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This research examined predictors of positive and negative parenting behaviors in homeless families. Personal and social resources were tested as predictors of parenting in an ethnically heterogeneous sample of 38 homeless children between the ages of 6 and 12 and their parents. Parents' social support networks included few familiar intimates. Social support did not predict positive or negative parenting. Stressors predicted negative but not positive parenting. Parental physical health and self-esteem mediated the relationship between stressors and negative parenting. Stressors significantly predicted parents' mental health, but mental health was not a significant mediator of negative parenting.

Personal and Social Resources as Predictors of Parenting in Homeless Families

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The purpose of this article is to examine predictors of positive and negative parenting behaviors in a sample of homeless families. This is an important question because an increasing proportion of parents are facing the responsibility of caring for children under conditions of poverty and homelessness. Almost one fifth of the children in the United States live in poverty (Children's Defense Fund, 1999). Families with children make up 36% of the homeless population in the United States (Waxman, 1997). Several studies have documented the deleterious effects of poverty and homelessness on children's health and development, but few studies have focused specifically on relationships within homeless families.

Two conceptual models will be used to examine parenting in the context of homelessness: (a) Belsky's (1984) model of parenting as a "buffered system" and (b) a transactional stress model developed specifically to examine adaptation to stress in homeless families (Milburn & D'Ercole, 1991). Both models are consistent with general systems theory and include stressors and resources as predictors of adaptation.

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Belsky's (1984) model of parenting as a buffered system posits that parenting is multiply determined. Parents' personal resources and contextual stressors and supports predict parenting behavior, and a deficit in any part of the system can be buffered by resources in another part of the system. However, Belsky (1984) posited that the most central influences on parenting are personal and psychological resources. Therefore, this research will examine self-esteem, physical health, and mental health as personal resources predicting parenting.

Milburn and D'Ercole (1991) applied a transactional stress model (Pearlin, Lieberman, Menaghan, & Mullan, 1981) to the experiences of homeless women. According to this model, stress is a process involving transactions between individuals and potential stressors. Individuals actively appraise events and strive to meet stressor demands. An event is considered a stressor when individuals appraise it as a threat. Acute life events or accumulation of chronic annoyances (or "hassles") may precipitate distress. The outcomes of transactions between individuals and stressors range from crisis to adaptation and are influenced by appraisals and resources (Dohrenwend & Dohrenwend, 1981; McCubbin & Patterson, 1983).

Both major life events and chronic stressors are associated with distress for adults and adolescents (Caspi, Bolger, & Eckenrode, 1987; Felner, Farber, & Primavera, 1983; Wagner, Compas, & Howell, 1988). Homeless families experience significantly more stressors, both acute and chronic, than families in poverty or the general population (Milburn & D'Ercole, 1991). Therefore, it is appropriate to examine stressors as predictors of parenting and distress (depression and anxiety) as a mediator of this relationship.

Contextual stressors potentially interfere with the qualities of parenting associated with children's competence. Mothers are more likely to use negativistic disapproval with their children in the context of stressors (Patterson, 1982). Negative life events are associated with less supportive parenting and more inconsistent discipline (Roosa, Tein, Groppenbacher, Michaels, & Dumka, 1993). Maternal stressors predict child maltreatment (Pianta, Egeland, & Erickson, 1989). Unemployment and economic strains are associated with arbitrary and harsh corporal punishment by fathers (Elder, Van Nguyen, & Caspi, 1985; McLoyd, 1990). Decreases in maternal stressors predict decreases in problem behaviors for children of early elementary age (Egeland, Kalkoske, Gottesman, & Erickson, 1990). Pianta, Egeland, and Sroufe (1990) reported that maternal stress significantly predicted internalizing and externalizing in girls and boys. The association between maternal stressors and child

symptomatology is possibly mediated by qualities of interaction with the mother, which are likely disrupted by stressors.

Hausman and Hammen (1993) observed that characteristics of the shelter environment may disrupt parenting processes. For example, shelters are not typically designed as developmentally appropriate environments in which children can explore and become actively engaged in meaningful activities, so managing children's behavior in an unstructured situation becomes a primary mode of interaction between mothers and children. Mothers are often criticized by other mothers and/or shelter staff for their children's behavior, and "public mothering" in response to these demands often includes angry punishment to demonstrate control of the child and to thwart potential criticism. Both mothers and children become overwhelmed trying to respond to multiple changing standards for behavior and demoralized in the face of continuing failure to meet these standards. Providing warmth, support, and effective behavior regulation under these conditions becomes exceedingly difficult for parents.

