adjustment, but may also impact children indirectly through parental adjustment and parenting. Parents who live in violent communities may be traumatized by their own exposure to violence. Experiencing anxiety and depression, they may feel powerless in their ability to provide a safe environment for their children. Garbarino, Kostelny & Dubrow (1991a) describe the sadness exhibited by one mother because of her perception that she could not be an effective parent for her children. The stresses of living in violent, drug-infested neighborhoods may overwhelm the coping resources of some parents and make them less able to provide consistent, nurturant parenting to their

29

children.  Such parents may be less available to support their preschoolers, which can have direct detrimental effects on child development and intensify the negative effects of child exposure to community violence (Cicchetti & Lynch, 1993; Kliewer et al., 1998).

In spite of the stressors associated with living in violent neighborhoods, many parents demonstrate coping and parenting behaviors that may buffer children from the adverse effects of community violence.  Although most of the research on parental protective strategies has focused on parents of older children and adolescents (e.g., Hill et al., 1995; Myers, 1998), there exists a growing body of research investigating mothers' efforts to protect their three- to five-year old children from community violence.  Parents who provide sensitive, nurturing, consistent, and responsive caregiving may be better able to protect their children from the negative effects of violence exposure than those who fail to provide such quality care (Cichetti & Lynch, 1993; Garbarino et al., 1992).  Such parenting may contribute to children's development of prosocial skills and reduce the likelihood of both internalizing and externalizing behavior problems.  Garbarino et al., (1991b) point to mothers' use of consistent, predictable behaviors, such as family routines, as a parenting strategy that may protect children from the ill effects of violence exposure because such behavior provides stability in the face of otherwise uncertain circumstances.

Research on low-income children and families living in violent communities has primarily focused on risk factors and negative child outcomes.  Most often, the protective factors in these families are minimized or not comprehensively researched.  There is currently an urgent need to identify family protective factors that contribute to young children's social competence and resilience, as well as factors that increase preschoolers'

vulnerability to negative outcomes. This study seeks to address this need by examining the potential role of positive parenting in predicting both the social skills and behavior problems of African American children who live in violent, urban neighborhoods.

Informal Social Support

Another variable that may affect the development of children who live in violent neighborhoods is the availability of informal social support to their families. Informal social support has been defined as the material, instrumental, emotional, or informational aid offered by members of a person's informal network, including family, friends, co-workers, and neighbors (Dunst & Trivette, 1990). Such informal social support has been found to play a key role in helping many low-income African American families cope successfully with adversity (Koeske & Koeske, 1990; Stevens, 1988). Many single African American mothers live in extended family systems where other adults contribute to parenting and socializing young children (Cherlin, 2002; Wilson, 1989).

Numerous studies have found that support from extended family networks has positive effects on adult outcomes, contributing to higher levels of self-esteem (Taylor, Chatters, Tucker, & Lewis, 1990) and ability to deal with social problems (Sarason, Sarason, & Shearin, 1986). Social support may likewise improve the parent-child relationship. For example, in an observational study of mother-child interactive play among 45 lower- to middle-class families with a handicapped or developmentally at-risk child, satisfaction with social support, as measured by the Family Support Scale, was associated with greater maternal engagement in the play (Dunst & Trivette, 1986). Similarly, observations of mother-child interactive play among 28 white single- and two-parent families and their two- to four-year olds, found that higher social support was

predictive of more optimal parenting behavior (Weinraub & Wolf, 1987). Other research has found that in families with low levels of social support, mothers are more likely to exhibit attitudes of indifference, hostility and even rejection towards their children (Bronfrenbrenner, 1986). Greater informal social support may increase the amount and quality of time parents spend with their young children, contributing to more positive child behavioral outcomes.

While research finds that most social support comes from kin (Bronfenbrenner, 1986; Belle, 1981), the social support that mothers receive from outside the family may also improve parenting and child outcomes. For example, Szykula, Mas, Turner, Crowley, and Sayger (1991) examined the relationship between social support from peers and adults outside of the family and mother-child interaction in mothers of 32 predominantly white, middle-class children between the ages of two and twelve. The researchers found that children whose mothers reported low levels of supportive social contact experienced significantly less prosocial mother-child interaction than children whose mothers reported moderate or high levels of social support.

Belsky (1984) proposed that contextual sources of stress, such as poverty, single parenting and living in a violent neighborhood, are key determinants of style of parenting and can directly and indirectly influence children's development. Greater stress has been significantly linked to less optimal parent and family functioning, less optimal parent-child interaction, and lower child competence (Crinic & Greenberg, 1990). Research suggests that receipt of informal social support may reduce parental stress and contribute to more affectionate, involved interactions with young children. For example, in one study of 74 predominantly white mothers and their five-year-old children (20% received

public assistance), mother's social support was found to moderate the effects of minor daily stresses of parenting (Crinic & Greenberg, 1990). Findings indicated that social support served as a protective factor, buffering mothers from perceived parenting hassles and increasing parental satisfaction, which in turn resulted in more positive interactions with children. Another study of 44 mothers of four-year olds from a broad range of socioeconomic backgrounds (86% white, 14% African American) found that mothers who are satisfied with their social support networks demonstrated more optimal parenting behavior than those dissatisfied with their support. Specifically, mothers with higher levels of social support praised their children more and were less controlling than dissatisfied mothers (Jennings, Stagg, & Connors, 1991).

Informal social support may also play an important role in maternal involvement in children's education, providing opportunities for mothers to learn new parenting strategies for promoting children's social competencies. For example, in a Detroit area study of low-income, African American mothers diagnosed with bipolar depression or schizophrenia, it was found that higher levels of social support, as measured by the number of people who gave parenting feedback/advice or talked to the mother about personal matters, facilitated mothers' involvement in their children's education (Oyserman, Bybee, Mowbray, & McFarlane, 2002). Mothers with greater social support were more likely to attend PTA meetings and school events, plan activities with other parents, and enroll their children in other activities outside of school. Such parental support may contribute to positive outcomes for young children, including development of both social and cognitive skills.

Previous research has found that parents with minimal social support may engage in less optimal parenting behaviors.  Low social support may be especially problematic for poor parents who often lack the resources to obtain a temporary respite from the demands of parenting.  For example, in a study of 1,035 individuals who had one or more children under the age of 5 in their household, Hashima and Amato (1994) found that poor parents with few sources of support to draw upon in a crisis were especially likely to yell or slap their children "very often."  The greater the number of people low-income parents felt they could rely on for informal assistance, the less likely they were to report problematic parenting behavior.  For those mothers perceiving a lack of social support, feelings of hopelessness may intensify and in turn influence the way they interact with their children.  Such findings suggest a buffering role of social support for low-income families, reducing their daily stress, improving parent-child interaction, and contributing to more positive child outcomes (Cohen & Wills, 1985).

Social support may likewise serve to protect children exposed to community violence from negative outcomes.  In a study of 112 8- to 12- year-olds (96% African American, 2% white, 2% other) living in moderate- to high-violence areas in Richmond, Virginia, children with high levels of violence exposure and inadequate social support had the highest levels of intrusive thoughts about violence. Also, children with high levels of intrusive thoughts and inadequate social support had the highest levels of internalizing symptoms (Kliewer, Lepore, Oskin & Johnson, 1998).  These findings suggest that children may benefit from experiencing support from their mothers and other empathetic adults.  Opportunities to talk about and process stressful events, such as witnessing community violence, may help children to gain control of their emotions and

to cope with traumatic experiences (Clark, 1993; Garbarino et al., 1992; Kliewer et al., 1998).

Although informal social support from friends, family, and "fictive kin" has been posited to play an important role in helping low-income African American mothers cope with the challenges of parenting, there have been few studies examining the relationship between informal social support and preschool child outcomes in such families. This study extends existing literature by examining the extent to which level of informal social support predicts the social skills and behavior problems of African American preschoolers residing in violent neighborhoods. Examining this community-level variable, in addition to the family variable of parenting, may help to identify protective factors that facilitate positive child development within the context of a high-risk environment.

## Purpose of Study

The purpose of this study was to use an ecological framework to examine various factors that may predict the behavior of African American preschool children who reside in violent neighborhoods. Specifically, this study examined the role of two potential protective factors, positive parenting and informal social support, and two potential risk factors, witnessing community violence and family conflict, in predicting young children's social skills and behavior problems. Two additional demographic characteristics, the age of the mother and the age of her preschool child, were also examined as control factors. Figure 1 presents the conceptual model of ecological factors predicting preschool children's social skills and behavior problems. One final goal was

35

to use study findings to recommend family-level and community-level strategies for

improving child outcomes in neighborhoods plagued by violence.

| Ecological Outcomes Level | Predictors | Child |
|---|---|---|
| | | |

Individual

```
┌─────────────────────────────┐
│ Age of Child                │
│                             │
│ Age of female caregiver     │
│                             │
└─────────────────────────────┘
```

Family

```
┌─────────────────────────────┐
│ Positive Parenting          │
│                             │
│ Family Conflict             │
│                             │
└─────────────────────────────┘
```

```
┌────────────────────────────────┐
│ Social Skills:                 │
│     Self Control               │
│     Cooperation                │
│     Assertion                  │
│     Responsibility             │
│                                │
│ Behavior Problems:             │
│     Internalizing              │
│     Externalizing              │
└────────────────────────────────┘
```

Community

```
┌─────────────────────────────┐
│ Informal Social Support     │
│                             │
│ Child Exposure to Community │
│ Violence                    │
└─────────────────────────────┘
```
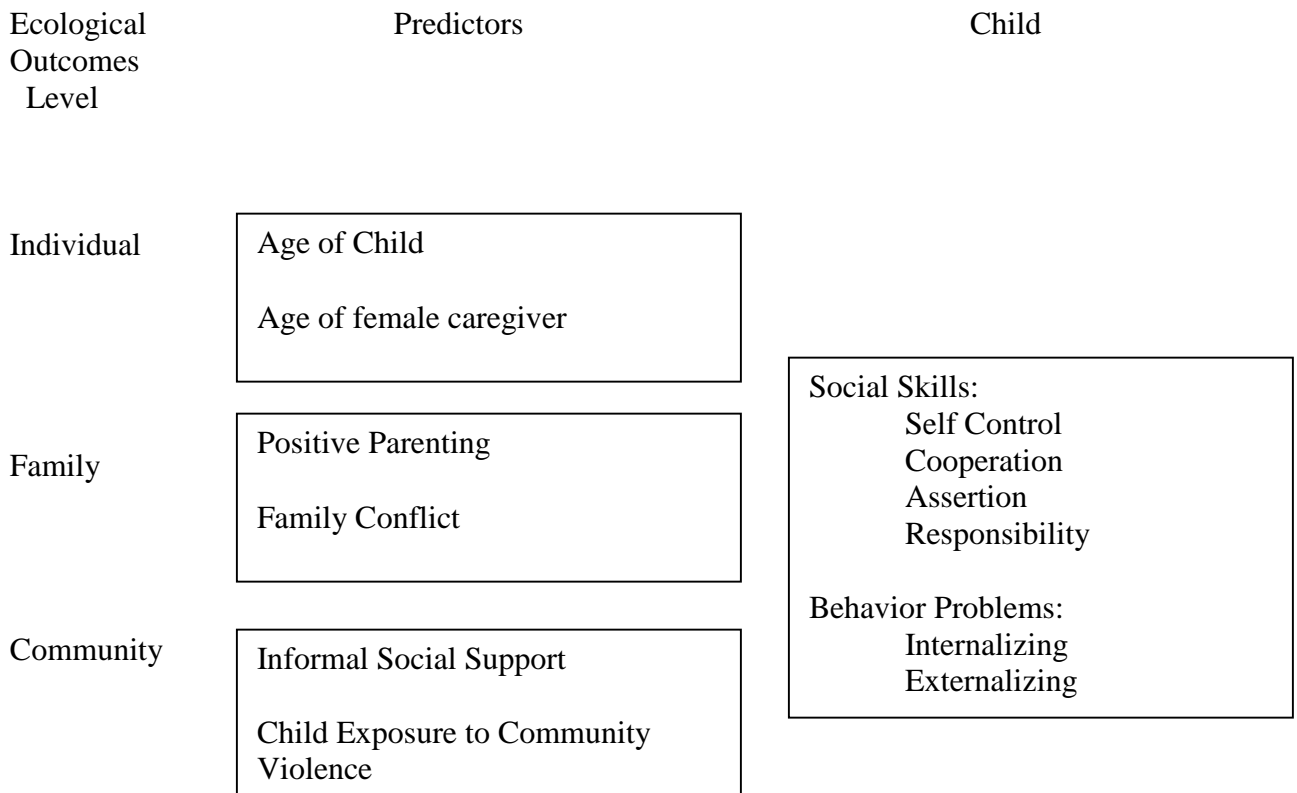
Figure 1. Conceptual Model of Ecological Factors Predicting Child Social Skills
and Behavior Problems

Definition of Variables

*Independent Variables*

*Exposure to Community Violence*

The preschool child's witnessing of at least one violentevent in his/her

community during the last year (Koblinsky & Randolph, 1997).

*Family Conflict*

The total number of incidents of verbal or physical aggressive behavior between the preschool child's mother/female caregiver and her partner during the last year (Straus, 1979).

*Positive Parenting*

The mother/female caregiver's provision of nurturance, responsiveness, consistency, and appropriate control in caring for her young child (Slater & Power, 1987).

*Informal Social Support*

The amount of help provided by the mother's/female caregiver's family, friends, other Head Start parents, co-workers, church members, and social group members in raising her Head Start child over the last three to six months (Dunst & Trivett, 1990).

*Age of mother/female caregiver*

The mother/female caregiver's age in years.

*Age of preschool child*

The age of the target preschool child in months.

<div align="center">

*Dependent Variables*

</div>

*Child Social Skills*

*Self-control*: The child's skill in responding appropriately when teased, controlling temper, and responding in a non-violent way when pushed (Gresham & Elliott, 1990).

*Cooperation:* The child's skill in following rules, putting away toys, and attempting household tasks (Gresham & Elliott, 1990).

*Assertion:* The child's skill in making friends easily, initiating conversations, and introducing oneself (Gresham & Elliott, 1990).

*Responsibility:* The child's skill in being able to communicate appropriately with adults and demonstrate respect for others; for example, asking permission before using a family members' things (Gresham & Elliott, 1990).

*Child Behavior Problems*

*Internalizing Problems:* The child's display of symptoms of fearfulness, sadness, guilt, social withdrawal, anxiety, and/or somatic symptoms (Achenbach, 1991).

*Externalizing Problems:* The child's display of symptoms such as impulsivity, aggression, anger, defiance, and coercive interactions with peers and parents (Achenbach, 1991).

Hypotheses

On the basis of prior research, it is expected that positive parenting and higher levels of informal social support will foster greater resiliency in children living in violent communities, as measured by the existence of greater social skills and fewer internalizing and externalizing behavior problems. Conversely, exposure to community violence and family conflict are expected to weaken children's development of social skills and to increase their incidence of behavior problems. The study has four major hypotheses:

1. Positive parenting will predict a significant amount of the variance in preschoolers' social skills and behavior problems. Specifically, the female

caregiver's use of more positive parenting behaviors will be related to higher levels of child social skills and lower levels of child behavior problems.

2. Informal social support will predict a significant amount of the variance in preschoolers' social skills and behavior problems. Specifically, greater informal social support to the family will be related to higher levels of child social skills and lower levels of child behavior problems.

3. Community violence exposure will predict a significant amount of the variance in preschoolers' social skills and behavior problems. Specifically, reports of the child having witnessed one or more events of community violence in the last year (versus no exposure) will be negatively related to child social skills and positively related to child behavior problems.

4. Family conflict will predict a significant amount of the variance in preschoolers' social skills and behavior problems. Specifically, reports of greater family conflict will be related to lower levels of child social skills and higher levels of child behavior problems.

CHAPTER III: METHODOLOGY

Sample

As stated previously, this study is a secondary analysis of a larger, three-year, University of Maryland, College Park investigation of community violence and Head Start families. This study, *The Role of Family and School in Promoting Positive Developmental Outcomes for African American Preschoolers at Risk for Exposure to Community Violence* was funded by the U.S. Department of Education (Grant # R307F60099).

The sample for this study consisted of 223 low-income African American mothers or female caregivers (e.g., aunts, grandmothers) who were functioning in the mother's role for the target Head Start child. Hereafter, all female participants will be referred to as mothers. All mothers were over the age of 18 and had at least one child between the ages of three and five enrolled in one of 14 Head Start centers in Washington, DC or Prince George's County, Maryland. Mothers and children were selected from neighborhoods characterized as having high levels of community violence based upon crime data supplied by District of Columbia and Maryland police departments, including the Uniform Crime Index and the Violent Crime Index (Federal Bureau of Investigation, 1998). Head Start grantees confirmed the prevalence of violence within these neighborhoods, with some centers installing bullet-proof windows and limiting the times when children were allowed to play outside on playgrounds.

