2016

Community Violence Exposure Among Urban African American Males: Understanding the "Buffering Effect" of Adaptive Social Support Coping on Psychosocial Outcomes

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COMMUNITY VIOLENCE EXPOSURE AMONG URBAN AFRICAN AMERICAN MALES: UNDERSTANDING THE "BUFFERING EFFECT" OF ADAPTIVE SOCIAL SUPPORT COPING ON PSYCHOSOCIAL OUTCOMES

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE GRADUATE SCHOOL

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

PROGRAM IN CLINICAL PSYCHOLOGY

BY

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CHICAGO, ILLINOIS

AUGUST 2016

ACKNOWLEDGMENTS

I would like to express the deepest gratitude to my committee chair, Dr. Noni Gaylord-Harden, for her excellent mentorship throughout my graduate career at Loyola. I owe much of my success in completing this doctorate to her ongoing encouragement, support, and insight.

I would also like to thank my dissertation committee—Drs. Grayson Holmbeck, Jim Garbarino, and Maryse Richards—for their invaluable insight during the evaluative stages of this project.

Finally, I would like to give a special thank you to my closest family and friends, as their constant presence allowed me to face my greatest challenges with courage and grace. A special thanks to my parents, husband, and sister for constantly pushing me to leave this world a better place than I left it.

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ABSTRACT

The current study explored the moderating roles of support coping and support quality in the predictive relationship between community violence exposure (ECV) and a variety of psychosocial outcomes. Participants were 119 African American males (9^{th} – 12^{th} grade; mean age at baseline = 15.33). Participants completed measures of exposure to violence, support-seeking coping, quality of support from friends and family, and a range of psychosocial outcomes, and completed these same measures approximately one year after baseline. Regression analyses were conducted to examine the relationships between ECV and psychosocial outcomes, as well as the relationships between support coping and outcomes. Results showed that ECV predicted increased internalizing, externalizing, and trauma symptoms after one year. No differences in the predictive power of witnessing and victimization were reported. A moderated moderation analysis was conducted to examine whether perceived support quality moderated the buffering effect of support-seeking coping in the prediction of ECV and outcomes. Results did not support the overall moderated moderation model across all outcomes, but an interaction between ECV and support-seeking coping was detected at high levels of perceived friend support in the prediction of social skills development. Implications for future research are discussed.

CHAPTER ONE

INTRODUCTION

Exposure to community violence (ECV) consists of a range of witnessed or experienced threats to one's safety, including exposure to knives, guns, drugs, and other types of violence (Osofsky, 1995; Trickett, Durán, & Horn, 2003). Although overall rates of community violence have declined in the past decades, alarming prevalence rates of witnessing violence or victimization among youth continue to pose a public health concern (U.S. Surgeon General, 2001; Mrug, Loosier, & Windle, 2008). A great deal of research has been devoted to understanding the impact of ECV, specifically witnessing and victimization, on a variety of markers of youth development, such as academic achievement (Schwartz & Gorman, 2003), social functioning (Farver, Xu, Eppe, Fernandez, & Schwartz, 2005), physical development (Buka, Stichick, Birdthistle, & Earls, 2001), and psychosocial outcomes (Gorman-Smith & Tolan, 1998; Scarpa & Haden, 2006; Lambert, Copeland-Limber, & Ialongo, 2008). It is especially pertinent to study the range of impact of ECV during the adolescent developmental period, as it is a phase intrinsically characterized by many physical and psychosocial changes and adjustment issues, such as pubertal changes and school transitions (Cicchetti & Rogosch, 2002).

African-American males from low-income, urban families and communities are disproportionately exposed to ECV, placing them at increased risk for mental health

problems compared to White and Hispanic youth (Limber & Nation, 1998; Brady, Gorman-Smith, Henry, & Tolan, 2008). Indeed, due to a number of contextual factors, such as low socioeconomic status and limited resources (Bradley & Corwyn, 2002), the disproportionate representation of African Americans in low-income neighborhoods (Lee, Moriarty, Tashjian, & Patterson, 2013), and the prevalence of violence in urban settings (Limber & Nation, 1998), African American youth face ECV as one of many stressors in their daily lives. Males in these communities are at even greater risk for violence exposure compared to their female counterparts (Lee et al., 2013). Further, various studies have demonstrated significant links between ECV and aggressive behaviors (Brady et al., 2008), depressive symptoms (Lambert et al., 2008), symptoms of anxiety (Gaylord-Harden, Cunningham, & Zelencik, 2011), and trauma symptoms (Zinzow et al., 2009) among this population. Given the heightened risk of ECV faced by African American male adolescents living in low-income, urban communities, this population merits ongoing consideration in the examination of the correlates of ECV and psychosocial outcomes, namely internalizing, externalizing, and trauma symptoms, as well as social skills.

Protective factors in the face of stressful contexts are often overlooked in research (Li, Nussbaum, & Richards, 2007). However, in order to obtain a more comprehensive understanding of the trajectory of youths' coping patterns and psychosocial outcomes in response to ECV, the current study intended to extend empirical understanding of seeking support as an adaptive coping strategy in the face of ECV. Seeking support from others is

theorized to serve a variety of functions, including emotional and problem-focused support (Cohen & McKay, 1984). Support-seeking coping represents an active, volitional effort to utilize one's social network and should not be used interchangeably with the related construct of social support, which consists of perceptions of, or passive support from, one's network. The current study considered support-seeking coping as a strategy of interest. Consistent with theory, research has demonstrated that the act of seeking support from family and friends buffers against negative psychosocial outcomes for youth reporting a variety of stressors (Kenny, Gallagher, Alvarez-Salvat, & Silsby, 2002; Scarpa & Haden, 2006).

However, the "buffering effect" of support-seeking coping has not been consistently supported with low-income African American youth; several studies have demonstrated that support-seeking coping failed to moderate the relation between stressors, including ECV, and psychological outcomes (Landis et al., 2007; Gorman-Smith & Tolan, 1998; Mulia et al., 2008). Thus, efforts to seek support may not have the same efficacy for ECV, which is a chronic, uncontrollable stressor (Landis et al., 2007; Boxer et al., 2008). A possible explanation for these inconsistent findings is that in the face of ECV, the *quality* of one's support networks is an important corollary to the utilization of support-seeking coping (Landis et al., 2007; Cohen & Willis, 1985). That is, the emotional availability and attunement of family and peers is an important determinant of the buffering effect of support-seeking coping.

Given the inconclusive benefit of support-seeking coping among African American youth exposed to community violence, the purpose of the current prospective

study was to determine the direct and indirect relationships between ECV (witnessing and victimization), support-seeking coping, and a range of psychosocial outcomes among urban African American adolescent males. In particular, the current study built on prior research by examining whether there is a differential impact of witnessing versus victimization on outcomes. The current study also extended prior research by considering both seeking support and support quality in the testing of the stress-buffering hypothesis over two time points. Specifically, the current study tested a moderated moderation model, where support-seeking coping moderates ECV and outcomes, and support quality serves as a contingency of this moderated effect.

The next sections of the current proposal will review the literature on the following topics: 1) operationalization of ECV, 2) victimization and witnessing as components of ECV, 3) ECV as it relates to African American males, 4) associations between ECV and internalizing symptoms, 5) associations between ECV and externalizing symptoms, 6) associations between ECV and trauma symptoms, 7) associations between ECV and social skills, 8) understanding the limitations of support-seeking coping as a buffer, and 9) the stress-buffering hypothesis and its limitations.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Exposure to community violence (ECV) has emerged as a significant and problematic risk factor, as it has consistently been shown to lead to physical and psychological problems among children and adolescents (Apter et al., 2010; Farrell & Bruce, 1997; Berenson, Wiemann, & McCombs, 2001). The origins and long-reaching effects of ECV have been empirically studied across a range of fields, including anthropology, medicine, sociology, psychology, the humanities, and public health. Although prevalence rates of violent crime in the United States have decreased since their peak in the early 1990s (U.S. Department of Justice, 2002; Buka et al., 2000), they continue to be "unacceptably high" according to public health officials (Centers for Disease Control and Prevention, 2000). Other rates of exposure to community violence are equally alarming: Among youth aged 14 to 17 years, 70% reported being a victim of physical assault in their lifetime, and nearly 40% reported being a victim of assault within the past year (Finkelhor, Turner, Shattuck, & Hamby, 2013). Estimated rates of witnessing acts of violence are even higher, consistently over 50% and up to 100% in some samples (Margolin & Gordis, 2000), and empirical investigations systematically report prevalence rates at, or much higher, than national averages (Zinzow et al., 2009). Community violence exposure interrupts healthy development at an early age, as some studies have shown that children as early as 3 have been exposed to at least one incident

of community violence (Shahinfar, Fox, & Leavitt, 2000). Given the alarming prevalence of violence exposure and its well-documented psychosocial effects on youth, it is critical to refine our understanding of the impact that such exposure has, and to continue exploring the protective factors available to them.

Operationalization of ECV

Community violence exposure is a topic that has received attention in the mainstream media in recent years (Dreier, 2006). Despite the fact that ECV has been part of both empirical and lay discourse, there remains a lack of consensus with regard to how ECV should be conceptualized. Broadly, ECV refers to acts by one or more individuals intended to harm another individual or individuals (Buka et al., 2001). However, the term "community violence" consists of two important subconstructs, "community" and "violence", that are sometimes implied to be understood conceptually, but are often left open to interpretation (Trickett et al., 2003). Researchers typically refer to "community" as occurring in one's neighborhood, and they distinguish community from other settings such as the home or school (Mrug et al., 2008), However, this intended distinction may not always be communicated to participants (Trickett et al., 2003). Furthermore, settings are not always delineated by a clear boundary; for example, family violence in one home may be perceived as community-level violence if witnessed by others outside the home. With regard to the "violence" component, researchers typically refer to such events as exposure to guns, knives, drugs, and other types of physical violence (Osofsky, 1995) that are perceived as threatening to one's safety (Garbarino, 1993). Given the lack of

consensus regarding the definition of ECV, an important task for researchers will be to reconsider the inclusive and exclusive criteria for this phenomenon. Ideally, the unique impact of ECV should be examined as a nested model, with other adverse child experiences such as child abuse and domestic violence, as well as neighborhood effects, taken into context. The current study attempted to maintain the boundaries across contexts, such that community violence as it is traditionally conceptualized—as occurring in public neighborhood settings—was the only type of violence measured, at the exclusion of violence occurring in the school and home.

As the body of literature on stress and adaptation evolves from exploring the broadband impact of stressful situations to more in-depth examination of specific types of stress, a primary debate is whether ECV should be considered a unique type of stressor. That is, ECV is just one of many stressors experienced by youth, especially those living in low-income, urban environments (Landis et al., 2007), and researchers have questioned whether ECV has a unique impact on psychological problems, or whether violence exposure is just a part of an additive, or cumulative, effect of stress (Gorman-Smith & Tolan, 1998; Youngstrom, Weist, & Albus, 2003). Theoretically, ECV has been thought of as a particularly nefarious experience for children, due to the consequences of acute and/or chronic threats to one's safety, which include arrested development and trauma symptoms (Garbarino, 1993). Further, ECV is generally considered to be an uncontrollable and chronic stressor (Boxer et al., 2008), which has been shown to predict particularly high rates of psychopathology (Landis et al., 2007). Researchers have often studied ECV in tandem with other types of stressors that youth typically face, such as

family and economic problems (Gorman-Smith & Tolan, 1998). One study found that after controlling for these other sources of stress, ECV still maintained a significant relationship with symptoms of aggression (Gorman-Smith & Tolan, 1998). Thus, violence exposure appears to have a unique, qualitatively different effect on psychosocial outcomes.

Victimization and Witnessing as Components of ECV

Different experiences of ECV have also been described in the literature. Direct exposure, or victimization, refers to acts inflicted by another person to intentionally cause harm (e.g., being robbed, raped, chased, or shot; Buka et al., 2001; Fowler et al., 2009). On the other hand, indirect exposure, or witnessing, is not as clearly understood, but often relates to personally witnessing an event that involves harm to another person (Buka et al., 2001). Others believe that indirect exposure can occur by hearing violent events occur (e.g., hearing gunshots), or hearing about a violent event from another person (Buka et al., 2001). With regard to witnessing violence directly or vicariously, researchers have acknowledged that the relationship an individual has with the victim of violence is an important component to consider (Richters & Martinez, 1993). Yet others have included seeing violence portrayed in the media in the definition of witnessing violence (Cooley-Quille, Turner, & Beidel, 1995). Research has suggested that regarding the victimization-witnessing distinction, proximity to the violence is an important factor in determining the severity of outcomes for youth, such that more direct exposure to violence (i.e., victimization) is related to more deleterious outcomes than more vicarious forms (i.e., witnessing, hearing about violence; Fowler et al., 2009; Berenson et al., 2001). For

example, one study compared groups of children who had reported victimization, witnessing, or no violence exposure on a variety of outcomes, including substance use, delinquency, and internalizing problems. The researchers found that the victimization group reported these negative outcomes with much more frequency than the other groups (O'Donnell, Schwab-Stone, & Muyeed, 2002).

Given the lack of clarity with regard to indirect exposure, some researchers have instead classified exposure as primary (i.e., victimization), secondary (i.e., witnessed or heard violence), and tertiary (i.e., learning about harm caused to another person; Buka et al., 2001). A problem with measuring the frequency of these different types of incidents occurs when they are weighted comparably, despite differences in the content of the item with regard to severity or proximity (Buka et al., 2001). For example, there may be some merit in considering the unique impacts of seeing someone being hit versus seeing someone get shot. Indeed, consensus regarding a taxonomy of violence exposure will be critical for identifying populations at greatest risk (Richters & Martinez, 1993a), as well as a more productive comparison of findings across different studies. The current study utilized the witnessing/victimization dichotomy to better understand the differential impact that these experiences may have for support-seeking coping and psychosocial outcomes, but potential variations across different types of violence exposure (i.e, at the item level) were also considered.

ECV among African American Adolescent Males

African American adolescent males living in urban areas are at a high risk for ECV for a variety of reasons, which have been well-documented in the literature. Various

studies have found that African American youth face higher rates of witnessing, perpetration, and victimization of violence than White or Hispanic youth (Limber & Nation, 1998). Specifically, higher rates of violent crimes have been observed as the percentage of black residents increases (Lee et al., 2013). There is some debate with regard to whether race presents as a unique risk factor. Specifically, some research has shown that race becomes inconsequential in predicting crime when controlling for socioeconomic status, a community-level variable (Limber & Nation, 1998). However, others have demonstrated that African American youth experience higher rates of ECV than White or Asian American youth, irrespective of socioeconomic status (Schwab-Stone et al., 1995). Other studies examining correlates of community-level violence have shown that especially with regard to victimization, boys generally report higher levels of victimization and witnessing of community violence (Singer et al., 1995; Lee et al., 2013), which was perhaps attributed to boys' greater mobilization within their neighborhoods, compared to girls (Limber & Nation, 1998). Another possible explanation for this trend is that boys report higher levels of stress than girls (Carlson & Grant, 2008), including in the category of community violence, and they tend to justify violent actions more readily than girls (Ng-Mak et al., 2002). However, some researchers have questioned whether this gender difference is observed across all age groups (e.g., Buka et al., 2001), with one study finding no gender differences in ECV among a sample of preschool children (Shahinfar et al., 2000). Given that African American males have been shown to report higher levels of ECV across studies, it is important to better understand ECV and its correlates in this population.

African American males' level of risk for ECV is further complicated by macro-level factors, such as socioeconomic status (SES; Bradley & Corwyn, 2002, Gutman et al., 2005). Indeed, high-poverty communities are typically characterized as having limited social services, joblessness, homelessness, crime, violence, drugs, and deviant figures (Gutman et al., 2005). In turn, poverty has broad impacts on youth development, including behavioral difficulties (Grant et al., 2003). Relatedly, it has been found that more violence occurs in more dense, urban geographical areas, and household crowding further amplifies this risk (Limber & Nation, 1998). It is important to remain cognizant of such contextual factors in the current sample, as participants' experiences with poverty not only put them at greater risk for ECV, but present broader challenges to healthy psychosocial development.

Associations between ECV and Internalizing Symptoms in Adolescents

Stressful life events are consistently predictive of both internalizing and externalizing symptoms, especially among African American youth (Cooley-Quille, Boyd, Franz, & Walsh, 2001; Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000). Internalizing symptoms, which include those of depression and anxiety, have been studied extensively among youth who have been exposed to community violence. Consistent with expectations, some studies have found a significant, positive relationship between ECV and internalizing symptoms (Youngstrom et al. 2003; Schwab-Stone et al., 1999; Lambert et al., 2008; Paxton et al., 2004). For example, one study found that across 6th, 7th, and 8th grades, ECV predicted subsequent development of depressive symptoms and suicidal ideation in a sample of urban African American youth (Lambert et al., 2008).

These effects have been particularly strong for youth who have been victimized (Weist & Cooley-Quille, 2001). Given that ECV is an uncontrollable and chronic stressor, repeated exposure has been thought to produce a sense of helplessness to alter the stressor. In turn this produces hopelessness, which has been empirically linked as a marker of depression (Landis et al., 2007; Abramson, Metalsky, & Alloy, 1989). Hopelessness has also been found to predict youth involvement in high-risk and violent behaviors (DuRant, Cadenhead, Pendergrast, Slavens, & Limber, 1994), which supports the notion that comorbidity among internalizing and externalizing symptoms is often observed in these youth (Wolff & Ollendick, 2006).

However, the trend of the relationship between ECV and internalizing symptoms has been of a much smaller magnitude than expected, with many studies finding minimal, or no, relationship between the two variables (Ng-Mak et al., 2004; Mrug et al., 2008; Gaylord-Harden et al., 2011). The most oft-cited example of this phenomenon is Fitzpatrick's (1993) examination of the relation between ECV and depressive symptoms among a sample of low-income, African American youth. Contrary to expectations, this study yielded a negative association between witnessing violence and depressive symptoms. Another study found that among a sample of predominantly African American high school students, those exposed to ongoing community violence reported more withdrawal behavior and somatic complaints, but there was no significant relation to depressive symptoms (Cooley-Quille et al., 2001). This lack of association between ECV and depression has been found in other investigations of this relationship (Boxer et al., 2008; Gaylord-Harden, Dickson, & Pierre, 2015). Researchers have developed

several explanations for this trend, including the possibility of youth becoming desensitized to violence (Fitzpatrick,1993; Ng-Mak et al., 2002, 2004; Mrug, Madan, & Windle, 2016), or the tendency of urban youth to underreport symptoms of depression, because expressions of sadness may increase vulnerability to victimization (White & Farrell, 2006) or because numbing or avoidance symptoms of PTSD may mute depressive symptoms (McCart et al., 2007; Mrug et al., 2008).

