

**“We Just Live and Forget”: Latino Adolescent Coping with Community  
Violence Exposure and the Roles of Culture and Parent-Adolescent  
Relationships**

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**A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
(Psychology and Women’s Studies)  
in The University of Michigan  
2011**

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**To Marc and Asher, you are my world. To Mary, my guardian angel every time I needed one. I never would have made it without you. To Mom and Dad for giving me life. To Wendy and Marvin for your support and encouragement. You have all helped to make me who I am.**

## **Acknowledgements**

I would like to thank my advisor and committee chair, Dr. Rosario Ceballo. Your support and encouragement have been invaluable over the years. It is through you that I know what it takes to be a good advisor and mentor to others.

I would also like to thank my committee members, Lilia Cortina, Christopher Peterson, and Abigail Stewart. Your feedback on this project has been enormously helpful and your guidance here and in all areas of my graduate study and future planning has helped to shape me as a researcher and academic. Thank you.

Thanks to the members of the Ceballo lab whose hard work and collaboration made this dissertation possible. Allyson, Laura, Traci, and Maria, it has been an honor and a pleasure learning from and growing with all of you. Thank you also to the members of the Cortina lab for your feedback and support.

Thanks to Deborah Keller-Cohen and Adela Pinch. Thank you for your support, mentoring, feedback and advice. You are both amazing!

Many thanks to the Center for the Education of Women and the Institute for Research on Women and Gender, without whose support this research would not have been possible. Thanks to Doreen Murasky, your guidance and support have been invaluable. Also, a special thanks to the Allen family and the memory of their sister and daughter, Gail Allen.

Finally, thanks to all the people behind the scenes, especially Linda Anderson and Aimee Germaine, without whom I would have been lost in the forest of bureaucracy. I've plagued you all with too many questions and requests, and you have always responded graciously and with kindness. Thank you for keeping me in line and on track.

Finally, thanks to my family who gave me the freedom to pursue my dreams, and to my friends who believed in me. Thanks to Becky, Nishi, and Meeshee for living and laughing together with me – the road is long, but what a road it is!

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## **Abstract**

This dissertation relies on a contextual framework of stress and coping to investigate the roles of voluntary and involuntary stress responses in community violence exposure among poor, Latino adolescents. Guided by feminist theories of intersectionality, it specifically highlights the importance of examining cultural values and parent-adolescent relationships in this context. Additionally, this study uses a mixed-methods approach to explore connections between the ways in which adolescents and their parents deal with community violence.

The quantitative study used self-report survey data from 223 Latino 9<sup>th</sup> graders to investigate the roles of cultural values and voluntary and involuntary stress responses in the context of community violence exposure. Findings from this study showed that social support seeking and denial moderated the relations between personal victimization and depression and PTSD. Moreover, endorsement of traditional gender roles was significantly and positively associated with use of denial coping in Latino adolescents. Cognitive interference mediated the relation between victimization and depression and PTSD. However, parent-adolescent cohesion and cultural family values did not affect the relation between victimization and involuntary stress responses. These results highlight the importance of understanding the distinct roles which voluntary and involuntary stress responses play in the context of community violence exposure. It also points to the

importance of considering gender and beliefs about gender in understanding what aspects of culture influence Latino adolescent coping strategies.

The qualitative study continued to explore these relations by examining interviews with 23 Latino 9<sup>th</sup> graders. Latino adolescents in this study reported involuntary responses to community violence and 4 voluntary coping strategies. Adolescent-reported parental coping varied in terms of the level of engagement with community violence. There were no differences between adolescent stress responses based on parental coping strategies. Finally, Latino parents played a key role in the socialization of proactive coping strategies among their children. Findings from the qualitative study point to the importance of family and parents in Latino adolescent coping with community violence. In all, this dissertation highlights the importance of examining cultural and familial factors when studying voluntary and involuntary stress responses among Latino youth who are exposed to community violence. In so doing, this study aims to inform future intervention efforts with violence exposed Latino youth.

## **Chapter I**

### **Introduction**

“You came back!” The student exclaimed when she saw me in the halls of her high school. “Of course, I did. I told you I wanted to hear your stories. They’re important.” I replied. “Wow, you care more than any one else around here!” She stated as she continued down the hall talking with her group of friends.

Unfortunately for adolescents living in poor communities with high violent crime rates, it may all too often feel as though they are alone, with few adults who care. Adolescents may feel as though they are on their own in terms of finding ways to deal with the many challenges that exist in their neighborhood. One particular neighborhood stressor that has received more attention over the last few decades is community violence exposure. Community violence exposure can consist of direct victimization, witnessing of violent events, or hearing about instances of community violence from friends, family members, and neighbors (Fowler, Tompsett, Braciszewski, Jacques-Tiura & Baltes, 2009). Exposure to community violence can have tremendous detrimental effects on adolescent well-being, including higher rates of depression, anxiety, post-traumatic symptoms, other increased internalizing disorders, and increased externalizing behaviors and delinquency (Ceballo, Ramirez, Hearn, & Maltese, 2003; Cooley-Quille, Boyd, Frantz, & Walsh, 2001; Dempsey, 2002; Fowler et al., 2009; Gorman-Smith & Tolan,

1998; Guerra, Huessmann, & Spindler, 2003; Mazza & Reynolds, 1999; Miller, Wasserman, Neugebauer, Gorman-Smith, & Kamboukos, 1999).

While awareness has increased and the body of literature on the impact of community violence has grown, the recent beating death of a 16-year-old student in Chicago only serves to emphasize the need to further our understanding of this particular contextual stressor. The student was an athlete and honor roll student, and his mistake was accidentally walking into the midst of a fight between rival gangs, several blocks away from his school (Fitzsimmons, 2009). His death has prompted further discussion at the local, state, and national levels about the high price that community violence exacts in our society.

Much of the community violence literature has focused on African American populations (Fowler et al., 2009). However, as the fastest growing racial/ethnic minority group in the United States, Latinos are also more likely than their Caucasian, non-Hispanic counterparts to live in poverty, which is associated with increased exposure to neighborhood violence. Further, just over 37% of Latinos living in the United States are 19 years of age or younger (U.S. Census Bureau, 2008). Consequently, it is imperative to better understand the process through which this particular population learns to cope with its increased vulnerability to community violence exposure.

There are many factors that may influence the ways in which adolescents choose to respond to the stressor of neighborhood violence. However, examinations of factors that influence the processes underlying coping with community violence exposure has only become a focus of researchers in about the last decade, leaving an area of study which merits further attention (Fowler et al., 2009). A better understanding of the factors

influencing adolescent stress responses to community violence may lead to more effective ways of helping Latino adolescents deal with these often uncontrollable and extreme stressors.

### **Theoretical Framework**

**Theories of stress and coping.** The overarching model for this research uses theories of stress and coping. Coping is broadly understood to be a process of adaptation to stress. The ways in which individuals react to and learn from stressors as their brains become more developed is an ongoing process of learning to cope with stressors across the life span, and is indicative of the transactional nature of coping. According to Lazarus and Folkman (1984), coping consists of continually modifying cognitive and behavioral actions that help to control external and/or internal stressors. The majority of coping research has divided coping strategies in terms of approach versus avoidant strategies (Gonzales, Tein, Sandler, & Friedman, 2001) or emotion-focused versus problem-focused forms of coping (Eisenberg, Bernzweig, & Fabes, 1992; Lazarus & Folkman, 1984; Seiffge-Krenke, 1995; Sorensen, 1993).

The approaching style of coping consists of strategies which actively confront problems (Gonzales et al., 2001) and has often been associated with problem-focused coping in which efforts are directed at finding solutions to problems and attempting to change the external situation (Lazarus & Folkman, 1984; Washburn-Ormachea, Hillman, & Sawilowsky, 2004). Alternatively, avoidant coping entails efforts to avoid the problem situation either through behavior or cognition and is often associated with emotion-focused strategies of coping that employ cognitive processes, through which an

individual attempts to lessen or avoid the emotional distress experienced due to a psychological stressor (Lazarus & Folkman, 1984; Washburn-Ormachea et al., 2004).

In general, when individuals feel that they have control over a stressor, approaching or problem-focused strategies of coping dominate. However, when an individual determines that a stressor is out of their control, they are more likely to use avoidant or emotion-focused coping (Altshuler & Ruble, 1989; Anderson, 1977 cited in Lazarus & Folkman, 1984; Eisenberg et al., 1992; Forsythe & Compas, 1987). Hence, adolescents and families that are chronically exposed to community violence, over which they have little to no control, were more likely to use avoidant or emotion-focused coping strategies (Tolan, Guerra, & Montaini-Klovhahl, 1997).

More recently, Connor-Smith, Compas, Wadsworth, Thomsen, and Saltzman (2001) proposed the idea of measuring involuntary responses to stressors. They developed a scale aimed at assessing a broader range of responses to stressors, which included both volitional coping strategies as well as involuntary responses to stress, and had 6 factors (Connor-Smith, et al., 2001). Their factors included: 1) Primary Control Engagement Coping, 2) Secondary Control Engagement Coping, 3) Primary Control Disengagement Coping, 4) Secondary Control Disengagement Coping, 5) Involuntary Engagement, and 6) Involuntary Disengagement. Their Primary Control Engagement and Disengagement correspond to traditional problem-solving coping strategies, and the Secondary Control Engagement and Disengagement correspond to more cognitive forms of coping. The Involuntary Engagement and Disengagement factors added a unique component to the coping literature and also are relevant to the context of community violence. Since adolescents are often not able to change the context of their exposure to

community violence, involuntary stress responses may become necessary or even unavoidable.

Another concept which informed this research was the idea of proactive coping. Proactive coping has been described as efforts taken by an individual to either prevent or modify the outcomes of a stressful event, before the occurrence of the event (Aspinwall & Taylor, 1997). This form of coping is not directed at a specific event, but involves appraisal of a potential stressor, and working to eliminate the possible event or modify the outcome, if and when the event occurs. This strategy would appear to be particularly important in dangerous neighborhoods. An example of proactive coping is parents discussing with their children how to stay safe in their neighborhood (e.g., do not walk through the park where there are known drug dealers selling drugs). Parents might also develop a safety plan with their children, should their children be confronted with a potentially dangerous situation (e.g., if a known drug dealer starts walking toward you, run to the nearest store for help or safety). Though proactive coping has not typically been measured in studies of neighborhood violence exposure, this approach to coping could play a very large role in adolescent coping with living in dangerous neighborhoods (Kliewer et al., 2006).

**Applying Bronfenbrenner's ecological theory to the research on coping with community violence exposure in adolescence.** The literature on coping with community violence exposure has addressed Bronfenbrenner's (1977) original call to consider development in its ecological context. In studying coping in the context of community violence, the literature has examined the development and well-being of adolescents, with an eye toward the influence of a specific and often profound stressor.

Studies of adolescent community violence exposure have addressed several important factors. Adolescence is a time of dynamic change and contradiction. Brain development during this time enables a variety of cognitive skills not yet available to children. Developing metacognitive skills and executive functioning allow adolescents to continue to grow in their ability to construct meaning in more complex and increasingly abstract ways. It stands to reason that adolescents who are exposed to neighborhood violence and the structural stressors of poverty, are greatly influenced by this context in developing and constructing their understanding of themselves and the world around them.

In a qualitative study of 14 late adolescents, Schiavone (2009) examined adolescent identity development in the context of community violence exposure. She found that adolescents struggled to understand their world and what they perceived to be the excessive violence to which they were exposed. Their stories highlighted the difficulty these adolescents faced in terms of wanting to be their “desired good self” (p. 102) which often conflicted with what they needed to do in order to survive in their world. They also had a clear understanding of the structural and economic challenges which contributed to the high rates of violence in their communities. They attributed the need for food, money, and clothing in conjunction with little community support as a major cause of crimes in their neighborhood. However, despite these inequalities and neighborhood dangers, individuals had a desire to be altruistic, just, and to make positive contributions to their communities. In this context, adolescents attempted to make meaning out of the injustices they perceived by explaining the actions of others, as well as their own actions at times, in the context of the difficult environment in which they



lived. Their struggle to understand how they felt they should respond to stressors and how they had to respond given the dangers around them, is an example of the way in which developmental tasks can be profoundly influenced by one's experiences.

Adolescents' ability to be more self-directed and self-regulated in terms of emotions and behaviors has been found to be a hallmark of this transitional period between childhood and adulthood (Keating, 2004). These developmental changes during adolescence may impact later development through individuals' responses to stressful situations and whether or not they exhibit involuntary responses or engage in specific coping strategies. Indeed, involuntary responses may be more present earlier in development, with more coping strategies emerging later as the development of higher level thinking and cognitive functioning occurs (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). However, little is known about how being faced with danger can affect this process of development from more involuntary stress responses to more coping responses. Does living in poverty, with limited resources and danger of neighborhood violence, limit the coping responses that youth can develop?

Such developmental differences in responses to stress may have an impact on adolescent well-being. The limited research on adolescent involuntary stress responses has indicated that higher levels of involuntary stress responses are associated with higher levels of internalizing and externalizing symptoms (Wadsworth et al., 2004; Wadsworth, Raviv, Compas, & Connor-Smith, 2005). For instance, Wadsworth, Raviv, Compas, and Connor-Smith (2005) found that among adolescent-parent dyads facing the stress of chronic poverty, involuntary engagement responses (e.g., rumination and intrusive

thoughts) were associated with internalizing and externalizing symptoms in both the parents and the adolescents.

Overall, the literature has found mixed results in terms of the way in which specific coping strategies impact adolescent well-being. While some studies have found coping strategies that can mitigate the effects of community violence exposure on well-being (Rosario, Salzinger, Feldman, & Ng-Mak, 2008; Brady, Gorman-Smith, Henry & Tolan, 2008), other studies have not found beneficial effects from individual coping strategies (Dempsey, 2002; Rasmussen, Aber, & Bhana, 2004). Although this research has done much to contextualize the processes involved in development, the literature has not looked at the influence of home or familial level factors on the ways in which adolescents cope with neighborhood stressors such as community violence exposure (Aisenberg & Herrenkohl, 2008). Without a broader understanding of the context in which adolescents live, we have a limited understanding of the resources and other risk factors that may influence the consequences of neighborhood violence exposure on adolescent development.

One exception to this disconnect between neighborhood and family influences is work presented by Kliewer and colleagues (2006) which proposed a socialization model of coping with community violence. In their research, parental influence on coping with community violence was assessed by examining coaching (e.g. parents' direct recommendations for coping), modeling (e.g. how parents, themselves, cope with neighborhood violence), and context (e.g., whether parents create home environments which encourage adaptive or maladaptive coping) (Kliewer et al., 2006). The researchers found that parents indeed acted as key socialization figures in adolescent coping with

neighborhood violence, and that these socialized coping strategies were associated with subsequent well-being. An interesting finding from this research emphasized the positive association between proactive coping (i.e. efforts taken in advance to prevent stressful events from occurring) and self-esteem as well as social skills. This research provides strong evidence that parent and family factors can play an important role in adolescent coping with neighborhood violence.

#### **Use of feminist theories of intersectionality to inform psychological research.**

In order to augment and further complicate Bronfenbrenner's ideas of context and development, this research was also informed by feminist theories of intersectionality. This theoretical perspective allowed for a deeper understanding of the ways in which an individuals' implicit understanding of the many facets of their identity and social location affect and inform their experiences of the ecological context.

Feminist theories of intersectionality have explored the complex ways in which an individual's racial, cultural, gender, and socio-economic identities are enduringly intertwined (Collins, 1989; Deaux & Stewart, 2001). While work in psychology has frequently examined the influence of these various identities on psychological well-being, little research has examined the ways in which these multiple identities can have a dynamic relation to each other, while also influencing psychological outcomes collectively (Cole, 2009).

In her article, Cole (2009) discussed the importance for psychological research to consider the three permutations of intersectional experiences, as originally presented by Crenshaw (1994) in her seminal writing on intersectionality. The first, similar experiences, are ones which entail commonalities in experiences because of certain

aspects of shared identities. One illustration of this might be a Latina girl who may experience similar sexual violence or harassment as a European American girl, or she may experience anti-Latino sentiments in similar ways that Latino boys experience them. Latina girls may also experience what Crenshaw calls “double discrimination” which is multiplicative (Cole, 2009). An example of this might be a Latina girl who experiences sexual violence or harassment as a consequence of gender discrimination and then also lacks the formal resources to turn to for help because of language barriers or race-based harassment in the process of help-seeking (e.g., assumptions around her citizenship status). The final variation of intersectional experiences are those which are unique to a specific social location. For instance, a Latina girl could have the experience of being the target of sexual harassment because a perpetrator believes that Latina girls are hyper-sexual or more sexually available than their non-Latina counterparts. This experience would be unique to this particular social location because it would be based on beliefs about Latina girls specifically.

These various experiences which are influenced by social location highlight the importance of, and need for, research which considers the intersectional nature of social categories and what has been overlooked in our previous understanding of such categories (e.g. “Latino” or “adolescents”) (Cole, 2009). A broader and more nuanced examination of individual experiences offers a better understanding of the structural forces of oppression at work in the lives of Latino adolescents, and also the unique forms of resistance that adolescents may utilize against these same forces. In terms of exposure to neighborhood violence, intersectional approaches to research offer the opportunity to better comprehend community stressors that may be unique to Latino adolescents and to

identify unique sources of resilience that may help Latino adolescents in dealing with neighborhood stressors.

### **The Role of Latino Cultural Values and Parent-Adolescent Relationships in Responding to Community Violence**

While some studies of community violence exposure have included Latino adolescents in their analyses, to this author's knowledge, studies have not examined the underlying processes through which specific Latino values may influence the ways in which adolescents respond to community violence exposure.

Studies which have included Latino adolescents have found that community violence exposure is associated with increased levels of depression, behavioral problems, and subsequent violence perpetration (Aisenberg, Trickett, Mennen, Saltzman, & Zayas, 2007; Gorman-Smith, Henry & Tolan, 2004). Inclusion of Latinos in community violence research is important, but it is not enough. The presence of Latinos in research samples without the consideration of cultural values does not account for the centrality of Latino cultural values in the lives of Latino adolescents. This absence of cultural values in the research is problematic given the heterogeneity among Latinos, not only in terms of nationality and culture, but also in terms of immigration status and level of acculturation or enculturation.

Additionally, given the role of parents as key agents in the socialization of both cultural values (Tam & Lee, 2010) and coping with community violence (Kliewer et al., 2006), it is important to consider parent-adolescent relationships in examining the extent to which individual Latinos endorse specific cultural values, how endorsement of cultural

values may be related to coping processes, and how these coping processes may be related to adolescent well-being.

**Understanding gender and coping with community violence exposure: the role of machismo and marianismo.** The scant research on coping with community violence which examines gender differences has not taken into consideration the extent to which adolescents may endorse traditional gender roles. Although examining gender differences in coping with neighborhood violence gives us some insight into the differences between male and female adolescents based on their experiences as males and females, this research does not tell us how adolescents understand their identities as males and females, and what role this understanding may play in their coping with community violence.

Compared to girls, boys are more likely to be involved with street culture activities, to be exposed to community violence, and to be victims of violence (Ceballos, Dahl, Aretakis, & Ramirez, 2001; Cooley-Quille et al., 2001; Laub, 1997; Sampson & Lauritsen, 1994). This difference in exposure to violence raises concerns about how girls and boys are coping, and what kinds of outcomes may be related to the coping strategies used. It is likely that stress responses that work well for girls may not be as effective for boys, and vice versa, given their different levels of violence exposure.

Researchers have documented several gender differences in coping. Although coping can vary depending on the source and severity of the stressor, some general gender differences have been reported. According to Nolen-Hoeksema, Larson, and Grayson (1999), women tend to utilize more ruminative coping than do men, and this coping strategy can sometimes interfere with problem-solving. A ruminative coping style

is described as thinking “repetitively and passively about [one’s] own emotional reactions to trauma, focusing on [one’s] symptoms of distress, and worrying about the meanings of [one’s] distress” (Nolen-Hoeksema & Davis 1999). This relation between gender, ruminative coping, and problem-solving may indicate that women utilize less problem-focused coping as a result of interference from their tendency to use ruminative coping. Nolen-Hoeksema and Davis’ (1999) finding that those who used more ruminative coping also sought more social support corroborates findings from other studies which observed that girls tended to utilize more emotion-focused and social support coping than did boys (Causey & Dubow, 1992; Compas, Malcarne, & Fondacaro, 1988; Frydenberg & Lewis, 1993; Seiffge-Krenke, 1993).

In their study on stress responses to the September 11<sup>th</sup>, 2001 terrorist attack in New York City, Wadsworth and her colleagues (2004) found that females in young adolescence and young adulthood used more emotion-based coping strategies than males. Emotion-based coping strategies were associated with better functioning for females, but not for males. Males reported more coping responses involving disengagement, which is typically associated with poorer functioning. However, this association was only found for females in this study, who did not use as much disengagement. In other words, females used more emotion-based coping, which was more effective for them, and males used more disengagement coping strategies which were not particularly detrimental to them. In terms of involuntary responses, involuntary engagement was associated with higher levels of anxiety in both males and females, while involuntary disengagement was associated with higher anxiety only for females.

These results suggest that gender may, indeed, play an important role in determining what type of coping leads to healthy outcomes for adolescents. However, studying gender without consideration of individual endorsements of gender roles, assumes a priori categories of “male” and “female” which may not take into account an individual’s understanding of his or her own gender.

Use of the category of gender without consideration for how “male” and “female” are defined assumes a common definition. On the surface, the categories of male and female group individuals based on differences in physiological differences in sex organs. However, the context in which individuals live prescribe socio-cultural values about what it means to be male and female, how individuals from these different groups should function within the group, and how these individuals should behave. Whether an adolescent believes that she should perform specific behaviors because of her gender, may depend on her experiences of being female and the extent to which she endorses traditional gender roles. In other words, gender differences in how adolescents deal with problems and respond to stressors may have something to do with what they believe gender-congruent coping strategies and behaviors might be. For Latino adolescents, understanding these relations requires an understanding of the values of machismo and marianismo.

Machismo is generally understood to be a code of conduct for Latino men, which exemplifies those attitudes and behaviors most desired in men. It has been traditionally viewed by researchers as a negative value, encompassing hyper-masculine behaviors related to aggression, control, rudeness, “womanizing” and alcohol use (Arciniega, Anders, Tovar-Blank, & Tracey, 2008). However, in recent years, researchers have



argued for a broader understanding of machismo, including more positive aspects of machismo which emphasize chivalry, connection to family, and respectful and ethical conduct (Arciniega et al., 2008; Casas, Wagenheim, Banchero, & Mendoza-Romero, 1994; Neff, 2001). Understanding the extent to which adolescents endorse beliefs about machismo may help to explain the gender differences found in coping with community violence. Do boys who endorse more machismo values endorse more use of social support because of the aspect of machismo that emphasizes close family ties? Or might boys endorse the use of denial and aggression in response to violence exposure in order to preserve their feelings of control and toughness?

The feminine counterpart to machismo is the value of marianismo. Marianismo has been associated with a connection to the Virgin Mary and emphasizes ideals of self-sacrifice, acceptance of adversity, and submission to family and spouse (Barker, Cook, & Borrego, 2010; Confresi, 2002). Here, again, understanding level of endorsement of traditional gender roles can inform our understanding of gender differences in coping with community violence. Do girls use more acceptance coping because of marianismo ideals around acceptance of adversity as normal for these future women as mothers and wives? Do they use less social support because of an emphasis on self-sacrifice and not wanting to be a burden on others?

Examining gender role endorsement in relation to coping with community violence exposure will inform our understanding of how adolescent well-being may be affected by female and male adolescent differences in their responses to community violence as well as how coping responses may be consistent irrespective of gender.

**Parent-adolescent relationships: what familismo and respeto might be able to tell us.** While gender, specifically, may play an important role in coping with community violence, a broader view is also valuable in better understanding this contextual stressor. Interpersonal relationships are key aspects of development and social learning for children and adolescents. These relationships would include familial ties, particularly those with parents. The literature on resiliency supports the notion that family relationships can be protective factors for children and adolescents, promoting academic success and mental health and protecting against delinquent behavior (Ceballo, 2004; Cicchetti & Toth, 1998; Loeber & Stouthamer-Loeber, 1998; Patterson, Reid, & Dishion, 1992). Additionally, family relationships have been shown to specifically buffer children and adolescents against the negative effects of exposure to community violence (Ceballo et al., 2001; Ceballo et al., 2003; Gorman-Smith et al., 2004; Hammack, Richards, Luo, Edlynn, & Roy, 2004; Luthar & Goldstein, 2004).

The protective effects of relationships are important to our understanding of why some adolescents may fair better than others in the face of community violence exposure. It is particularly important to better understand what specific qualities of parent-adolescent relationships among Latino adolescents may differentially affect the ways in which they choose to respond to community violence, and how this may affect mental health outcomes.

For example, Gorman-Smith and colleagues (2004) found that in a sample of 263 African American and Latino male youth, those who had high exposure to community violence but lived with families that functioned well in terms of parenting and family relationships, perpetrated less violence than those who had less well-functioning families.

Kliewer and her colleagues (2004) found that the quality of African American caregiver-child relationships as well as perceived caregiver acceptance buffered children from the effects of violence exposure on both internalizing and externalizing symptoms. However, the buffering effect of interpersonal relationships may lose its effectiveness as the level of exposure to community violence increases (Kliewer, et al., 2004). The missing piece in these research studies was whether and how violence affects the parent-child relationship, how parent-child relationships inform the ways that adolescents deal with neighborhood violence, and how these factors are related to adolescent well-being.