Low income status of the mothers was defined by their meeting Head Start eligibility; at the time of the study, a family of four could have a maximum income of $16,450 to qualify for the program (USDHHS, 1998). The sample was limited to

40

mothers participating in year one and year three of the three-year grant because some of the study measures were not included in the year two interview.

## Constructs and Measures

Data were obtained for the larger study through a study-specific Interview Protocol. This protocol included standardized measures and a mother interview, which collected demographic data and information about the family's experience with community violence. Demographic items, presented in Appendix A, elicited information about child characteristics (age, gender), maternal characteristics (age, education, marital status, employment status, age at birth of first child), and family characteristics (number of adults and children in the home, type of housing). Project staff selected culturally sensitive measures that were reviewed and approved by the grant project's advisory committee. The present study used several measures from the mother's interview. Constructs measured by the study's questions and instruments included:

1. Witnessing of Community Violence

2. Family Conflict

3. Positive Parenting

4. Informal Social Support

5. Child Social Skills

6. Child Behavior Problems

Independent Variables

Community violence exposure, an independent variable, was measured with a question administered to mothers during the oral interview. The question read, "In the past year, has your child seen someone being threatened or being a victim of any type of

neighborhood violence-- like being beaten, robbed, chased, shot, or threatened with a weapon?" Thus, this item assessed whether the target preschool child had directly witnessed an event of community violence during the previous year. A "yes" response was coded "l" and a "no" response was coded "0."

Family conflict, another independent variable, was assessed using the Conflict Tactics Scale (CTS; Strauss, 1979). The version used in this study yields a total score for aggression between the child's parents or the child's mother and her partner. The CTS, presented in Appendix B, consists of 18 items that measure three different ways of handling interpersonal conflict in intimate relationships: reasoning, verbal aggression (referred to by some researchers as psychological abuse), and physical violence. The first three items make up the reasoning subscale and describe tactics used for rational discussion, argument and reasoning. The following seven items describe tactics that are not physically violent but use verbal and nonverbal acts which hurt the other person, making up the verbal aggression subscale. The final eight items describe physically violent acts (e.g., "kicked,"), making up the violence subscale. All items are ranked on a continuum from least to most severe. Participants are asked to report on the frequency of each behavior during the last year on a seven-point scale. Response options included: (0) never; (1) once; (2) twice; (3) 3-5 times; (4) 6-10 times; (5) 11-20 times; and (6) more than 20 times. This study used the CTS score obtained from summing the 15 items on the verbal aggression and physical violence subscales (minus item 7, "cried", which is not scored in the CTS) to obtain a measure of the total amount of family conflict occurring in the mother's relationship during the last year. Total possible scores ranged from 0 to 84, with higher scores indicating higher levels of family conflict. Overstreet and Braun

(2000) found the CTS to be reliable with a sample of African American mothers with a coefficient alpha of .75.

Positive parenting, a third independent variable, was measured using the preschool version of the Parenting Dimensions Inventory (PDI; Slater & Power, 1987). This inventory, presented in Appendix C, provides information about parenting practices in the areas of nurturance, responsiveness to child input, consistency of parenting practices, and control. Nurturance is defined as the caregiver's provision of support, warmth, encouragement, and caring behavior toward the child. Responsiveness is defined as the caregiver's reaction to the child's needs with a timely and appropriate response. Consistency is defined as the extent to which the caregiver uses uniform childrearing practices, adhering to routines while providing guidance to the child. Finally, control is defined as the caregiver's provision of appropriate discipline, direction, and restraint when managing the child's behavior. In completing the PDI, mothers responded to statements, such as "I encourage my child to talk about his or her troubles" and "Once I decide how to deal with (child's name)'s misbehavior, I follow through on it." Participants indicated the extent to which each item was similar to their own behavior using a scale of six responses, ranging from (1) not at all like me to (6) highly like me. For this study, the 16-item preschool version of the PDI was used. Items used for scoring were PDI 1, 2, 3 (reverse), 4(reverse), 5(reverse), 6 (reverse), 7 (reverse), 9, 10, 11, 14 (reverse), 15, 16, 19 (reverse), 21(reverse), and 24. On the 16-item PDI, participants' item mean scores were calculated. Possible mean scores ranged from 1 to 6, with higher scores indicating more positive parenting.

The PDI has been shown to be a reliable and valid measure with low-income African American mothers (Slater & Power, 1987). The reliability coefficients ranged from .68 to .83 in a study with African American mothers (Bluestone & Tamis-LeMonda, 1999). The external validity of the PDI has been confirmed with low-income, urban African-American mothers (Kelley, Power, & Wimbush, 1992).

Informal social support, was assessed by the Family Support Scale (FSS; Dunst, Jenkins, & Trivette, 1984). The FSS, presented in Appendix D, is a 19-item self-report measure designed to measure the degree to which different sources of support are helpful to families in rearing their children. Using a Likert format, respondents use a five-point scale anchored by (0) not at all helpful and (4) extremely helpful to rate the helpfulness of specific individuals in raising their child over the last three to six months. The FSS includes an Informal and Formal Support Scale. The Informal Support Scale includes the first 13 items on the FSS, including familial sources of support (e.g., parents, partner, own children) and extrafamilial sources of support (e.g., friends, Head Start parents, co-workers, social groups, church members). Using the five-point response scale, the total score on the Informal Support subscale can range from 0 to 52 with higher scores indicating greater levels of social support. The reliability and validity of the Family Support Scale were established by Dunst et al. (1984) using a sample of parents of developmentally at-risk and physically and mentally challenged preschool children. The FSS was determined to have internal consistency, with a coefficient alpha of .85, as computed from the average correlation of the 18 scale items, and a split-half (even vs. odd item) reliability of .75. A study by Letiecq, Anderson, and Koblinsky (1996) of predominantly African American homeless and low-income housed mothers of preschool

children also found the Family Support Scale to be a reliable measure of support, with a Cronbach's alpha of .81 for the total scale.

In order to control for some demographic characteristics that have been linked to child outcomes, mother's age in years and preschool child's age were included as independent variables in the analyses. A number of studies suggest that beginning parenthood during the adolescent years is associated with less optimal parenting practices (Coley & Chase-Lansdale, 1999; East & Felice, 1996). The current sample includes mothers who first became parents in their pre-adolescent or adolescent years. Preschool child's age was also included in the analyses to control for developmental differences in children's behavior.

Dependent Variables

Children's social skills were assessed with the Social Skills Rating System (SSRS), a measure that assesses children's social skills and behavior problems (Gresham & Elliott, 1990). The Parent Report Form for the preschool child version, which consists of a total of 49 items, was used in this study and is presented in Appendix E. Social skills are assessed with four subscales: self-control, cooperation, assertion, and responsibility. Problem behaviors are measured with two subscales: externalizing behaviors and internalizing behaviors. Only the social skills subscales were used in this study because another more comprehensive instrument was used to measure behavior problems (see below).

The SSRS self-control subscale includes behaviors that assess children's ability to respond appropriately to potential conflict situations, such as when the child is being teased or pushed. For example, these items include the child's ability to avoid situations

that will likely cause trouble and the ability to end a disagreement calmly. The cooperation subscale focuses on sharing and helping others, addressing behaviors such as the child's willingness to volunteer with household tasks, to follow household rules, and to keep his/her room clean without being reminded. The assertion subscale examines children's capacity to ask others for help or information, including items such as the child's ability to make friends easily, to initiate conversations, and to join group activities without being told. The final subscale, responsibility, focuses on demonstrating regard for others' property and work and being able to communicate appropriate information to adults; the subscale includes items such as the child's ability to ask permission before using another family member's things and to politely refuse unreasonable requests from others. Parents/caregivers respond to each item on the SSRS by indicating how often their preschool child exhibits the behavior on a scale that includes: (0) never, (1) sometimes, or (2) very often. Scores can range from 0 to 98.

McKinney and Rust (1998) found the SSRS to be reliable with a sample of African American mothers with a coefficient alpha of .90. The instrument has been found to have both criterion and construct validity (University of Arizona, 2001).

Child behavior problems were assessed with two subscales of the Child Behavior Checklist/4-18 Parent Form (CBCL): internalizing and externalizing behavior problems (Achenbach, 1991). The checklist is a widely used, well-standardized 113-item measure completed by the child's parent or by another adult who knows the child well. Problem behaviors are defined differently depending on the gender of the child. The internalizing subscale assesses behaviors such as acting sad, moody, fearful, and shy or timid. The externalizing subscale examines children's display of behaviors such as fighting,

screaming, teasing, and attacking others. The mother is asked to think about how often her child has exhibited each behavior on the CBCL within the past six months on a three-point scale that includes: (0) not true as far as you know, (1) somewhat or sometimes true and 2) very true or often true. Raw scores on the CBCL subscales are converted into T scores that are based on normative data for boys and girls. T- scores can range from 50 to 100; the mean T score for the normative sample is 60, with higher T-scores representing more behavior problems. T-scores in the range of 60-63 are considered borderline clinical, and scores of 64 or over are in the clinical range.

The CBCL has been found to have high reliability and criterion-related validity (Achenbach, 1991). Cronbach's alphas for the internalizing behavior problem subscale in the normative sample are .90 for girls and .89 for boys. Alphas for the externalizing behavior problems subscale are .93 for both girls and boys in the normative sample (Achenbach, 1991). The CBCL has been found to have strong psychometric properties in studies of children from diverse racial/ethnic and socioeconomic backgrounds, including at-risk groups such as homeless children (Buckner, Bassuk, Weinreb, & Brooks, 1999; Dibiase & Waddell, 1995; Rescorla, Parker, & Stolley, 1991) and children who have witnessed family violence (Stagg, Wills, & Howell, 1989).

Procedure

The current study was conducted by the University of Maryland, College Park in collaboration with the United Planning Organization and Prince George's County Head Start programs. Data were collected over a three-year period from 1996 to 1999. A sample of 312 mothers was recruited from 14 Head Start centers in Washington DC and Prince George's County. Head Start staff sent letters home to parents asking if mothers or

legal guardians were interested in participating in a project to help researchers learn about the development of their preschool child and how their neighborhood affects the way they parent.

Mothers who signed up to participate were called by a project staff member to arrange an interview that lasted approximately 90 minutes. Interviews were conducted by trained graduate and advanced undergraduate students during school hours at the Head Start center. Approximately half of the interviewers were African American. Before beginning the interview, the staff member explained the purpose of the study and obtained written consent from the mother. A copy of the consent form appears in Appendix F. The interview addressed a variety of issues including the family's background, family strengths, social support, parenting practices, maternal depression, family conflict, children' violence exposure, children's social skills, and children's behavior problems.

The interviews for this study were conducted in the months of May, June, July, August, September, and October of 1996 and 1998. Approval for this study was obtained from the University of Maryland Institutional Review Board (see Appendix G). Mothers' participation in the study was strictly voluntary and was not required by the Head Start program. Mothers were paid $25 for their participation. Confidentiality was and will continue to be maintained by assignment of a code number to each interview form. The codebook linking the names and code numbers of participants, as well as the original interviews, are kept in a locked file cabinet in the Family Studies Department.

Data Analyses

The present study utilized data from the first and third year of the larger three-year grant project. Data on the preschool child's witnessing of community violence, family conflict, maternal parenting practices, informal social support, child social skills, and child behavior problems were obtained for analyses. A separate data file with no identifying information except the participant code number was created for statistical analysis with the SPSS-PC program.

Descriptive statistics including frequencies, means, and standard deviations were used to summarize demographic information for participants and their scores on the individual-, family-, and community-level study variables. Pearson's Product-Moment coefficients were computed to examine relationships among all independent and dependent variables. Cronbach's coefficient alphas were computed to examine the internal consistency of the Conflict Tactics Scale, the Parenting Dimensions Inventory, the Family Support Scale, the Social Skills Rating System subscales, and the Child Behavior Checklist subscales.

To test the study hypotheses, the technique of stepwise multiple regression analyses was used to determine the relative strength of independent variables (child witnessing of community violence, family conflict, parenting practices, informal social support, and demographic variables including mother's age and child's age) in predicting the dependent variables (child's social skills and behavior problems). Stepwise regression analysis was chosen in order to identify variables that played a significant role in the models. In forward stepwise regression, independent variables are entered one at a time to analyze how much each one adds to the explanation of the dependent variable when

considered in combination with all of the entered predictors (Hinkle, Wiersma & Jurs, 1998).  The factor that explains the greatest amount of variance in the dependent variable is entered into the equation first, followed by the second factor. There is no pre-established order of entry for the independent variables. The final models included only independent variables that contributed significantly to the prediction of the target dependent variable (at a significance level of .05 or below). Separate regression models were tested for each of the four social skills subscales of the SSRS and for the internalizing and externalizing behavior problem subscales on the CBCL.

CHAPTER IV: RESULTS

Demographic Characteristics

The demographic characteristics of the sample, which included mothers and female caregivers of preschoolers from years one and three of the larger study, are presented in Table 1. The sample consisted of 223 African American mothers or female caregivers of preschool children, including 121 mothers/female caregivers of girls and 102 mothers/female caregivers of boys. Of the participants, 185 or 83% were mothers of the preschool child. An additional 26 participants were grandmothers and 12 participants were female relatives functioning in the mother's role. As Table 1 indicates, the average age of participants was 32.5 years, and the average age of the preschool child was 54 months. Mothers and caregivers were, on average, 20 years of age at the birth of their first child and had completed an average of 12 years of education. Participating females had an average of three children and two adults (including the mother or female caregiver) living in the household.

In terms of marital status, 69% of the mothers (a term that hereafter includes female caregivers) were single, separated, or divorced, while 31% were married or cohabitating with a male partner. With regard to father presence, 19% of the mothers reported having the preschool child's father present in the home, while 81% of the fathers of the target preschool child did not reside in the mother's home. Employment data revealed that 41% of participants were employed, 59% were unemployed, and approximately 18% of the participants were in job training during the time of the study. With respect to housing, 42% lived in public or subsidized housing, 39% lived in non-subsidized apartments, 18% lived in houses, and 1% lived in "other" situations. When

questioned about community violence, 87% of mothers reported hearing gunshots in their

neighborhoods.  Such data confirm the presence of community violence reported by area

police and Head Start teachers.

Table 1

*Demographic Characteristics of Mothers/Female Caregivers*

| Demographic Characteristic | Mothers/Female Caregivers (*N* =223) | | Range |
|---|---|---|---|
| | Mean (SD) | | |
| Mother's Age in Years | 32.5 | (10.3) | 18-67 |
| Preschool Child's Age In Months | 53.8 | (7.2) | 36-67 |
| Number of Years of Maternal Education | 12.0 | (1.8) | 5-17 |
| Number of Children In the Household | 2.9 | (1.6) | 1-9 |
| Other Adults in Home | 1.9 | (1.0) | 1-8 |
| Age at Birth of First Child | 20.1 | (5.3) | 12-42 |

| | Number (%) |
|---|---|
| Relationship to Preschool Child | |
|     Mother | 185 (83%) |
|     Grandmother | 26 (12%) |
|     Other Relative | 12 ( 5%) |
| Marital Status of Mother | |
|     Single/Divorced/Separated/Widowed | 154 (69%) |
|     Married/Cohabitating | 69 (31%) |
| Relationship Status of Mother | |
|     Has had partner in last year | 181 (81%) |
|     Has not had partner in last year | 42 (19%) |
| Employment Status | |
|     Employed | 92 (41%) |
|     Not Employed | 131 (59%) |
|     In job training | 40 (18%) |

Table 1 (continued)

*Demographic Characteristics of the Sample*

| Demographic Characteristic | Mothers/Female Caregivers |
| --- | --- |
| | Number (Percentage) |
| Preschool Child's Father Present in Household | |
| Present | 42 (19%) |
| Not Present | 181 (81%) |
| | |
| Preschool Child's Sex | |
| Female | 121 (54%) |
| Male | 102 (46%) |
| | |
| Family Housing | |
| Public/Subsidized | 94 (42%) |
| Apartment | 87 (39%) |
| House | 40 (18%) |
| Other | 2 (1%) |

Reliability of Study Measures

Cronbach's coefficient alphas were computed to examine the internal consistency of the study measures. Family conflict was measured using the Conflict Tactics Scale (CTS), positive parenting was measured using the Parenting Dimensions Inventory (PDI), and informal social support was measured using the Family Support Scale (FSS). The reliability coefficients for these measures are presented in Table 2. The CTS had a reliability score of .78, the PDI had a reliability score of .75, and the FSS had a reliability score of .86. All of these reliability coefficients are in an acceptable range.