Further, male adolescents tend to exhibit higher rates of aggression and conduct problems, as well as much lower reports of emotional distress, compared to girls (Guerra, Huesmann, & Spindler, 2003; Grant et al., 2004; Farrell & Bruce, 1997). These trends persist when youth report ECV-related stress (Mrug et al., 2008; Nolen-Hoeksema & Girgus, 1994). That is, boys may tend to use more overt aggressive behavior, and girls may resort to symptoms of rumination and withdrawal. Given these observed differences, male adolescents may be less likely to report symptoms of depression in response to ECV than females (Gaylord-Harden et al., 2011; Farrell & Bruce, 1997; Ng-Mak et al., 2002).

Internalizing symptoms and "emotional distress" are terms used interchangeably in the ECV literature, but a limitation of the above findings is a lack of specificity with regard to the types of symptoms being assessed. That is, the constructs of depression and anxiety should be considered separately rather than grouped into a broad "distress" category, given important distinctions between the two groups of symptoms (Gaylord-Harden et al., 2011). Researchers have shown that ECV is positively associated with anxiety-like symptoms, such as emotional and physiological arousal, and hypervigilance (Mrug et al., 2008). One study found that there was a curvilinear association between

ECV and depression. However, a linear association between ECV and anxiety was observed, possibly signifying that heightened vigilance to threatening situations might be adaptable in the face of community violence (Gaylord-Harden et al., 2011).

Associations between ECV and Externalizing Symptoms in Adolescents

Across studies examining symptomatology resulting from witnessing or victimization of community violence, it seems that the most commonly and consistently observed effect is an increase in aggression (Farrell & Bruce, 1997; Bell & Jenkins, 1993; Gorman-Smith & Tolan, 1998; Brady et al., 2008; Guerra et al., 2003). Studies have operationalized aggressive behavior in various ways, ranging from peer aggression (Attar et al., 1994) to high-risk behavior such as carrying knives and guns (Martin et al., 1995). Indeed, one longitudinal study found that ECV was associated with changes in aggression, even after controlling for previous symptom status and other types of stressful events (Gorman-Smith & Tolan, 1998). This finding suggests that the impact of ECV on aggression is "qualitatively different" compared to that of other life stressors (Gorman-Smith & Tolan, 1998). Another study found that high ECV, coupled with low levels of empathy, significantly predicted future use of violence among identified at-risk high school students (Sams & Truscott, 2004). Among studies measuring length of exposure to violence, chronic ECV tends to be associated most strongly with externalizing outcomes (Cooley-Quille et al., 1995). Being victimized has also been more strongly linked to aggression than witnessing violence (Shahinfar et al.,2000; Scarpa & Haden, 2006).

The strong link between ECV and aggression may be explained by the social cognitive theory, whereby youth model violent and aggressive responses they see from others in the community (Farrell & Bruce, 1997; Gardner & Steinberg, 2005). Furthermore, according to the pathologic adaptation model described above, youth exposed to violence increasingly view violent responses to threat as normative (Ng-Mak et al., 2004). This might involve moral justification for violence, as well as minimizing, misconstruing, or ignoring its consequences (Ng-Mak et al., 2002). While youth may engage in moral disengagement because it serves an adaptive purpose within their context, normalization of violence is hypothesized to be the key mediating variable in the development of aggressive behavior (Ng-Mak et al., 2002). In addition to these cognitive shifts, emotional desensitization to ECV among youth has been thought to predict serious violence in late adolescence (Mrug et al., 2016). With regard to gender, male adolescents tend to exhibit higher rates of aggression and conduct problems, as well as much lower reports of emotional distress, compared to girls (Guerra et al., 2003; Grant et al., 2004; Farrell & Bruce, 1997).

Associations between ECV and Trauma Symptoms in Adolescents

Research demonstrates that both acute and chronic exposure to community violence is associated with the development of post-traumatic stress disorder (PTSD) symptoms (Dyson, 1990; Paxton, Robinson, Shah, & Schoeny, 2004; Zinzow et al., 2009; Ozer & Weinstein, 2004). For example, one study using a sample of adolescent African American and Hispanic youth found that violence exposure remained significantly related with trauma symptoms, even after controlling for symptoms of depression and suicidal

ideation (Mazza & Reynolds, 1999). Victimization has been shown to have particularly deleterious effects on the development of trauma symptoms (Scarpa, Haden, & Hurley, 2006). ECV is believed to compromise youths' feelings of safety and security (Garbarino, 1993; Schwab-Stone et al., 1995), which in turn impacts their affective and behavioral responses to similar instances of violence. With regard to single witnessed events, children reported trauma-like symptoms, such as flashbacks, hypervigilance, and sleep disturbances (Lyons, 1987), and that the severity of these symptoms varied by the child's proximity to the event (Pynoos et al., 1987). Given that girls tend to respond to violence exposure with emotional distress and rumination more readily than boys, they are more likely to develop PTSD symptoms (Mrug et al., 2008; Apling, 2002). One of the more common symptoms among adolescents is avoidance or numbing (Fletcher, 2002), which may be either linked to a lower likelihood of endorsing emotional distress on self-report measures, or a desensitization effect, as described above (Mrug et al., 2008; Mrug et al., 2016). Studies examining chronic ECV have found similar trends, in that greater exposure, via witnessing or victimization, is related to increased PTSD symptoms among African-American children (Goldmann et al., 2011). However, other studies have found that although African American youth report higher levels of ECV, they are less likely to meet criteria for PTSD than their Latino or White counterparts, perhaps due to adaptive strategies or alternatively, habituation to violence (Milán, Zona, Acker, & Turcios-Cotto, 2013).

In addition to conceptualizing trauma as a pathological response to violence exposure, PTSD has been postulated as a mediator of other mental health outcomes

(Milán et al., 2013). One study provided some evidence that PTSD symptomology occurs sequentially and increases the likelihood of subsequent development of internalizing symptoms, namely depression and suicidal ideation (Mazza & Reynolds, 1999). The researchers theorized that symptoms of PTSD, such as re-experiencing and hypervigilance, along with the involuntary nature of these responses, lead to feelings of hopelessness (Mazza & Reynolds, 1999). While this study was cross-sectional and should be interpreted with caution, it suggests a complex response to ECV in some individuals.

A concern with the way PTSD is viewed as a pathological outcome of ECV is whether it has construct validity in the face of chronic exposure to violence. The diagnosis is based on a single exposure to life-threatening violence, which constitutes a traumatic event (APA, 2013). However, many youth living in inner-city areas have reported a multitude of such exposures (Farrell & Bruce, 1997). Complex or cumulative trauma is a concept that arose to address the complex and cumulative nature of child abuse (Courtois, 2004), and it is described as encompassing PTSD symptoms, as well as self-regulatory problems in the affective and interpersonal domains (Cloitre et al., 2009; Margolin & Vickermann, 2007). These regulation problems include anger management problems, social avoidance (Cloitre et al., 2009), and thought processing problems (Milán et al., 2013) that are often misdiagnosed as attention deficit hyperactivity disorder (ADHD), depression, conduct disorder, or a dissociative disorder (Solomon & Heide, 1999). To address these diagnostic concerns, researchers have proposed conceptualizing trauma as divisible into subtypes; whereas Type I trauma arises from a single experience, Type II trauma results from ongoing exposure to extreme external events (Solomon &

Heide, 1999; Terr, 1991). Complex trauma as a whole has demonstrated good construct validity across trials with different populations (Courtois, 2004). Although the current DSM does not abide by the trauma subtypes, it attempts to capture complex trauma symptoms with an "associated features" specifier (APA, 2013). Nevertheless, it is unlikely that these features are reflected in measures used to assess trauma symptoms. Future research should consider the conceptualization of complex trauma as a more relevant, and more encompassing, set of symptoms for youth exposed to chronic community violence (Milán et al., 2013). Although girls may more readily report PTSD-related symptoms (Springer & Padgett, 2000), further study of traumatic responses to ECV among boys is warranted.

Associations between ECV and Social Skills Functioning in Adolescents

Although an ongoing exploration of the relation between ECV and the presence of clinical symptomatology among African American adolescent males is necessary, it is important to understand the impact of ECV on a broader range of developmental issues, such as social skills functioning. Social skills functioning is a multi-pronged construct that involves both interpersonal skills and individual attributes (Hair, Jager, & Garrett, 2002). Examples of interpersonal skills include conflict resolution and intimacy, while examples of intrapersonal attributes include empathy and taking initiative in social situations (Hair et al., 2002). Social skills functioning has been theorized to be driven by emotionality and its regulation (Murphy, Shepard, Eisenberg, & Fabes, 2004). The rationale behind exploring social skills as it relates to stress—and, more specifically, ECV—in adolescence is multi-pronged. First, the absence of elevated problem behaviors,

such as aggression, does not necessarily imply that an individual does not struggle with social competence (Murphy et al., 2004). As such, it is important for researchers to consider constructs beyond classic symptoms of psychosocial dysfunction. Social skills functioning is important to address in adolescence, as there are numerous physical and social changes, such as increased cognitive ability, a developing sense of self, an increased prevalence of opposite-sex interactions, and increased expectations at school and work that require the ability to form and maintain relationships (Hair et al., 2002). Altogether, changes in social behavior in adolescence, referred to as "social re-orientation," are attributed to maturation, learning, and hormonal changes (Nelson, Leinbenluft, McClure, & Pine, 2005). It is especially important to consider positive adjustment variables, such as social skill development, among African American adolescent males, consistent with the positive youth development perspective (Barbarin, 2013). A qualitative review of the literature suggests that adolescent development has been unduly characterized as riddled with conflict and psychopathology, particularly among adolescent boys of color (Coll, Ackerman, & Cicchetti, 2000). In response to this deficit view held by researchers and service providers, scholars have posited that it is important to shift the dialogue to better understand the strengths and resources that give rise to positive youth development. Social skills development is a strong asset to adaptive adolescent development, and consistent with the PYD perspective, is important to examine along more traditional indicators of adjustment, namely psychopathology.

The impact of violence exposure on social skills functioning among youth has been examined in the literature. One cross-sectional study found that a sample of largely

Hispanic and African American children's self-reports of witnessing and exposure to community violence was related to peer-nomination scores for social rejection, aggression, and bullying by peers (Schwartz & Proctor, 2000). The researchers also differential outcomes across witnessing and victimization subtypes, such that they were associated with different mechanisms of risk, and victimization was related to more pervasive impairments in social functioning (Schwartz & Proctor, 2000). Theorists argue that in environments where exposure to violence is common, there are fewer role models for appropriate social interactions (Margolin & Gordis, 2000). In turn, emotion regulation, a predictor of adaptive social functioning, becomes dysregulated (Murphy et al., 2004). Other studies have suggested that hypervigilant responses to perceived threats may result in an overly aggressive and hostile tendency to respond to others, which in turn compromises meaningful relationships (Voisin & Berringer, 2015). As such, ongoing violence exposure likely places youth at risk of neither developing nor maintaining adaptive social skills (Banks, Hogue, Timberlake, & Liddle, 1996). Given existing evidence of the negative impact of ECV on the development of social skills, it is important to explore this relation more specifically among African American adolescent males.

Understanding How Youth Use Social Support to Cope

Urban African American youth are commonly viewed in popular media as possessing many individual and contextual risk factors as they relate to violence exposure in the community. However, protective variables and competencies at the individual, family, and community levels are discussed and empirically studied with much less

frequency (Li et al., 2007). However, in order to obtain the most comprehensive understanding of the trajectory of youths' coping patterns and psychosocial outcomes in response to ECV, protective factors must also be considered. Support systems have been identified as a buffer against negative outcomes for youth (Li et al., 2007; Youngstrom et al., 2003; Sampson, Morenoff, & Gannon-Rowley, 2002; Grant et al., 2000). More specifically, the role of support-seeking coping was considered as a primary protective factor of interest in the current study.

There has been considerable work regarding youths' responses to stressors, particularly in the domain of coping, as the general pattern of strategies youth use to cope with stress impacts their current and future emotional adjustment (Compas et al., 2001). The examination of support-seeking coping during the transition to adolescence is especially relevant, as youth develop increasingly diverse social networks beyond the immediate family (del Valle, Bravo, & López, 2010). As described above, youth are embedded in "nested" social structures, including the family, school, and neighborhood (Stockdale et al., 2007). These structures not only determine an individual's level of exposure to stress, but they also provide the foundation for the development and availability of social support (Stockdale et al., 2007). Importantly, these structures are defined by one's living arrangement, frequency of contact with others, and involvement in social networks (Kessler, Price, & Wortman, 1985). Support-seeking coping is considered to be one of several strategies that youth utilize when confronted with stress, based on factor analyses conducted with samples of both middle-class White and urban African American youth (Ayers et al., 1996). Thus, while one may perceive or passively

obtain support from one's network, support-seeking coping requires an active effort to utilize these resources (González-Morales, Rodriguez, & Peiró, 2010). Further, support-seeking efforts have been identified as a domain of adolescent coping using factor analysis (Ayers et al., 1996). As such, the current study conceptualized that the use of social support is a coping strategy that youth utilize to manage stressful situations.

Types of social support used for coping. Support-seeking coping captures how one utilizes his or her social network, and youth may seek or receive different types of support. Emotional support is probably the most salient form; it consists of unconditional acceptance despite personal faults or the stressful situation at hand (Cohen & McKay, 1984). That is, empathic response and understanding is central in this type of support from others (Thoits, 1986). Informational support refers to receiving help in understanding and resolving problematic events and suggesting alternative coping responses (Cohen & McKay, 1984). This approach might also include an alteration of a negative appraisal of a stressor to be perceived as less threatening (Cohen & McKay, 1984). Social companionship consists of spending time with others recreationally, with the function of distracting an individual from stressors and facilitating positive affect (Cohen & McKay, 1984). Instrumental or material support is discussed with less frequency in work with youth samples, but it consists of receiving financial or strategic assistance (Cohen & McKay, 1984). Although each of these functions serves a different purpose, they do not operate independently of one another, as support systems can routinely provide one or more of these at a time (Cohen, 1992). Furthermore, the type of

support received should ideally match the needs elicited by a specific stressor (Cohen, 1992).

Differential roles of parent and peer support for coping. Broadly, family and parent-child relationships have been found to moderate the impact of ECV on psychosocial outcomes (Richters & Martinez, 1993b). Adolescents turn to both family and friends, but in high-stress situations they rely more heavily on family, and main effects of support are stronger with family (Frey & Rothlisberger, 1996; Kenny et al., 2002). This may be because of the well-established nature of the parent-child relationship, consistent with attachment theory (Kenny et al., 2002). In contrast, in situations of low family stability & safety, odds of socioemotional and academic failure increase with exposure of ECV (Farver et al., 2005). Indeed, caregiver suggestions on how to cope with stressors have strong links to how youth deal with that stressor (Kliewer, Parrish, Taylor, Jackson, Walker, & Shivy, 2006).

The literature examining the impact of peer support has been less consistent, with some finding positive effects (e.g., Brady et al., 2008), others finding negative effects, consistent with the peer socialization of risk model (Gardner & Steinberg, 2005), and yet others finding no effect (Printz, Shermis, & Webb, 1999; Zimmerman et al., 2000). With regard to positive effects, peer support can help reduce psychopathology and increase self-esteem (Benhorin & McMahon, 2008). For example, one study found that for among youth exposed to ECV, participants with higher perceived friend support had lower aggression scores as ECV increased (Scarpa & Haden, 2006). Classmate support was an important buffer for peer-reported aggressive behavior in a sample of low-income

African American youth (Benhorin & McMahon, 2008), which suggests that peers may have the ability to model positive behaviors compared to close friends. However, research with low-income African American youth demonstrates that social support does not always relate to fewer internalizing symptoms. One study found that, for example, family support failed to moderate the effects of ECV on both internalizing and externalizing symptoms in a sample of urban African American youth (Youngstrom et al., 2003). Another study found that ECV had a *positive* relationship with aggression when family structure was high (Gorman-Smith & Tolan, 1998).

Distinguishing between adaptive and maladaptive support systems. Within the social support literature, the adaptive nature of seeking support from others is often implicitly stated. However, it is important to acknowledge the range of support types, particularly in high-risk communities. Indeed, at-risk youth who engage in unstructured and low-structure activities with peers tend to engage with those who engage in delinquent or criminal behavior (e.g., gang members; O'Donnell, Schwab-Stone, & Muyeed, 2002). For example, interpersonal violence occurs among people who know one another, which suggests a social transmission of norms of violence and criminal behaviors (Papachristos, Braga, & Hureau, 2012). From a developmental perspective, youth may engage with maladaptive support systems because they provide the benefits of status, companionship, and identity (Klein & Maxson, 2006) despite the requirement of immoral beliefs and behaviors, such as delinquency. However, the current study focused on youths' utilization of support from parents and peers that is adaptive in nature, that is, support that promotes prosocial values and norms.

Support-seeking coping as an adaptive response to stress. In general, it is assumed that successful support systems promote appropriate and adaptive coping, as opposed to maladaptive strategies (Bal et al., 2003). Thus, support-seeking coping is typically conceptualized as an adaptive coping strategy for youth (e.g., Compas, 1987; Li et al., 2000; Ayers et al., 1996) and has been identified as a protective factor among youth who are exposed to community violence (Garbarino, 1993). Similar to the domains of social support discussed above, support-seeking coping can either be problem-focused or emotion-focused in nature (Ayers et al., 1996). Utilizing one's social network may augment feelings of confidence and efficacy to address the stressful situation, which in turn enhances coping ability (Burton, Stice, & Seeley, 2004; Cohen, 2004; Cohen & McKay, 1984).

Some researchers have examined the effortful use of one's social networks as a coping strategy. Support-seeking coping can show a "main effect," such that utilizing social networks continually provide individuals with positive experiences, which lead to a direct effect of coping on mental health, regardless of stress levels (Cohen & Willis, 1985). On the other hand, support-seeking coping can show a "stress-buffering effect," with social support becoming relevant when an individual is confronted with a stressful event. Support-seeking coping then becomes an important protective factor that reduces levels of stress and mental health consequences (Cohen & Willis, 1985). Support seeking coping as a protective strategy has been examined in parents of children with chronic illnesses, such as cancer (Norberg, Lindblad, & Boman, 2006) and autism (Rivers & Stoneman, 2003), as well as adults who have reported major life events (González-

Morales et al., 2010; Kaba, Thompson, & Burnard, 2000). Other studies have investigated the direct and indirect effects of support-seeking coping among adolescents and emerging adults (e.g., Landis et al., 2007; Barnes & Lightsey, 2005; Liang, Alvarez, Juang, & Liang, 2007). Consistent with the theoretical conceptualization of seeking social support as an adaptive strategy, researchers have found that support-seeking coping is inversely related to negative outcomes. For example, one study found that social support coping helped college-age females achieve post-traumatic growth following a traumatic event (Swickert & Hittner, 2009). Another study found that among African American college-age females, seeking support from adults, coupled with high neighborhood cohesiveness, predicted adaptive school outcomes (Plybon, Edwards, Butler, Belgrave, & Allison, 2003).

