

Parenting Strengths and Distress among Black Mothers Reported to the Child Welfare System: The Role of Social Network Quality

ABIGAIL WILLIAMS-BUTLER

Rutgers, The State University of New Jersey

REIKO BOYD

University of Houston

KRISTEN SLACK

University of Wisconsin–Madison

ABSTRACT This study explores whether positive and negative aspects of social networks influence parenting strengths and distress. Our sample is drawn from the Getting Access to Income Now (GAIN) study, a randomized controlled trial designed to evaluate a child maltreatment prevention program in Milwaukee County, Wisconsin. Using prerandomization baseline survey data on the subgroup of respondents who identify as Black or African American mothers ($N = 402$), we find that supportive social networks are associated with higher parental resilience, better parental emotional competence, and lower levels of parental distress. Social networks high in negativity had more negative parenting outcomes, but this relationship was moderated by the positive aspects of social networks. Social network positivity was more important than social network negativity in predicting positive outcomes. Findings may inform prevention strategies utilizing social networks and have critical implications for culturally sensitive practices and programs designed to amplify the strengths of Black mothers.

INTRODUCTION

Black children and their parents are disproportionately reported to and represented within the child welfare system (Berger and Slack 2021; Children's

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Bureau 2020). An astonishing 53 percent of Black children are the subject of child maltreatment reports over the course of their childhoods compared with 37 percent of all children (Kim et al. 2017). Disproportionality of Black children in the child welfare system has been attributed to bias in the form of racism and discrimination (Boyd 2014; Harris 2021; Merritt 2021) and socioeconomic disadvantage (Johnson-Reid, Drake, and Zhou 2013; Drake et al. 2021). However, the gendered dimension of child welfare system involvement is often overlooked (Breger 2012; Roberts 2002, 2012, 2014).

This study aims to examine the parenting characteristics of Black mothers reported to and investigated by the child welfare system as a function of social network quality. This study is the first, to our knowledge, to explore both the positive and negative aspects of social networks in relation to the parenting outcomes of Black mothers reported to the child welfare system. New insights about whether social networks enhance parenting-related strengths or exacerbate parental distress can inform child maltreatment prevention strategies that seek to tap ecological support beyond the immediate family. Given the unique parenting context of Black motherhood in relation to the child welfare system, the findings from this study have critical implications at the meso level regarding social relationships that can inform culturally sensitive practices and programs designed to reduce child welfare system intervention among Black mothers and amplify their strengths. In the current study, we attend to aspects of social networks that may be helpful or harmful to child welfare–reported Black mothers in their parenting roles: the positive and negative aspects of social networks.

PRIOR LITERATURE

INTERSECTIONALITY: UNIQUE PARENTING CONTEXT FOR BLACK MOTHERS

When compared with White mothers, Black mothers are more likely to be reported to the child welfare system and lose custody of their children, and they are less likely to have their children returned from foster care (Harp and Bunting 2020; Roberts 2017). Black mothers are also more likely than mothers of other races to be surveilled for child maltreatment risk factors. For example, they are more likely to be screened for drug use prenatally and have a harsher penalty imposed as a result of a positive drug screen (Bach

2014). Harp and Oser (2016) argue that race and class biases work together to marginalize Black mothers and increase doctors' suspicions of prenatal drug use, resulting in increased reporting to child welfare services, increased loss of custody of children, and reduced likelihood of family-of-origin reunification. Furthermore, in a study intended to discern biases related to race, ethnicity, and gender, child welfare workers in a large state agency who were asked to evaluate fictional vignettes were more likely to give a supervision order to Black mothers than White mothers (Middel et al. 2022).

In addition to biases related to race and class, gendered parenting-role expectations are important in understanding bias against Black mothers reported to the child welfare system. Breger (2012) argues that gendered expectations that a mother is supposed to be an all-knowing, self-sacrificing, ever-protective, and near-perfect human being ignore the complexities and nuances of motherhood. Moreover, this gender bias absolves fathers of all responsibility related to parenthood, placing the weight of "bad" parenting completely on the mother's shoulders. Roberts (1993) notes these biases are especially salient for Black mothers, who are constantly working against racialized stereotypes, racism, and gender-based expectations while navigating a society that devalues and criminalizes their children. When in need of tangible support, these women often have few places to turn, as women in poverty are often controlled and regulated based on notions of the deserving and undeserving mother (Abramovitz 2017). This situation is especially true for Black mothers in contact with the child welfare system, as they face increased surveillance, social control, and punishment in response to their mothering practices (Bach 2014; Roberts 2022).

Using the lens of intersectionality aids in understanding bias and discrimination against Black mothers that may lead to contact with the child welfare system. Intersectionality asserts that oppression related to multiple identities, such as race and gender, is unique for Black women (Crenshaw 1989) and that every individual has a combination of additional identities (e.g., class, sexual orientation) that play a role in relationships, such that the power or marginalized status of each identity mutually affects the others (Collins 1998; Davis 2008). The impact of racism, sexism, and classism may be especially salient for Black mothers reported to the child welfare system (Williams-Butler 2022). The differential power relationship between the predominately White, middle-class child welfare workforce and poor, Black mothers reported to the child welfare system has been identified as a factor

contributing to the current overrepresentation of Black women, children, and families within the system (Miller et al. 2013; Roberts 2002).

Merritt (2020) investigates the power dynamics at work between child welfare workers and child welfare-involved parents and finds that parenting practices are often misunderstood through the lens of worker biases. Poor mothers and mothers of color may change their parenting practices in response to child welfare system surveillance (including mandated reporters), as their natural parenting practices may increase the threat of having their children removed from them (Fong 2019, 2020). Recent work has also noted how the language in major child welfare legislation may be biased in ways that contribute to the overrepresentation of Black women, children, and families within the child welfare system. Williams-Butler, Golden, and colleagues (2020) found that language in historical policy documents such as Titles IV and V of the Social Security Act of 1935 used coded language such as “immorality,” “home suitability,” and “illegitimacy” to discriminate intentionally against Black families receiving services; the law used language based on sexualized stereotypes of Black women (Collins 2009) to justify nonprovision of services. Furthermore, the broad definitions of “abuse” and “neglect” in the Child Abuse Prevention Treatment Act of 1974 did not address culturally distinct child-rearing practices, which can differ between child welfare workers and their clients. This language in major historical child welfare legislation demonstrates how policy also plays a large role in the overrepresentation of Black women, children, and families within the child welfare system (Williams-Butler, Golden, et al. 2020).

Given the larger forces of oppression faced by predominately Black mothers surveilled by the child welfare system, understanding the social networks of Black parents—and Black mothers in particular—as potential sources of support and harm is critical. Focusing on social networks further contributes to building interventions that recognize the larger ecological context in which parents live and from which they may experience support and strain (Merritt 2009), with the goal of improving outcomes for Black women and their children who have been reported to the child welfare system. Understanding the social networks of Black parents can also help to better capture the sociocultural views of parenting in Black communities, wherein support from kin, fictive kin, and nonkin alike is historically central to rearing children (Hill 1999; Stack 1974; Taylor et al. 2022).

