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PTSD and parental functioning: The protective role of neighborhood cohesion among Black and White veterans

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Abstract

Objective: Parents with a history of trauma exposure may struggle to parent effectively, particularly when symptoms of PTSD are prominent. Consequently, identifying factors that buffer associations between PTSD and poor parental functioning is critical to help trauma-exposed families thrive. One important source of resilience may spring from being part of a socially cohesive neighborhood that offers positive social connections and resources. The purpose of this study was to examine whether greater neighborhood cohesion buffers associations between PTSD and perceived parental functioning. **Method:** A diverse national sample of 563 Black and White veterans raising children in single or dual parent households completed questionnaires assessing PTSD symptoms and neighborhood cohesion at baseline, as well as parental functioning four months later. **Results:** Multigroup moderation analyses that controlled for crime index, income, and sex revealed that among single Black veterans, but not other groups, the relationship between higher PTSD and poorer parental functioning was weakened for veterans who reported higher neighborhood cohesion. **Conclusions:** Findings suggest that PTSD symptoms and neighborhood cohesion affect parenting differently across racial and family makeup configurations, and that higher neighborhood cohesion might be particularly useful in buffering the association between PTSD and parenting among single Black veterans.

Keywords: Posttraumatic Stress Disorder; Parenting; Neighborhood; Social Support; Veterans

Clinical Impact Statement

The purpose of this study was to examine whether veterans with PTSD symptoms are more likely to report lower parental functioning, and to investigate whether perceptions of higher neighborhood cohesion buffer this association. We found that Black veterans raising children in a single parent household were more likely to report difficulties with parenting; however, this

association did not emerge among those reporting high levels of neighborhood cohesion.

Community-building efforts by policy makers and practitioners could facilitate greater parenting resilience among single Black parents with PTSD symptoms who may have reduced access to partner support.

PTSD and parental functioning: The protective role of neighborhood cohesion among Black and White veterans

Mental health challenges such as posttraumatic stress disorder (PTSD) can interfere with caregivers' ability to parent effectively (see Christie et al., 2019 and Creech & Misca, 2017 for reviews). A recent systematic review demonstrates associations between parental PTSD and increased parenting stress, lower parenting satisfaction, poorer parent-child relations, and more frequent use of negative parenting behaviors (Christie et al., 2019). However, not all studies have demonstrated decrements in parenting among trauma-exposed samples (e.g., Letourneau et al., 2007), and a growing literature identifies factors that buffer the negative impact of PTSD on parenting. An important next step in understanding the relationship between PTSD and parental functioning is identifying relevant risk and protective factors. The purpose of this study was to examine the longitudinal relationship between PTSD and parental functioning and to investigate the role of a potentially important source of resilience – neighborhood cohesion – in buffering this association. We were also interested in understanding whether the buffering effect of neighborhood cohesion might differ as a function of other recognized contributors to parenting—namely inequities in the distribution of resources associated with race and single parent status. To our knowledge, this is the first study to examine the buffering effect of neighborhood cohesion on the association between PTSD and parental functioning among veterans.

Unique Challenges Facing Veterans

Compared to their civilian counterparts, veterans are at substantially greater risk of trauma exposure, as well as past-year PTSD, with rates approximately doubled among veterans (Lehavot et al., 2019). Further, nearly 6.4 million Veterans Health Administration (VA) users have children under 18 living in the home (Department of Veterans Affairs, FY15 Veteran Household Child Status, 2015), and, compared to those without dependent children, those with

dependent children have significantly higher rates of PTSD (Janke-Stedronsky et al., 2016). Further, not only are veterans with PTSD more likely to report parenting challenges (Creech & Misca, 2017), but meta-analytic results demonstrate moderate effect sizes between military-related PTSD and child emotional problems and externalizing symptoms (Kritikos et al., 2019). Recently, in an effort to provide greater support to military families, the U.S. Department of Defense developed the Committee on the Wellbeing of Military Families to report on key challenges facing military families (National Academies of Sciences, Engineering, and Medicine, 2019). Findings suggest a need to identify protective factors and sources of parent resilience among veterans experiencing PTSD symptoms.

