Integrating Sociological and Psychological Perspectives on Collective Efficacy

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Collective efficacy is rooted in both psychology, and sociology. Discussions of the differences between the sociological and psychological conceptualization and operationalization of collective efficacy is limited. In psychology, collective efficacy reflects a group’s belief that collective action can be successful. In sociology, collective efficacy is a theory that describes the process by which social cohesion is activated as informal social control. Mutual efficacy was designed to incorporate the psychological concept of efficacy into collective efficacy theory. In this study, I conduct a multilevel confirmatory factor analysis to study the factor structure of social cohesion, mutual efficacy, and informal social control both between and within neighborhoods.

Keywords: Collective Efficacy, Mutual Efficacy, Social Cohesion, Collective Action, Theory

Introduction

Collective efficacy is rooted in both psychology (Bandura, 1997, 2006; Zaccaro, Blair, Peterson & Zazanis, 1995) and sociology (Sampson, Raudenbush & Earls, 1997). Although there are similarities in terms of how each discipline conceptualizes and operationalizes collective efficacy, there are also stark differences. In psychology, collective efficacy is a construct that
focuses on a “group’s shared belief in its conjoint capabilities to organize and execute the courses of action required to produce given levels of attainments” (Bandura, 1997, p. 477). For sociologists, collective efficacy is a theory that describes the process by which social cohesion is activated as informal social control (Sampson, 2012).

Although the psychological conceptualization of efficacy is often cited in the context of collective efficacy theory, we have not adequately conceptualized or operationalized the psychological construct of efficacy within collective efficacy theory (Gearhart & Joseph, 2018). Mutual efficacy—defined as, “group members’ beliefs that collective action can be successful at achieving group goals,” was developed to make the psychological construct of efficacy an explicit component within collective efficacy theory (Gearhart & Joseph, 2018, p. 919). Mutual efficacy is framed as a mediator of the relationship between social cohesion and informal social control (Gearhart & Joseph, 2018).

Mutual efficacy reflects the perceived capability of a group. As such, it is important to study mutual efficacy both within and between groups. However, prior research on mutual efficacy (Gearhart & Joseph, 2018) was limited in its ability to conduct multilevel analyses. In this article, I describe the evolution of the conceptualization and operationalization of collective efficacy theory. Then I discuss the addition of mutual efficacy within collective efficacy theory—emphasizing the importance of understanding mutual efficacy as a multilevel construct. This study builds upon previous research by testing the factor structure of social cohesion, mutual efficacy, and informal social control both between and within neighborhoods using multilevel confirmatory factor analysis (MLCFA).

**Collective Efficacy Theory**

Collective efficacy was originally defined as “social cohesion among neighbors combined with their willingness to intervene on behalf of the common good” (Sampson et al., 1997, p. 918). Sampson and colleagues (1997) suggest that collective efficacy is comprised of two constructs: social cohesion and informal social control. Social cohesion is typically defined as the “extent of mutual trust, solidarity, and shared values among
community residents,” (Browning, Burrington, Leventhal, & Brooks-Gunn, 2008, p. 271). Sampson and colleagues (1997, p. 919) believe that social cohesion is a key component of collective efficacy theory because residents are “unlikely to intervene in a neighborhood context in which the rules are unclear and people mistrust or fear one another.” Informal social control focuses a community’s willingness to enforce social norms in the local area (Sampson et al., 1997).

In what would become the seminal study of collective efficacy theory, Sampson and colleagues (1997) used data from the Project on Human Development in Chicago Neighborhoods (PHDCN) to study the relationship between social cohesion and informal social control. Social cohesion was measured based on respondents’ agreement with five Likert scale items: (1) people around here are willing to help their neighbors; (2) this is a close-knit neighborhood; (3) people in this neighborhood can be trusted; (4) people in this neighborhood generally don’t get along with each other; and (5) people in this neighborhood do not share the same values. Informal social control was measured using five items assessing how likely it is that neighbors would intervene if they observed the following situations: (1) children skipping school and hanging out on a street corner; (2) children spray-painting graffiti on a local building; (3) children showing disrespect to an adult; (4) a fight broke out in front of their house; and (5) the fire station closest to their home was threatened with budget cuts (Sampson et al., 1997).