SUPPORTIVE SOCIAL NETWORKS AND PARENTING

Support networks are a potent influence on family life and are widely recognized as key to the provision of nontangible and tangible types of assistance to families. This dynamic may be especially true for Black families, among whom support networks have been described not merely as helpful but as a matter of survival that is critical to family functioning (Scott and Black 1991; Sudarkasa 1993). Prior research examining the role of social support networks among Black families documents a range of benefits directly and indirectly relevant to parenting. For instance, support networks often facilitate key exchanges of child care, financial assistance, emotional support, and transportation (Raley 1995; Taylor et al. 1990). Several studies also document the connection between supportive networks and psychological well-being among Black Americans. Supportive social networks are associated with enhanced mental health (e.g., lower rates of depression and major depressive disorder), heightened self-esteem, and personal efficacy (Hughes and Demo 1989; Lincoln et al. 2007; Taylor et al. 2015). They have also been deemed instrumental in helping families cope with the daily stress associated with poverty, single parenting, and a range of caregiving demands (Brummett et al. 2012; Taylor et al. 1990).

Notably, support networks within Black communities align with the long-standing tradition of mutual aid in Black families (Billingsley and Giovannoni 1972; Frazier 1932; Franklin 1948). Historically and contemporaneously, mutual aid systems among Black families reflect the shared meanings and symbols of extended familism and reciprocal helping that has been crucial for survival in the face of slavery, oppression, racism, and economic hardship (Gates 1976; Stack 1974). In this context, Black Americans often viewed themselves as “making it” only as a function of the concerted efforts of groups of people (Dilworth-Anderson 1992). Mutual aid and kin networks within Black communities continue to facilitate the sharing of resources within and across households and to provide care for children, the elderly, and other needy adults within extended family networks (Dilworth-Anderson 1992; Hunter et al. 2019; Taylor et al. 2022).

KIN AND FICTIVE KIN SUPPORTIVE NETWORKS

For decades, both kin and fictive kin supportive networks have been documented as an integral feature of life for Black families (Chatters, Taylor,

and Jayakody 1994; Hill 1999; Jarrett, Jefferson, and Kelly 2010). Kin or kinship relationships consist of family members related by either biology or marriage (Chatters et al. 1994). Fictive kin relationships have been defined as relationships involving individuals who are not related by biology or marriage but who regard each other as kin (Chatters et al. 1994; Hill 1999; Stewart 2007). Among fictive kin, it is the nature of relationships between individuals that determines family membership rather than blood or marriage (Dilworth-Anderson 1992). As such, fictive kin are often accorded the rights and respect of a family member but are also expected to fulfill the responsibilities and duties of extended family (Stewart 2007).

Support from kinship networks is recognized as a stable tradition in Black families that has continued to evolve over time in response to the adversities of poverty, racism, and other forms of social injustice embedded in US society (Hatchett and Jackson 1993; Hill 1999; NABSW 2003; Stack 1974). As such, kinship networks have been described as interdependent, intergenerational, and fundamental despite class distinctions, family structure, and social changes that may influence family solidarity (Billingsley 1970; Hatchett and Jackson 1993; McAdoo 1978). Notably, for Black families, the provision of vital social support spans beyond relative networks to include support routinely provided by individuals who are not formally related (Chatters et al. 1994). Black extended family systems commonly include fictive kin, who often provide more family support services than biological kin and contribute to family stability and advancement (Manns 1981; Taylor et al. 2022). Research also suggests that social support from nonkin peers plays a distinct role among Black Americans. For example, support from friendship networks has been linked to lower odds of depression, even when controlling for family sources of support (Taylor et al. 2015).

Furthermore, kin and nonkin supportive networks continue to play a key role in parenting and child care among Black families. Black children are more likely than youth of other racial or ethnic backgrounds to live in formal (i.e., state-supervised) and informal kinship care (Beeman, Kim, and Buller-dick 2000; Harris and Skyles 2008; Jedwab, Xu, and Shaw 2020). Recent studies that examine the experiences of Black children in informal kinship care suggest that caregiver social support and family cohesion are promotive factors that are associated with higher levels of competence among Black children (Washington, Gleeson, and Rulison 2013). Formal kinship placement continues to receive research support as a policy priority because of

established associations between kinship care and lower likelihood of placement disruptions (Osborne et al. 2021).

SUPPORTIVE SOCIAL NETWORKS AND PARENTING AMONG BLACK MOTHERS

Several studies have examined the relationship between supportive social networks and parenting among Black mothers, particularly those who are single with low income. Woody and Woody (2007) examined the influence of social support on parenting satisfaction and effectiveness among a cohort of young single Black mothers and found moderate support for the link between social support and parenting within this group, with social support from families having a greater effect on parenting than social support from friends. Focusing on a similar population, Green, Furrer, and McAllister (2007) examined the relationship between social support, parenting, and parental attachment style among predominantly Black and low-income parents of young children living in urban settings. Their findings suggest that parents with greater social support are more likely to engage in positive parent-child activities (e.g., developmentally appropriate activities, such as singing songs, reading books, telling stories) over time compared with mothers with less support.

Although findings from some studies highlight limitations of the positive influences of social support on parenting in impoverished or highly stressful environments, other studies suggest that social support remains important for Black mothers experiencing such conditions. For example, Belle (1982) found, in a qualitative study of Black mothers with low incomes, that respondents viewed their support networks as critical to their ability to parent their children and to cope with the stress of poverty adequately. Considered together, research suggests that, rather than social support being unconditionally protective in its ability to promote positive parenting among Black mothers, it is likely that the relationship between social support and parenting can be affected by adverse contextual conditions (Ceballo and McLoyd 2002; Kotchick, Dorsey, and Heller 2005). This conclusion is notable, as many people may tolerate difficult social relationships that may result from material, social, or economic hardship, despite a lack of emotional benefit, to receive instrumental support not provided elsewhere.

NEGATIVE ASPECTS OF SOCIAL NETWORKS AND PARENTING

Historically, several labels and definitions have been given to the negative aspects of social relationships. Examples include social network stressors (Eckenrode and Gore 1981), problematic social ties (Rook 1984), social conflict (Abbey, Abramis, and Caplan 1985; Lepore 1992; Gant and Ostrow 1995), negative social exchange (Ruehlman and Karoly 1991; Ingersoll-Dayton, Morgan, and Antonucci 1997; Okun and Keith 1998), negative social interactions (Schuster, Kessler, and Aseltine 1990; Lakey, Tardiff, and Drew 1994; Antonucci, Akiyama, and Lansford 1998; Lincoln 2000), social hindrance (Ruehlman and Wolchik 1988), problematic social interactions (Brenner, Norvell, and Limacher 1989; Davis and Rhodes 1994), problematic relationships (Horwitz, McLaughlin, and White 1998), problematic support (Revenson et al. 1991), negative social support (Ray 1992), negative relations (Elder et al. 1995), social undermining (Gant et al. 1993; Vinokur and van Ryn 1993; Vinokur, Price, and Caplan 1996), negative social ties (Finch et al. 1989; Offer 2021), and social negativity (Brooks and Dunkel-Schetter 2011).