Neighborhood Cohesion as a Buffer

For service members who must make a major transition upon return from deployment, support networks have the potential to play a major role in recovery (e.g., Teo et al., 2020). A robust literature demonstrates that social support is not only associated with reduced PTSD symptoms, but fewer parenting challenges among service members as well (e.g., Gewirtz et al., 2010). Although much of the literature has focused on social support among family and friends, macro-social contexts spanning beyond close support networks (i.e., *community* social contexts) influence the course of PTSD as well (e.g., Johns et al., 2012; see Vogt et al., 2017 for a review). Consequently, recent studies have begun to investigate the unique role of social cohesion within the neighborhood in mitigating the negative effects of PTSD. Neighborhood cohesion includes feelings of mutual trust and solidarity with one's neighbors, as well as the desire to support and help one's neighbors (Sampson et al., 2002). Not only does increased neighborhood cohesion exert a protective effect against PTSD (e.g., Johns et al., 2012; Monson et al., 2016), but it is associated with enhanced family functioning as well (Silk et al., 2004). Being connected to trusted individuals who share similar values generates increased connectedness to one's

community (i.e., access to larger social networks), which in turn, enhances feelings of belongingness and psychological well-being (Lin, 1999), and these factors may be particularly important for veterans given their elevated risk for PTSD and the challenges inherent in transitioning from military service to civilian life (e.g., Beehler et al., 2017).

Inequities Affecting Black Parents and Single Parents

According to Hobfoll's Conservation of Resources (COR) theory (Hobfoll, 1989), the loss of material resources (e.g., physical security, financial security) propagates future resource loss, and, in the context of increasingly stressful conditions, may even affect personal characteristic resources (e.g., psychological wellbeing). Supporting this notion is the finding that inequitable distribution of access to resources (e.g., housing, education), which disproportionately affects families of color, can contribute to a host of difficulties in functioning across important psychosocial domains including parenting (Cross et al., 2018; McLoyd, 1990). Importantly, resource loss may contribute to difficulties in parenting due to increased exposure to traumatic events. Indeed, Black men and women are more likely to experience higher rates of certain kinds of trauma exposure compared to White men and women (e.g., violent victimization; Roberts et al., 2011) and the risk for developing PTSD is higher among Black compared to White veterans (McClendon et al., 2019). Given an elevated risk for trauma exposure and PTSD among Black veterans, and inequities in the distribution of resources among Black and White parents, there is a need to better understand how these relationships might differ by race.

Single parents may also have fewer resources compared to caregivers living in dual parent households, not only by virtue of raising a child without a partner, but also because children raised in a dual parent household are more likely to have access to a wider network of family members, financial resources, and support (Cairney et al., 2003). Single parents, in contrast, experience higher parenting stress (Avison et al., 2007), as well as greater mental health

problems (e.g., Meier et al., 2016). Further, previous research suggests that single parent veterans experience higher PTSD severity and greater concerns about life and family disruptions related to military deployments compared to their partnered peers (Vaughn-Coaxum et al., 2015).

Taken together, single parents and historically marginalized individuals such as Black parents may be more likely to suffer a scarcity of resources, putting them at greater risk for poor outcomes when already compromised by PTSD. However, researchers have also argued that salutary effects can emerge when PTSD-affected individuals obtain new sources of support (Hollifield et al., 2016). In support of this idea, neighborhood cohesion appears to buffer the effect of race-related stress among Black families (e.g., Riina et al., 2013), and involvement in community organizations is associated with a range of positive outcomes across Black adults and children (Cutrona et al., 2000; Hunter et al., 2019). Single parents who may have fewer social resources at their disposal might also benefit more from access to neighborhood social networks compared to those who already have greater access to social support (An & Western, 2019).

