

Neighborhood Risk Factors and Their Associations with Family Resilience and Adolescent Behavioral Outcomes

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ABSTRACT

Adolescent behavioral health is shaped by both family and neighborhood contexts. Families in disadvantaged neighborhoods may face challenges that affect their ability to cope and provide support, while also having limited access to important community resources. This study examined associations between neighborhood disorder and deprivation and adolescent behavioral problems, and whether family resilience helps explain these relationships. We analyzed data from the 2023 National Survey of Children's Health (N=17,659 adolescents ages 12–17). Caregivers reported on adolescent behavioral problems, neighborhood disorder, neighborhood deprivation, and family resilience. Logistic and linear regression models examined associations among these variables, adjusting for age, sex, and race/ethnicity. We also tested whether family resilience helped explain the relationship between neighborhood conditions and behavioral problems. The results showed that neighborhood disorder and deprivation were each associated with greater odds of adolescent behavioral problems (disorder OR=1.15, $p=.02$; deprivation OR=1.08, $p=.03$) and with lower family resilience (disorder $b=-0.07$; deprivation $b=-0.03$; both $p<.001$). Higher family resilience was associated with lower odds of behavioral problems (OR=0.56, $p<.001$). After accounting for family resilience, the associations between neighborhood conditions and behavioral problems were attenuated. These findings suggest that neighborhood disadvantages are associated with poorer adolescent behavioral health, and that these associations were partially attenuated after accounting for family resilience, highlighting the importance of supporting both family and community contexts to promote adolescent well-being.

Keywords: adolescent behavioral problems; neighborhood disorder; neighborhood deprivation; family resilience; family support

INTRODUCTION

Behavioral problems in adolescents are an important public health concern because they can affect many areas of a young person's life, including academic performance,

family relationships, and social interactions. Teenagers who struggle with behavioral difficulties may have a harder time succeeding in school (1), getting along with others (2), and managing their emotions (1). If these problems are not addressed early, they can sometimes continue into adulthood (3). Research has shown that behavioral problems during childhood and adolescence are linked to serious outcomes later in life, including substance use, school dropout, and long-term mental health challenges (3, 4). This is why identifying risk factors early and developing effective prevention and intervention strategies are so important for supporting

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adolescents before problems become more difficult to address (5).

Adolescents do not grow up in isolation, and the neighborhoods they live in can have a significant impact on their everyday lives and development. From a social-ecological perspective, community environments play an important role in shaping adolescent health and behavior (6). Neighborhood problems such as crime, violence, run-down buildings, and a lack of safe spaces or community resources (7) can make a neighborhood feel unsafe and stressful for both families and teenagers (8). Growing up in these kinds of environments has been linked to higher levels of behavioral problems, because dealing with ongoing stress and feeling unsafe can make it harder for young people to manage their emotions and make healthy decisions (9, 10). These neighborhood conditions may also reflect broader structural disadvantages that create lasting challenges for adolescents during a critical period of development (8).

However, not all teenagers who grow up in difficult neighborhoods develop behavioral problems. This suggests that certain protective factors, particularly within the family, may help buffer the negative effects of living in a stressful environment (11). One important protective factor is family resilience, which refers to a family's ability to adapt, support one another, and remain connected when faced with challenges (12). Research on family resilience has identified several key processes that promote adaptation during difficult circumstances, including maintaining open communication, working together to solve problems, drawing on shared strengths, and providing emotional support (12). Families that are able to stay connected and hopeful despite external stressors may create more stable and supportive home environments for their children. Studies have shown that these family processes are associated with better emotional and behavioral outcomes among adolescents, suggesting that how families respond to stress may be just as important as the stressors themselves (11, 13). By promoting healthy coping and providing a stable source of support, family resilience may help reduce the impact of stressful neighborhood environments on adolescent behavior (14, 15).

Although research has shown that neighborhood conditions can affect how teenagers behave and that family support plays an important role, fewer studies have looked at how family resilience might help explain the connection between the two (16). Most existing research has examined neighborhood risk and family functioning separately, leaving gaps in our understanding of whether

family resilience may serve as an important explanatory pathway linking environmental stress to behavioral outcomes (17). Examining this connection could help clarify how the stress of living in a disadvantaged neighborhood leads to behavioral problems, and how strong family functioning might protect adolescents from these effects (16, 17). This knowledge could also be used to inform family-centered programs and interventions aimed at supporting adolescents living in high-stress environments (12).