In the 1980s, Rook became one of the first scholars to address the negative aspects of social relationships (Brooks and Dunkel-Schetter 2011). Rook (1984, 1989) found that the number of burdensome relationships that women had affected their psychological well-being more than the number of supportive relationships they had. Negative social interactions were also more likely than positive interactions to influence physical and mental health (Offer 2021; Lincoln 2000; Rook 2015), reinforcing a “negativity bias principle” that stipulates that even if negative experiences are less common than positive experiences, they may be more potent (Offer 2021; Rozin and Royzman 2001). Rook (1984, 1989) further found that specific members of one’s support network could be both beneficial and draining. For example, listening to the hardships of friends and family members may be a valued characteristic within a relationship. However, when reciprocity of these behaviors does not take place, interactions with certain individuals may result in social demands that become overwhelming and lead to psychological distress (Durden, Hill, and Angel 2007). Furthermore, the quality of one’s social network can influence health behaviors such as diet, exercise, smoking, medication adherence, depressive symptoms, stress appraisals, sense of control, and life satisfaction (Brooks and Dunkel-Schetter 2011)—many of which may, in turn, influence parenting. It is for these reasons that social networks can be seen as a double-edged sword, with a variety of negative

health outcomes associated with one's social network (Villalonga-Olives and Kawachi 2017).

For the current study, we are specifically focused on how social networks affect parenting among child welfare–reported Black mothers, who are more likely to be economically disadvantaged. Among Black mothers with low income, poor relationships with kin are positively associated with mothers' depression (Taylor, Seaton, and Dominguez 2008; Taylor et al. 2011) and negatively associated with positive parenting practices, such as lower levels of acceptance, ineffective control and monitoring, and increased internalizing behaviors among adolescents (Taylor et al. 2012). Kin social undermining—negative experiences with extended family, such as unsolicited advice on child-rearing practices and money management—is negatively associated with mothers' psychological well-being and positively associated with the mother's report of internalizing and externalizing problems among adolescents (Taylor 2015). Furthermore, negative interactions with family are associated with a higher likelihood of major depressive disorder and depressive symptoms among Black individuals, in general (Taylor et al. 2015).

The extant literature that we have reviewed, although not entirely specific to Black mothers reported to and investigated by the child welfare system, informs the current study. Many of the mothers reported to child welfare systems have low incomes (Berger and Slack 2021; Pelton 2015; Slack et al. 2011) and likely face similar challenges as the mothers referenced in these studies. Lalayants and colleagues (2014) found child welfare–involved parents have a variety of different types of formal and informal supports that can be characterized as both supportive and negative. Below, we review the heterogeneity that can be found within social networks.

THE COMPLEXITY OF SOCIAL NETWORKS

Uchino and colleagues (2004) examined the general conceptual framework incorporating both the positive and negative dimensions of social relationships that can be found in figure 1. Supportive network ties are relationships that are high in positivity and low in negativity. Aversive ties are those relationships that are high in negativity and low in positivity. Ambivalent ties are relationships high in positivity and high in negativity. Indifferent ties are relationships that are low in negativity and low in positivity. Holt-Lunstad and Uchino (2019) assert that most studies focus primarily on the protective effects of supportive network ties or the risk associated

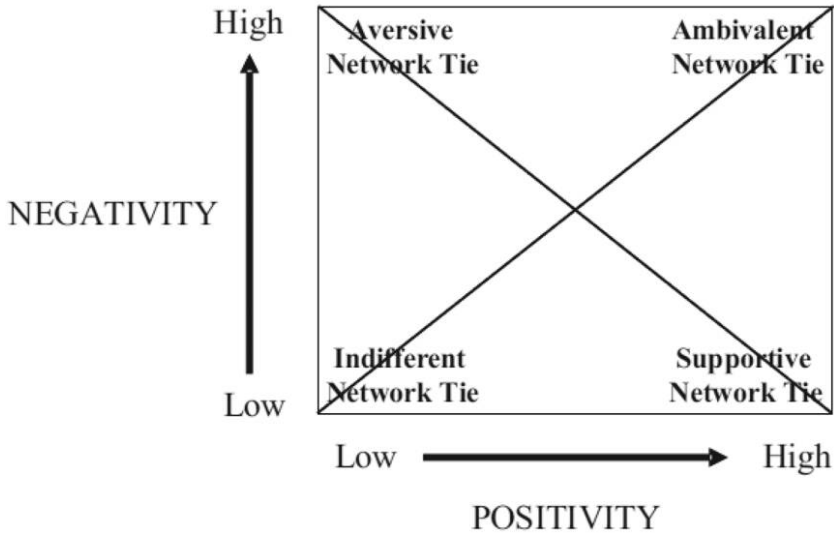


FIGURE 1. General conceptual framework incorporating the positive and negative aspects of social relationships (Uchino et al. 2004).

with aversive network ties. Few studies examine the mix of both positive and negative attributes within social relationships, especially as they relate to ambivalent ties high in both positivity and negativity. For example, having a friend who provides emotional support in times of need such as encouraging, validating, and expressing concern about issues, but also engages in more negative behaviors such as criticizing, blaming, and ignoring, would be characterized as an ambivalent tie.

Often ambivalent relationships have negative health outcomes because although they provide positive support in certain areas, they also bring negativity in relationships that may be difficult to manage (Holt-Lunstad and Uchino 2019). Reblin, Uchino, and Smith (2010) found that receiving support from an ambivalent friend was associated with higher systolic blood pressure increases than support from a supportive friend. Furthermore, individuals may engage in negative social behaviors to manage the relationship with an ambivalent tie, such as lying, withholding information, reducing expectations, and confronting the individual with their feelings with little resolution of the issue (Ingersoll-Dayton et al. 2011; Nordgren, van Harreveld, and van der Pligt 2006; Spitze and Gallant 2004). Coping strategies such as emotionally distancing oneself within an ambivalent relationship are more likely to occur; individuals are often

unlikely to leave these relationships because of the positive aspects provided by the relationship, despite the presence of negativity (Holt-Lunstad and Uchino 2019).