The Current Study

The current study uses a multiple-group framework to examine whether neighborhood cohesion moderates the association between PTSD and parental functioning among Black and White veteran parents in single versus dual family households, adjusting for important sociodemographic factors that have been shown to impact parental functioning, including parent sex (Musick et al., 2014), residence in a high crime neighborhood (see Cuellar et al., 2015 for a review), and household income (see Conger et al., 2010 for a review). We hypothesized that greater PTSD symptoms and lower neighborhood cohesion would predict poorer perceived parental functioning across all four groups (single Black parents, dual household Black parents, single White parents, dual household White parents), above and beyond the influence of parent sex, crime status and income. However, we expected stronger moderation effects to emerge for

Black (compared to White) parents, as well as parents raising children in a single parent household (compared to a dual parent household).

Methods

Participants

Participants were drawn from the Longitudinal Investigation of Gender, Health, and Trauma (LIGHT) study, a large national survey that examined veterans' trauma exposure and health outcomes. The VA/DoD Identity Repository (VADIR), which is a VA-managed dataset of all separated service members, was used to identify potential participants. Veterans between the ages of 18-50 who lived in high crime communities were oversampled, as were women veterans. Using ArcGIS to identify zip codes representing an overall crime index of at least twice as high as the national average, a total of 19,441 (69.4%) veterans were randomly selected from these zip codes, and an additional 8,559 (30.6%) veterans were randomly selected from other zip codes. A total of 8,954 (32%) veterans in this sample had non-deliverable addresses, resulting in 19,046 veterans being invited to participate (63.8% high crime, 36.2% not high crime). Of these, 3,669 veterans enrolled in the study, of which 58.7% ($n = 2,152$) resided in high crime neighborhoods and 52.6% (1,929) identified as women. A total of 2,463 veterans completed procedures at Time 2 (four months later), reflecting a retention rate of 67%. Participants were selected for inclusion in the present sample if they completed questionnaires on parenting (administered to parents of children under age 18) and PTSD (administered to those identifying a traumatic event), and identified their race as Black and/or White. This resulted in a sample of 610 participants; however, 47 additional participants were excluded because they did not have complete data on other key constructs of interest (e.g., neighborhood cohesion, crime, sex, income). Consequently, the final sample consisted of 94 single Black veterans (73% female), 87 dual household Black

veterans (57% female), 67 single White veterans (56% female), and 315 dual household White veterans (47% female; total N = 563).

Procedures

The LIGHT study was conducted in compliance with the VA Boston Healthcare System Institutional Review Board. A modified Dillman mail survey approach (Dillman et al., 2014) was used to administer surveys. Participants received an invitation letter, study fact sheet, survey, opt out postcard, and a cash pre-incentive of \$5. Documentation of informed consent was waived; mailing back a completed survey constituted informed consent. Participants were sent a reminder post-card one and a half weeks after the initial invitation and then were sent a second reminder letter and survey one and a half weeks later. Veterans who completed the survey received an additional \$20. Veterans enrolled at baseline were surveyed again four months later with identical procedures.

Measures

Sociodemographic Characteristics. Participant race and ethnicity, sex, household income, living situation (i.e., with or without a spouse or romantic partner), and relationship status were self-reported in the baseline survey. Participants identifying as Black and non-Hispanic (regardless of whether they identified as any other race) were categorized as Black. Participants identifying as White and non-Hispanic (but no other race) were categorized as White. Annual household income was coded in ordered categories ranging from no income to over \$150,000. Participants were categorized as raising a child in a single parent household if they reported being unmarried and not living with a romantic partner. Participant residence in a high crime area (i.e., at least twice as high as the national average) was designated using ArcGIS data and was dichotomously coded (high crime versus not high crime) for the present study.

PTSD. The PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013), a 20-item measure assessing the DSM-5 symptoms of PTSD, was used to obtain a sum of self-reported PTSD symptoms. The PCL-5 was administered with Criterion A assessment; participants were asked to briefly identify their worst event regardless of whether the worst event was service-related. Then participants were asked to rate the extent to which each symptom bothered them over the past month using a five-point response scale ranging from 0 (*not at all*) to 4 (*extremely*). This measure has demonstrated adequate reliability and validity among veteran samples (Bovin et al., 2015). Internal consistency for the current sample was excellent ($\alpha = .97$).