The purpose of this study is to examine the relationship between neighborhood conditions and behavioral problems in adolescents, and to test whether family resilience may help explain the observed associations between neighborhood conditions and behavioral problems. We expect that adolescents living in neighborhoods with more disorder and fewer resources will be more likely to experience behavioral problems, and that family resilience will help reduce this association.

METHODS AND MATERIALS

Data and study sample

The data for this study were drawn from the 2023 National Survey of Children's Health (NSCH) (18), a nationally representative survey of children and adolescents in the United States administered by the Health Resources and Services Administration (HRSA). The NSCH is designed to collect comprehensive information from caregivers on a wide range of topics, including children's physical and mental health, family characteristics, and neighborhood environments. The survey uses a cross-sectional design and employs complex sampling procedures to ensure that findings are representative of the U.S. child and adolescent population. For the purposes of this study, we focused on adolescents between the ages of 12 and 17 ($N = 18,397$). Missing data were minimal, with 0.3% missing for behavioral problems and 3.7% missing for family resilience, while no missingness was observed for other variables. Participants with missing data on any key study variable were excluded using listwise deletion. Comparisons between excluded ($N = 738$) and included ($N = 17,659$) participants showed no significant differences in available sociodemographic characteristics or other non-missing study variables, suggesting that missingness was minimal and non-systematic. After applying these criteria, the final analytic sample consisted of 17,659 adolescents. Because the NSCH uses

a complex sampling design, all analyses incorporated survey weights following official NSCH guidelines to produce nationally representative estimates and account for the survey's sampling structure.

Measures

Adolescent behavioral problems

Adolescent behavioral problems served as the primary outcome variable and were assessed using caregiver report. Caregivers were asked whether their child currently had behavioral or conduct problems. Responses were coded as a binary indicator, with 1 indicating the presence of behavioral problems and 0 indicating their absence.

Neighborhood disorder

Neighborhood disorder was assessed using caregiver reports of observable conditions in their neighborhood. Caregivers indicated whether each of the following conditions were present: litter or garbage on the street or sidewalk, poorly kept or run-down housing, and vandalism such as broken windows or graffiti. Affirmative responses were summed to create a neighborhood disorder index ranging from 0 to 3, where 0 indicated the absence of all listed conditions and 3 indicated the presence of all three. Higher scores reflected greater levels of neighborhood disorder.

Neighborhood deprivation

Neighborhood deprivation was assessed using caregiver reports of the availability of neighborhood resources. Caregivers indicated whether each of the following resources were available in their neighborhood: sidewalks or walking paths, a park or playground, a recreation or community center, and a library or bookmobile. Responses were coded to reflect the absence of each resource, and scores were summed to create a neighborhood deprivation index ranging from 0 to 4, where 0 indicated that all resources were available and 4 indicated that none were. Higher scores reflected greater neighborhood deprivation.

Family resilience

Family resilience was assessed using four items from the NSCH that describe how families respond when facing problems or challenges. Caregivers reported how often their family: (1) stays hopeful during difficult times, (2) recognizes the strengths they can draw on, (3) talks together about what to do, and (4) works together to solve problems. Each item was rated on a 4-point scale

ranging from 1 (all of the time) to 4 (none of the time). Items were reverse coded prior to analysis so that higher values reflected greater family resilience. The four items were then averaged to create a composite family resilience score, with higher scores indicating stronger family resilience.

Demographic characteristics

Demographic characteristics included adolescent age, sex, and race and ethnicity, all of which were included as covariates in regression analyses. Age was treated as a continuous variable. Sex was categorized as male or female. Race and ethnicity were reported by caregivers; ethnicity was categorized as Hispanic or non-Hispanic, and race was categorized into six groups: Asian, American Indian or Alaska Native, Black or African American, Native Hawaiian or Pacific Islander, multiracial, and White.