Although there is a sizeable literature which supports the role of interpersonal relationships as buffers against a number of negative outcomes, including exposure to community violence, only one study examined the impact of exposure to violence on children's relationships with parents (Lynch & Cicchetti, 2002). Lynch and Cicchetti (2002) studied 127 low-income, urban children between 7-13 years old, 16% of whom were Caucasian, 77% African American, 5% Hispanic American, and 2% of other racial/ethnic groups. They found that children who had been exposed to high levels of community violence felt less positive emotions toward their mothers, were more dissatisfied with the level of closeness to their mothers, felt more separation anxiety, and also reported more negative behaviors by their mothers. This study indicated that exposure to violence had a negative impact on parent-child relationship closeness, which supports anecdotal evidence indicating that exposure to community violence negatively influences children's ability to care about and trust others (Garbarino, Kostelny, & Dubrow, 1991).

The research cited here suggests that parent-adolescent relationships likely play an important role in dealing with community violence exposure. Specifically, aspects of parental closeness may affect the ways in which adolescents respond to this stressor. However, the study conducted by Kliwer and colleagues (2004) supported previous findings that this is not a simple relation, and that the level of exposure to violence may affect the parent-adolescent relationship and the amount of influence it has on adolescent outcomes in the context of neighborhood violence exposure (Ceballo & McCloyd, 2002). While these findings may make intuitive sense, further exploration of the role of parent-adolescent relationships in Latino adolescents' coping with neighborhood violence exposure may help to elucidate ways in which community interventions and Latino parents can help promote adolescents' resilience and minimize potential detrimental outcomes.

In addition to actual parent-adolescent relationships, it is important to take into account how central adolescents perceive their relationships with their parents and families are to their individual identity. The cultural values of familismo and respeto can help to inform our understanding of how important adolescents feel their parents and families are to their identities. Familismo has been associated with feelings of connectedness and solidarity with one's family, and the sense that individuals are extensions of their family systems (Cortes, 1995 cited in Perreira, Chapman, & Stein, 2006). Respeto refers to the importance of teaching children, "the proper level of courtesy and decorum required in various social contexts with people of a particular age, sex, and social status," and refers to relationships with authority figures both within and outside of the family (Perreira et al., 2006, p. 1382).

To date, there has been very little research conducted which examines the relation between the cultural values of familismo and respeto to violence exposure among Latinos, and none specifically targeted at Latino adolescents. The role of familismo has been primarily examined in terms of the impact of immigration on geographic closeness to family members and the consequences on family closeness. There is some evidence that this geographic separation and interruption of familismo may leave women more vulnerable to intimate partner violence (Weidel, Provencio-Vasquez, Watson, & Gonzalez-Guarda, 2008). This research suggests that lower levels of familismo may contribute to violence exposure, and perhaps specifically to neighborhood violence exposure, but the relation to neighborhood violence exposure has not yet been explored and as such, is unclear.

In a separate article exploring the impact of violence on Latino families, Clauss-Ehlers and Levi (2002) discussed the importance of considering cultural values such as respeto and familismo while conducting therapy with violence exposed Latinos/as. However, their article did not explore the role of these cultural values in the actual experiences of violence exposure. Consequently, there is not a clear understanding of what roles these cultural values may play in Latino responses to or coping with violence exposure. To my knowledge, there have not been any studies specifically examining the cultural values of respeto or familismo and their possible roles in responding to neighborhood violence exposure, particularly among Latino adolescents. This is significant because understanding the roles of these cultural values could help to identify ways in which Latino parents can help their adolescents cope with neighborhood violence exposure, as well as explain what efforts by parents may not be helpful for their children.

Although adolescents may feel close to their parents, if they do not see their parents as an important personal resource they may not access their parents as supports in response to violence exposure. Alternatively, adolescents may feel that their parents and families are very important to them, and that part of their role as good children is to protect their parents from knowledge about the extent of their exposure to dangerous situations. Either of these reasons could explain why parents often do not know the extent of their children's violence exposure (Ceballo et al., 2001); however, the two scenarios would require two different approaches to increasing parents' awareness of, and their ability to help with, their children's violence exposure.

### **The Current Study**

This study used a mixed methods approach to examine the ways in which Latino adolescents respond to community violence exposure. Using survey methods, I explored the experiences of 9<sup>th</sup> grade Latino adolescents' frequency of neighborhood violence exposure, their coping strategies in response to neighborhood violence, the ways in which they characterized their relationships with their parents, and their endorsement of cultural values. Additionally, individual interview data was used to gather more detailed stories of adolescent experiences with violence exposure, how they responded to the violence, and to whom they were able to turn.

Using a stress and coping framework, my dissertation examined the ways in which Latino adolescents responded to community violence exposure through an ecological and intersectional lens. This study utilized survey and interview data, extending the literature on Latino adolescent coping with community violence in several key ways. First, this study took into account the ways in which cultural values and gender

may interact, resulting in distinctive processes of coping with community violence that are influenced by social location. A focus on intersectional analyses may also help to explain what appear to be at times contradictory findings in the literature (e.g. not all studies find the girls use more social support coping than boys). Understanding what aspects of Latino adolescent identity and relationships influence their stress responses in the context of community violence exposure could help us to better understand what kinds of intervention strategies would most effectively help adolescents deal with these types of neighborhood stressors.

Secondly, this study broadened the use of ecological theory to examine the influence of parent-adolescent relationships and family cultural values on adolescent coping with violence. While the literature on adolescent coping with community violence has examined coping at the individual level, for children and adolescents this process happens within a family context. Understanding how the family and neighborhood contexts interact provided more insights into what aspects of these interactions could be utilized to promote improved functioning in adolescents dealing with community violence.

Finally, in using both survey data and individual interview data, this research employed both emic and etic approaches in an attempt to provide a fuller understanding of the psychological symptoms that occur among Latino adolescents exposed to neighborhood violence. Etic approaches to research assume that behaviors and psychological phenomena are universal, and as such are “value-neutral.” It relies on “objective” interpretation of psychological phenomena by third-party observers. As such, measures developed in one culture are assumed to hold across cultures in both construct

and meaning. This approach has been critiqued for not recognizing the extent to which culture heavily influences the measurements and interpretation of variable relations that are assumed to be “neutral” (Tweed and DeLongis, 2006; Wong, Wong, & Scott, 2006). That, in reality, this approach places the cultural values, assumptions, and interpretations of a specific culture (usually U. S. or European cultures) at the very center of our understanding of knowledge, to the exclusion of knowledge produced outside of the dominant cultural lenses.

In contrast, emic approaches assume that all behavior and psychological phenomena are embedded in specific cultural contexts and systems of meaning (e.g. language). Emic approaches suggest that there can not be a complete understanding of psychological phenomena without understanding the cultural embeddedness of behaviors and experiences (Wong et al., 2006). This singular approach has been found to be problematic because while researchers can find informative, culturally distinct constructs that offer nuanced explanations of social and psychological phenomena, without a common measure or construct of some sort there is no way to understand these constructs more broadly (Tweed & DeLongis, 2006). In other words, if social location can only be understood in terms of its relation to other social locations, there needs to be some common understanding in order for us to make sense of people’s experiences. In this context, understanding only the distinct experiences of Latino adolescents exposed to neighborhood violence does not necessarily give us a sense of how their experiences may be similar to or different from other adolescents exposed to neighborhood violence. This limits our ability to draw on knowledge of what has or has not worked to help other adolescents facing neighborhood violence exposure, to Latino adolescents, specifically.



While it can be tempting to assume that emic and etic approaches are mutually exclusive, likely making value judgments about which approach is superior, these two approaches can, in fact, complement each other quite nicely (Tweed and DeLongis, 2006). While the survey data in this research used universal coping measures (etic) developed in a U. S. cultural context, it also employed emic approaches by examining the factor structures of these measures for a specific sub-culture of the United States (i.e. Latino adolescents). Similarly, while the individual interviews focused on emic approaches for understanding how adolescents understand their experiences of community violence exposure, what resources they believe they have, and how much of an impact community violence exposure has had on their lives, it incorporated etic approaches in the use of definitions of violence, resilience, and coping constructs which are grounded in understandings of these concepts in the United States (e.g. coping as problem-focused or emotion-focused, volitional). This approach allowed for a “common language/understanding” while reframing these experiences as centered around the location of Latino adolescents, rather than that of “objective” U.S., academic scholars. While studies have examined how adolescents react to violence exposure, fewer studies have explored how Latino adolescents construct the reality of their experiences with violence.

## Chapter II

### **Gender and Coping with Community Violence: Quantitative Analyses**

As previously discussed, the quantitative portion of this research examined survey data collected from 9<sup>th</sup> grade Latino adolescents. This study specifically examined two areas of influence on voluntary and involuntary stress responses in the context of community violence exposure: 1) gender role endorsement and gender-specific coping and 2) cultural values and parent-adolescent relationships. This chapter will present analyses exploring the former while the next chapter will present analyses which examine the latter. Analyses of these two areas of influence specifically focused on personal victimization in the context of community violence, as this form of exposure has been demonstrated to have the largest impact on psychological well-being (Fowler et al., 2009).

**The role of traditional gender role endorsement in coping with community violence exposure.** While there have been some consistencies in the findings about gender differences in the coping literature, there are still questions to be explored. For example, Hampel and Petermann (2005) reported that while some studies find that girls use less problem-focused coping, other studies have not found this to be true. Other studies reported that girls tend to use more social support coping, but few studies have explored potential gender differences in other forms of emotion-focused coping (Causey & Dubow, 1992; Compas et al., 1988; Frydenberg & Lewis, 1993; Seiffge-Krenke,

1993). In general, limited research has examined possible underlying mechanisms influencing these gender differences, particularly in the context of community violence exposure. The inconsistent findings of gender differences in stress responses may be explained by an examination of the underlying gender role beliefs that influence Latino adolescent coping strategies in response to community violence. The role of traditional gender role endorsement in stress responses to community violence exposure will be examined in this chapter and will investigate the following hypotheses:

- H1. Consistent with the literature, I expected that Latina adolescents would use more acceptance coping and emotional support seeking in response to personal victimization than their male counterparts. Support seeking was found to be higher among female adolescents faced with community violence in my previous research, and I expected the same result (Epstein-Ngo, Ceballo, Bregman, & Maurizi, under review).
- H2. I expected that there would generally be higher endorsement of machismo values by both Latina and Latino adolescents than endorsement of marianismo values. This hypothesis was based on anecdotal evidence that girls may have more leeway in their adherence to traditional gender roles than do boys. Given that many poor families are single-parent, mother-led households where women must fill the roles of both parents, the idea that women would need to adapt beyond traditional gender roles makes sense.
- H3. (3.1) I expected that personal victimization would be positively related to symptoms of depression and PTSD for girls. Further, I predicted that coping would moderate the relation between victimization and

psychological distress, and that coping strategies were influenced by the extent of traditional gender role endorsement. Figure 2.1 displays the hypotheses of moderation for the relation between personal victimization, coping and psychological distress, as well as the role of traditional gender role endorsement, among Latina adolescents. (3.2) Specifically, I expected that use of acceptance and support seeking as coping strategies would weaken the association between personal victimization and symptoms of depression and PTSD.

(3.3) Finally, I expected that higher endorsement of traditional gender values would be associated with greater use of acceptance coping and social support seeking for Latina adolescent girls. Higher endorsement of marianismo values may promote acceptance of one's place as a future woman, mother, and wife. Consequently, there is a quality of accepting one's situation that may manifest as acceptance of one's neighborhood and possible experiences of violence. In terms of emotional support seeking, Latinas who endorse traditional gender roles may feel that social support seeking is congruent with traditional views of women as more emotionally expressive and as typical of women's closer interpersonal connections to others.

H4. (4.1) For boys, I expected that there would also be a positive relation between personal victimization and symptoms of depression and PTSD. Figure 2.2 displays the hypotheses of moderation for the relation between

victimization, coping, and psychological distress, and the role of traditional gender role endorsement, among Latino adolescent boys.

(4.2) Specifically, I expected that use of denial in dealing with personal victimization would attenuate the association between victimization and symptoms of depression and PTSD among boys.

(4.3) Finally, I expected that boys who endorse more traditional gender roles would use more denial coping. Again, machismo values often revolve around being respected, not showing emotions, and being tough. Acknowledging victimization or fear of victimization with respect to community violence may undermine these values. Use of denial may allow Latino adolescents to maintain, for themselves and others, the belief that they are tough.

## **Methods**

### **Participants**

The sample consisted of 223 ninth grade Latino adolescents with a mean age of 14.5 years ( $SD = .69$ ). The 137 girls and 86 boys in this sample attended one of three schools, a parochial high school and two public high schools. The parochial school, which enrolled 235 students, required an application process for admission. Of its students, 85% qualified for free or reduced lunch and 91% of the students identified as Latino.

The first of the public high schools was located in the same city as the parochial school. An extremely large high school, this school was recently divided into 6 smaller school programs with varying themes, all located on one campus complex. The students

included in this current study were drawn from two of these school programs: a) Health & Human Services and b) Math, Science, & Technology. The program in Health and Human Services was comprised of 479 students, 85% of whom qualified for free or reduced lunch and 91% of whom identified as Latino. The Math, Science and Technology program consisted of 494 students, 85% of whom qualified for free or reduced lunch and 85% of whom identified as Latino.

The second public high school was located in another Northeastern city with similar economic conditions as the first city. This school was comprised of 818 students, 71% of whom identified as Latino. Like the previous two schools, a majority of the students qualified for free or reduced lunch at this school.

While the national violent crime rate for 2008 was 455 violent crimes per 100,000 people (U. S. Department of Justice, 2008), the rate for the city in which the parochial school and the first public high school were located had a violent crime rate of 653 per 100,000 people. The city in which the second public high school was located reported a violent crime rate of 584 per 100,000 people. Although data was collected in only three schools, due to the nature of these schools, the students in this study lived in 28 different census tracts, providing a geographically diverse sample.

The schools were located in economically disadvantaged, high-risk neighborhoods in two Northeastern cities. The Latino populations in these cities consist of families that have lived in the area for several generations as well as recent immigrants and the secondary migration of Latinos from neighboring states like New York and New Jersey (Garcia Coll & Marks, 2009). The first city is home to 61,304 Latino individuals who comprise 36% of the city's total population (U.S. Census Bureau, 2007). The

majority of these individuals are Dominican and Puerto Rican with more than 50% of the Dominican families living below the poverty line (Garcia Coll & Marks, 2009; U.S. Census Bureau, 2007). The second city, smaller in size, is also home to a vibrant Latino community. Roughly 48% of the city's 18,928 inhabitants identify as Latino, the majority of whom are Dominican or Puerto Rican (U.S. Census Bureau, 2001). Twenty-six percent of the families living in this city fall below the poverty threshold (U.S. Census Bureau, 2001).

Dominicans made up the largest ethnic group in the current sample with 135 Dominican students (60.5%). Other ethnicities included Columbian, Mexican, Puerto Rican, and Salvadoran. The majority of the students (76.2%) were born in the United States, however the majority of their mothers and fathers were not natural-born citizens (79.8% and 77.6% respectively). Most (62.8%) identified as Catholic and 63.3% reported speaking "only Spanish" or "mostly Spanish/some English" at home. Adolescents reported an average of 5 people living in their homes.

## **Procedures**

Recruitment letters describing the study, along with consent forms, were sent home to parents with 9<sup>th</sup> graders at all of the schools. All written materials regarding this study were provided to families in both English and Spanish. Questionnaires were administered to adolescents in classrooms, a lecture hall, or a cafeteria. All students completed the first portion of the questionnaire, a written qualitative section, at the same time. Thereafter, students proceeded with the quantitative survey measures at their own pace. Graduate and undergraduate students circulated throughout the classrooms, making themselves available to answer questions. The questionnaires took approximately 2 hours

to complete, with breaks for the students as needed. As a token of appreciation, participants received a \$30 gift certificate.

## **Measures**

**Community Violence Exposure.** The Survey of Exposure to Community Violence (Richters & Martinez, 1993) measures the frequency of lifetime exposure and victimization to 25 different types of violence. Adolescents were asked to report how many times they witnessed (e.g., “seen someone attacked or stabbed with a knife” or “seen someone beaten up or mugged”) or experienced (e.g., “been threatened with serious physical harm” or “been shot with a gun”) certain violent events on a scale from 0 (*never*) to 11 (*almost every day*). Higher scores reflected a greater frequency of exposure to community violence, as either victims or witnesses. While there were two subscales, one that measured personal victimization and another that measured witnessing violence, for the purposes of this study, only the victimization subscale was used. The personal victimization subscale consisted of ten items that asked participants how often they had been directly victimized by various acts of community violence. An example question was, “How many times have you *yourself* been chased by gangs or individuals?” Responses for these items were summed, creating a total personal victimization score for each participant with higher scores reflecting greater victimization by community violence. Cronbach’s alpha for this scale was .80 in our sample.

**Coping Strategies.** In order to assess coping strategies, I used the COPE scale (Carver, Scheier, & Weintraub, 1989). The coping measure immediately followed the Survey of Exposure to Community Violence in the questionnaire. Adolescents were prompted to first consider how they had responded to incidences of community violence



on the previous measure. Participants were then asked how often they employed different coping strategies, in response to violence, on a scale from 1 (*not at all*) to 4 (*a lot*).

The COPE is a multidimensional inventory that assesses different ways in which individuals cope with stressors (Carver et al., 1989). In this study I used four of the five emotion-focused coping subscales: seeking social support for emotional reasons ( $\alpha = .84$ ), acceptance ( $\alpha = .74$ ), denial ( $\alpha = .74$ ), and turning to religion ( $\alpha = .87$ ). I did not include the “suppression of competing activities” subscale because the responses were not applicable for dealing with urban violence (e.g., “I put aside other activities in order to concentrate on this”). I also incorporated one subscale that Carver and colleagues (1989) believed to be a less effective coping strategy: venting of emotions ( $\alpha = .78$ ). In all, I used 5 COPE subscales that each consisted of three to four items from the original COPE measure. The remaining COPE subscales were excluded due to space constraints in the questionnaire (e.g. positive reinterpretation and growth) and based on pilot data which indicated that the other subscales had insufficient alphas (less than .70).

**Traditional Gender Role Endorsement.** Endorsement of traditional gender roles was assessed by combining two measures: one of machismo and one of marianismo. Responses from the two scales were averaged to yield an overall score of traditional gender role endorsement. Cronbach’s alpha for this sample was .86.

Endorsement of machismo, or traditional male gender roles, was assessed using a 10-item measure. Six of the items comprised the egalitarian subscale of Neff’s (2001) machismo measure (e.g., “A man shouldn’t show his emotions). Three items were added from the Multiphasic Assessment of Cultural Constructs – Short Form (e.g., “Boys should not be allowed to play with dolls and other girls’ toys”) (Cuellar, Arnold, &

Gonzalez, 1995). Finally, one item, “A man always deserves the respect of his wife and children,” was developed and added specifically for this study. The response scale ranged from “Disagree a lot” (1) to “Agree a lot” (4), with higher scores indicating higher endorsement of traditional male gender roles. While there were items that encompassed positive aspects of machismo (e.g., “a man’s #1 responsibility is his family” and “it is important for a man to stick to his beliefs”), I was unable to include these items due to an inadequate Cronbach’s alpha.

Adolescent endorsement of marianismo, or traditional female gender roles, was assessed using a 15-item measure developed for this study. Four of the items were developed by modifying items from the Neff (2001) machismo scale (e.g., “A man’s #1 responsibility is his family” became “A woman’s #1 responsibility is to care for her family and home”). Three of the items were developed by modifying items from the Multiphasic Assessment of Cultural Constructs – Short Form (e.g., “Boys should not be allowed to play with dolls, and other girls’ toys” became “Girls should not be allowed to play with boys’ toys such as soldiers and footballs”) (Cuellar et al., 1995). The remaining items were developed specifically for this study (e.g., “A mother’s success is determined by the achievements of her children”). The response scale for this measure ranged from “Disagree a lot” (1) to “Agree a lot” (4), with higher scores indicating higher endorsement of traditional female gender roles.

**Depression.** A widely used instrument, the Children’s Depression Inventory, was used to measure children’s feelings of depression (Kovacs, 1985). This 26-item measure presents groups of three statements, and children are asked to pick the statement that most closely describes how they have been feeling for the past 2 weeks (e.g., “I am sad

once in a while,” “I am sad many times,” “I am sad all the time”). The items were scored from 0 to 2 and reverse coded as needed, in the direction of increasing severity, with total summed scores for this scale ranging from 0 to 52. In a sample of 108 children, Finch, Saylor, Edwards, and McIntosh (1987) obtained a test–retest reliability alpha of .82 following a 2-week interval. Helsel and Matson (1984) studied a sample of 215 children and found a highly significant split-half correlation with a coefficient of .89. Children in their depressed group scored significantly higher on every item in this measure compared to children in their non-depressed group. Cronbach’s alpha for this sample of adolescents was .86.

**PTSD.** The Child Post-Traumatic Stress Reaction Index (PTSRI) consisted of a 20-item scale patterned after the criteria for PTSD described in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III: American Psychiatric Association, 1980). This measure was adapted by Frederick (1985) to identify the presence and severity of PTSD symptoms in school-aged children and adolescents (Pynoos & Nader, 1993). The frequency of symptoms was rated on a 5-point Likert scale ranging from 0 (none) to 4 (most of the time), and summed to obtain scale scores. Scores can be classified into mild, moderate, severe, and very severe levels of PTSD. Pynoos and colleagues (1993) reported excellent inter-item agreement, with a Cohen's kappa of .88. Goenjian and colleagues (1995) reported that the combined severe and very severe categories correctly identified 78% of the children who met DSM-III-R (American Psychiatric Association, 1987) criteria for PTSD. Cronbach’s alpha for this sample was .93.

## Results

Correlations for all variables included in this model are presented in Table 2.1. Generally, correlations were in the expected directions with violence exposure associated with more use of coping strategies and higher levels of depressive and PTSD symptoms. Variable intercorrelations by gender are presented in Table 2.2. For girls, correlations were again in the anticipated direction between variables such as violence exposure, coping, and psychological well-being. However, there was not a significant association between violence exposure and psychological functioning in boys. Given the small sample size of the boys, these correlations may not be stable.

In this sample of adolescents, exposure to community violence was particularly high. Adolescents' lifetime exposure rates to different types of violence are illustrated in Table 2.3. Sixty-five percent of the sample reported that they had witnessed someone being beaten up or mugged, and nearly half (48%) had seen a seriously wounded person after an incident of violence. Thirty-six percent of adolescents had, themselves, been threatened with serious physical harm and 12% reported witnessing a murder. Contrary to other findings in the literature, there were no significant gender differences in rates of personal victimization in this sample ( $t = .81, p = ns$  and  $t = .03, p = ns$ , respectively). Mean level of victimization for boys was 18.45 ( $SD = 8.20$ ) and 17.48 ( $SD = 9.01$ ) for girls.

### Factor Analysis and Reliability

Due to the limited use of the COPE with low income, racial minority adolescent populations, a principal components factor analysis with Varimax rotation was applied to the adolescents' data for COPE items. Four factors emerged, 3 of which were consistent

with the original COPE subscales: Religious Coping, Denial, and Acceptance (Cronbach's alphas = .87, .74, and .74, respectively). The fourth factor combined the subscales of Venting of Emotions (less one item) and Seeking Social Support for Emotional Reasons ( $\alpha = .88$ ). The combining of these two subscales is noted here to inform future research. However, as there was no theoretical support for combining the Venting and Social Support subscales at this time, and because this sample was relatively small, and 3 of the 4 factors were consistent with the original COPE subscales, I chose to use the original subscales as presented in the COPE. This more conservative approach guards against anomalies that may be specific to this particular sample and not generalizable to the population at large. Further, as my hypotheses focused only on 3 of the 5 COPE subscales measured (Acceptance, Denial, and Emotional Social Support), all subsequent analyses have been run using only these 3 subscales.

### **T-Tests**

There were significant gender differences in both symptoms of depression ( $t = -2.63, p < .01$ ) and PTSD ( $t = -4.41, p < .001$ ). The average score for depression among the girls was significantly higher than that of boys ( $M = 11.58, SD = 7.34$  and  $M = 8.98, SD = 6.92$ , respectively). Similarly, girls' PTSD scores were higher on average than those of boys ( $M = 27.80, SD = 13.66$  and  $M = 19.35, SD = 13.96$ , respectively).

**H1. In terms of gender differences in coping strategies, Hypothesis 1 was partially confirmed.** While there were no significant gender differences in use of acceptance or denial as coping strategies, girls did seek more emotional social support than boys ( $t = -3.57, p < .001; M = 2.49, SD = .85$  and  $M = 2.09, SD = .73$ , respectively).

**H2. Hypothesis 2, that machismo values would be more highly endorsed than marianismo values by both girls and boys, was rejected because the pattern that emerged was counter to that which was proposed.** A paired samples t-test revealed marianismo values were endorsed significantly more than machismo values by both girls ( $t = 12.11, p < .001; M = 2.40, SD = .42$  and  $M = 2.04, SD = .40$ , respectively) and boys ( $t = 3.35, p < .001; M = 2.53, SD = .42$  and  $M = 2.40, SD = .32$ , respectively). Interestingly, gender differences in gender role endorsement revealed that boys' endorsement of traditional gender roles was significantly higher than that of girls ( $t = 4.57, p < .001; M = 2.48, SD = .34$  and  $M = 2.25, SD = .38$ , respectively).

### **Regression Analyses**

Hierarchical regression analyses were used to test the model presented in Figure 2.1. Figure 2.2 presents the hypothesized model for boys. An important note here is that although, ideally, I would have run analyses to explore the moderating role of coping in both boys and girls, the small sample of boys did not afford me the power necessary to adequately test the hypothesized relations presented in Hypotheses 4.1 and 4.2. Consequently, regression analyses on coping as a moderator were run on a sample of girls only (Hypothesis 3), to explore the effects of gender. Moderation analyses on boys (Hypothesis 4.1-4.2) have not been included due to the issue of sample size mentioned above. However, regression analyses exploring traditional gender role endorsement and its relation to coping strategies in boys was explored (Hypothesis 4.3). Analyses were first run with the entire sample (both girls and boys), to determine whether there was any part of the model that was not relevant. Analyses were then run on girls separately to explore gender differences and to address the components of Hypothesis 3.