SUPPORTS FOR PARENTING

Formal and informal social support is associated with more optimal parenting behavior. For example, adolescent single mothers receiving informational and instrumental support in the context of home visits provided more appropriate play materials, restricted and punished their children less frequently, and had fewer substantiated cases of child abuse and neglect than a comparison group (Olds, Henderson, Chamberlin, & Tatelbaum, 1986). Informal support from relatives predicts positive parenting behaviors of adolescents (Unger & Wandersman, 1988). Support provided by the child's father and by relatives to adult mothers is related to maternal positive affect and responsiveness (Crnic, Greenberg, & Slough, 1986). Informational, practical, and emotional support may directly influence the parent's ability to nurture the child by providing direct assistance, positive modeling of parenting, or information about child development and parenting to facilitate the nurturing process. Social support may indirectly enhance parenting by promoting parents' mental health and well-being (Cohen & Wills, 1985).

However, stressors associated with homelessness may limit the parent's access to social resources, due to frequent mobility and isolation. Social networks of homeless mothers are sometimes more of a burden or threat than a resource, and mothers avoiding troublesome individuals are also isolated from potentially supportive network members (Hausman & Hammen, 1993). Therefore, the generalizability of results from samples

in which support network members are capable of being supportive and are not a threat remains in question.

PERSONAL RESOURCES OF PARENTS

Mental health is an important influence on parenting. Parental depression has been identified as a risk factor for children's adjustment, and almost half of homeless mothers score above the clinical cutoff for depression (Edelman & Mihaly, 1989; Molnar, Rath, & Klein, 1990). Graham-Bermann, Coupet, Egler, Mattis, and Banyard (1996) reported that lack of social support and maternal depression predicted adjustment problems of homeless 7- to 12-year-old children. Maternal depression mediated the relationship between stress and child behavior problems. Similarly, maternal depression predicted internalizing of homeless preschool children (Schteingart, Molnar, Klein, Lowe, & Hartmann, 1995). The relationship between parent mental health and child symptomatology has been well documented (Gelfand & Teti, 1990). However, the processes involved have received less attention. Depression or other mental health problems may disrupt parent-child interactions and inhibit the parent's ability to act as a buffer for the child in the face of stressful life events. This research will examine the relationships between stressors, maternal mental health, and parenting behavior. Parental distress, rather than stressors per se, is expected to disrupt the parenting process.

Poor physical health is both a cause and a consequence of homelessness (Wright, 1990). Wright (1990) reported that 37% of homeless clients evidenced chronic physical disorder, and about 20% had an infectious disease. Rates of all physical problems are higher among individuals in poverty and higher still for those who are homeless. Poor physical health may impair a parent's ability to meet children's needs. However, physical health has not been studied as a predictor of parenting behavior.

QUALITIES OF PARENTING

Qualities of parenting associated with children's competence include warmth and positive affectivity, contingent responsiveness, inductive discipline, and encouragement of autonomy. Several studies of children from preschool through adolescence have documented benefits of these parenting dimensions to children's social and cognitive competence (Baumrind,

1971, 1973, 1978; Boldizar, Khatri, & Jones, 1991; Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Gottman & Fainsilber-Katz, 1989; Putallaz & Heflin, 1990; Steinberg, Elmen, & Mounts, 1989).

Providing for children's basic needs is a fundamental responsibility of parents. Providing warmth, contingent responsiveness, developmentally appropriate guidance, monitoring of children's behavior, facilitation of autonomy, and negotiation with other systems such as child care and school are also instrumental in promoting children's competence. The hierarchical nature of these functions suggests that "parents who are preoccupied with basic survival needs may have less time and energy to devote to higher level parental functions such as providing children with appropriate limits or adequate support" (Small & Eastman, 1991, p. 458).

Stressors associated with poverty and homelessness, lack of effective social support, and compromised physical and mental health of parents may disrupt parents' ability to provide for these needs. Research on parenting provides evidence that (a) stressors disrupt parenting and are associated with maladaptive child outcomes, (b) supports are associated with positive parenting and can even serve as a buffer during times of stress, and (c) characteristics of the parent such as mental and physical health are related to children's adaptation.

The present investigation will examine direct and mediated effects of stressors and social support on qualities of parenting. Belsky's (1984) model of parenting as a buffered system and the transactional stress model (Milburn & D'Ercole, 1991) were used to guide hypothesis testing. The first hypothesis to be tested is that stressors deplete personal resources (Hypothesis 1a) and disrupt parenting (Hypothesis 1b). Social support is hypothesized to enhance personal resources (Hypothesis 2a) and parenting behavior (Hypothesis 2b). Parents' personal resources are expected to facilitate positive parenting and attenuate negative parenting (Hypothesis 3).

The fourth hypothesis being tested is that personal resources are mediators of parenting (Figure 1). Three types of personal resources of parents will be examined: (a) self-esteem; (b) mental health, operationalized as depression and anxiety; and (c) physical health. Stressors associated with homelessness are expected to deplete personal resources of the parent, resulting in decreased positive parenting and increased negative parenting (Hypothesis 4a). Social support is hypothesized to enhance personal resources, which in turn attenuates negative parenting and facilitates positive parenting (Hypothesis 4b).