Parental Functioning. The 5-item parental functioning scale of the Well-Being Inventory (Vogt et al., 2019) was used to obtain a sum score of perceived parental functioning over the past month. Participants were asked to rate the extent to which they have functioned well as parents (e.g., “Been able to successfully manage your child(ren)’s unique challenges, for example, effectively disciplining children”) using a five-point scale from 1 (*Never*) to 5 (*Most or all of the time*). Evidence is available for the reliability and validity of this scale (Vogt et al., 2019). Internal consistency for the current sample was excellent ($\alpha = .91$).

Neighborhood Cohesion. The 5-item Social Cohesion Scale (Sampson et al., 1997) was used to obtain a sum score of current perceived neighborhood cohesion. Participants were asked to rate the likelihood of these things happening in your neighborhood (e.g., “People around here are willing to help their neighbors”) using a 5-point scale from 1 (*very unlikely*) to 5 (*very likely*). The Social Cohesion Scale demonstrates good test-retest reliability and internal consistency, as well as convergent validity with other neighborhood quality measures (Echeverria et al., 2004). Internal consistency for the current sample was good ($\alpha = .85$).

Data Analysis

Analyses were conducted with Mplus version 8.5 (Muthén & Muthén, 1998-2017). Path models were fit to the data using the robust maximum likelihood estimator (MLR) to address any violations of normality. Data were analyzed using complete case analysis; thus, no data were missing in the primary analyses. We used a multiple-group framework to examine whether differences in the structural parameters across our four groups (single Black, dual parent Black, single White, dual parent White) were statistically significant, controlling for crime (not high vs. high), income (ordered categories), and sex (male vs. female). First, we freely estimated all path coefficients simultaneously to allow parameters to vary between groups. Next, we fixed all paths to be invariant (equal) across groups. We tested for cross-group invariance by comparing AIC and BIC for the two non-nested models (lower values represent better fit; Burnham & Anderson, 2004), and we further compared models by identifying differences in global fit indices. To test moderation in the context of the multiple group analysis, we used the model constraint command to compute simple slopes separately for each group. In the case of significant moderation, we estimated conditional effects at 1 SD above the mean (“high levels”), at the mean of the moderator (“average levels”) and 1 SD below the mean (“low levels”).

Results

Data were cleaned and examined for assumptions of normality. There were no concerns about multicollinearity ($r_s < .70$) and all variables fell within the acceptable range of skew and kurtosis (Brown, 2006). Demographic information, as well as pairwise comparisons that incorporated Tukey post-hoc adjustments are reported in Table 1. In summary, dual household White parents reported lower PTSD symptom severity compared to all other groups. Single and dual household Black parents reported lower neighborhood cohesion compared to dual household White parents. There were no significant differences in parental functioning across the groups. Regarding covariates, single and dual household Black parents were more likely to live

in high crime zip codes and earn lower income compared to their single and dual household White counterparts. Additionally, compared to dual household White parents, a larger proportion of single Black parents identified as female. Bivariate correlations among primary variables and covariates are reported in Supplemental Table 1.

Results of the multiple group moderation analyses are presented in Table 2 and include both unstandardized and standardized estimates to facilitate interpretation of effect sizes. Among single Black parents, higher PTSD was associated with poorer subsequent parental functioning (unstandardized coefficient = -0.148, $SE = 0.056$, $p = .008$). There was a significant interaction between PTSD and neighborhood cohesion (unstandardized coefficient = 0.007, $SE = 0.003$, $p = .045$), such that the association between higher PTSD symptoms and lower parental functioning was buffered by higher neighborhood cohesion. Calculation of simple slopes revealed that greater PTSD was negatively associated with subsequent parental functioning at low (unstandardized coefficient = -0.069, $SE = 0.022$, $p = .002$), and moderate levels of neighborhood cohesion (unstandardized coefficient = -0.044, $SE = 0.017$, $p = .012$), but not at high levels of neighborhood cohesion (unstandardized coefficient = -0.019, $SE = 0.021$, $p = .348$). See Figure 1 for a graphical depiction of parental functioning at different levels of PTSD and neighborhood cohesion among single Black parents. Among dual household Black parents, single White parents, and dual household White parents, there were no significant associations between PTSD and parenting or neighborhood cohesion and parenting.