Social cohesion and informal social control were combined into a summary measure of collective efficacy because they were highly correlated in the PHDCN sample ($r = 0.80, p < 0.001$; Sampson et al., 1997). Collective efficacy theory initially modeled how the combination of social cohesion and informal social control mediated the relationship between community characteristics (e.g., poverty, resident mobility, and racial composition), and community level outcomes, such as crime (Sampson, 2006, 2012; Sampson, et al., 1997). Research has shown that the summary measure of collective efficacy is a stable predictor of positive outcomes including lower levels of underage drinking (Maimon & Browning, 2012), juvenile delinquency (Sampson et al., 1997), community violence (Mazerolle, Wickes, & McBroom, 2010), and crime (Armstrong, Katz, & Schnebly, 2015).
Operationalizing Collective Efficacy Theory

The summary measure of collective efficacy has been supported as a predictor of positive community outcomes in the United States (Armstrong et al., 2015; Hart & Colavito, 2011; Hipp, 2016) and abroad (Bruinsma, Pauwels, Weerman, & Bernasco, 2013; Byrnes et al., 2011; Mazerolle et al., 2010). However, a growing body of research—summarized by Hipp & Wo (2015)—suggests that social cohesion and informal social control are modeled better as distinct constructs. Zhang and colleagues (2009), and Reisig and Cancino (2004) report that the correlation between social cohesion and informal social control is weak in their samples. Further, studies also suggest that social cohesion and informal social control have differential effects on outcomes. Reisig and Cancino (2004) show that social cohesion predicts neighborhood incivilities, whereas informal social control does not. Armstrong, Katz and Schnebly’s (2015) findings suggest that social cohesion predicts violent crime, whereas informal social control does not. Hart and Colavito (2011) found that informal social control predicts police notification behavior in a sample of college students, but social cohesion does not.

The most compelling evidence supporting the two-factor structure of collective efficacy theory exists in the findings of confirmatory factor analyses. Brisson and Altschul (2011) and Barnhart, Gearhart, and Maguire-Jack (2018) found that modeling social cohesion and informal social control as two factors creates a better data fit than the one factor solution. Similarly, Wikes, Hipp, Sargeant and Homel (2013) found that combining social cohesion and informal social control into one construct did not adequately fit the data. Separating the constructs demonstrated an improvement in model fit. Rhineberger-Dunn and Carlson (2009) utilized the PHDCN data to test the factor structure of collective efficacy using confirmatory factor analysis. Their findings support the two-factor model of collective efficacy over the one-factor model (Rhineberger-Dunn & Carlson, 2009).

Separating social cohesion and informal social control into unique constructs has created confusion in terms of how to operationalize collective efficacy. Some researchers continue to combine social cohesion and informal social control into a summary measure of collective efficacy (e.g., Sutherland, Brunton-Smith &
Jackson, 2013). Others label the informal social control items developed by Sampson and colleagues (1997) “collective efficacy” (e.g., Hipp, 2016). Armstrong, Katz and Schnebly (2015) used the umbrella term “measures of informal social control” for measures of social cohesion, informal social control, and the summary measure of collective efficacy. Wickes and colleagues (2013) considered their measures of child-focused informal social control, violence-focused informal social control, and civic engagement to reflect collective efficacy. Recent research highlights confusion in terms of what the measures developed by Sampson and colleagues (1997) actually represent.