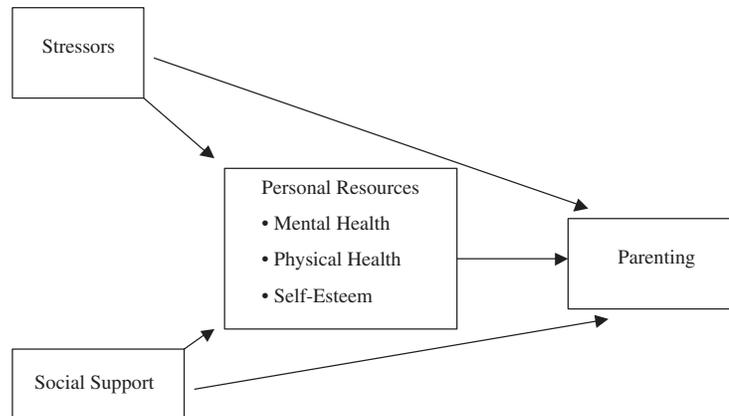


Figure 1: Personal Resources as Mediators of Parenting

METHOD

SAMPLE

Thirty-eight families residing in four temporary shelters in a moderate-size southwestern city (population = 600,000) with a child between the ages of 6 and 12 (mean = 9.2; $SD = 1.7$) participated in this research. Thirty-six of the parents interviewed were mothers; two fathers were interviewed because the mothers were unavailable (at work). No families recruited refused to participate. About 22% of the mothers were single, 32% married, 24% separated, and 22% divorced. About 19% of the children were Caucasian, 19% Mexican American, 16% Mexican, 16% African American, and 13.5% Central American.

About half of mothers (48.6%) and fathers (51.3%) had completed high school or earned their GED. Almost 30% (29.7%) of the participating mothers had dropped out of school by the eighth grade; 21.6% had completed some high school. About 8% of mothers had attended vocational or trade school, and 10.8% had attended some college. Similarly, 16.2% of the children's fathers dropped out of school by the eighth grade, 29.7% completed some high school, 29.7% graduated from high school or earned their GED, 2.7% attended vocational or trade school, 8.1% attended some college, and 10.8% graduated from college. None of the fathers with college degrees were living with their children.

About 19% of mothers identified themselves as homemakers; 16.2% were employed part-time; 24.3% were employed full-time; 8% were students attending vocational or trade school; and 32.4% were unemployed. About 43% reported an annual income of \$5,000 or less, 40.5% earned \$5,000 to \$10,000 during the previous year, and 13.5% earned \$10,000 to \$15,000 during the previous year. One family reported an income between \$15,000 and \$20,000 for the previous year.

PROCEDURES

Parents and children were interviewed in separate, private rooms at the shelter. Parent interviews took about 2 ½ hours, and child interviews took about 45 minutes. All questions and response choices were read out loud to parents and children, and interviewers marked responses on the questionnaire forms. All instruments were translated into Spanish by an independent translator, and a Mexican American research assistant reviewed measures for reliability and interviewed Spanish-speaking participants. Children were allowed to work at their own pace and were provided with snacks, stickers, and school supplies. Parents were compensated \$35 for their participation.

MEASURES

Stressors. The Family Inventory of Life Events (FILE) is composed of 71 recent stressful events (Olson et al., 1982). Caregivers indicated the number of times each event had happened in the previous 6 months. The scale was modified to allow respondents to rate how stressful each event was on a scale of 1 = *not very stressful* to 3 = *extremely stressful*. Eight items that describe events related to high or increased income (e.g., getting a promotion, buying a home) were eliminated because they are not relevant to homeless families. Eight items were added that described potential hassles associated with poverty (e.g., bouncing checks, being unable to adequately heat or cool a home). The mean number of stressors reported by parents was 12. A total stress score was computed by summing the total number of events reported by parents on the FILE ($\alpha = .81$).

Depression. The Beck Depression Inventory (BDI) is a 21-item scale with a 4-point response format evaluating the presence and severity of affective, cognitive, motivational, and psychomotor symptoms of depression (Beck, 1967). The short form (13 items) was used in the present

investigation ($\alpha = .93$). Parents chose one of four statements describing symptoms of depression for each item. The least depressive symptom statement was scored as 0, and the most depressive statement was scored as 3. The mean depression score was 6.2 ($SD = 7.7$).

Anxiety. The State-Trait Anxiety Inventory (Spielberger, 1983) is a 40-item self-report measure of state and trait anxiety. Participants rate items on a 4-point response scale ranging from 1 = *least anxious* to 4 = *most anxious*. Items were summed to provide indices of state and trait anxiety ($\alpha = .88$). The mean anxiety score for parents was 40.1 ($SD = 10.7$).

Physical health. Parents provided information about their own health, including (a) whether they smoke, (b) how often they drink alcohol, (c) how many times they have seen a doctor during the previous year, (d) if they have been unable to do their regular activities because of health reasons, (e) if they have had any serious or chronic health problems during the previous year, (f) whether they exercise regularly (at least 3 times a week), and (g) incidence of eight symptoms derived from the Health and Daily Living Form (Moos, Cronkite, & Finney, 1990). A composite health score was derived by computing the mean of all items ($\alpha = .79$).