With regard to covariates, among Black single parents and dual household White parents, mothers reported better parental functioning compared to fathers. Lower income was associated with poorer parental functioning among single White parents, but higher parental functioning among dual household Black parents. Living in a high crime zip code was associated with poorer parenting functioning among dual household Black parents. The total variance in parental

functioning was 32.9% among single black parents ($p < .001$), 21.2% among dual household Black parents ($p = .001$), 15.3% among single white parents ($p = .05$), and 12.3% among dual household White parents ($p < .001$).

Next, to investigate whether there were significant differences in the path estimates across the four subgroups, we examined whether our multiple group path model provided a better fit to the data compared to a path model in which all paths were constrained to be equal across the four subgroups. Constraining the structural parameters in the moderation model to be equal across the four subgroups resulted in a higher AIC value (i.e., poorer fit, constrained model = 3114.529; unconstrained model = 3109.486), but lower sample-size adjusted BIC value (i.e., better fit, constrained model = 3130.752; unconstrained model = 3146.567). Given the mixed findings, we next turned to an examination of global fit differences between the two models. The unconstrained model was “just identified”, thus precluding testing of fit indices. However, the constrained model produced a poor fitting model (CFI = .717, TLI = .623, RMSEA = .100, SRMR = .107). Taken together, the unconstrained model in which paths were allowed to vary among all four groups provided a better fit to the data, suggesting the presence of meaningful differences among the four groups.

Discussion

The primary goal of this study was to investigate the buffering effect of neighborhood cohesion on the relationship between PTSD and parental functioning among Black and White veteran parents in single versus dual family households. Results indicated that, when controlling for sex, neighborhood crime rates, and income, greater PTSD severity was associated with poorer parental functioning four months later among single Black parents. Notably the deleterious effect of PTSD symptoms was buffered among those reporting higher neighborhood cohesion. In fact, PTSD symptoms were no longer associated with parental functioning when

neighborhood cohesion was at high levels, demonstrating the protective role of neighborhood cohesion for single Black parents.

Theoretical models of social (i.e., community) cohesion point to the importance of accessible networks (relationships) and structures (institutions) that support positive parenting. Neighbors and community organizations with shared values create opportunities for positive role models and parenting support (Sampson & Groves, 1989). Given that our findings emerged among single Black parents (as opposed to single White parents or Black parents raising children in a dual parent household), this suggests the potential impact of synergistic effects of inequities fostered by resource depletion experienced by veterans of color and single parents. Whereas the former may be a consequence of ongoing exposure to race-based inequities, the latter may be specific to the greater scarcity of resources that result from childrearing alone. Taken together, the intersection of race and single parent status in the context of living with PTSD may have a particularly deleterious effect on parental functioning. By increasing access to supportive relationships and resources, neighborhood connectedness and cohesiveness can provide a buffer for the impact of PTSD on parenting in this vulnerable group of veterans.

Notably, no significant findings emerged among Black veterans living in dual parent households, nor White veterans living in single or dual parent households. It is possible that findings did not emerge among these groups because, on average, they endorsed lower PTSD symptoms compared to single Black veterans, and parenting behaviors may only be affected in the context of more impairing PTSD symptoms (Davis et al., 2015). Further, pairwise comparisons among our four groups of interest revealed significant disadvantages (i.e., income, neighborhood crime) among Black families (particularly those raising children in single parent homes) compared to White families. Though unmeasured in the present study, racist policies (e.g., residential ordinances, inadequate healthcare) have disproportionately harmed Black