Data analysis

Weighted descriptive statistics were first generated to describe the characteristics of the study sample across all key variables. Logistic regression models were then used to examine the associations between neighborhood conditions and adolescent behavioral problems, with all models controlling for adolescent age, sex, and race and ethnicity. Because the outcome variable — the presence or absence of behavioral problems — was binary, logistic regression was the appropriate analytic approach. Linear regression models were used to examine the associations between neighborhood conditions and family resilience, as family resilience was measured as a continuous composite score.

The analytic models were built in a sequential manner. Initial models examined the independent associations of neighborhood disorder and neighborhood deprivation with adolescent behavioral problems. Initial models examined the associations of neighborhood disorder and neighborhood deprivation with adolescent behavioral problems, with both neighborhood variables entered concurrently in the same model. Therefore, the reported estimates represent mutually adjusted associations between each neighborhood condition and adolescent behavioral problems. Subsequent models assessed the relationships between neighborhood conditions and family resilience. A final model included family resilience alongside neighborhood conditions to evaluate whether family resilience helped account for the associations between neighborhood environments and behavioral problems. This sequential modeling approach allowed us to assess

whether the inclusion of family resilience attenuated the relationships between neighborhood conditions and behavioral outcomes, which would be consistent with family resilience functioning as an explanatory pathway rather than a formally tested mediator.

Results from logistic regression models are presented as adjusted odds ratios (ORs) with 95% confidence intervals (CIs), and results from linear regression models are presented as unstandardized regression coefficients (b) with 95% CIs. All statistical tests were two-tailed, with statistical significance set at $p < .05$. Cases with missing data on key study variables were excluded using listwise deletion. All analyses incorporated survey weights to account for the complex sampling design of the NSCH and were conducted using IBM SPSS Statistics version 29 (19).

RESULTS

Sample characteristics

The analytic sample consisted of 17,659 adolescents between the ages of 12 and 17 drawn from the 2023 National Survey of Children's Health. Weighted descriptive statistics indicated that the sample was approximately evenly distributed by sex, with 48.6% identifying as female. The mean age of the sample was 14.49 years (SE = 0.02). In terms of race and ethnicity, 28.4% of adolescents were identified as Hispanic. The racial composition of the sample was predominantly White (69.9%), followed by Black or African American (14.8%), multiracial (7.6%), and Asian (5.3%).

With respect to the primary study variables, 6.3% of adolescents were reported by caregivers to have current behavioral problems. The mean family resilience score was 3.43 (SE = 0.01) on a scale ranging from 1 to 4, indicating that on average, families reported relatively high levels of resilience. The mean neighborhood disorder score was 0.37 (SE = 0.01) on a scale ranging from 0 to 3, suggesting that most caregivers reported relatively low levels of visible neighborhood disorder. The mean neighborhood deprivation score was 1.39 (SE = 0.02) on a scale ranging from 0 to 4, indicating that on average, caregivers reported the absence of approximately one to two neighborhood resources. Descriptive statistics for all study variables are presented in Table 1.

Neighborhood disadvantages and adolescent behavioral problems

Results from the logistic regression models indicated that neighborhood conditions were significantly

associated with adolescent behavioral problems. In mutually adjusted models, greater neighborhood disorder was associated with higher odds of behavioral problems (OR = 1.15, 95% CI = 1.02, 1.30, $p = .02$), suggesting that each additional indicator of neighborhood disorder was associated with a 15% increase in the odds of adolescent behavioral problems. Similarly, higher neighborhood

Table 1. Descriptive Statistics of Study Variables^a.

Variables	Unweighted N (Weighted %) or Mean (Standard Error)
Sex	
Female	8,574 (48.6)
Male	9,085 (51.4)
Age, year	14.49 (0.02)
12	2,456 (16.1)
13	2,704 (17.0)
14	2,717 (17.3)
15	3,076 (16.9)
16	3,394 (16.5)
17	3,312 (16.3)
Hispanic ethnicity	2,746 (28.4)
Race	
Asian	1,231 (5.3)
American Indian or Alaska Native	197 (1.6)
Black/African American	1,296 (14.8)
Native Hawaiian or Pacific Islander	95 (0.9)
Multiracial	1,359 (7.6)
White	13,481 (69.9)
Adolescent behavioral problem	
Yes	1,284 (6.3)
No	16,375 (93.7)
Family resilience	3.43 (0.01)
Neighborhood disorder	0.37 (0.01)
Neighborhood deprivation	1.39 (0.02)

^aAnalytic sample $N = 17,659$ (respondents who had complete data on all study variables, including behavioral problems, family resilience, neighborhood disorder, and neighborhood deprivation).

deprivation was associated with increased odds of behavioral problems (OR = 1.08, 95% CI = 1.01, 1.16, $p = .03$), indicating that each additional missing neighborhood resource was associated with an 8% increase in the odds of behavioral problems.