The purpose of the measures developed by Sampson and colleagues (1997) is to model the process by which social cohesion is activated as collective actions, including informal social control. Thus, the measures developed by Sampson and colleagues (1997) assess two constructs: social cohesion and informal social control. Informal social control can be measured as the expectation of informal social control (e.g., the willingness of residents to intervene), or the presence of actual informal social control behaviors. Regardless, social cohesion, expectations for action, and action are conceptually and operationally distinct from efficacy, which focuses on perceived capability (Bandura, 1997, 2006; Gearhart & Joseph, 2018; Zaccaro et al., 1995).

Mutual Efficacy

Social cohesion does not automatically result in informal social control (Bellair, 1997; Bursik, 1999; Browning, Dietz, & Feinberg, 2004; Rhineberger-Dunn & Carlson, 2011; Sampson, 2004; Wickes et al., 2013), suggesting that factors may mediate the relationship between the two constructs (Jaccard & Jacoby, 2010). Mutual efficacy was developed to make the psychological conceptualization and operationalization of collective efficacy an explicit component of collective efficacy theory (Gearhart & Joseph, 2018). The perceived capability of a group may contribute to why cohesive groups do not act. For example, individuals are less likely to institute informal social control if they do not feel that their actions will be successful at reducing crime (Drakulich, & Crutchfield, 2013; Kleinhans & Bolt, 2016; Randol & Gaffney, 2014; Rose & Clear, 2004).
Multiple meta-analyses (e.g., McEachan, Conner, Taylor, & Lawton, 2011; Sheeran et al., 2016) demonstrate that—on the individual level—shared values and norms and self-efficacy predict an individual’s willingness to perform a behavior, which in turn predicts whether or not the individual performs the behavior. This research served as a frame to shape mutual efficacy’s role in collective efficacy theory (Gearhart & Joseph, 2018). Gearhart and Joseph (2018) utilized data from the Seattle Neighborhoods and Crime Survey (SNCS) to explore mutual efficacy as a mediator of the relationship between social cohesion and informal social control. The results support the mediational role of mutual efficacy (Gearhart & Joseph, 2018).

Because mutual efficacy reflects the perceived capability of a group, perceived mutual efficacy can vary among group members (Bandura 1997, 2006; Brunton-Smith, Sturgis, and Leckie, 2018; Hipp, 2016; Zaccaro et al., 1995). According to Bandura (1997, p. 479), “a group belief, therefore, is best characterized by a representative value for the beliefs of its members and the degree of variability or consensus around that belief.” Therefore, mutual efficacy is expected to result in collective actions when there is a high degree of consistency of belief among group members that collective action can be successful. Although Gearhart & Joseph (2018) acknowledge that mutual efficacy is a group characteristic, their analyses were limited because the data did not allow researchers to conduct multilevel path analyses using structural equation modeling. Therefore, our understanding of the multilevel nature of mutual efficacy is limited. The present study contributes to the literature by assessing the multilevel factor structure of social cohesion, mutual efficacy, and informal social control.

Methods

Data

Data for this study are drawn from two samples collected as part of the SNCS: (1) a random sample of households; and (2) an ethnic oversample, which sampled households from Census Tracts with a high percentage of racial and ethnic minorities (Matsueda, 2010). The random sample included 2,220
households and the ethnic oversample included 1,145 households, resulting in a final sample of 3,365 residents in Seattle, Washington (Matsueda, 2010).

**Measures**

*Social cohesion.* Social cohesion is measured using four items based on the social cohesion measure developed by Sampson and colleagues (1997). Sample items include: “You can count on adults in this neighborhood to watch out that children are safe and don’t get into trouble,” and “People in this neighborhood can be trusted.” Response options range from 1 (strongly agree) to 4 (strongly disagree). The social cohesion measure met criteria for acceptable internal consistency ($\alpha = 0.828$).

*Informal social control.* Informal social control is measured using four items based on the informal social control measure developed by Sampson & colleagues (1997). This measure assesses a resident’s perceptions of the likelihood that neighbors would intervene if they observed delinquent situations, such as: “Children were spray-painting graffiti on a local building,” and “If a child was disrespecting an adult.” Response options range from 1 (very likely) to 4 (very unlikely). The informal social control measure also met criteria for acceptable internal consistency ($\alpha = 0.762$).

