Examining the Bidirectional Associations between Parenting and Adolescent Coping in the Context of Exposure to Community Violence

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LOYOLA UNIVERSITY CHICAGO

EXAMINING THE BIDIRECTIONAL ASSOCIATIONS BETWEEN PARENTING AND ADOLESCENT COPING IN THE CONTEXT OF EXPOSURE TO COMMUNITY VIOLENCE

A DISSERTATION SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL IN CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

PROGRAM IN CLINICAL PSYCHOLOGY

BY

JENNY PHAN

CHICAGO, IL

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For my parents, Thanh Nguyen and Ngoc Phan
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ABSTRACT

Coping refers to all the strategies and processes that an individual uses to eliminate, reduce or tolerate stress (Lazarus & Folkman, 1984; Rosario et al., 2003). Within the general coping literature, research has observed that use of approach-oriented coping strategies is associated with positive psychosocial outcomes, and avoidant-oriented coping strategies is associated with negative psychosocial outcomes (e.g., Compas et al., 2001; Wadsworth & Compas, 2002). However, most of these studies have focused exclusively or predominantly on middle-class White participants (e.g., Compas et al., 2001; Wadsworth & Compas, 2002) which may limit the generalizability of these findings to other groups. Further, the usual pattern of findings for coping adaptiveness does not always generalize to contexts with high levels of uncontrollable and chronic stressors.

Further, there is an important need to expand our knowledge on youth coping in the face of stress as well as the determinants of adolescent coping. Two culturally and contextually relevant parenting factors that are particularly important for the development of coping strategies in Black youth are involved, vigilant parenting and supportive, responsive parenting. Furthermore, given that Black youth are disproportionately exposed to community violence exposure, there is a pressing need to understand how violence exposure may impact the parent-child relationship among Black families in disinvested, urban communities. To address the gaps in the previous literature, the current study will examine the moderating role of exposure to
community violence on the longitudinal associations among parenting and adolescent coping in Black families.

Data for the current were derived from the Risky Contexts and Exposure to Community Violence study in a sample of 284 sixth graders (\(M_{\text{age}}=11.65\) years, \(SD=0.70\), 60% female). While much research on parent-child relationships focuses on the role that parents have on youth coping, the current study also highlights the importance of adolescent coping on parenting behaviors. Further, results from the current study emphasize the role of fathers’ support and responsiveness in youths’ problem focused coping. Finally, the current study observed three themes when examining exposure to community violence as a moderator of the associations between adolescent coping and parenting behaviors: 1) youth coping was associated with parental supportiveness and responsiveness, depending on whether youth reported exposure to community violence 2) when youth use problem focused coping, the likelihood of parents using involved and vigilant parenting may depend on whether youth have reported experiencing victimization, and 3) parents use involved and vigilant parenting strategies widely when youth engage in avoidant coping, though why parents utilize vigilant strategies may vary. A central thread across these findings emphasizes the importance of parental attunement to youth coping.
CHAPTER ONE
INTRODUCTION

Coping refers to all the strategies and processes that an individual uses to eliminate, reduce or tolerate stress (Lazarus & Folkman, 1984; Rosario et al., 2003). Several models of coping have been proposed and studied in response to stress. For example, the approach-avoidance model to understanding coping has been studied widely in the literature (Conner-Smith et al., 2000), including with Black youth exposed to high levels of stress (Boxer et al., 2008; Dempsey, 2002; Dempsey et al., 2000; Edlynn et al., 2008; Grant et al., 2000). Within the general coping literature, research has observed that use of approach-oriented coping strategies is associated with positive psychosocial outcomes, and avoidant-oriented coping strategies is associated with negative psychosocial outcomes (e.g., Compas et al., 2001; Wadsworth & Compas, 2002). However, the majority of these studies have focused exclusively or predominantly on middle-class White participants (e.g., Compas et al., 2001; Wadsworth & Compas, 2002) which may limit the generalizability of these findings to other groups. Further, the usual pattern of findings for coping adaptiveness does not always generalize to contexts with high levels of uncontrollable and chronic stressors.

Research suggests that avoidant-oriented coping strategies are better suited for situations where the stressor is uncontrollable, the source of the stress is known, emotional resources are limited, cognitive resources are overloaded, and the immediate outcome is important (Roth & Cohen, 1986). Due to structural inequalities and marginalization, Black families are more likely
to reside in communities with high levels of concentrated poverty and associated stressors. As such, avoidant coping strategies have been shown to provide protective effects for Black youth exposed to chronic, uncontrollable stressors such as violence exposure, economic stress, and discrimination (Boxer et al., 2012; Dempsey et al., 2000; Edlynn et al., 2008; Mosher & Prelow, 2007; Sanchez et al., 2013).

Further, the majority of research on coping focuses on the outcomes of coping (e.g., psychological functioning, competencies), rather than determinants of coping. However, there is an important need to expand our knowledge on youth coping in the face of stress as well as the determinants of adolescent coping. The identification of determinants of coping has implications for applied work by aiding our understanding of the contextual processes that influence and maintain the use of coping strategies. Specifically, parents play an integral role in helping children and adolescents learn to cope with stress through a variety of strategies. Two culturally and contextually relevant parenting factors that are particularly important for the development of coping strategies in Black youth are involved, vigilant parenting and supportive, responsive parenting. Involved and vigilant parenting (which has components of parental control) as well as supportive and responsive parenting have been proposed to help youth with their development of their sense of self, thereby enabling them to cope with daily and acute stressors (Brody et al., 2002; Luthar et al., 2000).

Much of the research that examines associations between family factors and youth coping focuses on how parents impact children’s coping, which assumes that children are passive recipients of parent socialization processes (Paridi, 2008). However, theories have highlighted the role that children play in shaping their external environments, including their influence on
parents’ behaviors. Thus, parent and child interactions may best be viewed as bidirectional and transactional processes. Utilizing a bidirectional framework is especially important in understanding the associations between parenting factors and adolescent coping as this will reveal potential determinants of parenting behaviors. However, additional work is needed to understand how parenting behavior may change over time, based on changes in children’s coping over time, in order to help children facing chronic stressors in their everyday lives. To address this gap in the literature, the current study will examine the longitudinal and reciprocal associations among contextually-relevant parenting behaviors (i.e., involved, vigilant parenting and supportive and responsive parenting) and coping strategies among Black adolescents. The current study will help to clarify the directions of the longitudinal effects and examine whether adolescent coping also influences parenting strategies.

Furthermore, given that Black youth are disproportionately exposed to community violence exposure, there is a pressing need to understand how violence exposure may impact the parent-child relationship among Black families in disinvested, urban communities. Studies suggest that exposure to community violence acts as a vulnerability factor, impacting family processes such as parent and child communication (e.g., Vincent, 2009). As such, community violence may weaken the association between parenting behaviors and children’s coping behavior. Recent intervention research with Black parents of young children shows that ecological influences, such as violence exposure, impedes clinicians’ efforts to strengthen parent-child relationships, and to maximize the effectiveness of interventions, attention must be given to the influence of violence and trauma (Woods-Jaeger et al., 2018). In particular, there is a need to understand how exposure to community violence impacts associations between parenting
factors and youth coping in Black families with adolescents. To address the gaps in the previous literature, the current study will examine the moderating role of exposure to community violence on the longitudinal associations between parenting and adolescent coping in Black families.

The following sections of the current manuscript will review literature on the following topics: 1) Coping, 2) Parenting and Child Coping, 3) Importance of Involved and Vigilant Parenting, 4) Importance of Responsive and Supportive Parenting, 5) Bidirectional Associations between Adolescent Coping and Parenting, 6) Exposure to Community Violence as a Moderator of Parenting and Adolescent Coping, 7) Exposure to Community Violence and Black Youth and 8) The Impact of Community Violence on Parenting and Adolescent Coping.
CHAPTER TWO
LITERATURE REVIEW

Coping

Coping refers to all the strategies and processes that an individual uses to eliminate, reduce or tolerate stress (Lazarus & Folkman, 1984; Rosario et al., 2003). According to Lazarus and Folkman (1984) coping is defined as “constantly changing cognitive and behavioral efforts to manage specific internal and/or external demands that are appraised as taxing or exceeding the resources of a person” (pg. 141). While Lazarus and Folkman’s (1984) definition and model of coping has been one of the most widely-accepted and applied conceptualizations of coping and is effective for assessing coping in adult samples, the model does not include a developmental perspective of the stress and coping process (Compas, 1987; Compas et al., 2001). To ameliorate problems with applying adult conceptualizations of coping to youth coping, Compas et al. (2001) created a more developmentally appropriate definition of coping that could apply to children and adolescents: “conscious, volitional efforts to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful events or circumstances” (p. 89). According to Compas’ (2001) conceptualization, children’s coping strategies are better regarded as malleable and able to develop and change over time, rather than a static disposition or trait.

Adolescence represents an important period to study coping behaviors, as adolescence features developmental shifts in youth’s self-regulatory coping strategies (Skinner & Zimmer-
Gembeck, 2007). While young children cope primarily by seeking support from caregivers, withdrawing, or using strategies to distract themselves from stressful experiences, as they transition from late childhood to early adolescence, their coping becomes more differentiated (Skinner & Zimmer-Gembeck, 2007). During the adolescent developmental period, youth begin to integrate more complex cognitive and behavioral response strategies and begin to utilize coping strategies more flexibly in the face of stress (Skinner et al., 2007; Williams & McGuillicuddy-De Lisi, 1999). As research continues to emerge on risk and protective factors that can be modified to enhance psychosocial functioning of adolescents, researchers have noted the importance of adolescent coping behaviors in the development of interventions (Garcia, 2010). “If an adolescent’s coping skills can be improved, it is feasible that she or he may perceive and react to stressors in a different manner yielding more positive health outcomes” (Garcia, 2010; p. 167). By understanding how youth cope with stressors in their daily lives, interventions may be developed or applied to better support more favorable developmental outcomes in youth (Compas et al., 2001).

Given the multi-dimensional nature of coping, several models of coping have been proposed and studied in response to stress. The approach-avoidance dichotomy, often referred to as engagement-disengagement coping model to understanding coping, is a model that has been studied widely in the literature (Conner-Smith et al., 2000), including with Black youth exposed to high levels of stress (Boxer et al., 2008; Dempsey, 2002; Dempsey et al., 2000; Edlynn et al., 2008; Grant et al., 2000). Approach or active coping consists of managing the stress appraisal of a situation or strategies to deal with the stressor behaviorally (Billings & Moos, 1981; Roth & Cohen, 1986). Examples of approach oriented coping strategies include talking to someone in
order to feel better, utilizing problem solving strategies, gathering additional information about the problem and brainstorming additional strategies to try out (Connor-Smith et al., 2000; Jose & Huntsinger, 2005; Taylor & Jose, 1995). On the other hand, avoidant coping refers to strategies that steer an individual away from the stressor (e.g., attempts to block the stressor out of one’s mind; Roth & Cohen, 1986). Examples of avoidant coping strategies include getting away from the problem, ignoring the problem, or using distraction strategies (Connor-Smith et al., 2000; Jose & Huntsinger, 2005; Taylor & Jose, 1995). Both approach and avoidance coping strategies may consist of cognitive, emotional, or behavioral components that orient an individual towards or away from a stressor (Compas et al., 2001). In general, studies have found approach oriented coping strategies to be associated with more positive psychosocial outcomes, while avoidant coping has been associated with more negative psychosocial outcomes (e.g., Compas et al., 2001; Hampel & Petermann, 2006). However, recent studies have offered a more nuanced understanding of adaptive coping in the face of uncontrollable stressors.

Although many broadband coping models such as the engagement versus disengagement model view coping strategies as conceptually distinct or antithetical, this perspective does not reflect coping behavior as it is observed in the real world and may not provide relevant information to guide interventions (Coyne & Racioppo, 2000; Lewis & Frydenberg, 2002). Due to structural inequalities and marginalization, Black families are more likely to reside in communities with high levels of concentrated poverty and associated stressors. Specifically, research with Black youth living in disinvested, urban communities finds moderately strong, positive associations among coping variables, including coping strategies that are theoretically or conceptually distinct (Dempsey, 2002; DiClemente & Richards, 2019; Edlynn et al., 2008;
Gaylord-Harden, et al., 2008; Grant et al., 2000; Quattlebaum et al., 2021). Black youth, particularly those experiencing high levels of stressors in urban communities, such as exposure to violence and crime, inadequate schools, loss of peers or family members, and economic pressures, may use comparable levels of different types of coping strategies, rather than a preference for a particular coping strategy (Dempsey, 2002). This assertion is consistent with early comparative research on coping which found that Black youth use significantly more types of strategies than youth from other racial/ethnic groups (Finkelstein et al., 2007; Halstead et al., 1993; Jose et al., 1994; Ryan-Wenger & Copeland, 1994; Tolan et al., 2002). In addition, Black youth are systematically and disproportionately exposed to uncontrollable and chronic stressors (Lewis et al., 2012), and the usual pattern of findings for coping behavior may not always generalize to these stressors.

Although use of approach-oriented coping strategies have been found to be associated with positive psychosocial outcomes, and avoidant-oriented coping strategies have been found to be associated with negative psychosocial outcomes within the general coping literature, the majority of these studies have focused exclusively or predominantly on middle-class White participants (e.g., Compas et al., 2001; Wadsworth & Compas, 2002), thereby limiting the generalizability of these findings to other groups. Roth and Cohen (1986) proposed that avoidant-oriented coping strategies are better suited for situations where the stressor is uncontrollable, the source of the stress is known, emotional resources are limited, cognitive resources are overloaded, and the immediate outcome is important. In other words, active coping may be less helpful for youth when coping with uncontrollable stressors (Dempsey et al., 2000; Edlynn et al., 2008; Rosario et al., 2003). For example, both qualitative research (Howard et al.,
2002) and person-centered analytic research finds that Black youth show a preference for avoidant, disengaged coping strategies when managing chronic, uncontrollable stressors related to an urban context (Gaylord-Harden et al., 2008).

Indeed, approach or active coping has not been shown to be adaptive for coping with chronic, uncontrollable stressors in urban communities (Dempsey et al., 2000; Edlynn et al., 2008; Lewis et al., 2012; Rosario et al., 2003; Scarpa & Haden, 2006). In contrast, avoidant coping strategies provide protective effects for Black youth exposed to chronic stressors such as violence exposure, economic stress, and discrimination (Boxer et al., 2012; Dempsey et al., 2000; Edlynn et al., 2008; Mosher & Prelow, 2007; Sanchez et al., 2013). For example, one study of 240 Black adolescents from urban communities investigated the moderating role of youth coping on the associations between exposure to community violence and youth outcomes (Edlynn et al., 2008). Results from this study observed that when youth reported experiencing witnessing community violence and utilized avoidant coping, their anxiety symptoms did not increase over time (i.e., a protective stabilizing effect; Edlynn et al., 2008). Further, for boys, use of avoidant coping was related to less symptoms of anxiety over time across levels of violence exposure (Edlynn et al., 2008). The adaptive use of avoidant coping utilized among Black youth highlights the importance of understanding how this population manages chronic and daily stressors to better inform intervention efforts to support their coping. As such, it is important that research on coping in Black youth assesses a range of coping strategies to increase our understanding of coping behaviors in this population.
**Parenting Behaviors and Child Coping**

Most research on coping focuses on the outcomes of coping (e.g., psychological functioning, competencies), rather than determinants of coping. As researchers work to both advance knowledge on coping in youth and inform intervention design, greater attention should be given to the predictors of adolescent coping. While research on coping outcomes has increased our understanding of which coping strategies to target in intervention efforts, the identification of determinants of coping also has implications for applied work by aiding our understanding of the contextual processes that influence and maintain the use of coping strategies. For children and adolescents, volitional efforts to regulate emotions, cognitions, behaviors, physiology, and environment are influenced by their biological, cognitive, social, and emotional development (Compas et al., 2001). According to Bronfenbrenner’s (1979) Ecological Systems Theory, children interact with numerous systems that shape their psychological development, and the immediate family provides the primary context in which children learn how to cope with stress (Compas et al., 1992; Morris et al., 2007). Furthermore, the developmental shifts in internal resources (e.g., problem solving skills, self-esteem) that are observed during adolescence also occur within the context of external resources (e.g., availability of parental support, Compas, 1987), highlighting the importance of parenting for understanding how youth manage stress during adolescence.