This dynamic in social relationships, both positive and negative, also exists among Black adolescents involved in the child welfare system. Williams-Butler, Duron, and colleagues (2020) studied 534 Black adolescents in the foster care system and found that those with relational permanence (an enduring type of social support characterized by warm, continuous, and supportive relationships marked by mutual trust and respect; Samuels 2008) were more likely to engage in delinquency across time compared with those who did not have relational permanence. These findings were also replicated in another study focusing on Black adolescents within the child welfare system (Williams-Butler 2018). The authors concluded that not all relationships are related to positive outcomes and that the multidimensionality of social relationships must be understood, particularly within the context of the foster care system. The present study seeks to understand the multidimensionality of social relationships within the social networks of Black mothers reported to and investigated by the child welfare system. Given the centrality of social networks to Black parents, it is critical to understand how social network quality may enhance or impede the elements of parenting—including parental resilience, emotional competence, and parental distress—for Black mothers reported to the child welfare system.

PARENTING OUTCOMES

Assessing parenting capacity is a primary focus of child protective services and is related to the ability of parents to respond positively to the changing needs and circumstances of children (Crawford 2011). However, much of the focus on parenting uses a deficit model and focuses more on the externalizing behaviors of children and adolescents and less on the resilience of parents as they overcome difficult situations (Pinquart 2017; Gavidia-Payne et al. 2015). In this study, we examine parental resilience, parental emotional competence, and parental distress to understand the impact of social network ties on outcomes among Black mothers reported to the child welfare system.

In this study, parental resilience refers to the capacity of parents to give responsive, responsible, and adaptive parenting despite potential internal turmoil (e.g., feeling sad or depressed) or risk factors in their external

environment (e.g., poverty, lack of resources; Gavidia-Payne et al. 2015). Emotional competence refers to the ability to reach one's goals despite the presence of an emotion-inducing encounter in social relationships (Saarni 1999). In this study, parental emotional competence refers to the ability to have emotional self-regulation and maintain responsive and present parenting despite one's own emotional state or the emotional state of one's child. Parental distress refers to the subjective discontent felt by parents as a result of their parenting role, which is often related to feelings of depression or stress (Berzenski et al. 2014). As previous research has identified these parenting dimensions as important in assessing parenting competence within the child protection context and in deciding on whether to remove children (Crawford 2011), we examine these constructs in relation to parenting outcomes for Black mothers reported to the child welfare system.

CURRENT STUDY

We seek to address and test the following questions and hypotheses. First, is the quality of the social networks of Black mothers reported to the child welfare system associated with parenting strengths (i.e., resilience, emotional competence) and parental distress?

HYPOTHESIS 1a. Supportive network ties are positively associated with parenting strengths and inversely associated with parental distress.

HYPOTHESIS 1b. Negative network ties (characterized as aversive, ambivalent, or indifferent) are inversely associated with parenting strengths and positively associated with parental distress.

Second, do supportive or negative network ties have a stronger association with these parenting outcomes?

HYPOTHESIS 2. Negative network ties are more strongly associated with parenting outcomes than supportive network ties.

Third, does positivity in network ties moderate associations between negative networks and parenting outcomes?

HYPOTHESIS 3. Ambivalent social network ties predict higher levels of parental resilience and emotional competence than aversive network ties.

METHODS

DATA

The data for the current analysis were derived from a randomized controlled trial designed to evaluate an intervention, Getting Access to Income Now (GAIN), intended to prevent child maltreatment and reduce recurrent child welfare system involvement among families investigated by child protective services (CPS) in Milwaukee County, Wisconsin. Specifically, sample members were parents and primary caregivers whose families were reported to and investigated by CPS but for whom no ongoing CPS case was opened. This population of families diverted from CPS following an investigation is both at risk for future child welfare system intervention and a potential target for interventions designed to prevent this outcome.

The GAIN study randomized families diverted from CPS into a treatment or control condition from 2012 to 2016. In the final months of the study (February 2016 through August 2016), 1,095 eligible families were administered a baseline survey prior to randomization; 727 families completed this survey, representing a survey response rate of 66.4 percent. Baseline and historical administrative data available for all eligible families, regardless of survey participation, enabled the creation of sampling weights to adjust for survey nonresponse for the purpose of generating findings that more accurately reflect the full eligible sample. The survey was available in English only. It was approved by the Institutional Review Board at the University of Wisconsin–Madison. Additional details about the sample have been reported elsewhere (Abbott, Slack, and Berger 2021; Slack et al. 2020).

PARTICIPANTS

The subgroup of survey respondents who identified as Black or African American, as female, and as the biological or adoptive parent of one or more children in the home ($N = 402$; weighted $N = 596$, reflecting the approximate population size) constitutes the participants for the current analysis

TABLE 1. Sample Descriptive Statistics

	<i>N</i>	%	Mean (SD)	Range
Respondent age	595	–	33.1 (10.2)	18–75
Respondent age at first child’s birth	596	–	19.44 (4.1)	10–46
Age of youngest child in home	593	–	8.8 (5.9)	0–18
Number of minor children	596	–	2.2 (1.3)	1–9
More than high school degree	596	41.3	–	0, 1
Worked for pay (10+ hours) last week	596	56.5	–	0, 1
Household income (10,000s)	596	–	1.68 (1.29)	0–8
Single status	596	47.4	–	0, 1
Positive intimate partner relationship	596	–	4.12 (.55)	1–5
Negative intimate partner relationship	596	–	1.56 (.50)	1–5
ACE count	593	–	2.72 (2.19)	0–8

Note.—ACE = adverse childhood experience.

(see table 1). Respondents had, on average, 2.2 minor-aged children living in the home, with an average youngest child age of just under 9 years. The average age of respondents was 33; their average age at the time of their first child’s birth was just under 20 years. Slightly less than half (47 percent) were single (i.e., were not partnered) at the time of the baseline interview, 41 percent had completed some education beyond high school, 57 percent were working for pay in the previous week, and respondents reported low annual incomes (slightly more than \$15,000), on average. Respondents with intimate partners reported that, on average, those relationships were high in positivity and low in negativity. The average number of adverse childhood experiences, or ACEs (pertaining to mothers’ own childhoods), reported was 2.72 out of a possible 8.

MEASURES

Outcomes

Parental resilience was measured using the resilience subscale of the Protective Factors Survey (Kiplinger and Harper Browne 2014). This measure has been found to be valid in predominately low-income populations (Counts et al. 2010). The scale includes items such as “You feel positive about being a parent” and “You find ways to handle problems related to your children,” with response options on a five-point scale, from strongly disagree to strongly agree. Cronbach’s alpha for this scale was .76. Parental emotional competence was measured using the social and emotional competence subscale of the Protective Factors Survey (Kiplinger and Harper Browne 2014), which included items such as “You

stay patient when your children cry or misbehave” and “You play and talk with your children when you are together,” with response options ranging from strongly disagree to strongly agree on a five-point scale. Cronbach’s alpha for this measure was .80.

We measure parental distress using the parental distress subscale of the Parenting Stress Index (short form, fourth ed.), intended to capture “the level of distress a parent is experiencing in his or her role as a parent as a function of personal factors that are directly related to parenting” (Abidin 2012, 60). As this measure has been found to be valid within a predominantly low-income, Black parenting population, its use within this population is justified (Reitman, Currier, and Stickle 2002). Of the 12 subscale items, 11 were included in the measure—1 was inadvertently dropped prior to fielding the survey. Despite this omission, the internal consistency of the subscale was high (Cronbach’s alpha = .79).