Self-esteem. Self-esteem of parents was assessed using the Self-Perception Profile for Adults, which comprises 12 subscales. For brevity, 4 subscales were administered for the present study: (a) Global Self-Worth, (b) Sense of Humor, (c) Intimate Relationships, and (d) Adequacy as a Provider (Messer & Harter, 1986). A structured alternative format was used in which participants indicate if each description is "really true for me" or "sort of true for me." The four subscales were summed to derive an aggregate score of global self-worth ($\alpha = .88$).

Social support network. The parent social support network was assessed using the Norbeck Social Support Questionnaire (Norbeck, 1984), designed to measure multiple dimensions of social support including esteem/emotional support, instrumental support, informational support, and network size. Participants listed initials or first names of significant members of their social support network, including social service agencies or groups. They then rated each network member on 10 items describing different types of support received (e.g., How much does each person make you feel liked or loved?). A summary score incorporating the size of the network and amount of support received was derived by summing the ratings for each item, and then computing a mean for all 10 items ($\alpha = .96$).

Parenting. Instruments were selected to assess (a) expression of affection and acceptance by parents, (b) the degree to which parents encourage or allow psychological autonomy, (c) the extent to which parents are involved in monitoring or regulating the child's behavior, and (d) harsh parenting.

The Parent Perception Inventory (PPI) assesses specific positive and negative parenting behaviors and was completed by both parents and children (Hazzard, Christensen, & Margolin, 1983). The child version of the scale includes 18 items (9 for each subscale). The parent version has 2 additional items assessing discipline for a total of 20 items. Each item is rated on a 5-point scale ranging from *never* to *a lot*. A picture of a thermometer accompanies each possible response on the children's version. An empty thermometer represents *never*, a full thermometer represents *a lot*, and each thermometer in between represents an incremental increase.

The positive parenting subscale assesses positive reinforcement (How often does your mom/dad thank you for doing things?), comfort (How often does your mom/dad talk to you when you feel bad and help you feel better?), communication (How often does your mom/dad talk to you, listen to you, or just have a good conversation with you?), and nonverbal affection (How often does your mom/dad hug you, kiss you, tickle you, or smile at you?). Means reported by children and parents were identical (mean = 4.0; *SD* = 0.8) (child report, $\alpha = .84$; parent report, $\alpha = .82$).

The negative parenting subscale assesses criticism (How often does your mom/dad tell you that you messed up or didn't do something right?), physical punishment (How often does your mom/dad spank you, slap you, or hit you?), and command directives (How often does your mom/dad order you around, tell you what to do, or give commands?). Reliability of the parent report ($\alpha = .67$) was lower than the child report ($\alpha = .80$). However, it is noteworthy that the mean of parents' report of negative parenting (mean = 2.7; *SD* = 0.9) was greater than the mean of children's report of negative parenting (mean = 2.4; *SD* = 0.8). This suggests that parents tended to be more self-critical and children to be more forgiving in their descriptions of negative parenting behavior. Because reliability estimates are based on similarity of responses across several items, lower reliability indicates that parents were more inconsistent in their negative responses to children. During the interview, parents sometimes rated themselves high on one or two specific items and made comments such as, "I know I yell at him/hit him more than I should," while at the same time indicating that they "never" criticize or tell the child that they are "no good." This suggests that parents may be irritable in their interactions with children, but they are not uniformly negative. On the other hand, it appears that the

warmth and support measured by the positive parenting scale is a quality of parenting that is more uniformly high or low. If a parent frequently expresses one type of nurturing behavior, it is likely that the parent also frequently expresses other types of positive parenting behaviors.

The Parent-Child Relationship Inventory (PCRI) was used to evaluate affective and rapport qualities of the parent-child relationship (Hetherington, Clingempeel, et al., 1992). Both parents and children completed the 18 items rating how close they feel, how well they get along, and how satisfied and affectionate they are with each other on a 5-point response scale. Means of parent and child reports were identical (mean = 4.2; $SD = 0.7$). Reliability was good for both parent ($\alpha = .87$) and child reports ($\alpha = .80$).

Ten items were also adapted from previous research on parental monitoring and involvement (Patterson & Dishion, 1985; Patterson & Stouthamer-Loeber, 1984). Parents rated how frequently they discuss with their child plans for the coming day and what the child actually did during the day, how often the child has a specific time to be in at night, how many of the child's friends the parent knows, and where the child spends his/her time after school and during evenings and weekends. Two items were eliminated because they had no variability; all parents indicated that their children were at home with them on weekends, and all indicated that it was *very important* for them to know what their children were doing outside the home. The remaining items were summed to derive a composite score, but the reliability was not adequate. Closer examination of the item frequencies revealed that even items with variance greater than zero were highly skewed. The majority of parents gave the response indicating the highest level of monitoring. Only a few parents gave an intermediate response. Therefore, monitoring items were omitted from further analysis.