Parents play an integral role in helping children and adolescents learn to cope with stress, and parents can influence children’s coping through several paths including direct socialization of coping, modeling of coping strategies, or in the context of the parent-child relationship (Kliwer et al., 1996; Kliwer et al., 1994; Skinner & Zimmer-Gembeck, 2007). The parent-child
context is particularly important as parents are responsible for creating environments that may nurture adaptive coping behavior within and outside the home (Kliewer et al., 2006). Within these environments, children’s coping behaviors are learned, enacted, and reinforced through the parent-child relationship as well as within the broader context of family interaction patterns (Kliewer et al., 2006). Although there are changes in the parent-child relationship that occur during adolescence (e.g., decreases in closeness and increases in conflict; Ebbert et al., 2019; Laursen & Collins, 2003; Ruhl et al., 2014), research suggests that parents remain the “primary secure base” during adolescence (e.g., Seiffge-Krenke et al., 2010), and adolescents continue to rely on parents for both instrumental and emotional support (Ebbert et al., 2019). Within families, these unique experiences within the home influence how parents and children interact and set the stage for patterns of interactions and coping in the future.

Two culturally and contextually relevant parenting factors that may be particularly important for the development of coping strategies in Black youth are involved and vigilant parenting, and supportive and responsive parenting. Involved and vigilant parenting (which has components of parental control) as well as supportive and responsive parenting have been proposed to help youth with their development of their sense of self, thereby enabling them to cope with daily and acute stressors (Brody et al., 2002; Luthar et al., 2000). Vigilant parenting has been recognized for teaching youth to be alert, plan for the future and anticipate danger (Allen & Majidi-Ahi, 1989; Kim et al., 2003; Willis, 1992). Further, supportive and responsive parenting, which encourages warm parent-child interactions and communication between parents and children, has also been proposed to strengthen children’s self-regulatory abilities (Brody et al., 2002). These strategies are especially important for Black youth who reside in urban
communities where high levels of violence exposure and associated stressors are common. Within this context, an emphasis on culturally and contextually relevant parenting strategies focuses on enhancing youth’s coping skills thereby reducing, disrupting or preventing maladaptive patterns of development from experiencing stressors.

**Importance of Involved Vigilant Parenting**

Parental control has been recognized as important strategies in the parenting context. Early definitions of parental control defined control as the use of pressure, intrusiveness and domination in parenting, which had negative connotations to child development (Grolnick & Pomerantz, 2009). However, more recent conceptualizations of parental control argue that parental control may exist in multiple forms. For instance, according to Baumrind (1966), parental control is characterized by sole decision-making powers and high enforcement of rules. According to Baumrind (1966) parenting relationships that are characterized by high levels of parental control (e.g., firmness) and warmth foster independence and individuality in children. Namely, it has been argued that parental control strategies may also act to promote autonomy in children and has importance in providing guidance and supervision for children (Grolnick & Pomerantz, 2009).

Research suggests that parental control strategies are also related to how children cope. One study of 276 adolescents examined associations among perceived parenting styles, anxiety, and coping behavior (Wolfradt et al., 2003). Cluster analysis revealed that authoritative parenting, characterized by high warmth and high parental control was associated with highest use of active problem coping, while authoritarian parenting (i.e., low warmth, high parental control) was associated with the lowest levels of active copings strategies (Wolfradt et al., 2003). Studies have
also found that parental control is associated with problem focused or approach-oriented coping strategies. For instance, one study examined the associations between perceived parental child-rearing styles and children’s coping (Mcintyre et al., 1995). Results from this study revealed that perceptions of parents who used higher parental monitoring strategies was related to more use of problem focused coping and less use of emotion-focused coping strategies (Mcintyre et al., 1995). Another study examined associations between parent coping socialization and children’s problem focused coping in 68 families with youth who have spina bifida (McKernon et al., 2001). Results from this study observed that maternal demandingness, or the degree to which parents supervise their children and held expectations of their behaviors, was associated with problem focused coping (McKernon et al., 2001).

For Black youth, there is a need to also utilize a culturally relevant framework for understanding parental control as adaptive parenting strategies to keep youth safe in the face of urban stressors. Instead of viewing parental control strategies as dominant or punitive, use of parental control in an involved and vigilant way has been characterized as high levels of monitoring, clear expectations for behavior, inductive discipline, and high emotional and instrumental support (Brody et al., 2005; Kim et al., 2003; Stattin & Kerr, 2000). Although high levels of vigilance and monitoring may seem limiting to adolescents’ need for autonomy, this form of parental control may promote protection in Black adolescents, in contexts with elevated rates of violence, loss, and limited access to opportunities and resources (Gaylord-Harden et al., 2010). Involved and vigilant parenting teaches adolescents to be alert to their surroundings, discourages involvement in risky behaviors (Brody et al., 2005) and promotes safety by
increasing their knowledge of their children’s whereabouts as well as providing inductive support.

An important component of the parent-child context is the quality of communication (including messages) that parents pass onto their children that may inform their coping behaviors and/or help them process stressful experiences (Eisman et al., 2015). Involved and vigilant parenting may impact youth safety and coping with stressful experiences by encouraging communication between parents and children (Allen & Majidi-Ahi, 1989; Kim et al., 2003; Willis, 1992). Namely, when parents utilize vigilant parenting strategies to monitor their children’s’ whereabouts, these strategies encourage conversations about safety and safety planning, which in turn, may inform adolescents’ coping strategies (Brody et al., 2005). For instance, one study observed that when parents participate in interventions that target parenting processes such as vigilant parenting practices or communication, this contributes to youth self-regulation and control in other risky situations (e.g., substance use, early sexual engagement; Brody et al., 2005). These frequent and clear communications between parents and children further set expectations for children’s behaviors and promotes internalizing of parents’ norms, which youth may apply outside of parental supervision (Brody et al., 2005).

For Black youth in urban contexts, parental control may be related to more adaptive coping, but studies are scarce and results are equivocal. For example, one study of 200 Black children examined the effects of maternal behavior on children’s coping strategies (Gaylord-Harden et al., 2010). Results from this study revealed that for females, there was a significant interaction between parental control and economic stress in predicting avoidant coping (Gaylord-Harden et al., 2010). Specifically, at higher levels of economic stress and higher perceived
parental control, females tended to use more avoidant coping strategies (Gaylord-Harden et al., 2010). However, another study of 235 Black children examined children’s coping strategies as mediators and moderators of the associations between parenting factors and children’s outcomes but results from this study revealed that children’s coping strategies was unrelated to parenting (Gaylord-Harden et al., 2008). It should be noted that both studies above were conducted with children in middle childhood, and little is known about the links between parental control and coping during adolescence compared to during childhood in Black youth. Given the mixed findings and lack of research with Black families and adolescents, there is a need to understand how parental control may impact coping strategies in urban contexts.

**Importance of Supportive and Responsive Parenting**

Supportive and responsive parenting is also important for youth adjustment in the context of stressful life experiences. Supportive and responsive parenting refers to parents’ sensitivity to children’s needs, as well as their acknowledgement of children’s achievements. The influence of parental behavior on children’s adaptation to stress has its roots in attachment theory (Bowlby, 1969), which established that young children who perceived more supportive behavior from their mothers used active strategies in adapting to their environment (Ainsworth et al., 1978).

According to the attachment theory, children with warm, supportive parents develop internal working models of relationships that encourage them to seek support, assistance, or guidance, and consequently, they are more likely to utilize active, problem-solving strategies (Kliewer et al., 1994; Skinner & Wellborn, 1994). Responsive and emotionally attuned communication is central to warm parent-child interactions (Kobak et al., 2015). For young children, when parents utilize emotionally attuned communication, children learn to regulate their emotions in the face
of distress (Kobak et al., 2015). The quality of this communication is especially important to children’s internal working models of parents’ availability to meet their needs (Kobak et al., 2015). As children develop into adolescents, supportive and responsive parenting also becomes increasingly complex as parents communicate about not only safety considerations, but also respond to adolescents’ emerging independence and autonomy (Kobak et al., 2015). Thus, for older children and adolescents, supportive relationships with parents provide a context that supports effective coping, facilitates access to and encourages the use of helpful resources, fosters a sense of competence to deal with problems, and encourages conversations about caregiver availability to support youth regulation (Kliewer et al., 1994; Sandler et al., 1997).

Studies have found that supportive and responsive parenting is positively associated with active coping strategies and negatively associated with avoidance coping strategies (Markstrom et al., 2000; Mckernon et al., 2001). For instance, one study examined associations among parent socialization, child adjustment and children’s use of coping strategies found that children’s perceptions of parental responsiveness were positively associated with children’s use of active coping and negatively associated with their use of avoidant coping (Smith et al., 2006). Parental support has also been found to be associated with outcomes in adulthood. For instance, a longitudinal study of 2,088 individuals across 20 years examined the association between parental warmth during childhood and well-being in adulthood (Moran et al., 2018). Results from this study revealed that perceived parental warmth in childhood predicted problem focused coping and well-being (i.e., self-acceptance, autonomy, personal growth, environmental mastery, purpose in life) in adulthood (Moran et al., 2018). As a whole, parental warmth and support may encourage children to use active coping strategies to change stressful situations.
For Black youth in particular, supportive and responsive parenting is especially important in helping children develop coping strategies to navigate stressors that are prevalent in urban contexts. Utilizing a culturally relevant framework is important in our understanding how Black youth learn to cope with stressors. Namely, studies suggest that within Black communities, coping extends beyond individual strategies and may incorporate family support or religious support. For instance, one study of 83 Black children and their maternal caregivers investigated the impact of three parental influences (i.e., socializing of coping, modeling of coping, and the parent-child relationship) on coping strategies in Black children (Gaylord-Harden et al., 2013). Results from this study observed that children’s perceptions of higher maternal support predicted greater use of both engagement and disengaging coping strategies (Gaylord-Harden et al., 2013). Another study examined the effects of maternal parenting on children’s coping strategies among 200 Black children from low-income backgrounds (Gaylord-Harden et al., 2009). Results from this study observed that maternal support (characterized by maternal warmth and acceptance) was influential in predicting children’s use of more active and support-seeking coping strategies (Gaylord-Harden et al., 2009). Further, one study utilized a randomized trial comparing rural African American mothers and their 11-year-olds that participated in a prevention intervention versus controls (Brody et al., 2005). This intervention, Strong, African American Families Program, targeted parenting behaviors and examined its impact on parent-child relationship quality (Brody et al., 2005). Results from this study observed that families that participated in the intervention exhibited changes in parenting behaviors, which were linked with more supportive and responsive parent-child relationships (Brody et al., 2005). Taken together, research suggests that parenting strategies such as parental responsiveness, warmth, and parental control are
important factors in promoting approach-oriented coping strategies in the face of stress. Working
to better understand these parenting strategies and incorporating a culturally relevant framework
to understanding coping within Black families will help to inform future interventions focused
on strengthening parent-child relationships in the context of stress.

**Bidirectional Associations between Adolescent Coping and Parenting**

Much of the research that examines associations between family factors and youth coping
focuses on how parents impact children’s coping, such as the studies reviewed above, thereby
suggesting the children are passive recipients of parent socialization processes (Paridi, 2008). On
the contrary, theoretical models (e.g., genetically oriented theories; Mischel’s cognitive social
learning model of personality development, Patterson’s coercive model; Mischel, 1973; 
Patterson et al., 1984; Scarr & McCartney, 1983) have highlighted the role that children play in
shaping their external environments, including their influence on parents’ behaviors. Thus,
parent and child interactions may best be viewed as bidirectional and transactional processes. For
instance, there is a body of work showing that parents respond to children’s unique
characteristics, rather than utilizing a one-size-fits all strategy to parenting. In support of a
bidirectional framework, early theoretical approaches described dynamic associations between
parenting behavior and child behavior. For instance, Bell (1986) argued that maternal care of
children varied based on characteristics within offspring and proposed that parents modified their
parenting techniques based on the congruence between their expectations and children’s
behaviors. Further, Mischel’s (1973) cognitive social learning model proposed that interactions
between parents and children were mediated by child characteristics such as behavior regulation,
planning abilities, and so on.
More recent research has found that children exert active, continuous and complex influences on parenting behaviors, which begins early in life (Cicchetti & Lynch, 1993). As infants, babies communicate their needs by crying out in distress, and parents, in turn, respond to these cues by providing food, comfort, contact, etc. (Zimmer-Gembeck & Skinner, 2016). Over time, these patterns of child communication of their needs and parental attunement help form the basis of attachment and coping (Zimmer-Gembeck & Skinner, 2016). These behaviors are characteristic of the evocative effects conceptualization, which refers to how children’s behaviors elicit behavioral responses from their environment (Lytton 1990; Plomin et al. 1977; Scarr & McCartney, 1983). The proclivity of the field to utilize a unidirectional view by emphasizing the influence of parenting on children’s outcomes and behaviors without considering the bidirectional effects of these interactions, inherently reinforces assumptions that children are not active agents in their environment, do not communicate their needs to their parents, and parents are not responsive to their children’s needs (Davidov et al., 2015). Utilizing a bidirectional framework is especially important in understanding the associations between parenting factors and youth coping as this will reveal potential how adolescents’ attempts to manage stress may impact the parent-child relationship and provide a more holistic understanding of the coping process during adolescence.

Interestingly, most work that examines the bidirectional associations between parenting and children’s behaviors focuses on negative parenting behaviors or on maladaptive child behaviors (e.g., externalizing, defiance, non-compliance; Paridi, 2008). For example, there is a robust a body of research in the developmental psychopathology literature, which emphasizes the role that children play in the development of coercive processes between parenting behaviors and
children’s development of externalizing behaviors (Patterson et al., 1984). Coercive cycles between parents and children are characterized by predictable patterns whereby parents and children respond in aversive manners and escalate behaviors over time (Lunkenheimer et al., 2016). Coercion theory originated in studies that observed that children’s misbehaviors, aggression, or externalizing behaviors were followed by adverse parenting behaviors (e.g., scolding, physical punishment), which resulted in exacerbation of children’s externalizing behaviors (Lunkenheimer et al., 2016; Patterson et al., 1984). These coercive cycles are characterized by inconsistent use of parenting strategies as well as negative emotional interactions (Lunkenheimer et al., 2016). While Patterson’s model of coercive interactions between parents and children inspired interventions designed to break the coercive cycle (e.g., parent-child interaction therapy, parent management training; Paridi, 2008), there is an important need to understand reciprocal associations between positive and adaptive parenting behaviors (e.g., responsiveness) and adaptive child behaviors (e.g., coping) to help children regulate and stay safe in the face of stress.

Additionally, much work of the current work on coping utilizes a Eurocentric approach, which fails to consider how collective and relational factors may play a role in how youth deal with stressors (Gonzalez et al., 2020; Kuo, 2013). Research suggests that for Black youth in particular, collective and relational coping may play an especially salient role in coping with urban stressors. Aisenberg and Elle (2005) proposed an integrated conceptual framework of parent-child interdependent coping in the context of community violence exposure, suggesting that parents influence children’s coping and vice versa. This framework proposes that in the context of violence exposure, coping and functioning between parents and children are
interwoven and interdependent (Aisenberg & Elle, 2005), suggesting that chronic, severe and controllable stressors such as violence exposure impacts how parents and children interact. However, research has not consistently applied this bidirectional paradigm between parenting and child functioning specifically within the context of violence exposure. While few studies examine how youth coping impacts parenting behavior, the limited research suggests that parents are responsive to youth coping behaviors. For instance, one study observed a bidirectional relation between parenting stress and child coping competence among pre-school aged children from an economically disadvantaged community (Cappa et al., 2011). Specifically, parents who reported their children had better coping competence reported lower levels of parenting stress (Cappa et al., 2011). Further, parents who exhibited higher levels of parenting stress also reported that their children had more difficulty coping with interpersonal and social challenges (Cappa et al., 2011). While this study represents an important starting point towards questioning the unidirectional assumptions of the parent-child relationship that dominate the literature (Kerr et al., 2012), further research is needed, particularly with Black families to understand how parenting strategies and youth coping may influence each other over time, in order to help youth facing chronic stressors in their everyday lives.

Additionally, there is an important need to understand bidirectional associations during adolescence. The study described above on parenting stress and child coping competence focused on preschool-aged children (Cappa et al., 2011). Adolescence represents a transitional developmental period where youth begin to integrate more complex coping strategies and utilize these strategies flexibly across contexts (Skinner et al., 2007; Williams & McGuillicuddy-De Lisi, 1999). Further, adolescence is an important time to examine dyadic interactions between
youth and their parents as adolescents begin to take a more active role in shaping their environments including eliciting help and increasing their independence (Skinner & Zimmer-Gembeck, 2007). Studies suggest that children’s effects on parenting increases from childhood to adolescence and children begin to elicit more from their environments (Avinun & Knafo, 2014; Marceau et al., 2015). Within the literature, there is mounting evidence to suggest that adolescent behaviors and coping influence parenting dimensions including parental vigilance and their responsiveness (Kerr et al., 2012).