Prior to conducting the regression analyses, assumptions were checked by plotting residuals. The residuals for regressions predicting PTSD were slightly non-normal. Consequently, I performed a power transformation using the square root of PTSD, and re-ran the regressions. The results did not change, and were in fact stronger. Therefore, the original regressions with non-transformed PTSD are presented here for ease of interpretation. The remaining residuals plots were normally distributed so no other transformations were required.

First, the moderating role of the 3 coping strategies (acceptance, social support, and denial) in the relation between personal victimization and symptoms of depression and PTSD were examined. Additional analyses of the relation between traditional gender role endorsement and use of coping strategies were also performed. All variables, except age, school, and gender were centered, and only centered versions of variables were used in the regression analyses. Because the school variable was a multi-group nominal variable, two dummy variables were created using the first public high school, located in the same city as the parochial school, as the subgroup of comparison. Student's age, sex, and school attended were used as control variables in all analyses, with the exception of students' sex, which was excluded from the analyses performed on the sample of girls alone.

### **Multiple Regressions: Full Sample**

**Acceptance as a moderator of personal victimization and well-being.** In the first set of regressions, I explored the role of acceptance as a moderator of the relation between personal victimization and depression and PTSD. Two separate regressions were run for each of the dependent variables (depression and PTSD). Adolescents' age, sex,

and the dummy coded variables for school attended were entered as predictors in the first step. Personal victimization and acceptance coping were added in the second step, with the interaction term victimization x acceptance added in the third step.

Results of these regressions, presented in Table 2.4, show that personal victimization was positively and significantly associated with both symptoms of depression ( $\beta = .23, p = .001$ ) and PTSD ( $\beta = .33, p < .001$ ). Additionally, students' sex was significantly associated with depression and PTSD ( $\beta = .20, p < .01$  and  $\beta = .31, p < .001$ , respectively). Use of acceptance coping, however, was not significantly related to depression or PTSD. Finally, the interaction term of victimization x acceptance coping was also not significantly associated with symptoms of depression and PTSD. In both regressions, the second model predicted significantly more variance in depressive symptoms ( $\Delta R^2 = .06, F(2, 211) = 6.87, p = .001$ ) and PTSD symptoms ( $\Delta R^2 = .11, F(2, 206) = 13.82, p < .001$ ) than the control models. There was no significant increase in variance explained by the third model which included the interaction term. Results of these analyses indicated that acceptance coping does not moderate the relation between personal victimization and psychological distress, and could be eliminated from the model.

**Emotional social support as a moderator of personal victimization and well-being.** In the second set of regressions, I explored the role of emotional support seeking as a moderator of the relation between personal victimization and depression and PTSD. Two separate regressions were run for each of the dependent variables (depression and PTSD). Adolescents' age, sex, and dummy coded variables for school attended were entered as predictors in the first step. Personal victimization and emotional support



seeking were added in the second step, with the interaction term victimization x emotional social support added in the third step.

Results of these regressions are presented in Table 2.5. Again, personal victimization was positively and significantly associated with both symptoms of depression ( $\beta = .25, p < .001$ ) and PTSD ( $\beta = .33, p < .001$ ). There were no significant direct effects of emotional social support seeking on depressive symptoms or PTSD symptoms. Finally, the interaction term of personal victimization x emotional social support was associated with symptoms of depression ( $\beta = -.13, p = .05$ ), but not PTSD.

Simple slopes analyses indicate that at low levels of emotional support seeking, personal victimization is significantly associated with more symptoms of depression ( $t = 3.95, p < .001$ ; see Figure 2.3) (Aiken & West, 1991; Holmbeck, 2002). At high levels of emotional social support, the association between personal victimization and depression is no longer significant ( $t = 1.50, p = ns$ ). In other words, among adolescents who frequently sought emotional social support, victimization was no longer significantly associated with symptoms of depression

In both regressions, the second model predicted significantly more variance in depressive symptoms ( $\Delta R^2 = .06, F(2, 211) = 6.84, p = .001$ ) and PTSD symptoms ( $\Delta R^2 = .11, F(2, 206) = 13.96, p < .001$ ) than the control models. The third model, which included the interaction term, explained more variance in depression than the previous model ( $\Delta R^2 = .02, F(1, 210) = 3.84, p = .05$ ), but not in PTSD symptoms. These analyses indicate that emotional social support acts as a moderator in the relation between personal victimization and symptoms of depression.

**Denial as a moderator of personal victimization and well-being.** In the third set of regressions, I examined the role of denial as a moderator of the relation between personal victimization by community violence and depression and PTSD. Two separate regressions were run for each of the dependent variables (depression and PTSD).

Adolescents' age, sex, and dummy coded variables for school attended were entered as predictors in the first step. Personal victimization and denial coping were added in the second step, with the interaction term victimization x denial added in the third step.

Results of these regressions, presented in Table 2.6 show that, again, personal victimization was positively and significantly associated with both symptoms of depression ( $\beta = .28, p = .001$ ) and PTSD ( $\beta = .34, p < .001$ ). While there was no significant direct effect of denial coping on depressive symptoms ( $\beta = .11, p = ns$ ), there was a significant, positive association of denial with PTSD symptoms ( $\beta = .29, p < .001$ ). Finally, the interaction term of violence exposure x denial coping was significantly and negatively associated with both depression ( $\beta = -.21, p < .01$ ) and PTSD ( $\beta = -.14, p < .05$ ).

Simple slopes analyses indicate that at low levels of denial, violence exposure is significantly associated with more symptoms of depression ( $t = 4.68, p < .001$ ; see Figure 2.4) (Aiken & West, 1991; Holmbeck, 2002). At high levels of denial, the association between community violence exposure and depression is no longer significant ( $t = 1.09, p = ns$ ). In other words, among adolescents who frequently used denial, higher levels of personal victimization was not associated with higher levels of depressive symptoms.

Parallel analyses for PTSD (see Figure 2.5) revealed that at low levels of denial, community violence exposure and PTSD remained significantly and positively associated

( $t = 5.18, p < .001$ ). At high levels of denial, community violence and PTSD symptoms remained positively and significantly associated, but to a lesser degree than at lower levels of denial ( $t = 2.99; p < .01$ ).

In both regressions, the second model predicted significantly more variance in depressive symptoms ( $\Delta R^2 = .06, F(2, 214) = 7.52, p = .001$ ) and PTSD symptoms ( $\Delta R^2 = .18, F(2, 209) = 26.84, p < .001$ ) than the control models. The third model, which included the interaction term, explained significantly more variance in depression ( $\Delta R^2 = .04, F(1, 213) = 9.85, p < .01$ ) and PTSD ( $\Delta R^2 = .02, F(1, 208) = 5.29, p < .05$ ) than the previous model. These analyses indicate that there are significant and positive direct effects of denial coping on PTSD symptoms, and of personal victimization on both depression and PTSD. Additionally, denial coping acts as a moderator in the relation between personal victimization and depressive symptoms.

**Traditional gender role endorsement as a predictor of use of coping strategies.** In the fourth set of analyses, I used multiple regressions to determine whether adolescents' endorsement of traditional gender roles would be related to use of coping strategies. Three separate regressions were run for each of the dependent variables (acceptance, emotional social support, and denial). For each regression, age, sex, dummy coded school variables, and level of traditional gender role endorsement were entered as predictors. Results of these analyses are presented in Table 2.7.

Traditional gender role endorsement was not found to be associated with use of acceptance coping ( $\beta = .05, p = ns$ ). Age, however, had a significant, negative association with use of acceptance ( $\beta = -.13, p < .05$ ), indicating that younger adolescents tended to use more acceptance coping than their older peers. Moreover, students at the parochial

school were significantly more likely to use acceptance coping ( $\beta = .15, p < .05$ ) whereas students at the second public school used significantly less acceptance coping ( $\beta = -.23, p < .01$ ), than their counterparts at the first public high school.

Traditional gender role endorsement was found to be significantly and positively associated with use of emotional social support ( $\beta = .18, p < .05$ ). Adolescents' sex also had a significant, association with use of emotional social support ( $\beta = .29, p < .001$ ), indicating, as shown with the t-tests, that girls in this sample tended to use more emotional support seeking than did their male counterparts. Finally, adolescents at the second public high school were significantly less likely to use emotional social support coping than those who attended the first public high school ( $\beta = -.19, p = .01$ ).

Traditional gender role endorsement was significantly and positively associated with use of denial coping ( $\beta = .34, p < .001$ ). Those adolescents who endorsed more traditional gender roles tended to use more denial coping strategies. Additionally, sex was found to be a significant predictor, such that girls were more likely to use denial than boys ( $\beta = .14, p < .05$ ).

Significant results of the full sample regression analyses are shown in Figure 2.6. The analyses indicated that acceptance coping was not pertinent in the relation between personal victimization and psychological distress, and can be eliminated from this model. However, use of emotional social support and denial coping appear to moderate the relation between personal victimization and psychological distress in the full sample.

### **Multiple Regressions: Girls Alone**

**Emotional social support as a moderator of personal victimization and well-being.** In the first set of regressions, I explored the role of emotional support seeking as a

moderator of the relation between personal victimization and depression and PTSD for girls. Two separate regressions were run for each of the dependent variables (depression and PTSD). Adolescents' age and school attended were entered as predictors in the first step. Personal victimization and emotional support seeking were added in the second step, with the interaction term victimization x emotional social support added in the third step.

Results of these regressions are presented in Table 2.8. Again, personal victimization was significantly and positively associated with both symptoms of depression ( $\beta = .39, p < .001$ ) and PTSD ( $\beta = .46, p < .001$ ). There were no significant direct effects of emotional social support seeking on depressive symptoms or PTSD symptoms. Finally, like the findings from the regression run on the full sample, for girls, the interaction term of victimization x emotional social support was significantly, negatively associated with depression ( $\beta = -.23, p < .01$ ), but not with PTSD.

Simple slopes analyses were conducted to further explore the significance of the interaction effects (Aiken & West, 1991; Holmbeck, 2002). At low levels of emotional social support, personal victimization and depression were significantly and positively associated ( $t = 4.68, p < .001$ ; see Figure 2.7). At high levels of social support, the association between personal victimization and depression was still significant, but to a lesser degree ( $t = 2.05, p < .05$ ).

In both regressions, the second model predicted significantly more variance in depressive symptoms ( $\Delta R^2 = .12, F(2, 127) = 8.46, p < .001$ ) and PTSD symptoms ( $\Delta R^2 = .18, F(2, 124) = 14.26, p < .001$ ) than the control models. The third model, which included the interaction term, explained more variance in depression than the previous

model ( $\Delta R^2 = .05$ ,  $F(1, 126) = 6.96$ ,  $p < .01$ ), but did not explain significantly more variance in symptoms of PTSD. These analyses indicate that, for girls, emotional social support acts as a moderator in the relation between personal victimization and depression, but not PTSD.

**Denial as a moderator of violence exposure and well-being.** In the second set of regressions, I examined the role of denial as a moderator of the relation between personal victimization and depression and PTSD in girls. Two separate regressions were run for each of the dependent variables (depression and PTSD). Adolescents' age and school attended were entered as predictors in the first step. Personal victimization and denial coping were added in the second step, with the interaction term victimization x denial added in the third step.

Results of these regressions, presented in Table 2.9 show that, again, personal victimization was significantly and positively associated with both symptoms of depression ( $\beta = .43$ ,  $p < .001$ ) and PTSD ( $\beta = .45$ ,  $p < .001$ ). While there was no direct effect of denial coping on depressive symptoms, there was a significant, positive association between denial and PTSD symptoms ( $\beta = .30$ ,  $p < .001$ ). Finally, the interaction term of victimization x denial coping was significantly and negatively associated with depression ( $\beta = -.28$ ,  $p < .01$ ) but not PTSD ( $\beta = -.15$ ,  $p = ns$ ).

Again, simple slopes analyses were conducted to further explore the significance of the interaction effects (Aiken & West, 1991; Holmbeck, 2002). At low levels of denial, personal victimization and depression were significantly and positively related ( $t = 4.87$ ,  $p < .001$ ; see Figure 2.8). At high levels of denial, the association between personal victimization and depression was no longer significant ( $t = 1.67$ ,  $p = ns$ ). Again, among

girls who reported frequent use of denial, personal victimization was not significantly associated with symptoms of depression.

In both regressions, the second model predicted significantly more variance in depressive symptoms ( $\Delta R^2 = .10$ ,  $F(2, 129) = 7.62$ ,  $p = .001$ ) and PTSD symptoms ( $\Delta R^2 = .27$ ,  $F(2, 126) = 23.76$ ,  $p < .001$ ) than the control models. The third model, which included the interaction term, explained significantly more variance in depression ( $\Delta R^2 = .07$ ,  $F(1, 128) = 10.11$ ,  $p < .01$ ) than the previous model, but not in symptoms of PTSD. These analyses correspond with those run on the full sample that found direct effects of denial coping and personal victimization on symptoms of depression and PTSD. However, unlike in the full sample, denial only acts as a moderator in the relation between personal victimization and depression for girls. Its role as a moderator between personal victimization and PTSD did not hold.

**Traditional gender role endorsement as a predictor of use of coping strategies.** In the third set of analyses, I used multiple regressions to determine whether girls' endorsement of traditional gender roles would be related to use of coping strategies. Three separate regressions were run for each of the dependent variables (acceptance, emotional social support, and denial). For each regression, age, school, and level of traditional gender role endorsement were entered as predictors for each of the 3 coping strategies. Results of these analyses are presented in Table 2.10.

For girls, traditional gender role endorsement was not found to be associated with use of acceptance coping ( $\beta = .02$ ,  $p = ns$ ). However, age, again, had a significant, negative association with use of acceptance ( $\beta = -.17$ ,  $p < .05$ ), indicating that younger girls tended to use more acceptance coping than their older peers. Additionally,

adolescents at the second public high school were significantly less likely to use acceptance as a form of coping than those at the first public high school ( $\beta = -.26, p < .01$ ).

Traditional gender role endorsement was not found to be significantly related to use of emotional social support in girls ( $\beta = .16, p = ns$ ). In this sample, girls from the second public high school were significantly less likely to use emotional social support than their counterparts at the first public high school ( $\beta = -.24, p < .05$ ).

Finally, traditional gender role endorsement was significantly and positively associated with use of denial in girls ( $\beta = .30, p = .001$ ). Adolescent girls who endorsed traditional gender roles more frequently used more denial as a coping strategy.

To review the hypothesized relations and the results of regression analyses run on the girls-only sample, please refer to Figure 2.9.

**H3.1 Hypothesis 3.1 that personal victimization would be positively associated with symptoms of depression and PTSD, was confirmed.** In all of the analyses above, higher levels of personal victimization were associated with increased depression and PTSD.

**H3.2 Hypothesis 3.2, that, for girls, acceptance and emotional social support coping would moderate the relation between personal victimization and psychological distress was partially confirmed.** While acceptance coping did not moderate the relation between violence exposure and psychological distress, emotional social support coping did act as a moderator, such that more use of emotional social support weakens the relation between personal victimization and depression. Emotional



social support does not, however, appear to act in the same capacity in terms of symptoms of PTSD.

Interestingly, denial coping also had a significant moderating effect on the relation between violence exposure and depression. Denial interacted with personal victimization such that more use of denial coping weakened the relation between personal victimization and depression. This was not a hypothesized relation for girls.

**H3.3 Hypothesis 3.3, that traditional gender role endorsement would be positively related to use of acceptance and emotional social support for girls, was rejected.** Although traditional gender role endorsement was not associated with use of acceptance and emotional support, it was significantly and positively related to use of denial coping. This was not a hypothesized relation.

#### **Multiple Regressions: Boys Alone**

**Traditional gender role endorsement as a predictor of use of coping strategies.** I used multiple regressions to determine whether adolescent boys' endorsement of traditional gender roles would be related to use of coping strategies. Three separate regressions were run for each of the dependent variables (acceptance, denial, and emotional social support). For each regression, age, school, and level of traditional gender role endorsement were entered as predictors for each of the 3 coping strategies. Results of these analyses are presented in Table 2.11.

Traditional gender role endorsement was not found to be associated with use of acceptance coping in boys ( $\beta = .13, p = ns$ ). Interestingly, for boys, age was not a significant predictor of use of acceptance coping, as it was for girls. Students at the

parochial school used significantly more acceptance coping than their counterparts at the first public high school ( $\beta = .25, p < .05$ ).

Traditional gender role endorsement was not found to be associated with use of emotional social support ( $\beta = .18, p = ns$ ) for boys.

Finally, traditional gender role endorsement was significantly and positively associated with use of denial coping ( $\beta = .36, p < .001$ ). Adolescent boys who endorsed traditional gender roles more frequently also tended to use more denial coping strategies.

**H4.3 Hypothesis 4.3, that endorsement of traditional gender roles would be associated with use of more denial coping in boys, was confirmed.**

### **Discussion**

The intent of this study was to explore the moderating role of coping in the association between personal victimization and psychological distress, while taking into account adolescents' gender and their beliefs around traditional gender roles. My analyses revealed several significant moderating effects of coping on adolescent violence exposure and psychological distress, as well as effects of gender and gender role endorsement.

In line with other studies, girls in our sample used more emotional social support than did boys (Causey & Dubow, 1992; Compas et al. , 1988; Frydenberg & Lewis, 1993; Seiffge-Krenke, 1993). Moreover, higher levels of traditional gender role endorsement were associated with increased use of emotional social support in the full sample. However, this relation did not hold for the sample when split by gender, though the direction of the relations were the same. This could have been an issue with the sample size and could be an area for further exploration. Given these findings, it would

seem that both gender and gender role endorsement play a role in the coping strategies which adolescents choose to utilize.

Consistent with my hypotheses, higher levels of traditional gender role endorsement were associated with increased use of denial in boys. Again, I hypothesized that this was because boys would use more denial in order to preserve their feelings of control and their identities as strong, tough men. An alternative coping response which was not measured in this study would have been use of aggression. Fighting back when faced with personal victimization could have also worked to support boys in preserving their identities as tough men. Further, boys could use both denial and aggression, responding to violent situations by fighting back, and then using denial following violent situations to deny the psychological impact of personal victimization. These strategies in tandem could be effective strategies for developing and preserving adolescent boys' identities as powerful and strong men.

Interestingly, the positive association between traditional gender role endorsement and denial also held with girls, which was not one of our hypotheses. It could be that girls who endorsed traditional gender roles used more denial in an effort to maintain their identities as self-sacrificing "good" girls, who deny or minimize their experiences of violence and trauma in order to spare friends and family from worry and concern about them. In this way, traditional gender roles may promote the use of denial in girls and boys, alike. These findings related to traditional gender role endorsement could be relevant to interventions that are targeted by gender. It may be that interventions developed specifically for boys or girls also need to incorporate issues of gender

conformity and gender role expectations, in order to help adolescents who are dealing with violence exposure.

In terms of my second hypothesis, that machismo values would be more highly endorsed than marianismo values by both girls and boys, the data revealed the opposite to be true. Marianismo was endorsed significantly more than machismo, by both girls and boys. There is evidence in the literature that Latino parents are more protective of daughters than sons (Delgado, Updegraff, Roosa, & Umana-Taylor, 2011). This in conjunction with the fact that parents play a key role in the socialization of cultural values may explain why their endorsement of marianismo is higher than that of machismo values (Tam & Lee, 2010). In their bid to protect daughters from teenage pregnancy and dangerous neighborhoods, parents may emphasize the importance of being virtuous daughters more strongly than socializing boys to become tough men.

Consistent with the literature, for girls, personal victimization was associated with increased levels of depression and PTSD (Ceballo et al., 2003; Dempsey, 2002; Fowler et al., 2009). While use of acceptance coping did not moderate the relation between personal victimization and psychological distress for girls, use of emotional social support did act as a moderator for symptoms of depression, but not PTSD. This makes logical sense given that emotional social support addresses issues of affect, which is related to depression. Post-traumatic stress symptoms, in contrast, are not related solely to affect. What is clear from these analyses is that frequent use of social support coping in the context of personal victimization appears to act as a protective factor against depression in girls. These findings indicate the importance of incorporating social support and

effective social support seeking strategies into future treatments and interventions for Latina adolescents who have experienced personal victimization in their neighborhoods.

In the association between personal victimization and psychological health, denial does, in fact, act as a moderator, such that this relation is weakened. This is consistent with the views of Tolan and colleagues (1997) who proposed that individuals who are chronically exposed to community violence, over which they have little to no control, are likely to use more avoidant or emotion-focused coping strategies. Moreover, rather than being detrimental to psychological health as much of the coping literature proposes, here denial appears to be a protective factor. Specifically, at high levels of personal victimization, more use of denial coping weakens the relations between community violence exposure and symptoms of depression and PTSD. This may be relevant in developing interventions that are sensitive to the fact that for this particular group of Latino adolescents, denial plays an important role for them in supporting their functioning despite the traumas associated with personal victimization in the context of community violence.

As with all research studies, several limitations should be noted. First, the non-experimental, cross-sectional nature of this data precluded any assumptions of causality between the variables. Moreover, longitudinal data is required in order to fully examine the dynamic nature of the stress-coping interaction. One would assume that individuals currently under more stress would have more stress responses. Whether or not these stress responses are effective in ameliorating the negative impact of community violence can only be determined with data that examines this interaction over time.

Secondly, reliance on self-report measures may have raised correlations because of shared-methods variance (Dempsey, 2002). Multi-informant data should be collected in future studies to address this limitation. In this study, adolescents were asked how they coped with violent experiences as they recalled experiences with violent events. This relied on accurate recall of the adolescents' reaction to violent events and did not distinguish between type and severity of stressor. Moreover, this manner of assessing coping cannot identify in which scenarios specific coping strategies may be more or less effective.

Third, the sample itself made the findings of this study difficult to generalize. The smaller sample of boys limited our understanding of the role which gender may or may not play in the context of coping with community violence. Additionally, Latinos comprise an extremely heterogeneous group which encompasses numerous different ethnic heritages. We were not able to address issues of intra-group differences due to the size and primarily Dominican and Puerto Rican heritage of our sample.

Finally, because of the relatively small sample size and the complexity of the model tested in this study, I was required to combine the measures of machismo and marianismo into one scale of traditional gender role endorsement. Ideally, these constructs would have been tested separately, as they are independent constructs and can function distinctly from one another. However, in order to have enough power to test the hypothesized relations, the combining of these two variables was necessary. With a larger sample size, separate testing of the independent roles of machismo and marianismo should be conducted.

Overall, this study found that both gender and beliefs about gender informed the ways in which adolescents cope with personal victimization in the neighborhood. Moreover, certain coping strategies moderated the relation between personal victimization and psychological well-being. Given that adolescents living in the context of community violence are dealing with structural challenges that may be beyond their control, examining individual level factors, though important, need to be understood in terms of adolescents' larger social networks. Consequently, the next chapter will examine the role that parents and cultural values play in adolescent responses to community violence exposure.

### **Chapter III**

## **Influences of Cultural Values and Parent-Adolescent Relationships on Involuntary Stress Responses: Quantitative Analyses**

The influence of parents and cultural values on adolescent involuntary stress responses to community violence will be explored in this chapter. The interaction between these two environmental spheres is particularly relevant for Latino adolescents, for whom it is believed that family plays a central role in identity (Clauss-Ehlers et al., 2002). These issues were examined using the model of conditional indirect effects, presented in Figure 3.1. Note that, as in the previous chapter, these analyses focused on personal victimization in the context of community violence. This model attempted to address the following hypotheses:

H1.I predicted that involuntary stress responses would mediate the relation between personal victimization and symptoms of depression and PTSD. Specifically, personal victimization would be indirectly related to depression and PTSD symptoms, via involuntary stress responses.

H2.I also predicted that the effects of personal victimization on psychological distress through involuntary stress responses would be conditional such that parent-adolescent cohesion and greater endorsement of cultural family values would weaken the relation between personal victimization and involuntary stress responses. Adolescents may have fewer involuntary



stress responses, as they would be able to more consciously address personal victimization with the help of their parents. The cultural values related to the importance of family may work to reinforce close ties with family members that can offer adolescents systems of support from extended family members, a sense of belonging, and a greater openness to listening to their elders about ways in which they can deal with the aftermath of personal victimization.

H3.I also anticipated that greater parent-adolescent cohesion and higher endorsement of cultural family values would be associated with lower levels of depression and PTSD. (Not shown in figure 3.1 as it is not a central hypothesis.)

## **Method**

### **Participants**

The sample used in the previous analyses was also used in these analyses. Consequently, the study procedures were the same as those reported in the previous chapter. As before, the sample consisted of 223 ninth grade Latino adolescents with a mean age of 14.5 years ( $SD = .69$ ). The 137 girls and 86 boys in this sample attended one of three schools, a parochial high school and two public high schools.

### **Measures**

**Community Violence Exposure.** The Survey of Exposure to Community Violence (Richters & Martinez, 1993) measures the frequency of lifetime exposure and victimization to 25 different types of violence. Adolescents were asked to report how many times they witnessed (e.g., “seen someone attacked or stabbed with a knife” or

“seen someone beaten up or mugged”) or experienced (e.g., “been threatened with serious physical harm” or “been shot with a gun”) certain violent events on a scale from 0 (*never*) to 11 (*almost every day*). Higher scores reflect a greater frequency of exposure to community violence, as either victims or witnesses. While there were two subscales, one that measured personal victimization and another that measured witnessing violence, for the purposes of this study, only the victimization subscale was used. The personal victimization subscale consisted of ten items that asked participants how often they had been directly victimized by various acts of community violence. An example question was, “How many times have you *yourself* been chased by gangs or individuals?” Responses for these items were summed, creating a total personal victimization score for each participant with higher scores reflecting greater victimization by community violence. Cronbach’s alpha for this scale was .80 in our sample.