The reliability scores for child measures, as determined by Cronbach's alpha coefficients, are also reported in Table 2. Social skills were measured using the self-control, cooperation, assertion, and responsibility subscales of the Social Skills Rating System (SSRS), and behavior problems were measured using the internalizing and externalizing subscales of the Child Behavior Checklist (CBCL). The self-control subscale had an alpha coefficient of .72; the cooperation subscale had an alpha coefficient of .63; the assertion subscale had an alpha coefficient of .68; and the responsibility subscale had an alpha coefficient of .64. The modest reliabilities for the subscales of the SSRS are similar to those obtained for the normative sample (Meier, 2000). Alpha coefficients for the internalizing and externalizing subscales of the CBCL were also calculated. The internalizing subscale of the CBCL had a coefficient alpha of .89 for girls and .88 for boys; the externalizing subscale of the CBCL had a coefficient alpha of .87 for girls and .89 for boys. The latter scores reveal a high level of internal consistency for items on the CBCL subscales.

Table 2

*Reliability Scores for Study Measures*

| Measure | Number of Items | Cronbach's Alpha |
|---|---|---|
| Independent | | |
| Conflict Tactics Scale | 15 | .78 |
| Parenting Dimensions Inventory | 16 | .75 |
| Family Support Scale | 13 | .86 |
| | | |
| Dependent | | |
| Social Skills Rating System Subscales | | |
| Self-Control | 10 | .72 |
| Cooperation | 10 | .63 |
| Assertion | 10 | .68 |
| Responsibility | 10 | .64 |
| Child Behavior Checklist Subscales | | |
| Internalizing | | |
| Girls | 50 | .89 |
| Boys | 48 | .88 |
| Externalizing | | |
| Girls | 28 | .87 |
| Boys | 36 | .89 |

Mothers' Scores on Study Measures

Table 3 presents means and standard deviations for maternal scores on three of

the independent variables (family conflict, positive parenting, and informal social

support). The CTS measured the level of family conflict, with a possible range of scores

from 0 to 84. Higher scores indicate a greater level of family conflict. On the 15-item

measure, the mothers' total mean score was 11.76 with a sample range of 0 to 51. The

mothers' mean score on the verbal aggression subscale was 9.93 (with a sample range of

0 to 35) and their mean score on the physical violence subscale was 1.84 (with a sample

range of 0 to 24). It should be noted that 42 of the 223 mothers in the sample were not

currently in relationships with partners, and did not respond to the CTS. Therefore, these data include only the 181 mothers who were currently in relationships.

On the 16-item PDI, participants' item mean scores were calculated and then averaged. PDI scores could range from 1 to 6, with higher scores representing more positive parenting. Mothers' scores on the PDI averaged 4.69 on a scale with a midpoint of 3.5, indicating mothers' use of more optimal parenting practices.

The FSS subscale measured the levels of informal social support received by mothers during the previous three to six months. Scores could range from 0 to 52, with higher scores indicating higher levels of informal social support. The midpoint of the scale is 26. The mothers' mean score on the informal support scale was 19.99, indicating that mothers, on average, rated their informal support system as ranging from sometimes to generally helpful.

Table 3

*Mothers' Scores on Study Measures*

| Measure | Number of Items | Sample Range | Scale Mean | SD[1] | Item Mean |
|---|---|---|---|---|---|
| CTS | 15 | 0-51 | 11.76 | 11.67 | |
|    Verbal Aggression | 7 | 0-35 | 9.93 | 8.60 | 1.57 |
|    Violence | 8 | 0-27 | 1.84 | 4.42 | .22 |
| PDI (modified) | 16 | 2.81-6.00 | - | .70 | 4.69 |
| FSS (subscale) | 13 | 1-48 | 19.99 | 8.71 | 1.85 |

[1]Standard Deviation

Children's Witnessing of Community Violence

The fourth independent variable was the preschool child's witnessing of community violence. Mothers were asked whether their preschooler had directly observed any form of community violence, such as a victim being beaten, robbed, chased, shot, or threatened with a weapon. According to mothers' reports, 33% of their target preschoolers had witnessed at least one act of community violence during the last year, while 67% of children had no such violence exposure.

Children's Scores on Study Measures

Table 4 presents the scores of preschoolers on measures of the dependent variables, including social skills and behavior problems. Preschoolers' social skills were measured using the four SSRS subscales for self-control, cooperation, assertion, and responsibility. Totals for each of the 10-item subscales are summed, with higher scores indicating greater prosocial skills. The preschoolers' mean score on the control subscale was 12.75, on the cooperation subscale was 12.95, on the assertion subscale was 14.51, and on the responsibility subscale was 11.68. These scores place the preschoolers in this study within the "average" range of social skills for the normative group on which the measure was developed (Gresham & Elliott, 1990).

Preschoolers' behavior problems were measured using the CBCL's subscales for internalizing and externalizing behavior. Totals for each subscale were summed, with lower scores being optimal and indicating fewer behavior problems. For CBCL internalizing scores, girls (M= 51.2, SD= 8.5) and boys (M= 53.2, SD= 10.6) in the current study did not differ significantly from girls (M= 50.1, SD= 9.7) and boys (M= 50.2, SD= 9.6) in the non-clinical standardization sample. However, on the externalizing

subscales, both girls (M= 56.4, SD= 10.6) and boys (M= 55.7, SD=10.4) in our study had

significantly more behavior problems than standardization girls (M= 50.0, SD 9.6) and

boys (M=49.9, SD= 9.8); for girls, $t$ (738) = 4.143, $p<$. 001; and for boys, $t$ (684) = 3.377,

$p<$. 001.

Table 4

*Children's Scores on Dependent Measures*

| Measure | Number of Items | Sample Range | Subscale Mean | SD[1] | Item Mean |
|---|---|---|---|---|---|
| SSRS Subscales | | | | | |
| Self-Control | 10 | 1-20 | 12.75 | 3.43 | 1.24 |
| Cooperation | 10 | 4-35 | 12.95 | 3.86 | 1.28 |
| Assertion | 10 | 3-20 | 14.51 | 3.09 | 1.43 |
| Responsibility | 10 | 0-20 | 11.68 | 3.43 | 1.12 |
| | | | | | |
| CBCL Subscales | | | | | |
| Internalizing | | 33-76 | | | |
| Girls | 50 | | 51.22 | 8.51 | -- |
| Boys | 48 | | 53.18 | 10.62 | -- |
| Externalizing | | 30-77 | | | |
| Girls | 28 | | 56.36 | 10.57 | -- |
| Boys | 36 | | 55.68 | 10.40 | -- |

[1]Standard Deviation

## Relationships Between Independent and Dependent Variables

Table 5 presents a correlational matrix depicting the interrelationships among all

the independent and dependent variables in this study.    Pearson's Product-Moment

correlation coefficients were computed to examine the relationships between these

variables.    Witnessing violence in the community was significantly correlated with

internalizing behavior problems ($r = .23$, $p < .01$) and externalizing behavior problems ($r$

$= .23$, $p < .01$) as measured by the *CBCL.* Being exposed to family conflict was

significantly correlated with internalizing behavior problems ($r = .26$, $p < .001$) and

externalizing behavior problems ($r = .19$, $p < .05$). Positive parenting, as measured by the *PDI*, was positively related to children's self control ($r = .22$, $p < .01$) and cooperation ($r = .18$, $p < .01$) and significantly negatively related to children's internalizing behaviors ($r = -.33$, $p < .01$) and externalizing behaviors ($r = -.34$, $p < .01$). Results indicate that informal social support, as measured by the *FSS*, was significantly positively related to children's self control ($r = .20$, $p < .01$), cooperation ($r = .24$, $p < .001$), assertion ($r = .20$, $p < .01$), and responsibility ($r = .32$, $p < .001$). Table 5 further reveals a number of significant positive correlations between subscales of the social skills measure, as well as a significant relationship between internalizing and externalizing behavior problem scores ($r = .65$, $p < .001$). Internalizing and externalizing behavior problems were significantly negatively correlated with the social skills of self control and assertion, but not responsibility. Externalizing behavior problems were significantly negatively correlated with cooperation, but there as no significant relationship between internalizing behavior problems and cooperation.

Table 5

*Correlation Coefficients for Predictor and Outcome Variables*

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Predictors** | | | | | | | | | | |
| 1. Community Violence | --- | | | | | | | | | |
| 2. Family Conflict | | .29 | -- | | | | | | | |
| 3. Positive Parenting | | .02 | -.14 | --- | | | | | | |
| 4. Social Support | -.08 | .01 | -.10 | --- | | | | | | |
| **Outcomes** | | | | | | | | | | |
| Social Skills: | | | | | | | | | | |
| 5. Self-Control | 16* | - .10 | .22*** | .20** | --- | | | | | |
| 6. Cooperation | -.08 | -.07 | .18** | .24*** | .53*** | --- | | | | |
| 7. Assertion | | -.03 | -.09 | .15* | .20** | .43*** | .42*** | --- | | |
| 8. Responsibility | -.06 | -.05 | .04 | .32*** | .45*** | .48*** | .55*** | --- | | |
| Behavior Problems: | | | | | | | | | | |
| 9. Internalizing | .23*** | .26*** | -.33*** | -.02 | -.21** | -.12 | -.27*** | -.03 | --- | |
| 10. Externalizing | .23*** | .19* | -.34*** | -.08 | -.47*** | -.30*** | -.18** | -.11 | .65*** | --- |

*p<.05        **p<.01        ***p<.001

Regression Models

A major objective of this study was to identify specific factors that increase risk and resiliency among low-income African American preschool children by examining the role of children's exposure to community violence, family conflict, positive parenting, and informal social support in predicting the children's social skills and behavior problems. Mother's age and child's age were selected as control variables because of their previous association with the target child behaviors. Stepwise regression analyses were used to determine the predictive capabilities of the independent variables in relation to each dependent variable. Six separate models using stepwise regression analyses were tested, one for each of the four subscales of the Social Skills Rating System and one for each of the two subscales of the Child Behavior Checklist. It should be noted that 42 of the mothers did not complete to the Conflict Tactics Scale because they had not been involved with a male partner during the last year; therefore, these cases were not included in the regression analyses.

Table 6 presents the results of the regression model for the first social skills subscale assessing children's self-control. The overall model was significant with an adjusted $R^2$ of .11, $p < .001$. This model explains 11% of the variance in self-control scores. Independent variables found to be significant predictors of children's self-control skills were positive parenting ($p < .01$), informal social support ($p < .01$), and child's age ($p < .05$). Mothers who utilized more positive parenting practices and had higher levels of informal social support had children with higher levels of self-control than children whose mothers exhibited fewer positive parenting practices and had lower levels of informal social support. Older children exhibited higher levels of self-control than

younger children.  Community violence and family conflict and were not found to be significant predictors of children's self-control.

Table 6

*Regression Analysis Examining Predictors of Children's Self-Control*

| Predictor Variables | B | SE[1] | Beta | *p* |
|---|---|---|---|---|
| Positive Parenting | 1.03 | .34 | .22 | .003 |
| Informal Social Support | .008 | .28 | .22 | .002 |
| Child's Age | .008 | .03 | .18 | .013 |

*n = 181*
$R^2 = .12$
Adjusted $R^2 = .11$
*p* <.001

[1]Standard Error

Table 7 presents the results of the regression model for the child social skills subscale of cooperation.  The overall model was significant with an adjusted $R^2$ of .07, *p* <.01.  This model explains 7% of the variance in cooperation scores.  Independent variables found to be significant predictors of children's cooperation skills were positive parenting (*p* <.01) and informal social support (*p* <.01).  Mothers who utilized more positive parenting practices and had higher levels of informal social support had children who exhibited higher levels of cooperation than those children whose mothers utilized fewer positive parenting practices and had lower levels of informal social support.  Community violence and family conflict and were not found to be significant predictors of children's cooperation.

Table 7

*Regression Analysis Examining Predictors of Children's Cooperation*

| Predictor Variables | B | SE[1] | Beta | *p* |
|---|---|---|---|---|
| Positive Parenting | 1.05 | .40 | .19 | .009 |
| Informal Social Support | .10 | .03 | .23 | .001 |

*n = 181*
$R^2 = .08$
Adjusted $R^2 = .07$
*p* <.01

[1]Standard Error

Table 8 presents the results of the regression model for the child social skills subscale of assertion. The overall model was significant with an adjusted $R^2$ of .02, *p* <.001. This model explains 2% of the variance in assertion scores. The only independent variable found to be a significant predictor of children's assertion skills was informal social support (*p* <.05). Mothers who had higher levels of informal social support had children who exhibited greater assertion than children whose mothers had lower levels of informal social support. Community violence, family conflict, and positive parenting were not found to be significant predictors of children's assertion.

Table 8

*Regression Analysis Examining Predictors of Children's Assertion*

| Predictor Variables | B | SE[1] | Beta | $p$ |
|---|---|---|---|---|
| Informal Social Support | .005 | .03 | .16 | .028 |

$n = 178$
$R^2 = .03$
Adjusted $R^2 = .02$
$p < .001$

[1]Standard Error

Table 9 presents the results of the regression model for the child social skills subscale of responsibility. The overall model was significant with an adjusted $R^2$ of .10, $p < .014$. This model explains 10% of the variance in responsibility scores. The independent variables found to be a significant predictors of children's responsibility skills were informal social support ($p < .001$) and child age ($p < .05$). Mothers who had higher levels of informal social support had children who exhibited higher levels of responsibility than children whose mothers had lower levels of informal social support. Children who were older exhibited higher levels of responsibility than younger children. Community violence, family conflict, and positive parenting were not found to be significant predictors of children's responsibility.

Table 9

*Regression Analysis Examining Predictors of Children's Responsibility*

| Predictor Variables | B | SE[1] | Beta | *p* |
|---|---|---|---|---|
| Informal Social Support | .13 | .03 | .31 | .001 |
| Child Age | .01 | .04 | .15 | .032 |

*n = 181*
$R^2 = .11$
Adjusted $R^2 = .10$
*p <.02*

[1]Standard Error

With respect to child behavior problems, Table 10 presents the regression model for the CBCL subscale of internalizing behavior problems. The overall model was significant with an adjusted $R^2$ of .17, $p <.001$. This model explains 17% of the variance in children's internalizing behavior problem scores. Community violence ($p <.05$), family conflict ($p <.05$), and positive parenting ($p <.001$) were the independent variables found to be significant predictors of children's internalizing behavior problems. Children who had not witnessed a violent event in their community had fewer internalizing behavior problems than children who had observed violence. Mothers who had lower levels of family conflict and exhibited more positive parenting practices had preschool children with fewer internalizing behavior problems than mothers who had higher levels of family conflict and exhibited fewer positive parenting practices. Informal social support was not found to be a significant predictor of children's internalizing behavior problems.

Table 10

*Regression Analysis Examining Predictors of Children's Internalizing Behavior Problems*

| Predictor Variables | B | SE[1] | Beta | *p* |
|---|---|---|---|---|
| Community Violence | 3.47 | 1.52 | .16 | .024 |
| Family Conflict | .13 | .06 | .17 | .023 |
| Positive Parenting | -4.39 | .92 | -.33 | .001 |

*n = 181*
$R^2$ *= .18*
Adjusted $R^2$ *= .17*
*p <.001*

[1]Standard Error

Table 11 presents the regression model for the child behavior subscale of externalizing behavior problems. The overall model was significant with an adjusted $R^2$ of .21, *p* <.001. This model explains 21% of the variance in children's externalizing behavior problem scores. Community violence (*p* <.001), positive parenting (*p* <.001), and mother's age (*p* <.01) were the independent variables found to be significant predictors of children's externalizing behavior problems. Preschoolers who had not witnessed community violence exhibited fewer externalizing behavior problems than preschoolers who were exposed to such violence. Mothers who exhibited more positive parenting practices and were older had preschool children with fewer externalizing behavior problems than mothers who exhibited fewer positive parenting practices and were younger. Family conflict and informal social support were not found to be significant predictors of children's externalizing behavior problems.