Results from the linear regression models further indicated that neighborhood conditions were associated with family resilience. Greater neighborhood disorder was significantly associated with lower family resilience scores ($b = -0.07$, 95% CI = -0.10, -0.04, $p < .001$), and neighborhood deprivation showed a similar pattern ($b = -0.03$, 95% CI = -0.04, -0.02, $p < .001$). These findings suggest that adolescents living in more disadvantaged neighborhood environments may also be more likely to live in families with lower levels of resilience, suggesting one possible explanatory pathway linking neighborhood conditions and adolescent behavioral health.

Family resilience and behavioral problems

Results indicated that family resilience was strongly and significantly associated with adolescent behavioral health. Higher family resilience scores were associated with substantially lower odds of behavioral problems (OR = 0.56, 95% CI = 0.47, 0.67, $p < .001$), indicating that adolescents from families with stronger resilience had

approximately 44% lower odds of behavioral problems compared to those from families with lower resilience.

When family resilience was included alongside neighborhood conditions in the final model, the associations between neighborhood disadvantages and behavioral problems were attenuated and no longer statistically significant (disorder: OR = 1.10, $p = .11$; deprivation: OR = 1.04, $p = .26$). This pattern of findings indicates that the associations between neighborhood disadvantages and behavioral problems were partially attenuated after adjustment for family resilience, suggesting that family resilience may represent an important explanatory pathway.

Figure 1 illustrates the observed associations among neighborhood conditions, family resilience, and adolescent behavioral problems. Neighborhood disorder and deprivation were each associated with lower levels of family resilience, and higher family resilience was associated with lower odds of behavioral problems. In addition, the associations between neighborhood conditions and behavioral problems were partially attenuated after adjustment for family resilience, suggesting that family resilience may represent an important explanatory pathway. Full model results are presented in Table 2.

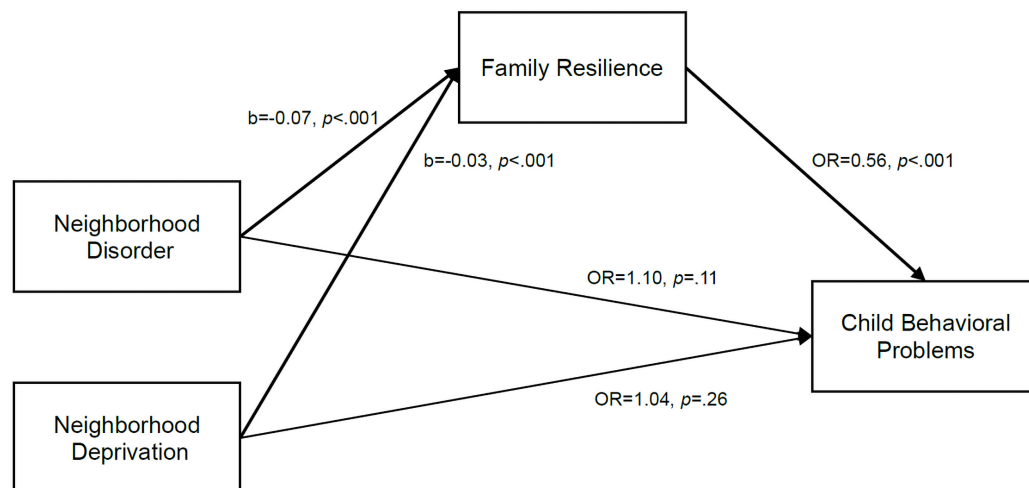


Figure 1. Pathways linking neighborhood disadvantages to adolescent behavioral problems through family resilience^{a,b,c,d}.