*Mutual efficacy.* Mutual efficacy is measured by combining two items assessing the effectiveness of “small groups of neighbors,” and “organized neighborhood associations or community clubs” in terms of addressing major problems around the neighborhood. Response options on each item range from 1 (highly effective) to 3 (not at all effective). Internal consistency was not calculated for mutual efficacy because it is a two-item measure (Pett, Lackey, & Sullivan, 2003).

**Analysis Plan**

*Multiple imputation.* The data were screened for missing values using SPSS’ v23 missing value analysis. The missing data analysis revealed that a listwise deletion would result in losing 28.6% (n = 928) of cases. Further, the data are not missing at random ($\chi^2 = 2,644.11, p < 0.05$); indicating that listwise deletion
is not appropriate. Following previously established guidelines (Graham, Olchowski, & Gilreath, 2007), data were imputed twenty times. Data were not imputed for respondents who answered “don’t know” or “refused” on survey items.

**Multilevel Confirmatory Factor Analysis.** A MLCFA assesses the nature of the relationships among social cohesion, mutual efficacy, and informal social control, and compares how well three different models of collective efficacy fit the SNCS data. These models are: (1) a one-factor model of collective efficacy theory that combines social cohesion and informal social control; (2) a two-factor model that separates social cohesion and informal social control; and (3) a three-factor model including social cohesion, mutual efficacy, and informal social control. The following fit indices are produced to evaluate the MLCFA: the model chi-square ($\chi^2_M$), the root mean square error of approximation (RMSEA), the comparative fit index (CFI), the Tucker-Lewis Index (TLI), and the standardized root mean residual for both within and between groups (SRMR). All analyses are conducted using Mplus version 7.4 (Muthén & Muthén, 1998–2015).

**Results**

**Imputed SNCS Sample Description**

In terms of race, the majority of the SNCS sample is White (n = 2,619.4; 78.70%) with the next largest racial or ethnic groups being Asian (n = 318, 9.56%) and Black (n = 242.4; 7.28%). Over half of the sample is female (n = 1,747; 51.91%), 53.96% (n = 1,801) of the sample are either married, or cohabiting, and the median age is 47 years old (Range = 17-102). Respondents are well-educated, with 38.39% (n = 1,287) graduating from college or a trade school, and 28.78% (n = 965) completing graduate or professional school. In terms of income, the majority of the sample earns between $25,000 to under $75,000 (n = 1,742; 51.79%), or over $75,000 (n = 1,038; 30.84%), and two-thirds of the sample is employed (n = 2,253; 67.00%).
## Table 1. Frequencies of Factor Analysis Indicators