Table 11

*Regression Analysis Examining Predictors of Children's Externalizing Behavior*
*Problems*

| Predictor Variables | B | SE[1] | Beta | *p* |
|---|---|---|---|---|
| Community Violence | 5.03 | 1.56 | .21 | .001 |
| Positive Parenting | -5.19 | .99 | -.36 | .001 |
| Mothers' Age | - .22 | .08 | -.19 | .006 |

$n = 180$
$R^2 = .22$
Adjusted $R^2 = .21$
$p < .001$

[1]Standard Error

Table 12

*Summary of Regression Analyses*

| | Self Control | Coop- eration | Asser- tion | Respon- sibility | Internal- izing | External- izing |
|---|---|---|---|---|---|---|
| Positive Parenting | .003 | .009 | * | * | .001 | .001 |
| Informal Social Support | .002 | .001 | .028 | 001 | * | * |
| Family Conflict | * | * | * | * | .023 | * |
| Community Violence | * | * | * | * | .024 | .001 |
| Child Age | .013 | * | * | .032 | * | * |
| Mother Age | * | * | * | * | * | .006 |
| Total Variance | 11% | 7% | 2% | 10% | 17% | 21% |

* Not Significant

CHAPTER V: DISCUSSION

The current study of African American preschoolers living in violent communities utilized an ecological model to examine predictors of preschool children's social skills and behavior problems. This study extends existing literature examining the impact of violence on young children in a number of important ways. First, the study focused exclusively on urban, African American preschoolers, a group whose families are disproportionately likely to be poor and residents of violent neighborhoods (Sampson, 2001; Skogan, 1990). Second, the study expands previous research assessing the impact of community violence on children---the majority of which is descriptive in nature---by testing models that examine the role of two types of violence exposure (community violence and family conflict) and two potential protective factors in predicting child behavior. Each of the protective factors, positive parenting and informal social support, represent areas where Head Start and family practitioners might intervene to build family strengths. Finally, unlike the majority of studies that focus on child behavior problems and other deleterious effects of community violence exposure, this study also examined predictors of young children's social competence. Specifically, the child behavioral outcomes included children's cooperation, responsibility, assertion, and self control.

In examining predictors of low-income, African American preschool children's behavior, it is important to consider the context in which the children were being raised. The urban neighborhoods in this study were characterized by high levels of violence, including gunfire, drive-by shootings, physical assaults, and some gang conflict. Drug activity was common and many mothers were afraid to take their children to playgrounds and other public neighborhood places, particularly in the late afternoons and evenings.

Community residents often mistrusted their neighbors, and they were afraid to confront drug-dealers or juvenile perpetrators of neighborhood violence. Mothers described a sense of social isolation, and were unwilling to become involved in the shared parenting that often characterized urban African American neighborhoods in past decades (Wilson, 1989).

Within this general context, the current study examined four ecological factors that might predict young children's socioemotional development. The first potential risk factor, a community level variable, was the child's direct witnessing of a violent event within his or her community during the last year (e.g., physical assault, shooting). The second potential risk factor, family conflict, was a family level variable that examined the prevalence of conflict between a mother and her male partner, also within the previous year. The ecological model adopted for this study also examined two variables with the potential to enhance children's social skills and reduce their behavior problems. Positive parenting, a family level variable, represented a strategy that mothers could employ to build their preschoolers' social skills, keep their children safe, and attempt to reduce internalizing and externalizing behavior problems. Informal social support, a community level variable, assessed parents' ability to draw on the support of family, friends, other parents, and co-workers in raising their preschool child. Such support has been of historic importance in helping African American families cope with adversity (Koeske & Koeske, 1990), but neighborhood crime and drug activity have challenged mothers' abilities to procure this support and often contributed to feelings of isolation (Putenney, 1997). Thus, this study breaks new ground in examining the potential of African American mothers to employ family-focused, child-centered, non-neighborhood oriented

strategies to foster children's socioemotional development within a stressful, often dangerous, inner-city environment.

<div align="center">Characteristics of Mothers</div>

Although the major goal of this study was to examine predictors of African American preschool children's risk and resilience, it is also important to examine the functioning of low-income African American mothers and children within the context of their residence in violent neighborhoods. The characteristics of mothers in this study were similar to those of participants in previous studies of low-income, African American women living in urban communities (Osofsky et al., 1993; Shahinfar et al., 2000). The majority of study participants were unmarried, had earned the average of a high school degree (12 years of education or a general equivalency diploma), and had two to three children. The average age of mothers at the time of the birth of their first child was 20 years old, with these ages ranging from 12 to 42 years. As noted earlier, 85% of the female caregivers were the mothers of the preschool children, while the remainder were grandmothers and other relatives serving in mother's role. The discovery that 15% of the alternative caregivers were related to the child is consistent with African American traditions in which extended family members parent a child when the mother is not available (Billingsley, 1992).

Current findings also reveal the complexity of mothers' relationships with their partners. Approximately 82% of the African American mothers (or female caregivers) of preschoolers reported having a male partner in the previous year. This group completed the CTS and was the target group used to examine predictors of children's social skills and behavior problems. Of these mothers who had partners in the last year, some were

married, some had the biological fathers of their preschool child living in the home, some had non-biological fathers in the home, and others had relationships with non-resident partners. This finding emphasizes the need to carefully assess partner relationships and paternal involvement in studies of African American families. While marriage rates may be low among low-income African American women, many of the women have relationships with the fathers of their children or other men who contribute to both child and family well-being (Levine, 1993).

An examination of the employment of the mothers in this study further revealed that more than 40% of the mothers were employed either full or part-time, and almost 18% were in school or job training programs. This finding may stem from the welfare reform legislation of 1996 and its policies directing low-income mothers into the workforce (Seccombe, Walters, & James, 1999). A number of mothers in the current study described the stress of parenting young children while also looking for work or adequate child care arrangements for their children (in addition to Head Start). Lastly, over 87% of the mothers in this study had heard gunshots in their neighborhood, confirming the high level of violence in the participants' communities.

<center>Family Conflict in Homes of Mothers</center>

With respect to family conflict, the mothers in this study generally experienced moderate levels of verbal aggression and physical aggression involving their male partners. Levels of family conflict were similar to those in a previous study of low-income mothers of preschoolers (Fantuzzo et al., 1991) who reported higher verbal than physical aggression using the same measure of family conflict (Conflict Tactics Scale). Family conflict reported by mothers in this study can also be compared to a nationally

<center>72</center>

representative sample of 2,143 couples who completed this scale (Straus, 1979). The scores of mothers in the current sample are equivalent to the 55$^{th}$ percentile in the national sample on the verbal aggression scale. On the physical violence scale, 80% of the national sample reported no violence within the last year. The current sample's physical violence score places them in approximately the 89$^{th}$ percentile for couples nationally, representing a moderate level of physical violence. The moderate family conflict in the homes of the average mother in this study may stem, in part, from the stressors of their low-income status and residence in violent communities. Single mothers in low-income urban neighborhoods regularly confront a variety of challenging conditions, including social isolation, unemployment, inadequate housing, lack of safe recreational areas for children, and poor medial services (Ceballo & McLoyd, 2002). Moreover, the single African American men who are likely to be their partners also confront a lack of employment opportunities as well as racism and discrimination (Aronson, Whitehead, & Baber, 2003). Such conditions are likely to cause stress, which may in turn contribute to family conflict.

It is also important to consider that over 80% of mothers in this study were raising their children without the fathers of the preschoolers present in their homes. The demands on single mothers may result in stress and thus contribute to some forms of family conflict, such as criticizing, arguing, and some physical aggression involving male partners. Although the current study focuses on conflict between the mother and her partner, previous research has found that the presence of extended family members may also contribute to family conflict. Brodsky's (1999) study of African American single mothers living in a crime-ridden, urban area found that relationships with extended

family members were often conflicted and a source of stress rather than support for mothers. Other studies (e.g., Chase-Landsdale, Brooks-Gunn, & Zamsky, 1994; Wilson, 1989) have also found that additional adults/caregivers in the homes of single mothers may provide unsolicited or unwanted parenting advice and make demands on the mothers' resources.  Such pressure and criticism may enhance the likelihood of conflict between mothers and their male partners.

<div align="center">Mothers' Parenting Practices</div>

The mothers in this study were generally found to be engaging in positive parenting practices, as evidenced by scores that were above the midpoint on the Parenting Dimensions Inventory.  Previous research has also found that low-income African American mothers utilize positive parenting practices with their young children (Koblinsky et al., 1997; McGroder, 2000).  These findings reveal mothers' efforts to provide nurturance, responsiveness, consistency, and control of their children's behavior, helping to protect them from potential dangers within their neighborhoods. In a similar study of low-income African American preschoolers in urban Georgia, McGroder (2000) found that mothers living in stressful environments tend to demand high maturity from their preschoolers and employ relatively coercive disciplinary strategies, while also sharing warm times with young children.  This approach is similar to the "no nonsense" style of African American parenting found by Brody and Flor (1998), which is characterized by high levels of both control and nurturance. However, some researchers caution that families living in dangerous neighborhoods may cope in ways that create conflict between the children's developmentally appropriate needs for autonomy and

their parents' worries about safety (Garbarino et al., 1992). High levels of parental control may inhibit preschoolers' development of independence and initiative.

<p style="text-align:center">Mothers' Informal Social Support</p>

The current study also assessed the informal social support of African American mothers of preschool children who lived in violent neighborhoods. On average, mothers in this study rated their support network as ranging from sometimes to generally helpful. While some mothers reported assistance from friends, relatives, and other parents (including Head Start parents) in raising their children, others reported more sporadic help. For some mothers, the high level of neighborhood violence contributed to a sense of social isolation, with mothers reporting that fears related to crime, drug activity, random shootings, and other violence restricted the amount of time they spent out in the neighborhood and reduced their access to networks of social support.

Mothers in the current study had an average of two adults present in their households, which is consistent with previous findings that both adult kin (e.g., grandmothers, aunts, uncles) and non-kin adults often live in low-income African American homes with young children (e.g., Billingsley, 1992; Taylor & Roberts, 1995). Research suggests that low-income African American families place greater emphasis than many other racial/ethnic groups on shared parenting responsibilities among household members (Hurd, Moore, & Rogers, 1995) and rely on kin networks and "fictive kin" (unrelated friends) for parenting assistance (Stack, 1974). Family members, and non-family persons, including friends, Head Start parents and church members, may provide poor African American mothers of young children with material and instrumental support, such as child care, financial assistance, and emotional support. These

individuals may also directly assist children by serving as role models and providing children with educational experiences. For example, members of the mother's informal social support network may take children to church, neighborhood and school activities, sports events, their workplace, or cultural institutions, such as museums. The perceived availability of social support to mothers may help them to cope effectively and parent their children responsibly within the context of a chronically stressful environment (Cohen and Wills, 1985).

<div align="center">Children's Witnessing of Community Violence</div>

The children in this study were exposed to a high level of community violence. One third (33%) of the preschoolers in this study were reported by their mothers to have witnessed at least one act of community violence within the past year, including physical assaults and homicides. This finding is consistent with previous research on low-income, urban African American Head Start preschoolers. In their study of 155 Head Start children in the Washington, DC area, Shahinfar et al. (2000) found that 37% of the children had witnessed an incident of community violence. Notably, the community violence exposure rates of preschoolers in the current study might have been higher if researchers assessed lifetime witnessing of community violence, rather than limiting exposure to the last year. The current study's finding indicates that the preschoolers in this sample were nearly 10 times more likely to be exposed to community violence than Head Start children in the national FACES 2000 study (USDHHS, 2003), of whom 3.8 % were reported by parents to have witnessed a violent event in their community. This finding underscores the challenges faced by Head Start parents and teachers in helping a large percentage of young children cope with violence-related stress and trauma.

Children's Level of Social Skills and Behavior Problems

The current study measured the social skills and behavior problems of African American preschoolers living in violent communities. The children's mean scores on the Social Skills Rating System subscales of self-control, cooperation, assertion, and responsibility were all in the "average" behavior range category for the normative group on which the measure was developed (Gresham & Elliott, 1990). These findings indicate that despite residence in violent neighborhoods, the average preschooler in the sample exhibited social skills similar to those of other children within the preschool age group. The children's social competence may reflect both positive parenting and the children's participation in Head Start, a comprehensive early childhood program that focuses on building preschool children's physical, cognitive, and social skills (USDHHS, 2003).

The internalizing behavior problems of the African American preschoolers in this study were slightly, but not significantly, higher than those of the children in the standardization sample (Achenbach, 1991). However, the preschoolers' externalizing behavior problems were significantly higher than those of their standardization sample peers (Achenbach, 1991). The higher than average rates of aggressive, impulsive behavior exhibited by study children may stem from multiple factors, including children's exposure to community violence and aggressive older children and adults in their neighborhoods, as well as contact with parents who are facing a variety of family stressors (e.g., low income, pressures to find employment). When mothers are preoccupied with stressful events, children may "act out" with angry, negative behaviors as an attention-getting device. Some children may also imitate the aggressive, impulsive behaviors of their frustrated parents. Taken together, these findings suggest that

residence in impoverished, violent neighborhoods may have a greater impact on preschool children's behavior problems than on their social competence.

Predictors of Children's Social Skills and Behavior Problems

*Community Violence*

A major goal of this study was to examine the extent to which selected family and community variables predicted the social skills and behavior problems of African American preschoolers who resided in violent neighborhoods.  It was hypothesized that children's direct witnessing of at least one violent event would be associated with reduced social competence and greater behavior problems.  However, direct exposure to community violence was not found to be a significant predictor of children's social skills in this study. The current finding is inconsistent with an earlier study of Head Start children in southern California which found a significant negative relationship between a family's exposure to community violence and children's social skills (Farver et al., 1999).  In the latter investigation, higher levels of community violence exposure were associated with a reduction in preschoolers' positive peer interaction and an increase in socially hesitant behavior with peers.  One possible explanation for the discrepant results is that the two studies focused on different dimensions of social competence, with Farver's study placing greater emphasis on children's peer relations and the current study focusing on social skills that involve children's interaction with their peers, older children, and adults.  Farver also utilized a continuous measure of violence exposure, while the current study examined whether or not children had witnessed at least one incident of community violence within the last year. Repeated exposure to acts of neighborhood violence may result in a decline in young children's social competence.

78

Consistent with expectations, children's direct witnessing of community violence predicted higher levels of both internalizing and externalizing behavior problems. Findings from the current sample of low-income, African American preschoolers are consistent with previous research that has linked low-income, urban, African American preschooler's community violence exposure to internalizing behavior problems, such as anxiety and depression (Linares et al., 2001; Shahinfar et al., 2000). Findings further support previous research demonstrating a relationship between children's exposure to community violence and externalizing behavior problems, such as aggression and impulsiveness (Linares et al., 2001; Harden et al., 2000). These results suggest that the witnessing of even one violent event may disrupt children's socioemotional adjustment and acquisition of age-appropriate behavior, such as emotional regulation. Taken together, the present results indicate that direct violence exposure has a greater impact on preschoolers' behavior problems than on their attainment of social skills. This finding suggests that parents and teachers may actively teach and promote prosocial behaviors in their homes and classrooms, but may fail to recognize the importance of helping preschoolers to process and cope with the stress of witnessing a violent event.

*Family Conflict*

Family conflict was a second factor hypothesized to influence African American preschoolers' behavior, with the expectation that greater family conflict would be associated with lower social skills and greater behavior problems. However, as with the witnessing of community violence, family conflict was not found to be a significant predictor of preschoolers' social skills. To date, there are no published studies examining the relationship between family conflict and African American preschoolers' social

79

competence, although family conflict has been linked to preschoolers' behavior problems (Harden et al., 2000; Linares et al., 2001).

A number of factors may have contributed to the failure of family conflict to influence children's social skills. For example, the Conflict Tactics Scale assesses conflict between the female caregiver and her partner or spouse, but does not address conflict between the mother/caregiver and the relatives or other adults in her household. Notably, the majority of mothers did not have male partners living in their homes. In determining the impact of family conflict on child behavior, it may be important to examine conflict between the mother and her partner, the mother and members of her current household, and the mother and members of the extended family with which she regularly interacts. This path of exploration is especially important for research with African American families, whose definition of "family" often extends beyond the traditional nuclear family to include relatives and unrelated "fictive kin" who live in the same household (Billingsley, 1992).

This study also used a total family conflict score which summed incidents of verbal and physical conflict. It is possible that particular types of family conflict may differentially influence social skills. For example, observation of high levels of verbal conflict may influence children's cooperation, while witnessing high levels of physical conflict may influence children's self control. Current findings suggest a need to explore how the nature and amount of family conflict influence the social competence of young children, especially those living in violent communities.

Consistent with another study hypothesis, family conflict was found to be a significant predictor of internalizing behavior problems among the African American

preschoolers in this study. This finding supports previous research which found that exposure to family conflict was positively related to children's internalizing behavior problems. For example, one study by Jekielek (1998) of children aged 6 to 14 whose parents divorced or separated found higher levels of family conflict were linked to internalizing behaviors such as anxiety and withdrawal. Similarly, Fantuzzo et al.'s (1991) study of young children who were either enrolled in Head Start centers or were temporarily residing in shelters for battered women, found that children in families with high levels of conflict exhibited significantly more internalizing behavior problems than children in comparison groups whose families were not characterized by domestic conflict. Yet another study by Levendosky and Graham-Berman (1998) of preschoolers (52% white, 48% African American) from low-income families in urban Michigan found that higher levels of family conflict significantly predicted the frequency of internalizing behavior problems among preschool children. Previous research has focused more on the relationship between family conflict and externalizing behaviors (as compared to internalizing behaviors), in part, because they are easier to measure than emotions such as anxiety, fear, and depression (Grych & Fincham, 1990). Hence, this study adds to the literature on young children's mental health by demonstrating a link between preschoolers' exposure to family conflict and their internalizing behavior problems.