^aAnalytic sample $N=17,659$; ^bAssociations of neighborhood disorder and neighborhood deprivation with family resilience were estimated using linear regression models, adjusting for adolescent age, sex, and race/ethnicity. Unstandardized regression coefficients (b) and 95% confidence intervals (CIs) are presented (Model B in Table 2); ^cAssociations of neighborhood disorder, neighborhood deprivation, and family resilience with adolescent behavioral problems were estimated using logistic regression models, adjusting for adolescent age, sex, and race/ethnicity. Odds ratios (ORs) and 95% CIs are presented (Model C in Table 2); ^dThis figure provides a visual summary of the primary associations reported in Models B and C of Table 2. Neighborhood disorder and neighborhood deprivation were associated with lower family resilience, and higher family resilience was associated with lower odds of adolescent behavioral problems. All estimates were adjusted for adolescent age, sex, and race/ethnicity. Bold lines indicate statistically significant associations ($p < .05$).

Table 2. Associations Between Neighborhood Disadvantages, Family Resilience, and Adolescent Behavioral Problems.

Model A: Association of neighborhood disadvantages with adolescent behavioral problems^{a,b}

Predictors	Outcome: Adolescent behavioral problems	
	OR (95% CI)	p
Neighborhood disorder	1.15 (1.02, 1.30)	.02
Neighborhood deprivation	1.08 (1.01, 1.16)	.03

Model B: Association of neighborhood disadvantages with family resilience^{a,c}

Predictors	Outcome: Family resilience	
	b (95% CI)	p
Neighborhood disorder	-0.07 (-0.10, -0.04)	<.001
Neighborhood deprivation	-0.03 (-0.04, -0.02)	<.001

Model C: Association of neighborhood disadvantages and family resilience with adolescent behavioral problems^{a,b}

Predictors	Outcome: Adolescent behavioral problems	
	OR (95% CI)	p
Neighborhood disorder	1.10 (0.98, 1.25)	.11
Neighborhood deprivation	1.04 (0.97, 1.12)	.26
Family resilience	0.56 (0.47, 0.67)	<.001

^aAnalytic sample N=17,659; ^bBinary logistic regression models with all study variables entered simultaneously within each model, adjusting for adolescent age, sex, and race/ethnicity. Odds ratios (ORs) with 95% confidence intervals (95% CIs) are presented; ^cLinear regression models, adjusting for adolescent age, sex, and race/ethnicity. Unstandardized regression coefficients (bs) with 95%CIs are estimated.

DISCUSSION

This study examined how neighborhood conditions and family resilience are linked to adolescent behavioral problems using a large, nationally representative sample. The findings showed that adolescents living in neighborhoods with greater disorder and fewer resources had higher odds of behavioral problems. These neighborhood disadvantages were also associated with lower levels of family resilience, suggesting that stressful neighborhood environments may affect not only

adolescents directly but also the family contexts that support them (20). Importantly, higher family resilience was strongly associated with reduced odds of behavioral problems, and the associations between neighborhood disadvantages and behavioral problems were attenuated after family resilience was included in the models. Together, these findings suggest that family resilience may represent an important explanatory factor in the associations between neighborhood environments and adolescent behavioral health (12, 13).

Our findings are consistent with prior research demonstrating that neighborhood environments play a meaningful role in shaping youth development and behavioral outcomes (8, 9). Living in areas characterized by visible disorder, limited resources, and ongoing stress may contribute to feelings of chronic insecurity and instability for both families and adolescents (10). These conditions can make it harder for young people to regulate their emotions, make healthy decisions, and maintain positive behavioral functioning over time (9). The present findings extend this literature by suggesting that neighborhood disadvantages are associated not only with adolescent behavioral problems but also with lower levels of family resilience, highlighting the potential importance of family context in understanding these associations (20, 21).

One of the most notable findings of this study was the strong association between family resilience and adolescent behavioral health. Families that are able to communicate openly, work through problems together, stay hopeful during difficult times, and support one another emotionally may help adolescents better manage challenges associated with stressful life circumstances (12). Consistent with prior research, higher levels of family resilience were associated with lower odds of behavioral problems, suggesting that positive family functioning may be an important factor associated with adolescent behavioral well-being (11, 15). This finding aligns with a broader body of research emphasizing the importance of supportive family relationships and positive family functioning in promoting healthy behavioral development among youth (13).