Specifically, research has demonstrated consistently that adolescents’ behaviors (e.g., delinquency, substance etc., poor school adjustment) influence parenting factors including parental responsivity, warmth, and vigilance (Kerr et al., 2012). Further studies have suggested that adolescent coping in the form of disclosure of information is linked to more parental knowledge of youth whereabouts (Kerr et al., 2012). One study examined the dynamics of mother-adolescent and father-adolescent autonomy and parental control when given a conflict discussion task (Ravindran et al., 2019). Results from this study found that adolescents’ use of active coping strategies such as asking questions and engaging in discussion with parents about the conflict was linked with increases in maternal control strategies (Ravindran et al., 2019).

Taken together, when adolescents use active coping strategies such as talking to a caregiver, this encourages more responsive and vigilant parenting to ensure that strategies are successful and that children are safe. However, little research has examined how parents may respond to children’s adaptive use of avoidant coping in risky contexts. The current study sought to address this gap within the field by concurrently examining the role of parenting strategies on adolescent coping as well as parental responsiveness to adolescents’ coping.
Another important question to consider in examining bidirectional effects is whether the effects between parents and adolescents are symmetric or asymmetric (Pettit & Arsiwalla, 2008). In other words, is the strength of the association between parenting on adolescence stronger, generally equal to, or weaker than the effects of adolescence on parenting? While early work examining the bidirectional associations between parenting and children’s behaviors assumed that parenting behaviors play a stronger influence on children’s behaviors than children’s behaviors on parenting, very little is known about the symmetrical or asymmetrical bidirectional associations of the parent-adolescent relationship (Pettit & Arsiwalla, 2008). Thus, the current study will help to clarify the strength of associations between parenting behaviors on adolescent coping and vice versa.

**Exposure to Community Violence as a Moderator of Parenting and Adolescent Coping**

Parents play a critical role in helping children to cope with stress, and children may take this information and apply it flexibly and adaptively in the face of urban stressors. However, research has found that uncontrollable, chronic and pervasive stressors such as exposure to community violence may impact family processes. According to Ciccetti and Lynch’s (1993) Ecological/Transactional Model of Community Violence and Child Maltreatment, children are impacted by their exosystem, particularly community settings and social supports, such as availability of employment, resources in the community, and interconnectedness of school, work, and neighbors (Cicchetti & Lynch, 1993). For example, in divested communities where availability of employment and community resources may be scarce, exposure to community violence may be more common (Cicchetti & Lynch, 1993). Further, the microsystem includes proximal contexts and interactions that may impact children’s development (e.g., family
environment, violence exposure in the home, family dynamics, parenting styles, stressors in the home; Cicchetti & Lynch, 1993). The microsystem also takes into consideration the psychological resources of parents (e.g., depression) to help children cope with stressors (Cicchetti & Lynch, 1993). Finally, ontogenic development refers to individual-level factors (e.g., self-esteem, coping skills) that impact development such how children manage stressful life experiences.

Drawing on this model, severe and uncontrollable stressors such as exposure to community violence can be understood as a significant vulnerability factor within the exosystem (i.e., community level), which exerts influence on the microsystem (e.g., parenting strategies, parental resources, family environment) and children’s individual development (Cicchetti & Lynch, 1993; Overstreet & Mazza, 2003). Interestingly, a qualitative study examining conditions under which adolescents reported they needed additional maternal support found that the most frequently endorsed situation that adolescents tend to elicit help from their mothers in situations where there is risk for or direct experience of serious injury or illness (Vandevivere et al., 2014). However, studies have found that exposure to community violence, which heightens risk for injury and illness, disrupts family processes in ways that may make it difficult for youth to receive instrumental and emotional support. Quantitative and qualitative studies have found that violence in the community impacts parents’ responsiveness to children’s needs, given the overwhelming and severe nature of exposure to community violence (Lynch & Cicchetti, 2002; Vincent, 2009). For instance, one study of 127 urban youth observed that exposure to community violence adversely impacted parents’ responsiveness to children’s needs, closeness to their children, and warmth (Lynch & Cicchetti, 2002). In turn, this impacted children’s expectations
about their parents’ availability and quality of support (Lynch and Cicchetti, 2002). Further, a qualitative study of 38 Black families examined the impact of exposure to community violence on family processes and relationships (Vincent, 2009). Results from this study revealed that exposure to community violence impacts family communication (e.g., child reluctance to discuss problems, parent difficulties with communicating with their children; Vincent, 2009). These disruptions in parent and child communication are especially concerning in the context of community violence exposure as it may impact children’s attempts to receive support from parents to cope with stress.

**Exposure to Community Violence and Black Youth**

Recent intervention research with Black parents of young children shows that ecological influences, such as violence exposure, impedes clinical efforts to strengthen parent-child relationships, and to maximize the effectiveness of interventions, attention must be given to the influence of violence and trauma (Woods-Jaeger et al., 2018). In the United States, exposure to violence and its negative effects on youth have been characterized as a national crisis (Listenbee et al., 2012; Zimmerman & Messner, 2013). Nationally, up to 58% of 14- to 17-year-olds reported witnessing violence in their lifetime (Finkelhor et al., 2015), and up to 70% of adolescents reported being the victim of a violent crime in their lifetime (Finkelhor et al., 2013). Community violence refers to acts intended to cause physical harm against a person or persons in one’s neighborhood or community and includes frequent and continuous exposure to guns, knives, and random acts of violence (Cooley-Strickland et al., 2009; Kennedy & Ceballo, 2014). Within the literature, exposure to community violence has been distinguished between two main categories of exposure: direct victimization or witnessing violence. Victimization refers to being
the object of intentional acts of another person to cause harm such as being threatened, beaten up, stabbed, assaulted, etc. (Fowler et al., 2009). On the other hand, witnessing community violence refers to seeing or hearing an event that involves threatened or actual physical harm, loss of property, or death of another person (Fowler et al., 2009).

Additionally, Black youth are at increased risk of exposure to community violence compared to other youth (Browning et al., 2017; Rojas-Gaona et al., 2016; Voisin, 2007) and homicide is the leading cause of injury and death among Blacks (Beard et al., 2017), especially Black youth ages 10-14 years old (Centers for Disease Control and Prevention, 2016). One study observed that the odds of Black youth being exposed to violence is 112% higher compared to White youth (Zimmerman & Messner, 2013). Another study employed smartphone-based GPS technology to estimate variability in daily exposure to violent crime in an urban setting (Browning et al., 2017). Results from this study revealed that Black youth were exposed to substantially higher levels of violence than non-Hispanic White, Latinx, Asian, and multiracial youth who reside in the same neighborhood (Browning et al., 2017). These concerning rates of exposure to community violence are higher than previous conceptualizations of violence exposure based on primarily White samples (Browning et al., 2017). Disparities in exposure to community violence may be linked to historical, systemic, and contextual factors such as concentrated poverty, limited educational and occupational opportunities, social and economic disadvantage, and systemic racism that disproportionately impact Black communities (Burrell et al., 2021; Sheats et al., 2018). These experiences and conditions provide context for exposure to community violence, which may thereby be sustained, in part, by poor social and economic conditions as well as early exposure to stressful experiences (Burrell et al., 2021).
Given that youth of color are disproportionately exposed to community violence, this also places them at greater risk for negative outcomes. Research highlights that exposure to community violence is associated with a myriad of negative psychosocial outcomes including but not limited to post-traumatic stress symptoms (Fowler et al., 2009), somatic complaints (Hart et al., 2013), aggression (Gorman-Smith & Tolan, 1998), delinquency (Patchin et al., 2006), and lower academic achievement (Borofsky et al., 2014; Busby et al., 2013). Further, research suggests that community violence exposure and youth psychological well-being are linked via a dose-response mechanism such that the effects of community violence exposure accumulate over time (cumulative effects model of community violence exposure; Kennedy et al., 2010; Kennedy & Ceballo, 2014). Considering the increased risk for violence exposure among youth of color and the detrimental effects of exposure to community violence on youth outcomes, there is a pressing need to examine factors that may work to keep children safe and reduce their risk of exposure to community violence.

*The Impact of Community Violence on Parenting and Child Coping*

Given the uncontrollable and severe nature of exposure to community violence, violence exposure may act as a vulnerability factor that weakens the association between parenting factors and children’s use of active coping behaviors. Namely, when children experience chronic stressors, they may respond to parenting factors (e.g., parental control, parental warmth) by utilizing strategies that are more functionally adaptive in the context of community violence exposure (i.e., avoidant coping strategies; Wadsworth 2016) and rely less on strategies that may put them in danger (e.g., active coping strategies). For instance, one study examining the associations between parenting and children’s coping with daily stressors found that more
parental support was associated with increased avoidant coping strategies for uncontrollable stressors (Hardy et al., 1993). Instead of viewing coping strategies as “good” or “bad”, it is important to consider how and when youth utilize coping strategies to manage stressful experiences. For youth living in urban communities where exposure to chronic and uncontrollable stressors is prevalent, active coping strategies may put youth at increased risk for further exposure. In these contexts, children may instead flexibly shift to rely on avoidant strategies to cope. Thus, the current study seeks to examine whether community violence exposure weakens the association between parental behaviors such as involved and vigilant parenting and supportive and responsive parenting and adolescents’ use of problem focused coping. Exploratory analyses will also examine the effects of community violence exposure on the association between parenting factors and children’s use of avoidant coping.

Further, there is an important need to understand how community violence exposure impacts the association between adolescents’ coping and parenting behavior. As noted above, rather than viewing coping as a linear process, it is important to consider how parenting and child coping are transactional processes informed by each other. Studies have found that after experiencing trauma, children may seek out more support from their parents (Woods-Jaeger et al., 2020). Further, studies have found that parenting is impacted by child trauma. However, the majority of this research on parental responsiveness to child coping with trauma has focused on children who have experienced sexual abuse. Further research is needed to better understand how associations between parental responses and adolescents’ coping change over time in the context of community violence exposure. By examining how violence exposure impacts both parenting and adolescents’ coping, this will deepen our understanding of where to target interventions to
best support youth and families living neighborhoods where community violence exposure is prevalent.

**The Current Study**

The current study sought to concurrently examine the longitudinal and reciprocal associations among contextually relevant parenting behaviors (i.e., involved and vigilant parenting; supportive and responsive parenting) and coping strategies among Black adolescents. The current study will help to clarify the directions of the longitudinal effects and examine whether adolescent coping also influences parenting strategies. Given the developmental transitions during late childhood to early adolescence that influence availability and use of coping strategies, this study will help to elucidate the role of parenting strategies on adolescent coping as well as parental responsiveness to adolescents’ coping. Another important question to consider in examining bidirectional effects is whether the effects between parents and adolescents are symmetric or asymmetric (Pettit & Arsiwalla, 2008). Thus, the current study will help to clarify the strength of associations between parenting behaviors on adolescent coping and vice versa. Examining parenting behaviors and adolescent coping through structural equation modeling methods via multi-group cross-lagged models represent more rigorous tests among constructs of interest than regression analyses, as SEM considers multiple equations simultaneously and may be used to test for causality of associations (Biddle & Marlin, 1987; Nachtigal et al., 2003). Further, much of the work that examines bidirectional associations between parent-child interactions focuses on brief periods of (less than or equal to 1 year); therefore, it is unclear if observed associations among parent-child interactions remain stable over time (Paridi, 2008). The current study expands on this work by utilizing longitudinal data.
across three years to examine parent-child interactions and offers a unique opportunity to better capture developmental changes over time (Barker et al., 2014).

Also, given that Black youth are disproportionately exposed to community violence exposure, there is a pressing need to understanding how it may impact the parent-child relationship. Parents play an integral role in helping youth cope with stress; however, severe and chronic stressors such as community violence exposure might influence their capacities to help their children manage these stressors. Understanding how violence exposure impacts parent-child behaviors will inform interventions on areas to prioritize to better support families in communities where violence exposure is prevalent. Additionally, the majority of work examining parent and child interactions focuses on mothers’ roles in influencing youth outcomes (Phares, 1992). The current study expands on this body of literature by also examining the effects of fathers’ parenting behaviors on adolescent coping. Further, while certain coping strategies (e.g., approach oriented/engagement strategies) have been associated more positive psychosocial outcomes, avoidance oriented/disengagement strategies may be more adaptive in face of uncontrollable and severe stressors such as violence exposure. However, additional research is warranted to understand the associations among parenting strategies and youth coping during early adolescence and how these associations may be impacted by chronic and uncontrollable stress. Thus, the current study will examine the moderating role of exposure to community violence on the longitudinal associations between parenting and adolescent coping in Black families.
Research Questions and Hypotheses:

The current study sought to answer the following research questions and test the following hypotheses:

Aim 1: Examine the longitudinal associations among parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting) and adolescent coping strategies.

Hypothesis 1 predicted that parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting) and adolescent problem focused coping would exhibit reciprocal, positive associations across the three time points.

Research Question 2: What are the associations between parenting behaviors (i.e., involved and vigilant parenting and supportive and responsive parenting) and adolescents’ use of avoidant coping?

Aim 2: Examine the symmetrical bidirectionality of parenting behaviors and adolescent coping. In other words, examine the strength of the effects between parenting behaviors to adolescent coping versus adolescent coping to parenting behaviors.

Research Question 3: What is the strength of the pathways from parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting) to adolescent coping (e.g., problem focused and avoidant coping) compared to the strength of the pathways from adolescent coping to parenting factors?

Aim 3: Examine the moderating role of exposure to community violence in the associations among parenting strategies (i.e., involved and vigilant parenting; supportive and responsive parenting) and adolescent coping strategies.
Hypothesis 2 predicted exposure to community violence (lifetime and Time 2) would significantly moderate the longitudinal paths from parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting) to adolescents’ problem focused coping. Specifically, it was predicted that the paths from parenting behaviors (e.g., vigilant, involved parenting and responsive, supportive parenting) to adolescent problem focused coping would be weaker when exposure to community violence was high.

Hypothesis 3 predicted exposure to community violence would moderate the longitudinal paths from adolescents’ problem focused coping to parenting behavior (i.e., vigilant, involved parenting and responsive, supportive parenting). Namely, it was expected that the paths from adolescents’ coping (i.e., problem focused coping) to parenting behaviors (e.g., vigilant, involved parenting and responsive, supportive parenting) would be weakened when community violence exposure is high.

Research Question 4: What is the effect of exposure to community violence on the associations among parenting behaviors and adolescent avoidant coping?
CHAPTER THREE

METHOD

Participants

Data for the current were derived from the Risky Contexts and Exposure to Community Violence study (Goldner et al., 2011), a longitudinal study that examined the effects of exposure to community violence in Black youth. Schools were chosen for study recruitment based on neighborhood crime statistics, as indicated by the Chicago Police Department’s published crime statistics in 1998, a year prior to the start of the study. 58% of students who were approached agreed to participate in the study. A total sample of 284 sixth graders (Mage=11.65 years, SD=0.70, 60% female) were recruited from six public schools in Chicago, IL between 1999 to 2001, corresponding to when participants were in the 6th, 7th, and 8th grades. Approximately 83% (N=236) was retained in the second year of the study and approximately 71% (N=203) students were retained in the third year of the study. An additional 33 students were recruited into the study at Year 2, leading to total samples of N=269 and N=225 students at Year 2 (Mage=12.57 years; SD=0.68; 59.1% female) and Year 3 (Mage=13.6 years; SD=0.66; 59% female). At the time of the study, the proportion of Black students at each school exceeded 90%. 31.3% of parents reported being unemployed and the median family income ranged from $10,000 and $20,000. 48.8% of participants lived in single parent households and the average number of family member living in a household was five. Of the families included, 24.5% of
parents reported obtaining a high school degree, while 11% indicated they had a college or graduate/professional degree.

**Procedure**

The current study was granted ethical approval by a university-based institutional review board (IRB). Data were collected once per year from 1999 to 2001 over the course of five consecutive days. Children completed child-assent and parents completed consent forms prior to data collection. During each wave of the study, participants completed questionnaires administered by trained research assistants. Survey measures included in the current study were administered once per year. Participants received games, sports equipment, and gift certificates in exchange for study participation.