As in previous research (Becker & McCloskey, 2002; Fantuzzo et al, 1991), the current study found that mothers reported more verbal conflict than physical conflict in their families. While it might be assumed that exposure to physical conflict ismore harmful to children than verbal conflict, past studies suggest that children's psychosocial problems, including internalizing behaviors such as anxiety and depression, may be more

directly related to parental verbal aggression than to physical aggression (Vissing & Straus, 1991).

Contrary to expectations, family conflict was not a significant predictor of preschoolers' externalizing behavior problems.  Current findings fail to support earlier research which found that preschool and older children exposed to high levels of family conflict exhibited more externalizing problems, such as agitation and aggression, than those exposed to lower levels of such conflict (Harden et al., 2000; Fantuzzo et al., 1991; Levendosky & Graham-Berman,1998).  A possible explanation for the failure of family conflict to predict externalizing behavior problems is that preschoolers may have limited exposure to physical conflict between their mothers and their partners.  Since the majority of children did not have their father or their mother's male partner living in their home, children may not have directly observed physical conflict that took place outside the home or at times when children were not around (e.g., late in the evening when they were in bed). Moreover, current findings revealed that the average mother experienced less than two incidents of physical aggression involving their partners during the last year. If children only rarely observed physical conflict between their mother and her partner, they may have been less likely to model such behavior in frustrating situations.  In contrast, the more frequent verbal conflict between a mother and her partner may have contributed to children's feelings of fear and anxiety.  Current findings suggest that research on the impact of family conflict on children's behavioral problems must be sensitive to the residential situations and patterns of family contact among the targeted racial/ethnic and socioeconomic group.

*Positive Parenting*

This study also hypothesized that mothers' more frequent use of positive parenting practices would be associated with higher levels of children's social skills and lower levels of behavior problems. Results confirmed that positive parenting was a significant predictor of children's self-control and cooperation. These findings are consistent with another study which found that low-income African American mothers' use of nurturance and responsiveness with preschoolers was positively associated with children's social competence (McGroder, 2000). Still other research has found that the positive parenting practices measured in this study, such as warmth, consistency and responsiveness, are associated with children's development of empathy, which may facilitate cooperative behavior (Hart, 1988; Walker & Henning, 1999). Such findings suggest that mothers who exhibit positive parenting practices are modeling socially desirable behavior for their children.

Contrary to the study hypotheses, positive parenting was not found to be a significant predictor of children's responsibility or assertion. These findings may be explained, in part, by results of a recent study that examined the psychometric properties of the parent version of the preschool Social Skills Rating System for low-income, African American preschoolers (Manz, Fantuzzo, & McDermott, 1999). The latter study found no evidence that the subscale for responsibility was a statistically sound construct for the sample, and concluded that a two-factor solution of self-control and interpersonal skill was superior to the original four-factor solution (self-control, cooperation, assertion, and responsibility).

In examining the failure of positive parenting to predict preschoolers' assertion and responsibility, it should also be noted that a number of the items on the SSRS assertion and responsibility subscales describe behaviors that may not address the realities of growing up in a violent neighborhood. Some of the items on the assertion subscale emphasize "initiating conversations with new people" or asking others for help or information. Similarly, many of the items on the responsibility subscale emphasize acting in a "polite" and "reasonable" manner when questioning the rules and requests of adults and authority figures, or focus on the need to politely change one's "own ideas to reach agreement in an argument or fight." Parents living in violent neighborhoods stress the importance of teaching preschoolers to be alert to potentially dangerous individuals and situations, which may discourage children from initiating interactions with others. These parents may also teach children to refuse unreasonable requests from strangers or authority figures. Mothers in dangerous environments may encourage child behaviors that serve a protective function, rather than focusing on children's manners.

This study also examined the role of positive parenting in predicting the behavior problems of preschoolers in violent neighborhoods. As hypothesized, findings confirmed that positive parenting was a significant predictor of children's internalizing and externalizing behavior problems, with more positive parenting practices associated with fewer internalizing and externalizing problems. These findings are consistent with a previous study of African American preschool children in New York City (Jackson et al., 2000), which found that mothers' positive parenting was negatively related to children's behavior problems. The latter researchers found that parenting quality, measured by the level of parental involvement and support, was negatively correlated with child behavior

problems.  Mothers who create a warm and accepting home environment within the context of a stressful neighborhood may foster a sense of emotional security, reducing young children's fears and anxiety and their need to engage in negative, aggressive behaviors to obtain adult attention.  Such parenting may help preschoolers to cope more effectively with the stressors associated with poverty and community violence.

Findings further suggest that mother's age is predictive of children's externalizing behavior, with younger maternal age being associated with more externalizing behavior problems in children.  It is possible that older mothers have more parenting experience and have learned more effective strategies for dealing with negative child behaviors.  In this study, it was also found that younger mothers were more likely than older mothers to be employed or in job training programs.  This work force involvement may have given younger mothers less time to provide individual attention to their preschoolers and to help them deal with violence- and poverty-related stress.

The current investigation expands previous studies examining the relationship between parenting and African American children's behavior problems by utilizing different measures of home quality/stimulation and children's behavior problems.  The current study used the Parenting Dimensions Inventory to measure parenting behaviors, rather than the *Home Observation for Measurement of the Environment* scale (Caldwell & Bradley, 1984) used by Jackson et al. (2000) and McGroder (2000). The present study also utilized the full Child Behavior Checklist, as compared to a shorter instrument developed by Peterson and Zill (1986) that was used by other researchers to measure child behavior problems (Jackson et al., 2000; McGroder, 2000).  The discovery that multiple measures of positive parenting are associated with lower levels of behavior

problems (on more than one scale) underscores the importance of encouraging parents to provide nurturance, structure, and control for preschool children who confront violence and other stressors within and outside their homes.

In the current study, positive parenting was found to be a significant predictor of two of the four child social skills measured. These findings are consistent with previous research indicating the protective influence of positive parenting. Studies have found that children are better able to cope with exposure to violence, and better able to recover from violence exposure, when they perceive their parents as sensitive, nurturing, and responsive caregivers (Cicchetti & Lynch, 1993; Garbarino et al., 1992; Gorman-Smith & Tolan, 1998). Similarly, positive parenting was found to be a significant predictor of internalizing and externalizing behaviors, with higher parenting quality associated with fewer problem behaviors. Positive parenting appeared to have protective value for the preschoolers who lived in the violent communities in this study.

*Informal Social Support*

Finally, it was hypothesized that mothers' higher levels of informal social support would predict more positive child social skills and fewer child behavior problems. Findings confirmed that informal social support was a significant predictor of children's self-control, cooperation, assertion, and responsibility. These findings are consistent with research which finds that a strong network of social support may help children to cope with social crises, such as neighborhood violence (Hoffman, 2000; Power, Higgins, & Kohlberg, 1989).

Current findings suggest that the traditional African American network of extended kin may play a powerful role in helping families cope with the potential

86

negative effects of community violence by building young children's social competence. These alternative caregivers in the mother's informal social support network may impart a sense of communalism and emotional connectedness with others (Kuther & Wallace, 2003). Informal network support may contribute to children's modeling of prosocial behavior as children observe and imitate relatives and close friends who are providing help to their families. The communal orientation facilitates children's development of prosocial skills, including empathy and the capacity to respond to persons in need or distress (Barnett, 1987). Children living in neighborhoods plagued by violence who lose contact with members of informal support networks may not experience the social interaction, security, and support necessary to develop these prosocial skills.

Lastly, a control variable, child age, was found to be a predictor of greater self control and positive assertion among young children. Many of the items on the self control subscale emphasize "following rules or instructions" or "controlling temper". Similarly, items on the assertion subscale emphasize "joining group activities without being told" or "starting conversations." These are skills that most children develop as they mature. Research has shown that young children gain greater skills in emotional regulation and peer interaction as they advance in age (Denham, 1998; Saarni, 1999).

Contrary to the hypotheses, informal social support was not found to be a significant predictor of internalizing or externalizing behavior problems. To date, no known published studies have examined the relationship between social support and African American Head Start children's internalizing behavior problems. A possible explanation for the failure of informal social support to predict preschoolers' behavior problems is that while extended kin, friends, and other parents may assist in the modeling

of helping behaviors, thus contributing to development of social skills, these individuals may be less willing or able to deal with children's anxiety, aggression, and other problematic behavior. Perhaps the members of informal social support networks believe that some of these latter behaviors require parental discipline, or focused efforts to help children deal with emotional problems, and assume that these tasks are the responsibility of the mother.  Similarly, relatives and close friends may have little awareness of children's internalizing problems such as fear and anxiety because these problems typically do not draw attention or disrupt activities involving parents and children (e.g., social activities, church events).

## Summary

This study adopted an ecological approach to identify family and community level characteristics that promote preschool children's social competence and reduce behavior problems that have been linked to residence in violent neighborhoods.  Findings revealed that low-income mothers who engaged in more nurturant, consistent, responsive parenting were more likely than mothers low in these skills to have preschoolers who demonstrated self control and cooperative behavior, and who exhibited fewer internalizing and externalizing behavior problems.  Higher levels of informal social support also predicted more self-controlled, cooperative, positively assertive, and responsible behavior in Head Start children.

Findings further revealed that direct exposure to community violence was a strong predictor of preschool children's internalizing and externalizing behavior problems. Family conflict exposure was also found to predict children's internalizing behavior problems.  These outcomes support and extend previous research linking community

violence and family conflict with negative child outcomes. Current findings confirm that family conflict and witnessing of community violence may threaten the well-being of African American preschoolers residing in violent neighborhoods, while positive parenting and informal social support may contribute to children's social competence.

Limitations

The current findings expand the literature on risk and protective factors for young African American children growing up in violent communities, and cover new ground by examining children's social competence as well as their behavior problems. However, there are several limitations of this study which should be noted. First, it is important to note that this is a cross-sectional study, so care must be taken not to infer a causal direction in the detected relationships. A longitudinal study would be necessary in order to be able to answer the question of causation.

Two threats to internal validity should be noted. Participation in this study was voluntary, making this sample neither random nor entirely representative of Head Start families in the target programs. The potential for participant reactivity to the study context presents another methodological limitation. The interviews were conducted in a face-to-face format, raising the question as to whether participants would respond differently if they were given anonymous, written questionnaires. Although participants were informed that their answers would be kept confidential, participants may have given socially desirable responses in the presence of the interviewer.

It should also be noted that the current study's data is maternal report only. In order to have a broader picture of children's social skills and behavior problems, future

studies should add teacher reports and direct observation of classroom behavior to the current maternal interview protocol.

Still another concern in the area of external validity is the extent to which current results can be generalized to the larger population of low-income mothers and their preschoolers. Participants in this study had enrolled their children in a Head Start program, demonstrating a commitment to providing a comprehensive early childhood program for their young children. Therefore, it may not be accurate to generalize findings to all low-income African American mothers in urban communities or even to all low-income African American mothers with children in Head Start.

Another limitation concerns the instrument used to measure family conflict. As mentioned earlier, the Conflict Tactics Scale assesses conflict between the female caregiver and her partner or spouse, but does not address conflict between the mother/caregiver and the relatives or other adults living in her household. Using an instrument that also measures the conflict between mothers and members of her current household and the members of her extended family may be helpful in further delineating the impact of family conflict on child behavior.

Yet another limitation of the current study is the measure of children's community violence exposure, which focused only on witnessing a violent incident within the last year. It is very possible that children could have witnessed violence in their neighborhoods and/or communities prior to the previous year. Therefore, it may be useful to employ an instrument that measures exposure to community violence over a longer time period and that collects more specific information about the nature of the violent events.

Finally, although predictor variables were selected on the basis of theory and previous research, many other potentially important variables were omitted. The explained variance in models of children's social skills (2% to 11%) is considerably lower than in the behavior problem models (17% to 21%), highlighting the need to examine additional ecological factors within violent communities that may account for differences in children's social behavior.

<div align="center">Programmatic and Policy Implications</div>

In spite of the current study's limitations, the results have implications for parents, early childhood educators, program developers, policy makers, and practitioners seeking to increase the resilience of children living in violent neighborhoods. The study indicates that positive parenting and informal social support have the potential to foster children's social competence. Moreover, mothers' use of more positive parenting practices was linked to lower levels of child behavior problems. This is a particularly critical finding in light of the 1996 welfare reform legislation, which requires that mothers either work or participate in job training. Such work requirements may limit mothers' time with their children and may create additional family stress, enhancing the need for parenting assistance and additional social support.

Findings suggest that poor African American families in violent neighborhoods may benefit from culturally-sensitive interventions designed to enhance their parenting skills and to build social support networks for mothers, especially support from family members, friends, and fellow Head Start parents. Both parents and children may benefit from parent education programs, such as *Effective Black Parenting* (Alvy & Marigna, 1985). These programs, offered through Head Start centers and other community

organizations, have been found to increase parental use of nurturance and non-physical discipline practices, as well as foster cultural pride and individual self-esteem. Head Start centers could also employ additional strategies to build parenting skills, such as sponsoring parent mentoring programs, providing home visits that focus on nurturing and stimulating young children, and organizing a respite child care program.

The importance of the Black Church to African American families underscores its potential usefulness as a resource for reaching parents of Head Start children as well as other families living in violent communities. Early childhood educators could offer regular "family strengthening" workshops at churches, bringing together parents from specific neighborhoods who might develop positive parenting techniques and social support groups. Churches may also be good sites to distribute parent newsletters on rearing children at various stages of development, to involve children in constructive community clubs and activities (e.g., Sunday School, after school programs, youth groups, choir, camps), and to help children deal with school and neighborhood stressors.

The current study found that mothers' informal social support had a positive influence on children's prosocial skills. It is important to note that findings from previous studies of Head Start mothers have suggested that, in times of need, some African American families lack depth and breadth of social support (Letiecq, Anderson, & Koblinksy, 1996; Randolph, Koblinsky, & Roberts, 1996). Mothers in violent neighborhoods have been particularly likely to report that they felt alone in their struggle against community violence, and that they experienced an absence of support from neighbors and early childhood educators (Randolph, Koblinsky, & Roberts, 1996). Such findings emphasize the need to increase Head Start and other early childhood educators'

awareness of the importance of such support for families living in violent communities. Early childhood and Head Start staff should receive training in how to foster informal social support networks and establish friendships among the parents of children enrolled in the program, especially in neighborhoods where parents may feel isolated.

Efforts to help parents establish informal support networks are consistent with Head Start's policies for assisting parents under stress. Similarly, Head Start has expressed a commitment to parent involvement, which includes development of support groups for parents living in violent neighborhoods (Yoshikawa & Knitzer, 1997). Such support groups may also provide a forum for parents to exchange effective ways of dealing with neighborhood violence and to organize efforts for improving community conditions.

Given the high levels of externalizing behavior problems of children in this study, educators, family therapists, and other family practitioners should place special emphasis on helping mothers deal with problems such as children's anger, aggression, and impulsivity. Younger mothers, in particular, may benefit from guidance addressing children's externalizing behavior problems. Educators should inform parents about normative social behavior in preschool children and teach them effective, developmentally-appropriate strategies for fostering prosocial behavior and managing their children's behavior problems. For example, educational workshops might help parents develop skills in using praise, "time out", family rules, and corrective consequences for negative behavior.

The relationship between family conflict and internalizing behavior problems suggests that mothers may be unaware of the impact of verbal and physical conflict with

their partners on their young children. In particular, mothers may fail to realize that verbal aggression, such as constant criticism and yelling, may contribute to internalizing child problems such as anxiety, withdrawal, and depression. Parent education programs should focus on increasing mothers' and other adult family members' awareness of the link between family conflict and children's internalizing behavior problems. This may motivate mothers to take steps to reduce interpersonal conflict and children's exposure to such conflict in the home.

Similarly, the relationship between children's witnessing of community violence and internalizing and externalizing behavior problems suggests that mothers may need assistance in helping their preschoolers cope with violence-related stress. Since preschoolers often lack the language to articulate and express their feelings about violent events, parents may benefit from learning how young children understand the meaning of traumatic events. Head Start can play an important role in educating parents about the effects of violence exposure on young children, such as fear and regression. Educators may also inform parents about typical coping strategies, such as reenactment of the violence in play situations. Prevention efforts designed to reduce behavior problems might focus on providing children with opportunities to process their feelings about community violence. For example, children may be helped to express and explore their experiences through language, play, or art while receiving nurturance and support from adults (Zeanah, 1994). Such experiences may allow young children to validate their reactions to violence, as well as reduce their internalizing and externalizing behavior problems.