However, some studies have failed to find such an effect, with support-seeking coping serving as a neutral or detrimental strategy with relation to psychosocial outcomes. For example, one study examined the mediating effect of support-seeking on the relation between perceived discrimination and racism-related stress among a sample of Asian-American college students (Liang et al., 2007). Contrary to the researchers' hypotheses, support-seeking coping mediated this relationship, but in such a way that more use of this coping strategy led to more racism-related stress. This trend was particularly deleterious for men as opposed to women (Liang et al., 2007). Other studies have found similar trends among African American adolescent and emerging adult samples (Barnes & Lightsey, 2005; Grant et al., 2000), casting doubt on the extent to which support-seeking coping can be considered an adaptive response to stress.

Furthermore, very few studies have examined the relation between support-seeking coping and ECV, signaling the need for ongoing study of the efficacy of seeking support in the face of this specific stressor.

The Limitations of Support-Seeking Coping as a "Buffer"

As highlighted by the discussion above, findings on support-seeking coping have been mixed, such that the utilization of this coping strategy in the face of stress does not always lead to a reduction in symptoms (González-Morales et al., 2010; Barnes & Lightsey, 2005). Despite a relative lack of research examining support-seeking coping (as opposed to the broader construct of social support) as it relates to stress, namely ECV, and psychopathology among African-American youth living in high-violence areas, some preliminary conclusions can be drawn regarding this observed pattern of findings.

One possible explanation for the inconsistent findings across studies is that the adaptiveness of social support coping is influenced by the type of stressor experienced (Cohen & Willis, 1985; Lepore et al., 1991; Mulia et al., 2008). Specifically, research has shown that the stress-buffering effects of support-seeking coping are not observed when youth report ongoing, daily stressors (Grant et al., 2000) and stressors outside the youth's control (Landis et al., 2007). Indeed, some studies have demonstrated that problem-focused efforts, such as seeking support, may exacerbate symptoms among African American males living in low-income urban areas (Grant et al., 2000). Given that urban African American youth are disproportionately exposed to chronic and uncontrollable stress (Grant et al., 2000), especially ECV, it is particularly important to explore the

unique effect that community violence exposure as a stressor might have on the utility of support-seeking coping.

The role of support quality. Another possible explanation for inconsistent findings for support-seeking coping among African American youth is that researchers have not assessed for the perceived *adequacy* or *quality* of support received (Landis et al., 2007; Cohen & Willis, 1985; Laursen & Mooney, 2008). Indeed, social isolation is more prevalent among these high-risk families and communities (Limber & Nation, 1998). Specifically, high-risk communities demonstrate "social impoverishment" by reporting less positive interactions among neighbors, a reduced sense of cohesiveness, and reduced sense of trust among community members (Limber & Nation, 1998). Furthermore, meaningful relationships with adults in the home play a key role for youth in high-risk communities. For example, one study found that children's perceived mother-child attachment quality buffered the relation between child-reported family and community violence exposure and acceptability of aggression, which in turn predicted fewer aggressive behaviors (Houston & Grych, 2015). Another study found that support-seeking coping only predicted increased self-efficacy and higher grades when neighborhood cohesiveness was also high, which suggests that the quality of support resources was a critical moderator of the coping-outcome relationship (Plybon et al., 2003). Taken together, these findings suggest that social impoverishment is a consequence of economic and demographic variables, and it contributes to neighborhood quality in a way that prevents effective communication, collaboration, and support among residents. As a result, social networks are often smaller and more strained (Meyer et al.,

2008). Perceived relationship quality with caregivers within the home also plays an important role. Within this context, the act of seeking support, and not getting it or receiving less than adequate support, might heighten the relation between ECV and symptomatology (Landis et al., 2007). Adults and peers in the social network of urban minority youth are not immune to the contextual variables of poverty and violence, and they may have limited ability to provide emotional support (Landis et al., 2007; Kliewer, Lepore, Oskin, & Johnson, 1998), due to their own feelings of hopelessness (Osofsky, 1995). Alternatively, the effects of ECV may be too intense, whereby social support does not adequately serve as a buffer (Paxton et al., 2004).

Researchers have measured support quality in different ways in the past, including asking youth to report their satisfaction with support (e.g., Husainin et al., 1982), their perceptions of current support quality, and perceived quality of past support (e.g., McFarlane et al., 1983; Laursen & Mooney, 2008). However, these measures have been implemented inconsistently across studies, and oftentimes social support is assessed using objective measures, such as family size (Paxton et al., 2004), that do not accurately capture support quality. The current study argued that adequacy is more important than availability (Cohen & Willis, 1985), and that measuring both the utility and quality of social support will help to better understand whether conditional effects exist for youth exposed to community violence.

While males do not report using social support as frequently as females, they have been found to value support more from parents versus friends or others (Landis et al., 2007). Research testing the buffering effect of social support on males has shown that it

may not be protective. Indeed, one study found that the relationship between uncontrollable stressors and reported feelings of hopelessness was stronger, and positive, when social support coping was high (Landis et al., 2007). Again, it is evident that protective effects, as they are commonly believed to be, are minimized in economically disadvantaged communities, and this effect is observed across genders. Taking this gender effect into consideration, it is still believed that at high levels support-seeking coping will have a protective effect on boys exposed to community violence in the current study, but only in instances where perceived support quality is also high.

The Current Study

The aims of this short-term longitudinal study were twofold: a) to explore direct relations between ECV, specifically witnessing and victimization, and a variety of psychosocial outcomes, and b) to determine whether support-seeking coping buffers a range of psychosocial outcomes in a sample of urban African American male adolescents experiencing ECV, and whether support quality moderates this buffering effect. Although a good deal of empirical work has examined the direct links between violence exposure and internalizing, externalizing, and trauma symptoms, as well as social skills, some findings have been mixed, particularly those with depressive symptoms as the outcome variable. This inconsistency may also be due to researchers failing to distinguish symptoms of depression and anxiety as overlapping, but ultimately conceptually distinct. With regard to seeking social support, which was conceptualized in the current study as an adaptive coping strategy, the main-effect and stress-buffering models of both parental and peer support were examined. The latter model, when examined among individuals

facing uncontrollable and chronic stress, has not been consistently supported, and what drives this inconsistency is unclear. The current study posited that our current understanding of support-seeking coping is limited by a failure to assess how the quality of support networks may influence the buffering process, especially among youth whose support networks are compromised by neighborhood and economic variables.

Adolescents are vulnerable to the effects of ECV on development. African American adolescents are at particular risk, due to their disproportionate rates of exposure to violence (Limber & Nation, 1998). Broadly, adolescence is characterized by multiple biological and social changes, such as normative changes to the HPA axis during puberty (Grant et al., 2003; Mrug et al., 2008). Adjustment issues are also common during adolescence, such as shifting peer groups and school transitions that are normative sources of stress (Cicchetti & Rogosch, 2002). Psychopathology in adolescence is unique in that some mental health problems, such as depression and externalizing disorders, have a greater prevalence and comorbidity compared to childhood or adulthood (Carlson & Grant, 2008). As discussed above, the development and application of social skills is central to successful navigation of adolescence. There are long-term implications to this success, as social skills deficits have demonstrated continuity across adolescence and into adulthood (Hair et al., 2002). Although perceived stress subsides as youth move from early to late adolescence (Seiffge-Krenke et al., 2009), the interaction of developmental challenges and ECV may heighten the risk for psychopathology and social skills deficits during adolescence. This heightened risk may be particularly salient for African American male adolescents. Compared to other groups, African American male

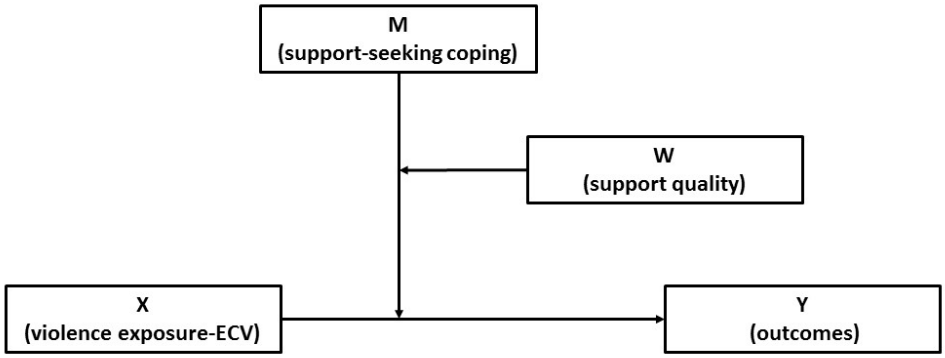
adolescents tend to report more exposure to violence, especially victimization; they report more normative beliefs in aggression and violence and subsequent levels of aggression; but they also seek support much less frequently. The current study determined whether this coping strategy was indeed helpful for males as it relates to the development of a myriad of negative outcomes. The current study also addressed the limitation of making interpretations of directionality with cross-sectional design, as it utilized multiple time points for data analysis. Given the broad impact of ECV on adolescent development and mental health, examination of its direct outcomes, as well as potentially protective factors, are important tasks.

The hypotheses and research questions of the current study were as follows:

1) Hypothesis One: There will be a positive relationship between Time 1 ECV and Time 2 symptoms of depression, controlling for Time 1 depression symptoms.
2) Hypothesis Two: There will be a positive relationship between Time 1 ECV and Time 2 symptoms of anxiety, controlling for Time 1 anxiety symptoms.
3) Hypothesis Three: There will be a positive relationship between Time 1 ECV and Time 2 symptoms of trauma, controlling for Time 1 trauma symptoms.
4) Hypothesis Four: There will be a positive relationship between Time 1 ECV and Time 2 symptoms of aggression, controlling for Time 1 aggression.
5) Hypothesis Five: There will be a negative relationship between Time 1 ECV and Time 2 reported social skills, controlling for Time 1 social skills.

6) Hypothesis Six: For the direct relations between Time 1 ECV and Time 2 psychosocial outcomes, the relationship will be stronger for victimization as opposed to witnessing violence.
7) Hypothesis Seven: There will be a main effect for Time 1 support-seeking coping (frequency of seeking support) on Time 2 psychological outcomes (controlling for Time 1 outcomes), such that more support-seeking coping will be related to fewer reported psychological symptoms, and more support-seeking coping will be related to more reported social skills.
8) Hypothesis Eight: There will be a three-way interaction between ECV (T1), support-seeking coping (T1) and quality of perceived support (T1). Under conditions of high quality of perceived support (T1) and high levels of support-seeking coping, ECV will negatively predict psychological outcomes and positively predict social skills development.
9) Hypothesis Nine: There will be a significantly stronger simple slopes moderating effect of high support quality/high support coping when considering parental support, as opposed to peer support, across outcomes.

Figure 1. Proposed Model of Moderated Moderation, Testing Whether the Moderated Effect of ECV on Outcomes through Support-Seeking Coping Depends on Levels of Perceived Support



CHAPTER THREE

METHOD

Participants

The data under current analysis were collected as a larger, multi-wave project to examine the relation among reported ECV, coping strategies, and psychological outcomes in urban African-American male adolescents. Participants in Time 1 were 269 African American males between 14 and 18 years (9^{th}-11^{th} grade) of age (M= 15.19, SD = 1.05). Of those participants, 119 completed study measures for Time 2, which occurred one year later. This second wave consisted of males between 14 and 19 years (9^{th}-12^{th} grade) of age (M = 16.53, SD = .98). The current study's sample size satisfied the suggested standards outlined by Cohen (1992) for achieving a medium effect size (power = .80) with eight maximum predictors. Participants were recruited from an all-boys public high school where the average percentage of African American students at the school was 99.5%. The average percentage of low income students, based on eligibility for free or reduced lunch programs, was 97.3%.

Procedure

The lead researcher visited the informing faculty, staff, and students of the project and distributed parental recruitment letters and consent forms directly to all 9^{th}-11^{th} grade students. The lead researcher returned to the schools to collect signed parental consents and scheduled data collection with principals and necessary staff. Students who received

written parental consent and provided written assent were asked to complete a packet of pencil-and-paper psychological surveys. Data collection with students was conducted by classroom and was administered during regular school hours. Consistent with usual procedures for classroom-based data collection, students completed the forms individually and remained at their seats for the task. Students were told not to share their responses with one another and not to look at other students' papers. Research assistants were present to administer the surveys, monitor progress, and answer questions in each group setting. Completion of the surveys for adolescents took approximately 1.5 hours. The confidentiality of all participants was strictly protected during this study and thereafter. Names of participants and other identifying information did not appear on the surveys. Each adolescent who participated was given a movie pass (good for one free movie) for completion of the survey packet.

Measures

Community violence exposure (ECV). ECV was measured at all waves using a self-report measure of exposure to violence constructed for this specific study. Other measures of violence exposure are not sensitive to the distinction between witnessing and victimization, but this measure obtains the frequency, in the past year, of both of these exposure types. Ten common instances of witnessing violence (e.g., "seen someone get attacked with a weapon" and 8 examples of victimization (e.g., "been home during a break in") were provided. The mean score of the reported frequency of these items was computed to obtain scores of overall past year exposure, and mean scores within the

exposure types were calculated. The internal consistency for the ECV items in the current study was α = .89 at Time 1, which is acceptable.

Social support quality. Social support quality was examined using the Inventory of Parent and Peer Attachment scale (Greenberg & Armsden, 2009). This measure is composed of 75 items total, with three sections where participants rate the perceived quality of attachment to mothers, fathers, and peers (e.g., "My mother can tell when I'm upset about something.") A mean score of each of these subscales, as well as a composite score across these items, was computed to understand source-specific and overall quality of social support. Internal reliability was found to be reliable across subscales (Gullone & Robinson, 2005) and was found to be α = .93 at Time 1 in the current study.

Support-seeking coping. Frequency of support-seeking coping was examined using a selection of six items, four of which come from the Adolescent Coping Orientation for Problem Experiences (A-COPE; Patterson & McCubbin, 1987). These items are consistent with an exploratory factor analysis conducted among a sample of mostly urban African American males, which found a Seeking Support subscale composed of five items (Tolan et al., 2002). As described below, one item (ACOPE1) was dropped due to poor overall fit within the model. The items from the A-COPE ask participants to rate how often they engage in coping strategies that relate to seeking out others' support, assistance, and managing relationships (e.g., "Talk to your mother about what bothers you"). Items are rated on a 5-point Likert scale (1 = Never, 2 = Hardly Ever, 3 = Sometimes, 4= Often, 5 = Most of the Time).

The remaining two items measuring support-seeking coping come from the Communalistic Coping subscale of the Africultural Coping System Inventory, Youth Version (Y-ACSI; Gaylord-Harden and Utsey, 2007). The Y-ACSI captures the unique coping mechanisms of people of African descent and was developed for use with African American youth. The Communalistic Debriefing subscale investigates coping through a range of attempts that rely on others and rally social support (e.g., "I call someone to talk about my problem"). The items are rated on a 4-point Likert scale (1 = Not at all, 2 = used a little, 3 = used some, and 4 = used a lot). Across the four A-COPE and two Y-ACSI items representing the construct of support-seeking coping, the internal consistency was found to be $\alpha = .70$ at T1 which are acceptable estimates.

Trauma symptoms. Trauma symptoms was measured using the Child PTSD Symptom Scale (CPSS; Foa et al., 2001). The 11-item measure assesses all three clusters of PTSD symptoms (re-experiencing, avoidance, and arousal) in response to a specific traumatic event. In the current study, the internal consistency was found to be $\alpha = .93$ at Time 1 and $\alpha = .94$ at Time 2, which is acceptable.

Aggressive behaviors. Aggressive behaviors were examined using *The Aggression Scale* (*TAS*; Orpinas & Frankowski, 2001). The TAS is an 11-item scale that measures the frequency of occurrence of anger and aggressive behaviors, both physical and verbal, between students (e.g., "I pushed or shoved other students" and "I threatened to hurt or to hit someone"). To minimize recall bias, the scale requests information about behaviors during the past 7 days. Responses to each item can range from 0 times through 6 or more times. Responses are additive, with higher scores indicative of higher levels of

aggressive behavior. The 9 items assessing aggressive behavior were used in the current study. A composite score was obtained across these items to get an overall severity rating of violent, aggressive behavior. The internal consistency in the current study was found to be α = .90 at Time 1 and α = .86 at Time 2, which is acceptable.

Depression. Symptoms of depression was examined using the depression subscale of the Depression Anxiety Stress Scales, short version (DASS21; Lovibond & Lovibond, 1995). Items in this subscale measure how often participants experienced symptoms of depression experiences in the past week (e.g., "I felt that I had nothing to look forward to") and are rated on a 4-point Likert scale (0 = Did not apply to me at all, 1 = Applied to me to some degree, or some of the time, 2 = Applied to me to a considerable degree, or a good part of time, 3 = Applied to me very much, or most of the time). A mean score of these items was calculated. The internal consistency of the depression scale was α = .83 using a community sample (Norton, 2007). In the current study, the internal consistency of the scale was found to be α = .88 at Time 1 and α = .86 at Time 2, which is acceptable.

Anxiety. Symptoms of anxiety were examined using the anxiety subscale of the Depression Anxiety Stress Scales, short version (DASS21; Lovibond & Lovibond, 1995). Items in this subscale measure how often participants experienced symptoms of anxiety experiences in the past week (e.g., "I found myself getting agitated"), and are rated on a 4-point Likert scale (0 = Did not apply to me at all, 1 = Applied to me to some degree, or some of the time, 2 = Applied to me to a considerable degree, or a good part of time, 3 = Applied to me very much, or most of the time). A mean score of these items was

calculated. The internal consistency of the anxiety scale was α = .78 using a community sample (Norton, 2007). In the current study, the internal consistency of the scale was found to be α = .85 at Time 1 and α = .83 at Time 2, which is acceptable.