<table>
<thead>
<tr>
<th>Mutual Efficacy</th>
<th>Highly Effective</th>
<th>Somewhat Effective</th>
<th>Not at All Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy of small groups of neighbors (ME1)</td>
<td>1,597</td>
<td>1,518</td>
<td>250</td>
</tr>
<tr>
<td>(47.46%)</td>
<td>(45.11%)</td>
<td>(7.43%)</td>
<td></td>
</tr>
<tr>
<td>Efficacy of organized neighborhood associations or clubs (ME2)</td>
<td>1,030.2</td>
<td>1,911</td>
<td>423</td>
</tr>
<tr>
<td>(30.62%)</td>
<td>(56.81%)</td>
<td>(12.57%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Cohesion</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count on adults to watch out that children are safe (SC1)</td>
<td>808</td>
<td>1,819</td>
<td>646</td>
<td>90</td>
</tr>
<tr>
<td>(24.03%)</td>
<td>(54.06%)</td>
<td>(19.22%)</td>
<td>(2.68%)</td>
<td></td>
</tr>
<tr>
<td>People in this neighborhood can be trusted (SC2)</td>
<td>855</td>
<td>2,125</td>
<td>323</td>
<td>60</td>
</tr>
<tr>
<td>(25.42%)</td>
<td>(63.16%)</td>
<td>(9.61%)</td>
<td>(1.79%)</td>
<td></td>
</tr>
<tr>
<td>Adults in the neighborhood know who the local children are (SC3)</td>
<td>635</td>
<td>1,603.8</td>
<td>971</td>
<td>153</td>
</tr>
<tr>
<td>(18.89%)</td>
<td>(47.66%)</td>
<td>(28.87%)</td>
<td>(4.57%)</td>
<td></td>
</tr>
<tr>
<td>People are willing to help their neighbors (SC4)</td>
<td>849</td>
<td>2,244</td>
<td>248</td>
<td>22</td>
</tr>
<tr>
<td>(25.25%)</td>
<td>(66.68%)</td>
<td>(7.38%)</td>
<td>(0.68%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Informal Social Control</th>
<th>Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>If children were skipping school (ISC1)</td>
<td>617</td>
<td>1,072</td>
<td>1,298</td>
<td>377</td>
</tr>
<tr>
<td>(18.35%)</td>
<td>(31.86%)</td>
<td>(38.57%)</td>
<td>(11.22%)</td>
<td></td>
</tr>
<tr>
<td>If children were spray painting graffiti (ISC2)</td>
<td>1,679</td>
<td>1,277</td>
<td>326</td>
<td>82</td>
</tr>
<tr>
<td>(49.90%)</td>
<td>(37.95%)</td>
<td>(9.70%)</td>
<td>(2.45%)</td>
<td></td>
</tr>
<tr>
<td>If a child was disrespecting an adult (ISC3)</td>
<td>391</td>
<td>1,253.8</td>
<td>1,357.8</td>
<td>362</td>
</tr>
<tr>
<td>(11.62%)</td>
<td>(37.26%)</td>
<td>(40.35%)</td>
<td>(10.77%)</td>
<td></td>
</tr>
<tr>
<td>If children were fighting on the street (ISC4)</td>
<td>1,148</td>
<td>1,491</td>
<td>587</td>
<td>139</td>
</tr>
<tr>
<td>(34.12%)</td>
<td>(44.31%)</td>
<td>(17.44%)</td>
<td>(4.13%)</td>
<td></td>
</tr>
</tbody>
</table>
As seen in Table 1, few respondents endorsed the most negative response options for all of the key indicators. In terms of mutual efficacy, respondents felt more confident in the effectiveness of groups of neighbors compared to organized neighborhood groups. Levels of social cohesion were typically high in the sample. However, one-third (33.44%, n = 1,124) of participants either disagreed or strongly disagreed that adults in the neighborhood know who the local children are. Respondents typically report that it is likely or very likely that neighbors would intervene if they saw a child spray painting graffiti (87.85%, n = 2,956) or if children were fighting on the streets (78.43%, n = 2,693).

Model Fit

Table 2. Model Fit Indices

<table>
<thead>
<tr>
<th>Fit Index</th>
<th>One-Factor</th>
<th>Two-Factor</th>
<th>Three-Factor</th>
<th>Fit Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>$\chi^2_M$</td>
<td>1,085.053*</td>
<td>256.933*</td>
<td>307.986*</td>
<td>non-significant</td>
</tr>
<tr>
<td>RMSEA</td>
<td>0.108</td>
<td>0.051</td>
<td>0.041</td>
<td>≤ 0.05 close fit</td>
</tr>
<tr>
<td>CFI</td>
<td>0.823</td>
<td>0.963</td>
<td>0.966</td>
<td>0.05-0.08 reasonable fit</td>
</tr>
<tr>
<td>TLI</td>
<td>0.752</td>
<td>0.945</td>
<td>0.952</td>
<td>≥ 0.10 poor fit</td>
</tr>
<tr>
<td>SRMR within</td>
<td>0.075</td>
<td>0.029</td>
<td>0.025</td>
<td>&gt; 0.95</td>
</tr>
<tr>
<td>SRMR between</td>
<td>0.026</td>
<td>0.025</td>
<td>0.046</td>
<td>≤ 0.05</td>
</tr>
</tbody>
</table>