DATA REDUCTION

Multiple indicators of parental mental health and parenting were included with the intent to create composite variables. Recently, the conceptualization of anxiety and depression as separate constructs has been questioned. It has been suggested in both adult (e.g., Dobson, 1985; Gotlib & Kane, 1989) and child and adolescent (e.g., Achenbach, 1985; King, Ollendick, & Gullone, 1991) literature that depression and anxiety are indicators of a higher order factor of emotional distress or negative affectivity. Depression and anxiety were significantly correlated ($r = .83$; $p < .01$) so the scores were combined into a single indicator of negative

affectivity. The scores were standardized and averaged to weight them equally.

The pattern of correlations observed among indices of parenting did not as easily permit definition of composite variables. Aggregation of child- and parent-reported negative parenting (PPI) was planned; however, the two measures were not significantly correlated ($r = -.01$). Because it was hypothesized that parental stressors, social support, and personal resources would be associated with parenting, the parent report of negative parenting was used in the inferential analyses.

Positive parenting (PCRI and PPI) were standardized and averaged, and parent reports of positive parenting were standardized and averaged. The resulting composite indicators of child-reported and parent-reported positive parenting were significantly correlated ($r = .41$; $p < .05$), so they were standardized and averaged.

RESULTS

Results are reported in five sections. First, stressors experienced by parents are described. Composition of social support networks of parents is presented next, followed by description of parents' mental and physical health. Correlational analysis of the relationships between stressors, personal and social resources of parents, and positive and negative parenting behavior is then presented. Finally, parent personal resources are tested as mediators of the relationship between stressors, social support, and qualities of parenting.

Stressors. A description of the stressors reported by participating parents is presented in Table 1. The mean number of stressors identified by parents was 12.0 ($SD = 6.6$; range = 1 to 27). Not surprisingly, stressors associated with financial strains and meeting basic needs of family members were frequently identified. For example, 70.3% indicated that they had insufficient money, 70.3% had moved to a new residence, and 43.2% did not have enough food for their family. Reported stressors reflected both major events—such as becoming separated or divorced (29.7%), going on welfare (37.8%), eviction (18.9%), change in job (21.6%), or death of a family member (13.5%)—and chronic hassles or annoyances, such as arguments with a partner (49%), arguments with children (32.4%) and between children (32.4%), a number of problems unsolved (43.2%), chores not done (24.3%), and inability to find a safe place for children to play (21.6%).

TABLE 1
Stressors Most Frequently Reported by Parents

<i>Stressor</i>	<i>Percentage of Respondents Reporting</i>
Insufficient money	70.3
Moved to new residence	70.3
Not enough food for family	43.2
Separation or divorce	29.7
Going on welfare	37.8
Eviction	18.9
Change in job	21.6
Out of work for extended period	27
Death of family member	13.5
Family member seriously ill or hurt	29.7
Arguments with partner	49
Arguments with children	32.4
Arguments between children	32.4
A lot of problems unsolved	43.2
Fights with in-laws or relatives	32.4
Being in debt	32.4
No safe place for children to play	21.6
Safety hazards in the home	18.9
Problems with friends or neighbors	21.6
Unable to heat or cool home	10.8

Social support. A description of parents' social support networks is presented in Table 2. The mean number of individuals nominated as members of parents' social support networks was 5.2 ($SD = 1.8$). All participants nominated agency personnel as network support members, and these had the largest proportion (23%) of total nominations. About 95% of the participants nominated friends, 57% nominated siblings, 55% nominated children, and 45% nominated a spouse or partner.

Mental and physical health of parents. Almost one fifth (19%) of parents scored above the clinical cutoff for depression, and 43% of parents scored in the clinical range for anxiety. One fifth (21.6%) of parents were hospitalized during the previous year. Reasons for hospitalization included, for example, birth of a child, kidney infection and dehydration, carbon monoxide poisoning, depression, and a fractured spine. One third (32.4%) of parents reported that they were unable to do their regular activities for health reasons, which included asthma, back problems, lupus, ulcers, depression, and fatigue. Similarly, slightly less than a third (29.7%)

TABLE 2
Social Support Networks of Parents

<i>Source of Support</i>	<i>Percentage of Total Nominations</i>	<i>Percentage of Sample Nominating</i>
Agency personnel	23	100
Friends	21	95
Siblings	13	57
Children	12	55
Spouse/partner	10	45
Other relatives	9	40
Parents	7	33
Religious or spiritual	3	14
Coworkers	2	7

TABLE 3
Correlations Between Parent Stress, Personal and Social Resources, and Parenting

	<i>Stressors</i>	<i>Support</i>	<i>Negative Affect</i>	<i>Physical Health</i>	<i>Esteem</i>	<i>Positive Parenting</i>
Stressors						
Social support	.05					
Negative affect	.47**	.08				
Physical health	.45**	.21	.59**			
Esteem	-.40*	-.09	-.49**	-.33		
Positive parenting	.03	.23	-.13	-.10	.21	
Negative parenting	.49**	.10	.30	.53**	-.40*	-.02

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

had experienced a serious or chronic health problem during the previous year. Three mothers identified themselves as recovering from addictions, and one reported current heavy alcohol use.