Key Predictors

Two key predictors tapped into characteristics of respondents’ social networks. Supportive social networks were measured using the social connections subscale of the Protective Factors Survey (Kiplinger and Harper Browne 2014). Items such as “You have someone who will help you get through the tough times” and “You have someone who can help you calm down if you get frustrated with your children” made up this scale, which had a Cronbach’s alpha of .92. Negative aspects of a social network were measured with a six-item scale, three of which were adapted from Newsom and colleagues (2005), with the remaining items developed for the present study. Examples include items such as “Your family and friends are always meddling in your personal business” and “There are people in your life who try to get you in trouble with others.” Cronbach’s alpha for this scale was .83. Response options for both key predictors ranged from strongly disagree to strongly agree on a five-point scale. For the multivariate analyses, these scales were standardized to facilitate comparisons. To test for subgroup moderation, four dichotomous variables were created reflecting different combinations of low versus high network supportiveness and negativity, with the cutoff for each being the scale mean.

Control Variables

We made an effort to isolate the associations between these network characteristics and the quality of a respondent’s relationship with an intimate

partner by controlling for the latter (described below). We chose this approach because interventions designed to improve intimate partner relationship quality are likely to be qualitatively different from interventions designed to affect parents' larger social networks, and our objective was to learn how this larger ecological context of potential support relates to parenting.

Other control variables include a count of the number of each respondent's minor-aged children residing with them currently, the age of the youngest child in the home, a dichotomous variable indicating any respondent education beyond high school, a dichotomous variable indicating whether each respondent had worked for pay for 10 or more hours in the previous week, respondent's current age and age when her first child was born, and the household income in the past calendar year (derived from administrative data sources on respondent's earnings: benefit levels for Temporary Assistance for Needy Families, the Supplemental Nutritional Assistance Program, Social Security and disability, and child support income, scaled by 10,000s). The income variable did not include earnings from a partner or other household member, informal income streams, or other potential sources.

Two scale variables captured relationship quality with an intimate partner. We measured positive relationship quality with a nine-item scale (Cronbach's alpha .88) with items such as "Your {spouse/partner} is fair and willing to compromise when you argue" and "You and your {spouse/partner} [have] many more good days than bad days." Our analysis measures negative relationship quality with a six-item scale (Cronbach's alpha .82) with items such as "Your {spouse/partner} is always criticizing you or your ideas" and "Your {spouse/partner} tries to control your every move." Response options for both scales included "Never," "Rarely," "Sometimes," "Often," and "Very often." We coded a dichotomous indicator as "1" if the respondent was not married, cohabiting, or dating (i.e., currently single). Including this variable enabled the inclusion of all sample members regardless of partnership status because the reference group for the intimate partner relationship quality measures, as well as the dichotomous indicator for single status, included partnered individuals who scored low on intimate partner relationship scales.

A final control variable in the analyses measured ACEs of each respondent (Felitti et al. 1998). We included this measure given the wealth of literature linking childhood adversities to adverse outcomes in adulthood, ranging from poor physical health and mental health (Shonkoff and Gardner

2012; Merrick et al. 2017), to low socioeconomic status (Font and Maguire-Jack 2016), and intergenerational child maltreatment risk (Madigan et al. 2019), all of which may affect parenting characteristics and capacities as an adult. We combined some original ACE question items into one question because of space limitations in the survey (e.g., separate questions about various types of sexual abuse were collapsed into a single sexual abuse indicator). Our approach was to drop the original ACE question about parental divorce or separation as a result of critiques in the extant literature (about its presumed unidirectional effect on adult health, the original focus of the ACE studies; Crouch et al. 2019), and we added a question about whether the respondent had a parent who died during childhood, given that parental death is widely viewed as a potent negative event in childhood. Our analysis sums the “yes/no” responses to the ACE questions to create an eight-item-count variable that had good internal consistency (Cronbach’s alpha .73). We included respondents with missing responses on ACE items in the final variable if they were missing fewer than half of the item responses; we divided a sum of the items to which the respondent answered affirmatively by the total number of items for which the respondent provided a response.

ANALYTICAL METHODS

We used ordinary least squares regression to predict each parenting scale. Analyses were initially run with all controls plus the supportive social network scale, followed by a model with all controls plus the negative social network scale. We used this approach in an attempt to determine which model explained more variance. We ran a third model that included both the supportive and negative social network scales, and we assessed improvements in model fit over each of the first two models. A final model replaced the two scales with the dichotomized combinations of supportive and negative social networks, omitting the most adverse combination (low social support, high negativity) as the reference group. We use this subgroup analysis, an alternative method to an interaction term for testing moderation hypotheses, to test whether the relationship between negative social network ties and parenting outcomes is dependent on the level of social network supportiveness present. Analysts have several methods for conducting moderation tests with subgroups (Helm and Mark 2012; Wang and Ware 2013). We chose an approach by Helm and Mark (2012) wherein moderation can be identified by comparing partial regression coefficients.

FINDINGS**DESCRIPTIVES**

Table 2 presents the sample sizes, percentages or means, and standard deviations of all outcomes and key predictor variables included in the analyses. Scale variables with responses on a five-point scale represent an averaged (rather than summed) version of each outcome measure, such that the scale value for each respondent ranges from 1 to 5, with 5 representing strong agreement. In general, respondents reported that their perceptions of parenting strengths (resilience, emotional competence) were relatively high (4.52 and 4.40, respectively, on a five-point scale) and levels of parental distress were relatively low (2.27 on a five-point scale). Respondents also reported that their social networks were relatively supportive (4.29 on a five-point scale) and had low levels of negativity on average (2.44 on a five-point scale). Respondents were coded as having high versus low network supportiveness and negativity, similar to Uchino and colleagues (2004). The most common combination of social network dimension was supportive (35.5 percent), followed by aversive (28.3 percent), ambivalent (20.2 percent), and indifferent (16.1 percent).