**Measures**

**Demographics**

Child gender and age were obtained through child-report demographic surveys. Parent demographic information (i.e., marital status, education attainment, annual household income) were obtained through parent-report demographic surveys.

**Exposure to Community Violence (ECV)**

Exposure to community violence was assessed through The My Exposure to Violence (MEV) Scale (revised version; Buka, Selner-O’Hagan, Kindlon, & Earls, 1997). The MEV assesses a participant’s lifetime and past-year exposure to community violence to 25 different violent events. The current study utilized measures of lifetime violence exposure (Year 1) and past year violence exposure (Year 2). 13 items assessed witnessing violence (e.g., “Have you seen someone get shot with a gun?”) and 12 items assessed victimization (e.g., “Have you been
stabbed with a knife?”). Participants rated the frequency of exposure to each item on a scale from 0 (Never) to 4 (Four or more times). Follow-up questions after each item inquired about “Who did it?” and “Where” to provide additional details about the exposure. Acts of violence committed by friends, strangers, neighborhoods, police, drug dealers, gang members, and others were coded as exposure to community violence. Acts of violence committed by classmates and teachers were coded into a separate school violence variable while acts of violence committed by immediate or extended family were coded into separate family violence variables. Consistent with Goldner and colleagues (2011), when participants did not specify a perpetrator of the violence, the item was included in the community-based violence variable. Given that witnessing violence and victimization are not unitary constructs, internal reliability was not calculated (Netland, 2001).

**Involved and Vigilant Parenting**

Children’s perception of involved and vigilant parenting was assessed using a six-item child-report measure. Children rated levels of parental awareness of their activities on a 3-point scale from 1 (Don’t know) to 3 (Know a lot). Example items include: “My parent(s) or the person(s) who take care of me know where I am after school” and “My parent(s) or the person(s) who take care of me know where I go at night”. Reliability for Years 1, 2, and 3 ($\alpha=0.73$, 0.81, 0.75) was acceptable.

**Responsive and Supportive Parenting**

The Feelings of Closeness measure (Blyth & Foster-Clark, 1987) was used to measure children’s perceptions of responsive and supportive parenting. The measure consisted of seven items that assessed maternal responsiveness and supportiveness and seven items that assessed
paternal responsiveness and supportiveness. Participants rated perceptions of parental warmth from 1 (Not at all) to 5 (Very much). When responding to maternal responsiveness and supportiveness items, participants were instructed “to answer the following questions about your mother, stepmother, or the person that takes care of you who is a woman.” Similarly, when responding to paternal responsiveness and supportiveness items, participants were instructed to “answer the following questions about your father, stepfather, or the person that takes care of you who is a man.” In the current study, internal reliability for maternal warmth at Times 1, 2, and 3 was \( \alpha = 0.85, 0.85, 0.85 \) and internal reliability for paternal warmth was \( \alpha = 0.92, 0.93, 0.91 \) respectively.

**Coping**

The Children’s Integrated Stress and Coping Scale (Jose & Huntsinger, 2005; Taylor & Jose, 1995) was used to assess children’s coping strategies. The 21-item measure asked participants to report on the most violent event they experienced in the past year and rate how often they used particular coping strategies in response to these events. Participants rated their frequency of using coping strategies from 0 (Not at all) to 3 (A lot). The measure included three subscales: 5 items that assess problem focused coping (e.g., “I tried to solve the problem”), 6 items that assess avoidance coping (e.g., “I ignored or tried to get away from the problem”) and 5 items that assess emotion-focused coping (e.g., “I let my feelings out: cried, yelled, looked sad, or other things). The Children’s Integrated Stress and Coping Scale has been shown to predict well-being in adolescents (Jose & Huntsinger, 2005; Taylor & Jose, 1995) and in Black youth (Jose, Cafasso, & D’Anna, 1994). In the current study, internal reliability at Times 1, 2, and 3
were adequate (problem focused coping $\alpha = 0.80, 0.85, 0.84$); emotion focused coping ($\alpha = 0.70, 0.77, 0.66$); avoidance coping ($\alpha = 0.65, 0.71, 0.66$)

**Analytic Strategy**

Power for the proposed model was estimated using the method described by Cohen (1988) for a sample of 284, with 80% power to detect the smallest effect (effect size = 0.17). The smallest effect size was utilized in the power analysis to provide the most conservative estimate of power. Utilizing software from Hintze (2000), the model showed 65.9% power to detect a lack of model fit with a sample size of 284 and 8 degrees of freedom, suggesting that the current sample size for the current study is slightly under-powered to detect small effects. However, given that the magnitude of the effects in the current study were unknown, the analytic strategy described two methods for testing the study aims.

Given statistical power issues as well as missing data across variables, data imputation was conducted to addressing missing data across time points. Data were analyzed using IBM SPSS Statistics, version 25 for Windows and MPlus. Multiple imputation provides an alternative to complete case analysis. In multiple imputation, missing values are calculated several times to produce several complete-data estimates of parameters. The Van Ginkel and Van der Ark (2010) error method imputes five data sets separately. Parameter estimates were combined using the rules of Rubin (1987). The results of these data are pooled (or combined) into a single estimate plus standard errors (Carpenter & Kenward, 2013; Little & Rubin, 2002; Van Buuren, 2012). Multiple imputation may be utilized to make inferences on data when scores are either missing at random or missing not at random.
CHAPTER FOUR

RESULTS

Descriptives

Normality of data. Descriptive analyses evaluated normality of data for youth-reported problem focused coping, emotion focused, avoidant coping, involved and vigilant parenting, and responsive and supportive parenting across Times 1, 2, and 3. Previous literature suggests a z-score cutoff of 3.29 for skewness and kurtosis (Field, 2011). Although measures of witnessing violence and victimization at Times 2 and 3 were zero-inflated, these measures were not transformed, given consistency of these data with expected results. Mplus analyses applies maximum likelihood estimation with robust standard errors (Esposito et al., 2017), therefore, no data transformations were made to variables for analyses conducted in Mplus. Further, missing values were plotted in order to assess whether data were missing at random or not missing at random. Missing data analysis revealed that data may not be missing at random for Time 3 variables.

Descriptive statistics (mean, standard deviation and correlations) for age, involved and vigilant parenting (Time 1, Time 2, and Time 3), responsive and supportive parenting (Time 1, Time 2 and Time 3) and exposure to community violence (witnessing and victimization at Time 2 and Time 3) are reported in Table 1 and Table 2.

Independent-samples t-tests were conducted to determine if there were gender differences in youth reported problem focused coping, emotion focused, avoidant coping, involved and
Table 1. Descriptives and Correlations

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| Mean     | 11.7 | 10.1 | 20.7 | 16.5 | 7.8 | 7.3 | 4.0 | 1.6 | 10.0 | 19.70 | 15.74 |
| SD       | 0.7  | 2.3  | 6.6  | 9.1  | 4.5 | 4.1 | 4.5 | 3.0 | 2.4  | 6.56  | 9.40  |

*p<.05, **p<.01
Table 2. Descriptives and Correlations (Continued)

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*Mean* = 6.81 6.90 2.77 1.09 10.13 19.46 15.28 7.52 7.00

*SD* = 4.72 4.38 4.30 2.15 2.21 6.32 8.17 4.60 4.07

*p<.05, **p<.01
vigilant parenting, and responsive and supportive parenting across Times 1, 2, and 3. Results revealed significant differences in scores of involved and vigilant parenting between males ($M=9.91, SD=2.52$) and females ($M=10.29, SD=2.02$), $t(263)=-1.34$, $p=0.010$ at Time 3. Therefore, gender was added as a covariate in models that examined involved and vigilant parenting.

**Aim 1**

Aim 1 of the current study concurrently examined the bidirectional nature of the longitudinal associations between parenting behaviors (i.e., involved and vigilant parenting or supportive and responsive parenting) and adolescent coping strategies (i.e., avoidant coping or problem focused coping). It was predicted that parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting) and adolescent problem focused coping would exhibit reciprocal, positive associations across the three time points. In order to concurrently examine the bidirectional associations between parenting behaviors and adolescent coping, a series of cross lagged panel models were tested using Mplus (Muthén & Muthén, 1998-2012). Cross-lagged panel models are a type of structural equation modeling analysis that are utilized to describe longitudinal reciprocal relationships or directional influences between variables. These models are “crossed” in that they estimate relationships between variables, and “lagged” in that they assess variable associations across longitudinal time-points (Kearney, 2017). These models can be used to estimate directional influences between variables over time. The current study utilized cross-lagged panel models to examine whether parental factors predicted adolescent coping strategies from Time 1 to Time 2 and Time 2 to Time 3, while simultaneously testing whether adolescent coping strategies predict parenting factors from Time 1 to Time 2 and Time 2 to Time 3. The following models were tested: 1) involved and vigilant parenting and
adolescents’ problem focused coping (Figure 1), 2) involved and vigilant parenting and adolescents’ avoidant coping (Figure 2), 3) supportive and responsive parenting and adolescents’ problem focused coping (Figure 3), and 4) supportive and responsive parenting and adolescents’ avoidant coping (Figure 4). Gender was entered as a covariate in these analyses that included involved and vigilant parenting.

Figure 1. Proposed Bidirectional Associations between Involved and Vigilant Parenting and Adolescents’ Problem Focused Coping
Figure 2. Proposed Bidirectional Associations between Involved and Vigilant Parenting and Adolescents’ Avoidant Coping

Figure 3. Proposed Bidirectional Associations between Supportive and Responsive Parenting and Adolescents’ Problem Focused Coping
Figure 4. Proposed Bidirectional Associations between Supportive and Responsive Parenting and Adolescents’ Avoidant Coping

In the current study, regression analyses within the cross-lagged path models allowed for an assessment of stability in constructs over time. Autoregressive coefficients were used to determine the stability of the chosen variables over time. Autoregressive coefficients that are closer to zero indicate more variance and less stability in a construct. Larger coefficients show less variance over time and more stability from the previous time point (Kearney, 2017). Causal predominance was examined by comparing standardized coefficients of cross-lagged paths in the model. With standardized regression coefficients, each one standard deviation increase in an independent variable corresponds with changes in standard deviations in the dependent variable.

**Model Fit**

Various fit indices (e.g., absolute and relative fit indices) were used to assess model fit. Measures of absolute fit compare the proposed model to a perfect model; these include chi-
square distribution ($\chi^2$), degrees of freedom, root mean square error of approximation (RMSEA of the null model, ideal study criterion $\leq 0.05$ RMSEA; acceptable study criterion $\leq 0.08$; adequate study criterion $\leq 1.00$; Browne & Cudeck, 1992; Hu & Bentler, 1999; Kline, 2011), and standard root mean square residual (SRMR, $<0.08$; Hu & Bentler, 1998). Given the sensitivity of the $\chi^2$ statistic to sample size, $\chi^2$/df were assessed with values less than 3 indicative of reasonable fit (Kline, 2005) in conjunction with other fit indices to assess model fit. Measures of relative fit assess whether a modified model improves fit in relation to the proposed model. Measures of relative fit include comparative fit index (ideal study criterion CFI $\geq 0.95$; acceptable study criterion $\geq 0.80$; adequate study criterion $\geq 0.70$; Hu & Bentler, 1999; Kline, 2011) and Tucker-Lewis Index (TFI $>0.95$; Tucker & Lewis, 1973).

**Model 1**

The first model (Figure 1), which examined the associations among involved and vigilant parenting and adolescents’ use of problem focused coping, exhibited adequate fit according to both measures of absolute fit ($\chi^2(8) = 18.83, p = 0.02$; RMSEA = 0.07, SRMR = 0.05), and measures of relative fit (CFI = 0.89, TLI = 0.73). As predicted, cross-lagged effects showed that there was a significant association between Time 2 involved and vigilant parenting and Time 3 problem focused coping ($\beta = 0.26, p < 0.001$). There was also an observed significant cross-lagged association between Time 2 problem focused coping and Time 3 involved and vigilant parenting ($\beta = 0.19, p = 0.03$). However, contrary to hypothesis 1, the path from Time 1 involved and vigilant parenting to Time 2 problem focused coping was not significant ($\beta = 0.11, p = 0.07$). Further, the path from Time 1 problem focused coping to Time 2 involved and vigilant parenting was not significant ($\beta = 0.05, p = 0.43$). The autoregressive effects also observed that the problem focused coping variables were positively and significantly associated with one
another across time points (Time 1 to Time 2: $\beta = 0.26, p < 0.001$; Time 2 to Time 3: $\beta = 0.21, p = 0.003$). Similarly, autoregressive effects suggest that the involved and vigilant parenting variables were positively and significantly associated across time points (Time 1 to Time 2: $\beta = 0.27, p < 0.001$; Time 2 to Time 3: $\beta = 0.36, p < 0.001$). See Table 3 and Figure 5.

Figure 5 Results from Cross Lagged Panel Model Examining the Bidirectional Associations between Involved and Vigilant Parenting and Adolescents’ Problem Focused Coping

Model 2

The second model (Figure 3), which examined the associations among involved and vigilant parenting and adolescents’ use of avoidant coping, exhibited adequate fit according to both measures of absolute fit ($\chi^2(8) = 19.26, p = 0.01$; RMSEA = 0.07, SRMR = 0.05), and relative fit (CFI = 0.89, TLI = 0.70). In terms of cross-lagged effects, results showed a significant negative association between Time 1 avoidant coping and Time 2 involved and vigilant
Table 3. Aim 1 Model Results

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<td>0.002</td>
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<table>
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<tr>
<th></th>
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<th>SRMR</th>
<th>CFI</th>
<th>TLI</th>
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<tr>
<td>CFI</td>
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<td>TLI</td>
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<td>0.70</td>
<td>0.75</td>
<td>0.84</td>
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</table>

- $\alpha_{1-2}$ autoregressive effects between parenting variable
- $\delta_{1-2}$ autoregressive effects between adolescent problem focused coping or avoidant coping
- $\beta_{1-2}$ cross-lagged effects between parenting and adolescent coping
- $\gamma_{1-2}$ cross-lagged effects between adolescent coping and parenting
parenting ($\beta = -0.21, p < 0.001$). The path from Time 2 avoidant coping to Time 3 involved and vigilant parenting was not significant ($\beta = 0.11, p = 0.10$). Further, the paths from involved and vigilant parenting to avoidant coping were not significant (Time 1 to Time 2: $\beta = -0.01, p = 0.94$; Time 2 to Time 3: $\beta = -0.04, p = 0.56$). The autoregressive effects suggested that the avoidant coping variables were significantly associated across time points (Time 1 to Time 2: $\beta = 0.37, p < 0.001$; Time 2 to Time 3: $\beta = 0.21, p = 0.002$). Similarly, autoregressive effects observed that the involved and vigilant parenting variables were positively and significantly associated across time points (Time 1 to Time 2: $\beta = 0.25, p < 0.001$; Time 2 to Time 3: $\beta = 0.38, p < 0.001$). See Table 3 and Figure 6.

Figure 6. Results from Cross Lagged Panel Model Examining the Bidirectional Associations between Involved and Vigilant Parenting and Adolescents’ Avoidant Coping

![Diagram showing relationships between involved and vigilant parenting, avoidant coping, and problem focused coping over time.]

Model 3a

A third model examined the associations among supportive and responsive parenting and adolescents’ problem focused coping (Figure 3). Two models were examined, one examining
paternal parenting (i.e., Model 3a) and another examining maternal parenting (i.e., Model 3b). Results from the Model 3a, examining paternal supportive and responsive parenting and adolescents’ problem focused coping, exhibited adequate fit according to both measures of absolute fit ($\chi^2(8) = 25.63, p = 0.001$; RMSEA = 0.08, SRMR = 0.05) and relative fit (CFI = 0.90, TLI = 0.75). Regarding cross-lagged effects, results observed significant positive associations between problem focused coping and paternal supportive and responsive parenting (Time 1 to Time 2: $\beta = 0.17, p = 0.002$; Time 2 to Time 3: $\beta = 0.16, p = 0.004$). As predicted, there was also a significant positive association between Time 2 paternal supportive and responsive parenting and Time 3 problem focused coping ($\beta = 0.25, p = 0.002$). However, contrary to hypothesis 1, the association between Time 1 paternal supportive and responsive parenting to Time 2 problem focused coping was not significant ($\beta = -0.003, p = 0.97$). Autoregressive effects suggest that the paternal supportive and responsive parenting variables were positively and significantly associated across time points (Time 1 to Time 2: $\beta = 0.48, p < 0.001$; Time 2 to Time 3: $\beta = 0.52, p < 0.001$). The problem focused coping variables were also positively and significantly associated across time points (Time 1 to Time 2: $\beta = 0.26, p < 0.001$; Time 2 to Time 3: $\beta = 0.23, p = 0.001$). Results are displayed in Table 3 and Figure 7. 