Social skills. Social skills was examined using the social skills subscale of the Social Skills Improvement System (SSIS) Rating Scales (Gresham & Elliott, 2008). Items in this subscale measure both frequency and perceived importance of a variety of social skills, including communication, cooperation, assertion, responsibility, empathy, engagement, and self-control (e.g., "I ask to join others when they are doing things I like"). Only the frequency ratings will be utilized. These items are rated on a 4-point Likert scale (1 = Never, 2 = Sometimes, 3 = Often, 4 = Always). A mean score of these items was calculated. The internal consistency for the social skills subscale in the current study was α = .96 at both Time 1 and Time 2, which is acceptable.

Demographics. Demographic information was collected, including ethnicity, age, people living at home with the participant, primary caretaker, employment status, parental college attendance, and whether the participant has any children.

CHAPTER FOUR

RESULTS

The results are presented in five steps. First, descriptive information is provided. Zero-order correlations are presented for continuous study variables, while frequencies are given for dichotomous study variables. Second, the results of the CFA demonstrating whether the Time 1 support coping items demonstrate good fit are presented. Third, results of significant tests comparing participants who participated across both time points versus those who dropped out after Time 1 are presented. Fourth, the results of regression analyses demonstrating whether ECV is related to a variety of psychosocial outcomes, and whether victimization more strongly predicts these outcomes, are presented. Regression analyses demonstrating whether support-seeking coping directly reduces negative psychological outcomes are also provided. Fifth, conditional process analysis used to test the moderated moderation model, where support quality moderates the interaction between ECV and support-seeking coping on psychosocial outcomes, and whether friend or parent support quality is a stronger secondary moderator, are presented.

Descriptive Analyses and Correlational Analyses

Descriptive and correlational analyses were conducted on all continuous variables, including Time 1 moderators and Time 2 outcome variables. Self-reported sample demographics across Time 1 and 2 are presented in Table 1. The means, standard

deviations, and correlations for sample variables are presented in Table 2. Correlational analyses revealed that, with regard to outcome variables, depression, anxiety, aggression, and trauma variables were all positively correlated with one another, between and across time points. However, social skills at Time 1 was only negatively correlated with aggression at Time 1. T1 ECV (total, witnessing, and victimization) was positively correlated with depression, aggression, and trauma symptoms across time points, and with anxiety in T2 only. Perceived support at T1 was negatively correlated with symptoms of trauma across time points, and ECV, depression, and aggression in T1 only. Support-seeking coping at T1 was positively correlated with social skills across time points, but was not correlated with any other outcomes.

Table 1. Sample Demographics across Time Points

	Time 1	Time 2
Mean age (SD)	15.33 (.94)	16.54 (.98)
Mom-only household (%)	49.6	49.6
Family attended college (%)	94.0	92.3
Freshman (%)	50.3	0.9
Sophomore (%)	33.0	50.4
Junior (%)	15.7	33.0
Senior (%)	0.9	15.7

Table 2. Means, Standard Deviations, and Intercorrelations among Continuous Study Variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
1. Tot. ECV	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
2. Victimization	.74**	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
3. Witnessing	.96**	.55**	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
4. Depress	.16	.27**	.12	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5. W2Dep	.29**	.38**	.25*	.30**	--	--	--	--	--	--	--	--	--	--	--	--	--
6. Anxiety	.05	.09	.08	.69**	.19*	--	--	--	--	--	--	--	--	--	--	--	--
7.W2Anx	.27**	.29**	.26*	.29**	.72**	.31**	--	--	--	--	--	--	--	--	--	--	--
8.Aggression	.20**	.29**	.18	.46**	.30**	.37**	.32**	--	--	--	--	--	--	--	--	--	--
9. W2Aggr	.37**	.28**	.40**	.35**	.32**	.3288	.41**	.43**	--	--	--	--	--	--	--	--	--
10. Social Skills	-.02	-.04	-.04	-.05	.00	.00	.03	-.21*	.07	--	--	--	--	--	--	--	--
11. W2SocSk	.07	-.01	.07	-.18	.01	-.10	.00	-.05	-.20*	.26**	--	--	--	--	--	--	--
12. PTSD	.25*	.40**	.17	.60**	.30**	.47**	.36**	.55**	.34**	.01	-.02	--	--	--	--	--	--
13. W2PTSD	.31**	.21*	.34**	.30**	.48**	.22*	.60**	.25**	.47**	.13	.04	.25**	--	--	--	--	--
14. Support cope	.11	.05	.14	-.04	-.04	.20*	.09	.02	.31**	.40**	.14	.09	.06	--	--	--	--
15. Friend Support	.04	.13	.04	.19*	.16	.25**	.17	.21*	.26**	.20*	.11	.20*	.15	.47**	--	--	--
16. Support	-.12	-.09	-.11	-.11	-.16	.09	-.07	.08	.03	.40**	.23*	-.08	-.10	.67**	.42**	--	--
17. Parent Support	-.14	-.14	-.13	-.18*	-.23	-.00	-.14	-.16	-.06	.36**	.21*	-.16	-.17	.56**	.09	.94**	--
Mean	17.26	3.40	14.14	.88	.91	.75	.83	1.94	2.06	2.82	2.96	.97	1.09	3.06	3.40	10.63	3.62
SD	12.65	4.02	9.95	.77	.74	.68	.72	1.49	1.35	.58	.51	.68	.73	.82	.51	1.51	.69

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

Confirmatory Factor Analysis (CFA) for Support-seeking Coping Items

Before testing the hypotheses regarding support-seeking coping, confirmatory factor analyses (CFA) were conducted on the seven coping items to ensure that they uniformly represented the underlying construct of support-seeking coping. These coping items are listed in Appendix A. Theoretically, these items represent strategies likely utilized by African American youth, given prior CFA work demonstrating the relevance of the strategies represented by A-COPE items in this population (Tolan et al., 2002), and the development of Y-ACSI items using focus groups and samples of African American youth (Gaylord-Harden & Cunningham, 2009). These items also represent a range of social support types (e.g., emotional support; social companionship; Cohen & McKay, 1984).

To conduct the CFA, Mplus software was used to convert the SPSS data file. Missing data were managed with pairwise deletion. A one-factor model with seven items (five items from the A-COPE and two from the Y-ACSI) was explored. The current study utilized the following fit indices and corresponding cutoffs to determine the overall fit of the model: $\chi^2/df \leq 2.0$ (Tabachnick & Fidell, 2007); Comparative Fit Index (CFI) $\geq .95$, which is a measure of comparative or incremental fit (Hu & Bentler, 1999); standardized root mean square residual (SRMR) $< .06$, which is a measure of a model's absolute fit (Hu & Bentler, 1999), and RMSEA $\leq .08$, which is an index for fit, adjusting for model parsimony (MacCallum et al., 1996). Standardized loadings on the factor were examined, and any items with poor loadings were dropped from the measure. Modification indices

were considered if they conceptually and statistically improved the fit of the model. The variance explained by the factor was examined as well.

The fit indices and unstandardized/standardized loadings for the CFAs are outlined in Tables 3-4. A seven-item model demonstrated unacceptable fit, and a revised model was developed in which one item from the A-COPE (ACOPE1; "I go along with parents' requests and rules") was dropped. There was substantial evidence for the revised one-factor model with six items. The standardized factor loadings demonstrated some variability in factor loadings, such that the ACOPE items broadly loaded more strongly onto the support-seeking coping items compared to the Y-ACSI items. An exception to this pattern was observed in ACOPE4 ("Apologize to people"), which had a small loading. According to the R-square estimates (Table 5), a similar pattern in variability across items was observed, with ACOPE41 ("Do things with my family") having 53% of its variance explained by the factor across time points, whereas YACSI24 ("Spend time around friends") only had 12% of its variance explained by the support-seeking coping factor. Given evidence of good fit as determined by the fit indices, these six items were utilized in the remaining analyses to measure the construct of support-seeking coping.

Table 3. Goodness-of-Fit Indicators of Items Representing Support-Seeking Coping (N = 119)

Model	χ^2	*df*	χ^2/df	RMSEA	CFI	SRMR
Time 1, *n = 119*						
Original (7 items)	29.46	14	2.10	0.10	0.92	0.06
Revised (without ACOPE1)	15.13	9	1.68	0.08	0.96	0.05

Table 4. Unstandardized Loadings (Standard Errors) and Standardized Loadings for 1-Factor Confirmatory Model of T1 Support-Seeking Coping

	Original Model, T1		Revised Model, T1	
Item	Unstandardized	Standardized	Unstandardized	Standardized
ACOPE1	1.00 (--)	0.49	--	--
ACOPE4	1.32 (0.32)	0.54	1.00 (--)	0.51
ACOPE12	1.78 (0.40)	0.67	1.43 (0.31)	0.67
ACOPE31	2.13 (0.46)	0.76	1.75 (0.36)	0.78
ACOPE41	1.86 (0.39)	0.75	1.47 (0.30)	0.73
YACSI24	0.58 (0.22)	0.31	0.51 (0.17)	0.34
YACSI32	1.09 (0.29)	0.49	0.91 (0.22)	0.51

Table 5. R^2 Estimates of the Revised Model of Support Coping

Item	Time 1
ACOPE4	.26
ACOPE12	.44
ACOPE31	.60
ACOPE41	.53
YACSI24	.12
YACSI32	.26

Attrition Analyses

In order to determine whether there were meaningful differences between the final study sample (N = 119) and participants who dropped out after Time 1 data

collection (N = 150), a series of independent-samples t tests were conducted on Time 1 study variables across these two groups. Results indicated that the group of participants who dropped out reported higher levels of victimization (M = 6.66) than the study sample (M = 3.50), t (173) = -2.07, p = .04. The dropout group also reported marginally higher levels of witnessing (M = 17.88) than study sample (M = 9.95), t (171) = -1.71, p = .09. Furthermore, the dropout group reported more total ECV (M = 24.55) than the study sample (M = 17.44), t (173) = -2.12, p = .04. The dropout group was also older (M = 15.33) than the study sample (M = 15.08), t (261) = 1.93, p =.06, but this finding was only marginally significant. These groups did not differ significantly across the remaining study variables.

Hypotheses 1-5

A series of multiple regression analyses was conducted in order to test Hypotheses 1 through 5. These hypotheses predicted a direct positive effect of violence exposure on a series of psychosocial outcomes (depression, anxiety, trauma, and aggression, respectively) and also predicted a negative effect of violence exposure on social skills. Thus, each regression allowed for an analysis of the main effect of ECV on T2 outcomes, controlling for previous levels of each outcome variable. That is, T1 ECV and T1 outcomes were both entered as predictors. Refer to Tables 6-10 for results.

As predicted, analyses revealed a significant main effect of ECV on symptoms of depression (β = .25, p = .01). There was also a significant main effect of ECV on symptoms of anxiety (β = .24, p = .01), and a significant main effect of ECV on trauma symptoms (β = .25, p = .02). Analyses also revealed a significant main effect of ECV on

symptoms of aggression (β = .30, p = .001). However, inconsistent with predictions, analyses revealed no significant predictive effects of ECV on social skills.

Table 6. Multiple Regression Summary Table: Predictive Effect of ECV (T1) on Depression Symptoms (T2)

	B	***SE B***	***B***	***t***	***p***
T1 Dep	.23	.10	.23	2.42	.02
ECV	.02	.01	.26	2.67	.01

Note. R^2 = .14

Table 7. Multiple Regression Summary Table: Predictive Effect of ECV (T1) on Anxiety Symptoms (T2)

	B	***SE B***	***B***	***t***	***P***
T1 Anx	.29	.10	.28	2.92	<.01
ECV	.01	.01	.26	2.72	.01

Note. R^2 = .15

Table 8. Multiple Regression Summary Table: Predictive Effect of ECV (T1) on PTSD Symptoms (T2)

	B	***SE B***	***B***	***t***	***P***
T1 PTSD	.14	.11	.13	1.32	.19
ECV	.02	.01	.27	2.67	.01

Note. R^2 = .11

Table 9. Multiple Regression Summary Table: Predictive Effect of ECV (T1) on Symptoms of Aggression (T2)

	B	***SE B***	***B***	***t***	***P***
T1 Agg	.33	.08	.36	4.08	<.001
ECV	.03	.01	.30	3.35	<.001

Note. R^2 = .27

Table 10. Multiple Regression Summary Table: Predictive Effect of ECV (T1) on Social Skills (T2)

	B	*SE B*	*B*	*t*	*p*
S1 SocSk	.25	.08	.30	3.00	<.01
ECV	.00	.00	.10	.94	.35

Note. $R^2 = .10$

Hypothesis 6

To test Hypothesis 6, which posited that the effects of victimization at T1 would be stronger than witnessing at T1 in the prediction of outcomes at T2, the witnessing and victimization variables were standardized and a series of multiple regression analyses was conducted. Each regression allowed for an analysis of the main effects of victimization and witnessing on T2 outcomes, controlling for previous levels of each outcome variable. Each of these predictors' beta weights and corresponding 95% confidence intervals (CIs), estimated via bias corrected bootstrap (1,000 re-samples) in SPSS, was plotted in a graph. If there appeared to be less than 50% overlap between the intervals, the distance was calculated for precision. To calculate this overlap, half of the average of the overlapping CIs was calculated and added to one of the variables' beta weight lower bound estimate. If the upper bound estimate of the other variable stayed below this calculated 50% cutoff point, the two beta weights were considered statistically significant from one another at $p < .05$ (Cumming, 2009).

For T2 depression as the outcome variable (see Figure 2), the extent of the overlap between the T1 witnessing and T1 victimization intervals was unclear. As such, half of the average of the overlapping confidence intervals was calculated (.12) and added

to the victimization beta weight lower bound estimate (.16), which yielded .28. As the upper-bound estimate of witnessing violence (.41) exceeded this value of .28, the difference between the witnessing and victimization beta weights ($\Delta\beta = .23$) was not considered statistically significant. For anxiety (Figure 3), aggression (Figure 4), trauma (Figure 5), and social skills (Figure 6), it was clear that there was more than 50% overlap between the T1 witnessing and T1 victimization variables, and as such the difference between their corresponding beta weights in predicting these outcomes was not significant. Taken together, these results suggest no appreciable differences in the effect that victimization and witnessing in T1 has on outcomes in T2.

Figure 2. Confidence Intervals of Victimization versus Witnessing Beta Weights in the Prediction of Symptoms of Depression

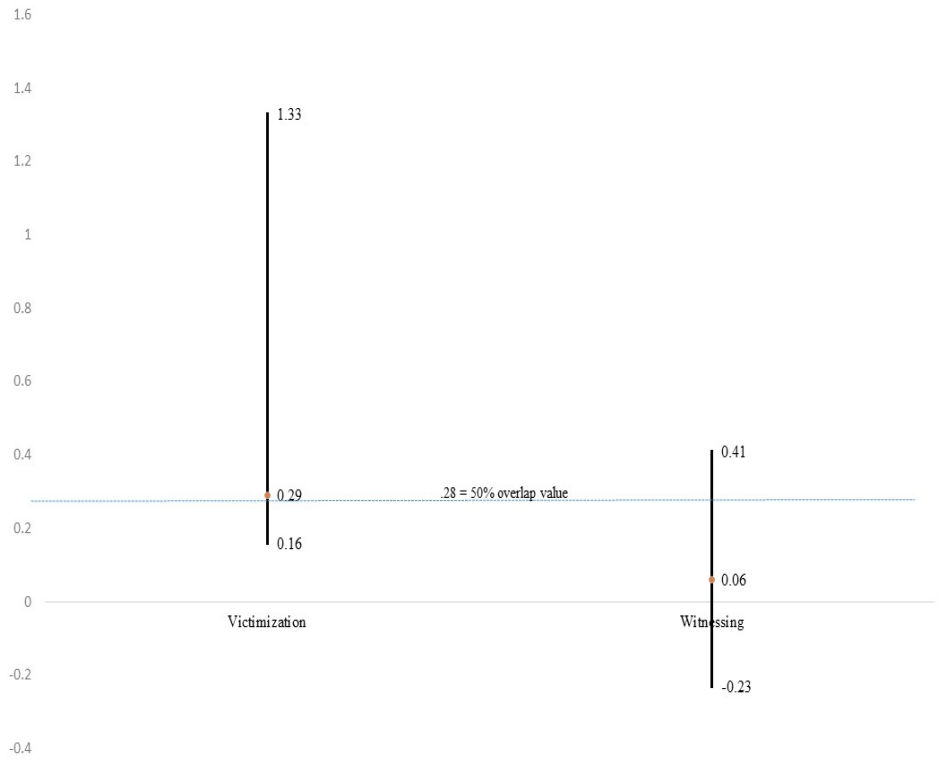


Figure 3. Confidence Intervals of Victimization versus Witnessing Beta Weights in the Prediction of Symptoms of Anxiety

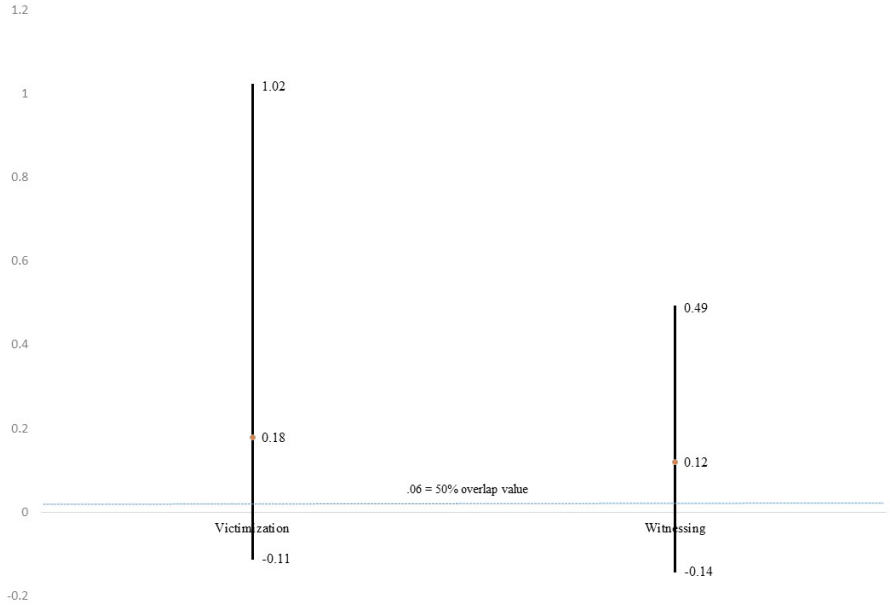


Figure 4. Confidence Intervals of Victimization versus Witnessing Beta Weights in the Prediction of Symptoms of Trauma