Current results suggest that policy makers should provide funding to Head Start and other community organizations to offer support services to families affected by community violence. Policy makers and practitioners should be encouraged by the potential for practical interventions, especially those promoting positive parenting and informal social support. Such interventions may help caregivers to enhance social-emotional competence among preschoolers as they prepare to enter their critical first years of school.

Finally, current findings underscore the need for collaboration between government agencies (including law enforcement), the private sector, local community service organizations, and families to implement new strategies to decrease neighborhood violence. Such community-level interventions may help to reduce the behavioral problems associated with exposure to neighbohood violence as early as the preschool years.

<center>Directions for Future Research</center>

The current findings suggest that exposure to community violence, family conflict, positive parenting, and informal social support may influence the social competence and emotional adjustment of African American preschool children who reside in violent communities. Further research is needed to explore how specific parenting behaviors or dimensions of social support may differentially influence child outcomes and contribute to children's resilience. For example, this study utilized an overall positive parenting score on the Parenting Dimensions Inventory, rather than examining the predictive value of the measure's subscales of nurturance, responsiveness, consistency, and control. Future research might determine the relative importance of

<center>95</center>

these individual dimensions of parenting, as well as examine additional aspects of parenting that are salient among African American families (Brody et al., 1999; McGroder, 2000). For example, in McGroder's (2000) study of low-income African American single mothers of preschoolers, factor analyses yielded three dimensions of parenting: nurturance, aggravation, and cognitive stimulation. Future research examining predictors of African American children's resilience in violent communities might examine the contribution of specific parenting behaviors, rather than using more global parenting measures. Similarly, future research in violent communities might examine different elements of informal social support, including instrumental support (e.g. money, food, sharing of child care) and emotional support, to determine whether some particular elements of support are more useful than others in enhancing young children's resilience.

The current findings also suggest the need to examine additional measures of family conflict when exploring links between this variable and preschool child outcomes. In particular, measures of family conflict that include both conflict with other family members and conflict with siblings would be useful. Studies of African American families might examine conflict in several contexts, including the extended family. Future studies should also examine the differential effects of witnessing verbal and physical family violence. Lastly, in order to further explore children's exposure to violence in other ecological contexts, future research should measure bullying and school violence exposure.

As noted earlier, future research should also include a more comprehensive measure of community violence. Such measures could include the amount and nature of young children's exposure to community violence, parental exposure to community

violence, neighborhood violence statistics over time, and the length of time the family has resided in the neighborhood.

One additional area of research suggested by the study concerns the social skills of children in violent neighborhoods. Previous investigations suggest that some existing social skills measures may not be appropriate for use with low-income African American and other ethnic minority children (Manz et al., 1999). In the current study, for example, the focus on "polite behavior" may have jeopardized the well-being of children in violent neighborhoods. Future studies should determine whether existing social skills measures accurately tap the social skills of poor children who must confront the challenges of maintaining their safety and dealing with others within a stressful, often dangerous neighborhood environment.

Finally, as noted earlier, this study found that the explained variance in models of preschoolers' social skills was considerably lower than in the behavior problem models. Such results emphasize the value of studying other factors in the ecology of children's lives that may account for differences in social skills, such as father presence and involvement, child's birth order, and number of siblings in the family. Future investigations may explore whether the patterns of relationship found in the current study differ for preschool boys and girls. Research may also examine the role of other potential protective factors in fostering children's social competence and reducing the incidence of behavior problems, such as maternal education, maternal employment, maternal religiosity, the family's church attendance, and the child's participation in early childhood education.

## Conclusion

The major purpose of this study was to examine the roles of exposure to community violence, family conflict, positive parenting, and informal social support in predicting the social skills and behavior problems of African American preschoolers living in violent communities. Overall, findings support an ecological view of family and community level contributions to child development, indicating that positive parenting and informal social support may foster children's social competence and that positive parenting may additionally reduce child behavior problems. Direct witnessing of community violence places children at greater risk for internalizing and externalizing behavior problems, while family conflict is predictive of internalizing problems. Such findings underscore the need for educators, family practitioners, policy makers, and program developers to develop interventions that emphasize the protective value of positive parenting and social support, and that reduce the risks associated with exposure to family conflict and community violence. Interventions that address the strengths and traditions of African American families may be most effective in helping families to raise socially competent, well-adjusted children within the context of a dangerous external environment.

## APPENDIX A: DEMOGRAPHIC ITEMS

Family Information

____    1.  What is your name? _____1b. Relationship to child _____

____    2.  What is your child's name? _____

____    3.  Is (child) a girl or boy?    Sex: 1. Boy  2. Girl

____    4.  What is your child's <u>Date of Birth</u>? __/__/__    Age/mos: _____

____    5.  When did (child) begin attending Head Start?  mo./yr  ____/____

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOU.

____    7.  <u>Age</u>:  How old are you?  (years) _____

       8.  <u>Marital Status</u>:  Are you… [elicit response without reading categories]
         (circle one)
         1. Single  2. Single, living with partner  3. Married, living with spouse
         4. Married, not living with spouse  5. Separated  6. Divorced  7. Widowed
         8. Other (specify) __

\_\_\_ **9.** <u>Racial/Cultural Group</u>: What do you consider to be your cultural or ethnic background (circle one)
1. Black   2. Hispanic   3. White   4. Asian   5. Other (specify) _____

\_\_\_ 10. <u>Education</u>: What is the highest grade you completed in school? (circle one)

| Grades | High School | College |
|--------|-------------|---------|
| 1-8 | 9  10  11  12  GED | 13  14  15  16  17+ |

\_\_\_ 11. <u>Occupation</u>: Are you presently working at a job for money
1. Yes            0. No

\_\_\_ (If yes)  What is your current job? _____

\_\_\_ (If yes)  How many hours per week do you work? _____

\_\_\_ 12. How many of the last 12 months did you work? _____

\_\_\_ 13. <u>School/Job Training</u>: Are you currently going to school or attending a job training program?            1. Yes          0. No

\_\_\_ 14. <u>Religion:</u>  How often do you attend church services or events? (don't read options)
1. More than once a week   2. Weekly   3. Twice a month   4. Once a month
5. Less than once a month

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR CHILD/REN.

\_\_\_ 15. How old were you when you had your first child? _____

\_\_\_ 16. How many children do you have? _____

\_\_\_ 17. How many are older than (Head Start child)? _____

\_\_\_ 18. How many are living with you now? _____

NOW, I HAVE A FEW QUESTIONS ABOUT (CHILD'S) FATHER.

\_\_\_ 19. Does \_\_\_\_'s (name of child) father live in the same household with you?
1. Yes   0. No

\_\_\_ 20. Can you tell me the highest school grade that (child's) father completed?
Highest grade completed (circle one):

|            | Grades           | High School     | College            | Don't Know |
|------------|------------------|-----------------|--------------------|------------|
|            | 1 2 3 4 5 6 7 8  | 9 10 11 12 GED  | 13 14 15 16 17+    | DK         |

\_\_\_ 21. Is (child's) father presently working at a job for money?
1. Yes      0. No      2. Don't Know
\_\_\_ (If yes) What is his current job? _____

\_\_\_ 22. How often does (child) see his/her father? Would you say…
1. Rarely or never    2. Several times a year    3. Several times a month
4. Several times a week    5. Every day

\_\_\_ 23. Is there someone else who is like a father to (child)?
1. Yes     0. No (Go to #24)

(If yes), who is this person? Is he…
\_\_\_ 1. Your spouse or partner
\_\_\_ 2. A male relative of the child who lives in the household
\_\_\_ 3. A male relative of the child who doesn't live in the household
\_\_\_ 4. A friend of the family who lives in the household
\_\_\_ 5. A friend of the family who doesn't live in the household

NOW I WANT TO ASK YOU ABOUT WHO YOU LIVE WITH.

\_\_\_ 24. Do you currently live with your mother, father, or grandmother?
1. Yes (Go to 26)     0. No

\_\_\_ Which one(s)? 1.Mother only 2. Father only 3. Both parents 4.Grandmother

\_\_\_ 25. How far away (miles) does your mother live from you? \_\_\_\_ miles.

\_\_\_ 26. Including yourself, how many adults age 18 and older live in your household?
_____

\_\_\_ 27. Including (child), how many children age 17 and younger live in your household? \_\_\_\_\_

\_\_\_ 28. (Interviewer:) Total adults and children in residence.

APPENDIX B: CONFLICT TACTICS SCALE (CTS)

This last set of questions deals with you and your partner during the past year. Almost all couples experience some disagreements or difficulties in their relationships. I am going to read you a list of things that a partner may have done to you when you had an argument or that happened clear out of the blue. By partner, I mean a boyfriend or ex-boyfriend, a spouse or ex-spouse, or someone you have had an intimate relationship with. Here is a card with the possible answers (review).

Please tell me how many times a partner did each of these things in the past year. (Show card)

| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Never | Once | Twice | 3-5 Times | 6-10 Times | 11-20 Times | More Than 20 Times |

_____ 1. Discussed issue calmly.

_____ 2. Got information to back up his side of things.

_____ *3. Brought in or tried to bring in someone to help settle things.*

_____ 4. Insulted or swore at you.

_____ 5. Pouted and/or refused to talk about it.

_____ 6. Stomped out of the room or house or yard.

_____ 7. Cried.

_____ 8. Did or said something to spite you.

_____ 9. Threatened to hit or throw something at you.

_____ 10. Threw or smashed or hit or kicked something.

_____ 11. Threw something at you.

_____ 12. Pushed, grabbed, or shoved you.

_____ 13. Slapped you.

_____ 14. Kicked, bit, or hit you with a fist.

_____ 15. Hit or tired to hit you with something.

_____ 16. Beat you up.

_____ 17. Threatened you with a knife or gun.

_____ 18. Used a knife or gun.

Source: Straus, 1979

APPENDIX C: PARENTING DIMENSIONS INVENTORY (PDI)
Modified Preschool Version

Here are some more questions about some of the things you do in raising your child, (child's name). Some may sound like statements from the last set, but please try to answer them as honestly as possible. " Would you say this is…"

| 6 | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Highly like me | Quite like me | Fairly like me | Somewhat like me | Slightly like me | Not at all like me |

_____ 1. I encourage (child's name) to talk about his or her troubles.

_____ 2. I always follow through on discipline for (child's name), no matter how long it takes.

_____ 3. *Sometimes it is so long between the time (child's name) misbehaves and the chance for me to deal with it that I just let it go. (Reverse)*

_____ 4. I do not allow (child's name) to angry with me. (Reverse)

_____ 5. There are times I just don't have the energy to make (child's name) behave as he/she should. (Reverse)

_____ 6. (Child's name) can often talk me into letting him/her off easier that I intended. (Reverse)

_____ 7. (Child's name) convinces me to change my mind after I have refused a request. (Reverse)

_____ 8. I think a child should be encouraged to do things better than other children.

_____ 9. (Child's name) and I have warm, close moments together.

_____ 10. I encourage (child's name) to be curious, to explore, and to question things.

_____ 11. I find it interesting and educational to be with (child's name) for long periods of time.

_____ 12. I don't think children should be given sexual information.

_____ 13. I believe a child should be seen and not heard.

_____ 14. I believe it is not always a good idea to encourage children to talk about their worries because it can upset them even more. (Reverse)

_____ 15. I encourage (child's name) to express his/her opinions.

_____ 16. I make sure (child's name) knows that appreciate what he/she tries to accomplish.

_____ 17. I let (child's name) know how ashamed and disappointed I am when he/she misbehaves.

_____ 18. I believe in toilet training a child as soon as possible.

_____ 19. I believe that most children change their minds so often that it is hard to take their opinions seriously. (Reverse)

_____ 20. I have little or no difficulty sticking with my rules for (child's name) even when close relatives (including grandparents) are there.

_____ 21. When I let (child's name) talk about his/her troubles, he/she ends up complaining even more. (Reverse)

_____ 22. I expect (child's name) to be grateful to his/her parents, and appreciate all the advantages that he/she has.

_____ 23. Once I decide how to deal with (child's name)'s misbehavior, I follow through on it.

_____ 24. I respect (child's name)'s opinion and encourage him/her to express it.

_____ 25. I never threaten (child's name) with a punishment unless I am sure I will carry it out.

_____ 26. I believe that once a family rule has been made, it should be strictly enforced without exception.

Source: Slater and Power, 1987

# APPENDIX D: FAMILY SUPPORT SCALE (FSS)

Now I'd like to talk with you about some of the people who may have helped you in raising your children. Please look at the card in front of you. I'd like to ask you how helpful some specific people are, like your parents or members of your church, in raising your family. (Show Card)

The alternatives are: Extremely helpful (4), Very helpful (3), Generally helpful (2), Sometimes helpful (1), Not at all helpful (0), and Not applicable (doesn't apply).

Please think about the last 3 to 6 months. As I read the name of each person or group, I'd like you to tell me how helpful they've been to your family in the last 3 to 6 months.

In the last 3-6 months, how helpful was each in raising your family?

_____ 1. Your parents*
_____ 2. Your relatives/kin*
_____ 3. Your friends*
_____ 4. Your partner or husband*
_____ 5. Your husband/partner's parents*
_____ 6. Your husband/partner's relatives/kin*
_____ 7. Your husband/partner's friends*
_____ 8. Your own children*
_____ 9. Other parents*
_____ 10. Co-workers*
_____ 11. Head Start or other parent groups*
_____ 12. Social groups/clubs*
_____ 13. Church members/minister*
_____ 14. Your family's or child's doctor(s)
_____ 15. Professional helpers like social workers, therapists, teachers, etc.
_____ 16. Professional agencies like social services, public health or mental health agencies
_____ 17. Your child's Head Start program
_____ 18. Other school/day care center

Is there anyone else I didn't mention who has been helpful in raising your children – Who is she/he? [Interviewer – write in person and how helpful.]

_____ 19. Person: _____

* Items on Informal Social Support Subscale

Source: Dunst, Jenkins, & Trivette, 1984

## APPENDIX E: SOCIAL SKILLS RATING SYSTEM (SSRS)
### Preschool Version

Now I would like to ask you some more questions about (child's name). Can you tell me *how often* (child's name) does certain behaviors? I will read you a list of behaviors that may be done by children (child's name's) age or older. . . As I read each item, think about (child's name's) present behavior. How often does he/she do the following things. There are no right or wrong answers. (Show card)

| 2 | 1 | 0 |
|---|---|---|
| Very Often | Sometimes | Never |

_____ 1. Follows your instructions.

_____ 2. Helps you with things around the house without being asked.

_____ 3. Questions a household rule that may be unfair in a reasonable way.

_____ 4. Attempts household tasks before asking for your help.

_____ 5. Praises friends or other children in the family.

_____ 6. Participates in organized group activities.

_____ 7. Politely refuses unreasonable requests from others.

_____ 8. Introduces herself or himself to new people without being told.

_____ 9. Uses free time at home in an acceptable way.

_____10. Asks permission before using another family member's things.

_____11. Responds in a non-violent way when hit or pushed by other children.

 (*Probe: What does he or she do?*)

 _____

_____12. Volunteers to help family members with tasks or chores.

_____13. Invites other children to your home.

_____14. Avoids situations that are likely to cause trouble.

_____15. Starts conversations rather than waiting for others to talk first.

_____16. Keeps room clean and neat without being reminded.

_____17. Completes household chores within a reasonable time.

_____18. Controls temper when arguing with you.

_____19. Controls temper when arguing with other children.

_____20. Expresses feelings in an acceptable way when treated "wrong" by others.

_____21. Follows rules when playing games with others.

106

_____22. Pays attention to your instructions.

_____23. Shows interest in a variety of things.

_____24. Answers the phone in an acceptable way. (e.g., "hello").

_____25. Makes friends easily.

_____26. Changes his/her own ideas to reach agreement in an argument or fight.

_____27. Puts away toys or other household things.

_____28. Waits turn in games or other activities.

_____29. Handles criticism well.

_____30. Congratulates family members on accomplishments.

_____31. Follows household rules.

_____32. Is self-confident in social situations such as parties or group outings.

_____*33. Pays attention to speakers at meetings such as in church or children's groups.*

_____34. Joins group activities without being told.

_____35. Ends disagreements with you calmly.

_____36. Is liked by others.

_____37. Asks sales clerk for information or assistance.

_____38. Communicates problems to you.

_____39. Speaks in a reasonable tone of voice at home.

_____40. Has temper tantrums.

_____41. Fidgets or moves around too much.

_____42. Argues with others.

_____43. Disturbs ongoing activities.

_____44. Says nobody likes him or her.

_____45. Seems lonely.

_____46. Is aggressive toward people or objects.

_____47. Disobeys rules or requests.

_____48. Shows anxiety about being with a group of children.

_____49. Acts sad or depressed.

Source: Gresham & Elliott, 1990

APPENDIX F: CONSENT FORM


Introduction of Consent Form (Parent)
Role of Neighborhood and School in Young Children's Development

We are from the Department of Family Studies at the University of Maryland, and we are doing a study of families with children in Head Start or other preschool programs in Maryland and Washington, D.C.  The study has three phases.  The purpose of the first two phases is to learn more about the development of your preschool child and how your neighborhood affects the way you parent your child.  After we learn about more things – such as violence – that may occur in your neighborhood, we plan to develop an intervention program.  Now, if you would like to participate in the study, please read and sign the attached form.  Parents in the study will receive payment for their time.