**Model 3b**

Results from a Model 3b, examining maternal supportive and responsive parenting and adolescents’ problem focused coping, exhibited good fit according to both measures of absolute fit ($\chi^2(8) = 17.96, p = 0.02$; RMSEA = 0.06, SRMR = 0.04) and relative fit (CFI = 0.93, TLI = 0.84). There were no observed significant associations among the cross-lagged effects. In other words, the paths between supportive and responsive maternal patterning and adolescents’ problem focused coping were not significant (Time 1 to Time 2: $\beta = 0.02, p = 0.76$; Time 2 to
Time 3: $\beta = 0.11, p = 0.07$). Further, paths between adolescents’ problem focused coping to supportive and responsive maternal parenting were not significant (Time 1 to Time 2:

Figure 7. Results from Cross Lagged Panel Model Examining the Bidirectional Associations between Supportive and Responsive Paternal Parenting and Adolescents’ Problem Focused Coping

$\beta = 0.04, p = 0.56$; Time 2 to Time 3: $\beta = 0.08, p = 0.23$). Autoregressive effects suggested that the maternal supportive and responsive parenting variables were significantly and positively associated at each time point (Time 1 to Time 2: $\beta = 0.43, p < 0.001$; Time 2 to Time 3: $\beta = 0.57, p < .001$). Autoregressive effects also observed a positive and significant association between the problem focused coping variables across time points (Time 1 to Time 2: $\beta = 0.26, p = <0.001$; Time 2 to Time 3: $\beta = 0.22, p = 0.002$). Results are displayed in Table 3 and Figure 8.

**Model 4a**

Next, two models were run to examine the associations among supportive and responsive parenting and adolescents’ avoidant coping (Figure 4). Model 4a examined supportive and
responsive paternal parenting and Model 4b examined supportive and responsive maternal parenting. Results from Model 4a, examining paternal supportive and responsive parenting and

Figure 8. Results from Cross Lagged Panel Model Examining the Bidirectional Associations between Supportive and Responsive Maternal Parenting and Adolescents’ Problem Focused Coping

adolescents’ avoidant coping, exhibited adequate fit according to both measures of absolute fit ($\chi^2(8) = 24.64, p = 0.002; \text{RMSEA} = 0.08, \text{SRMR} = 0.06$) and relative fit (CFI = 0.89, TLI = 0.74). There were no observed significant associations among the cross-lagged effects. Specifically, there were no observed significant crossed paths between supportive and responsive paternal parenting to avoidant coping (Time1 to Time 2: $\beta = -0.03, p = 0.69$, Time 2 to Time 3: $\beta = 0.08, p = 0.24$). There were also no observed significant crossed paths between avoidant coping to supportive and responsive paternal parenting (Time1 to Time 2: $\beta = 0.02, p = 0.73$; Time 2 to Time 3: $\beta = 0.08, p = 0.34$). Autoregressive effects observed positive and significant associations between paternal supportive and responsive parenting across time points (Time 1 to
Time 2: $\beta = 0.49, p < 0.001$, Time 2 to Time 3: $\beta = 0.53, p < 0.001$). Results from autoregressive effects also observed positive and significant associations in adolescents’ avoidant coping across time points (Time 1 to Time 2: $\beta = 0.37, p < 0.001$; Time 2 to Time 3: $\beta = 0.21, p = 0.002$).

Results are displayed in Table 3 and Figure 9.

Figure 9. Results from Cross Lagged Panel Model Examining the Bidirectional Associations between Supportive and Responsive Paternal Parenting and Adolescents’ Avoidant Coping

Model 4b

Results from Model 4b, examining maternal supportive and responsive parenting and adolescents’ avoidant coping, exhibited adequate fit according to both measures of absolute fit ($\chi^2(8) = 20.36, p = 0.009$; RMSEA = 0.07, SRMR = 0.04) and relative fit (CFI = 0.92, TLI = 0.80). There were no significant observed cross-lagged effects between maternal supportive and responsive parenting and adolescents’ use of avoidant coping. Specifically, there were no observed crossed paths between supportive and responsive maternal parenting to adolescents’
avoidant coping (Time 1 to Time 2: $\beta = 0.02, p = 0.82$; Time 2 to Time 3: $\beta = -0.12, p = 0.06$). There were also no observed crossed paths between adolescents’ avoidant coping to supportive and responsive maternal parenting (Time 1 to Time 2: $\beta = -0.10, p = 0.16$; Time 2 to Time 3: $\beta = 0.01, p = 0.88$). Autoregressive effects revealed significant and positive associations among maternal supportive and responsive parenting over time (Time 1 to Time 2 $\beta = 0.43, p < 0.001$; Time 2 to Time 3 $\beta = 0.58, p < 0.001$). Additionally, autoregressive effects revealed significant and positive associations among adolescents’ avoidant coping over time (Time 1 to Time 2 $\beta = 0.37, p < 0.001$; Time 2 to Time 3 $\beta = 0.20, p = 0.002$). Results are displayed in Table 3 and Figure 10.

Figure 10. Results from Cross Lagged Panel Model Examining the Bidirectional Associations between Supportive and Responsive Maternal Parenting and Adolescents’ Avoidant Coping.
Aim 2

Aim 2 of the current study examined the symmetrical bidirectionality of parenting behaviors and adolescent coping. Exploratory analyses examined the strength of the effects between 1) parenting behaviors (i.e., involved and vigilant parenting, responsive and supportive parenting) to adolescent coping (i.e., problem focused or avoidant coping) compared to 2) adolescents’ coping to parenting behaviors. To examine the magnitude of the effects of these associations, standardized coefficients of cross-lagged paths in the model were compared. Standardized path coefficients can be used to represent effect sizes when utilizing structural equation modeling (Kline, 2005). Cohen (1988) suggests that values of 0.10, 0.30, and 0.50 represent “small”, “medium” and “large” effect size magnitudes. In addition, confidence intervals were examined to determine whether they overlapped more or less than 50%.

According to Cumming (2009), beta estimates with confidence intervals that overlap less than 50% are considered statistically significant.

In Models 2, 3b, 4a, and 4b there were one or fewer significant cross-lagged effects; therefore, no comparisons of effects were made between parenting behaviors and adolescent coping.

Model 1

In Model 1, there was a significant association between Time 2 problem focused coping and Time 3 involved and vigilant parenting ($\beta = 0.19, p = 0.03$; path a) and Time 2 involved and vigilant parenting and Time 3 problem focused coping ($\beta = 0.26, p < 0.001$; path b), controlling for gender. To further examine whether these standardized beta weights are significantly different from each other, their corresponding 95% confidence interval were estimated via bias corrected bootstrap (1,000 re-samples). As displayed in Figure 11, it was possible there was at
least a 50% overlap between confidence intervals between these two paths. To evaluate these paths more precisely, half of the average of the overlapping confidence intervals was calculated (i.e., 0.07) and added to the lower bound estimate beta weight for path a (i.e., -0.002), which yielded 0.07. Given that the upper bound estimate of path b of 0.06 was less than the value of 0.07 the difference between the paths’ standardized beta weights was statistically significant. Examining the standardized beta weights of these paths, this suggests that the effects of path a (i.e., Time 2 adolescent problem focused coping and Time 3 involved and vigilant parenting) were larger than the effects of path b (Time 2 involved and vigilant parenting and Time 3 adolescent problem focused coping).

Figure 11. Examining the Symmetric Bidirectionality between Adolescents’ use of Problem Focused Coping and Involved and Vigilant Parenting (Model 1)

![Model 1 Diagram]

**Model 3a**

Model 3a, which examined the associations among supportive and responsive paternal parenting and adolescents’ problem focused coping, revealed several significant cross-lagged effects. Specifically, results revealed a significant positive association between Time 2 problem...
focused coping and Time 3 paternal supportive and responsive parenting ($\beta = 0.16, p = 0.004$; path a). There was also a significant positive association between Time 2 paternal supportive and responsive parenting and Time 3 problem focused coping ($\beta = 0.25, p = 0.002$; path b). Finally, there was a significant association between Time 1 problem focused coping and Time 2 paternal supportive and responsive parenting ($\beta = 0.17, p = 0.002$; path c). To further examine whether these standardized beta weights are significantly different from each other, their corresponding 95% confidence interval were estimated via bias corrected bootstrap (1,000 re-samples).

To evaluate these paths more precisely, half of the average of the overlapping confidence intervals were calculated for path a to b (i.e., 0.08) and added to the lower bound confidence interval for path b, which yielded a value of -0.09. Given that the upper bound confidence interval of path a (i.e., -0.05) exceeds the value of -0.09, this suggests that the standardized beta weights between paths a and b were not statistically significant.

Next, to further examine paths b and c, half of the average of the overlapping confidence intervals were calculated for paths b and c (i.e., 0.08), and added to the lower bound confidence interval for path b. This yielded a value of -0.10. Given that the upper bound confidence interval of path c (i.e., -0.30) exceeds the value of -0.10, the differences between standardized beta weights for paths b and c was not considered statistically significant.

Finally, to further examine paths a and c, half of the average of the overlapping confidence intervals were calculated for paths a and c (i.e., -0.08). This value was added to the lower bound confidence interval for path c, yielding a value of -0.25. Given that the upper bound confidence interval of path a (i.e., -0.05) exceeds the value of -0.25, the differences between standardized beta weights for paths a and c was not considered statistically significant. These paths are displayed in Figure 12.
Aim 3

Aim 3 in the current study also examined the moderating role of exposure to community violence in the associations among parenting strategies (i.e., involved and vigilant parenting and supportive and responsive parenting) and adolescent coping strategies. It was predicted that exposure to community violence (lifetime and Time 2) would significantly moderate the longitudinal paths from parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting) to adolescents’ problem focused coping. Specifically, it was predicted that the paths from parenting behaviors (e.g., vigilant, involved parenting and responsive, supportive parenting) to adolescent problem focused coping would be weaker when exposure to community violence was high. It was also expected that exposure to community violence would moderate the longitudinal paths from adolescents’ problem focused coping to parenting behavior (i.e., vigilant, involved parenting and responsive, supportive parenting). Namely, it was expected that...
the paths from adolescents’ coping (i.e., problem focused coping) to parenting behaviors (e.g., vigilant, involved parenting and responsive, supportive parenting) would be weakened when community violence exposure is high. Finally, exploratory analyses examined the effect of exposure to community violence on the associations among parenting behaviors and adolescent avoidant coping.

To examine whether exposure to community violence acts as a vulnerability factor between adolescent coping and parenting behaviors, exposure to community violence (witnessing and victimization) were recoded into a dichotomous variable to reflect (happened/not happened). Previous studies have utilized these methods to recode exposure to community violence into a categorical variable (e.g., Brady et al., 2008; Gaylord-Harden et al., 2020; Kennedy & Ceballo, 2014; Lambert et al., 2005). Multigroup cross-lagged panel analysis was used to test whether the associations between parenting behaviors and adolescent coping differ as a function of exposure to community violence (i.e., lifetime reported victimization, lifetime reported witnessing, Time 2 reported victimization, Time 2 reported witnessing). The following models examined whether exposure to community violence moderated the association between 1) involved and vigilant parenting and adolescent problem focused coping (Figure 13), 2) involved and vigilant parenting and adolescent avoidant coping (Figure 14), 3) supportive and responsive parenting and adolescent problem focused coping (Figure 15), 4) supportive and responsive parenting and adolescent avoidant coping (Figure 16). Multigroup cross-lagged panel models may be analyzed by testing the difference between a constrained and unconstrained model. In the unconstrained model, all parameters were allowed to vary across the groups. In the constrained model, all path coefficients were fixed to be equal across the groups. If the chi-square test revealed superior model fit in the unconstrained model, the cross-lagged associations between
parenting behaviors and adolescent coping would be considered to differ as a function of exposure to community violence (Guo et al., 2015; Park et al., 2016).

Results across all models examined revealed lack of convergence in both free and constrained models due to low sample size. Therefore, individual pathways were analyzed using Figure 13. Proposed Moderating Effects of Exposure to Violence on the Associations between Involved and Vigilant Parenting and Adolescents’ use of Problem Focused Coping

Figure 14. Proposed Moderating Effects of Exposure to Violence on the Associations between Involved and Vigilant Parenting and Adolescents’ use of Avoidant Coping
Figure 15. Proposed Moderating Effects of Exposure to Violence on the Associations between Supportive and Responsive Parenting and Adolescents’ use of Problem Focused Coping

Figure 16. Proposed Moderating Effects of Exposure to Violence on the Associations between Supportive and Responsive Parenting and Adolescents’ use of Avoidant Coping

PROCESS macro version 3 bootstrapping procedure in SPSS (n = 10,000 bias corrected bootstrap samples, Hayes, 2018).
Alternative Analyses

Examining Associations between Parenting Behaviors to Adolescent Coping.

To examine whether exposure to community violence acts as a vulnerability factor between parenting behaviors and adolescent coping, bootstrapping procedure in Mplus was utilized. Separate models were tested to examine the moderating role of lifetime and Time 2 exposure to community violence on parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting) on adolescent coping strategies (i.e., problem focused and avoidant coping). Gender was entered as a covariate in the analyses that included involved and vigilant parenting. Results are displayed in Tables 4 through 7. Results revealed lifetime experiences of victimization was not a significant moderator in the associations between parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting) and adolescents’ coping strategies (i.e., problem focused coping, avoidant coping).

Further, results revealed Time 2 victimization was not a significant moderator in the associations between Time 1 parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting) and Time 2 adolescents’ problem focused coping. Results also revealed Time 2 victimization was not a significant moderator in the associations between Time 2 parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting) and Time 3 adolescents’ problem focused coping. However, Time 2 victimization did significantly moderate the association between paternal supportive and responsive parenting at Time 1 and adolescents’ avoidant coping at Time 2 ($\beta = 0.08, p = 0.01$). This finding suggested that the effect of Time 1 paternal supportive and responsive parenting on Time 2 adolescents’ avoidant coping depends on whether youth reported experiences of victimization at Time 2.
Table 4. Results from Moderation Analyses Examining the Association between Parenting and Adolescent Coping with Victimization as a Moderator

<table>
<thead>
<tr>
<th>X</th>
<th>Y</th>
<th>Moderator</th>
<th>Main Effect (B)</th>
<th>p-value</th>
<th>Interaction (B)</th>
<th>p-value</th>
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<td>0.36</td>
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* $p<.05$, ** $p<.01$
Table 5. Results from Moderation Analyses Examining the Association between Parenting and Adolescent Coping with Witnessing Violence as a Moderator

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<th>Interaction (B)</th>
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<td>T2 Invol &amp; Vig Parenting</td>
<td>T3 Prob foc coping</td>
<td>Witnessed lifetime</td>
<td>0.03</td>
<td>0.24</td>
<td>0.01</td>
<td>0.76</td>
</tr>
<tr>
<td>T1 Dad Supp &amp; Resp Parenting</td>
<td>T2 Prob foc coping</td>
<td>Witnessed lifetime</td>
<td>0.01</td>
<td>0.52</td>
<td>-0.01</td>
<td>0.55</td>
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<tr>
<td>T2 Dad Supp &amp; Resp Parenting</td>
<td>T3 Prob foc coping</td>
<td>Witnessed lifetime</td>
<td>0.03</td>
<td>0.07</td>
<td>-0.01</td>
<td>0.23</td>
</tr>
<tr>
<td>T1 Mom Supp &amp; Resp Parenting</td>
<td>T2 Avoidant coping</td>
<td>Witnessed lifetime</td>
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<td>0.73</td>
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<td>T3 Avoidant coping</td>
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<tr>
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<td>0.15</td>
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<td>T2 Avoidant coping</td>
<td>Witnessed lifetime</td>
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<td>-0.01</td>
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<td>Witnessed lifetime</td>
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<td>T2 Witnessed Viol</td>
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<td>0.10</td>
<td>-0.09</td>
<td>0.22</td>
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<tr>
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<td>T3 Prob foc coping</td>
<td>T2 Witnessed Viol</td>
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<td>T2 Prob foc coping</td>
<td>T2 Witnessed Viol</td>
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<td>0.05</td>
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<td>T3 Prob foc coping</td>
<td>T2 Witnessed Viol</td>
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</tr>
<tr>
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<td>T2 Witnessed Viol</td>
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</tr>
<tr>
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<td>T3 Avoidant coping</td>
<td>T2 Witnessed Viol</td>
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<td>-0.02</td>
<td>0.79</td>
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<td>T2 Avoidant coping</td>
<td>T2 Witnessed Viol</td>
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<td>0.61</td>
</tr>
<tr>
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<td>T3 Avoidant coping</td>
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<td>0.78</td>
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<tr>
<td>T1 Dad Supp &amp; Resp Parenting</td>
<td>T2 Avoidant coping</td>
<td>T2 Witnessed Viol</td>
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<td>T2 Dad Supp &amp; Resp Parenting</td>
<td>T3 Avoidant coping</td>
<td>T2 Witnessed Viol</td>
<td>0.01</td>
<td>0.50</td>
<td>-0.03</td>
<td>0.31</td>
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*p<.05, **p<.01
Table 6. Results from Moderation Analyses Examining the Association between Adolescent Coping and Parenting with Victimization as a Moderator