**Involuntary Stress Responses.** In order to assess involuntary stress responses, I used the Responses to Stress Questionnaire – Family Conflict Version (RSQ) (Connor-Smith et al., 2001). As with the coping measures, this measure immediately followed the Survey of Exposure to Community Violence in the questionnaire. Adolescents were again prompted to first consider how they had responded to incidences of community violence on the previous measure. Participants were then asked how often they experienced different stress responses following incidents of community violence, on a scale from 1 (*not at all*) to 4 (*a lot*).

The Responses to Stress Questionnaire – Family Conflict Version (RSQ) is another multidimensional scale that measures volitional coping responses to stress in addition to involuntary responses (Connor-Smith et al., 2001). I modified this

questionnaire so as to be applicable in a context of community violence exposure and to make the responses more consistent with the COPE responses. I added a sentence stem at the beginning of each page that read, “When faced with scary or violent neighborhood situations, how often do you...” followed by a series of possible stress responses with the same response scale as the original RSQ. For the purposes of this study, I utilized one subscale from the involuntary engagement factor (rumination) and one from the involuntary disengagement factor (cognitive interference). Rumination included unwanted thoughts about adolescents’ experiences of community violence (e.g., “I can’t stop thinking about what I did or said” and “I can’t stop thinking about why things happened to me). In contrast, cognitive interference reflected adolescents’ inability to engage in routine activities as a result of their experiences with violence exposure (e.g., “my mind goes blank, I can’t think at all” and “I get so upset that I can’t remember what happened or what I did”). For the RSQ subscales, Connor-Smith and colleagues (2001) obtained Cronbach’s alphas ranging from .37 to .76 and test-retest reliabilities of .49 to .76, following a 1-2 week interval. Cronbach’s alpha for this sample was .74 for the rumination subscale and .73 for the cognitive interference subscale.

**Cultural Family Values.** Endorsement of cultural values related to the importance of family was assessed using a combination of two scales: one of familismo and one of respeto. While these two cultural concepts are distinct, all questions included here pertained specifically to attitudes towards and importance of families in the lives of adolescents. Responses from the two scales were averaged to yield an overall score for endorsement of cultural values related to family. Cronbach’s alpha for this sample was .91.

Familismo (sense of family support and commitment) was assessed using the Multiphasic Assessment of Cultural Constructs (Gaines et al., 1997). Adolescents answered ten questions with responses ranging from (1) strongly disagree to (5) strongly agree. The mean of these items was calculated to create a total familismo score for each participant, with higher scores indicating greater familismo. The scale included statements such as, “I cherish the time that I spend with my relatives,” and “In my opinion, the family is the most important social institution of all.”

Respeto (respect for authority figures) was measured using Fuligni, Tseng, and Lam’s (1999) measure assessing respect specifically for authority figures within the family. Adolescents responded to seven questions with responses ranging from “Not at all important” (1) to “Extremely important” (5). The mean of the items was calculated to create a total respeto score for each participant, with higher scores indicating greater respeto. Items included statements such as, “treat your parents with great respect” and “respect your older brothers and sisters.”

**Parent-Adolescent Cohesion.** Parent-adolescent cohesion was measured separately for both mothers and fathers, using the Family Adaptation and Cohesion Evaluation Scales II inventory (FACES-II) (Olson, Russell, & Sprenkle, 1983). The 10-item measure originally asked only about children’s relationships with their mothers. However, for the purposes of this study, the items were asked a second time, modified to tap into the quality of children’s relationships with their fathers. The response scale ranged from “Almost Never” (1) to “Almost Always” (5). Sample items included, “my mother/father and I are supportive of each other during difficult times” and “my

mother/father and I like to spend our free time with each other.” Responses from both mother and father scales were averaged for a total measure of parent cohesion ( $\alpha = .88$ ).

**Depression.** A widely used instrument, the Children’s Depression Inventory, was used to measure children’s feelings of depression (Kovacs, 1985). This 26-item measure presented groups of three statements, and adolescents were asked to pick the statement that most closely describes how they had been feeling for the past 2 weeks (e.g., “I am sad once in a while,” “I am sad many times,” “I am sad all the time”). The items were scored from 0 to 2 and reverse coded as needed, in the direction of increasing severity, with total summed scores for this scale ranging from 0 to 52. In a sample of 108 children, Finch and colleagues (1987) obtained a test–retest reliability alpha of .82 following a 2-week interval. Helsel and Matson (1984) studied a sample of 215 children and found a highly significant split-half correlation with a coefficient of .89. Children in the depressed group scored significantly higher on every item in this measure compared to children in their non-depressed group. Cronbach’s alpha for this sample was .86.

**PTSD.** The Child Post-Traumatic Stress Reaction Index (PTSRI) consisted of a 20-item scale patterned after the criteria for PTSD described in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III: American Psychiatric Association, 1980). This measure was adapted by Frederick (1985) to identify the presence and severity of PTSD symptoms in school-aged children and adolescents (Pynoos & Nader, 1993). The frequency of symptoms was rated on a 5-point Likert scale ranging from 0 (none) to 4 (most of the time), and summed to obtain scale scores. Scores can be classified into mild, moderate, severe, and very severe levels of PTSD. Pynoos and colleagues (1993) reported excellent inter-item agreement, with a Cohen's kappa of .88.

Goenjian and colleagues (1995) reported that the combined severe and very severe categories correctly identified 78% of the children who met DSM-III-R (American Psychiatric Association, 1987) criteria for PTSD. Cronbach's alpha for this sample of adolescents was .93.

## Results

Intercorrelations between all variables included in this model are presented in Table 3.1. Again, adolescents' lifetime exposure rates to different types of violence are illustrated in Table 2.3. As stated above, there were no gender differences in rates of personal victimization in this sample. Mean level of victimization for boys was 18.45 ( $SD = 8.20$ ) and 17.48 ( $SD = 9.01$ ) for girls.

### T-Tests

As previously discussed, there were significant gender differences in both symptoms of depression ( $t = -2.63, p < .01$ ) and PTSD ( $t = -4.41, p < .001$ ). The average score for depression among the girls was significantly higher than that of boys ( $M = 11.58, SD = 7.34$  and  $M = 8.98, SD = 6.92$ , respectively). Similarly, girls' PTSD scores were higher on average than those of boys ( $M = 27.80, SD = 13.66$  and  $M = 19.35, SD = 13.96$ , respectively).

Additionally, girls reported significantly higher levels of both rumination ( $t = -2.57, p = .01$ ) and cognitive interference ( $t = -2.28, p < .01$ ) than did boys. Average levels of rumination and cognitive interference for girls were  $M = 2.37, SD = .78$  and  $M = 2.18, SD = .80$ , respectively. The averages for boys were  $M = 2.09, SD = .79$  and  $M = 1.93, SD = .80$ , respectively. There were no gender differences in cultural family values or levels of parent-adolescent cohesion.

## **Regressions**

For the purposes of establishing a more parsimonious model, the proposed relations depicted in Figure 3.1 were analyzed at two levels. First, an analysis of the multiple indirect effects were conducted in order to eliminate involuntary stress responses (rumination and cognitive interference) that are not found to mediate the relation between violence exposure and symptoms of depression or PTSD. Secondly, analyses of conditional indirect effects were conducted in order to explore the potential moderating roles of parent-adolescent cohesion and cultural family values on the relation between violence exposure and the involuntary stress responses. It should also be noted here that an item comparison between involuntary stress responses and depression and PTSD symptoms was conducted in order to ensure that the stress responses were distinct from the psychological outcome variables. Although no modifications were needed for the depression scale, two items were deleted from the PTSD measure due to item overlap with the cognitive interference scale (“have thoughts or feelings about something bad that happened in the past get in the way of remembering things, like what you learned at school” and “have a hard time paying attention”).

**Initial analysis of indirect effects.** In order to explore the hypothesized mediating role of involuntary stress responses in the context of community violence exposure and psychological well-being, Preacher and Hayes’ (2004, 2008) bootstrapping approach to tests of indirect effects was used. By using nonparametric resampling of one’s data and estimating indirect effects with each sampling, the bootstrapping approach does not require an assumption of normality, and so is particularly well-suited to smaller

sample sizes (Shrout & Bolger, 2002). This process of resampling produced a distribution from which confidence intervals were calculated.

The indirect effects macro provided by Preacher & Hayes (2008) calculates two separate confidence intervals (CIs): 1) Percentile CI and 2) Bias Corrected and Accelerated (BCA) CI. The percentile CI can be asymmetrical because it is calculated using the nonparametric distribution provided by the bootstrapping procedure, which does not assume normality. However, Efron and Tibshirani (1993, as cited in Preacher & Hayes, 2008) note that although percentile CIs are an improvement over other CIs, they can also be biased. The bias corrected and accelerated CI is calculated by adjusting the percentile values of the distribution estimated through the bootstrapping methods, and is generally preferred over the percentile CI (Preacher & Hayes, 2008). Both CIs will be reported in the tables below. CIs that do not include 0 are considered to be significant mediating relations.

This method of statistical analysis is employed here because it allows for the exploration of multiple mediator models, such as that proposed in Figure 3.1 (Preacher & Hayes, 2008). This method allowed me to test for the total indirect effects of both mediators (e.g. rumination and cognitive interference), as well as the indirect effect of each mediator, controlling for the effect of the other. The analyses were run twice using 5000 bootstrapping resamples in order to estimate the model with the two different dependent variables (depression and PTSD).

Because the Preacher and Hayes' SPSS macro does not calculate unstandardized and standardized coefficients, analyses were first conducted using unstandardized variables in order to obtain the unstandardized coefficients (Bs). The same analyses were



then re-run using standardized variables (mean of 0, standard deviation of 1) in order to obtain standardized coefficients ( $\beta$ s) which allow for a comparison of the magnitude of each variables' influence in relation to each other. Results of the two analyses were the same, with only variable coefficients changing.

***Involuntary stress responses as mediators of personal victimization and depression.*** In the analysis of mediation predicting depression, student's age, sex, and school attended were used as control variables. The dummy coded variables for school attended that were used in the previous analyses were also used here. Rumination and cognitive interference were both entered as mediators, and personal victimization was entered as the independent variable. Results of these analyses are presented in Table 3.2 and show that the total indirect effect of personal victimization on depression through involuntary stress responses was significant ( $B = .04$  with 95% BCA CI of .0089 to .0775). The estimated effect of personal victimization on depression through cognitive interference was .03 with a 95% BCA CI of .0060 to .0813, indicating that cognitive interference plays a mediating role in this association. The same was not true for rumination ( $B = .00$  with a 95% BCA CI of -.0160 to .0358). There was also a significant, direct effect of personal victimization on depression ( $\beta = .23, p < .001$ ), which remained significant ( $\beta = .19, p < .01$ ) after partialing out the variance explained by the mediators. This indicates that cognitive interference partially mediates the relation between personal victimization and depression, whereas rumination does not mediate this relation.

***Involuntary stress responses as mediators of personal victimization and symptoms of PTSD.*** In the analysis of mediation predicting symptoms of PTSD,

student's age, sex, and school attended were, again, used as control variables. Rumination and cognitive interference were both entered as mediators, and personal victimization was entered as the independent variable. Results of these analyses, also presented in Table 3.2, show that the total indirect effect of personal victimization on PTSD symptoms through involuntary stress responses was significant ( $B = .11$  with 95% BCA CI of .0238 to .1897). The estimated effect of personal victimization on PTSD through rumination was not significant ( $B = .04$  with a 95% BCA CI of -.0010 to .1221), though the effect through cognitive interference was ( $B = .07$  with a 95% BCA CI of .0130 to .1452). This indicates that, here again, cognitive interference plays a unique mediating role between personal victimization and symptoms of PTSD.

Again, there was a significant, direct effect of personal victimization on PTSD ( $\beta = .33, p < .001$ ), which remained significant ( $\beta = .26, p < .001$ ) after partialing out the variance explained by the mediators. This indicates that cognitive interference partially mediates the relation between personal victimization and symptoms of PTSD.

**Hypothesis 1, that involuntary stress responses would mediate the relation between personal victimization and symptoms of depression and PTSD was partially confirmed.** The influence of personal victimization on depression and symptoms of PTSD was partially mediated by cognitive interference.

**Analysis of conditional indirect effects.** In order to test my second hypothesis of conditional indirect effects, I conducted analyses using guidelines set forth by Preacher, Rucker, and Hayes (2007). Specifically, I used what Preacher and colleagues label a "Model 2" moderated mediation effect in which the interaction is hypothesized to occur between the independent variable and the mediator. To conduct these analyses, I used the

“MODMED” SPSS macro referenced in Preacher et al. (2007). As this macro can only be used to analyze one mediator-one moderator models, multiple analyses were run to explore the hypothesized relations. Four analyses were run in all, testing each of the significant mediators from the previous multiple mediation analyses with the two hypothesized moderators:

- 1) Victimization x parent-adolescent cohesion → cognitive interference → depression
- 2) Victimization x parent-adolescent cohesion → cognitive interference → PTSD
- 3) Victimization x cultural family values → cognitive interference → depression
- 4) Victimization x cultural family values → cognitive interference → PTSD

Covariates included student’s age, sex, and school attended (again, the dummy coded variables used throughout).

The “MODMED” macro begins by estimating two OLS regression equations (see Table 3.3 for results on depression and Table 3.4 for results related to PTSD). The first equation is the “mediator variable model,” with the criterion being rumination or cognitive interference. For hypothesis 2, the relation of interest was whether the interaction between personal victimization and parent-adolescent cohesion (or cultural family values) was significantly related to the involuntary stress responses. Non-significant interaction regression coefficients in all four analyses (refer to Tables 3.3 – 3.4) indicate that neither parent-adolescent cohesion nor cultural family values interacted with victimization to influence levels of cognitive interference.

The second regression equation estimated by the SPSS macro is the “dependent variable model.” This equation establishes whether cognitive interference (the mediator)

significantly predicts adolescent's symptoms of depression and PTSD. The results show that cognitive interference is significantly associated with higher levels of depression and PTSD (see Tables 3.3 and 3.4, respectively). In all, these analyses show that while cognitive interference was related to higher levels of psychological distress, there was no moderating effect of parent-adolescent cohesion or cultural family values on the relation between personal victimization and cognitive interference.

**Hypothesis 2, that the indirect effects of violence exposure on psychological well-being through involuntary stress responses would be conditional such that parent-adolescent cohesion and more endorsement of cultural family values would weaken the relation between violence exposure and involuntary stress responses, was rejected.**

**Analysis of the relations between parent-adolescent cohesion and cultural family values and psychological distress.** Multiple regression analyses were used to address questions posed by hypothesis 3. That is, are parent-adolescent cohesion and cultural family values significantly, and negatively, related to psychological distress? Two separate regressions were run for each of the dependent variables (depression and PTSD). For each regression, student's sex, age, school attended, and personal victimization were entered as control variables, with parent-adolescent cohesion, and cultural family values entered as predictors for each of the measures of psychological distress. Results of these analyses are presented in Table 3.5. Analyses showed that while parent-adolescent cohesion and cultural family values were significantly associated with lower levels of depressive symptoms ( $\beta = -.20, p < .01$  and  $\beta = -.20, p < .01$  respectively) they were not significantly associated with lower levels of PTSD ( $\beta = -.08, p = ns$  and  $\beta =$

-.08,  $p = ns$ , respectively).

**Hypothesis 3, that parent-adolescent cohesion and higher endorsement of cultural family values would be associated with lower levels of depression and PTSD, was partially confirmed.** Parent-adolescent cohesion and cultural family values was significantly, negatively associated with symptoms of depression, but not PTSD.

### **Discussion**

The purpose of this study was to examine involuntary stress responses in the context of community violence exposure and psychological distress. In particular, the role of parents and cultural values in adolescent stress responses to personal victimization was the focus of this study. Consistent with previous research, this study found that the impact of stressors on psychological distress functioned, in part, through involuntary stress responses (Wadsworth et al., 2004; Wadsworth et al., 2005).

Specifically, cognitive interference mediated the relation between personal victimization and both depression and PTSD symptoms. This is an important finding because although studies have found this association in the context of other stressors (e.g., family conflicts, economic strain), to date, no other studies have established cognitive interference as a distinct mechanism through which personal victimization in the neighborhood affects symptoms of depression and PTSD. Additionally, these findings inform the literature on cognitive interference which comes out of the social/personality psychology and cognitive psychology fields. Whereas cognitive interference research in these fields have relied primarily on experimental and quasi-experimental designs (Yee & Vaughan, 1996), this study provides ecologically valid, community-based, support for the role of cognitive interference in the relation between stressors and psychological

functioning. This study revealed a potentially important avenue through which interventions could help Latino adolescents following personal victimization in their neighborhoods. Consequently, interventions and therapeutic work with Latino adolescents who are exposed to community violence should incorporate techniques that can help adolescents address this automatic, involuntary stress response which contributes to psychological distress.

My hypotheses that parent-adolescent cohesion and cultural family values would help to buffer adolescents against involuntary stress responses were not supported by this study. However, parents and cultural values did play a strong role in directly buffering adolescents' symptoms of depression. Future research should examine possible interactions between community violence exposure and both parent-adolescent cohesion and cultural values, which affect psychological functioning. In fact, there is evidence that the cultural value of familismo does moderate the relation between community violence exposure and psychological well-being among Latino adolescents (Kennedy & Ceballo, under review). Further exploration of the roles of respeto and parent-adolescent cohesion in the association between community violence exposure and psychological well-being may offer multiple avenues of intervention to help violence exposed Latino adolescents. Again, this serves to emphasize the importance of family, in particular parents, and cultural values in treating Latino adolescents who have been exposed to violence (Claus-Ehlers & Levi, 2002). Treatments that individually target and work with adolescents without considering the role that community and culture can play in supporting adolescents will neglect a potentially important avenue of intervention.

Again, several limitations should be noted here. First, the non-experimental, cross-sectional nature of this data precluded any assumptions of causality between the variables. Moreover, longitudinal data is required in order to fully examine the dynamic nature of the stress-coping interaction. One would assume that individuals currently under more stress would have more stress responses. Whether or not these stress responses are effective in ameliorating the negative impact of community violence can only be determined with data that examines this interaction over time.

Second, reliance on self-report measures may raise correlations because of shared-methods variance (Dempsey, 2002). Multi-informant data should be collected in future studies to address this limitation. Additionally, in this study, adolescents were asked how they coped with violent experiences as they recalled experiences with violent events. This relied on accurate recall of the adolescents' reaction to violent events and did not distinguish between type and severity of stressor. Moreover, this manner of assessing coping could not identify in which scenarios specific coping strategies would be more or less effective.

Third, the sample itself makes the findings of this study difficult to generalize. The smaller sample of boys limited our understanding of the role which gender may or may not play in the context of coping with community violence. Additionally, Latinos comprise an extremely heterogeneous group which encompasses numerous different ethnic heritages. We were not able to address issues of intra-group differences due to the size and primarily Dominican and Puerto Rican heritage of our sample.

Finally, the cultural values of respeto and familismo were combined, again, due to the size of the sample and the complexity of the model presented. While these two

cultural values were conceptually linked by their focus on the role of family, *respeto* and *familismo* are distinct constructs, and future research with larger samples should analyze these cultural values separately. Some individuals may feel that family is very important, but may not have much respect or deference for their family elders. Other individuals may have a great deal of respect and deference for their elders, but may not feel that family is central to their identity or understandings of self. These distinctions may be important in our understanding of the potential roles that family and culture play for Latino adolescents who are exposed to community violence.

The findings in this study indicated that cognitive interference plays a unique, mediating role in the association between personal victimization and psychological functioning. However, the roles of parenting and cultural values also appear to be important in this context, though not in the manner hypothesized in this study. In order to further explore the nuances of adolescent interactions with their families and community, semi-structured interviews with violence exposed Latino adolescents will be presented in the next chapter.



## **Chapter IV**

### **Adolescent Voices in Stories of Community Violence Exposure**

While some qualitative work has been done on adolescent exposure to community violence, very few studies have focused specifically on the experiences of Latino adolescents. Theories of intersectionality tell us that individuals' specific social location informs the ways in which they perceive the forces acting within their lives, the resources that they have to draw on and the meaning that they make out of their experiences (Cole, 2009; Crenshaw, 1994). Accordingly, hearing directly from adolescents about their experiences with community violence and dealing with the aftermath of community violence exposure is key to understanding how best to address the consequences of this particular type of violence exposure.

Though many experiences of community violence, as well as coping strategies used in response to violence, are not unique to Latino adolescents, this small, qualitative study helped to highlight the importance of understanding experiences of community violence within a socio-cultural context. By focusing on the stories of Latino adolescents, I was able to more closely examine the ways in which Latino adolescent responses to community violence were embedded within a hegemonic discourse which paints them as a violent, lazy, and delinquent "other" (Hidalgo, 1998; Villenas & Deyhle, 1999). It is through the stories of these Latino adolescents that this discourse can be challenged and reconstructed to reflect the lives and experiences of these adolescents, as *they* experience

them, and not as they are portrayed in mainstream rhetoric (Delgado, 1989; Ladson-Billings, 1998; Villenas & Deyhle, 1999).

In presenting the findings of this small, qualitative study, pseudonyms were used throughout this chapter for all of the participants, and identifying information has been modified to ensure adolescents' anonymity. Latino adolescents in this study experienced frequent and varied incidents of community violence. Physical confrontations between neighbors were common occurrences among these adolescents and did not seem particularly noteworthy to them. Several of the adolescents reported witnessing the death of peers. From watching a fellow adolescent shot and killed for a basketball to witnessing the murder of a childhood friend, violent deaths were not unknown to these adolescents. One Latina adolescent watched as her friend was grabbed by a man, dragged into an alley, and raped in broad daylight. One boy was jumped by a gang of boys because he liked to skateboard. Another found himself in the middle of a knifing while out walking with his friend. Others were traumatized as they watched their peers, some of them friends with whom they had grown up, committing some of the same violent acts which they had worked so hard to avoid. Though these types of violent neighborhood experiences may not have been daily occurrences in these adolescents' neighborhoods, they happened with enough frequency that incidents, such as street rumbles and fights between neighbors requiring police intervention, were mundane.

Embedded within these violent episodes was adolescents' awareness of stereotypes in the U.S. that "Latinos tend to be very violent" ("Laila", 14-years-old). Some adolescents, like Laila, accepted this as truth, while others were adamant that not all Latinos were violent. Scattered throughout these interviews was the struggle these

adolescents faced in making sense of why Latinos would hurt each other. Lisa (14-years-old) discussed this, saying, “Latinos are like, are starting to turn on each other and how we can do this to each other just really hurts us and it's just sad to see it happen.” This created a tension in many of the adolescents between being proud of their cultural identity and being afraid of violence from their own in-group members.

What was particularly impressive about these Latino adolescents, however, was their sophisticated understanding of some of the underlying problems in their community and how these problems affect perceptions of Latinos in the larger cultural context of the U.S. For example, Lisa expanded on her statement above saying,

*“[W]e discriminate against each other um, like for example I'm Dominican and um, there are Dominicans that don't like Puerto Ricans, and there's Puerto Ricans that don't like Dominicans so there they hate each other, and then, there could be like a Puerto Rican that doesn't like a Mexican, and a Mexican that doesn't like a Cuban and it just continues. ...It ruins it [the Latino community] 'cause um you look at other like nationalities and you see how all of them are so strong and then you look at Latinos and you, you can pick so many problems out of us like um, there's so much... I guess... rumors about us, well not really rumors but... we're known to be like loud and irresponsible and we're known for stealing and all the violence and everything. So it kinda... and it's bad because um, that sets the I guess um, the status or the look on all of us when really there's all types of different Latinos and it just, it's bad because it's said... it makes us all look like we do the same thing.”*

It is within this context of violence and stereotypes about Latinos that these adolescents must develop effective coping strategies and some understanding of their own personal and cultural identities (Schiavone, 2009). As such, understanding Latino adolescent coping with community violence through this contextual framework is essential. Again, while the coping strategies, themselves, may not be unique to Latino adolescents, our understanding of the ways in which these strategies are embedded in a

cultural context can help us to better understand their influences on Latino adolescent functioning following experiences of community violence. The qualitative interviews in this study extended the quantitative work by allowing for an in-depth discussion of Latino adolescents' experiences with community violence exposure, as understood from their unique social locations. In particular, this exploratory qualitative research addressed the following research questions:

1. How do Latino adolescents respond to dangerous and stressful situations in their neighborhood? To whom do they turn, and on what personal strengths and resources might adolescents draw?
2. How do adolescents perceive and describe their parents' coping with community violence? Beyond giving advice to their adolescents about how to stay safe, how do adolescents see their parents coping with incidents of community violence?
3. How are parent and adolescent coping strategies connected? Specifically, do parenting practices influence Latino adolescent coping with community violence, and if so, how?

## **Method**

### **Participants**

The study sample included 25 ninth grade students attending the same parochial school that was sampled in the quantitative study. Of the 25 interviews, one interview was excluded because, when asked about the most violent or scary incident witnessed in the neighborhood in the past 6 months, the adolescent reported an experience of "being possessed" for which the adolescent was hospitalized for psychiatric treatment. As the

responses were not specifically related to community violence, the adolescent's responses were not appropriate for the purposes of this analysis. Another interview was excluded because the adolescent reported that there were no issues with violence in the neighborhood. The adolescent was only able to discuss an incident of violence in a previously attended school several years prior to the interview. Additionally, the difficulty this student had in comprehending the interview questions raised concerns about this adolescent's ability to accurately respond to questions, despite having both consent and assent forms. In all, two interviews were excluded, one from a female and one from a male student. The final sample consisted of 23 adolescents.