Correlations between stressors, social support, parent personal resources, and parenting are presented in Table 3. The first hypothesis was partially supported. Stressors were associated with more negative affectivity, more physical health problems, and less positive self-esteem (Hypothesis 1a). Stressors significantly predicted negative parenting, but not positive parenting (Hypothesis 1b).

Contrary to our hypotheses, social support was not correlated with personal resources (Hypothesis 2a) or parenting behavior (Hypothesis 2b).

The third hypothesis was partially supported. Negative affect did not significantly predict positive or negative parenting. However, the magnitude of the correlations was in the moderate range ($r = -.32$, positive parenting; $r = .30$, negative parenting). Poor physical health significantly predicted increased negative parenting. Self-esteem was inversely correlated with negative parenting. Personal resources were significantly intercorrelated: Negative affect was significantly correlated with physical health problems and lower self-esteem.

The strength of the mediated relationships was statistically tested by performing a series of regression equations in which (a) the mediator (parent personal resources) is regressed on the independent variable (stressors) and (b) the dependent variable (parenting) is regressed on both the independent variable and the mediator (Baron & Kenny, 1986). A mediated relationship is indicated when (a) the independent variable predicts the mediator in the first equation, (b) the independent variable predicts the dependent variable in the second equation, and (c) the mediator predicts the dependent variable in the third equation. Perfect mediation is indicated if the independent variable has no effect when the mediator is controlled. However, because many constructs have multiple causes, a more realistic approach may be to demonstrate that the mediator significantly decreases the relation between the independent variable and the dependent variable, rather than eliminating it altogether (Baron & Kenny, 1986).

Social support and positive parenting were omitted from model testing because they were not significantly correlated with the mediators or dependent variables.

NEGATIVE AFFECT AS A MEDIATOR OF NEGATIVE PARENTING

The direct effect of parent-reported stressors on negative parenting was tested first to compare the direct and mediated effects of stressors by regressing negative parenting on stressors, $F_{(1, 26)} = 8.05$; $p < .01$; adjusted $R^2 = .21$. Stressors significantly predicted negative parenting (Figure 2). Negative affect was then tested as a mediator of negative parenting: (a) negative affect was regressed onto parent reported stressors, $F_{(1, 35)} = 10.00$; $p < .01$; adjusted $R^2 = .20$; and (b) negative parenting was regressed onto negative affect and parent stressors, $F_{(1, 26)} = 8.05$; $p < .01$; adjusted $R^2 = .21$). Stressors emerged as the only significant predictor of negative parenting in the second equation, indicating that stressors directly affect both negative affect and negative parenting. A mediated relationship was not indicated. Results are presented in Figure 2.

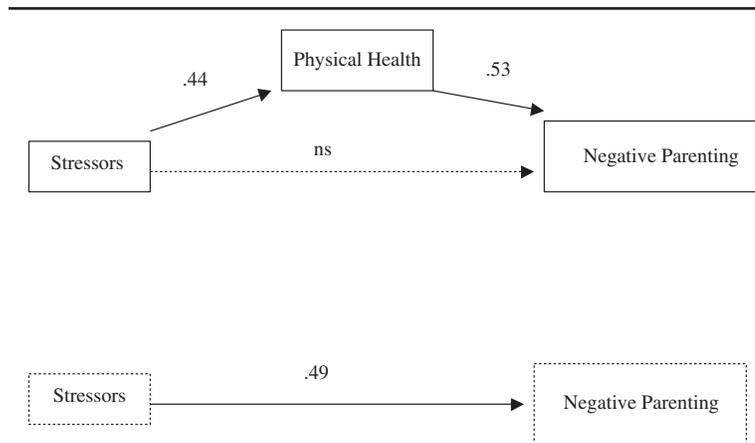


Figure 2: Physical Health as a Mediator of Parenting

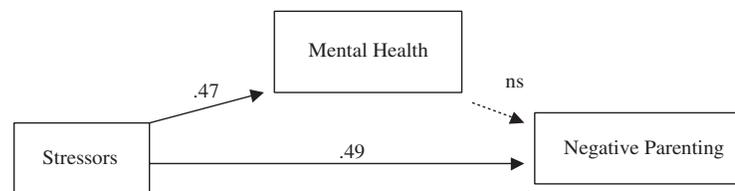


Figure 3: Mental Health as a Mediator of Negative Parenting

PARENT PHYSICAL HEALTH AS A MEDIATOR OF NEGATIVE PARENTING

Parent physical health was regressed onto stressors, $F_{(1, 35)} = 8.47$; $p < .01$; adjusted $R^2 = .17$. Negative parenting was then regressed onto physical health and stressors, $F_{(1, 26)} = 10.26$; $p < .01$; adjusted $R^2 = .26$. Results are presented in Figure 3. Stressors did not significantly predict negative parenting when physical health was included in the equation, indicating that physical health mediated the relationship between stressors and negative parenting.