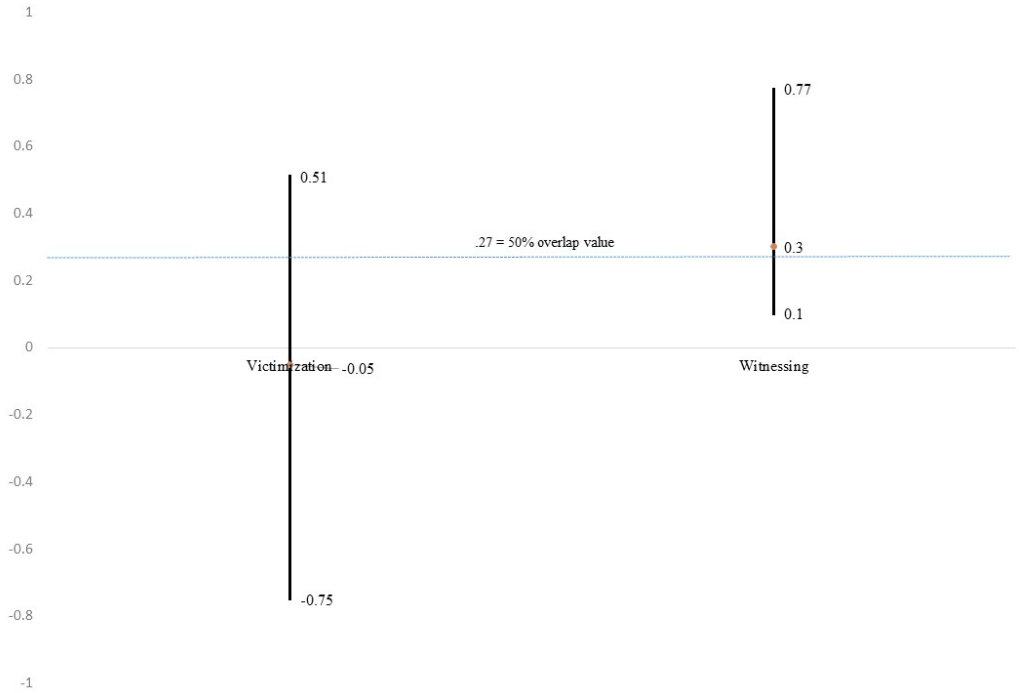


Figure 5. Confidence Intervals of Victimization versus Witnessing Beta Weights in the Prediction of Symptoms of Aggression

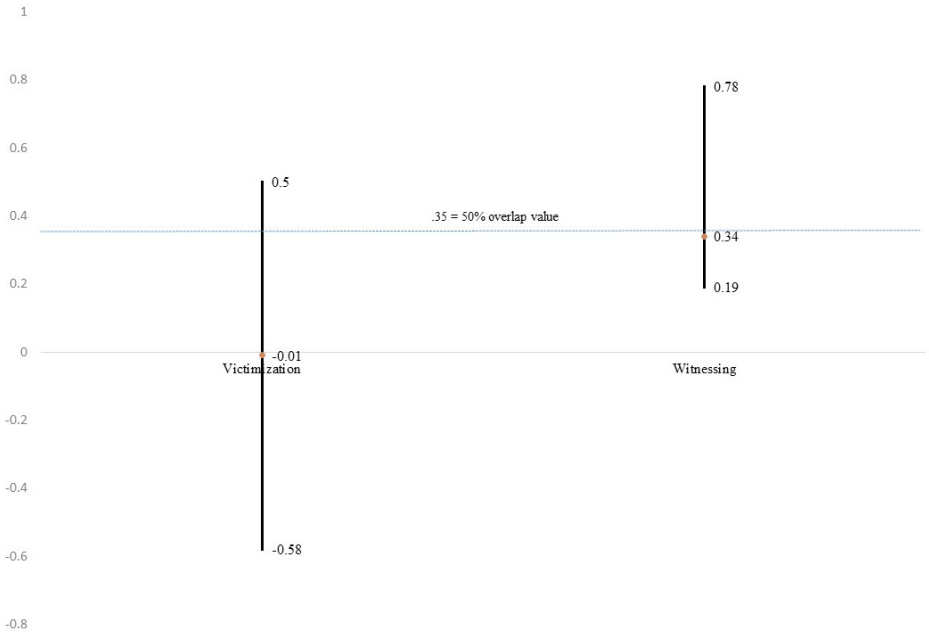
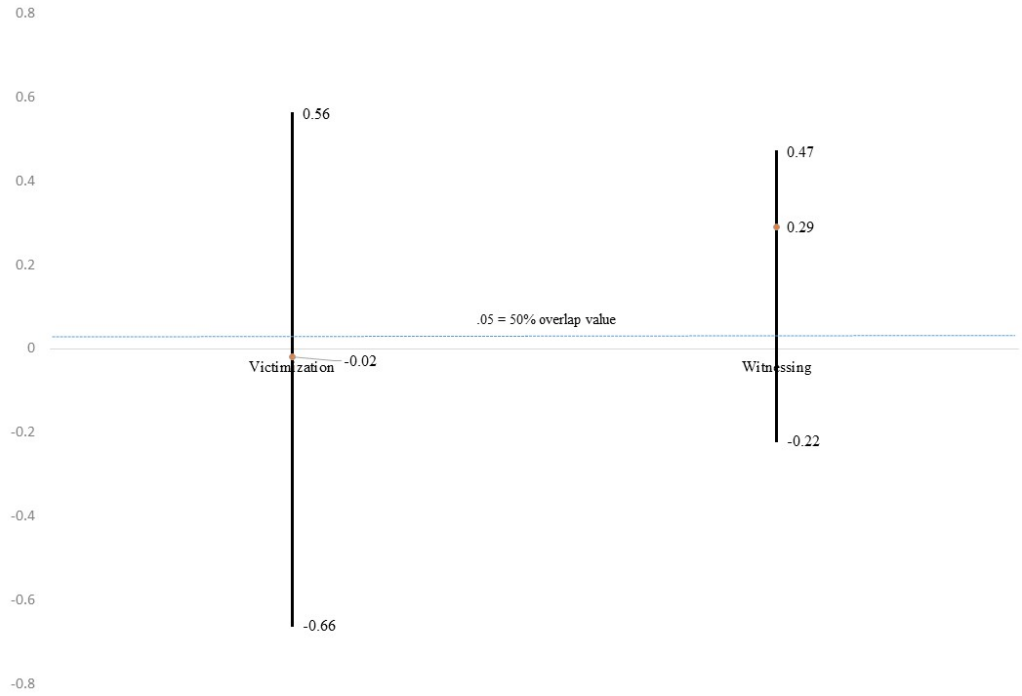


Figure 6. Confidence Intervals of Victimization versus Witnessing Beta Weights in the Prediction of Social Skills



Hypothesis 7

A series of multiple regression analyses was conducted in order to test Hypothesis 7, which predicted a negative main effect of T1 support-seeking coping on a series of T2 psychosocial outcomes (depression, anxiety, trauma, and aggression, respectively) as well as a positive main effect of T1 support-seeking coping on T2 social skills. Each regression also controlled for T1 levels of each T2 outcome variable. That is, T1 support coping and T1 outcomes were both entered as predictors. Results are outlined in Tables 11-15.

Analyses revealed a significant main effect of T1 support-seeking coping on T2 aggression, but in the opposite direction than expected ($\beta = .30$, $p = .001$). Also inconsistent with hypotheses, analyses revealed no significant predictive effects of T1 support-seeking coping on T2 symptoms of anxiety, trauma, depression, or social skills.

Table 11. Multiple Regression Summary Table: Predictive Effect of Support-Seeking Coping (T1) on Depressive Symptoms

	B	***SE B***	***B***	***t***	***P***
T1 Dep	.65	.10	.30	3.38	<.01
Support Cope	-.02	.08	-.03	-.30	.77

Note. $R^2 = .09$

Table 12. Multiple Regression Summary Table: Predictive Effect of Support-Seeking Coping (T1) on Anxiety Symptoms

	B	***SE B***	***B***	***t***	***P***
T1 Anx	.21	.10	.31	3.36	<.01
Support Cope	.02	.08	.03	.29	.77

Note. $R^2 = .10$

Table 13. Multiple Regression Summary Table: Predictive Effect of Support-Seeking Coping (T1) on PTSD Symptoms

	B	*SE B*	*B*	*t*	*P*
T1 PTSD	.26	.10	.24	2.63	.01
Support Cope	.04	.08	.05	.55	.58

Note. R^2 = .06

Table 14. Multiple Regression Summary Table: Predictive Effect of Support-Seeking Coping (T1) on Aggression

	B	*SE B*	*B*	*t*	*P*
T1 Agg	.38	.07	.42	5.23	<.001
Support Cope	.49	.13	.30	3.74	<.001

Note. R^2 = .27

Table 15. Multiple Regression Summary Table: Predictive Effect of Support-Seeking Coping (T1) on Social Skills

	B	*SE B*	*B*	*t*	*P*
T1 SocSk	.21	.09	.24	2.36	.02
Support Cope	.03	.06	.05	.44	.66

Note. R^2 = .07

Hypothesis 8

Hypothesis 8 predicted that T1 support-seeking coping would moderate the relation between T1 ECV and T2 outcomes and that this relationship depended on T1 support quality levels (i.e., perceived support moderated the moderated association between support-seeking coping and outcomes). More specifically, a negative relationship between ECV and psychological outcomes, and a positive relationship between ECV and social support, would be observed at high levels of support coping and

perceived support quality. This hypothesis was modeled and tested using moderated moderation, or three-way interaction (Hayes, 2013). In the current study, it was hypothesized that the primary moderation (by support-seeking coping) of the effect of T1 predictor (ECV) on T2 outcomes (depression, anxiety, trauma, aggression, and social skills) is dependent on the secondary moderator (T1 quality of support). In order to test these hypotheses, the PROCESS macro for SPSS (Hayes, 2013) was utilized, and one outcome was tested at a time. The variables and model of interest (see Figure 1) were specified in the syntax (Hayes, 2013). Predictor and moderator variables were centered, and T1 variables for the outcome variable were controlled for. The best-fitting OLS regression model was estimated to see whether a three-way interaction was present.

If the three-way interaction was present, the relative strength of these secondary moderators within the three-way interaction was compared. Four moderator conditions were identified (i.e., high coping/high support; high coping/low support; low coping/high support; low coping/low support), and six total simple slope comparisons were made across these conditions. The test of slope differences was conducted by first obtaining the slopes and their corresponding standard errors of the relation between ECV and outcomes at each of the four moderator conditions, which were provided in the PROCESS output. The difference between the pairs of slopes was calculated, and the difference in standard errors of pairs of slopes was also calculated (Dawson & Richter, 2006). The difference between slopes was significant if the ratio of the difference between slopes in relation to its standard error ($\Delta b/\Delta SE$) was significantly different from zero, with t_{critical}

corresponding to *n*-*k*-1 degrees of freedom, two-tailed, at $p < .05$ (Dawson & Richter, 2006).

The three-way interaction was also probed with the pick-a-point approach and the Johnson-Neyman technique for descriptive purposes (Hayes, 2013). In the pick-a-point approach, PROCESS estimates the effect of X on Y at values of the two moderators (mean and plus/minus one standard deviation of the mean). On the other hand, the Johnson-Neyman technique is utilized when the secondary moderator is continuous and determines where the interaction between predictor and moderator variable is significant along the distribution of the secondary moderator. Although the pick-a-point approach is more commonly used to probe three-way interactions, it is limited by utilizing arbitrary points (i.e., mean and +/- 1SD) at which to probe (Hayes, 2009). The Johnson-Neyman technique addresses this drawback by providing a continuous range of values. Although both techniques are independently effective in probing a three-way interaction, both were included for descriptive purposes. PROCESS provides both *p* values and bootstrap confidence intervals of the conditional effect of the primary interaction (ECV x support coping) at various values of the secondary moderator variable (support quality; Hayes, 2013), which were also considered.

For depression as the outcome variable, the three-way interaction was not significant, $b = -.02$, t (90), $p = .26$, 95% CI [-.05, .01]. For anxiety as the outcome variable, the three-way interaction was not significant, $b = .00$, $t(90)$, $p = .86$, 95% CI [-.04, .03]. For aggression as the outcome variable, the three-way interaction was not significant, $b = .00$, $t(90)$, $p = .92$, 95% CI [-.06, .05]. The three-way interaction was not

significant with trauma symptoms as the outcome variable, b = -.01, t(88), p = .71, 95% CI [-.04, .03]. For social skills as the outcome variable, the three-way interaction was also not significant, b = .01, t(84), p = .68, 95% CI [-.02, .03]. For these results, two-way interactions were not evident.

Hypothesis 9

In order to test Hypothesis 9, which posited that the role of perceived parental support as secondary moderator would be stronger than that of perceived peer support, the PROCESS macro for SPSS (Hayes, 2013) was utilized, and one outcome was tested at a time, first with peer support as secondary moderator, and then with parental support as the secondary moderating variable. The variables and model of interest were specified in the syntax (Hayes, 2013). Predictor and moderator variables were centered, and Time 1 variables for the outcome variable were controlled for. The best-fitting OLS regression model was estimated to see whether a three-way interaction was present. Each regression allowed for an analysis of the three-way interaction between T1 ECV, support-seeking coping, and parental or peer support on outcomes. If these interactions were significant across parental and peer support variables, the simple slopes at high coping/high support across friend and peer support were compared. The test of slope differences was conducted by first obtaining the slopes of the relation between ECV and outcomes at high levels of both coping and support, which were provided in the PROCESS plotting feature. The difference between the pairs of slopes was calculated, and the standard error of the differences of pairs of slopes was calculated (Dawson & Richter, 2006). The difference between slopes was significant if the ratio of the difference between slopes in

relation to its standard error was significantly different from zero (Dawson & Richter, 2006).

With social skills as the outcome and examining perceived support from friends as the secondary moderator, there was a significant three-way interaction, $b = .02$, t (84), $p = .04$, 95% CI [.001, .04]. Tests of slope differences specific to friend support (Figures 7-12) revealed that the low coping/high friend support condition was significantly different from the low coping/low support (t [89] = -2.74, $p < .05$) and high coping/low support (t [89] = -2.95, $p < .05$) conditions. However, there were no other significant three-way interactions across both parental and peer support as moderators, so no tests of slope differences comparing friend and peer support were conducted. Two-way interactions were not observed in the analyses.

Table 16. Pick-A-Point Values for Effect of ECV X Support Coping Predicting Social Skills At +/-1SD and Mean Values of Friend Support Quality

W1 Frnd Supp. Quality	Effect	SE	*t*	*p*	LLCI	ULCI
-.46 (-1SD)	-.01	.01	-.98	.33	-.02	.01
.02 (*M)*	.00	.01.	.28	.78	-.01	.01
.70 (+1SD)	.01	.01	1.63	.10	-.00	.02

Figure 7. ECV X Friend Support X Coping Interaction Predicting Social Skills: Test of Slope Differences Between Slopes 1 (Low Cope/Low Support) and 2 (Low Cope/High Support)

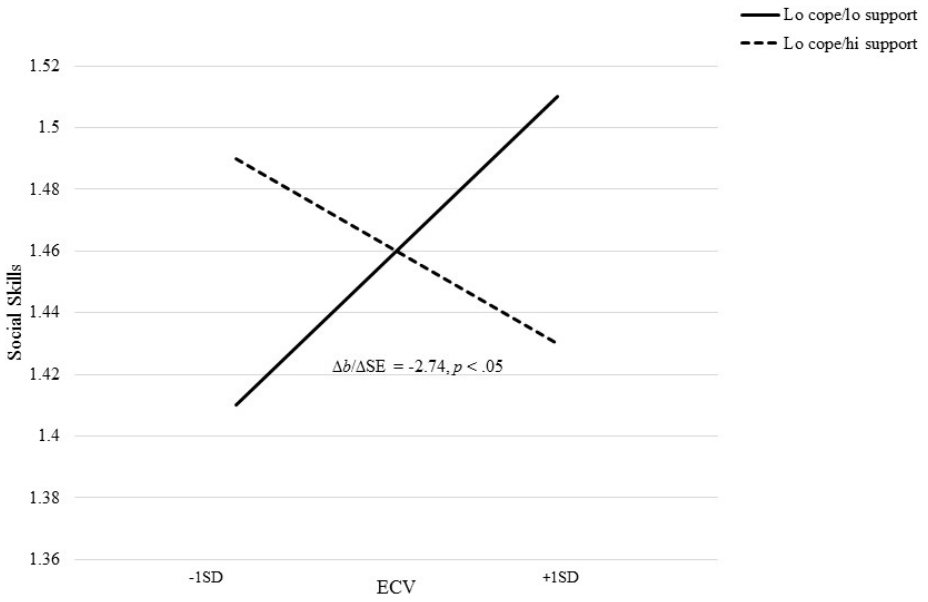


Figure 8. ECV X Friend Support X Coping Interaction Predicting Social Skills: Test of Slope Differences Between Slopes 1 (Low Cope/Low Support) and 3 (High Cope/Low Support)

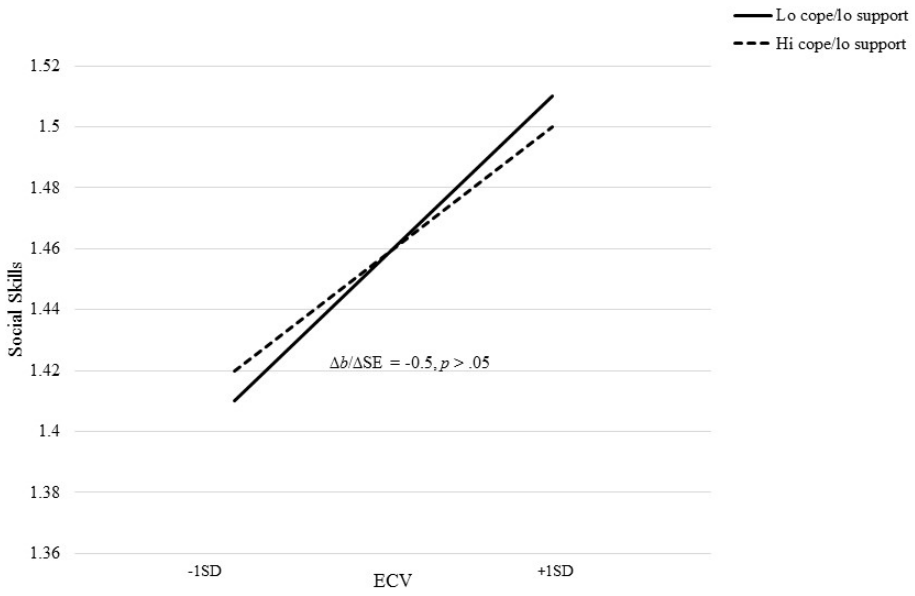


Figure 9. ECV X Friend Support X Coping Interaction Predicting Social Skills: Test of Slope Differences Between Slopes 1 (Low Cope/Low Support) and 4 (High Cope/High Support)