The unique nature of this school should be noted here. First, parents of these parochial school students were likely more involved in their children's lives than the average public school parent. The investment of time and resources required in the application process for students to attend this school would have required more parental involvement. Secondly, many of the staff were members of the community and were well known by the parents of these children. In fact, numerous staff members shared that they had grown up with and gone to school with the parents of their students. Consequently, the staff members at this school were aware of the challenges that their students faced both in their neighborhoods and in their homes. One staff member shared that the school staff made efforts to help students who were having problems in school by finding out what was happening outside of school. She stated that once the staff had tried meeting with a student and offering extra help with homework, the next questions were, "Okay, so tell me what else is happening? What's going on at home?" She shared that often, these questions revealed the root causes of the problem behaviors at school or sudden drops in

grades. This approach not only helped the students, but also helped staff to better understand their students' struggles as part of a larger context, rather than blaming the students for lack of effort or defiance.

In all, 15 girls and 8 boys participated in this qualitative study, ranging in age from 13-15 years old. Four of the adolescents reported that they had repeated a grade in school. Of the 23 participants, 20 of the adolescents were born in the United States, 18 of whom were second generation children of immigrants and 2 of whom reported that their parents were also born in the U.S. Three of the participants were first generation immigrants. In terms of ethnicity, 17 reported they were of Dominican descent, 2 reported bi-ethnic Dominican and Puerto Rican descent, and one reported Dominican and Ecuadorian descent. Two of the adolescents reported Puerto Rican descent and one reported Nicaraguan heritage.

Adolescents lived in households ranging in size from 2 to 6 people ( $M = 3.92$ ,  $SD = 1.08$ ). For all but 4 adolescents, at least one parent had obtained a high school degree or higher. Eleven of the adolescents did not know the level of their father's educational attainment, whereas only 5 adolescents were not able to report their mother's level of education. Eight of the adolescents came from single-income families, with 7 coming from families in which the mother was the adult employed outside of the home and only one adolescent reported that only her father worked outside of the home. Fourteen adolescents reported dual-income households, while one adolescent reported that none of the adults in her household worked outside of the home.

## **Procedure**

A brief presentation describing the study was presented to all 9<sup>th</sup> graders at the school. During the presentation, the research was briefly described, and I specified that I was interested in the experiences of Latino/a adolescents who had either experienced or witnessed incidents of community violence in the last 6 months. In all, 52 recruitment letters with consent forms were handed out to interested students. Twenty-five students returned their consent forms, yielding a 47% response rate. At the request of the school principal, students were given a \$5 gift card to a local fast food restaurant as an incentive for returning their consent forms.

Once consent forms were returned, students were asked to sign their own assent forms to participate in the study. Adolescents then completed a brief demographic questionnaire followed by an in-depth, semi-structured interview. All materials were distributed in English and Spanish, and students were offered the option of completing the questionnaire and interview in Spanish. Trained, native Spanish-speaking undergraduates from a local college were prepared to conduct the interviews in Spanish. None of the students chose to complete the study materials in Spanish.

The demographic questionnaires were generally completed in about 5 minutes. Individual interviews were completed on the school premises, in a private office. The interviews examined students' lives at home, their relationships with parents and friends, their experiences with violent community events, and how they dealt with experiences of violence. Examples of interview questions included: "Can you tell me a little bit about your life at home?" and "How would you describe your neighborhood to someone who has never been there?" These open-ended questions allowed students to frame their

responses about their lives and experiences as they saw them. I used follow-up questions to clarify their responses and to probe for specific examples. All interviews were audio recorded and later transcribed. Interviews lasted approximately 45-60 minutes. As a token of appreciation, participants were given a \$20 gift card to a local restaurant. The interview protocol is provided in Appendix A.

### **Qualitative Analysis**

In this initial review of the interview data, my analyses were guided by the principles of grounded theory method because of its inductive approach to analyzing qualitative data (Corbin & Strauss, 2007). However, in approaching this data, I had specific research questions around the influence of parents, and parental coping with community violence, on the stress responses of adolescents. This focus on specific research questions precludes use of grounded theory analysis in its truest form. Consequently, using multiple close readings of the interviews, I conducted a two-stage analysis of the interview data. In the first stage of analysis, I identified adolescent coping and stress responses, looking for re-current themes across adolescent interviews. Following the grounded theory approach, I conducted line-by-line readings of the interviews, using an open coding procedure to identify distinct adolescent responses to experiences of community violence (Corbin & Strauss, 2008). I identified categories of responses to community violence based on the descriptions provided by adolescents. This was done in an attempt to remain as authentic to participants' own language and meanings as possible (Miles & Huberman, 1994).

In my second stage of analysis, I examined adolescent-reported parental coping strategies for community violence exposure. The coding categories used in this portion of



the analysis relied on previous findings in the coping literature. Based on prior research, the interviews were coded to determine if adolescents reported parental coping strategies that were primarily engagement strategies or disengagement strategies. My analyses then turned to an examination of possible trends in stress responses among adolescents whose parents shared common coping strategies. This stage of coding and analysis was not based on grounded theory principles since coding relied upon prior theory and research.

Finally, I culled the data for evidence of parental socialization of proactive coping strategies among adolescents. Again, I examined trends in parents' strategies for socializing proactive coping among adolescents overall, as well as among adolescents with common parental coping strategies.

## **Results**

Five themes emerged in adolescents' stress responses to community violence exposure, and adolescents' reports of parental coping were grouped into 3 categories. There were also two major themes which emerged regarding the ways in which parents attempted to socialize their children with proactive coping strategies. In general, there appeared to be no differences among adolescents who reported different parental coping responses. The complexity of adolescent decision-making around how best to respond to community violence was highlighted by these interviews. In illustrating the various categories and themes, I have attempted to present interview excerpts from each of the adolescents' interviews.

### **Adolescent Stress Responses**

Five themes emerged in adolescents' responses to community violence exposure. The first theme was related to automatic reactions and fit into conceptualizations of

involuntary stress responses. As previously presented, involuntary stress responses are automatic, often uncontrollable and unconscious, responses to a stressor (Compas et al. 2001; Lazarus & Folkman, 1984). This is distinct from coping, which is defined as conscious, volitional efforts to respond to stressors. The remaining four themes which emerged among adolescents encompassed conscious, volitional efforts to cope with community violence. These themes revolved around the use of distraction, attempts to forget about incidents of violence, decisions about whether or not to disclose their experiences of violence to others, and the use of laughter to cope with violent experiences.

**Automatic reactions.** Automatic reactions were reported by numerous adolescents. The most common automatic response was unwanted, intrusive thoughts about the violent incident. The closer the violence was to the adolescent, the more automatic reactions the adolescent exhibited. During a violent fight involving a knife between her sister and sister's boyfriend, Constance (15-years-old) did her best to keep her sister's two young children away from the danger. While trying to protect her niece and nephew, Constance attempted to intervene in the fight without being stabbed or injured, but was maced by the boyfriend in the process of trying to stop the fight. After the fight was over, Constance reported that she was physically shaking and terrified that the boyfriend would return to kill her sister and her niece (who was not the boyfriend's child).

*"I thought about it a lot, the whole, like the next day I was still shaking because, you know, I was just worried, like, you know, what if I leave and then he'll come back and what if he tries to kill my niece or something, like that's what I thought of... 'cause if he's capable of trying to kill my sister, you know, he's capable of trying to do it to anybody else..."*

*I just daze off and I try not to think about it, but you know, sometimes it just comes back... I just sit there and think and, you know, get scared...”*

The level of violence involved in this fight, and her own experience of being maced along with the terror Constance felt for her family resulted in a number of automatic reactions. In addition to the intrusive thoughts, Constance also reported difficulty concentrating in school and outbursts of anger. Constance shared that this incident happened 3 months prior to our interview, and her fear and anxiety were still so intense that I felt it necessary to refer her to the school counselor. I learned that school personnel had been concerned for, and frustrated by Constance, who had been struggling with disciplinary issues in school. She had not shared her trauma with anyone at the school and they were unable to understand the change in her behavior and demeanor. This example highlights the importance of understanding the multiple spheres of influence in adolescents’ lives.

Several of the adolescents also reported bad dreams or difficulty sleeping following incidents of violence. For instance, Marie, whose father called police in response to fights between neighbors in their apartment building, stated that after the fight, she became vigilant about listening for noises outside of her apartment, in case one of the neighbors returned.

*“... that night, I just didn’t sleep that much ’ cause then I knew like... what about the old guy comes up or something and then I get really scared. I was like really, like, always listening to the... ’cause I like sleep right next to... the staircase to go downstairs and so since I live right there I’m always like hearing to see what’s happening and stuff... it went on and off, sometimes I would feel safe and sometimes I would like, oh, if I hear something I would think it’s him...”*

In all, the majority of adolescents interviewed reported some automatic reactions, again, mostly in the form of intrusive, unwanted thoughts. An interesting development in these interviews was that the coping responses adolescents reported using were often efforts to manage their automatic reactions. This makes logical sense, that adolescents' use of voluntary coping responses would be used to manage the stress responses over which they did not have control, yet this is a conceptualization of stress responses that has not been seen in the community violence literature. The following themes in volitional coping responses were all efforts to mitigate the psychological impact of adolescents' involuntary stress responses.

**Adolescents' use of distraction to deal with the aftermath of violent neighborhood experiences.** One of the adolescents' most frequently reported strategies for dealing with intrusive thoughts about violent events was distraction. Adolescents reported a variety of strategies that they used to distract themselves from the recurrent thoughts they had about violent incidents that they had experienced, witnessed, or just heard about. For example, after running from a party in which a knife fight broke out and one of his friends was injured, Luis shared that,

*"I like to play X-box live. That's like... and then I get in trouble a lot with my mom for that 'cause I just stay on there a lot, but that's... like a way to escape 'cause you don't want to... if your life isn't good, you're better off just playing the game, just having fun and skateboarding a lot. It's just a way to get your mind off of things [violence that happens in the neighborhood]."*

While there may be those who lament the hours of video game playing in which adolescents indulge, such as Luis' mother, for adolescents exposed to violence, this may

be an important way of managing the fears and anxieties that result from the dangers which surround them.

Similarly, Miguel (14-years-old) shared the following strategies of distraction which he employed after walking past a knifing in his neighborhood in which a man was murdered and then hearing about another boy who was shot and killed for winning a basketball game:

*“Like, when this happened, like I just started, like, I bought an X-box, I like started just hanging out with my friends, like just do fun things that I can remember and then just forget about it... that thing happening and yeah... Just do whatever, things that I can remember, like I just have fun. Partying...”*

While Miguel was able to take his mind off of his scary neighborhood environment, his involvement in parties and having fun may also have placed him at increased risk of further violence exposure. Frequently, parties and gatherings were cited as locations of violent outbreaks. For example, Jon (15-years-old) reported two parties he attended, one at which a fight broke out and a gun was drawn, and another where a man was stabbed and killed.

While distraction appeared instrumental in dealing with the aftermath of these extremely violent incidents, this strategy was also employed by adolescents in less extreme circumstances. Sara (14-years-old) lived on the border of two towns, where community violence was less frequent and less severe. However, after witnessing a group of fleeing individuals, followed by police and ambulance gathered at a neighbor’s house, Sara reported difficulty sleeping and fears about what might happen to her, especially after dark. In response to her fears, she

stated, “[I] just try to keep myself busy with anything, like I could spend some time drawing, or watching TV, or watching movies. Anything.”

One interesting pattern which emerged from this coping strategy was that many of the adolescents used school and school work to distract them from the dangers of their neighborhood. Some adolescents cited academic success as something they could focus on, a means of getting out of their neighborhood, so that they could think of something other than their violent experiences. One of the participants who discussed this strategy, Luis, stated that rather than worry about the dangerous things that happened in his neighborhood,

*“I’d rather stress about school... how, um, I have a math test on Friday... oh, there’s a math test on Friday, I’m gonna study for that, and oh, um, religion... I have a test on religion, too. So... just school work helps you get past it, too. Like believe it or not, it does add stress to you, but it... you get past it. ’Cause school... school’s a totally different subject than what you’re doing outside of school.”*

Of the coping strategies reported, distraction was the most frequently cited strategy which adolescents employed in response to community violence exposure. Beyond helping the adolescents following experiences of violence, this strategy appeared to help them manage the frequent fears they harbored as a consequence of living in a dangerous neighborhood.

**Attempts to forget about violent neighborhood experiences.** Another strategy that adolescents reported using was to just try and forget about what happened. While adolescents reported that they just “forgot” about incidents of violence, it was not always clear that this was actually what they were doing. It seemed more that they were telling themselves they had forgotten about their experiences in a bid to let go of what happened

and move on. Often attempts to forget about events included distraction strategies.

Miguel, from the example above, who talked about his use of distraction also stated that,

*“... stuff like that happens all the time... you just... you learn how to get over it once you live here and stuff, like, yeah... Like, we just stopped talking about it. Completely forgot about it, yeah.”*

Although Miguel was clearly still aware of the events he had witnessed, his attempts to forget, or his belief that he had forgotten, helped him to move beyond his fears so that he could continue functioning in the context in which he lived.

At times, adolescents would report that violent incidents were forgotten, only to acknowledge later that they had not truly been forgotten. Laila (14-years-old) witnessed her friend being dragged into an alley in broad daylight to be raped by an unknown assailant. While a nearby convenience store owner attempted to stop the assault, neither he nor Laila were able to stop the man until the police arrived. She related the following:

*“Um, the guy that runs the corner store? I was really close to him... he’s been knowing me since I came here to the United States. He saw everything and he’s like, he called the cops and everything, he ran with me to help and stuff, but it’s like wow. Cops came and everything... He called. He tried to help. After that we didn’t talk about it. We don’t talk about these things at all, like we just live and forget.*

*After it happened, the people... like I told the story to my friend [when] she first moved into the [city]. I told her this story and she thought it was pretty messed up how I didn’t talk about it or, like I didn’t, um, like, well, honestly, what else can you do? I mean, it happens all the time. But I think about that, I think about it, and I’m like, am I really that cruel, not to even consider it? ... They say, ‘Oh, you’re cruel! How could you just forget that?’ It’s not like I forgot it, I just chose not to talk about it anymore. Because what else can you do? Talking about it isn’t going to erase the fact that it happened... it’s like, why make that, like, a burden on yourself when it already happened, like, it’s not even worth it.”*

The act of letting go, or trying to let go of experiences beyond their control, were the hallmarks of these adolescents' attempts to forget. While this process of letting go appeared to help the adolescents, there were also consequences. For Laila, "forgetting" about the violence meant facing criticism from friends who charged her with being cruel. This illustrates how adolescents' choice of coping is fraught with difficult decisions which can call into question the character of the traumatized individual and undermine the efficacy of their attempts at coping. Laila could try to forget and appear cold and cruel, or remember and risk reliving the experience over and over again.

**Decisions about whether or not to disclose their experiences of violence to others.** Present throughout my interviews with the adolescents was the complexity of their decision-making process around whether or not to talk about their violence exposure. Often, their decisions involved evaluations of whom they could trust with their experiences, who would understand, and who would be able to respond in the most helpful ways. Susannah (15-years-old), who witnessed her friend's 10 year-old brother being beaten up by a man he had insulted on the street, was reluctant to speak about it with her friend because her friend would become angry again, and she did not want to frighten his brother by bringing up the event again. When she talked to her father, she stated that,

*"...my dad, he, like he always tries to relate something to the Church and God and Jesus and stuff like that. Like things happen for a reason, and I was like, 'Oh, what was this reason?' He's like, 'I don't know yet, but I'll tell you when I figure it out.' But I don't know if it really helped me, like, I don't, I don't know."*

When she later confided in another friend about this incident, Susannah stated that,



*“Well, first she was laughing ’cause she didn’t believe me. I was like, ‘why are you laughing, I’m serious. You wanna see him?’ She’s like, she’s like, ‘are you serious?’ And I was like, ‘yeah, I’m pretty serious, it happened.’ She’s like, ‘nah-uh.’ I was like, yeah. Took her some convincing... Like, I don’t know, it hurt I guess.”*

Susannah was unable to find anyone to talk to who could help her. Ultimately, she said that she just needed to, “analyze everything and just, like, let it go eventually and forget it.”

In contrast, Constance, who witnessed the violent fight between her sister and a boyfriend, was able to talk to her father, who helped her to feel better, although she was not able to be completely upfront with him.

*“... what happened with my sister... I kind of told him [her father] but in different ways. I told him that it happened to my friend, and I kind of switched up the story and, you know, he explained to me like some of the reasons and why they would do stuff like that and stuff, so he doesn’t know, you know, but...”*

And when asked why she had not been up front with her father, Constance stated that,

*“Um, I could tell him, I just don’t want him to like be mad about the situation, and... like one time my mom got into a fistfight and I didn’t tell him because I know he’ll, you know, he’ll go over there and like, he’ll make a big deal about it... so I already know like how he is and then he’s, um, he got a kidney transplant and stuff, so, you know, his blood pressure goes up very high when he gets very mad, and you know, like, it’s not good for him to be in those situations so I just, you know, I prefer for his health, you know, not to say anything.”*

Despite the trauma she had experienced, Constance was able to find comfort from someone whom she knew could help her. However, in talking about her experience, she was required to modify her story out of consideration for her father’s health. The fact that

she was not able to be completely upfront with her father may have hampered her ability to fully access the support that he may have offered.

Although some of the adolescents found comfort in talking about their experiences of violence, others, like Laila, felt that it did no good to talk about it. Some of the adolescents felt that talking about it actually exacerbated their fears and anxiety. Manuel (15-years-old), who witnessed a boy being shot and killed after refusing to give up his basketball at the park, stated that,

*“...we haven’t mentioned it a lot, like it might have, like, slipped out, like, sometimes, but... Talking about it just makes me, like, relive the experience... like I was just standing there seeing it again.”*

While Manuel did not wish to talk about his experience because he did not want to relive the event, others, like Jonas (15-years-old), did not share their experiences because they did not feel that they would be understood. While riding through the projects with his cousins, Jonas was surrounded by a group of boys who accused him of riding a bike he had stolen from them. After being rescued by his cousin’s older boyfriend, Jonas’ cousin questioned whether or not the bike was actually his. He denied stealing the bike, but his cousin continued to doubt his innocence. Jonas did not discuss the incident with his cousins again, nor did he go to his parents with what had happened. When questioned about his decision not to tell his parents, Jonas stated that, “I didn’t think they’ll, like, understand, or they won’t like... all about them like trying to steal my bike. ’Cause my parents know they bought that bike and... yeah.” Jonas went on to report that there was no one whom he felt able to go to who could help him feel better. He reported that he just tried to forget about the incident by thinking about “other things” in his life.

The adolescents I spoke to were, for the most part, very careful about whom they chose to share their experiences of violence. Sebastian (14-years-old) talked to his older brother when he saw two friends after they had been jumped. However, he did not want to tell his mother because he was afraid of the restrictions she would place on him as a result.

*“I didn’t tell her ’cause I know that if I did tell her... ’cause my mom is like really strict and protective, so I know if I told her, I would never be able to, like, go outside... so she’ll probably let me go outside to go get something at the store and come right back, but she wouldn’t let me go, like, to the basketball courts, or hang out with my friends, yeah.”*

Similarly, Jon, the adolescent who reported attending two parties, during which violent outbreaks occurred, stated that,

*“If stuff like that happens, or whatever, I tend not to tell, I may tell a cousin, or something, it happened, just to tell them a story, but I would never tell my mom or something, ’cause then, like, she probably wouldn’t let me out, ’cause she’d be, like, scared for my life or something.”*

Apparent in these interviews were the very complex and careful ways in which adolescents determined to whom they should talk about their experiences of violence. For some adolescents, talking was helpful in processing their fears, whereas others felt re-traumatized when they brought up the violent incidents that they witnessed. Whether or not adolescents talked, and to whom, also depended on whether they felt the person to whom they spoke would be able to respond in a helpful manner, and whether or not revealing their experiences with violence would restrict their freedom to spend time with their friends.

**The use of laughter to cope with incidents of community violence.** One coping strategy that does not seem to have been studied in the context of community violence,

but has emerged across these interviews, was the use of humor. A number of the adolescents reported that laughter and humor were instrumental to their ability to deal with the dangers in their neighborhood. Luis, who ran from a party where a knife fight broke out, stated that,

*“... sometimes the best way to get, I think the best way to get through it is to make jokes about it, and then we like... so it’s just like, ‘oh there was like a sword fight’... like we make jokes about it because if you take it too serious... that does impact you, so the... if you just make a joke about it, then you’re gonna feel better about it, and it helps you a lot.”*

Jon, who also ran away from a party where a fight broke out, shared that, “I don’t want to take it as a joke or anything, but I don’t know, we just kinda laughed it up, after, you know... Yeah, kinda joked about it. That got me over it.” The use of laughter among these violence exposed adolescents helped them to minimize the seriousness of their neighborhood situations, allowing them to move forward despite having had extremely frightening experiences.

After being followed by a man while walking home after dark, Annie (14-years-old) called a friend during her walk and began yelling and screaming to scare the man away. Afterwards, Annie stated that she and her friends laughed about the situation, and that she was proud of the way that she had handled the situation. Natalie (14-years-old) also used laughter to help her deal with a serious, physical fight between two of her sisters outside of their home,

*“That same day, my sister who’s 15, or 16 now, we actually laughed about it ’cause how our reaction was when we saw the fighting, ’cause we never seen them fighting before and we just started laughing about it ’cause we... I didn’t know what to do... I just... I was just, like, screaming for my dad and then we just started laughing about it...”*

Though unconventional by traditional standards of understanding violence exposure, laughter seemed to allow adolescents to manage the aftermath of their dangerous experiences by allowing them to redefine their experiences in less threatening ways. One distinction here is that in all cases, laughter was used as a coping strategy when there was no serious victimization involved. As Jon clarifies,

*“It would have been different if one of us were to get shot, or if the guy actually shot the gun in front of us, I probably would have been more, like, traumatized by it, and stuff...”*

By reducing the perceived threat of *potentially* dangerous situations, adolescents were able to deal with the circumstances of their neighborhoods without living in constant fear.

### **Parental Coping Strategies**

Adolescent reports of parental coping strategies were grouped into 3 categories: Engagement, Forced Engagement, and Disengagement. According to Connor-Smith and colleagues (2001), engagement coping includes approach responses to stressors and involves direct confrontation of the source of stress or one’s responses to the source of stress. Examples of engagement coping strategies include problem solving or use of acceptance. “Forced Engagement,” emerged from the adolescents’ descriptions of their parent’s coping and described parents who refused to discuss or acknowledge the violence surrounding them until it was absolutely unavoidable. In contrast, disengagement is orientated away from the stressor and encompasses responses such as avoidance and distraction (Connor-Smith et al. 2001).

In grouping adolescents’ parental coping strategies, most adolescents reported consistent coping strategies from both parents. Adolescents who reported different coping

strategies for each parent were included in both of the relevant groups. One student reported two separate coping strategies for her parents, but she lived with another family member who had different coping strategies from either of her parents. For this student, I included her in all three of the relevant groups.

**Engagement.** Twelve of the adolescents reported parental coping strategies that were consistent with engagement coping. Parents who fell into this category were open to talking about the violent events in their neighborhood with their children and also engaged in actions which attempted to stem the occurrence of violence. These parents often expressed concern about the toll that the violence was taking on their children and endeavored to intervene for the sake of their children. For instance, in response to violent fights among neighbors, Marie (15-years-old) stated that,

*“... I live on the third floor, and then my dad came down and started like, oh, calling the police and stuff. And, uh, they came and they arrested the guy and then... that’s why we had to like put a lock on the doors so he won’t come up and every night he would like bang the door. Like, oh, open up, open up. And we would be like scared. My dad would always call the police and stuff like that.”(3)*

Another girl, Veronica (15-years-old) described how her mother used her status as an elder and threats to call the police to curtail the violence around her house, particularly when the fights began causing worry and fear in Veronica.

*“...my mom is a... adult, like she’s really... not really old, she’s 50. She’s 50, so people look up to her; they respect her. So she’s like telling them, she’s like ‘yo, like you can’t do this, this is getting out of control.’ And it’s not like it was the first time it happened. So there were like a couple... like maybe five times... My mom’s like, ‘you guys gotta stop. I’ve never called the cops on you before, but my daughter’s like getting affected by this, so it’s not gonna happen anymore.’”*

The examples above are what I have termed “prosocial” engagement which includes lawful actions and strategies in which the parent attempts to reason with the individuals involved in the violence. In contrast, some adolescents reported what I have called “antisocial” engagement among their parents, which included inciting violence themselves. Luis (14-years-old) described the way his mother dealt with conflict in their neighborhood as well as how he felt about her coping strategies.

*“... we have a parking lot for where we live, and, um, a lot of neighbors like to take up your parking spots and there was this one like crazy, crazy lady, she was like going crazy like, ‘oh, I don’t care if this is your parking lot,’ swearing at my mom, and my mom’s not, like, the person to take anyone’s crap. Like, if sh... if that’s hers that’s hers, and so they were like basically trying to hit each other...”*

*I think it works and she’s like a very brave person to deal with it that way, ‘cause she just faces it, she faces it head on, she doesn’t care. But I think it is kind of dangerous sometimes ‘cause you don’t know who you’re... well one day, there’s gonna be someone just as stubborn as her and there’s going to be someone who’s not gonna step back just as much as her. So... I don’t ever want to see, like or want to hear about anything happening like that.”*

Ironically, Luis’s mother encouraged him to avoid violence and to be careful who his friends were and where he was socializing. Moreover, she encouraged him to come and talk to her if he ever had problems with community violence. This is a clear illustration of how a parent’s strategies for coping can be very different from what that parent tells her child about the best way to cope with community violence. Luis appeared to be very aware of the dangers of dealing with conflicts the way his mother dealt with them. Luis’s mother also seemed aware of the dangers of her coping strategies and did not want the same for her son. In fact, she went so far as to drive her son to safer neighborhoods to play with his friends, rather than letting him play near their home which was in a

dangerous area. Luis's mother appeared to teach her son prosocial engagement, but practiced antisocial engagement strategies, herself.