* $p < 0.05$

As seen in Table 2, the one-factor model only meets criteria on the $\text{SRMR}_{\text{between}}$. The two-factor model meets criteria for reasonable fit on the RMSEA, and meets fit criteria on the CFI, and both the $\text{SRMR}_{\text{within}}$ and $\text{SRMR}_{\text{between}}$. The three-factor model meets criteria for close fit on the RMSEA, and meets criteria on all fit indices with the exception of the $\chi^2_M$. However, the $\text{SRMR}_{\text{between}}$ is larger for the three-factor model relative to both the two-factor and one-factor models. Despite the relatively high $\text{SRMR}_{\text{between}}$, for the three-factor model, the three-factor model of collective efficacy theory fits the data the best overall. Therefore, findings from the three-factor model will be presented in the following section.
MLCFA Results
Intraclass correlation coefficients ranged from 0.042 for the mutual efficacy item focusing on the effectiveness of small groups of neighbors to 0.119 for the social cohesion item, “People in this neighborhood can be trusted,” suggesting that multilevel modeling is appropriate. As seen in Figure 1, factor loadings within neighborhoods range between 0.726 to 0.967 for the social cohesion items, 0.686 to 0.847 for the informal social control items, and the factor loading for the efficacy of organized neighborhood associations or clubs is 0.926. Mutual efficacy is significantly ($p < 0.001$) correlated with social cohesion ($r = 0.076$) and informal social control ($r = 0.073$). Social cohesion and informal social control are also significantly correlated ($r = 0.194, p < 0.001$).

On the between-neighborhood level, factor loadings range from 0.732 to 0.973 for the social cohesion items, 0.643 to 0.892 for informal social control items, and the factor loading for the efficacy of organized neighborhood associations or clubs is 0.729. Correlations among factors between neighborhoods are relatively weaker compared to the within-neighborhood level. Mutual efficacy is correlated with both social cohesion ($r = 0.029, p < 0.001$) and informal social control ($r = 0.032, p < 0.001$). Social cohesion and informal social control are significantly correlated on the neighborhood level as well ($r = 0.066, p < 0.001$).

Discussion

Results show that social cohesion, mutual efficacy, and informal social control are distinct constructs on both the individual and neighborhood level. Consistent with previous research (Gearhart & Joseph, 2018), mutual efficacy’s relationships with social cohesion and informal social control are relatively weaker than the relationship between social cohesion and informal social control. The factor structure of social cohesion, mutual efficacy, and informal social control is theoretically meaningful. Incorporating mutual efficacy in collective efficacy theory allows researchers to ask the most fundamental question of collective efficacy theory: does a shared belief in the effectiveness of collective action lead to collective action? The weak correlations among the constructs suggest that mutual efficacy may
not have a strong effect on informal social control. However, Wickes and colleagues (2013) demonstrate that social cohesion can result in a variety of collective actions (e.g., civic participation). The strength of mutual efficacy’s relationship with collective actions may vary depending on the collective action under study (Gearhart & Joseph, 2018).

The results also show that the correlations among social cohesion, mutual efficacy, and informal social control are stronger within neighborhoods compared to between neighborhoods. This finding is consistent with collective efficacy theory. Social cohesion is generated through connections among members of a group (Sampson et al., 1997). Mutual efficacy reflects the perceived capability of a group. In addition, social cohesion is a key precursor to mutual efficacy (Gearhart & Joseph, 2018). Thus, perceived social cohesion and mutual efficacy are expected to be stronger among more immediate neighbors due to more frequent interactions (Gearhart & Joseph, 2018; Sampson et al., 1997).