The attenuation of the associations between neighborhood conditions and behavioral problems after accounting for family resilience suggests that family resilience may help explain the observed associations between neighborhood environments and adolescent behavioral outcomes (16, 17). Adolescents living in more disadvantaged neighborhoods tended to have lower levels of family resilience, and lower family

resilience was associated with greater odds of behavioral problems. Although neighborhood conditions remained important, these findings highlight the potential importance of the family environment in understanding adolescent responses to stressors in their surroundings. This perspective is supported by ecological models of adolescent development, which emphasize that youth outcomes are shaped by the interplay between community-level and family-level factors rather than by any single context in isolation (6).

These findings have meaningful practical implications for efforts to promote adolescent behavioral health. Addressing adolescent behavioral problems may benefit from strategies that consider both neighborhood environments and family functioning (22). At the community level, investments that improve neighborhood safety, reduce visible disorder, and expand access to resources such as parks, libraries, and community centers may help support healthier environments for adolescents and their families (7, 10). At the family level, programs that strengthen communication, problem-solving skills, and emotional support within families may help foster family resilience and support adolescent well-being (23). Together, these findings highlight the potential value of considering both community-level and family-level factors when developing strategies to support adolescents who may be at elevated risk for behavioral difficulties (22, 23).

Several limitations should be considered when interpreting these findings. First, the cross-sectional design of the NSCH prevents any conclusions about causality or the temporal ordering of neighborhood conditions, family resilience, and behavioral problems (24). It is possible, for example, that families with lower resilience may be more likely to reside in disadvantaged neighborhoods, rather than neighborhood disadvantage contributing to lower family resilience. Furthermore, although the associations between neighborhood conditions and behavioral problems were attenuated after adjustment for family resilience, formal mediation analyses were not conducted and indirect effects were not estimated. Therefore, family resilience should be interpreted as a potential explanatory factor rather than a statistically confirmed mediator. Additionally, because socioeconomic status-related covariates were not included in the analyses, the potential impact of unmeasured socioeconomic factors (e.g., household income, parental education) should be considered when interpreting the reported associations. Second, all measures were based on caregiver report, which may introduce reporting bias and may not fully capture

adolescents' own perspectives and experiences (25). Third, neighborhood characteristics were assessed at the caregiver level using a limited number of indicators and may not fully reflect the complexity of adolescents' lived neighborhood experiences. Finally, family resilience was measured as a composite index based on four items, which may not capture the full range of processes and dynamics that contribute to family functioning and adaptability (12).

Despite these limitations, this study has several notable strengths. The use of a large, nationally representative sample increases the generalizability of the findings and allows for population-level inferences regarding U.S. adolescents. Additionally, by examining both neighborhood-level risk factors and family resilience within the same analytic framework, this study provides a more comprehensive understanding of factors associated with adolescent behavioral health. The findings contribute to the literature by highlighting the potential importance of family resilience in understanding the associations between neighborhood conditions and adolescent behavioral problems.

CONCLUSION

Neighborhood disadvantages were associated with greater behavioral problems among adolescents, whereas higher family resilience was associated with lower odds of behavioral problems. In addition, the associations between neighborhood disadvantages and behavioral problems were partially attenuated after accounting for family resilience, suggesting that family resilience may be an important factor in understanding these associations. These findings highlight the potential importance of both family and neighborhood contexts in adolescent behavioral health. Future research using longitudinal designs and formal mediation approaches is needed to better understand the relationships among neighborhood conditions, family resilience, and behavioral health outcomes.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest related to this work.

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AUTHORS' CONTRIBUTIONS

BWL contributed to the conceptualization and design of the study, data processing and analysis, interpretation of the findings, and drafting of the manuscript. He also led the literature review and integration of theoretical background. NR provided supervision and guidance throughout the research process, contributed to the refinement of the study design and analytical strategy, and assisted with critical review and editing of the manuscript. Both authors reviewed and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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