MULTIVARIATE MODELS

Table 3 presents the coefficients for the standardized supportive and negative social network scales across the four models. Sample sizes vary across models as a result of missing information on the dependent variable or key independent variables. All coefficients for predictor variables are in the hypothesized direction, such that higher scores on the supportive social

TABLE 2. Outcome and Key Predictor Variables

	<i>N</i>	%	Mean (SD)	Range
Outcomes:				
Parental resilience	594	–	4.52 (.43)	1–5
Parental emotional competence	596	–	4.40 (.49)	1–5
Parental distress	594	–	2.27 (.64)	1–5
Key predictors:				
Supportive social network	596	–	4.29 (.70)	1–5
Negative social network	596	–	2.44 (.94)	1–5
Social network subgroups:				
Supportive network tie (high support/low negativity)	596	35.5	–	0, 1
Aversive network tie (low support/high negativity)	596	28.3	–	0, 1
Ambivalent network tie (high support/high negativity)	596	20.2	–	0, 1
Indifferent network tie (low support/low negativity)	596	16.1	–	0, 1

TABLE 3. Effect Sizes for Supportive and Negative Social Networks

	Model 1	Model 2	Model 3
Parenting distress:			
Supportive social network scale		-.20 (.04)***	-.14 (.04)***
Negative social network scales	.20 (.03)***		.17 (.03)***
Adjusted R ²	.30	.27	.33
F-statistic	22.20***	19.42***	23.39***
N	586	586	586
Resilience:			
Supportive social network scale		.12 (.02)***	.11***
Negative social network scales	-.07 (.02)***		-.04*
Adjusted R ²	.13	.17	.18
F-statistic	8.32***	10.89***	10.53***
N	586	586	586
Emotional competence:			
Supportive social network scale		.09 (.02)***	.09 (.02)***
Negative social network scales	-.03 (.02)		-.01 (.02)
Adjusted R ²	.10	.12	.12
F-statistic	6.29***	7.73***	7.14***
N	587	587	587

Note.—Standardized coefficients are in parentheses. Models control for respondent’s age, age at first child’s birth, age of youngest child, number of children, employment status, annual income, single status (not married, cohabiting, or dating), intimate partner positive and negative relationship quality, and adverse childhood experiences.

* $p < .05$.

*** $p < .001$.

network scale predict less parental distress and higher levels of parental resilience and emotional competence. Conversely, higher scores on the negative social network scale predict more parental distress and lower levels of parental resilience. Negativity in one’s network is not associated with emotional competence. Comparing the relative sizes of the standardized coefficients in the third model, social network toxicity is a stronger predictor of parental distress compared with a supportive social network, but the difference is not substantial (standardized coefficients of .17 vs. -.14, respectively). Including both types of network characteristics in the model does not substantially improve model fit. However, supportive social networks are a better predictor of more positive parenting outcomes (resilience, emotional competence) than negative social network ties. A similar pattern is observed for the emotional competence outcome, with the exception that negative social networks do not appear to have any influence on this outcome.

Table 4 presents the full models addressing our third research question (the subgroup moderation test; see the section titled “Current Study”) of each of the three outcomes. Compared with mothers who report aversive negative ties (i.e., hypothesized to be the most adverse combination), only

TABLE 4. Subgroup Moderation Tests Predicting Parenting Outcomes

	Parental Distress	Resilience	Emotional Competence
Social network subgroups:			
Aversive (low support/high negativity)	—	—	—
Ambivalent (high support/high negativity)	-.05 (.07)	.11 (.05)*	.03 (.06)
Indifferent (low support/low negativity)	-.11 (.07)	-.10 (.05)*	-.21 (.06)***
Supportive (high support/low negativity)	-.35 (.06)***	.26 (.04)***	.15 (.05)**
Respondent age	.002 (.003)	-.01 (.002)**	-.01 (.003)***
Respondent age at first child's birth	-.003 (.006)	.01 (.004)	.001 (.005)
Age of youngest child in home	.001 (.006)	.003 (.004)	-.01 (.01)
Number of minor children	-.01 (.02)	-.009 (.01)	-.003 (.02)
More than high school degree	-.17 (.05)***	.11 (.03)**	.07 (.04)
Worked for pay (10+ hours) last week	-.08 (.05)	.10 (.04)**	.02 (.04)
Household income (10,000s)	-.04 (.02)	-.03 (.01)	-.02 (.02)
Single status	-.06 (.05)	.004 (.03)	-.02 (.04)
Positive intimate partner relationship	-.24 (.06)***	.11 (.05)**	.08 (.05)
Negative intimate partner relationship	.17 (.06)**	-.02 (.04)	.01 (.05)
ACE count	.04 (.01)***	-.01 (.01)	-.01 (.01)
Constant	3.22 (.34)***	4.09 (.24)***	4.45 (.28)***
Adjusted R ²	.28	.20	.15
F-statistic	17.25***	11.26***	8.31***
N	586	586	587

Note.—ACE = adverse childhood events. Standardized coefficients are in parentheses.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

those with a supportive network exhibit significantly less parental distress. Having a supportive network is also associated with higher reported levels of parental resilience and emotional competence compared with the reference group. The indifferent network group is associated with lower levels of both resilience and emotional competence compared with the aversive network group. An ambivalent social network demonstrates higher levels of parental resilience compared with the aversive social network. This last finding demonstrates that having high levels of social network support moderates the association between negative social networks and parental resilience. In analyses not shown, when we changed the reference group to reflect mothers who report supportive networks (i.e., hypothesized as the most desirable combination), all other combinations of network quality predict parental distress, resilience, and emotional competence in the expected direction, and all coefficients are statistically significant.

In addition to associations between key predictors and outcomes, it is important to note that the quality of Black mothers' intimate partner relationships independently affects parenting as well. Having a positive intimate partner relationship is associated with reduced parental distress

and increased resilience. Having a negative intimate partner relationship is associated with increased parental distress but does not have an association with either of the positive parenting outcomes. Similarly, having a greater number of ACEs predicts increased parental distress but does not predict resilience or emotional competence. Having education beyond high school is associated with reduced distress and increased resilience, and employment is associated with increased resilience. Respondent age is associated with decreased resilience and emotional competence, although these effect sizes are negligible.

DISCUSSION

This study examined the parenting characteristics of Black mothers reported to and investigated by the child welfare system as a function of social network quality. We focused on how social networks affect parenting among Black mothers, specifically attending to the influence of both positive and negative aspects of social networks on parenting among this population. This study contributes to the literature substantially, as few studies focus on the racialized, gendered, and class-based nature of child welfare involvement for Black mothers in relation to the child welfare system using an intersectional lens (Williams-Butler 2022; Tajima et al. 2022). Our findings also underscore the importance of recognizing the influence of meso-level factors, as previous literature found that the social network and social ties of child welfare–reported families affect the larger ecological system in relation to parent-child relations (Merritt 2009). Furthermore, this study also helps build the literature because it uses data from a large, prerandomized controlled trial to examine the mechanisms of parenting resilience and distress specifically for Black mothers. We argue that our article contributes substantially to the evidence-based literature on the importance of recognizing the strengths and challenges of Black mothers reported to the child welfare system for issues regarding social network quality and parenting.

SOCIAL NETWORK QUALITY ASSOCIATION WITH PARENTING STRENGTHS AND DISTRESS

Mothers in this study reported that their social networks were generally supportive, which is echoed in previous literature on child welfare–involved

families (Lalayants et al. 2014), and perceptions of parenting strengths among this group were high. Respondents also reported low levels of negativity and low levels of parental distress in general. The social strengths within the networks of these mothers may be the reason that the reports made on them were not substantiated. These findings may point to an untapped strength within this population regarding social support. However, scholars would need to conduct more research comparing the social network quality of those mothers whose cases were substantiated with those whose cases were not substantiated. The reports of relatively high levels of social support and low levels of negativity on average are consistent with past literature indicating that positive ties are more common than negative ties (Offer 2021; Rozin and Royzman 2001). The findings from this study also support the findings that perceptions of social support appear to be similar across racial and ethnic differences (Flores et al. 2020).