<table>
<thead>
<tr>
<th>X</th>
<th>Y</th>
<th>Moderator</th>
<th>Main Effect ($B$)</th>
<th>$p$-value</th>
<th>Interaction ($B$)</th>
<th>$p$-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 Prob Foc Coping</td>
<td>T2 Mom Supp &amp; Resp Parenting</td>
<td>Victim lifetime</td>
<td>0.00</td>
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<td>0.00</td>
<td>0.87</td>
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<tr>
<td>T2 Prob Foc Coping</td>
<td>T3 Mom Supp &amp; Resp Parenting</td>
<td>Victim lifetime</td>
<td>0.04</td>
<td>0.10</td>
<td>-0.06</td>
<td>0.04</td>
</tr>
<tr>
<td>T1 Prob Foc Coping</td>
<td>T2 Invol &amp; Vig Parenting</td>
<td>Victim lifetime</td>
<td>-0.06**</td>
<td>0.00</td>
<td>0.07**</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>T2 Prob Foc Coping</td>
<td>T3 Invol &amp; Vig Parenting</td>
<td>Victim lifetime</td>
<td>0.00</td>
<td>0.93</td>
<td>0.00</td>
<td>0.89</td>
</tr>
<tr>
<td>T1 Prob Foc Coping</td>
<td>T2 Dad Supp &amp; Resp Parenting</td>
<td>Victim lifetime</td>
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<td>0.88</td>
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<tr>
<td>T2 Prob Foc Coping</td>
<td>T3 Dad Supp &amp; Resp Parenting</td>
<td>Victim lifetime</td>
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<td>0.00</td>
<td>-0.06</td>
<td>0.04</td>
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<tr>
<td>T1 Avoidant Coping</td>
<td>T2 Mom Supp &amp; Resp Parenting</td>
<td>Victim lifetime</td>
<td>-0.06</td>
<td>0.19</td>
<td>0.05</td>
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<td>Victim lifetime</td>
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<td>-0.01</td>
<td>0.91</td>
</tr>
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<td>T2 Invol &amp; Vig Parenting</td>
<td>Victim lifetime</td>
<td>0.14**</td>
<td>0.00</td>
<td>0.00</td>
<td>0.94</td>
</tr>
<tr>
<td>T2 Avoidant Coping</td>
<td>T3 Invol &amp; Vig Parenting</td>
<td>Victim lifetime</td>
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<td>0.70</td>
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<td>0.58</td>
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<td>T1 Avoidant Coping</td>
<td>T2 Dad Supp &amp; Resp Parenting</td>
<td>Victim lifetime</td>
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<td>0.92</td>
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<td>0.41</td>
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<td>T2 Avoidant Coping</td>
<td>T3 Dad Supp &amp; Resp Parenting</td>
<td>Victim lifetime</td>
<td>0.12**</td>
<td>0.01</td>
<td>-0.11**</td>
<td>0.04</td>
</tr>
<tr>
<td>T1 Prob Foc Coping</td>
<td>T2 Mom Supp &amp; Resp Parenting</td>
<td>T2 Victimization</td>
<td>0.01</td>
<td>0.53</td>
<td>-0.04*</td>
<td>0.06</td>
</tr>
<tr>
<td>T2 Prob Foc Coping</td>
<td>T3 Mom Supp &amp; Resp Parenting</td>
<td>T2 Victimization</td>
<td>0.01</td>
<td>0.37</td>
<td>-0.04*</td>
<td>0.03</td>
</tr>
<tr>
<td>T1 Prob Foc Coping</td>
<td>T2 Invol &amp; Vig Parenting</td>
<td>T2 Victimization</td>
<td>-0.02*</td>
<td>0.04</td>
<td>0.05**</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>T2 Prob Foc Coping</td>
<td>T3 Invol &amp; Vig Parenting</td>
<td>T2 Victimization</td>
<td>-0.01</td>
<td>0.70</td>
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<td>0.45</td>
</tr>
<tr>
<td>T1 Prob Foc Coping</td>
<td>T2 Dad Supp &amp; Resp Parenting</td>
<td>T2 Victimization</td>
<td>0.03**</td>
<td>0.01</td>
<td>-0.06**</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>T2 Prob Foc Coping</td>
<td>T3 Dad Supp &amp; Resp Parenting</td>
<td>T2 Victimization</td>
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<td>0.04</td>
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<td>T2 Victimization</td>
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<td>-0.03</td>
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</tr>
<tr>
<td>T2 Avoidant Coping</td>
<td>T3 Mom Supp &amp; Resp Parenting</td>
<td>T2 Victimization</td>
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<td>0.01</td>
<td>0.00</td>
<td>0.97</td>
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<tr>
<td>T1 Avoidant Coping</td>
<td>T2 Invol &amp; Vig Parenting</td>
<td>T2 Victimization</td>
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<td>-0.03</td>
<td>0.32</td>
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<td>T3 Invol &amp; Vig Parenting</td>
<td>T2 Victimization</td>
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<td>0.76</td>
<td>-0.03</td>
<td>0.55</td>
</tr>
<tr>
<td>T1 Avoidant Coping</td>
<td>T2 Dad Supp &amp; Resp Parenting</td>
<td>T2 Victimization</td>
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<td>0.46</td>
<td>-0.03</td>
<td>0.45</td>
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<tr>
<td>T2 Avoidant Coping</td>
<td>T3 Dad Supp &amp; Resp Parenting</td>
<td>T2 Victimization</td>
<td>0.07</td>
<td>0.02</td>
<td>-0.08</td>
<td>0.07</td>
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</table>

*p<.05, **p<.01
Table 7. Results from Moderation Analyses Examining the Association between Adolescent Coping and Parenting with Witnessing Violence as a Moderator

<table>
<thead>
<tr>
<th>X</th>
<th>Y</th>
<th>Moderator</th>
<th>Main Effect (B)</th>
<th>p-value</th>
<th>Interaction (B)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 Avoidant Coping</td>
<td>T2 Mom Supp &amp; Resp Parenting</td>
<td>Witnessed lifetime</td>
<td>-0.02</td>
<td>0.36</td>
<td>0.00</td>
<td>0.78</td>
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<tr>
<td>T2 Avoidant Coping</td>
<td>T3 Mom Supp &amp; Resp Parenting</td>
<td>Witnessed lifetime</td>
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<td>0.00</td>
<td>-0.01</td>
<td>0.33</td>
</tr>
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<td>T1 Avoidant Coping</td>
<td>T2 Invol &amp; Vig Parenting</td>
<td>Witnessed lifetime</td>
<td>0.15**</td>
<td>&lt;0.001</td>
<td>-0.01**</td>
<td>0.01</td>
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<td>T2 Avoidant Coping</td>
<td>T3 Invol &amp; Vig Parenting</td>
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<td>Witnessed lifetime</td>
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<td>-0.01</td>
<td>0.05</td>
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<tr>
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<td>T3 Mom Supp &amp; Resp Parenting</td>
<td>Witnessed lifetime</td>
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<td>0.70</td>
<td>-0.01</td>
<td>0.09</td>
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<td>Witnessed lifetime</td>
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<td>Witnessed lifetime</td>
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<td>0.04</td>
<td>-0.01**</td>
<td>&lt;0.001</td>
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<tr>
<td>T2 Prob Foc Coping</td>
<td>T3 Dad Supp &amp; Resp Parenting</td>
<td>Witnessed lifetime</td>
<td>0.03**</td>
<td>0.01</td>
<td>-0.01</td>
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<td>T2 Witnessed Viol</td>
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<td>T2 Witnessed Viol</td>
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<td>0.01</td>
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<td>T2 Witnessed Viol</td>
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<td>0.08</td>
<td>0.07</td>
<td>0.06</td>
</tr>
<tr>
<td>T1 Avoidant Coping</td>
<td>T2 Invol &amp; Vig Parenting</td>
<td>T2 Witnessed Viol</td>
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<td>-0.07*</td>
<td>0.02</td>
</tr>
<tr>
<td>T2 Avoidant Coping</td>
<td>T3 Invol &amp; Vig Parenting</td>
<td>T2 Witnessed Viol</td>
<td>0.00</td>
<td>1.00</td>
<td>-0.01</td>
<td>0.74</td>
</tr>
<tr>
<td>T1 Avoidant Coping</td>
<td>T2 Dad Supp &amp; Resp Parenting</td>
<td>T2 Witnessed Viol</td>
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<td>0.69</td>
<td>-0.05</td>
<td>0.18</td>
</tr>
<tr>
<td>T2 Avoidant Coping</td>
<td>T3 Dad Supp &amp; Resp Parenting</td>
<td>T2 Witnessed Viol</td>
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<td>0.06</td>
<td>-0.01</td>
<td>0.90</td>
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</tbody>
</table>

*p<.05, **p<.01
Simple slopes were calculated for the association between supportive and responsive paternal parenting at Time 1 and avoidant coping at Time 2 at different levels of Time 2 victimization (i.e., happened/not happened). These analyses revealed that paternal supportive and responsive parenting at Time 1 predicted adolescents’ avoidant coping at Time 2 for youth who reported at least one experience of victimization at Time 2 ($\beta = 0.41, p = 0.01$), but not for youth who reported they did not experience victimization ($\beta = 0.05, p = 0.4$, Figure 17).

Figure 17. Time 2 Victimization as a Moderator of the Association between T1 Supportive and Responsive Paternal Parenting and T2 Adolescents’ Avoidant Coping

![Graph showing the relationship between T1 Supportive and Responsive Paternal Parenting and T2 Avoidant Coping, with different slopes for youth with and without T2 Victimization.]

Analyses were also conducted to examine the moderating role of lifetime and Time 2 witnessed community violence between parenting behaviors (i.e., involved and vigilant parenting,
and supportive and responsive parenting) and adolescent coping strategies (i.e., problem focused and avoidant coping). Results revealed witnessed community violence (lifetime and Time 2) were not significant moderators of the associations between Time 1 parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting) and Time 2 adolescent’ coping strategies (i.e., problem focused coping, avoidant coping). Further, witnessed community violence (lifetime and Time 2) were not significant moderators of the associations between Time 2 parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting) on Time 3 adolescent’ coping strategies (i.e., problem focused coping, avoidant coping).

**Examining Associations between Adolescent Coping to Parenting Behaviors.** Further, analyses were conducted to examine the moderating role of exposure to community violence on the association between adolescent coping (i.e., a problem focused and avoidant coping) and parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting). First, analyses examined lifetime reported victimization as a moderator of the associations between adolescents’ problem focused coping and parenting behaviors. Results revealed lifetime victimization was a significant moderator of the association between Time 1 problem focused coping and Time 2 involved and vigilant parenting ($\beta = 0.07, p < 0.001$). Simple slopes were calculated for the association between adolescents’ problem focused coping at Time 1 and involved and vigilant parenting at Time 2 at different levels of victimization (i.e., happened/not happened). Results indicated that adolescents’ problem focused coping at Time 1 significantly and negatively predicted involved and vigilant parenting for youth who reported no victimization ($\beta = -0.24, p = 0.001$). However, this association was not significant for youth who reported at least one experience of lifetime victimization ($\beta = 0.06, p = 0.13$, Figure 18).
Further, results also revealed lifetime victimization was a significant moderator of the association between Time 2 adolescents’ avoidant coping and Time 3 paternal supportive and responsive parenting ($\beta = -0.11$, $p = 0.04$). Simple slopes were calculated for the association between adolescents’ use of avoidant coping at Time 2 and supportive and responsive paternal parenting at Time 3 for different levels of victimization (i.e., happened/not happened). Results indicated that adolescents’ avoidant coping at Time 2 significantly and positively predicted supportive and responsive paternal parenting at Time 3 for youth who reported no experiences of victimization ($\beta = 0.76$, $p = 0.01$). This association was not significant who youth who reported at least one experience of victimization ($\beta = 0.06$, $p = 0.71$, Figure 19).
Next, regression analyses were conducted to examine the moderating role of Time 2 victimization on the associations between adolescent coping (i.e., problem focused coping, avoidant coping) and parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting). Results revealed Time 2 victimization was not a significant moderator of the association between adolescents’ avoidant coping and parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting). On the other hand, results observed Time 2 victimization was a significant moderator of several associations between adolescents’ problem focused coping and parenting behaviors. Specifically, Time 2 victimization was a significant moderator of the association between Time 2 adolescents’ problem focused coping and Time 3 supportive and responsive maternal parenting ($\beta = -0.04, p = 0.03$). Simple
slopes were calculated for the association between adolescents’ use of problem focused coping at Time 2 and supportive and responsive maternal parenting at Time 3 at different levels of Time 2 victimization (i.e., happened/not happened). Results revealed that adolescents’ problem focused coping at Time 2 significantly and negatively predicted maternal supportive and responsive maternal parenting at Time 3 for youth who reported victimization in the past year ($\beta = -0.06$, $p = 0.04$). However, this association was not significant for youth who reported no experiences of victimization in the past year ($\beta = 0.03$, $p = 0.37$, Figure 20).

Figure 20. Time 2 Victimization as a Moderator of the Association between Time 2 Adolescents’ Use of Problem Focused Coping and Time 3 Supportive and Responsive Maternal Parenting

Results also revealed Time 2 victimization was a significant moderator of the association between Time 1 adolescents’ problem focused coping and Time 2 involved and vigilant parenting ($\beta = 0.05$, $p < 0.001$). Simple slopes were calculated for the association between problem focused coping at Time 1 and involved and vigilant parenting at Time 2 at different
levels of Time 2 victimization (happened/not happened). Results revealed that adolescents’ problem focused coping at Time 1 significantly and negatively predicted involved and vigilant parenting at Time 2 for youth who reported no experiences of victimization in the past year ($\beta = -0.09$, $p = 0.05$). Further, adolescents’ problem focused coping at Time 1 significantly and positively predicted involved and vigilant parenting at Time 2 for youth who reported victimization in the past year ($\beta = 0.11$, $p = 0.04$, Figure 2).

Figure 2. Time 2 Victimization as a Moderator of the Association between Time 1 Adolescents’ use of Problem Focused Coping and Time 2 Involved and Vigilant Parenting

Further, Time 2 victimization was a significant moderator of the association between Time 1 adolescents' problem focused coping and Time 2 supportive and responsive paternal parenting ($\beta = -0.06$, $p < 0.001$). Simple slopes were calculated for the association between adolescents’ problem focused coping at Time 1 and supportive and responsive paternal parenting at Time 2 at different levels of victimization at Time 2 (i.e., happened/not happened). Results
revealed that adolescents’ problem focused coping at Time 1 significantly and positively predicted dads’ use of supportive and responsive parenting at Time 2 for youth who reported no experiences of victimization in the past year ($\beta = 0.20, p = 0.01$). On the other hand, adolescents’ problem focused coping at Time 1 significantly and negatively predicted dads’ use of supportive and responsive parenting at Time 2 for youth who reported victimization in the past year ($\beta = -0.25, p = 0.02$, Figure 22).