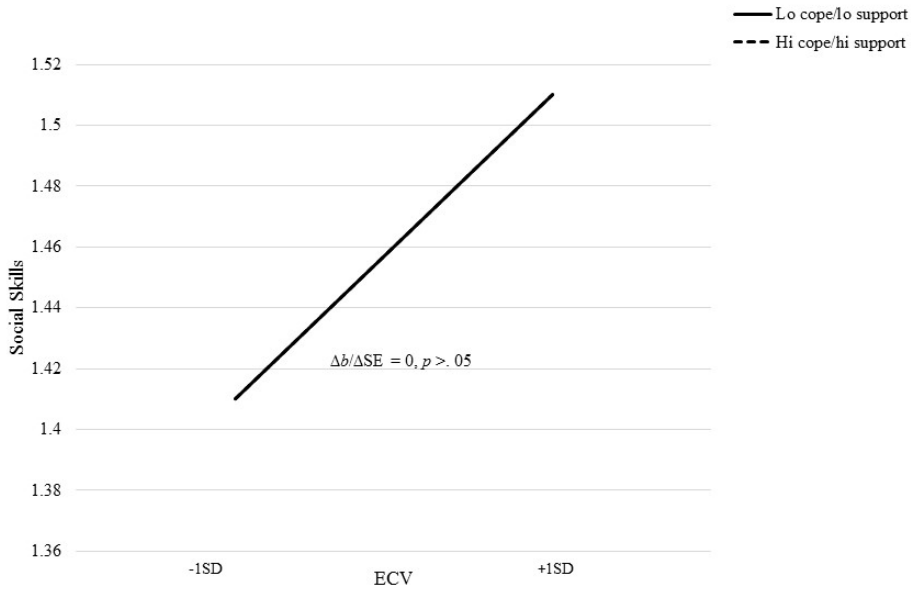


Figure 10. ECV X Friend Support X Coping Interaction Predicting Social Skills: Test of Slope Differences Between Slopes 2 (Low Cope/High Support) and 4 (High Cope/High Support)

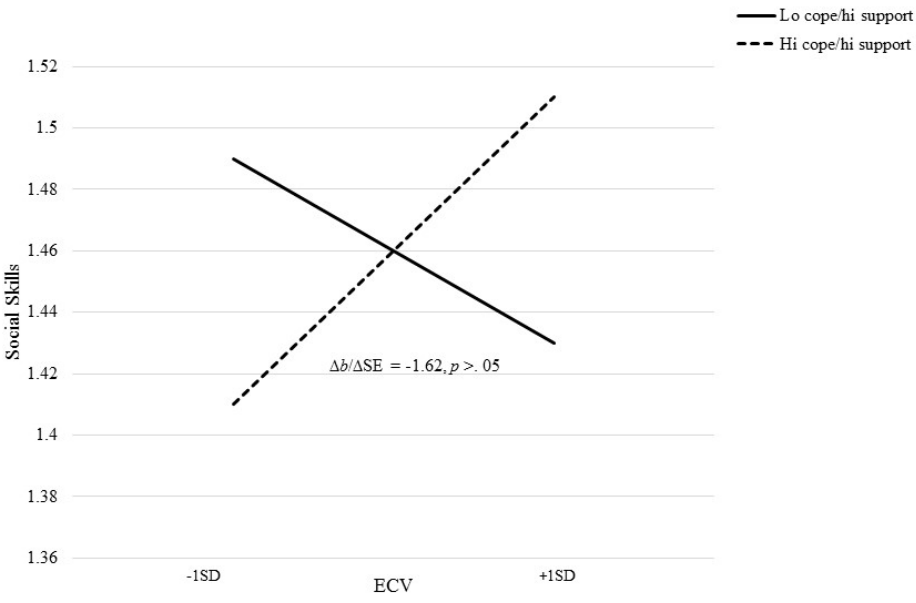


Figure 11. ECV X Friend Support X Coping Interaction Predicting Social Skills: Test of Slope Differences Between Slopes 2 (Low Cope/High Support) and 3 (High Cope/Low Support)

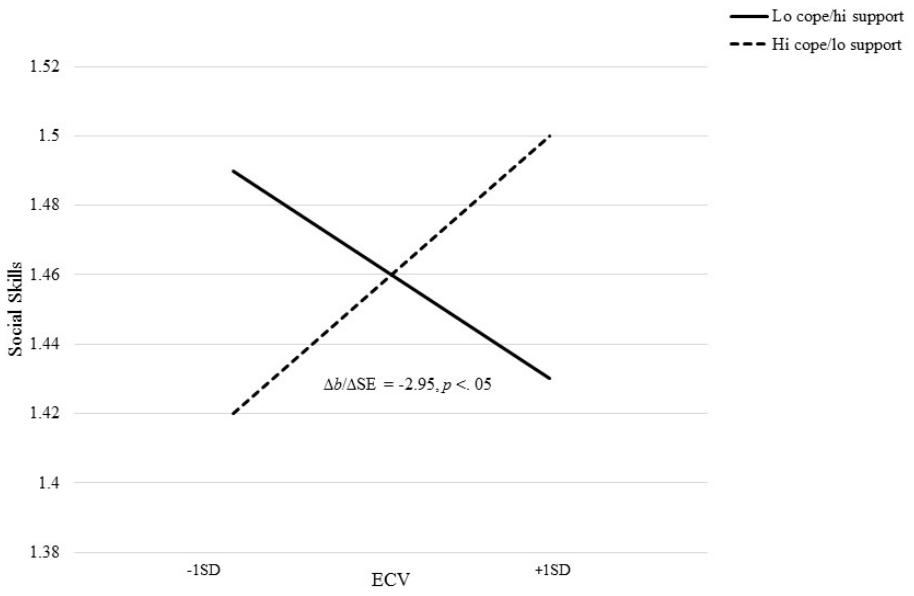


Figure 12. ECV X Friend Support X Coping Interaction Predicting Social Skills: Test of Slope Differences Between Slopes 3 (High Cope/Low Support) and 4 (High Cope/High Support)

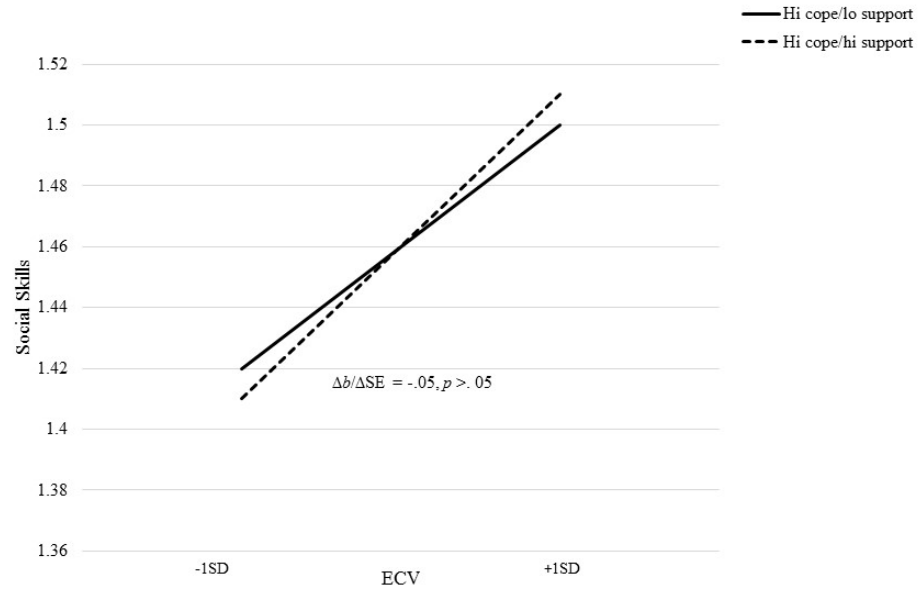


Table 17. Johnson-Neyman Values for Effect of ECV X Support Coping Predicting Social Skills at Values of Friend Support Quality

W1 Frnd Support Quality	Effect	SE	*t*	*p*	LLCI	ULCI
-1.40	-.03	.01	-1.71	.09	-.05	.00
-1.27	-.02	.01	-1.66	.10	-.05	.00
-1.14	-.02	.01	-1.61	.11	-.05	.00
-1.01	-.02	.01	-1.54	.13	-.04	.01
-.88	-.02	.01	-1.45	.15	-.04	.01
-.75	-.01	.01	-1.35	.18	-.03	.01
-.63	-.01	.01	-1.21	.23	-.03	.01
-.50	-.01	.01	-1.03	.31	-.02	.01
-.37	-.01	.01	-.80	.43	-.02	.01
-.24	.00	.01	-.51	.61	-.02	.01
-.11	.00	.01	-.14	.89	-.01	.01
.02	.00	.01	.27	.78	-.01	.01
.15	.00	.01	.71	.48	-.01	.02
.28	.01	.01	1.11	.27	-.01	.02
.41	.01	.01	1.44	.15	-.00	.03
.54	.01	.01	1.68	.10	-.00	.03
.67	.01	.01	1.85	.07	-.00	.03
.80	.02	.01	1.97	.05	-.00	.03
.82	.02	.01	1.99	.05	.00	.03
.93	.02	.01	2.05	.04	.00	.04
1.05	.02	.01	2.10	.04	.00	.04
1.18	.02	.01	2.14	.04	.00	.05

CHAPTER FIVE

DISCUSSION

The current study's primary goal was to better understand the nuanced relations among exposure to community violence (ECV) and social support in the prediction of psychosocial outcomes among African American adolescent males. This longitudinal study tested direct links between ECV and these psychosocial outcomes, examined any differential predictive power of witnessing violence and victimization, and examined the main effect of support-seeking coping on outcomes. The study also served as an examination of a moderated moderation model, where support-seeking coping was hypothesized to moderate ECV and outcomes, and youth perception of support quality was anticipated to serve as a contingency of this moderated effect. The predictive power of parental versus peer perceived support was also compared in this model. The current study drew upon previous research on the benefits of support-seeking coping as a response to stress, which has been inconclusive among African American youth and populations who are facing disproportionately high levels of uncontrollable stress (González-Morales et al., 2010; Barnes & Lightsey, 2005). Indeed, despite general conventions about the "buffering effect" of social support, some research has demonstrated that support-seeking coping exacerbates the negative effects of stress (Gorman-Smith & Tolan, 1998; Liang et al., 2007). The incorporation of support quality in this study helped to advance our current understanding about the ways in which

seeking support as a coping strategy is beneficial or limited in utility. The current study uncovered a variety of findings. Consistent with predictions, ECV consistently showed positive links to a range of psychosocial outcomes, including depression, anxiety, aggression, and trauma symptoms. These results are consistent with the notion that a comorbid presentation of psychological symptoms is common among youth (Wolff & Ollendick, 2006). However, contrary to expectations, the effects of ECV experienced at T1 did not extend to social skills in T2. Also contrary to hypotheses, no differences emerged in the predictive power of witnessing violence versus victimization in the prediction of outcomes. Although support-seeking coping in T1 was expected to negatively predict T2 symptoms of depression, anxiety, aggression, and trauma, and positively predict social skills, these trends were not observed. Furthermore, contrary to expectations, a significant positive relation between support-seeking coping and symptoms of aggression emerged. Further, three-way interactions between ECV, support quality, and support-seeking coping were nonsignificant across outcomes, contrary to expectations. Finally, contrary to hypotheses, when parent and peer support were examined within the moderated moderation model, no differences in predictive power emerged. However, an interaction between ECV and support-seeking was detected at high levels of perceived friend support in the prediction of social skills development.

Direct Links between ECV and Psychosocial Outcomes

ECV and aggression. The results of the multiple regression analyses, in which ECV predicted an increase in psychological symptoms, were generally consistent with

the literature. Prior findings have suggested that exposure to violence in one's community has a detrimental and diffuse impact on adolescent development, such that it places them at risk for a host of mental health problems (Mrug et al., 2008; Lambert et al., 2008). For example, the finding that ECV significantly predicted more aggression over time is consistent with a robust trend in the literature, which asserts that ECV, particularly when it is chronic and/or in the form of victimization, places youth at increased risk for exhibiting aggressive behaviors and engaging in high-risk behaviors, such as carrying a weapon (Bell & Jenkins, 1993; Brady et al., 2008; Guerra et al., 2008). In addition, the expression of aggressive behaviors is more common among males (Lee et al., 2013). Although mediating factors that might explain this relationship were not measured in the current study, it is likely that the participants' exposure to violence prompted a normalization of violent behaviors, which can be viewed as a form of coping or reasoning with such events (Gardner & Steinberg, 2005; Ng-Mak et al., 2002). It is also important to consider that in a context in which community violence is prevalent in one's neighborhood, modeling and exhibiting aggressive norms and behaviors may serve as a means of self-preservation and status (Klein & Maxson, 2006). Furthermore, proximity to family members or peers who are perpetrators or victims of violence is another important factor that might dictate the development of violent norms, and in turn, symptoms of aggression (Papachristos et al., 2012). Although the link between ECV and aggression has been well-established in the literature, it is important to examine moderating and mediating factors that can identify youth who are at greatest risk for developing symptoms of aggression following violence exposure.

ECV and anxiety. The findings in which ECV positively predicted anxiety were consistent with hypotheses and add to the literature regarding ECV and its relationship with internalizing symptoms. Prior studies have also observed a positive effect of ECV on anxiety (Gaylord-Harden et al., 2011; Mrug et al., 2008), but this relationship has not been commonly tested, with researchers often grouping depression and anxiety into an "emotional distress" category (Gaylord-Harden et al., 2011). Consistent with the tripartite model of depression and anxiety (Clark & Watson, 1991; Lambert et al., 2004), the two disorders share a common dimension of negative affect, which includes negative emotions such as sadness, anger, and fear. However, anxiety is uniquely characterized by the physiological hyperarousal specific to panic states. Indeed, ECV may introduce a heightened vigilance to threatening situations because it serves an adaptive purpose in the face of community violence (Gaylord-Harden et al., 2011). However, potential mediating factors that explain this relationship have not been explored theoretically or empirically. Therefore, it is imperative for researchers to examine the internalizing symptoms of depression and anxiety separately in order to develop unique models that explain their distinct relations to ECV among African American youth.

ECV and depression. The finding that ECV positively predicted symptoms of depression contributes to the inconclusive literature regarding this relationship. Some researchers have demonstrated a positive link between community violence exposure and depression (Lambert et al., 2008; Youngstrom et al., 2003), with the theorized mediator being the development of a sense of learned helplessness (Landis et al., 2007). On the other hand, others have called into question the lack of consistency and robustness of this

relationship in the literature, as many studies have found either no relationship or a negative relationship between ECV and depression (Fitzpatrick, 1993; Ng-Mak et al., 2002; 2004). The current study suggests that the main effect of violence exposure on depression is comparable to that of other symptoms, including aggression. The current sample was recruited from an all-male, public charter school and may differ qualitatively from samples recruited from public neighborhood schools. Specifically, ethnographic research among African American male adolescents suggests that those who attend charter schools outside of their community must negotiate a complex relationship between their loyalty to their community and the new connections to their school environment (Patton, 2012), which may heighten their emotional distress or depressive symptoms. This unique relationship may also increase reactivity to community violence exposure.

On the other hand, others have conceptualized the weak relationship between ECV and depression in the literature as indicative of a desensitization effect, whereby there is an attenuation of emotional distress over repeated exposure to violence (Ng-Mak et al., 2002; Boxer et al., 2008). It is theorized that this attenuation is adaptive for youth experiencing violence (Ng-Mak et el., 2002). Given most that studies of the psychosocial impact of ECV are either cross-sectional or short-term longitudinal, future examination of the relation between ECV and depression would benefit from a multiple time point design. Furthermore, given that the construct of depression consists of a range of symptoms (e.g., affective, cognitive, behavioral, and somatic), it is possible that some types of depression (e.g., affective) are more susceptible to desensitization than others,

but those nuances are not considered. Future studies should also incorporate an item-level analysis of the impact of ECV on depression.

ECV and trauma. The current study's finding that ECV positively predicted symptoms of trauma is consistent with hypotheses and prior examinations of this relation (Paxton et al., 2004; Zinzow et al., 2009; Goldmann et al., 2011). Given that ECV, especially victimization, is conceptualized as a traumatic event that can pose real threats to one's safety (Garbarino, 1993), it is intuitive that youth should display trauma-like reactions, such as hypervigilance and emotional numbing. The current study's sample showed mean trauma scores above the clinical cutoff of 15 (Foa et al., 2001) across both time points. This trend is in contrast to a low incidence of self-reported PTSD symptoms among African American males compared to White and Hispanic males (Milán et al., 2013), as well as females (Springer & Padgett, 2000). The relationship between ECV and trauma was also robust to concerns about the limitations of conceptualizing PTSD as arising from a single traumatic event, as opposed to chronic exposure to life-threatening violence. Nevertheless, future efforts to better understanding the development of trauma symptoms as a result of community violence exposure must involve the development of measures that reflect the construct of complex trauma. This important work will help to identify symptoms not currently included in traditional conceptualizations of trauma, such as inattention, dissociation, thought problems, and distortions in attributions (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012).

Furthermore, traumatic reactions mirror, to some extent, the physiological arousal inherent to anxiety, and this pattern is evident at the symptom level across PTSD and

generalized anxiety diagnoses. Although factor analyses have suggested that symptoms of anxiety and symptoms of post-traumatic stress represent independent disorders (Brown et al., 1998; Grant, Beck, Marques, Palyo, & Clapp, 2008), continued research regarding the validity of these disorders among the current study's population is warranted. Furthermore, it is possible that anxiety sensitivity, which refers to a cognitive predisposition to view situations as distressing, and in turn, an averseness to anxiety-related sensations (Marshall, Miles, & Stewart, 2010), may make youth more susceptible to traumatic reactions when faced with ECV. Indeed, it is important to extend the various empirical inquiries into the nosology of PTSD and its comorbidities to African American adolescents who are faced with ECV.