Our analyses yielded results that both supported and ran counter to our proposed hypotheses. We first sought to understand whether the quality of social networks is associated with parenting strengths and parental distress among Black mothers. We hypothesized that supportive social networks would be positively associated with parenting strengths (resilience, emotional competence) and negatively associated with parental distress. Conversely, we expected to find that negative social networks would be negatively associated with parenting strengths and positively associated with parental distress. We found support for these hypotheses in that, as expected, higher levels of social support predicted higher levels of parental resilience and emotional competence and less parental distress. Furthermore, higher social network negativity predicted higher levels of parental distress and lower levels of parental resilience. However, social network negativity was not associated with emotional competence. These findings underscore the importance of capturing the heterogeneity in social networks (Uchino et al. 2004).

TYPE OF SOCIAL NETWORK AND PARENTING STRENGTHS AND DISTRESS

Next, we examined whether supportive or negative network ties have a stronger association with parenting outcomes and hypothesized that negative networks would be more strongly associated with parenting outcomes than supportive networks. We found modest support for this

hypothesis—social network negativity was a slightly stronger predictor of parental distress than supportive social networks. However, we found that supportive social networks were a better predictor of more positive parenting outcomes than negative networks. This second finding countered our hypothesis that negative social networks would better predict parenting outcomes when compared with supportive social networks, a pattern that previous literature had identified (Lincoln 2000; Rook 1984). We consider this result an unexpected but welcome strengths-oriented finding. It suggests that, among this sample, strengths overshadow deficits. This conclusion again may explain why these mothers' cases were not opened for ongoing services.

MODERATION OF SOCIAL NETWORK NEGATIVITY AND PARENTING STRENGTHS AND DISTRESS

We found partial support for our hypothesis that social support would moderate the impact of negative network ties. An ambivalent network tie was associated with higher levels of parental resilience compared with those with an aversive network tie. An ambivalent network tie was not associated with parental distress or emotional competence. This finding demonstrates that having high levels of social support within one's network moderates the association between more negative network ties and parental resilience. These findings are contrary to previous literature, which found that ambivalent social networks were associated with more negative outcomes, such as perceived stress and depression, resulting from the influence of high negativity in the relationship, despite high levels of positivity (Uchino et al. 2004; Lincoln 2000; Rook 1984). Furthermore, Gilligan and colleagues (2015) found that the presence of positivity in ambivalent ties did not buffer the effects of negative feelings, as negative ties were still present. The fact that ambivalent network ties were only significantly associated with resilience—not parental distress or emotional competence—demonstrates the cultural strengths of positivity in relationships, despite the additional negativity, for Black mothers reported to the child welfare system.

This strengths-based finding supports the previous literature focusing on the strengths found within Black families' social networks (Woody and Woody 2007; Green et al. 2007). The finding that ambivalent network ties, despite being high in negativity, were still associated with parental resilience may be a result of how these mothers have had to navigate both positive and

negative aspects of society and use their social networks to demonstrate resilience despite the constant threat to positive adaptation in the realm of parenting. Understood through the lens of intersectionality, because Black women have to deal with multiple oppressions stemming from racialized, gendered, and class-based oppression, the positivity may outweigh the negativity within and across relationships. Such an outcome would explain why respondents with ambivalent relationships had more positive outcomes than populations in which the negativity in ambivalent social relationships overshadows the positivity (Gilligan et al. 2015; Lincoln 2000; Rook 1984; Uchino et al. 2001, 2004). The finding that an indifferent tie was significantly associated with less parental resilience and emotional competence compared with an ambivalent tie also demonstrates the value that high positivity within social networks, despite negativity, has for this specific population. Our finding again highlights the importance and value of social relationships among Black mothers reported to the child welfare system and Black families in general.

Though pundits sometimes claim that the culture of the Black family is pathological, Black families are often shaped by structural barriers such as racism, unemployment, and failures within the welfare state to support more economically disadvantaged families (Billingsley 1992). Counter to such narrative of pathology, Hill (1999) describes five major domains that characterize the enduring strengths of Black families, including various forms of social support, such as strong kinship bonds and flexible family roles. He suggests that supportive social networks and relationships among Black families may hold a unique potency in terms of positive influences and outcomes, even in the face of historically adverse contexts and challenges such as slavery and other forms of racial oppression. For example, flexible family roles, the nature and frequency of three-generation households, the frequency of contact between relatives, and mutual aid are integral supports for Black parenting. However, these relationships may also have detrimental aspects, including unwanted advice and differences in opinion regarding child rearing (Taylor et al. 2012; Taylor 2015). This social support can inadvertently lead to negative social interactions, especially within the extended family unit.

Furthermore, when relationships are considered normative or institutional (with, e.g., a family member or a coworker), it is more likely for individuals who have negative social experiences with one another to continue to interact because of the structural nature of the relationship (Offer and Fischer 2018). Positive relationships are more likely to be initiated by

the desires of the individual; negative relationships are more likely to be shaped by the norms of the environment (Brashears and Brashears 2016). For example, immediate family and extended family members may be more likely to interact at expected social gatherings, such as major holidays or family events, despite individual preferences. Coworkers will be more likely to mingle at the office despite individual preferences for whom they would choose to keep in their company. Furthermore, the density of one's network also influences the likelihood of being in contact with others. If one's network is dense, many of your associates will know one another, and communication will likely continue to occur among all individuals, regardless of the desire of one individual within the network to distance themselves from another (Feld 1981). The coexistence of positive and negative aspects of social relationships may be particularly salient for mothers reported to the child welfare system, as they are more likely to be impoverished and in need of instrumental and material support (Fong 2017). For these reasons, we examined both the positive and negative aspects of social relationships and their implications for parenting, particularly in such a high-risk group.

IMPLICATIONS FOR CULTURALLY RESPONSIVE AND GENDER-RESPONSIVE INTERVENTIONS

Focusing on social networks further contributes to the creation of interventions that recognize the larger ecological context in which parents live and from which they may experience support and strain (Cox 2006; Merritt 2009). Context-sensitive interventions are especially important for Black mothers, who historically have experienced disproportionately negative outcomes related to child welfare involvement resulting from larger structural issues such as racism, sexism, poverty, housing discrimination, criminal justice involvement, subpar maternal and child health, high rates of unemployment, and a variety of other detrimental structural factors (Bach 2014; Lens 2019; Michalsen 2019; Roberts 2012, 2014; Tyler 2022). Yet when Black women seek treatment for trauma related to these experiences, they often experience invalidation of their experiences by helping professionals, stigma for receiving services within their community, and shame regarding services that are frequently not culturally responsive (Shelton 2022). Recognizing the importance of both positive and negative aspects of social networks can help Black mothers better recognize the external factors that may affect their parenting and help practitioners better identify the

strengths and challenges these networks impose on their clients. We hope these findings will add to the literature that addresses the need for culturally responsive interventions specifically designed for Black women in contact with the child welfare system and that our article will inform literature that uses an intersectional lens in understanding the experiences of marginalized racial and ethnic groups within the child welfare system at large (Tajima et al. 2022; Williams-Butler 2022).