Of the 12 adolescents who reported engagement coping among their parents, 8 reported only prosocial engagement, 2 students reported both prosocial and antisocial engagement, and 2 students reported only antisocial engagement.

**Forced Engagement.** Six of the adolescents reported parental coping strategies which I categorized as forced engagement. All of the parental coping responses reported for forced engagement were classified as prosocial engagement. For example, Lisa, from the example above, lived with her aunt, who intervened when an incident of violence occurred right outside of their home. Immediately following the incident, Lisa's aunt tried to help Lisa understand her aunt's actions, but subsequently refused to discuss the incident.

*"... we heard screaming coming from the window and we looked outside and, um, we saw two, um, Mexicans walking and we could tell that they were drunk 'cause they were not doing well. And we saw this gang, um, they came and they just jumped them, they beat them... then my aunt... I guess she knew some of the kids in the gang so she called the cops and, um, um, by the... I guess the gang saw her so they were going to come up, but um, then she threatened them... she was like screaming in Spanish, but she said that, um, 'if you come any closer that, um, I'm gonna have the cops arrest you,' and um, everyone in that neighborhood knows each other, so they kn... knew..."*

*Um, I talked to my aunt about it and I was asking her, I'm like, um 'why did you, you call the cops but yet you didn't say that you knew them' and then she told me that, um, they, they all grew up practically with her and that she grew up with their parents so that was kind of like calling the cops on her own kids and that either way, she had to call the cops for the two men that got beaten... [After that] I had so many questions and she, she just left it as is and she told me just not to worry about it."*



Lisa was left with many questions about this incident which left her feeling afraid about another incident occurring. While her aunt was brave and responded to the violence while the incident was taking place and immediately following it, she was unable to talk to Lisa and help her process what had happened after it was over. Lisa shared that in general, her aunt avoided talking about the dangers in their neighborhood.

Similarly, Anna (15-years-old) reported that while there was a fight outside of their home, her mother kept her inside and safe, reassuring her that it was going to be all right. Her mother also kept watch in their yard as one of the men involved in the fight had jumped into their backyard to hide from the police. However, following this incident, Anna had only one conversation with her mother about it, during which they only discussed the fact that they were relieved it was over. When asked how her mother typically dealt with community violence, Anna stated that, “she tries, like, to avoid them [violent incidents in the neighborhood], or if something’s happening we just go and get the car and go somewhere, just get our mind off of it, go visit my sister or take a drive somewhere.” Like Lisa’s aunt, Anna’s mother was able to be comforting and reassuring when they were unable to avoid the dangers around their home, but otherwise, Anna’s mother avoided talking about violent incidents and preferred to leave, rather than call the police or try to intervene in some way, when dangerous events occurred.

**Disengagement.** Seven of the adolescents interviewed reported parental coping strategies which were categorized as disengagement strategies. These strategies included ignoring violence, avoiding violent incidents, and refusing to talk about or intervene in violent incidents in the neighborhood. An example of this was reported by Karen (15-

years-old), who witnessed a girl being jumped by 3 other girls while driving with her mother.

*“... I was like, I was crying 'cause I really wanted to help her and I'm like, 'Mommy, please stop!' And then she's like, 'No. No, we can't stop. We gotta keep going' ... I was like, 'Mommy, please, call the cops or something... or stop... or, you know, help.' And she's like, 'No. I'm sorry, but we gotta go.'”*

When Karen continued to be plagued of memories of the attack, her mother's response was, “Oh, let it go. It already passed. She's probably okay now,” refusing to engage in any further conversations about this incident.

Raoul (13-years-old) reported that his parents did not “do anything” when it came to the violence in their neighborhood. While he claimed that there was no real violence in his neighborhood, he spoke about a fight that he witnessed between two of his neighbors which escalated to the point of requiring intervention from other neighbors. While Raoul's interview was quite short, it was clear throughout his interview that community violence was not frequently discussed in his family. Following the conflict with his neighbors, Raoul and his mother had a very short conversation, after which the incident was forgotten and not discussed further.

Overall, the three categories of parental coping responses appeared to represent the various parental coping strategies reported by adolescents well. Further, these categories were consistent with conceptual distinctions in engagement and disengagement types of coping (Compas et al. 2001; Connor-Smith et al. 2001). While I believe that all of the parents likely utilized some strategies of both engagement and disengagement, I attempted to identify the primary ways in which parents coped with community violence exposure, as seen through the eyes of their children. What was

striking about these interviews was that there did not appear to be any marked differences or similarities between adolescent stress responses based on their parents' coping strategies.

### **Socialization of Proactive Coping**

Given the work by Kliewer and colleagues' (2006) which found parents to be instrumental in socializing adolescents to deal with community violence, and her finding that proactive coping was a significant coping strategy among adolescents in her work, I specifically examined parental socialization of adolescents' proactive coping with community violence. As previously presented, proactive coping is efforts taken by an individual to either prevent or modify the outcomes of a stressful event, before the occurrence of the event (Aspinwall & Taylor, 1997). Again, this type of coping is not directed at specific events, but involves appraisals of potential stressors, working to eliminate the possible violent incidents, in this case, or modify the outcome, if and when violent events occur. For the adolescents in this study, learning proactive coping strategies came in the form of parent-adolescent conversations about how to stay safe in their neighborhoods. Parents often spoke to their children about what strategies adolescents should use to stay safe in their neighborhoods. They reinforced these strategies by monitoring their children to ensure that their children were learning and using the safety rules.

Interestingly, even the adolescents with parents who used disengaged coping were able to recall advice their parents had given them about staying safe in the neighborhood. Although these adolescents received less advice (1-3 strategies) in comparison to the adolescents whose parents used more engagement coping (3-8 strategies), there was

recognition across the entire sample that conversations about safety between adolescents and their parents were important. A distinction here is that parent-adolescent conversations about staying safe in the neighborhood were different than parents refusing to talk about violent *incidents*, a component of disengaged parental coping. Although some parents in this sample disengaged from incidents of community violence, they did not disengage from their children and their responsibility to keep them safe. Some parents did not acknowledge actual incidents of violence, but still gave advice about staying safe in the neighborhood (e.g., avoid fights, stay away from strangers). An example of this is reported by Sara (14-years-old) whose grandmother told her to just forget about an incident that occurred at a neighbor's house which required the presence of police and ambulance. Though her grandmother did not wish to discuss the specific incident at their neighbor's house, Sara's grandmother did advise her more generally not to spend time hanging around outside of their home and not to go anywhere by herself.

Similarly, when Karen (15-years-old), who witnessed the girl being jumped by 3 peers, tried to talk to her mother about the incident, her mother told her to forget about it, saying that the girl was probably fine. Later in the interview, Karen relayed several pieces of advice her mother had given her about staying safe in the neighborhood (e.g., don't open the door if her parents weren't home, call the police if something happened, have a bat or some other weapon on hand in case something happened). However, unlike the conversation Constance had with her father, Karen's mother did not want to talk about the incident of violence and made minimal attempts to allay her daughter's concerns. In general, parents' attempts to socialize their children with proactive coping strategies fell

into two separate themes: 1) strategies related to monitoring people with whom adolescents were involved and 2) strategies related to the physical location of adolescents.

**Parents' attempts to teach their children how to choose appropriate and safe friends.** A major theme which emerged regarding the socialization of proactive coping strategies was the importance that adolescents and their parent placed on knowing with whom they were associating. A number of adolescents reported that their parents had strongly cautioned them against spending time with "bad influences." Beyond bad influences, these parents tried to encourage their children to spend time with peers who would be *good* influences. Luisa (14-years-old) stated that,

*"Yeah, he's like... my father always told me, 'hang out with someone that's better than you...' you know, not someone that... that's you know... for example someone... someone smarter than me so I can learn from them. Yeah, and he gives me an example of, um, an apple... if this apple's rotten, and there's this other new apple next to it, that apple will rot too... he gives me that example."*

Adolescents reported that their parents continually monitored who their friends were and what they were doing with their friends. Luisa's father went so far as to remove her from any social situation in which there were what he considered "bad influences."

*"When he sees a gang, he doesn't want me there... he doesn't care if there's friends... if he embarrasses me... but he's like, 'Up. Now.' Like he's just I don't know, I don't know what's the things with him... he... if he sees like a, a little gang there he doesn't want me near there. If he sees like some guys smoking our making out over here... doing... he doesn't want me there. He will embarrass me, he really embarrasses me! He'll be like, 'Get in the car, right now.' Yeah, I'll be like, 'Oh my gosh! This did not happen!'"*

*Yeah, but I mean, I think I respect that about him, 'cause he's actually showing that he really cares about me when he embarrasses me in front of my friends. He... he's showing that he cares about me and I appreciate that, but I don't show it to him. ...I just... I just want him to, to, to like, see that he embarrasses me, so I'll be like, 'what the heck!' Yeah, but after, I*

*think about it, I'm like 'damn, I love my dad... he's such a good guy. Good thing he came and picked me up.'"*

Luisa's response, so typical of any adolescent striving for independence and social acceptance, also revealed the depth of understanding that many of these adolescents have about their parents' efforts to keep them safe.

A number of the parents, recognizing that problems could not always be avoided, also prepared their children to defend themselves in a fight. After Manuel was jumped by a group of boys, his mother bought him a knife to carry with him as protection against future attacks. Manuel's brother, who had military training, taught him how to use the knife in a fight.

*"Actually, I'm not gonna lie, my mom bought me a knife for protection. But I have never used that knife... but I always keep it in my back pocket when I go out. Like, I don't bring it to school, obviously, but when I'm gonna go out somewhere, like to the skate park, I have my knife right there 'cause you never know when it's gonna happen again."*

Several of the boys were prepared to use their skateboards as weapons in a fight. Tina's mother also told her to hit back if someone hit her, and Luisa's mother told her not to let anyone hit her first, that she should be the first to strike.

In their efforts to protect their children from harm, parents would often use their knowledge of the community to warn their children about bad influences. Luis reported that his mother would specifically tell him to, "stay away from certain kids 'cause she knows people, so she goes, so stay away from that kid 'cause I seen him do this or I heard about him doing this and that..." Luis's close relationship with his mother meant that he was not only open to sharing his life with her, but that he was also open to listening to his mother's advice:

*“Yeah, because it’s not one of those things where I try to hide things from her [his mother], she knows every relationship I’m in, everything I’m going through, every, like if she knows I’m going to a certain party, like a friend of a new kid, like I just met, I’ll be like, ‘oh , mom, I met this kid.’ ’Cause my mom, she knows a lot of people, so I’ll be like, ‘do you know...’ ah, she asks me, ‘do you know their parents?’ I’m like, if I saw their names, she’ll be like, ‘oh really, you know, I know that person.’ Stuff like that, so... my mom relates to me a lot.”*

Manuel’s mother was another parent who used her knowledge of the community to keep him safe.

*“My mom, she like, she keeps to herself, like she, she has a lot of friends, like everyone in [the city] knows her, pretty much ’cause my mom has been a secretary in like a lot... a lot of public schools and private schools here in [the city] so when we go out, they’re like, ‘oh, hey Maria and stuff like that. It’s pretty fun... like and then she keeps to herself... like she knows who the bad people and who’s not [good] people ’cause she’s been here for a while. ...I pick up on the strategies, like they’re really good, like I said before that I stay away from that certain house, that certain street ’cause she warned me...”*

With her familiarity with the community, Manuel’s mother guided his selection of friends and associates. In addition to this, Manuel had been socialized from a very early age to “mind your own business.” In fact, many of the adolescents reported that they were careful not to get involved in other people’s affairs because of the risks around being drawn into a dangerous conflict. For instance, after witnessing a violent fight at her neighbor’s house, Milly (14-years-old) stopped interacting with her neighbor, saying, “Like, I don’t really talk to them no more. Like, I used to say ‘hi’ to be friendly, and like now I’m just scared that she’s gonna do something like jump me or what not.” Another participant, Jon, warned friends who were visiting from out of town that they should never talk to anyone or look at anyone while they were outside on the streets, that this type of engagement was enough to incite a major conflict.

Minding their own business and taking special care in the selection of friends also meant that adolescents would have a safe group in which to move around their neighborhood. Although most parents did not allow their children out after dark because of the increase in violent incidents, adolescents consistently stated that they always tried to walk in groups whenever they were out in their neighborhood regardless of whether it was day or night.

**Parents' socialization of their children to know dangerous neighborhood areas, be aware of their surroundings, and how to disengage from dangerous situations.** In addition to monitoring their children's friends, parents also kept careful track of where their children were, how long they were going to be out, and how they were going to get home. As Jon said, "... if you're hanging out at the wrong place, you're bound to, you know, get in trouble..." Adolescents discussed the importance of knowing where they were in the neighborhood, which areas were safe, and which areas were to be avoided. At times, the dangerous areas were right outside of the adolescents' homes, as was the case for Susannah.

*"...um, both of my corners, there's like two different gangs meeting... gang meetings. And I was like whoa, I'm not walking that way. Yeah, but it's for like... they meet at different times but they're both there."*

Susannah's mother, aware of the dangers outside their front door, told her, "Don't go on those two corners, go out this way if you want to go to a certain place, like walking, or somewhere." In addition to talking to their children about where not to go, parents were careful about monitoring where their children were going. Many of the adolescents, such as Sebastian, who saw his friends immediately after they had been jumped, described their parents as "strict and overprotective." Of his mother, Luis stated that,



*“...she’s pretty strict on me, she’s like, ‘oh, where are you going? I need to know the exact address and I want to know what time you’re going home, you’re getting home.’ And if I’ll be like, ‘I don’t know what time I’m getting home,’ she’ll be like, ‘you gotta be here by 10:30.’ And if I go, ‘can I come here at 11?’ ‘No, you have to come home at 9:30 now.’”*

Another common way in which parents kept their children safe was to offer rides whenever necessary. Adolescents and their parents were very aware of the dangers of walking in their neighborhood. Marie, who witnessed the fight between the neighbors who lived below her in the same apartment building, reported that her mother always gave her cab money just in case she needed a ride. She was not to walk home.

Additionally, Marie said of her father,

*“...he doesn’t let me sleep over anybody else’s house and stuff... not go out... he’ll always pick us up if we’re somewhere late, he’ll always go to pick us up if we’re like... even if we’re close, he’ll still go to pick us up, yeah, ‘cause he doesn’t want anything bad happening at night... especially at night... in my neighborhood it’s bad at night.”*

Adolescents were also frequently required to check in with their parents by phone, to let their parents know where they were, how long they were going to be there, whom they were with, and what they were doing. In addition to checking in with their parents, adolescents were also instructed to use their cell phones to call 911 in case of emergency.

While parents did their best to monitor their children’s whereabouts, it was also clear that they often had to trust their children’s judgment. For example, Cecilia shared that her mother asked her to think carefully about where she chose to go.

*“Yeah, she usually, like, um, like if I get invited to like a party or something like that, she usually makes me, like, before she answers yes, she usually makes me think about it... like, if it’s, for sure, a party that I want to go to or something like that... like, if it’s not going to be one of those parties that are filled with bad things and things like that.”*

In general, adolescents were keenly aware of the places to which they could run if there was danger, and specifically, *how* to get to safety. For example, when Miguel and his friend walked past a knifing in his neighborhood, they both pretended that they had not seen the murder, walking calmly past. When they were a safe distance away, both boys ran to a nearby fast-food restaurant and called for a cab to take them home. In addition to finding hiding places wherever and whenever necessary, adolescents knew which routes to take to get home safely and to which neighbors' homes they could run if they were in danger or felt threatened. For example, when Jon ran from a party in which a gun was drawn during a conflict between other party-goers, his exit was cut off by police who had blocked off the roads. Instead, Jon and his friends navigated the back alleys to get home safely. This type of escape was discussed between Jon and his parents, whom he said had taught him to stay alert and run away if there was any threat.

### **Discussion**

To date, research on adolescent coping with community violence has done little to explore the possible connections between the ways in which adolescents and their parents deal with community violence exposure. In the context of dangerous neighborhoods and larger societal stereotypes about Latinos and violence, the adolescents who participated in this study struggled to make meaning out of their experiences and their world.

Like the adolescents in Schiavone's (2009) study, these Latino adolescents struggled to comprehend the senselessness of the violence with which they were surrounded. Many wondered how anyone could let this type of violence happen, especially to children and adolescents, such as themselves. In addition to this moral struggle, these Latino adolescents were keenly aware of the broader social stereotypes

regarding the pervasiveness of violence in the Latino community. Stereotypes of Latino communities as violent and crime-ridden have deep historic roots and have served to negatively influence the ways in which Latino children construct their identities and that of their families and communities (Villenas & Deyhle, 1999). It is within this conflictual identification with being Latino that these adolescents used distraction, attempts to forget, social support seeking, and laughter as tools with which to overcome the dangers that they faced. What came through in these interviews was that, unlike mainstream discourse about Latinos as violent and crime-prone, these adolescents attempted to use non-violent ways of dealing with community violence exposure. Most of the Latinos interviewed indicated that their families did not advocate the use of fighting or retaliation in response to community violence. Those who did were motivated by fear for their children and the desire to ensure that their children would survive violent attacks. Moreover, adolescents were aware of the challenges they faced in choosing between what they “should” do and what they needed to do in order to survive.

While adolescent-reported parental coping strategies were varied in terms of engagement, these differences did not create differences in the types of stress responses that their children used to deal with community violence exposure. However, adolescents did endorse the types of coping strategies used by their parents. In general, adolescents supported and agreed with their parents’ use of coping strategies. Many, in fact, felt that they dealt with community violence exposure in similar ways to their parents. This supports the work of Kliewer and colleagues (2006), which found that parents played key roles in the socialization of adolescent coping strategies in response to community violence.

The adolescents interviewed for this study saw their parents as models for coping with their dangerous neighborhoods. However, adolescents' identification with their parent's coping strategies may not have manifested in the form of distinct patterns of coping in their children because parental coping strategies are often unrelated to the coping strategies that they suggest to their children (Kliewer et al., 2006). Kliewer and her colleagues (2006) found that parental education was more related to the coping strategies they suggested to their children than parent's own strategies for coping. This may reflect the fact that, like Luis's mother, parents may be aware of the weaknesses in their own coping strategies, and so attempt to socialize their children with more helpful strategies than those which parents, themselves, employ.

Differences in power and social location between adolescents and their parents may also explain why there were no distinct patterns in adolescent coping based on parental coping strategies. Within the framework of intersectionality, the social location of Latino adolescents, while related to their parent's social location, is distinct because of power differences between adolescents and adults, and because of the developmental challenges and tasks that are unique to adolescence (Keating, 2004). Adolescents are embroiled in the process of creating and defining themselves and their relationships with peers (Schiavone, 2009). Forced to deal with the erratic natures of community violence and adolescent social dynamics, the stress responses available to these youth, within this very limited context, explains why attempts at distraction, forgetting, talking, and laughter make sense here.

Adolescents' desire for social acceptance, conformity with the status quo, and fears of becoming victims, themselves, make it more difficult for adolescents to intervene

or use problem-focused coping strategies to deal with community violence. These factors make it nearly impossible for adolescents to wield enough leverage to avoid or prevent violent neighborhood situations. Consequently, adolescents would be more limited in their options of stress responses. They would likely not be able to disengage or problem-solve in the same manner as their parents.

Parents have more control over their interpersonal relationships because they are not required to attend schools where perpetrators of violence may also be present. Developmentally, adults generally have more cognitive capacity to anticipate the consequences of their actions given the violence in their neighborhoods and to contextualize incidents given the larger context of their life experiences. They also have more power, as adults, to confront delinquent youth than do their children, who would be confronting peers. In the context of Latino culture, adults also benefit from the cultural value of *respeto*, which emphasizes proper behavior and decorum when interacting with elders or professionals in the community such as doctors or teachers (Perreira et al., 2006). In at least two of the examples presented in this study, expectations of proper behavior and respect for elders served to curb the violent incidents occurring in the neighborhood. Thus, interventions which capitalize on the value of *respeto* by using elders in the community could help to stop or prevent some forms of youth delinquency. In this way, Latino adults could play a crucial role in helping to prevent violence exposure in their children, as Clauss-Ehlers and Levi suggest in their work (2002).

Aside from parental coping strategies, adolescent responses to community violence are likely also informed by how parents help adolescents, themselves, cope. As adolescents develop their own coping skills, the interplay between the type and proximity

of violence, parent-adolescent relationship qualities, parental coping strategies, and adolescent stress responses create a dynamic person-environment interaction (Kliewer et al., 2006). Within this context, the socialization of proactive coping appeared to be an important means through which parents kept their children safe. This finding is also consistent with Kliewer and colleagues' (2006) study on parental socialization of coping with community violence exposure.

Among these adolescents, there was a strong sense of familial connectedness, whether through close ties to parents or other family members, that influenced the ways in which they dealt with the dangers surrounding them. For adolescents and their parents, caution was taken in both considering appropriate peer relationships as well as in evaluating safe locations around their neighborhood. Every adolescent interviewed was able to recall information they had been told by their parents about ways in which they could stay safe in their neighborhood. Given that some of these adolescents reported not feeling close to either parent, it may be that the Latino value of familismo, that family is central to the identity of an individual, is at work here and providing an avenue for intervention (Clauss-Ehlers et al., 2002). This suggests that, even for parents who may not have a close relationship with their children, discussions around proactive coping with community violence could be a way in which these parents could protect and support their children, perhaps even fostering closer parent-adolescent ties.

As with the quantitative survey study, there were limitations associated with this qualitative study. Students who attended the parochial school were required to complete an application process. This could indicate that this particular group of students may be in unique situations since attendance at this school requires more effort on the part of both

parents and students. This could indicate that these families are dealing more effectively with adverse living conditions in their neighborhoods, including chronic exposure to community violence. Additionally, the small sample size limits the ability to generalize these study findings to adolescent populations at large. Moreover, although this primarily Dominican sample offers unique, in-depth perspectives from one ethnic cultural group, it precludes any intra-group comparisons with or generalizations among Latinos of different ethnicities.

This interview study deepens our understanding of adolescent community violence exposure by offering a more intimate look into the lives of Latino adolescents, their families, and their struggles to deal with the dangers they face. The interviews revealed the important roles that parents play, at times in spite of their poor relationships with their children, in adolescents' attempts to deal with their dangerous neighborhoods. Moreover, this study highlighted the importance of cultural values in finding unique avenues of intervention that could help adolescents living in poor, dangerous neighborhoods. In this way, rather than diminishing the importance of cultural values, or labeling cultural values as part of the root causes for violence in the Latino community, cultural values can be framed as sources of resilience that can help to heal and support Latino adolescents in the face of community violence exposure (Villenas & Deyhle, 1999). Finally, this study showcased the resilience of these adolescents, who are able to not only function in their daily lives, but also continue to dream and aspire for more.

## **Chapter V**

### **Conclusion**

In 2001, the U. S. Surgeon General's report declared that violence was the foremost threat to the lives of children and adolescents. Given the high rates of community violence exposure among poor urban youth, this particular form of violence has become an area of great concern (Gorman-Smith & Tolan, 1998; Miller et al., 1999; Richters & Martinez 1993; Schwab-Stone, et al., 1995). While awareness has increased and the body of literature on the impact of community violence has grown, much of that literature has focused on African American populations (Fowler et al., 2009). As the fastest growing racial/ethnic minority group in the United States, and as a population with increased vulnerabilities to the structural inequalities that contribute to community violence exposure, it is also important to understand the process through which Latinos, in particular, cope with the consequences of community violence exposure.

Community violence exposure can consist of personal victimization, witnessing of violent events, or hearing about instances of community violence, and can have tremendous detrimental effects on adolescent well-being (Ceballos et al., 2003; Cooley-Quille et al., 2001; Dempsey, 2002; Fowler et al., 2009; Gorman-Smith & Tolan, 1998; Guerra et al., 2003; Mazza & Reynolds, 1999; Miller et al., 1999).

There are many factors that may influence the ways in which adolescents choose to respond to the stressor of neighborhood violence. However, examinations of factors



that influence the processes underlying coping with community violence exposure has only become a focus of researchers in about the last decade (Fowler et al., 2009). A better understanding of the factors influencing Latino adolescent stress responses to community violence may lead to more effective ways of helping these adolescents following incidents of community violence.

Using an in-depth analysis of survey and interview data with a group of Latino adolescents in the Northeastern United States, this research has attempted to present a more comprehensive narrative of the ways in which Latino adolescents navigate dangerous neighborhood contexts. Findings here indicate that certain volitional coping strategies appear to affect the strength of the relations between personal neighborhood victimization and psychological outcomes. Specifically, use of denial, and in some cases, social support, helped to weaken the associations between personal victimization and depression as well as symptoms of post-traumatic stress. Using the narratives provided by the interviews, the function of denial as a moderator makes sense given the frequency with which adolescents attempted to distract themselves from or forget their experiences of violence. It is conceivable that denial is a component of adolescents' attempts to forget traumatic experiences.