ECV and social skills. Contrary to predictions, there was no observed relationship between ECV and social skills. This is inconsistent with researchers who have indicated that ECV has generalized impact on youth development in the form of emotion regulation, and in turn, social skills (Schwartz & Proctor, 2000). However, the specific impact of ECV on social skills has not been extensively examined. There are some potential explanations for the current study's finding. It is possible that social skills are immune to the impact of ECV, as social skills have a strong basis in a complex neural network and are concentrated in the limbic and prefrontal areas (Beauchamp & Anderson, 2010). While social skills and functions do arise from these networks, they are influenced greatly by genetic, social, and contextual dimensions that interact with one another. Indeed, adolescence is characterized by substantive changes in one's social network, and correspondingly, heightened emotional responsiveness to social stimuli and

an increased need to appropriately ascribe emotional significance to stressful interpersonal events (Nelson et al., 2005). Given that ECV is an environmental stressor that is also inherently interpersonal in nature, it is clear that ECV presents an overwhelming challenge for youth to process during a time in which adolescents attribute greater emotional potency to social events.

Nevertheless, there are some potential explanations for the current study's finding. Perhaps responses to the social skills measure in the current study were driven by social desirability and were not an accurate reflection of their abilities. Often, measures assessing constructs with a high potential for social desirability response bias (e.g., personality; parenting) include a scale to assess this tendency (Johnson & Van de Vijver, 2003) and may be a beneficial feature in selecting or developing measures of social skills functioning. Furthermore, respondents may have overestimated their social skills abilities due to poor insight. Teacher or parent ratings of participants' social skills would allow for a more complete representation of their abilities. Finally, the measure of social skills may have been too broad, encompassing too many sub-dimensions of social competence. Specifically, the dimensions in the measure encompass behaviors (e.g., communication, assertion), social attitudes (e.g., responsibility, empathy) and executive functions (e.g., self-control). There may be particular social skills that are especially impacted by ECV, whereas other skills are robust to the effects of ECV. Indeed, studies have demonstrated a significant negative relationship between exposure to violent media and empathy (Krahé & Möller, 2010), as well as a mediating role of empathy in the relation between media violence exposure and aggressive behaviors (Bartholow, Sestir, & Davis, 2005).

However, less is known about how other domains of social functioning are impacted by violence exposure, which signals for the need for substantial empirical work to better understand the impact that ECV has on different components of social skills functioning.

Toward a more nuanced view of pathological responses to ECV. The above findings suggest that internalizing and externalizing symptoms present to African American males as a pathological response to ECV across time, which is consistent with research regarding the stress-psychopathology relationship among African American youth (Cooley-Quille et al., 2001; Zimmerman et al., 2000). That is, internalizing and externalizing symptoms emerge secondary to ECV and are essentially maladaptive for successful daily functioning. However, particularly in the case of ECV as a chronic and uncontrollable stressor, it is possible that many of the symptoms that emerge serve an immediately adaptive purpose and dictate coping responses to ECV. Particularly in the case of increased aggressive behaviors, physiological hyperarousal, hypervigilance, and emotional numbing, these responses may help youth safely and effectively navigate their context and avoid becoming a target for violence (Garbarino, 2008; Gaylord-Harden & Cunningham, 2011).

Despite the physical and social protections these stress responses may provide, it is important to acknowledge their limitations. The benefits of aggressive or hypervigilant appraisals of stress may only be limited to high-risk contexts, and may pose significant problems in the home or school setting (Gaylord-Harden & Cunningham, 2011). That is, when these responses to stress become generalized coping responses to stress, they may lead to problems, such as poor academic performance, poor social interactions, and

delinquency. In turn, these problems may increase one's risk for exposure to violence and thus creating a transactional and cyclical relationship between ECV and psychosocial problems across time. This complex relation among ECV, psychopathology, and coping responses speaks to the importance of reducing maladaptive responses to ECV, while at the same time teaching coping strategies that are contextually relevant to ECV as a unique stressor disproportionately faced by urban African American adolescent males.

Witnessing versus victimization in the prediction of outcomes. Inconsistent with hypotheses, there were no differences in predictive power between witnessing violence and victimization across observed outcomes. This finding is in contrast to the literature, which typically asserts that victimization has more deleterious effects to youth compared to witnessing, in the form of a more severe presentation of mental health problems (Fowler et al., 2009). This effect has been observed consistently with outcomes such as aggression (Shahinfar et al., 2000; Scarpa & Haden, 2006), trauma (Scarpa et al, 2006), and social skills (Schwartz & Proctor, 2000). Given the robustness of the literature on this dichotomy (Fowler et al., 2009), the lack of distinction in the current study is puzzling. There are some alternate explanations which may address this null finding. First, the majority of research examining the witnessing-victimization distinction has been cross-sectional in nature, and therefore the mean level of reported victimization may have been too low to demonstrate its effect on outcomes. In addition, a number of these studies were conducted with largely White, middle-class, college-aged samples (e.g., Scarpa & Haden, 2006), which limits the generalizability of their findings to the current study sample. Given that the current sample was recruited from a charter school,

participants and their caregivers may have more resources than the general population to avoid places or people that would expose them to direct victimization. Conversely, participants' reports of witnessing violence could have been skewed towards the proximal accounts of witnessing (e.g., seeing someone get shot) versus the distal accounts (e.g., hearing gunshots), and that these witnessed events were sufficient to comparatively "wash out" the effects of victimization. Furthermore, the mean reported victimization score was much lower compared to the mean witnessing score. Therefore, even if victimization indeed exerts a stronger effect on psychosocial development, the incidence rates in this sample may be too low to observe such an effect. Although the current study's findings may not be representative of the differential impact of witnessing violence and victimization among urban African American males described in previous studies, they suggest that witnessing violence should not be overlooked as a "lesser evil", in that sufficient episodes of witnessing violence may hold the same weight as violence. Future research should continue to examine the relative predictive power of these dimensions of violence, while also taking into consideration the related concept of proximity to the event.

Direct Effect of Support-Seeking Coping and Outcomes

The current study found that more support-seeking coping predicted higher levels of aggression in T2, which was in the opposite direction than expected, given that support-seeking coping is conceptualized in the literature to be an adaptive coping strategy (Li et al., 2000; Ayers et al., 1996). The "main effect" hypothesis, in which support-seeking coping can mitigate outcomes irrespective of stress levels, was also not

supported by this finding. This observed relationship is consistent with some findings that call into question the utility of seeking support (Barnes & Lightsey, 2005; González-Morales et al., 2010). Researchers have theorized that support-seeking coping is rendered ineffective if one's sources of support are of poor quality; this moderator is explored below in the discussion of the moderated moderation analyses. It is possible that other variables may interact with support-seeking efforts to render them more vulnerable to aggressive behaviors. For example, it is probable that social skills deficits, identified as a predictor and mediator in a cascade model of adolescent violence (Dodge, Greenberg, & Malone, 2008), may sabotage coping efforts to reach out to others. These poor social interactions in turn generate feelings of alienation, frustration, and ultimately, externalizing behaviors. Nevertheless, this finding is important because it challenges the notion that seeking support alone is a universally beneficial strategy for youth, especially because it may place youth at higher risk for exhibiting symptoms of aggression.

Contrary to expectations, support-seeking coping did not predict reduced levels of depression, anxiety, or trauma, nor did it predict increased levels of social skills. Taken together, support-seeking coping was an ineffective strategy for this sample. There may be some measurement issues that could explain this pattern of findings. As discussed above, there are several types of support that someone can elicit from his or her support network: instrumental, emotional, informational, or appraisal support (Malecki & Demaray, 2003). Additionally, youth may turn to different sources to receive this support, including parents, friends, extended family members, and teachers. Taken together, support type and source likely influence how successful efforts to seek support may be.

Although the items used to measure the construct of support-seeking coping demonstrated good fit across time points, they did not encompass all the above types and sources. For example, the selected items did not include efforts to reach out to a teacher. One study found that when teachers provided emotional support, this was uniquely predictive of middle students' academic competence (Malecki & Demaray, 2003). Furthermore, some of the items (e.g., "Call someone to talk") may confound efforts to reach out to informational versus appraisal support. As such, omission of preferred types of support-seeking coping and sources of support may have posed issues of predictive validity for the selected items. These issues point to the salience of support type and source when developing items measuring social support.

Nevertheless, the results of these main effect analyses continue to call into question the utility of support-seeking coping as an adaptive strategy among youth who are faced with chronic, uncontrollable stress, such as community violence exposure. Although the methodological issues above may explain why associations between coping and outcomes were not found, as hypothesized, the findings support the notion that seeking support may not be helpful. Indeed, some studies have demonstrated that problem-focused coping efforts, such as seeking support, may exacerbate symptoms among African American males living in low-income urban areas (Grant et al., 2000). Ultimately, ongoing examination of preferences within this coping strategy among urban African American youth will engender a better understanding of its benefits and limitations.

Indirect Effect of Support-Seeking Coping as a Moderator

The results of Hypothesis 8 found that the three-way interactions were not significant across outcome variables. These findings were contrary to hypotheses, which posited a buffering effect of support-seeking coping on outcomes, with perceived support acting as secondary moderator. There are alternative explanations for these findings. First, reports of coping strategies were in response to general, nonspecific stress (in the case of the ACOPE measure) and in response to a specific stressor not necessarily related to ECV (in the case of the Y-ACSI measure). Therefore, participant reports of utilizing friends and family for support may not be directly in response to ECV.

Another explanation for this unexpected finding is that the current model may not adequately explain the conditions that underlie the buffering effect of support-seeking coping. In other words, other variables may better explain when and how support-seeking coping works. For example, researchers have suggested that the timing of support is important to consider (Jacobson, 1986; Cohen & McKay, 1984). Since one's response to and appraisal of an event may change over time, certain coping strategies may have more or less utility throughout this process (Jacobson, 1986). This concept is evident in the grief and loss literature and the dual process model of coping with bereavement (DPM; Stroebe & Schut, 2010). The DPM model is a modification of earlier phase-oriented bereavement frameworks. This model posits that coping with loss is a *dynamic* process that is regulatory in nature, where the process of confrontation and avoidance can serve adaptive purposes at different times following an event of loss (Stroebe & Shut, 2010). This concept may be applied to ECV, such that avoidance coping styles may be most

beneficial immediately following the violent event, but support-seeking or active coping strategies become more useful after some time has elapsed. However, this alternative explanation should be considered with caution, as there is very little empirical exploration of the temporal aspects of stress and coping.

In the current study, measuring the buffering effect of support coping strategies at Time 1, during the same period of reported violence exposure, may not have accurately captured when support-seeking coping is most beneficial after witnessing or being victim to a violent event. Indeed, supplemental analyses for Hypothesis 8, in which support-seeking coping and support quality were examined as moderators at Time 2, instead of Time 1, found that the interaction between ECV and high levels of T2 support-seeking coping positively predicted aggression under mean levels of T2 perceived support, $\theta_{XM \rightarrow Y} = .03$, t (89) = 2.39, $p = .02$, 95% CI [.004, .05]. Correspondingly, according to Johnson-Neyman values, the interaction between ECV and support-seeking coping was significant and positive at moderate to high levels of perceived support, with the critical region occurring at the 58th percentile of scores. This finding also underscores the variability in results observed as a function of the temporal process. Given our limited understanding of the temporal aspects of coping with ECV and the generalizability of the DPM model to this phenomenon, continued efforts should be made to improve theoretical and methodological approaches to this question.

Although the study assumed parents and peers were positive sources of influence, it is possible that deviant peers provided a good deal of support in the face of ECV. Indeed, it may be that youth value the opinions of, and seek support from, peers who are

involved in delinquent or violent behaviors, as they may seem like apt candidates for understanding the complex nature of ECV and other shared social experiences. In future studies, it will be important to understand how parents and peers socialize youth to respond to ECV-related stress (e.g., fight back; disengage) and to what end those responses serve.

Given the paucity of theoretical and empirical understanding around the underlying factors behind successful support-seeking efforts, there is a need to validate and refine previous theoretical models around the relation between stress and support coping. Future studies should explore when African American youth perceive that reaching out to family and friends has the best utility after experiencing a stressful situation. Relatedly, future studies should frame support-seeking efforts in the specific context of violence exposure, rather than support-seeking efforts in general. These efforts should also take into consideration the different types of support (e.g., emotional, instrumental) and their relative utility under stressors like ECV.

Another explanation for the inconsistent findings around the moderating effects of support coping is that these coping efforts do not effectively mitigate the impact of ECV. Violence exposure is a nefarious stressor that has a far-reaching impact on development, mental health, and a basic sense of safety (Shahinfar et al., 2000). As such, efforts to mitigate the negative effects of ECV through an individual's coping behaviors may have a minimal net effect. Furthermore, the coping efforts themselves may exacerbate the positive relation between ECV and psychosocial outcomes. Specifically, a positive relationship between ECV and internalizing and externalizing outcomes among youth has

been observed specifically among those who turn to ineffective coping efforts, traditionally conceptualized as avoidance or confrontational strategies (Brady et al., 2008; Dempsey, 2002). Although support-seeking is considered an adaptive coping strategy, turning to others who do not fulfill the youth's needs may have a vulnerability effect to ECV. Perhaps contextual factors, such as the supportiveness of adolescent's neighborhood and school, are more salient protective variables that have the secondary benefit of fostering healthy support-seeking behaviors. For example, a safe neighborhood (Aisenberg & Herrenkohl, 2008), effective parenting, monitoring, and belongingness at school have been identified as buffers to the negative effects of ECV (Webster-Stratton & Taylor, 2001). This underscores the importance of environmental context and structural change in addressing community violence at the policy level.

Comparing Sources of Support Quality

Contrary to hypotheses, differences in the strength of the moderating effect between perceived parent and peer support were not observed. This finding is inconsistent with the literature, which posits that in high-stress situations, adolescents tend to utilize parental support as opposed to the support of their peers (Frey & Rothlisberger, 1996; Kenny et al., 2002). A significant three-way interaction between ECV, support coping, and perceived friend support was observed in the prediction of social skills. Specifically, the low coping/high support simple slope, which demonstrated a negative relationship between ECV and social skills, was determined to be significantly different from the low coping/low support and high coping/low support conditions. Unfortunately, there were no compelling findings regarding the high coping/high support

condition, which was of particular interest in the current study. The overall three-way interactions involving parent support quality were not significant, and the explanations for these inconsistent and null findings also apply here. It is also possible that this sample perceived their relationships with friends and parents to be of comparable quality. With regard to the current sample, the school environment prioritized a sense of belongingness and pride, and placed boys into groups that were incentivized to work together to earn prizes and privileges throughout the year. This school environment was designed with similar objectives as the "My Brother's Keeper" initiative proposed by President Barack Obama, which aims to increase positive youth development among boys of color and counter commonly held stereotypes and statistics focused on perceived deficits. Given the unique school environment of the current sample compared to area public schools, it is possible that peer support among this sample was particularly high.

One limitation of the current study, in light of these findings, was that the variable of perceived parent support was a composite of perceived support of participants' mother and father. As such, potentially meaningful variability between maternal and paternal support was obscured. Although an increasing number of African American families are headed by single mothers (Vespa, Lewis, & Kreider, 2013), raising concerns about the impact of paternal absence on child development, studies have determined that paternal involvement and support are more important predictors of positive youth development than residence within the home (Jackson, Choi, & Franke, 2009). Nevertheless, understanding perceived paternal support and its impact on support coping behaviors is important in the context of shifting trends within the African American family and should

be a focus of future empirical inquiry. Furthermore, future research would benefit from examining maternal and paternal support separately.

Limitations and Strengths

The current study is not without limitations. One limitation of the current study was the sole reliance on youth's self-report on surveys. Relying solely on self-report responses raises concerns of shared method variance and inflation of the association between variables. Also, it may be challenging to ask others to retroactively report on violence exposure, but future studies may consider a multimethod approach to data collection. For example, researchers have utilized daily sampling methods (Richards et al., 2015) and police reports of crime within and across neighborhoods (Morenoff, Sampson, & Raudenbush, 2001) to address the issue of decreased recall of community violence over time. These methods have the potential of corroborating retroactive self-reports of ECV and providing additional details around the violent event, such as severity and type (Richards et al., 2015; Goldner, Gross, Richards, & Ragsdale, 2014).

Another limitation of the current study was the generalizability of the sample to urban African American adolescent males, given that participants were recruited from a charter school. Although the participating school is open enrollment (i.e., no entrance exams or other qualifications are required), participants' caregivers may be intrinsically more motivated to place their adolescents in this school setting. Relatedly, the unique environment of the charter school may provide resources and support for participants that may not exist at other area high schools. It is important to take these details into consideration in interpreting the study results. Further, a key limitation of the study was

the sample's attrition rate of over 50 percent at Time 2, which likely undermined the study's ability to detect significant relationships. Although the school did not provide additional data regarding the various reasons for students not continuing (e.g., expulsion; parents voluntarily moving to another school), this information would have provided underlying meaning behind the significant differences observed between the drop-out and final sample groups in reported violence exposure.

The current study was also limited by the operationalized definitions of some of the study variables. For example, the study focused on violence exposure in the community, to the exclusion of violence exposure in the home and at school. Although ongoing research examining the exclusive effects of ECV on psychosocial functioning should be prioritized, assessing for these other types of violence exposure allows the researcher to account for potentially significant variance in outcomes that may be explained by these variables. In other words, including other types of violence as control variables eliminates their influence as confounders when examining ECV specifically. Another restriction in the scope of variables was observed in the sources of perceived support that were examined. The support quality of other family members or significant adults may have considerable salience, above and beyond that of parents and peers. For example, studies have documented the role of grandmothers as caretakers within the African American family (Dancy, Julion, & Wilbur, 2015). Given that the utilization and salience of social networks, namely family, friends, and fictive kin, varies across ethnic groups (Taylor, Chatters, Woodward, & Brown, 2013), it is imperative to use these cultural differences as a framework for understanding support-seeking and support

quality. Furthermore, from a measurement perspective, the current study was limited by its use of a composite of two different coping measures, as well as measures that did not examine coping responses specific to ECV. Although the various outcome measures were determined to have acceptable reliability and construct validity based on a review of the literature, these variables were highly correlated, which may suggest that these measures tackle a broader construct of distress rather than distinct psychological concerns. These concerns with discriminant validity across outcome measures should be addressed in future studies, such that a broadband measure designed to distinguish between internalizing and externalizing symptoms, such as the Child Behavior Checklist (Achenbach & Edelbrook, 2011), should be considered.