families (Bishop-Royse et al., 2021). These structural inequities may be compounded among service members; in addition to heightened risk of trauma exposure by virtue of their military service, Black service members are also be at greater risk of discrimination from within the military and may face more adverse reactions upon transitioning back to the community (Coughlin, 2021; Dohrenwend et al., 2008). Further, according to the Family Stress Model and its extensions (see Conger et al., 2010 for a review), acute and chronic stressors related to financial circumstances (e.g., income) and neighborhood conditions (e.g., neighborhood crime) may contribute to less access to resources, increase parental stress levels and, in turn, disrupt parental functioning. Yet if single Black veterans have access to the fewest resources, they may have the most to gain by accessing support in their neighborhood. For example, one investigation of Black mothers and children living in low- and mixed-income neighborhoods demonstrated that higher neighborhood cohesion (but not lower neighborhood disadvantage) predicted positive parenting practices, suggesting that neighborhood social cohesion may be an important asset in the context of structural disadvantage (Rankin & Quane, 2002).

Limitations and Future Directions

Study findings should be considered in light of several limitations. First, although we derived racial groups based on theoretically grounded principles (e.g., Khanna, 1996) and federal recommendations (OMB, March 2000), there are limitations inherent to categorizing individuals with intersectional identities in a single monolithic racial or ethnic identity. Although we incorporated important demographic characteristics associated with within-group differences, the field should continue developing methods of categorizing race and ethnicity. Relatedly, due to sample size limitations, the present study does not capture the experiences of Hispanic/Latinx veterans in the U.S. and thus findings cannot be generalized to this community. Further, given disparities identified across racial groups in the present study, future research could pursue direct

assessment of structural racism (e.g., inadequate access to healthcare resulting in health disparities), and exposure to racism in the military, to better understand the pathways by which racialized inequities contribute to parental functioning.

Families in our study were identified by report of marital or relationship status, which may not capture the full array of parental figures in a home. Different extended family structures (e.g., multigenerational), may confer additional parenting-related resources and support. An additional limitation is the reliance on self-report questionnaires reflecting individual perceptions of neighborhood cohesion and parenting. Future research could incorporate behavioral observation of parenting and innovative objective indices of neighborhood cohesion (e.g., social network analysis; Kleyn et al., 2020). Relatedly, recent calls for measurement of parenting strengths, including those accounting for cultural values suggest a need to investigate additional dimensions of parenting (e.g., McWayne et al., 2017). Next, though the present study represents a longitudinal investigation, parental functioning was measured four months following baseline. Future research will benefit from assessing the degree to which neighborhood cohesion might serve a protective role for parents across their children's development. Finally, given that a portion of the sample (7.7%) had missing data and were removed using complete case analysis, we acknowledge the potential for bias in findings due to differential participation.

Strengths and Clinical Implications

The aforementioned limitations are offset by strengths of this investigation. To our knowledge, this is the first examination of the role of community cohesion in buffering the impact of PTSD on parenting among a nationally dispersed sample of veterans. Further, we utilized a sampling method that enabled access to an understudied population through oversampling of female veterans as well as participants in high crime areas. We utilized a multigroup analysis to examine groups separately by race and parental status, while also

accounting for multiple covariates commonly associated with parenting distress, including sex, income, and crime level. This nuanced approach, combined with a large sample size, enabled us to conduct a sophisticated examination of the role of community cohesion in buffering the impact of PTSD on parental functioning among veterans of different backgrounds. While prior literature demonstrates that higher neighborhood cohesion is associated with lower odds of PTSD (e.g., Johns et al., 2015), as well as higher family functioning (e.g., Silk et al., 2004), the present findings uniquely demonstrate that greater neighborhood cohesion confers parenting resilience among Black veterans with higher PTSD.

Echoing recent calls for enhanced parenting resources among military service members and veterans (Creech et al., 2019), our findings point to importance of providing resources for single Black parents experiencing PTSD symptoms. Given that community-level interventions have the potential to produce longer-lasting changes across larger samples of the population, policy makers, community leaders, and practitioners should consider developing new ways to enhance neighborhood cohesion in communities where closeness, trust, and shared values may be lacking or nascent. Culturally sensitive community-based parenting programs grounded in the notion of collective responsibility (e.g., *Advancing the Village*; Holt et al., 2020) may be one avenue of strengthening resources among single Black parents. Enhancing support in the context of church (e.g., indigenous community resources; McRae et al., 1998) and school (e.g., *Education Action Zones*; Gewirtz et al., 2005) may also enrich communities and galvanize neighborhood support in ways that enhance parenting. Military families transitioning into civilian life may benefit from online interventions for helping caregivers and children cope more effectively, in part, by reestablishing support networks (i.e., *Sesame Workshop*; Sherman et al., 2018). For families with limited resources, every source of support can be critical to their care.