Although use of denial among adolescents in this study was a protective factor against psychological distress, it also had a direct, significant, positive association with psychological distress. That is, use of denial coping was directly linked to more symptoms of PTSD. Consequently, denial may be a double-edged sword, helping to ameliorate the effects of community violence exposure in one aspect, while exacerbating the effects of violence exposure in other ways. As this strategy of coping had the

strongest impact on the relation between community violence exposure and psychological well-being, intervention and therapy services for this population will need to more closely examine the specific uses of denial that may be protective, while simultaneously avoiding uses of denial in a manner that is harmful.

What is unique about the findings here is that there is evidence that use of denial as a coping strategy is strongly influenced by the extent to which Latino adolescents buy into cultural conceptualizations of traditional gender roles. Previous literature has shown that Latinos are more likely to use denial as a coping strategy than other racial groups, yet there has not been a clear understanding of why this is so (Njoku, Jason, & Torres-Harding, 2005). This research begins to reveal some of the possible pathways that lead to this difference between denial in Latinos and other racial populations. While Njoku and colleagues (2005) postulated that increased use of denial in Latinos was due to religious and cultural values, including marianismo and machismo, post-hoc analyses for this study found denial to be linked only to traditional gender role endorsement, and not to the cultural values of respeto or familismo. Moreover, this is the first study in which cultural beliefs were explicitly measured and linked to denial. Further exploration of the role of religious values in denial coping among Latinos would help to fill in more of the picture in terms of the ways in which cultural and religious values and denial coping interact with one another to affect psychological functioning among Latino adolescents.

The role that social support seeking plays in buffering adolescents from depression, while consistent with findings in the literature, warrants further exploration. Most of the adolescents interviewed attempted to seek some sort of social support, but these interactions were complicated and not always successful. Whether or not the

adolescents found it helpful to talk to someone was dependent on the reaction of their chosen confidante, which is supported by findings in the trauma literature (Bonanno et al., 2007; Dunham & Senn, 2001). This could explain the small effect that social support had as a buffer against psychological distress, because the survey study did not account for the quality of the social support received. Additionally, the qualitative interviews revealed that a number of Latino adolescents withheld experiences of violence exposure to protect stressed and overworked parents. Aware of the sacrifices that their parents made, these adolescents felt it was their duty not to add to their parents' burdens. Latino adolescents also did not want to tell their parents about violent incidents because they were afraid that their parents would limit their freedom to spend time with friends outside of the home. These barriers to seeking support require further study to better understand the potential role of and limitations of support seeking in helping adolescents cope with the aftermath of community violence exposure.

In addition to conscious coping strategies, involuntary stress responses were, in part, some of the mechanisms through which personal victimization affected psychological outcomes. While I did not find that cultural values and parent-adolescent cohesion acted as moderators of violence exposure and involuntary stress responses, the interview data suggests that perhaps volitional coping strategies would be more likely to act in this capacity. Again, adolescents' descriptions of their use of coping strategies were often framed in terms of attempts to manage their involuntary stress responses. This would lend credence to Compas and colleagues' (2001) proposal that involuntary stress responses become less dominant over time, with increased development of cognitive abilities, and thus, more sophisticated, conscious coping strategies.

A point to be made here is that involuntary stress responses are not necessarily synonymous with uncontrollable or unknowable responses. Nor does the existence of involuntary stress responses preclude the existence of voluntary stress responses. While involuntary stress responses may be automatic, and perhaps unconscious at times, this does not prohibit individuals from becoming more aware of these responses. In fact, trauma-focused cognitive behavioral techniques specifically attempt to help traumatized individuals gain (or regain) emotional, cognitive, and behavioral self-regulation by identifying emotions, cognitions, and behaviors of which individuals may not be completely aware, but which affect psychological health and functioning (Cohen, Mannarino, & Deblinger, 2010).

Similarly, by identifying involuntary stress responses, such as unwanted thoughts, adolescents are able to use the conscious coping strategies at their disposal to help them manage the automatic, involuntary responses. Logically, as children and adolescents grow and develop greater mental capacities, they can also become defter at identifying involuntary stress responses, and use more sophisticated voluntary stress responses to manage them. While involuntary stress responses may not disappear as adolescents age, they may become less dominant or less impactful, as a consequence of more effective coping.

Future research should explore the ways in which voluntary and involuntary stress responses can exist simultaneously and perhaps even “symbiotically”. Framed in terms of adaptation to environmental stressors, involuntary stress responses can help to keep adolescents aware of their environment and vigilant of the very real dangers around them. Taken to an extreme, these automatic responses can cripple adolescents, preventing them

from functioning effectively because of fears or anxieties. However, without involuntary stress responses, adolescents could become reckless (already a risk in adolescence) and not heed signs of danger which would place them at greater risk in their neighborhoods. Conscious coping mechanisms could function as a regulator of these involuntary stress responses, allowing adolescents to regulate their involuntary responses in such a way as to be functional and adaptive.

It is important to note, however, that even the most effective stress responses can be overwhelmed by the sheer frequency and severity of violence to which some adolescents are exposed (Gonzales et al., 2001). There is always a psychological toll for adolescents living in dangerous neighborhoods, and effective coping does not rule out the existence of psychological distress. Use of proactive coping, however, can serve to limit the amount of violence to which adolescents are exposed. There was strong evidence for the socialization of proactive coping among all of the adolescents interviewed, yet, as noted by Kliwer and colleagues (2006), this is a coping strategy that is little studied in the community violence literature.

The interviews completed for this study show that the process of socializing proactive coping is an important aspect of adolescent coping with community violence and warrants further research. Proactive coping for these Latino adolescents appeared to be closely linked to parental advice and monitoring. The strategies for staying safe in their neighborhoods appeared to be a result of discussions and collaborations between adolescents and their parents. Adolescents talked about their experiences at school and in their neighborhoods, including who their friends were. Parents responded with advice about with which adolescents their children should and should not associate.

Additionally, adolescents were aware of, and often approved of (though somewhat reluctantly), the diligence with which their parents monitored their friendships and physical locations. They saw this type of parental involvement as signs of caring and love, despite their desires for greater independence. Upon reflection, many of the adolescents acknowledged that their parents' monitoring and strict rules often prevented them from becoming victim to the dangers in their neighborhoods. Indeed, a variety of studies have shown that parental monitoring can buffer children from the stressors of adverse environmental contexts (Ceballos et al., 2003; Elder, Eccles, Ardelet, & Lord, 1995; Mason, Cauce, Gonzales, & Hiraga, 1996). Future studies examining parental socialization of proactive coping and the interaction between parental monitoring and proactive coping could provide illuminating details to the association between these two factors and what role they may play in attenuating the negative impact of community violence exposure on psychological functioning.

In the survey study, the role of cultural values regarding the importance of family did not play a significant role in the relation between personal victimization and the presence of involuntary stress responses. However, the qualitative analyses revealed that cultural values, indeed, have an important role to play in the ways in which interventions are conceptualized. Latino adolescents did feel that family was central to who they were, and often identified their families as sources of happiness. As Clauss-Ehlers and Levi (2002) argue, cultural values, such as familismo and respeto, should be central considerations when designing interventions for Latinos. They argue that for a population which places such importance on community and family ties, interventions which do not recognize and utilize these interpersonal connections are likely to fail. This argument is

supported in the findings here. Tapping into the cultural values of familismo and respecto by utilizing elders and familial ties in community interventions could help to transform the broader social and structural issues which adolescents, individually, are unable to affect.

This study attempted to incorporate macro-level influences into this exploration of community violence, stress responses, and psychological well-being. Taking into context the roles of Latino cultural values and gender role endorsement in a framework of stress and coping opens the door to a better understanding of the multiple spheres present in Latino adolescents' lives. The salience of Latino cultural values and awareness of hegemonic discourse about violence in Latino communities informs the ways in which Latino adolescents perceive themselves and their Latino community.

Adolescents were aware of stereotypes about Latinos as violent, and they resisted these stereotypes while being unable to resist internalizing them to some extent. Unlike many mainstream portrayals of poor Latinos, the adolescents in this study wanted to avoid violence, not become embroiled in it. They opted for strategies of coping that helped them to feel safer in a context which they had no power to change. They used personal and familial knowledge and resources to avoid the dangers they faced. Yet, just as they were unable to completely avoid the violence to which they were exposed in the community, they were also unable to completely avoid the violence of internalized racism forced upon them by hegemonic narratives constructed for them and about them. At the intersection of violence, poverty, race, and adolescence, these Latinos weave and construct their narratives. It is these narratives, which we must examine and use to inform the ways in which we choose to support Latino adolescents who face the stressors of

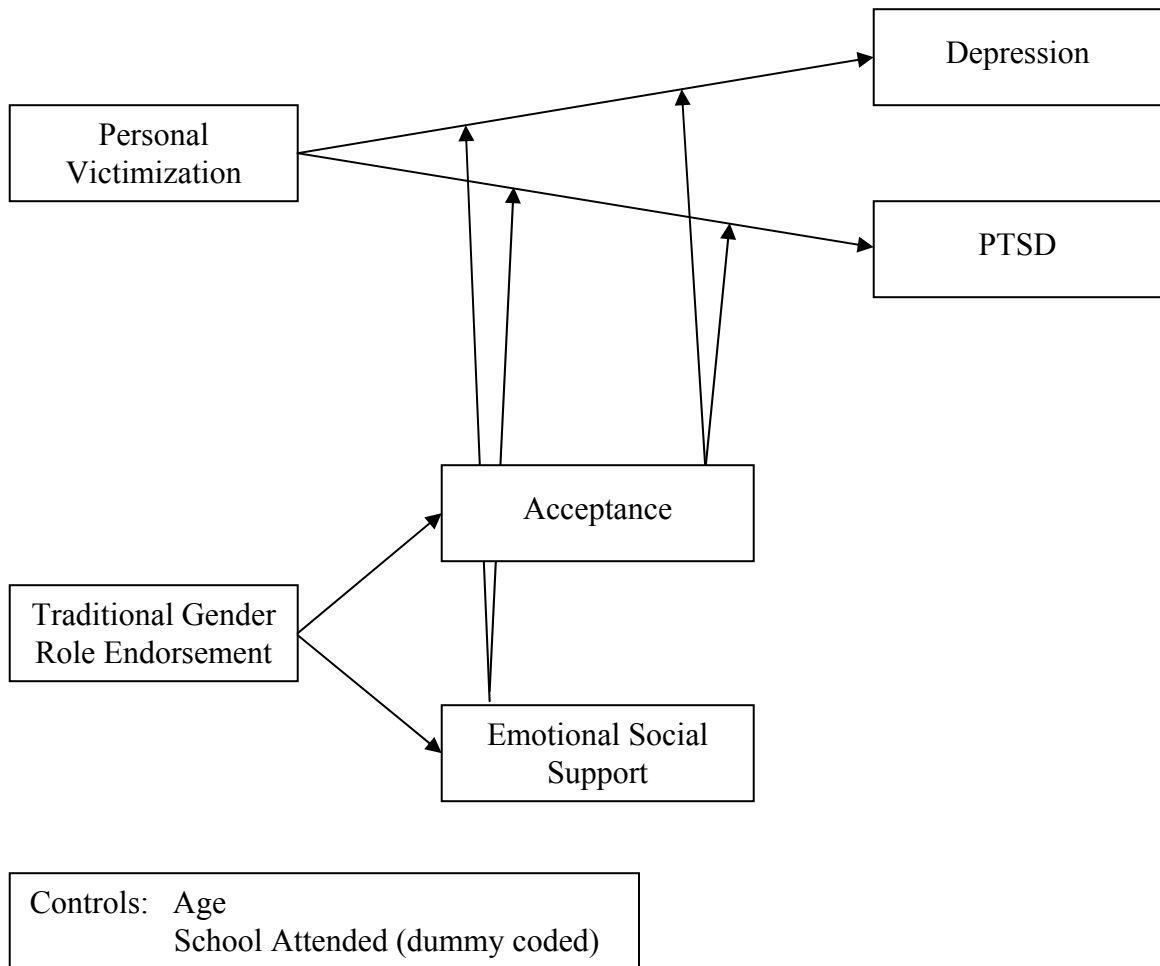
community violence exposure. These factors influence Latino adolescents' responses to their environment and provide avenues through which interventions can support and bolster the development of poor, inner-city, Latino adolescents, in culturally-informed ways.

As a whole, this project has aspired to advance our understanding of how the unique contextual stressor of community violence exposure interacts with cultural values and parent-child relationships to affect the ways in which Latino adolescents respond to community violence, and ultimately how they are affected by it. By using an in-depth analysis of both survey and interview data, I have attempted to illustrate the complex worlds which Latino adolescents must navigate. Only in better understanding the multifaceted lives of the growing number of poor, inner-city Latino adolescents, will we be able to more effectively and efficiently provide services for them.

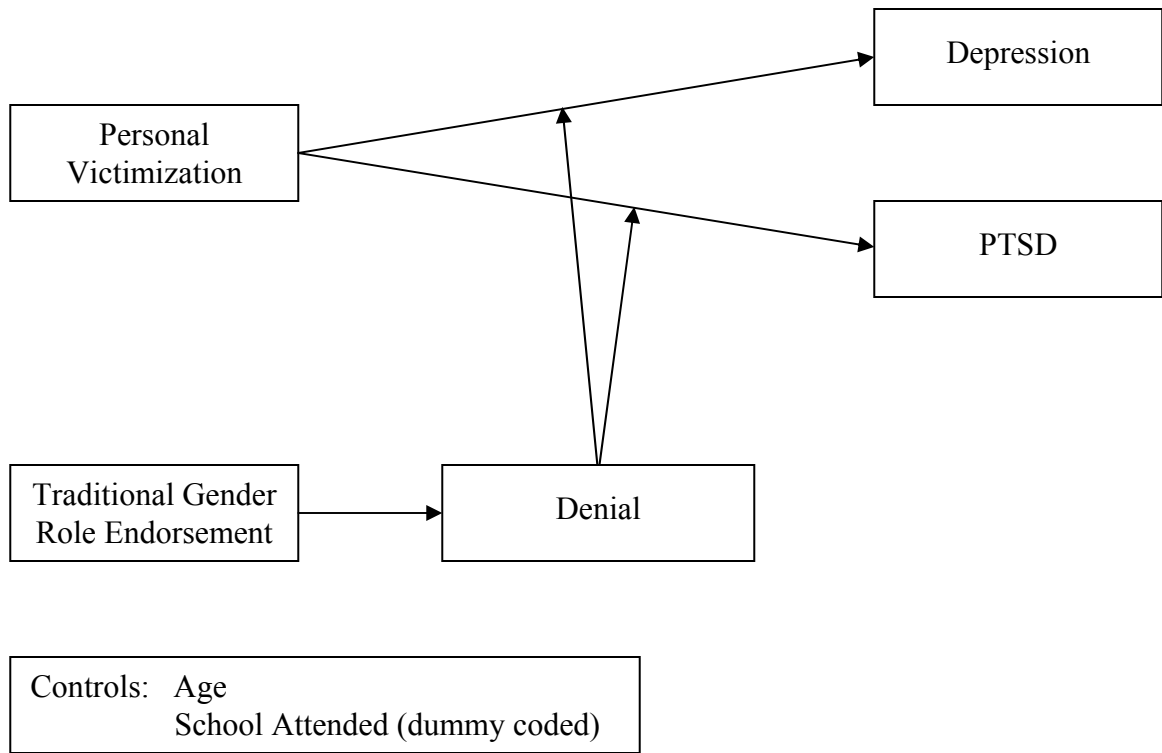


## FIGURES

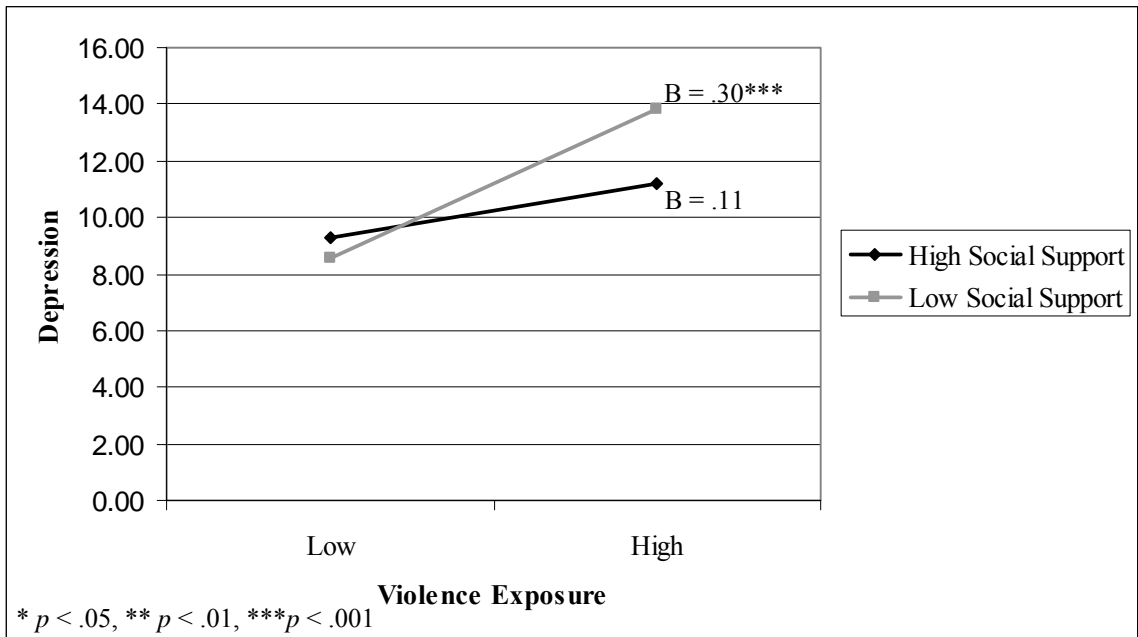
Figure 2.1 Hypothesized Model for Girls



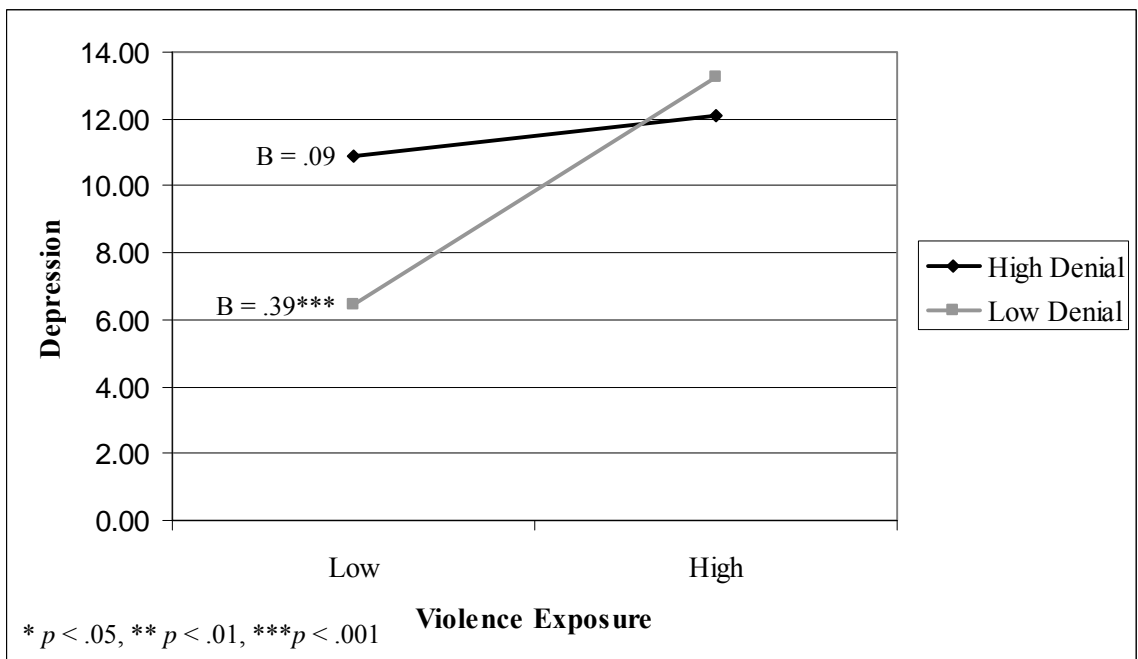
**Figure 2.2 Hypothesized Model for Boys**



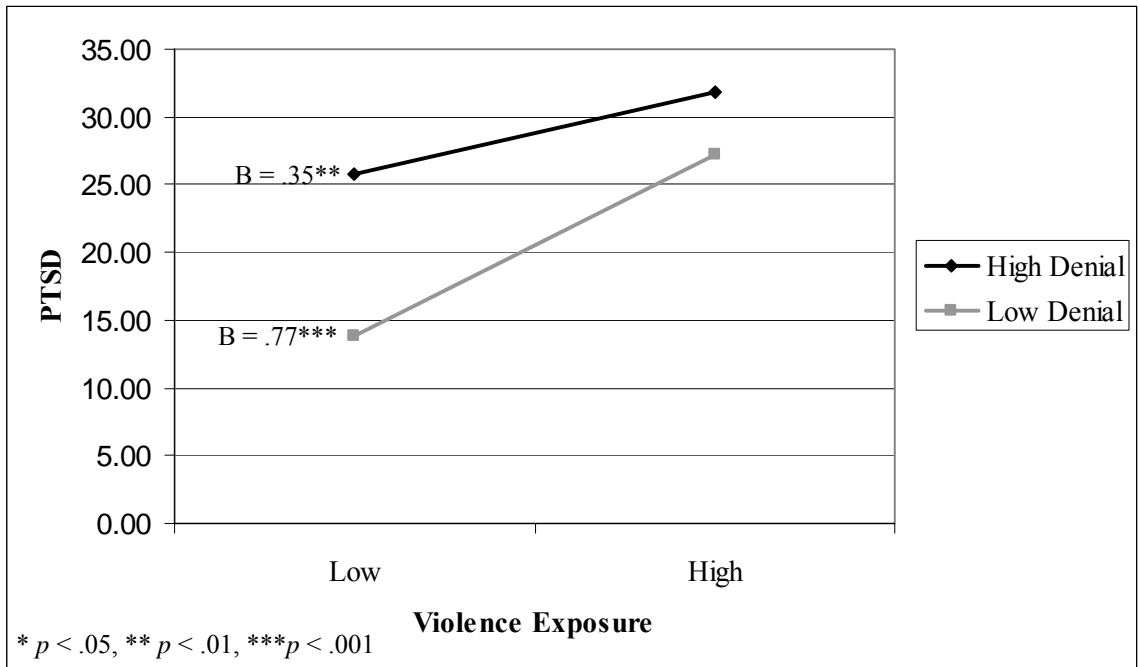
**Figure 2.3 Interaction Effects of Personal Victimization x Social Support on Depression**



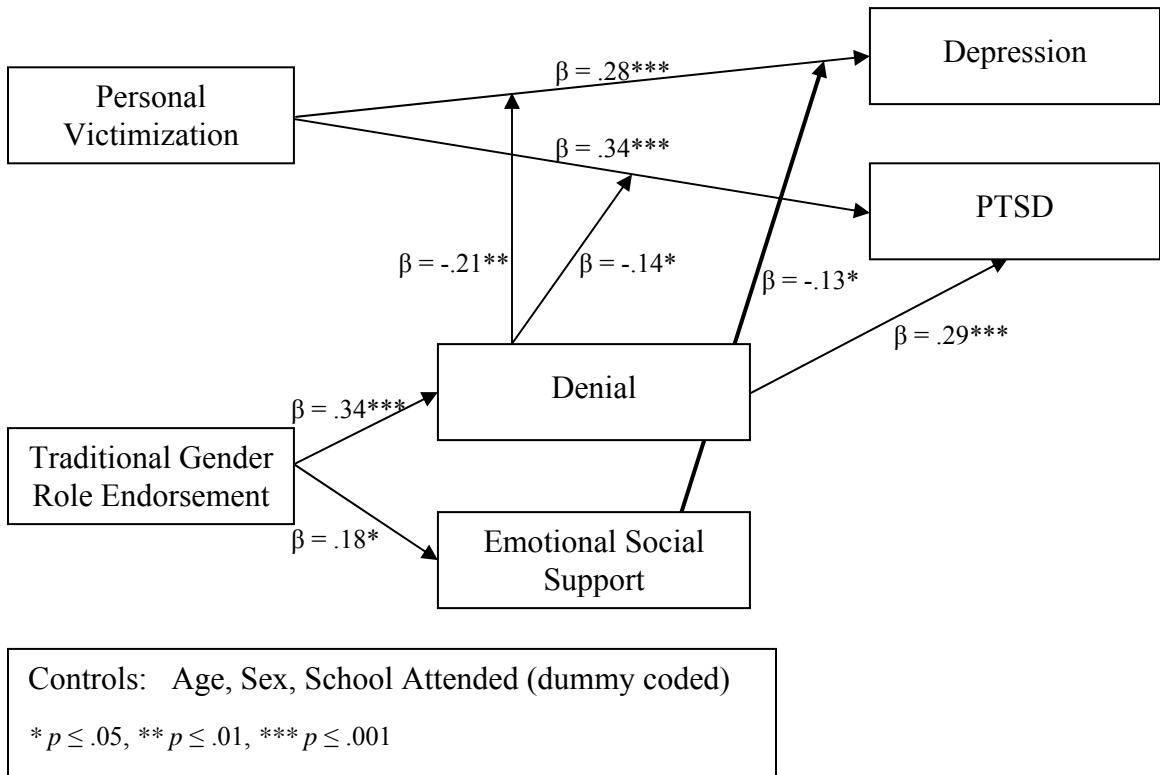
**Figure 2.4 Interaction Effect of Personal Victimization x Denial on Depression**