However, it is worth noting that measurement may have an effect on the correlations among social cohesion, mutual efficacy, and informal social control (Kline, 2005). Mutual efficacy was measured using two items with three response options, whereas social cohesion and informal social control were both measured using four items with four response options. The strengths of the correlations among factors may have been affected by conceptual overlap as well. One social cohesion item, “You can count on adults to watch out that children are safe,” (SC1) alludes to the informal social control of children. Multiple sensitivity analyses were conducted allowing SC1 to load on the informal social control factor, allowing SC1 to co-vary with the informal social control factor while remaining on the social cohesion factor, and removing the SC1 from the analyses. None of the alternative models were able to significantly improve model fit, so the SC1 indicator was allowed to load on the social cohesion factor.

Incorporating mutual efficacy into collective efficacy theory increases the theory’s utility in terms of informing practice. Currently, collective efficacy theory posits that social cohesion and informal social control are associated with lower crime rates (Sampson, 2006). Therefore, two key actionable components of
collective efficacy theory are social cohesion and informal social control. Social cohesion can be built by connecting residents to one another and by facilitating dialogue pertaining to norms and values (Fook, 2002; Hardcastle, Powers, & Wenocur, 2004; Mezirow, 2000; Mezirow & Taylor, 2009). Interventions targeting willingness to intervene typically build a group’s capacity to intervene by teaching skills such as conflict management, restorative justice and peace making (Ohmer, Warner, & Beck, 2010). Solutions based on social cohesion and informal social control do not typically account for the fact that social cohesion does not always become informal social control (Bellair, 1997; Browning et al., 2004; Bursik, 1999; Sampson, 2004; Wickes et al., 2013).

Community structural characteristics are a commonly studied rationale as to why social cohesion is more likely to produce informal social control in certain contexts (Collins, Neal, & Neal, 2017; Hipp, 2016; Warner, 2014). For example, individuals are more likely to institute informal social control in racially homogeneous neighborhoods (Collins et al., 2017). Residents are also more likely to institute informal social control if prior informal social control efforts have been successful (Hipp, 2016). Informal social control efforts are more likely to be successful in cohesive neighborhoods where residents trust the police, and resident mobility is low (Warner, 2014).

While it is useful to understand community factors that moderate the relationship between social cohesion and informal social control, community structural characteristics still do not account for the fact that there are cohesive groups that do not act because they do not believe that they can be successful (Drakulich & Crutchfield, 2012; Kleinhans & Bolt, 2016; Randol & Gaffney, 2014; Rose & Clear, 2004). Mutual efficacy appears to contribute to whether or not groups act collectively (Gearhart & Joseph, 2018). The SNCS is a useful data set because of the two items that assess the efficacy of formal and informal community groups. However, these items do not adequately reflect the entirety of mutual efficacy as a construct (Gearhart & Joseph, 2018). Therefore, it is important for future research to develop and test a measure of mutual efficacy using primary data. Such research will allow for more rigorous analyses of mutual efficacy’s role within collective efficacy theory.
Conclusion

The disciplines of sociology and psychology have been developing the theory of collective efficacy in parallel for over 20 years (Bandura 1997; Sampson et al. 1997). Although scholars in both disciplines acknowledge the cross-disciplinary development of collective efficacy, discussions of the differences between the sociological and psychological conceptualization and operationalization of collective efficacy is limited. Mutual efficacy bridges the divide between sociological and psychological perspectives on collective efficacy. Conceptually, a strong sense of mutual efficacy should increase the likelihood that a cohesive group perform acts associated with informal social control. Operationally, mutual efficacy is a construct that is distinct from social cohesion and informal social control both within and between neighborhoods. Prior research suggests that mutual efficacy can lead to informal social control in communities (Gearhart & Joseph, 2018). However, primary research on mutual efficacy will allow researchers to more rigorously study mutual efficacy’s role in collective efficacy theory.

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References