Figure 22. Time 2 Victimization as a Moderator of the Association between Time 1 Adolescents’ Use of Problem Focused Coping and Time 2 Supportive and Responsive Paternal Parenting

Finally, additional analyses explored the moderating role of lifetime and Time 2 witnessed violence in the associations between adolescent coping (i.e., problem focused and avoidant coping) and parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting). First, results revealed lifetime witnessed violence was a significant
moderator of the association between adolescents’ avoidant coping at Time 1 on involved and vigilant parenting at Time 2 ($\beta = -0.01, p = 0.01$). Simple slopes were tested for the association between adolescents’ avoidant coping at Time 1 and involved and vigilant parenting at varying levels of witnessed community violence (happened/did not happen). These analyses revealed that adolescents’ avoidant coping at Time 1 significantly and positively predicted involved and vigilant parenting at Time 2 for both levels of reported witnessing violence (no reported witnessed violence $\beta = 0.62, p < 0.001$; reported witnessed violence $\beta = 0.56, p < 0.001$, Figure 23).

Figure 23. Lifetime Witnessing Violence as a Moderator of the Association between Time 1 Adolescents’ Use of Avoidant Coping and Time 2 Involved and Vigilant Parenting

Also, reported lifetime witnessed violence was a significant moderator of the association between Time 1 adolescents’ use of problem focused coping and Time 2 supportive and
responsive maternal parenting ($\beta = -0.01, p = 0.05$). Simple slopes were tested for the association between adolescents’ problem focused coping at Time 1 and supportive and responsive parenting at Time 2 at levels of reported lifetime witnessed violence (i.e., happened/not happened). Results revealed that the association between adolescents’ problem focused coping at Time 1 and supportive and responsive maternal parenting at Time 2 were not significant for both levels of witnessed violence (not witnessed violence: $\beta = 0.002, p = 0.92$; witnessed: $\beta = -0.01, p = 0.58$, Figure 24).

Figure 24. Lifetime Witnessing Violence as a Moderator of the Association between Time 1 Adolescents’ Use of Problem Focused Coping and Time 2 Supportive and Responsive Maternal Parenting

Further, lifetime witnessed violence was a significant moderator of the association between adolescents’ problem focused coping at Time 1 and involved and vigilant parenting at Time 2 ($\beta = 0.01, p < 0.001$). Simple slopes were tested for the association between adolescents’
problem focused coping at Time 1 and supportive and responsive maternal parenting at Time 2 for different levels of lifetime witnessed violence (i.e., happened/not happened). However, simple slopes revealed that problem focused coping at Time 1 did not significantly predict supportive and responsive maternal parenting at Time 2 at both levels of witnessed violence (no witnessed $\beta = -0.05, p = 0.20$; witnessed $\beta = -0.01, p = 0.76$, Figure 25).

Figure 25. Lifetime Witnessing Violence as a Moderator of the Association between Time 1 Adolescents’ Use of Problem Focused Coping and Time 2 Involved and Vigilant Parenting

Adolescents’ reported lifetime witnessed violence also moderated the association between Time 1 problem focused coping and Time 2 supportive and responsive paternal parenting ($\beta = -0.01, p < 0.001$). Simple slopes were tested for the association between adolescents’ use of problem focused coping at Time 1 and supportive and responsive paternal parenting at Time 2 at different levels of lifetime reported witnessed violence (i.e., happened/not
happened). Results revealed that adolescents’ use of problem focused coping at Time 1 significantly and positively predicted supportive and responsive paternal parenting at Time 2 for youth who did not report witnessing violence ($\beta = 0.14, p = 0.05$). However, this association was not significant for youth who reported witnessing violence ($\beta = 0.07, p = 0.30$, Figure 26).

Figure 26. Lifetime Witnessing Violence as a Moderator of the Association between Time 1 Adolescents’ Use of Problem Focused Coping and Time 2 Supportive and Responsive Paternal Parenting

Additionally, regression analyses in MPlus with bootstrapping procedure were utilized to examine whether Time 2 witnessed violence moderated the associations between adolescents’ coping and parenting behaviors (i.e., involved and vigilant parenting, and supportive and responsive parenting). Results indicated the Time 2 witnessed violence did not moderate the associations between problem focused coping and parenting behaviors. On the other hand, Time 2 witnessed violence did moderate the association between Time 1 adolescents’ avoidant coping
and Time 2 involved and vigilant parenting ($\beta = -0.07, p = 0.02$). Simple slopes were tested for the association between adolescents’ avoidant coping at Time 1 and involved and vigilant parenting at Time 2 at different levels of reported witnessed violence at Time 2 (i.e., happened/not happened). Results indicated that adolescents’ avoidant coping at Time 1 significantly and positively predicted parents’ use of involved and vigilant parenting at Time 2 for youth at both levels of reported witnessing violence (witnessed: $\beta = 0.32, p < 0.001$; not witnessed: $\beta = 0.58, p < 0.001$, Figure 27).

Figure 27. Time 2 Witnessing Violence as a Moderator of the Association between Time 1 Adolescents’ Use of Avoidant Coping and Time 2 Involved and Vigilant Parenting

No significant moderations between Time 2 to Time 3 variables when examining witnessed and lifetime witnessed violence as moderators.
CHAPTER FIVE

DISCUSSION

The current study sought to better understand bidirectional, longitudinal associations among parenting factors (i.e., involved, vigilant parenting, supportive and responsive parenting) and coping strategies (i.e., problem focused coping, avoidant coping) among Black families within the context of exposure to community violence.

Are there Bidirectional Associations among Parenting Behaviors and Adolescent Coping?

The first goal of the current study sought to examine the potential bidirectional associations among parenting behaviors and adolescent coping. Hypothesis 1 predicted that parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting) and adolescent problem focused coping would exhibit reciprocal, positive associations across the three time points.

Model 1: Associations among Involved and Vigilant Parenting and Adolescents’ use of Problem Focused Coping

Results from the current study partially supported this hypothesis. Results from Model 1 observed that higher levels of involved and vigilant parenting at Time 2 predicted higher levels of problem focused coping at Time 3. This finding is overall consistent with general literature, which has observed positive associations between vigilant parenting strategies (e.g., parental control, parental monitoring) and adolescents’ use of approach-oriented or problem focused
coping strategies (Mcintyre et al., 1995). Rather than viewing involved and vigilant parenting as punitive or demanding, it is important to consider a culturally sensitive framework in understanding the adaptive role that these strategies have for Black youth living in communities that are characterized by persistent and chronic community violence exposure. Involved and vigilant parenting, which has components of parental control and parental monitoring, has been recognized for teaching youth to be alert, anticipate danger, and plan for the future (Allen & Majidi-Ahi, 1989; Kim et al., 2003; Willis, 1992). Involved and vigilant parenting strategies teach adolescents to be alert to their surroundings (Brody et al., 2005) and promotes safety by increasing parental knowledge of youth’s whereabouts. Importantly, when parents utilize involved and vigilant parenting strategies, these strategies encourage conversations about safety and safety planning, which in turn, may inform adolescents’ coping strategies (Brody et al., 2005). This communication between parents and youth not only set expectations for youth behaviors, but it also promotes internalization of parents’ norms outside of the home and outside of parental supervision (Brody et al., 2005).

Further, results from Model 1 observed a significant positive association between Time 2 problem focused coping and Time 3 involved and vigilant parenting. In contexts of chronic and severe stressors such as community violence exposure, as adolescents try out coping strategies such as problem focused coping, they may communicate with their parents to receive feedback and support about how to navigate these stressors. While approach-oriented coping strategies such as problem focused coping have been found to be associated with positive psychosocial outcomes for some stressors (e.g., Compas et al., 2001; Wadsworth & Compas, 2002), these strategies may not be adaptive when confronting high levels of chronic, severe, and
uncontrollable stressors. In fact, Black caregivers may prefer to coach their adolescents to use disengagement coping strategies to manage uncontrollable stressors such as community violence (Howard et al., 2002). Thus, it is possible that when adolescents use problem focused coping strategies, parents may respond by increasing their use of involved and vigilant parenting to keep youth safe.

Although Model 1 observed positive bidirectional associations between involved and vigilant parenting and problem focused coping between Times 2 to 3, these associations were not observed between Times 1 to 2, an unexpected finding. It is possible that the significant associations between involved and vigilant parenting behaviors and problem focused coping may begin to emerge as youth approach adolescence. Research on youth development of coping has found that approach-oriented or problem-solving coping strategies begin to emerge around late childhood and continues to increase through adolescence (Zimmer-Gembeck, & Skinner, 2011). Consistent with this literature, in the current study, youth age across timepoints spanned late childhood through early adolescence (i.e., Time 1 $M_{age}$: 11.65, $SD=0.70$; Time 2 $M_{age}$: 12.57, $SD=0.68$, Time 3 $M_{age}$: 13.6, $SD=0.66$). Further, youth’s reported use of problem focused coping strategies increased between Times 2 and 3 (i.e., Time 2: 6.81, $SD=4.72$, Time 3: 7.52, $SD=4.60$). Additionally, the emergence of significant associations between involved and vigilant parenting behaviors and problem focused coping coincides with youth’s increased risk for exposure to community violence as they approach adolescence (Finkelhor et al., 2015). Further discussion of community violence exposure as a potential moderator of the associations between involved and vigilant parenting and problem focused coping is discussed below. Taken together, the lack of observed significance between involved and vigilant parenting and problem focused coping
between Times 1 and 2 may be explained when considering a developmental approach to understanding coping and increased risk for exposure to community violence as youth progress from childhood to adolescence.

**Model 2: Associations among Involved and Vigilant Parenting and Adolescents’ use of Avoidant Coping**

Results from Model 2, which investigated potential reciprocal associations among involved and vigilant parenting and adolescents’ avoidant coping, revealed that higher levels of avoidant coping at Time 1 predicted lower levels of involved and vigilant parenting at Time 2. From a developmental perspective, parents of adolescents are tasked with balancing safety related concerns while also supporting youths’ growing development and need for autonomy (Kobak et al., 2017). Although parental control or supervision may be viewed as controlling, punitive, or intrusive and has been associated with increased problem-related behaviors, involved and vigilant parenting strategies incorporate attunement to environmental stressors to prioritize safety (Allen & Majidi-Ahi, 1989; Kim et al., 2003; Willis, 1992). As such, parenting behaviors that incorporate supervision and monitoring relies on youth communication with parents (e.g., disclosure) that may in turn, inform actions and decisions to intervene or prevent youth exposure to unsafe situations (Kobak et al., 2017). It is possible that when youth utilize more avoidant coping strategies, this informs parents that their children are utilizing adaptive strategies to get through stressful experiences. Research suggests that parents may adjust their use of supervision based on developing trust (Kobak et al., 2017). When youth are successful in managing stressful situations as well as their own behaviors, parents may grant autonomy and decrease use of supervision (Lansford et al., 2013; Van Petegem et al., 2012).
On the other hand, given the concerning and life-threatening nature of exposure to community violence, associations between avoidant coping at Time 1 and lower levels of involved and vigilant parenting at Time 2 may be indicative of parents’ lack of full awareness of youths’ exposure to stressors. Namely, when youth are using behavioral or cognitive avoidance, parents may not be fully knowledgeable of the presence of stressors. According to research on parent and youth reporting differences for youth exposure to community violence among a sample of 2,344 participants, parents significantly underestimated their children’s exposure to community violence (Zimmerman, 2014). Moreover, Zimmerman’s (2014) study found that less parental supervision was associated with parental underestimates of youth exposure to community violence. Thus, lack of awareness may play a role in parenting practices as well as availability to support youth coping. Several school-based interventions have focused on targeting parental awareness of youth exposure to community violence. For instance, the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) encourages familial communication about exposure to community violence (Jaycox et al., 2012). Interventions such as CBITS present promise in promoting communication and knowledge about youth experiences in order to promote parental involvement in prevention and intervention to promote youth resiliency. Finally, in the current study, exposure to community violence was captured through a youth self-report measure, which may lead to shared method variance; future studies should consider multiple source and multiple methods in measurement (Holmbeck et al., 2002).
Model 3a: Supportive and Responsive Paternal Parenting and Adolescents’ use of Problem Focused Coping and Model 3b: Supportive and Responsive Maternal Parenting and Adolescents’ use of Problem Focused Coping

Model 3 examined the associations among supportive and responsive parenting and adolescents’ problem focused coping. Model 3a examined paternal parenting, while Model 3b examined maternal parenting. The findings for fathers demonstrated several reciprocal associations between parenting behavior and youth coping. Specifically, fathers’ supportive and responsive parenting at Time 2 predicted higher levels of problem focused coping at Time 3. Further, problem focused coping at Time 1 also predicted higher levels of fathers’ supportive and responsive parenting at Time 2 and problem focused coping at Time 2 predicted higher levels of fathers’ supportive and responsive parenting at Time 3. This pattern of findings suggests that when fathers use warmth, open communication and validation of their children’s experiences, this supports adolescents’ use of problem focused coping strategies. As noted earlier, supportive relationships with parents provide a context that supports effective coping, facilitates access to and encourages the use of helpful resources, fosters a sense of competence to deal with problems, and encourages conversations about caregiver availability to support youth regulation (Kliewer et al., 1994; Sandler et al., 1997).

In addition, the findings highlight the role that youth have on fathers’ parenting behaviors and strategies. Namely, youth engagement in problem focused coping may elicit parental responses or behaviors (e.g., assistance in seeking out additional information, praise/reward, emotional processing, Power, 2004). The findings also suggest that fathers are attuned to adolescents’ use of coping strategies and support them through increased warmth and responsive
parenting strategies. Very little research to date has focused on examining the role that youth play in shaping parenting behaviors outside of a coercive parenting cycle (Patterson et al., 1984). When parents respond in a supportive and responsive way, this may, in essence, reinforce and encourage youth to continue to use problem focused coping strategies. Attunement refers to the capacity of youth and caregivers to accurately read cues and respond in ways that their support co-regulation (Blaustein & Kinniburgh, 2018). Attunement to youth needs is a central focus of much of the work that incorporates trauma sensitive and responsive care for youth and families. This co-regulation and rhythm within relationships integrates both verbal and nonverbal communication between youth and caregivers (Blaustein & Kinniburgh, 2018) and may be especially important for families living in communities where community violence exposure is prevalent.

Of note, much of the research on socialization of coping between parents to children has focused on the role that mothers play in helping youth cope with stressors (e.g., Abaied & Rudolph, 2010; Kliewer et al., 2006, Kilewer, 2013). However, results of the current study highlight the important role that fathers play in youth’s lives. Despite news and media’s depiction of Black fathers as uninvolved, recent literature has highlighted that Black fathers are not only present, but they are also more engaged in their children’s lives compared to white and Hispanic fathers (Jones & Mosher, 2013). According to Jones and Mosher’s (2013) report on 10,403 men, a larger percentage of Black fathers helped their children with bathing, dressing, toileting, homework, and transportation to and from daily activities compared to other fathers. Moreover, father engagement was also evident among Black families where fathers did not reside with their children (Jones & Mosher, 2013), further discrediting biased depictions of
Black families in media. This paternal involvement and engagement are integral to promoting youth safety and encouraging youth coping. For instance, one study of Black fathers who did not reside with their children found that paternal involvement helps buffer children’s exposure to adverse childhood experiences (Ray et al., 2021). A qualitative study of further helps to elucidate the strategies that Black fathers utilize to keep their children safe and support their socioemotional development (Letiecq & Koblinsky, 2004). Results indicated that Black fathers employ a repertoire of strategies including shielding youth from potentially dangerous people and places, using involved and vigilant parenting strategies, direct teaching about safety, alternative problem-solving strategies, and improving neighborhood safety and sense of community (Letiecq & Koblinsky, 2004).

Interestingly, there were no significant reciprocal associations among supportive and responsive maternal parenting and adolescents’ problem focused. Although it was expected that supportive and responsive maternal parenting and adolescents’ problem focused coping would exhibit significant and positive associations across timepoints, there may be a difference between how mothers and fathers support the development of coping in adolescence. For instance, one study observed that in the context of racial socialization (cultural socialization and preparation for bias), Black fathers engaged in more socialization with sons (McHale et al., 2006). Thus, an important area to consider for future research are impacts of gender on dyadic associations between caregivers and youth. Further, the lack of observed significance between maternal supportiveness and responsiveness with youth coping may be attributed to methodological differences in how supportiveness and responsiveness were measured in this study compared to other previous studies (e.g., Gaylord-Harden et al., 2013). For instance, in the current study,
parental support and responsiveness was assessed through youth report while previous studies have utilized parent report (e.g., Gaylord-Harden et al., 2013).