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Table 1.

Pairwise Comparisons Among Demographic Variables and Primary Variables of Interest (n=563)

	Range	Total Mean (SD) or %	Single Black (n=94)	Dual Black (n=87)	Single White (n=67)	Dual White (n=315)
Age	22-50	38.92 (6.60)	40.26 (6.23)	39.39 (7.18)	39.43 (6.84)	38.29 (6.45)
Female*	Binary	54.2%	73.4% ^a	57.5%	56.7%	47.0% ^a
High crime zip*	Binary	40.9%	67.0% ^a	61.0% ^b	43.2% ^{ac}	27.0% ^{abc}
Income*	1-10	6.66 (2.42)	4.56 (2.07) ^a	5.63 (2.16) ^{ab}	5.70 (2.52) ^{ac}	7.77 (1.89) ^{abc}
Number of children*	1-12	2.43 (1.39)	2.44 (1.71)	2.75 (1.64) ^b	2.06 (1.18) ^b	2.42 (1.23)
PTSD severity*	0-80	26.13 (22.40)	33.56 (23.97) ^a	33.84 (22.46) ^b	28.79 (22.15) ^c	21.22 (20.69) ^{abc}
Neighborhood cohesion*	5-25	16.66 (4.19)	15.32 (3.63) ^a	15.67 (3.96) ^b	16.04 (4.20)	17.46 (4.24) ^{ab}
Parental functioning	5-25	21.69 (4.15)	21.11 (4.96)	21.44 (4.09)	21.00 (5.48)	22.08 (3.50)

Note: All variables assessed at Time 1 with the exception of number of children and parental functioning. Income is coded in

ordered categories such that the mean income represents a total income of approximately \$55,000-\$75,000. Omnibus tests

where $p < .05$ are starred. Means in a row with a common superscript letter differ $p < .05$ using Tukey's post-hoc comparisons.

Table 2.

Results of multiple group moderation analyses (N=563)

Outcome – T2 Parent Functioning		B (SE)	β (SE)	P-Value
Black Veterans living in Single Parent Households (n = 94)	ON			
	T1 PTSD	-0.148 (0.056)	-0.715 (0.283)	0.008
	T1 Cohesion	-0.015 (0.155)	-0.011 (0.114)	0.922
	PTSD X Cohesion (Interaction)	0.007 (0.003)	0.515 (0.271)	0.045
	High Crime	-0.229 (0.809)	-0.022 (0.077)	0.778
	Income	0.364 (0.212)	0.152 (0.092)	0.086
	Sex	3.950 (1.167)	0.354 (0.092)	0.001
Black Veterans living in Dual Parent Households (n = 87)	ON			
	T1 PTSD	-0.041 (0.072)	-0.227 (0.404)	0.567
	T1 Cohesion	0.264 (0.216)	0.255 (0.199)	0.222
	PTSD X Cohesion (Interaction)	0.000 (0.004)	-0.018 (0.338)	0.958
	High Crime	-1.626 (0.780)	-0.195 (0.097)	0.037
	Income	-0.746 (0.185)	-0.393 (0.091)	0.000
	Sex	1.156 (0.820)	0.140 (0.097)	0.159
White Veterans living in Single Parent Households (n = 67)	ON			
	T1 PTSD	0.108 (0.110)	0.436 (0.425)	0.328
	T1 Cohesion	0.504 (0.286)	0.386 (0.206)	0.078
	PTSD X Cohesion (Interaction)	-0.006 (0.007)	-0.406 (0.423)	0.351
	High Crime	0.215 (1.310)	0.020 (0.120)	0.870
	Income	0.588 (0.282)	0.271 (0.108)	0.037
	Sex	0.935 (1.162)	0.085 (0.107)	0.421
White Veterans living in Dual Parent Households (n = 315)	ON			
	T1 PTSD	0.032 (0.040)	-0.192 (0.240)	0.421
	T1 Cohesion	0.111 (0.072)	0.135 (0.084)	0.120
	PTSD X Cohesion (Interaction)	0.000 (0.002)	-0.041 (0.225)	0.854
	High Crime	-0.049 (0.437)	-0.006 (0.055)	0.911
	Income	0.183 (0.103)	0.099 (0.055)	0.074
	Sex	1.152 (0.356)	0.165 (0.046)	0.001