Despite its limitations, the current study has several strengths. The current study examined both the main effect and buffering effect of support seeking coping across two time points. These models have been couched as competing explanations of the conditions under which seeking support works (i.e., under stressful situations only versus all the time), but this study reflects more recent thinking that these models are complementary in nature. More importantly, these models were considered in the context of community violence exposure, a stressor that is commonly experienced by African American male adolescents living in urban areas. Another strength of the study is that the model also considered support quality as a moderator of the buffering effect of support coping. The buffering effect of support coping has not been observed in studies where participants are reporting uncontrollable and chronic stress (Gorman-Smith & Tolan, 1998; Mulia et al., 2008), and the current study sought to address these inconsistencies by

considering factors that may moderate the buffering effect of support coping. Further, these findings suggest that the Johnson-Neyman technique may have more utility in detecting significant interaction effects that may occur outside the arbitrary +/- SD range offered by the more widely used pick-a-point technique (Hayes & Matthes, 2009). The current study advanced the literature by considering a broader range of outcomes, which included both classic indicators of mental health and social skills development. Finally, the causal design of the study allowed more confidence in the causal nature between ECV and outcomes, given the fact that previous levels of each outcome were controlled for.

Summary and Conclusions

In sum, urban African American males are at disproportionate risk for ECV and a range of psychosocial sequelae. Victimization, as opposed to witnessing violence, has been observed to more strongly impact vulnerability to internalizing, externalizing, and trauma symptoms (Fowler et al., 2009; Berenson et al., 2001), and this distinction was also examined in this longitudinal study. Examining the impact of ECV on clinical symptomatology has represented a great deal of the empirical literature, but the current study also questioned whether violence exposure impacts social skills development, a marker of healthy adolescent development. Furthermore, examining adaptive coping strategies in the context of community violence exposure takes into consideration the unique nature of ECV and advances the coping literature. Support-seeking coping, in particular, is understood to be an adaptive coping strategy within the mainstream coping literature. However, its utility in the face of chronic, uncontrollable stress is unclear given mixed findings. The current study's examination of the conditions under which seeking

support has optimal effect is an important and practical question for intervention. Specifically, the current study posited that African American male adolescents' perceptions of closeness with their parents and peers would moderate the buffering effect of support-seeking coping on ECV and psychosocial outcomes, such that the buffering effect would only occur when perceived support quality was high. Furthermore, parental perceived support was expected to have a stronger secondary moderating effect compared to peer support, consistent with previous research among adolescents (Kenny et al., 2002). The initial findings suggested that, consistent with expectations, ECV at Time 1 positively predicted symptoms of depression, anxiety, aggression, and trauma at Time 2, after controlling for Time 1 levels of these symptoms. These findings underscore the broadband negative impact of ECV on mental health among this population. Although social skills development was hypothesized to be stymied by ECV, this relationship was not observed. This finding either suggests that the impact of ECV is limited to psychological dimensions or that the measure of social skills encompassed too broad a range of competencies to observe a relationship. Nevertheless, there is merit in ongoing exploration of the components of social skills development, such as empathy, communication, and self-control, as being impacted by ECV. Across outcomes, no differences in predictive power between witnessing and victimization of violence were noted after one year. Given that the majority of studies examining these dimensions of ECV are cross-sectional in nature, it is possible that the predictive power of witnessing and victimization wanes over time.

The second group of analyses in the current study aimed to examine the main effect and stress-buffering hypotheses of support-seeking coping, examine how support quality factors into the buffering relationship, and compare the predictive power of parent and peer support as secondary moderators. The current study yielded minimal support for either hypothesis. Specifically, support-coping was not observed to negatively predict internalizing and trauma symptoms, nor did it positively predict social skills. Further, contrary to expectations, support-seeking coping positively predicted aggressive behaviors. Taken together, these results suggest that either seeking support as a coping strategy is ineffective, or the measurement of this variable did not allow for a more nuanced understanding of how different types of support received (e.g., emotional; instrumental) may differentially impact outcomes. The primary hypothesis, which posited that the stress-buffering effect of support-seeking coping in the relation between ECV and psychosocial outcomes would only be observed when perceived support quality, was not supported, such that three-way interactions among the outcome variables were not significant. These null findings suggest that additional considerations need to be made with regard to the helpfulness and adaptability of messages conveyed when seeking support from parents and friends. That is, regardless of the efforts made to seek support and the perceived support quality, the "take home message" of these supportive interactions needs to be impactful for youth seeking them. Alternatively, given the deleterious effects of ECV on adolescent development and well-being, support-seeking coping may not be sufficient in countering these negative effects.

Future work should continue to refine moderating variables and mediational processes that work to counter the negative effects of ECV among African American male adolescents. Consistent with the current study's approach, efforts should also be made to identify situational or contextual factors that may limit a particular coping strategy's efficacy. The current study suggests that efforts to seek support and support quality may be less important than other factors, possibly including the type of support received and the function it serves for the individual. Furthermore, future empirical efforts should develop and utilize measures that examine coping efforts unique to ECV (So, Gaylord-Harden, Voisin, & Scott, 2015), which may or may not include support-seeking coping. Participants should be able to identify their support sources as positive or deviant in nature. Adaptive coping strategies continue to be an avenue that can easily be incorporated into intervention efforts and that allows youth to empower themselves with strategies in the face of chronic, uncontrollable community violence. However, the research on the detrimental effects of ECV among African American male adolescents should also be disseminated at the policy level to call for eradication of structural barriers to economic development, neighborhood cohesion, and other markers of progress within low-income, urban communities. These efforts will in turn address the ongoing epidemic of community violence. In other words, culturally and contextually-informed interventions coupled with preventative and restorative efforts at the policy level will comprehensively address ECV and its psychosocial sequelae among African American male youth.

APPENDIX A

YOUTH MEASURES

MEV

Identify how many times in the past year that you experienced each of these.

How many times have you **WITNESSED** the following acts in the **PAST YEAR**?

1. Witnessed someone getting sexually assaulted
Never Once 2-3 times 4-10 times 11-50 times more than 50

2. Seen someone get killed
Never Once 2-3 times 4-10 times 11-50 times more than 50

3. Witnessed a shooting
Never Once 2-3 times 4-10 times 11-50 times more than 50

4. Seen someone get shot at
Never Once 2-3 times 4-10 times 11-50 times more than 50

5. Seen a dead body
Never Once 2-3 times 4-10 times 11-50 times more than 50

6. Witnessed someone's safety get seriously threatened
Never Once 2-3 times 4-10 times 11-50 times more than 50

7. Seen someone get attacked with a weapon
Never Once 2-3 times 4-10 times 11-50 times more than 50

8. Seen someone get chased
Never Once 2-3 times 4-10 times 11-50 times more than 50

9. Heard gunfire

Never Once 2-3 times 4-10 times 11-50 times more than 50

10. Seen someone get hit
Never Once 2-3 times 4-10 times 11-50 times more than 50

How many times have these acts **HAPPENED TO YOU** in the **PAST YEAR**?

1. Been shot
Never Once 2-3 times 4-10 times 11-50 times more than 50

2. Been home during a break in
Never Once 2-3 times 4-10 times 11-50 times more than 50

3. Been sexually assaulted
Never Once 2-3 times 4-10 times 11-50 times more than 50

4. Been shot at
Never Once 2-3 times 4-10 times 11-50 times more than 50

5. Been attacked with a weapon
Never Once 2-3 times 4-10 times 11-50 times more than 50

6. Been seriously threatened
Never Once 2-3 times 4-10 times 11-50 times more than 50

7. Been chased
Never Once 2-3 times 4-10 times 11-50 times more than 50

8. Been hit
Never Once 2-3 times 4-10 times 11-50 times more than 50

IPPA

This questionnaire asks about your relationships with important people in your life; your mother, your father, and your close friends. Please read the directions to each part carefully.

Part I
Some of the following statements asks about your feelings about your mother or the person who has acted as your mother. If you have more than one person acting as your mother (e.g. a natural mother and a step-mother) answer the questions for the one you feel has most influenced you.

Please read each statement and circle the ONE number that tells how true the statement is for you now.

	Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
1. My mother respects my feelings.	1	2	3	4	5
2. I feel my mother does a good job as my mother.	1	2	3	4	5
3. I wish I had a different mother.	1	2	3	4	5
4. My mother accepts me as I am.	1	2	3	4	5
5. I like to get my mother's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use letting my feelings show around my mother.	1	2	3	4	5
7. My mother can tell when I'm upset about something.	1	2	3	4	5
8. Talking over my problems with my mother makes me feel ashamed or foolish.	1	2	3	4	5
9. My mother expects too much from me.	1	2	3	4	5
10. I get upset easily around my mother.	1	2	3	4	5
11. I get upset a lot more than my mother knows about.	1	2	3	4	5
12. When we discuss things, my mother cares about my point of view.	1	2	3	4	5
13. My mother trusts my judgment.	1	2	3	4	5
14. My mother has her own problems, so I don't bother her with mine.	1	2	3	4	5
15. My mother helps me to understand myself better.	1	2	3	4	5
16. I tell my mother about my problems and troubles.	1	2	3	4	5
17. I feel angry with my mother.	1	2	3	4	5
18. I don't get much attention from my mother.	1	2	3	4	5

	Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
19. My mother helps me to talk about my difficulties.	1	2	3	4	5
20. My mother understands me.	1	2	3	4	5
21. When I am angry about something, my mother tries to be understanding.	1	2	3	4	5
22. I trust my mother.	1	2	3	4	5
23. My mother doesn't understand what I'm going through these days.	1	2	3	4	5
24. I can count on my mother when I need to get something off my chest.	1	2	3	4	5
25. If my mother knows something is bothering me, she asks me about it.	1	2	3	4	5

Part II

This part asks about your feelings about your <u>father</u>, or the man who has acted as your father. If you have more than one person acting as your father (e.g. natural and step-father) answer the question for the one you feel has most influenced you.

	Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
1. My father respects my feelings.	1	2	3	4	5
2. I feel my father does a good job as my father.	1	2	3	4	5
3. I wish I had a different father.	1	2	3	4	5
4. My father accepts me as I am.	1	2	3	4	5
5. I like to get my father's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use letting my feelings show around my father.	1	2	3	4	5
7. My father can tell when I'm upset about something.	1	2	3	4	5
8. Talking over my problems with my father makes me feel ashamed or foolish.	1	2	3	4	5
9. My father expects too much from me.	1	2	3	4	5
10. I get upset easily around my father.	1	2	3	4	5
11. I get upset a lot more than my father knows about.	1	2	3	4	5

12. When we discuss things, my father cares about my point of view.	1	2	3	4	5
13. My father trusts my judgment.	1	2	3	4	5

	Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
14. My father has his own problems, so I don't bother him with mine.	1	2	3	4	5
15. My father helps me to understand myself better.	1	2	3	4	5
16. I tell my father about my problems and troubles	1	2	3	4	5
17. I feel angry with my father	1	2	3	4	5
18. I don't get much attention from my father.	1	2	3	4	5
19. My father helps me to talk about my difficulties.	1	2	3	4	5
20. My father understands me.	1	2	3	4	5
21. When I am angry about something, my father tries to be understanding.	1	2	3	4	5
22. I trust my father.	1	2	3	4	5
23. My father doesn't understand what I'm going through these days.	1	2	3	4	5
24. I can count on my father when I need to get something off my chest.	1	2	3	4	5
25. If my father knows something is bothering me, he asks me about it.	1	2	3	4	5

Part III

This part asks about your feelings about your relationships with your close friends.
Please read each statement and circle the ONE number that tells how true the statement is for you now.

	Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
1. I like to get my friend's point of view on things I'm concerned about.	1	2	3	4	5
2. My friends can tell when I'm upset about something.	1	2	3	4	5
3. When we discuss things, my friends care about my point of view.	1	2	3	4	5
4. Talking over my problems with friends makes me feel ashamed or foolish.	1	2	3	4	5

5. I wish I had different friends.	1	2	3	4	5
6. My friends understand me.	1	2	3	4	5
7. my friends encourage me to talk about my difficulties.	1	2	3	4	5
8. My friends accept me as I am.	1	2	3	4	5

	Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
9. I feel the need to be in touch with my friends more often.	1	2	3	4	5
10. My friends don't understand what I'm going through these days.	1	2	3	4	5
11. I feel alone or apart when I am with my friends.	1	2	3	4	5
12. My friends listen to what I have to say.	1	2	3	4	5
13. I feel my friends are good friends.	1	2	3	4	5
14. My friends are fairly easy to talk to.	1	2	3	4	5
15. When I am angry about something, my friends try to be understanding.	1	2	3	4	5
16. My friends help me to understand myself better.	1	2	3	4	5
17. My friends care about how I am feeling.	1	2	3	4	5
18. I feel angry with my friends.	1	2	3	4	5
19. I can count on my friends when I need to get something off my chest.	1	2	3	4	5
20. I trust my friends.	1	2	3	4	5
21. My friends respect my feelings.	1	2	3	4	5
22. I get upset a lot more than my friends know about.	1	2	3	4	5
23. It seems as if my friends are irritated with me for no reason.	1	2	3	4	5
24. I can tell my friends about my problems and troubles.	1	2	3	4	5
25. If my friends know something is bothering me, they ask me about it.	1	2	3	4	5

Items selected to represent support-seeking coping

From the Adolescent Coping Orientation for Problem Experiences (A-COPE; Patterson & McCubbin, 1987)

Read each of the statements below which describes a behavior for coping with problems. Decide how often you do each of the behaviors when you face difficulties or feel tense. Even though you may do some of these things just for fun, please indicate ONLY how often you do each behavior as a way to cope with problems. Circle one of the following responses for each statement: 1 = Never, 2 = Hardly, 3 = Sometimes, 4 = Often, 5 = Most of the time.

	Never	Hardly	Sometimes	Often	Most of the time
1. Go along with parent's requests and rules*	1	2	3	4	5
4. Apologize to people	1	2	3	4	5
12. Try to reason with parents and talk things out, compromise	1	2	3	4	5
31. Talk to your mother about what bothers you	1	2	3	4	5
41. Do things with your family	1	2	3	4	5

**Note: A-COPE1 was dropped from the final model due to poor loading on the support-seeking coping factor.*

From the Africultural Coping Systems Inventory—Youth Version (Y-ACSI; Gaylord-Harden & Utsey, 2007)

The statements below represent some ways people cope with problems or stressful situations in their daily lives. Before you respond to the statements below, you will need to think of something stressful that happened to you within the past week or so. A "stressful situation" is any problem or situation that you find troubling or causes you to worry. These problems may be related to your family, friends, school, relationships, or other things you consider important in your life. To help us understand the stressful situation you are thinking of when responding to the statements in this survey, please write one or two sentences that describes what happened in the situation you are thinking of.

Use this space to describe your stressful situation:

	1	**2**	**3**	**4**
	Not at all	**A little**	**Some**	**A Lot**
24. I spend time around my friends.	1	2	3	4
32. I call someone to talk about my problem.	1	2	3	4

TAS

Please answer the following questions thinking of what you actually did during the last 7 days. For each question, mark with a circle how many times you did that behavior during the last 7 days.

During the last 7 days	0 times	1 time	2 times	3 times	4 times	5 times	6 or more times
1. I teased students to make them angry.	0	1	2	3	4	5	6+
2. I got angry very easily with someone.	0	1	2	3	4	5	6+
3. I fought back when someone hit me first.	0	1	2	3	4	5	6+
4. I said things about other kids to make other students laugh.	0	1	2	3	4	5	6+
5. I encouraged other students to fight.	0	1	2	3	4	5	6+
6. I pushed or shoved other students.	0	1	2	3	4	5	6+
7. I was angry most of the day.	0	1	2	3	4	5	6+
8. I got into a physical fight because I was angry.	0	1	2	3	4	5	6+
9. I slapped or kicked someone.	0	1	2	3	4	5	6+
10. I called other students bad names.	0	1	2	3	4	5	6+
11. I threatened to hurt or to hit someone.	0	1	2	3	4	5	6+

CPSS – Part I

Please write down your most distressing event that had to do with violence or loss:

_____
___

_____
___

Length of time since the event:

_____
___

Below is a list of problems that kids sometimes have after experiencing an upsetting event. Read each one carefully and circle the number (0-3) that best describes how often the problem **you** listed has bothered you IN THE LAST 2 WEEKS.

0	1	2	3
Not at all or only at one time	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/almost always

1.	0	1	2	3	Having upsetting thoughts or images about the event that came into your head when you didn't want them to
2.	0	1	2	3	Having bad dreams or nightmares
3.	0	1	2	3	Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if I am there again)
4.	0	1	2	3	Feeling upset when you think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc)
5.	0	1	2	3	Having feelings in your body when you think about or hear about the event (for example, breaking out into a sweat, heart beating fast)
6.	0	1	2	3	Trying not to think about, talk about, or have feelings about the event
7.	0	1	2	3	Trying to avoid activities, people, or places that remind you of the traumatic event
8.	0	1	2	3	Not being able to remember an important part of the upsetting event
9.	0	1	2	3	Having much less interest or doing things you used to do
10.	0	1	2	3	Not feeling close to people around you
11.	0	1	2	3	Not being able to have strong feelings (for example, being unable to cry or unable to feel happy)

12.	0	1	2	3	Feeling as if your future plans or hopes will not come true (for example, you will not have a job or getting married or having kids)
13.	0	1	2	3	Having trouble falling or staying asleep

14.	0	1	2	3	Feeling irritable or having fits of anger
15.	0	1	2	3	Having trouble concentrating (for example, losing track of a story on the television, forgetting what you read, not paying attention in class)
16.	0	1	2	3	Being overly careful (for example, checking to see who is around you and what is around you)
17.	0	1	2	3	Being jumpy or easily startled (for example, when someone walks up behind you)

Demographic Form

1. How old are you? _____

2a. Circle the category that best describes your race or ethnicity:
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or other Pacific Islander
White
Biracial/Multiracial
Other: _____

2b. What country are your parents from? _____

3. What grade are you in?

Ninth (9th) Tenth (10th) Eleventh (11th) Twelfth (12th)

4. Do you currently have a job? Yes No

5. Circle all of the people that **live at home** with you:
My mom
My dad
My sisters How many? _____
My brothers How many? _____
My grandmother
My grandfather
My aunt
My uncle
My cousins How many? _____
Others _____

6. Circle the person you live with that takes care of you:
My mom and dad
My mom only
My dad only
My grandmother and grandfather
My grandmother only
My grandfather only
My older sisters
My older brothers

My aunt
My uncle
My older cousins
Other_____

7a. Has anyone in your immediate family attended college? Yes No

7b. If so, whom (circle all that apply)?
My mom
My dad
My sister(s)
My brother(s)
My grandmother
My grandfather
My aunt
My uncle
My cousin(s)

8. How many children do you have? _____

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