Address questions or comments to:

Dr. Suzanne Randolph                            Dr. Debra Roberts
Associate Professor                              Research Associate
Department of Family Studies                     Department of Family Studies
Room 1204 Marie Mount Hall                       Room 1204 Marie Mount Hall
University of Maryland                            University of Maryland
(301) 405-4012                                   (301) 405-4002

Consent Form (Parent)

Role of Neighborhood and School in Young Children's Development

I understand that I will be interviewed for about an hour and a half. During this interview, I will be asked about my background, my child, my neighborhood, and the ways I raise my child. I may be asked to participate in a small group discussion on another occasion. I also give my permission for my child's teacher to answer written questions about his/her development and for my child to complete assessment activities in a half-hour session with one of the researchers.

All information collected and reported in the study is confidential, and my name will not be identified at any time. Instead, the information will be identified using code numbers which will be logged and kept in a locked file cabinet. Only the researchers will know the code for each participant. I understand that there are no personal risks associated with participating in this study. However, the researchers are obligated to report signs of child abuse to the Head Start staff for referral to the appropriate authorities.

I understand that the study is not designed to help me personally, but that the investigator hopes to learn more about the role of neighborhood and school in young children's development. I understand that I will be paid a small monetary stipend for my family's participation in the study; however, I am free to ask questions or withdraw from participation at any time without penalty.

I state that I have read the above, I am over 18 years of age, and wish to participate in a program of research being conducted by Dr. Suzanne Randolph and Dr. Sally Koblinsky at the University of Maryland, College Park, Department of Family Studies.

_____        _____
Signature (Interviewer)                                    (Date)


_____        _____
Name of Participant (please print)                  (Date)


_____
Signature (Participant)

References

Achenbach, T. (1991). *Manual for the child behavior checklist/4-18 and 1991 profile.* Burlington, VT: University of Vermont Department of Psychiatry.

Alvy, K., & Marigna, M. (1985). *Effective Black Parenting Program.* Studio City, CA: Center for the Improvement of Child Caring.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Aronson, R., Whitehead, T., & Baber, W. (2003). Challenges to masculine transformation among urban low-income African American males. *American Journal of Public Health, 93,* 732- 741.

Attala, J. & Summers, S. (1999). A comparative study of health, developmental, and behavioral factors in preschool children of battered and nonbattered women. *Children's Health Care, 28,* 189-201.

Barnett, D., Kidwell, S., & Leung, K. (1998). Parenting and preschooler attachment among low-income urban African American families. *Child Development, 69,* 1657-1671.

Barnett, M. (1987). Empathy and related responses in children. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 146-162). New York: Cambridge University Press.

Barnett, O., Miller-Perrin, C., & Perrin, R. (1997). *Family violence across the lifespan.* Thousand Oaks: CA: Sage.

Baumrind, D. (1971). Current patterns of paternal authority. *Developmental Psychology Monograph, 4*, 1-103.

Becker, K., & McCloskey, L. (2002). Attention and conduct problems in children exposed to family violence. *American Journal of Orthopsychiatry, 72,* 83-91.

Bell, C. & Jenkins, E. (1991). Traumatic stress and children. *Journal of Health Care for the Poor and Undeserved, 2,* 175-185.

Bell, C. & Jenkins, E. (1993). Community violence and children on Chicago's southside. *Psychiatry, 56,* 46-54.

Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55,* 83-96.

Billingsley, A. (1992). *Climbing Jacob's ladder: The enduring legacy of African American families.* New York: Simon and Schuster.

Blank, M., Mahmood, M., Fox, J., & Guterbock, T. (2002). Alternative mental health services: The role of the Black Church in the South. *American Journal of Public Health, 92,* 1668-1672.

Bluestone, C. & Tamis-LeMonda, C. (1999). Correlates of parenting styles in predominantly working and middle-class African American mothers. *Journal of Marriage and the Family, 61*, 181-194.

Bogenschneider, K. (1996). An ecological risk/protective theory for building prevention programs, policies, and community capacity to support youth. *Family Relations, 45,* 127-138.

Brodsky, A. (1999). "Making it": The components and process of resilience among

urban, African-American, single mothers. *American Journal of Orthopsychiatry, 69*, 148-160

Brody, G.H., & Flor, D.L. (1998). Maternal resources, parenting practices, and child

competence in rural, single-parent African American families. *Child Development, 69*, 803-816.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development:

Research perspectives. *Developmental Psychology, 20,* 1074-1081.

Buboltz, M., & Sontag, M. (1993). Human ecology theory. In P. Boss, W. Doherty, R,

LaRossa, W. Schumm, & Steinmetz, (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 419-450). New York, NY: Plenum Press.

Buckner, J., Bassuk, E., Weinreb, L., & Brooks, M. (1999). Homelessness and its relation

to mental health and behavior of low-income school-age children. *Developmental Psychology, 35,* 246-257.

Caldwell, B., & Bradley, R. (1984). *Home Observation for Measurement of the*

*Environment.* Little Rock, AR: University of Arkansas at Little Rock.

Campbell, S. (1995). Behavior problems in preschool children: A review of recent

research. *Journal of Child Psychology and Psychiatry, 36*, 113-149.

Campbell, S. (1997). Behavior problems in preschool children: Developmental and

Family issues. In T. Ollendick and R. Prinz (Eds.) *Advances in clinical child psychology, 19* (pp. 1-26). Plenum Press, New York, pp. 1-26.

Carlson, B. (1984). Children's observations of interparental violence. In A. Roberts (Ed.), *Battered women and their families: Intervention strategies and treatment programs* (pp. 147-167). New York: Springer.

Ceballo, R. & McLoyd, V. (2002). Social support and parenting in poor, dangerous neighborhoods. *Child Development, 73*, 1310-1321.

Chase-Lansdale, L., Brooks-Gunn, J., Zamsky, E. (1994). Young African-American multigenerational families in poverty: Quality of mothering and grandmothering. *Child Development, 65*, 373-393.

Chase-Lansdale, L., & Gordon, R. (1996). Economic hardship and the development of five- and six- year olds: Neighborhood and regional perspectives. *Child Development, 67,* 3338-3367.

Cherlin, A. (2002). *Public and private families: An introduction*. New York: McGraw Hill.

Children's Defense Fund (1998). *The state of America's children yearbook, 1997*. Washington, DC: Author.

Cichetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry, 56,* 96-118.

Clark, L. (1993). Stress and the cognitive-conversational benefits of social interaction. *Journal of Social and Clinical Psychology, 55*, 534-541.

Cohen, S. & Willis, T. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98,* 310-357.

Coley, R. & Chase-Lansdale, P. (1999). Adolescent pregnancy and parenthood: Recent

    evidence and future direction. *American Psychologist, 53,* 152-166.

Cowan, P., Cowan., C., & Schulz, M. (1996). Thinking about risk and resilience in

    families. In E. Heatherington & E. Blechman (Eds.), *Stress, coping, and resiliency*

    *in children and families* (pp. 1-38). New Jersey: Lawrence Erlbaum Associates.

Crinic, K. & Greenberg, M. (1990). Minor parenting stresses with young children.

    *Child Development, 61,* 1628-1638.

Crockenberg, S., & Covey, S. (1991). Marital conflict and externalizing behavior in

    children. In D. Cicchetti & S. Toth (Eds.), *Rochester Symposium on*

    *Developmental Psychopathology: Vol. 3. Research and clinical contributions to a*

    *theory of developmental  psychopathology* (pp. 235-360). Rochester, NY:

    University of Rochester Press.

Davies, P., & Cummings, E. (1998). Exploring children's emotional security as a

    mediator of the link between marital relations and child adjustment. *Child*

    *Development, 69,* 124-139.

Denham, S. (1998). *Emotional development in young children*. New York: Guilford

    Press.

DiBiase, R. & Waddell, S. (1995).  Some effects of homelessness on psychological

    functioning of preschoolers. *Journal of Abnormal Child Psychology, 23*, 783-

    792.

Doll, B. & Lyon, M. (1998).  Risk and resilience: Implications for the delivery of

    educational and mental health services in schools. *School Psychology Review, 27*,

    348-363.

Drell, M., Siegel, C., & Gaensbauer, T. (1993). Post traumatic stress disorders. In C.

Zeanah (Ed.), *Handbook of infant mental health* (pp. 291-304). New York:

Guilford Press.

Duncan, G., Brooks-Gunn, J., & Klebanov, P. (1994). Economic deprivation and early

childhood development. *Child Development, 65,* 296-318.

Dunst, C., Jenkins, V., & Trivett, C. (1984). Family Support Scale: Reliability and

validity. *Journal of Individual, Family, and Community Wellness, 1,* 45-52.

Dunst, C., & Trivett, C. (1986). Looking beyond the parent-child dyad for the

detriments of maternal styles of interaction. *Infant Mental Health Journal, 7,* 69-

80.

Dunst, C., & Trivett, C. (1990). Assessment of social support in early intervention

progams. In S.J. Meisels & J.P. Shonkoff (Eds.), *Handbook of early childhood*

*intervention* (pp. 326-349). Cambridge, England: Cambridge University Press.

East, P. & Felice, M. (1996). *Adolescent pregnancy and parenting:Findings from a*

*racially diverse sample.* Mahwah, NJ: Lawrence Erlbaum Associates.

Elder, G., Eccles, J., Ardelt, M., & Lord, S. (1995). Inner city parents under economic

pressure: Perspective on the strategies of parenting. *Journal of Marriage and the*

*Family, 57*, 771-784.

Fantuzzo, J., Boruch, R., Berimama, A., Atkins, M., and Marcus, S. (1997). Domestic

violence and children: Prevalence and riks in five major U.S. cities. *Journal of*

*American Academy of Child and Adolescent Psychiatry, 36*, 116-122.

Fantuzzo, J., DePaola, L., Lambert, L., Martino, T., Anderson, G., & Sutton, S. (1991). The effects of interparental violence on the psychological adjustment and competencies of young children. *Journal of Consulting and Clinical Psychology, 59,* 258-265.

Farrington, D. (1991). Childhood aggression ad adult violence: Early precursors and later life outcomes. In D. Pepler & K. Rubin (Eds*.), The development and treatment of childhood aggression* (pp. 5-29). Hillsdale, NJ; Erlbaum.

Farver, J., Natera, L., & Frosch, D. (1999). Effects of community violence on inner-city preschoolers and their families. *Journal of Applied Developmental Psychology, 20,* 143-158.

Federal Bureau of Investigation. (1998). *Uniform crime reports for the United States: 1997* [On-line]. Available: http://www.fbi.gov/ucr/97cius.htm.

Finklehor D., & Dziuba-Leatherman, J. (1994). Victimization of children. *American Psychologist, 49,* 163-183.

Freeman, L., Mokros, H., & Pozanski, E. (1993). Violent events reported by normal urban school-aged children: Characteristics and depression correlates. *Journal of the American Academy of Child & Adolescent Psychiatry. 32,* 419-423.

Garbarino, J., Dubrow, N., Kosteleny, M., & Pardo, C. (1992). *Children living in danger: Coping with the consequences of community violence.* San Francisco: Jossey-Bass.

Garbarino, J., Kostelny, K., & Dubrow, N. (1991a). *No place to be a child: Growing up in a war zone.* Lexington, MA: Lexington Books.

Garbarino, J., Kosteleny, K., Dubrow, N. (1991b). What children can tell us about living in danger. *American Psychologist, 46*, 376-383.

Garcia Coll, C., Crnic, K., Lamberty, G., Wasik, B., Jenkins, R., Garcia., H. & McAdoo, H. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development, 67,* 1891-1914.

Garmezy, N. (1983). *Stress, coping and the development of children*Baltimore: Johns Hopkins University Press.

Gelles, R., & Straus, M. (1988). *Intimate violence.* New York: Simon & Schuster.

Gorman-Smith, D. & Tolan, P. (1998). The role of exposure to community and developmental problems among inner-city youth. *Development and Psychopathology, 10,* 101-116.

Gottman, J. M., & Katz, L. E (1989). Effects of marital discord on young children's peer interaction and health. *Developmental Psychology, 25*, 373-381.

Gresham, F. & Elliot, S. (1990). *Social Skills Rating System Manual*. Circle Pines, MN: American Guidance Service.

Groves, B., Zuckerman, B., Marans, S., & Cohen, D. (1993). Silent victims: Children who witness violence. *Journal of the American Medical Association, 269,* 262-264.

Grych, J. & Fincham, F. (1990). Marital conflict and children's adjustment: A cognitive contextual framework. *Psychological Bulletin, 108*, 267-290.

Grych, J., Jouriles, E., Swank, P., McDonald, R. & Norwood, W. (2000). Patterns of adjustment among children of battered women. *Journal of Consulting and Clinical Psychology, 68,* 84-94.

Hampton, R. (Ed.). (1996). *Family violence: Prevention and treatment* (2ⁿᵈ ed.).

    (Vol.1). Thousand Oaks, CA: Sage Publication.

Harden, B., & Koblinsky, S. (1999). Double exposure: Children affected by family and

    community violence.  In R. Hampton (Ed.), *Family violence: prevention and*

    *treatment* (pp. 66-102). Thousand Oaks, CA: Sage.

Harden, B., Winslow, M., Kendziora, K., Shahinfar, A., Rubin, K., Fox, N., Crowley, M.,

    & Zahn-Waxler, C., (2000). Externalizing problems in Head Start children: an

    ecological exploration. *Early Education & Development, 3,* 357-379.

Hart, D. (1988). A longitudinal study of adolescents' socialization and identification as

    predictors of adult moral judgment development. *Merrill-Palmer Quarterly, 34,*

    245-260.

Hashima, P. & Amato, P. (1994).  Poverty, social support, and parental behavior. *Child*

    *Development, 65,* 394-403.

Hill, H., Hawkins, S., Raposo, M., & Carr. P. (1995).  Relationship between multiple

    exposures to violence and coping strategies among African-American mothers.

    *Violence and Victims, 10*, 55-71.

Hinkle, D., Wiersma, W., & Jurs, S. (1998).  *Applied statistics for the behavioral*

    *sciences* (4ᵗʰ ed.). Boston: Houghton Mifflin.

Hoffman, M. (2000). Empathy and moral development: Implications for caring and justice.

    New York: Cambridge University Press.

Holland, C. (1996). *Homelessness and exposure to community violence: Exploration of*

    *maternal and child adjustment among low income families in Head Start.*

    Unpublished doctoral dissertation, University of Maryland, College Park.

Holland, C., Koblinsky, S., & Anderson, E. (1995). *Maternal strategies for protecting Head Start children from community violence: Implications for family-focused violence education programs.* Paper presented at the annual meeting of the National Head Start Association, Washington, DC.

Hughes, H. & Luke, D. (1998). Heterogeneity in adjustment among children of battered women. In G. Holden, R. Geffner & E. Jouriles (Eds.). *Children exposed to marital violence* (pp. 185-221). Washington, D.C.: American Psychological Association.

Hurd, E., Moore, C., & Rogers, R. (1995). Quiet success: Parenting strengths among African Americans. *Families in Society, 76*, 434-443.

Huston, A., McLoyd, V., & Garcia Coll, C. (1994). Children and poverty: Issues in contemporary research. *Child Development, 65*, 275-283.

Huth-Bocks, A., Levendosky, A., & Semel, M., (2001). The direct and indirect effects of domestic violence on young children's intellectual functioning. *Journal of Family Violence, 16*, 269-289.

Jackson, A., Brooks-Gunn, J., Huang, C., & Glassman, M. (2000). Single mothers in low-wage jobs: Financial strain, parenting, and preschoolers' outcomes. *Child Development, 71*, 1409-1423.

Jaffe, P, Hurley, D., & Wolfe, D. (1990). Children's observations of violence: 1. Critical issues in child development and intervention planning. *Canadian Journal of Psychiatry, 35,* 466-469.