**Models 4a Examining Maternal Supportive and Responsive Paternal Parenting and Adolescents’ Avoidant Coping and 4b Examining Maternal Supportive and Responsive Parenting and Adolescents’ Avoidant Coping**

Results from Models 4a and 4b, which examined associations among supportive and responsive parenting (paternal [Model 4a] or maternal [Model 4b]) and adolescents’ avoidant coping, revealed no significant cross-lagged effects. One possible explanation for these findings is that supportive and responsive parenting strategies may be most useful when youth are actively engaging with a stressor rather than avoiding it. Consistent with results from above, supportive and responsive paternal parenting was found to be useful when youth were utilizing problem-focused coping. It may be the case that when parents use warmth and supportive parenting, this may help with encouraging youth to feel more confident to try out active strategies to resolve problems they encounter (Gaylord-Harden et al., 2010). Another possibility is that parents may prefer to use more direct coaching strategies or suggestions that support the development and use of avoidant coping in adolescents. For instance, results from Kliewer and colleagues’ study of 101 African American adolescents and their caregivers revealed that parents who live in communities where exposure to community violence is prevalent may rely on proactive coping strategies to prevent and protect youth from exposure to dangerous situations (Kliewer et al., 1996; Kliewer et al., 1994; Kliewer et al., 2006). Proactive coping refers to strategies used prior to exposure to a stressor to avoid exposure to the stressor (Kliewer et al., 2006). Examples of proactive strategies that parents use include cautioning youth about where to
go or avoid, who to avoid, and what belongings to bring (Kliwer et al., 2006). Further, parental proactive coping strategies have been found to be associated with adolescent use of avoidant coping in the context of exposure to community violence (Kliwer et al., 2006).

Is there Symmetrical Bidirectionality between Parenting Behaviors and Adolescent Coping?

While the majority of research on parenting and parent-focused interventions focus on the role that parents have in shaping youth outcomes and behaviors, there is less attention to the role that youth behaviors have on parenting behaviors. Thus, a second aim of this study sought to better understand whether the strength of the associations between parenting behaviors and adolescents’ coping strategies differed. Results from Model 1, which examined the associations among involved and vigilant parenting and adolescents’ use of problem focused coping, revealed that the effects from Time 2 adolescents’ problem focused coping to Time 3 involved and vigilant parenting were significantly larger than the effects of Time 2 involved and vigilant parenting to Time 3 adolescent problem focused coping. In other words, the influence of adolescent coping on parenting was stronger than the influence of parenting on adolescent coping.

This important finding adds to the current literature by highlighting the understudied influence that adolescents’ coping behaviors may have on parenting behaviors. Previous literature on parenting and parent-focused interventions are founded on not only behavioral principles, but also on developmental considerations that children are more reliant on parents to help fulfill their needs (Lundahl et al., 2006). However, the current study emphasizes the important role that adolescents play in influencing parenting behaviors in stressful contexts. Namely, these findings suggest that parents may not only utilize vigilant parenting strategies
based on what they know about prevalence of stressors within their community, but they may also adjust their strategies based on how their youth are responding to stressors. In other words, by adjusting involved and vigilant parenting strategies, caregivers are exhibiting attunement to the coping responses and needs of their adolescents. These findings highlight the importance of additional research examining the impact of adolescent coping strategies on parental behaviors, an area that has been scarcely studied or acknowledged in past research.

In contrast, in the models that detected significant cross-lagged effects among supportive and responsive paternal parenting and adolescents’ problem focused coping, revealed that none of the paths were statistically significant from each other. This non-significant finding, in tandem with the significant finding for youth coping and involved vigilant parenting, highlights the importance of vigilant parenting practices for African American families.

Does Exposure to Community Violence Moderate the Associations Among Parenting Strategies and Adolescent Coping?

The Moderating Effects of Exposure to Community Violence on the Association between Parenting Behaviors and Youth Coping

Finally, a third aim of the current study was to examine the potential moderating role of exposure to community violence in the associations among parenting strategies (i.e., involved and vigilant parenting, supportive and responsive parenting) and adolescent coping strategies. Hypothesis 2 predicted exposure to community violence (lifetime and Time 2) would significantly moderate the longitudinal paths from parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting) to adolescents’ problem focused coping. Specifically, it was predicted that the paths from parenting behaviors to youth problem focused
coping would be weaker when exposure to community violence was high. However, results revealed no significant interaction effects between parenting behaviors and victimization (lifetime or past year) on adolescents’ problem focused coping. Together, this suggests that the positive associations between parenting behaviors and adolescents’ problem focused coping were not dependent upon levels of violent victimization experienced by the adolescents. It may be the case that paternal warmth and support helps youth feel comfortable and confident with trying out active coping strategies (Gaylord-Harden et al., 2010). These results are particularly concerning for youth who are utilizing problem focused coping strategies and who have reported experiencing victimization. It may be the case that some youth are honoring the “code of the street”, thereby responding to violence exposure by using violence to keep themselves safe (Anderson, 2000). Responding with active coping strategies may not only be reactive in nature, but it may also function adaptively to decrease the likelihood of being a target in the future (Voisin et al., 2011).

On the other hand, there was one significant interaction effect between Time 1 supportive and responsive paternal parenting and lifetime victimization on Time 2 avoidant coping. Specifically, fathers’ supportive and responsive parenting strategies predicted more avoidant coping strategies when youth reported at least one experience of victimization in the past year. In other words, the longitudinal impact of fathers’ support on youth’s coping strategies was strongest when youth had experienced violent victimization in the community, highlighting the protective role of fathers in high-stress contexts. Items from the supportive and responsive parenting measure used in the current study highlight youth engagement with fathers for advice, understanding, and sharing of inner feelings. These interactions offer opportunities to increase
quality of communication between youth and their fathers, allowing for information sharing as well as adapting of current parenting strategies to best suit the needs of youth (Kobak et al., 2017). Thus, fathers’ parenting strategies may integrate more emphasis on adaptive coping strategies that prioritize youth safety as through avoidant coping.

*The Moderating Effects of Exposure to Community Violence on the Association between Youth Coping and Parenting Behaviors*

This study also examined the moderating effects of exposure to community violence on the associations between adolescent coping and parenting behaviors. Hypothesis 3 predicted exposure to community violence would moderate the longitudinal paths from adolescents’ problem focused coping to parenting behaviors (i.e., vigilant, involved parenting and responsive, supportive parenting). Namely, it was expected that the paths from adolescents’ problem focused coping to parenting behaviors would be weakened when community violence exposure was high. Several themes emerged in examining exposure to violence as a moderator of the associations between parenting behaviors and youth coping.

First, the association between youth coping and parental supportiveness and responsiveness, was dependent on whether youth reported exposure to community violence. In the current study, past year victimization significantly moderated the association between Time 2 problem focused coping and Time 3 supportive and responsive maternal parenting. More specifically, the Time 2 problem focused coping predicted less supportive and responsive maternal parenting when youth experienced violent victimization in the past year. The association between problem focused coping and supportive and responsive maternal parenting was not significant when youth did not report violent victimization. Further, there was no
significant main effect of Time 2 problem focused coping on Time 3 supportive and responsive maternal parenting. Taken together, this suggests that among youth, the inverse association between problem focused coping and later supportive and responsive maternal parenting was strongest when youth had experienced violent victimization. This suggests that mothers may rely on other strategies, which prioritize safety (e.g., through parental supervision or monitoring) to support youth who have reported victimization to promote their safety (e.g., McLoyd, 1990).

Additionally, consistent with Hypothesis 3, lifetime reported witnessed violence was a significant moderator of the association between Time 1 problem focused and Time 2 supportive and responsive paternal parenting. Specifically, Time 1 problem focused coping was positively associated with Time 2 supportive and responsive paternal parenting for youth who did not report witnessing violence in their lifetime. However, this association was not significant for youth who reported at least one experience of witnessing violence in their lifetime. Similarly, avoidant coping strategies predicted higher levels of paternal supportive and responsive parenting for youth who did not report victimization in their lifetime. However, this association between avoidant coping strategies and supportive and responsive paternal parenting was not significant for youth who reported experiencing violent victimization in their lifetime. These findings are also in line with results from the findings above, which found that problem focused coping predicted less maternal supportive and responsive parenting when youth reported experiencing violent victimization in the past year. The current findings highlight that among youth who did not experience lifetime exposure to violence, when youth used problem focused coping or avoidant coping strategies to navigate stressors in their lives, fathers provided more
supportive and responsive parenting. Future research should examine gender differences in parental responsiveness to youth coping in the context of community violence exposure.

Another theme that emerged from results of Aim 3 observed that the impact of problem focused coping on involved and vigilant parenting may depend on whether youth have reported experiencing victimization. For instance, results observed a significant interaction effect between victimization (lifetime and past year victimization) and Time 1 adolescents’ problem focused coping on Time 2 involved and vigilant parenting. Specifically, Time 1 problem focused coping predicted less involved and vigilant parenting at Time 2 for youth with no experiences of victimization in the past year. Time 1 problem focused coping was not associated with Time 2 involved and vigilant parenting for youth who reported at least one experience of victimization in their lifetime. This finding suggests that among youth who did not report experiences of victimization in their lifetime and utilized problem focused coping strategies, parents may feel less inclined to employ vigilant parenting strategies such as parent monitoring and supervision. On the other hand, youths’ problem focused coping at Time 1 positively predicted involved and vigilant parenting at Time 2 for youth who reported at least one experience of victimization in the past year, but there was no association among youth who reported lifetime experiences of victimization. The finding of a time-limited effect may be explained by parental concern for recency effects of exposure to violence on youth outcomes. Namely, when youth experience victimization, this may alert parents to acute dangers in the environment, thereby motivating parents to utilize more parental supervision, involvement and monitoring to minimize additional trauma exposure. Research on theoretical models have pointed to recency of exposure to adverse events on mental health outcomes (Dunn et al., 2018).
Additionally, it is possible that parents may become more involved when youth have experienced recent victimization over concerns around youth response to victimization (e.g., retaliation, risk for re-victimization, Anderson, 2000). For youth who employ problem focused strategies and have experienced victimization, parents may be adjusting their strategies to incorporate more supervision and monitoring to prevent future experiences of victimization. Altogether, these results also suggest that parents are adjusting their strategies to the needs and experiences of their children.

Finally results from the current study revealed that parents use involved and vigilant parenting strategies widely when youth use avoidant coping; however, why parents utilize these strategies may be more nuanced, depending on whether youth have reported witnessing violence. Specifically, there were significant interactions between Time 1 youth avoidant coping and lifetime witnessing violence on Time 2 involved and vigilant parenting. Tests of simple slopes revealed that avoidant coping was positively associated with involved and vigilant parenting for youth who did not report witnessing violence in their lifetime. It may be the case that youth who have not witnessed violence may engage in behaviors to avoid or prevent exposure to violence in a proactive manner (Kliwer et al., 2006). When parents observe youth engaging in strategies to avoid potentially dangerous people and places, parents may become concerned about potential environmental threats and employ more hands-on strategies in order to protect youth from potential harm. This finding highlights the importance of sensitive parental attunement to youths’ behaviors (Kobak et al., 2017). How parents respond and approach youth after observing these coping strategies can also help to facilitate parent-youth interactions over time. Namely, parents’ ability to maintain awareness of adolescents’ behaviors while also being
mindful of their own thoughts, feelings and reactions can help to facilitate open communication to support youth through stressful experiences (Kobak et al., 2017). In this way, adolescents may be more accepting and understanding of why parents are increasing supervision and monitoring over time.

Additionally, parents may also employ supervision, involvement, and monitoring when youth are using avoidant coping strategies in contexts of serious stressors such as violence exposure. Namely, results from simple slopes revealed that avoidant coping was positively associated with involved and vigilant parenting for youth who reported witnessing violence in their lifetime. Research suggests that avoidant coping strategies provide protective effects for Black youth exposed to chronic, uncontrollable stressors (Boxer et al., 2012; Dempsey et al., 2000; Edlynn et al, 2008; Mosher & Prelow, 2007; Sanchez et al., 2013). For youth who have been exposed to violence, avoidant coping may function adaptively to keep youth safe. Thus, for youth who have reported witnessing violence, parents may utilize involved and vigilant strategies to keep youth safe from future exposure to violence.

**Limitations and Strengths**

The current study is not without limitations. First, small sample size also impacted ability to run models examining the potential moderating effects of violence exposure on associations among parenting behaviors and adolescents’ coping (Aim 3). Additionally, data were collected two decades ago. Consequently, findings from the current study may not accurately capture the experiences of Black families currently residing in Chicago. Nevertheless, findings may continue to be relevant, given the comparable rates of exposure to community violence in Chicago (Papachristos, Brazil & Cheng, 2018). Moreover, this study focused on Black youth from under-
resourced, urban communities; thus, these results may not be applicable to other racial/ethnic
groups or Black youth from other communities. Importantly, Black communities do not represent
a monolith and their unique experiences may not generalize to all Black youth.

As well, all measures used in the current study utilized a self-report format. Therefore,
there is a possibility of self-report bias (e.g., social desirability, under or over reporting on
measures). Further, given that all measures were collected using one method, shared method
variance may have impacted this study. Shared method variance, or common method variance,
refers to variance that is attributed to the method of measuring constructs rather than variance
that is attributed to the constructs (Podsakoff et al., 2003). Therefore, future studies should
incorporate other methods of data collection to validate measurement constructs such as through
ecological momentary assessment methodology, which involves repeated sampling of
participants’ behaviors in real time. Further, the use of a binary scale to measure violence
exposure may limit the understanding of frequency of violence exposure experienced by youth.

Lastly, measures of parent monitoring were severely left-skewed, even after various
transformations. The current analyses did not transform parent monitoring variables as this was
expected for these measures. Missing data analysis revealed that data may not be missing at
random for all Time 3 variables, suggesting that results may be biased because of difficulties in
retention of the sample. Missing data may have also impacted the ability to detect for
associations among variables of interest.

Despite these limitations, this study expands upon the current literature in our
understanding of the associations between parenting strategies and youth coping. Namely, this
study examines these unique associations during the adolescent developmental period, a time
when youth coping skills become increasingly flexible. While much research on parenting focusing on how parents help youth to acquire skills to cope with stressors, the current study also highlights the important bidirectional and reciprocal associations between parenting behaviors and youth coping. This study also examined the impact of exposure to community violence on the associations between parenting behaviors and adolescent coping. Results highlight the importance of caregiver attunement to youth coping behaviors in the context of exposure to community violence.

**Summary and Implications**

The current study sought to better understand the potential bidirectional associations among parenting behaviors (i.e., involved and vigilant parenting, supportive and responsive parenting). While much research on parent-child relationships focuses on the role that parents have on youth coping, the current study also highlights the importance of adolescent coping on parenting behaviors. Further, results from the current study emphasize the role that fathers’ support and responsiveness in youth problem focused coping. Finally, the current study observed three themes when examining exposure to community violence as a moderator of the associations between adolescent coping and parenting behaviors: 1) youth coping was associated with parental supportiveness and responsiveness, depending on whether youth reported exposure to community violence 2) when youth use problem focused coping, the likelihood of parents using involved and vigilant parenting may depend on whether youth have reported experiencing victimization, and 3) parents use involved and vigilant parenting strategies widely when youth engage in avoidant coping, though why parents utilize vigilant strategies may vary. A central thread across these findings emphasizes the importance of parental attunement to youth coping
as well as exposure to community stressors. Attunement is a central aspect of Attachment, Regulation, and Competency Framework, which was developed for children and adolescents who have experienced trauma (Blaustein & Kinniburgh, 2018). A key foundational component of this framework focuses on strengthening the warm attachment between youth and caregivers (Blaustein & Kinniburgh, 2018). Although attunement between caregivers and youth is supports attachment in relationships, additional research is needed to better understand the potential protective effects of attunement on youth exposure to community violence.
REFERENCE LIST


VITA

Jenny Phan received her PhD in clinical psychology at Loyola University Chicago with a specialization in children, adolescents, and families in summer 2023. She was born and raised in the greater Boston area. She attended Boston College, where she earned a Bachelor of Arts in Psychology with Honors in 2014. During her post-baccalaureate years, she was a member of several research labs and contributed to presentations and manuscripts. At Loyola University Chicago, she worked with Dr. Noni Gaylord-Harden in the Parents and Children Coping Together (PACCT) Research Lab. Her research and clinical interests included: 1) increasing access to evidence-based and culturally responsive treatments for underserved communities and 2) examining protective factors for youth and families who experience exposure to community violence. While at Loyola, she served on several committees including the Diversifying Clinical Psychology Committee, the Technology Committee, and the Clinical Student Association. After graduation, she accepted a post-doctoral fellowship in integrated primary care through Rush University Medical Center’s Building Early Connections program.