PARENT SELF-ESTEEM AS A MEDIATOR OF NEGATIVE PARENTING

Parent self-esteem was regressed onto stressors, $F_{(1, 32)} = 5.95$; $p < .05$; adjusted $R^2 = .13$. Negative parenting was then regressed onto self-esteem

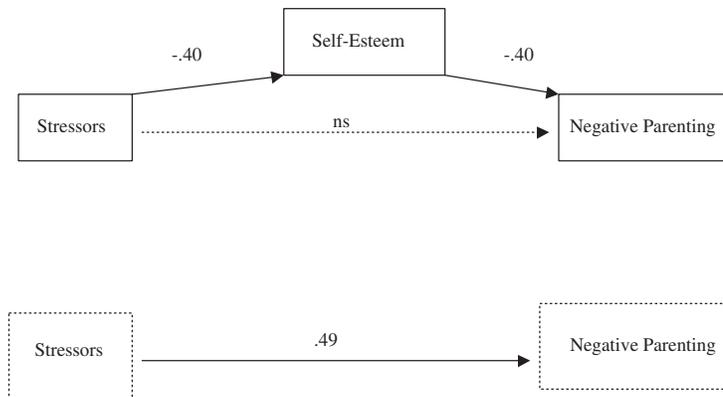


Figure 4: Self-Esteem as a Mediator of Negative Parenting

and stressors, and only self-esteem significantly predicted negative parenting, $F_{(1, 23)} = 4.34; p < .05$; adjusted $R^2 = .12$). When self-esteem was included in the model, the relationship between stressors and negative parenting was not significant, indicating a fully mediated relationship. Results are presented in Figure 4.

DISCUSSION

The stressors associated with poverty and homelessness disrupt relationships within families. Qualities of parenting are pivotal affordances for children's development, but this process is compromised in the context of stressor demands and limited resources. Belsky's (1984) model of parenting as a buffered system and Milburn and D'Ercole's (1991) transactional stress model were used to guide hypothesis testing. Parents' personal resources and contextual stressors and supports were tested as predictors of parenting behavior. It was hypothesized that personal and social resources of parents would attenuate negative effects of stressors on the parenting process. Direct and mediated influences of stressors and resources were tested. Stressors directly influenced negative parenting but not positive parenting. Consistent with hypotheses, physical health and self-esteem mediated the influence of stressors on negative parenting. Stressors significantly predicted negative affect; however, negative affect was not a significant mediator of parenting.

Qualities of social support and personal resources exemplify the limited capital of homeless families. Social resources had no significant impact on the process of parenting. At first glance, this appears to be inconsistent with previous research documenting the benefits of supportive relationships to qualities of parenting. Closer examination of the composition of the social support networks of participants may illuminate these results. Agency personnel accounted for the largest percentage of nominations, and both the length of time parents had known caseworkers and the frequency of contact (about once a week) were minimal. Parents nominated other individuals to their support networks whom they had known for relatively brief periods of time—in one case, a mother wanted to nominate the interviewer. Only a third of participants nominated their own parents. Few familiar intimates were included in support networks, yet familiar intimates may be the best providers of esteem, informational, and practical support beneficial to both parental personal resources and to parenting processes. Provision of effective social support requires both knowledge and acceptance of an individual. This process develops over a period of time. Participating mothers had tenuous networks and reported a history of disrupted relationships. A detailed description of their relational history is described elsewhere (Torquati & Gamble, 1995).

Relationship difficulties of homeless mothers have been described in previous research (e.g., Dail, 1990). Researchers generally agree that although problems in relationships such as abuse or separation may precipitate a housing crisis, such problems per se are not a primary cause of homelessness. Multiple factors at all ecological levels, including changes in housing supply and cost, employment conditions, economic conditions, federal and state housing policies, and changes in relationships and families have contributed to the “new homeless” (Edelman & Mihaly, 1989; McChesney, 1990; Shinn, Knickman, & Weitzman, 1991).

However, pernicious relationship difficulties in the context of other risks and changes can potentiate a housing crisis. Once people are homeless, relationship difficulties may function to maintain housing instability. Several mothers in this sample expressed interest in forming friendships but were generally wary about trusting others due to negative experiences in previous relationships. Given the very real dangers in their social contexts including violence, gang activity, and alcohol and drug abuse, mistrust was probably an adaptive response. However, it is likely that the absence of strong informal support networks exacerbated housing and economic problems. Mothers had a paucity of social capital and few sources of information about resources and opportunities.