Jekielek, S. (1998). Parental conflict, marital disruption and children's emotional well-being. *Social Forces, 76,* 905-935.

Jenkins, E., & Bell, C. (1994). Violence among inner city high school students and post-traumatic stress disorder. In E. Jenkins & C. Bell (Eds.), *Anxiety disorders in African Americans* (pp. 76-88). New York: Springer.

Jennings, K., Stagg, V., & Connors, R. (1991). Social networks and mothers' interactions with their preschool children. *Child Development, 62,* 966-978.

Kelley, M., Power, T., & Wimbush, D. (1992). Determinants of disciplinary practices in low-income black mothers. *Child Development, 63*, 573-582.

Kliewer, W., Lepore, S., Oskin, D. & Johnson, P. (1998). The role of social and cognitive processes in children's adjustment to community violence. *Journal of Consulting and Clinical Psychology, 66,* 199-209.

Koblinsky, S.., Morgan, K., & Anderson, E. (1997). African American homeless and low-income housed mothers: Comparison of parenting practices. *American Journal of Orthopsychiatry, 67*, 37-47.

Koeske, G. F., & Koeske, R. D. (1990). The buffering effect of social support on parenting stress. *American Journal of Orthopsychiatry, 60*, 440-451.

Kuther, T. & Wallace, S. (2003). Community violence and sociomoral development: an African American Cultural Perspective. *American Journal of Orthopsychiatry, 73*, 177-189.

Letiecq, B., Anderson, A., & Koblinsky, S. (1996). Social support of homeless and permanently housed low-income mothers with young children. *Family Relations, 45,* 266-272.

Levendosky, A. A., & Graham-Bermann, S. A. (1998). The moderating effects of

    parenting stress on children's adjustment  in woman-abusing families. *Journal of*

    *Interpersonal Violence, 13*, 383-397.

Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of

    neighborhood residence on child and adolescent outcomes. *Psychological*

    *Bulletin, 126,* 309-337.

Levine, J. (1993). Involving fathers in Head Start: A framework for pubic policy and

    program development. *Families in Society, 74,* 4-19.

Linares, L.O., Heeren, T., Bronfman, E., Zuckerman, B., Augustyn, M., & Tronick, E.

    (2001). A mediational model for the impact of exposure to community violence

    on early childhood behavior problems. *Child Development, 72*, 639-652.

Lorion , R. & Saltzman, W. (1993). Children's exposure to community violence:

    Following a path from concern to research to action. *Psychiatry, 56,* 55-65.

Lynch, M. & Cicchetti, D. (1998). An ecological-transactional analysis of children and

    contexts: The longitudinal interplay among child maltreatment, community

    violence, and children's symptomology.  *Development and Psychopathology, 10,*

    235-257.

Lyons-Ruth, K., Alpern, L., & Repacholi, B. (1993). Disorganized infant attachment

    classification and maternal psychosocial problems as predictors of hostile-

    aggressive behavior in the preschool classroom. *Child Development, 64,* 572-585.

Maccoby, E. (1980). *Social development: Psychological growth and the parent-child*

    *relationship.* San Diego: Harcourt Brace Jovanovich .

Maccoby, E., & Martin, J. (1983). Socialization in the context of the family: Parent-child interaction. In P. Mussen (Ed.), *Handbook of child psychology: Vol. 4. Socialization, personality, and social development* (4th ed., pp.1-101). New York: John Wiley.

Manz, P.H., Fantuzzo, J.W., & McDermott, P.A. (1999). The parent version of the preschool social skills rating scale: An analysis of its use with low-income, ethnic minority children. *School Psychology Review, 28*, 493-504.

McGee, R., Partridge, F., Williams, S., & Silva, P. (1991). A twelve-year follow-up of preschool hyperactive children. *Journal of the Academy of Child and Adolescent Psychiatry, 25*, 575-586.

McGroder, S. (2000). Parenting among low-income, African American single mothers with preschool-age children: Patterns, predictors, and development correlates. *Child Development, 71,* 752-771.

McKinney, E. & Rust, J. (1998). Enhancing preschool African American children's social skills. *Journal of Instructional Psychology*, *25,* 941-946.

Meier, S. (2000). Treatment sensitivity of the PE Form of the Social Skills Rating Scales: Implications for test construction procedures. *Measurement and Evaluation in Counseling and Development, 33*, 144- 156.

Meyers, H., Taylor, S., Alvy, K., Arrington, A. & Richardson, M. (1992). Parental and family predictors of behavior problems in inner-city black children. *American Journal of Community Psychology, 20*, 557-576.

Moos, R., & Moos, B. (1994). *Family Environment Scale Manual* (3rd ed.). Palo Alto, CA: Consulting Psychologies Press.

Myers, T. (1998).  *Parenting and community violence: An exploration of maternal and child adjustment.* Unpublished doctoral dissertation, University of Maryland, College Park.

Murry, V., & Brody, G. (1999). Self-regulation and self-worth of Black children reared in economically stresses, rural, single-mother-headed families: The contribution of risk and protective factors. *Journal of Family Issues, 20,* 458-484.

Murry, V., Bynum, M., Brody, G., Willert, A., Stephens, D. (2001). African American single mothers and children in context: A review of studies on risk and resilience. *Clinical Child and Family Psychology Review, 4,* 133- 155.

O'Brien, M., Margolin, G., & John, R. S. (1995). Relation among marital conflict, child coping, and child adjustment. *Journal of Clinical Child Psychology, 24*, 346-361.

Ogbu, J. (1981). Origins of human competence: A cultural-ecological perspective. *Child Development, 52,* 413-429.

O'Leary, K., Curley, A., Rosenbaum, A., & Clarke, C. (1985). Asserting training for abused wives: A potentially hazardous treatment. *Journal of Marital and Family Therapy, 11,* 319-322.

Osofsky, J. (1995). The effects of exposure to violence on young children. *American Psychologist, 50*, 782-788.

Osofsky, J., Cohen, G., & Drell, M. (1995). The effects of trauma on young children: A case of two-year-old twins. *International Journal of Psychoanalysis, 76,* 595-607.

Osofsky, J., Wewers, S., Hann, D., & Fick, A. (1993). Chronic community violence: What is happening to our children? *Psychiatry, 56,* 36-45.

Overstreet, S. & Braun, B. (2000). Exposure to community violence and post-traumatic stress symptoms: Mediating factors. *American Journal of Orthopsychiatry, 70,* 263-271.

Overstreet, S., Dempsey, M., Graham., & Moely, B. (1999). Resiliency in the face of violence: An examination of protective factors. *Journal of Clinical Child Psychology, 28,* 151-159.

Oyserman, D., Bybee, D., Mowbray, C., & MacFarlane, P. (2002). Positive parenting among African American mothers with serious mental illness. *Journal of Marriage and Family, 64,* 65-77.

Patterson, G. (1971). *Families: Applications of social learning to family life*. Champaign, IL: Research Press.

Patterson, G., Reid, J. & Dishion, T. (1992). *Antisocial boys*. Eugene, OR: Castilia Press.

Peterson J., & Zill N. (1986). Marital disruption, parent-child relationships, and behavior problems in children. *Journal of Marriage and the Family, 48,* 295-307.

Phillips, D. & Cabrera, N. (1996). *Beyond the blueprint: Directions for research on Head Start's families.* Roundtable on Head Start Research. Board on Children, Youth, and Families. Commission on Behavioral and Social Sciences and Education, National Research Council. Washington, DC: National Academy Press.

Pianta, R. & Walsh, D. (1998). Violence and mental health problems among urban high school students. *Journal of Adolescent Health, 18*, 320-324.

Power, C., Higgins, A., & Kohlberg, L. (1989). *Lawrence Kohlberg's approach to moral education.* New York: Columbia University Press.

Power, T., & Chapieski, M. (1986). Childrearing and impulse control in toddlers: A naturalistic investigation. *Developmental Psychology, 22,* 271-275.

Putenney, D. (1997). The impact of gang violence on the decisions of everyday life: Disjunctions between policy assumptions and community conditions. *Journal of Urban Affairs, 19,* 143-161.

Pynoos, R. (1993). Traumatic stress and developmental psychopathology in children and adolescents. In J. Oldham, M. Riba, and A. Tasman (Eds.), *American Psychiatric Press review of psychiatry* (Vol. 12). Washington, D.C.: American Psychiatric Press.

Pynoos, R., Frederick, C., Nader, K., Arroyo, W., Steinberg, A., Eth, S., Nunez, F., & Fairbanks, L. (1987). Life threat and posttraumatic stress in school-age children. *Archives of General Psychiatry, 44*, 1057-1063.

Pynoos & Nader (1988). Psychological first aid and treatment approach to children exposed to community violence: Research implications. *Journal of Traumatic Stress Studies, 1*, 445-473.

Randolph, S., & Koblinsky, S. (1997). *The Role of Family and School in Promoting Positive Developmental Outcomes for African American Preschoolers at Risk for Exposure to Community Violence* (U.S. Department of Education: Grant # R307F60099). University of Maryland, College Park.

Randolph, S., Koblinsky, S, & Roberts, D. (1996).  Studying the role of family and

    school in the development of African American preschoolers in violent

    neighborhoods. *Journal of Negro Education, 65*, 282-294.

Rescorla, L.,  Parker, R., & Stolley, P. (1991). Ability, achievement, and adjustment in

    homeless children.  *American Journal of Orthopsychiatry, 61,* 210-220.

Richters, J.E., & Martinez, P. (1993). The NIMH community violence project: Vol. 1.

    Children as victims of and witness to violence. *Psychiatry, 56,* 7-21.

Rollins, B.C., & Thomas, D.L. (1979). Parental support, power, and control techniques in

    the socialization of children. In W.R. Burr, R. Hill, F.I. Nye, & I.L. Reiss (Eds.),

    *Contemporary theories about the family: Research-based theories* (pp. 317-364).

    New York: Free Press.

Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In

    M. Kent & J. Rolf (Eds.), *Social competence in children* (pp. 49-74). Hanover,

    NH: University Press of New England.

Saarni, C. (1999). *The development of emotional competence*. New York: Guilford Press.

Sampson, R. (2001). What "community" supplies. In R. Ferguson & W. Pickens (Eds.),

    *Urban Problems and community development* (pp. 241-292). Washington, DC :

    Brookings Institution Press.

Sampson, R., Raudenbush, S., & Earls, F. (1997).  Neighborhoods and violent crime: A

    multilevel study of collective efficacy. *Science, 277, 918-924.*

Sarason, I., Sarason, B., & Shearin, E. (1986). Social support as an individual difference

    variable: Its stability, origins, and relational aspects. *Journal of Personality and*

    *Social Psychology, 50,* 845-855.

Schwab-Stone, M., Ayers, T., Kasprow, W., Voyce, C., Barone, C., Shriver, T., &

    Weissberg, R. (1995). No safe haven: A study of violence exposure in an urban

    community. *Journal of the American Academy of Child and Adolescent*

    *Psychiatry, 34*, 1343-1352.

Schwab-Stone, M., Chen, C., Greenberger, E., Silver, D., Lichtman, J., & Voyce, C.

    (1999). No safe haven: II. The effects of violence exposure on urban youth.

    *Journal of the American Academy of Child and Adolescent Psychiatry, 38,*

    359-367.

Seccombe, K., Walters, K.B., & James, D. (1999). "Welfare mothers" welcome reform,

    urge compassion. *Family Relations, 48*, 197-206.

Shahinfar, A., Fox, N.A., & Leavitt, L.A. (2000). Preschool children's exposure to

    violence: Relation of behavior problems to parent and child reports. *American*

    *Journal of Orthopsychiatry, 70*, 115-125.

Singer, M., Anglin, T., Song, L., & Lunghofer, L. (1995). Adolescents' exposure to

    violence and associated symptoms of psychological trauma. *Journal of the*

    *American Medical Association, 273*, 477- 482.

Skogan, W. (1990). *Disorder and decline: Crime and the spiral of decay in American*

    *neighborhoods.* New York: Free Press.

Slater, M. & Power, T. (1987). Multidimensional assessment of parenting in single-parent

    families. In J.P. Vincent (Ed.), *Advances in family intervention, assessment and*

    *theory* (pp. 197- 228). Greenwich, CN: JAI Press.

Stack, C. (1974). *All our kin: Strategies for survival in a black community.* New York:

    Harper and Row.

Stagg, V., Wills, G., & Howell, M. (1989).  Psychopathology in early childhood

    witnesses of family violence.  *Topics in Early Childhood Special Education, 92*,

    73-87.

Stevens, J. (1988). Social support, locus of control, and parenting in three low-income

    groups of mothers: Black teenagers, black adults, and white adults.  *Child*

    *Development, 59*, 635-642.

Straus, M. (1979).  Measuring intrafamily conflict and aggression: The Conflict Tactics

    Scale. *Journal of Marriage and the Family, 41,* 75-88.

Straus, M. (1991). Family violence in American families: Incidence rates, causes, and

    trends. In D. Knudsen & J. Miller (Eds.), *Abused and battered: Social and legal*

    *responses of family violence* (pp.17-33). Hawthorne, NY: Aldine de Gruyter.

Straus, M. & Gelles, R. (2000). *Physical violence in American families*. New

    Brunswick, NJ: Transaction Publishers.

Szykula, S., Mas, C., Turner, C., Crowley,  J., & Sayger, T. (1991).  Maternal social

    support and prosocial mother-child interactions.  *Journal of Family Psychology,*

    *5*, 82-92.

Taylor, R. (2000). An examination of the association of African American mothers'
    perceptions of their neighborhoods with their parenting and adolescent
    adjustment. *Journal of Black Psychology, 26,* 267-287.

Taylor, L., Zuckerman, B., Harik, V., and McAlister Groves, B. (1994). Witnessing
    violence by young children and their mothers. *Journal of Developmental and
    Behavioral Pediatrics, 15,* 120-123.

Taylor, R., Chatters, L., Tucker, M., & Lewis, E. (1990).  Developments in research on
    Black families: A decade review.  *Journal of Marriage and the Family, 52,* 993-
    1014.

Taylor, R., & Roberts, D. (1995). Kinship support and maternal and adolescent well-
    being in economically disadvantaged African American families.  *Child
    Development, 66*, 1585-1597.

Thomas, D., Grecas, V., Weigert, A., & Rooney, E. (1974). *Family socialization and the
    adolescent.* Lexington, MA: D.C. Heath.

University of Arizona (2001).  Social competence measures. *Evaluating National
    Outcomes for Youth* [On-line].  Available:
    http://ag.arizona.edu/fcr/fs/nowg/socialcomp_meas.html.

U.S. Department of Health and Human Services. (1998). *About Head Start: 1998 family
    income guidelines.*  [on-line]. Available:
    www2.acf.dhhs.gov/programs/hsb/about/im98_03a.htm.

U.S. Department of Health and Human Services. (2000). *Healthy people 2010:
    Understanding and improving health.* (2nd ed.). Washington, DC: U.S. Government
    Printing Office.

U.S. Department of Health and Human Services. (2003). *Head Start FACES 2000: A whole-child perspective on program performance.* Washington, DC: U.S. Government Printing Office.

Vissing, Y., & Straus, M. (1991). Verbal aggression by parents and psychosocial problems of children. *Child Abuse and Neglect, 15*, 223-239.

Walker, L., & Henning, K. (1999). Parenting style and the development of moral reasoning. *Journal of Moral Education, 28,* 359-374.

Wallach, L. (1993). Helping children cope with violence. *Young Children, 48*, 4-11.

Wandersman, A. & Nation, M. (1998). Urban neighborhoods and mental health. *American Psychologist, 53*, 647-656.

Weinraub, M. & Wolf, B. (1987). Stressful life events, social supports and parent-child interaction: Similarities and differences in single-parent and tow-parent families. In C. Boukydis (Ed.), *Research on support for parents and infants in the postnatal period* (pp. 114-135). Norwood, NJ: Ablex.

Westra, B., & Martin, H. (1981). Children of battered women. *Maternal Child Nursing Journal, 10*, 41-54.

Wilson, M. (1989). Child development in the context of the black extended family. *American Psychologist, 44*, 380-385.

Wurtele, S., & Miller-Perrin, C. (1992). *Preventing child sexual abuse: Sharing the responsibility.* Lincoln: University of Nebraska Press.

Yoshikawa, H. & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs.* New York, NY: National Center for Children in Poverty, Columbia University School of Public Health.

Zeanah, C. (1994). The assessment and treatment of infants and toddlers exposed to violence. In J.D. Osofsky & E. Fenichel (Eds.), *Caring for infants and toddlers in violent environments; Hurt, healing, and hope.(pp. 29-37).* Arlington, VA: Zero to Three/National Center for Clinical Infant Programs.