Note: B = Unstandardized estimates. β = Standardized estimates. SE = Standard Error. P-values are reported for unstandardized estimates. Significant effects ($p < .05$) are bolded.

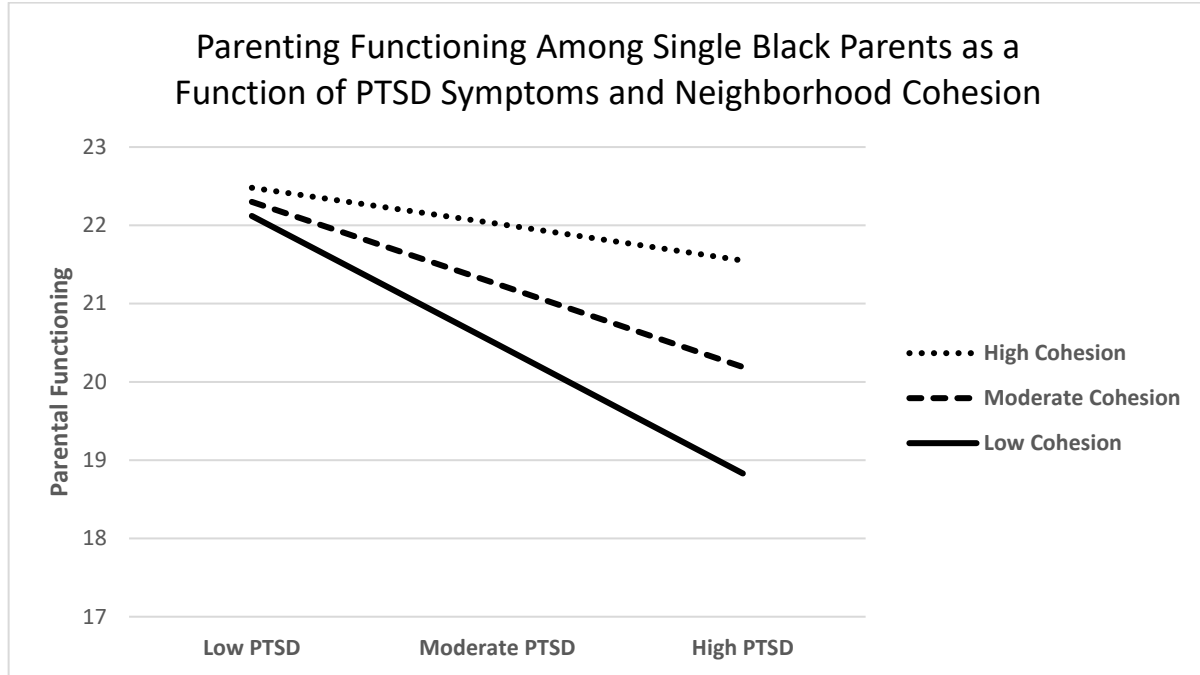


Figure 1. Predicted Marginal Means of Parental Functioning among Single Black Parents as a Function of PTSD symptoms and Neighborhood Cohesion. Scores are graphed as a function of low (1 SD below the sample mean, or 9.59), moderate (sample mean = 33.56), and high PTSD (1 SD above the sample mean, or 57.54), and low (1 SD below the sample mean, or 11.69), moderate (sample mean = 15.32), and high neighborhood cohesion (1 SD above the sample mean, or 18.95).