Physical health significantly mediated the relationship between stressors and negative parenting. The mediating relationship was quite robust; physical health reduced the strong relationship between stressors and negative parenting to nonsignificance, indicating a fully mediated relationship. Physical health of mothers was generally poor, and mothers had few health-promoting resources and limited access to health care. The impact of physical health outweighed the impact of mental health on parenting. This is particularly interesting because mental health has been given much more attention in research on parenting processes.

Negative affectivity did not significantly mediate parenting, but stressors had a deleterious influence on mental health. The magnitude of the correlations between negative affectivity and positive and negative parenting is similar to that in previous research, but limited statistical power likely contributed to nonsignificant findings. Alternatively, negative affectivity may function as a moderator rather than a mediator of parenting. Future research should compare both functions.

Negative affectivity was examined as an indicator of mental health in this study. It is possible that other types of mental health problems such as addictions have a differential influence on parenting. Rates of depression and anxiety were similar to those reported in other homeless samples. Although not directly assessed, there was evidence of other mental health problems as well. Furthermore, although parents were experiencing relatively high levels of distress they did not have access to resources or supports to promote mental health. For example, three mothers identified themselves as recovering from addictions, two mothers indicated that they had been diagnosed with affective disorders, and one mother described paranoid delusions during the interview (a coven of witches had "vexated her soul" and were pursuing her daughter's soul, so she protected her with a "prayer shield"). The mother also reported that she had previously been hospitalized because she was suicidal and homicidal. However, none of the participants were currently receiving treatment for mental health problems.

A relatively high level of parental monitoring was reported in this sample. It is possible that the skewed pattern of responses was a function of social desirability. However, parents often volunteered descriptions of their concern for and vigilance over their children because of the potentially dangerous context in which they live. For example, children did not have curfews because they were not allowed to go out without their parents. Most of the parents indicated that their children were with them during all times other than school hours. Many children did not have friends outside of school because they were new to the community or were isolated at the

shelter. Parents at the emergency shelters were concerned about the type of people receiving shelter and generally did not trust their neighbors. The transitional programs placed families in apartments in various locations in the city, but primarily in low-income neighborhoods. Parents in these domiciles similarly did not trust their neighbors and reported gang activity and other disturbances near their residence. For example, in separate interviews, two parents living in the same apartment complex reported that a tenant who was intoxicated most of the time had detonated an M-80 outside another tenant's door. This same person was responsible for his 4-year-old son the majority of the time because he was unemployed and his wife worked. Parents were concerned about this and similar situations in which other children were frequently left unattended. They preferred to keep their own children indoors, allowing them out only if they were personally supervising them. The limited variability in monitoring suggests that parents invested a significant amount of energy in protecting their children.

Positive and negative parenting were not significantly correlated. This is noteworthy, because it is possible to score high on both positive and negative parenting behaviors. This supports the conceptualization of parenting as multidimensional. Furthermore, stressors differentially influenced positive and negative parenting. Stressors directly influenced negative parenting but did not significantly influence positive parenting. From an applied perspective, this suggests that during periods of stress, parents may be able to maintain some warmth and support in their relationships with their children, but they may be at higher risk for irritable parenting.

Several limitations of the present research deserve further discussion. First, an attempt was made to construct a composite measure of parenting incorporating multiple informants. However, because parent and child negative parenting were not significantly correlated, the decision was made to use the parent report of negative parenting in inferential analyses. Method bias as a function of informant and sole reliance on self-report measures may have inflated the probability of a Type I error. Construction of a multidimensional measurement model of parenting including multiple informants and multiple methods would enhance validity in future research. Second, although ethnic diversity of the sample is a strength of this research, issues of measurement equivalence remain unresolved. Third, the correlational design of the study prevents strong testing of the direction of influence of parenting processes. Longitudinal research would permit testing of the degree to which change in one variable (i.e., stress, mental health) is associated with change in other variables (parenting

behavior). The magnitude of some of the nonsignificant correlations suggests that the small sample size may have inflated the probability of Type II error. Moreover, the small sample size precluded testing alternative models, such as comparison of mediating and moderating processes.

The hypotheses that stressors inhibit effective parenting by depleting parental personal resources and that supports facilitate effective parenting by enhancing personal resources were tested in the present research. These hypotheses were partially supported, and both significant and nonsignificant results illuminate understanding of relational processes in homeless families. Specifically, two findings are noteworthy: First, the importance of physical health to parenting has not received much attention in literature on parent-child relations, and this hypothesis was strongly supported. Parental physical health may be a point of intervention in homeless families. Second, social support did not significantly influence positive or negative parenting behavior. This finding stands in contrast with a vast body of literature documenting the relationship between social support and parenting. Social networks of homeless women are qualitatively and quantitatively different from those in other types of samples. Replication and refinement of these findings using a design to address limitations of this study, and specifically defining the potential of a threshold of social support, will significantly advance our understanding of parenting under stress in general and parenting in homeless families in particular.

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