In this study, we find that supportive social networks are more predictive of positive parenting outcomes—and particularly that ambivalent network ties are associated with parental resilience. Focusing on culturally responsive interventions is important; as Griner and Smith (2006) have found, mental health interventions that target a specific cultural group are four times as effective as those that target clients from a variety of cultural backgrounds. Furthermore, interventions that take into account both the cultural and gender-specific strengths of the Black experience by emphasizing Africentric values (endorsing a worldview that emphasizes community, unity, harmony, spirituality, and authenticity; Wallace and Constantine 2005) have been found to work as a protective mechanism for young Black girls, leading to later positive developmental outcomes (Belgrave et al. 2000; Whaley, McQueen, and Oudkerk 2017).

These findings point to the need for interventions in a clinical setting that specifically focus on the unique needs and strengths of Black women and girls. For example, Walker, Munro, and Sullivan-Colglazier (2015) call for interventions centering Black girls in the juvenile justice setting to focus on holistic well-being and relationships, particularly with a focus on trauma-informed care and cultural responsiveness that resists caricatures and stereotyping of their experiences. Furthermore, there have been calls to increase the number of Black Americans within the field of mental health to address the unique mental health needs of Black youth involved in the juvenile justice system (Keys 2009). In the school setting, interventions focusing on ethnic identity, collectivist orientation, racism awareness, and liberatory youth activism have all been found to increase the psychosocial functioning of Black adolescent girls (Thomas, Davidson, and McAdoo 2008). It is not surprising that these interventions focusing on the well-being of Black women and girls in a variety of contexts emphasize the importance of community and relationships. Given our findings, we recommend that child welfare organizations create and fund interventions that center the relational well-being of Black mothers at risk or currently involved with the

child welfare system. These interventions should aim to foster the positive aspects of social relationships that can be a support to mothers during times of stress and increase their likelihood of parental resilience. It is important that such interventions take both cultural and gender-specific considerations into account.

LIMITATIONS

It is important to note that these findings are not generalizable to all Black mothers who are parenting children or all mothers who are in contact with the child welfare system. These findings are specific to Black mothers who were reported to and investigated by the child welfare system but whose investigation did not result in an ongoing CPS case. In addition, we were unable to ascertain whom, exactly, mothers identified as sources of positive or negative social support as it relates to family relationships, friends, or fictive kin connections. Future research should seek to explore the exact sources of both positive and negative dimensions in social relationships and their association with outcomes for Black mothers in contact with the child welfare system.

Regarding the formal child welfare component of the study, we do not focus on differences between families for whom maltreatment allegations are substantiated (or founded) versus unsubstantiated (or unfounded), given that the substantiation decision does not necessarily correspond to whether a CPS case is opened for ongoing services. In Wisconsin, families with unsubstantiated allegations may have an ongoing CPS case; families with substantiated allegations may have their CPS case closed following an investigation. The decision to open a case for ongoing CPS involvement depends on whether the child or children are deemed safe or unsafe in the home following a comprehensive safety assessment.

It is also likely that there are variables missing from our models that contribute to observed associations between social network characteristics and parenting outcomes. We control for ACEs as one potential confounding factor because, unlike other contemporaneous adulthood measures, childhood experiences are more likely to predict, rather than be the product of, one's social network characteristics. Other potential confounders, such as adult mental health and economic stress, are not as easily distinguished as predictors or outcomes of social network characteristics. In future work, we hope to explore the mediated pathways of social

network characteristics on parenting by making use of a second wave of survey data.

Our study may have missed important nuances and distinctions with respect to the role of social networks in relation to parenting for various subpopulations, such as Black mothers who experienced foster care themselves as children or Black mothers who became parents at a young age. Future research should extend the present analysis to consider how these and other subgroups may be differentially influenced by positive and negative aspects of their social ties. Also, this study was based on a large urban county in one midwestern state and thus cannot be generalized to other areas of the country.

Our measures of social network quality do not offer insight into how different kinds of relationships within Black mothers' networks affect parenting, with the exception of current intimate partners. However, in this study, even the positive and negative aspects of one's intimate partner relationship were treated as control variables, rather than key predictors of interest, in an effort to better estimate the impact of the larger social networks in which Black mothers are situated. Also, our findings that the quality of one's intimate partner relationship has an independent effect on Black mothers' parenting outcomes warrants further study, and future work will attend, in greater depth, to the complexities of these and other relationships, including the roles of nonresident parents of one or more children in the home and the presence of grandparents or other relatives in the home, all of which may affect parenting in varied ways.

Our finding that ACEs are related to parental distress, but not parental resilience or emotional competence, also warrants future research. In addition, the measures of parenting explored in this study do not fully capture the full spectrum of parenting. Other parenting characteristics may be differently influenced by social network quality.

CONCLUSION

It is important to account for the role of social network quality in both the parenting strengths and the parenting distress of Black mothers who experience child welfare system involvement, especially given the prominence of social networks as a source of support and strain for this population (Belle 1982; Ceballo and McLoyd 2002; Kotchick et al. 2005). The

social sciences must acknowledge the structural aspects of oppression faced by Black women reported to the child welfare system, and they should seek to understand and explain how the more proximal mechanisms of oppression may be manifested. This article explores social network quality as a potential meso-level mechanism behind parenting behaviors that may prevent or put Black mothers and children at risk for disproportionate contact with the child welfare system. The findings have implications for the development of culturally sensitive interventions that acknowledge the strengths and centrality of Black mothers' social networks in parenting; they also bring to light further questions about the structural influences on parents and their social networks that warrant further study.

NOTE

Abigail Williams-Butler, PhD, MSW, MA, is an assistant professor at Rutgers, the State University of New Jersey. Her research interests focus on social welfare policy; intersectionality; understanding the developmental trajectory of families, adolescents, and children in the child welfare and juvenile justice systems; strengths-based science; and innovative approaches to trauma-informed care.

Reiko Boyd, PhD, MSW, is an assistant professor at the University of Houston Graduate College of Social Work. Her work focuses on understanding and addressing the consequences of structural racism and promoting the health and well-being of Black families and communities.

Kristen Slack, PhD, is a professor of social work at the Sandra Rosenbaum School of Social Work and a research affiliate of the Institute for Research on Poverty at the University of Wisconsin-Madison. Her research focuses on child maltreatment prevention, the social welfare safety net, and strengths-based strategies for addressing social welfare problems.

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