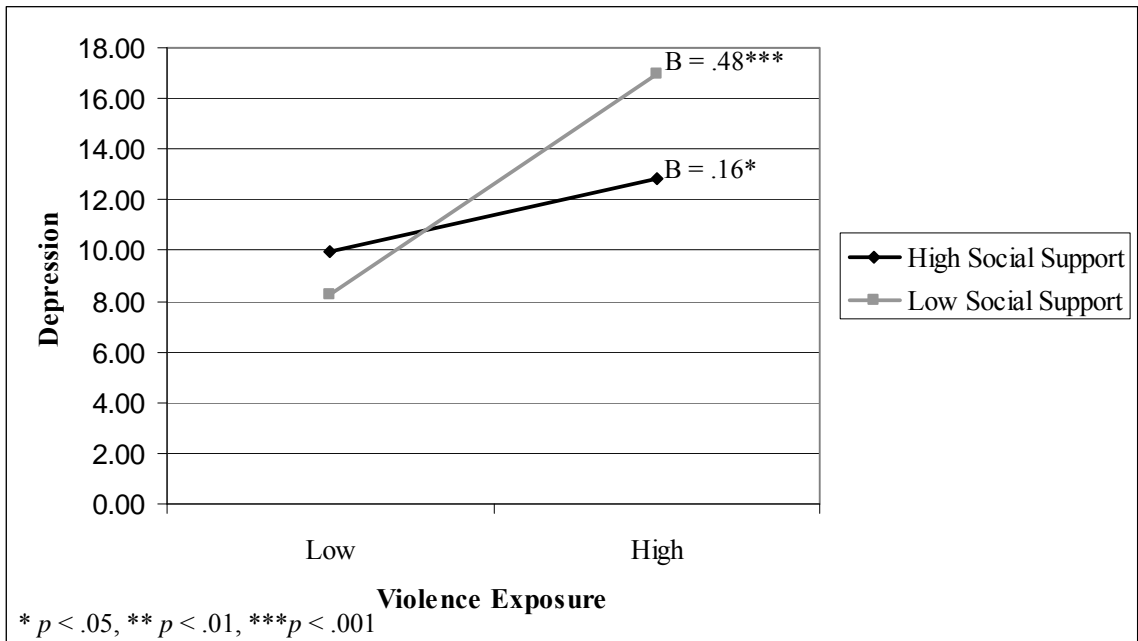
**Figure 2.5 Interaction Effect of Personal Victimization x Denial on PTSD**



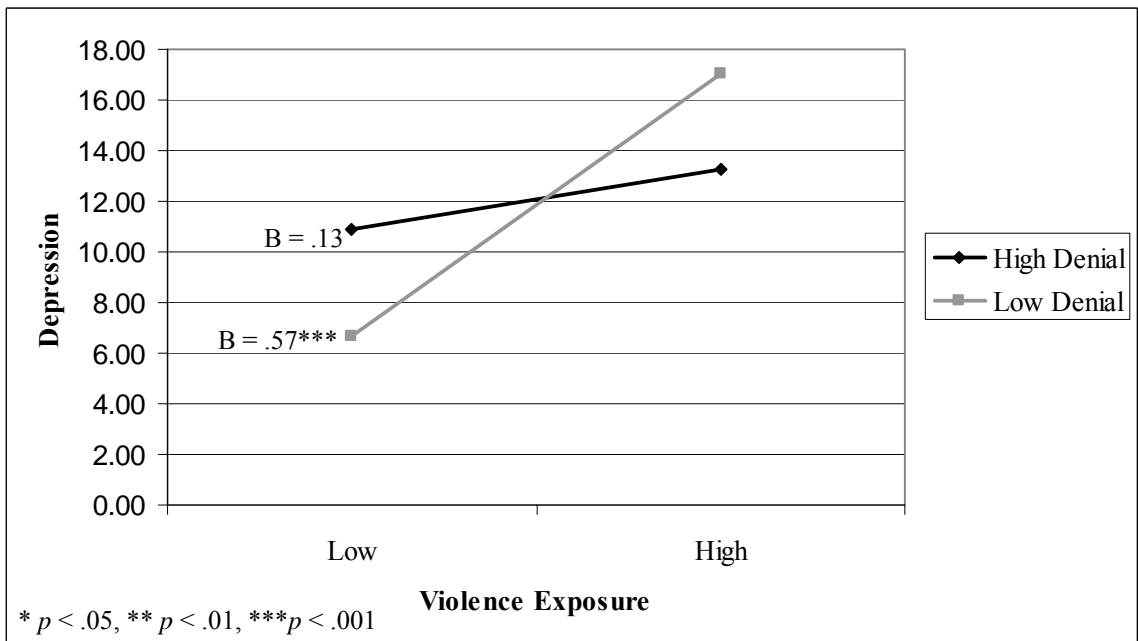
**Figure 2.6 Significant Findings in Full Sample, Controlling for Age, Sex, and School Attended**



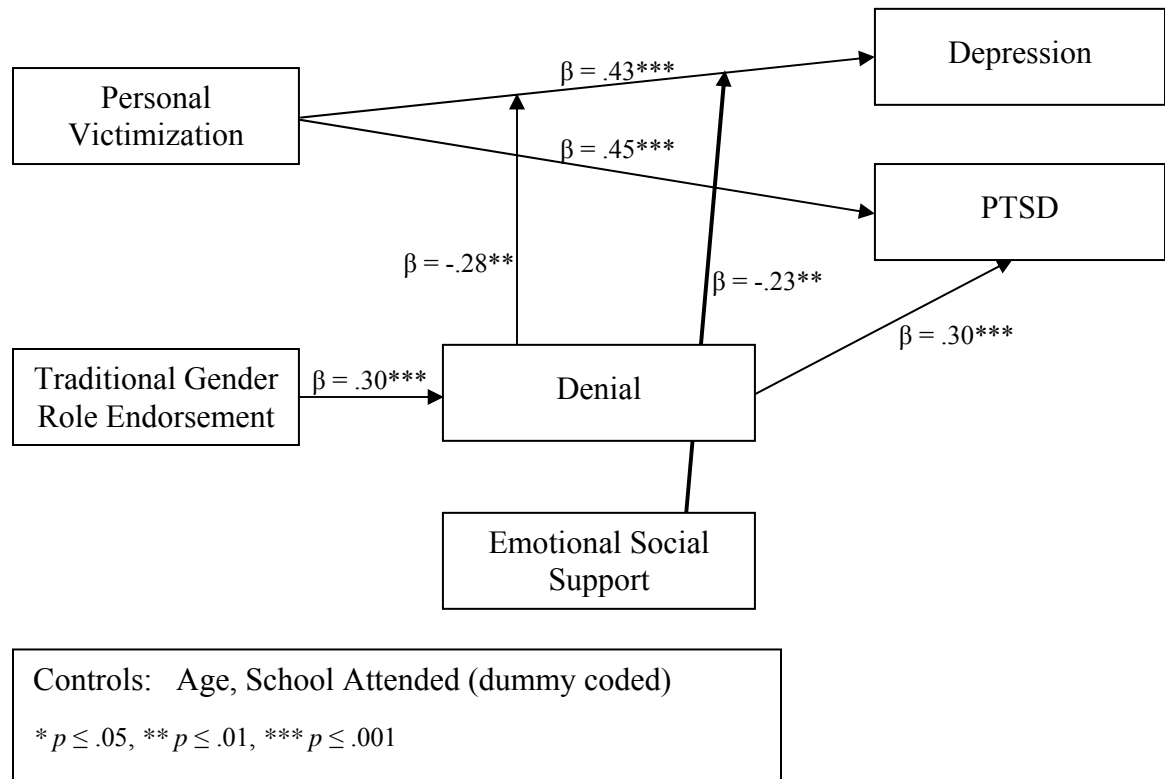
**Figure 2.7 Interaction Effects of Personal Victimization x Social Support on Depression in Girls**



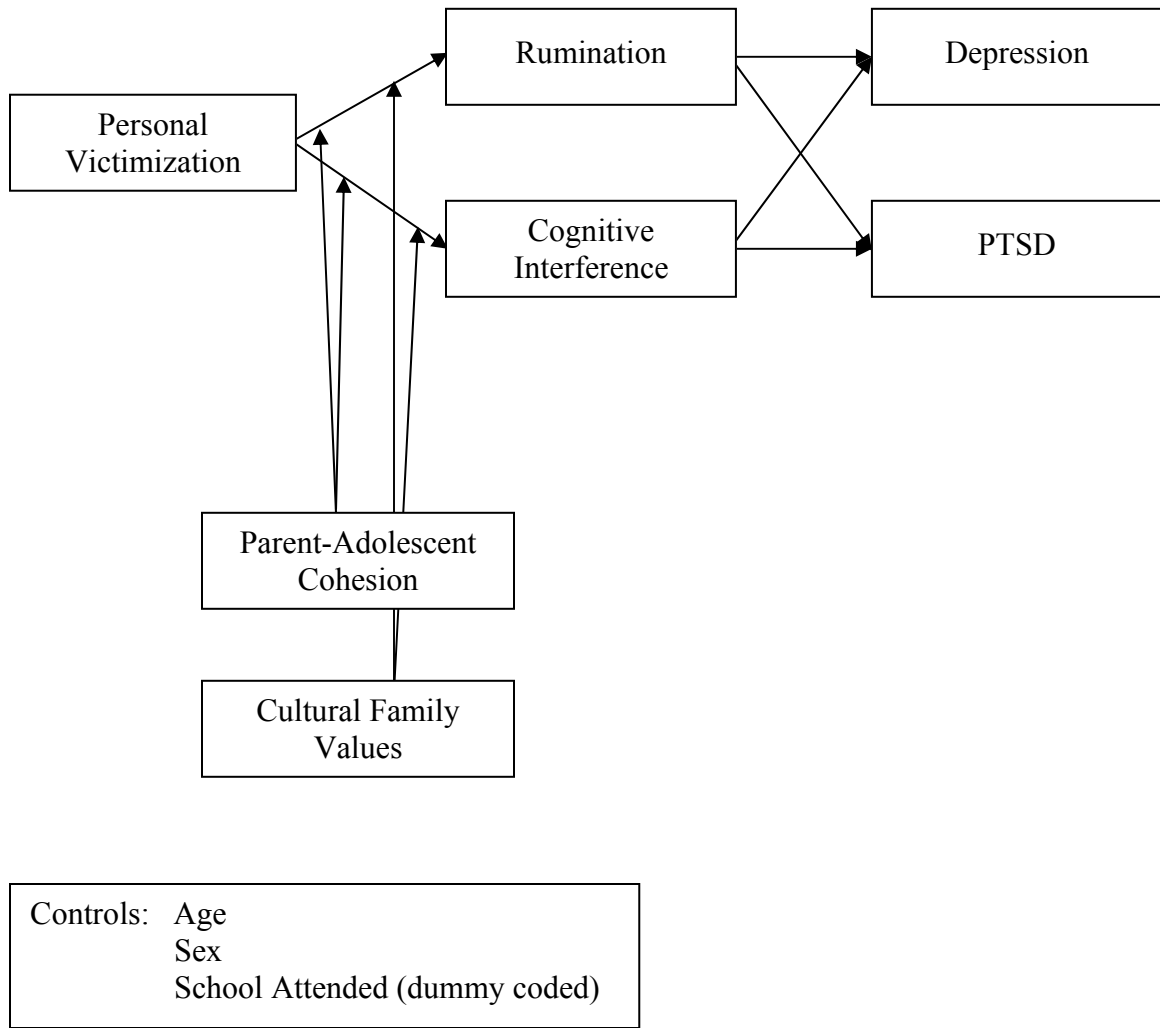
**Figure 2.8 Interaction Effects of Personal Victimization x Denial on Depression in Girls**



**Figure 2.9 Significant Findings in Girls' Sample, Controlling for Age and School Attended**



**Figure 3.1 Hypothesized Model of Conditional Indirect Effects**



**Table 2.1**  
**Variable Interrelations: Full Sample**

<b>Measures</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
1. Student's Age	14.54(69)	**	-0.07	-0.16*	0.07	-0.17*	-0.01	-0.03	0.07	0.09	-0.06
2. Student's Sex	**	**	0.15*	-0.08	-0.06	0.03	0.03	0.24**	-0.33**	0.18**	0.29**
3. Parochial School	**	**	**	-0.41**	0.05	0.25**	-0.09	-0.02	-0.26**	-0.03	0.04
4. Public School 2	**	**	**	**	-0.03	-0.29**	0.11	-0.12	0.30**	0.10	-0.12
5. Personal Victimization	17.86(8.70)	**	**	**	**	0.15*	0.06	-0.01	-0.10	0.23**	0.30**
6. Acceptance	2.76(.71)	**	**	**	**	**	0.12	0.30**	-0.07	0.06	0.15*
7. Denial	1.86(.70)	**	**	**	**	**	**	0.41**	0.30**	0.13	0.29**
8. Emotional Social Support Seeking	2.34(.83)	**	**	**	**	**	**	**	0.05	-0.03	0.14*
9. Traditional Gender Role Endorsement	2.31(.38)	**	**	**	**	**	**	**	**	-0.08	-0.05
10. Depressive Symptoms	10.57(7.28)	**	**	**	**	**	**	**	**	**	0.55**
11. PTSD Symptoms	24.53(14.35)	**	**	**	**	**	**	**	**	**	**

\*  $p \leq .05$ , \*\*  $p \leq .01$

**TABLES**



Table 2.2

Variable Intercorrelations by Gender<sup>†</sup>

Measures	Girls' <i>M(SD)</i>									
	1	2	3	4	5	6	7	8	9	10
1. Student's Age	**	-0.19*	0.10	0.11	-0.22*	0.01	-0.01	0.13	0.11	-0.04
2. Parochial School	-0.10	**	-0.43**	-0.02	0.23**	-0.04	0.00	-0.20*	-0.05	-0.01
3. Public School 2	0.04	-0.38**	**	0.05	-0.32**	0.10	-0.16	0.28**	0.02	-0.14
4. Personal Victimization	0.18	0.20	-0.15	**	0.09	0.12	0.03	-0.09	0.33**	0.40**
5. Acceptance	-0.10	0.29**	-0.24*	0.26*	**	0.10	0.32**	-0.09	0.15	0.16
6. Denial	-0.04	-0.17	0.14	-0.05	0.15	**	0.41**	0.29**	0.05	0.32**
7. Emotional Social Support Seeking	-0.06	-0.19	-0.00	-0.06	0.25*	0.44**	**	0.11	-0.07	0.09
8. Traditional Gender Role Endorsement	-0.05	-0.29**	0.31**	-0.20	-0.00	0.39**	0.20	**	-0.11	0.03
9. Depressive Symptoms	0.06	-0.08	0.25*	0.07	-0.10	0.24*	-0.09	0.14	**	0.58**
10. PTSD Symptoms	-0.09	0.02	-0.04	0.20	0.12	0.27*	0.06	0.10	0.44**	**

<sup>†</sup> Correlations from girls-only sample above diagonal, from boys-only sample below diagonal

\*  $p \leq .05$ , \*\*  $p \leq .01$

Table 2.3  
**Students' Lifetime Community Violence Exposure**

<b>Item Description</b>	<b>% of Students Exposed <math>\geq</math> 1x</b>
<b>Victimization</b>	
Slapped, punched, or hit	71%
Heard gunfire when in or near your home	69%
Threatened with serious physical harm	36%
Asked to sell or distribute illegal drugs	31%
Heard gunfire when in or near your school	29%
Chased by gang or individuals	26%
Home when someone broke in or tried to force their way in	20%
Beaten up or mugged	14%
Seen or heard gunfire in your home	11%
Attacked or stabbed with a knife	8%
Shot with a gun	3%
<b>Witnessing</b>	
Seen someone carrying or holding a gun or knife	71%
Seen others using or selling illegal drugs	70%
Seen someone threatened with serious physical harm	67%
Seen someone being beaten up or mugged	65%
Seen someone seriously wounded after an incident of violence	48%
Seen someone being attacked or stabbed with a knife	29%
Seen a dead person somewhere in the community (not funeral)	23%
Seen someone get shot with a gun	22%
Seen someone being killed by another person	12%
Seen someone committing suicide	6%

Table 2.4

**Full Sample: Hierarchical Regression Analysis Predicting Well-Being from Personal Victimization and Use of Acceptance Coping**

Predictor Variables	Depression (N = 218)		PTSD (N = 213)	
	$\beta$	SE B	$\beta$	SE B
<b>Step 1</b>				
Student's Age	0.09	0.72	-0.05	1.37
Student's Sex <sup>†</sup>	0.18**	1.01	0.29	1.95
Parochial School <sup>tt</sup>	0.01	1.12	-0.05	2.17
Public School 2 <sup>tt</sup>	0.11	1.30	-0.11	2.50
F	2.89*		5.60***	
Adj. R <sup>2</sup>	0.03		0.08	
<b>Step 2</b>				
Student's Age	0.07	0.71	-0.09	1.33
Student's Sex <sup>†</sup>	0.20**	0.99	0.31***	1.85
Parochial School <sup>tt</sup>	-0.02	1.10	-0.08	2.06
Public School 2 <sup>tt</sup>	0.13	1.30	-0.09	2.41
Personal Victimization	0.23***	0.06	0.32***	0.11
Acceptance Coping	0.07	0.73	0.06	1.36
F	4.33***		8.80***	
Adj. R <sup>2</sup>	0.08		0.18	
$\Delta R^2$	0.06***		0.11***	
<b>Step 3</b>				
Student's Age	0.07	0.72	-0.10	1.34
Student's Sex <sup>†</sup>	0.20**	0.99	0.31***	1.85
Parochial School <sup>tt</sup>	-0.02	1.10	-0.08	2.06
Public School 2 <sup>tt</sup>	0.13	1.30	-0.09	2.40
Personal Victimization	0.23***	0.06	0.33***	0.11
Acceptance Coping	0.07	0.73	0.05	1.36
Victimization x Acceptance	-0.02	0.08	-0.08	0.14
F	3.70***		7.76***	
Adj. R <sup>2</sup>	0.08		0.18	
$\Delta R^2$	0.00		0.01	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$

<sup>†</sup> male = 0; female = 1

<sup>tt</sup> dummy coded variables for school attended

Table 2.5

**Full Sample: Hierarchical Regression Analysis Predicting Well-Being from Personal Victimization and Use of Emotional Social Support**

Predictor Variables	Depression (N = 218)		PTSD (N = 213)	
	$\beta$	SE B	$\beta$	SE B
<b>Step 1</b>				
Student's Age	0.09	0.72	-0.05	1.37
Student's Sex <sup>†</sup>	0.18**	1.01	0.29***	1.95
Parochial School <sup>tt</sup>	0.01	1.12	-0.05	2.17
Public School 2 <sup>tt</sup>	0.11	1.30	-0.11	2.50
F	2.89*		5.60***	
Adj. R <sup>2</sup>	0.03		0.08	
<b>Step 2</b>				
Student's Age	0.06	0.70	-0.10	1.31
Student's Sex <sup>†</sup>	0.22**	1.02	0.30***	1.90
Parochial School <sup>tt</sup>	-0.02	1.10	-0.06	2.06
Public School 2 <sup>tt</sup>	0.10	1.28	-0.10	2.38
Personal Victimization	0.24***	0.06	0.33***	0.10
Emotional Social Support	-0.06	0.59	0.06	1.10
F	4.32***		8.85***	
Adj. R <sup>2</sup>	0.08		0.18	
$\Delta R^2$	0.06***		0.11***	
<b>Step 3</b>				
Student's Age	0.07	0.70	-0.09	1.31
Student's Sex <sup>†</sup>	0.23***	1.01	0.31***	1.90
Parochial School <sup>tt</sup>	-0.03	1.10	-0.07	2.07
Public School 2 <sup>tt</sup>	0.11	1.27	-0.09	2.38
Personal Victimization	0.25***	0.06	0.33***	0.10
Emotional Support Seeking	-0.07	0.59	0.06	1.10
Victimization x Social Support	-0.13*	0.06	-0.08	0.11
F	4.30***		7.84***	
Adj. R <sup>2</sup>	0.10		0.18	
$\Delta R^2$	0.02*		0.01	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$

<sup>†</sup> male = 0, female = 1

<sup>tt</sup> dummy coded variables for school attended

Table 2.6

**Full Sample: Hierarchical Regression Analysis Predicting Well-Being from Personal Victimization and Use of Denial Coping**

Predictor Variables	Depression (N = 221)		PTSD (N = 216)	
	$\beta$	SE B	$\beta$	SE B
<b>Step 1</b>				
Student's Age	0.09	0.71	-0.06	1.37
Student's Sex <sup>†</sup>	0.19**	1.00	0.30***	1.94
Parochial School <sup>tt</sup>	-0.00	1.11	-0.06	2.15
Public School 2 <sup>tt</sup>	0.11	1.29	-0.10	2.48
F	3.01*		5.82***	
Adj. R <sup>2</sup>	0.04		0.08	
<b>Step 2</b>				
Student's Age	0.05	0.70	-0.10	1.24
Student's Sex <sup>†</sup>	0.20**	0.97	0.31***	1.74
Parochial School <sup>tt</sup>	-0.02	1.08	-0.07	1.93
Public School 2 <sup>tt</sup>	0.11	1.26	-0.12	2.23
Personal Victimization	0.23***	0.06	0.31***	0.10
Denial Coping	0.10	0.67	0.28***	1.20
F	4.64***		13.77***	
Adj. R <sup>2</sup>	0.09		0.26	
$\Delta R^2$	0.06***		0.18***	
<b>Step 3</b>				
Student's Age	0.09	0.69	-0.08	1.24
Student's Sex <sup>†</sup>	0.22***	0.96	0.32***	1.73
Parochial School <sup>tt</sup>	0.00	1.06	-0.06	1.92
Public School 2 <sup>tt</sup>	0.13	1.24	-0.11	2.22
Personal Victimization	0.28***	0.06	0.34***	0.10
Denial Coping	0.11	0.66	0.29***	1.19
Victimization x Denial	-0.21**	0.07	-0.14*	0.13
F	5.55***		12.80***	
Adj. R <sup>2</sup>	0.13		0.28	
$\Delta R^2$	0.04**		0.02*	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$ <sup>†</sup> male = 0, female = 1<sup>tt</sup> dummy coded variables for school attended

Table 2.7

Full Sample: Hierarchical Regression Analysis Predicting Coping from Gender Role Endorsement

Predictor Variables	Acceptance (N = 219)		Emotional Social Support (N = 219)		Denial (N = 222)	
	$\beta$	SE B	$\beta$	SE B	$\beta$	SE B
Student's Age	-0.13*	0.07	-0.04	0.08	-0.04	0.07
Student's Sex <sup>t</sup>	0.01	0.10	0.29***	0.12	0.14*	0.10
Parochial School <sup>u</sup>	0.15*	0.11	-0.10	0.13	-0.02	0.10
Public School 2 <sup>u</sup>	-0.23***	0.13	-0.19***	0.15	0.02	0.12
Traditional Gender Role Endorsement	0.05	0.13	0.18*	0.16	0.34***	0.13
F	5.86***		4.86***		5.28***	
Adj. R <sup>2</sup>	0.10		0.08		0.09	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\* $p \leq .001$ <sup>t</sup> male = 0, female = 1<sup>u</sup> dummy coded variables for school attended

Table 2.8

**Girls Only Sample: Hierarchical Regression Analysis Predicting Well-Being from Personal Victimization and Use of Emotional Social Support**

Predictor Variables	Depression (N = 133)		PTSD (N = 130)	
	$\beta$	SE B	$\beta$	SE B
<b>Step 1</b>				
Student's Age	0.12	0.92	-0.03	1.70
Parochial School <sup>tt</sup>	-0.02	1.44	-0.09	2.67
Public School 2 <sup>tt</sup>	0.00	1.83	-0.18	3.35
F	0.67		1.17	
Adj. R <sup>2</sup>	-0.01		0.00	
<b>Step 2</b>				
Student's Age	0.08	0.88	-0.07	1.55
Parochial School <sup>tt</sup>	-0.03	1.37	-0.08	2.43
Public School 2 <sup>tt</sup>	-0.02	1.77	-0.18*	3.10
Personal Victimization	0.34***	0.07	0.43***	0.12
Emotional Social Support	-0.08	0.72	0.05	1.26
F	3.83**		6.55***	
Adj. R <sup>2</sup>	0.10		0.18	
$\Delta R^2$	0.12***		0.18***	
<b>Step 3</b>				
Student's Age	0.11	0.87	-0.06	1.55
Parochial School <sup>tt</sup>	-0.05	1.35	-0.10	2.43
Public School 2 <sup>tt</sup>	-0.04	1.73	-0.19*	3.09
Personal Victimization	0.39***	0.07	0.46***	0.12
Emotional Support Seeking	-0.08	0.71	0.05	1.26
Victimization x Social Support	-0.23**	0.07	-0.13	0.13
F	4.50***		5.89***	
Adj. R <sup>2</sup>	0.14		0.19	
$\Delta R^2$	0.05**		0.01	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$

<sup>tt</sup> dummy coded variables for school attended

Table 2.9

**Girls Only Sample: Hierarchical Regression Analysis Predicting Well-Being from Personal Victimization and Use of Denial Coping**

Predictor Variables	Depression (N = 135)		PTSD (N = 132)	
	$\beta$	SE B	$\beta$	SE B
<b>Step 1</b>				
Student's Age	0.11	0.92	-0.04	1.69
Parochial School <sup>tt</sup>	-0.03	1.43	-0.10	1.67
Public School 2 <sup>tt</sup>	0.01	1.80	-0.15	3.33
F	0.62		0.95	
Adj. R <sup>2</sup>	-0.01		-0.00	
<b>Step 2</b>				
Student's Age	0.07	0.88	-0.09	1.46
Parochial School <sup>tt</sup>	-0.04	1.37	-0.11	2.30
Public School 2 <sup>tt</sup>	-0.00	1.73	-0.20*	2.87
Personal Victimization	0.32***	0.07	0.39***	0.11
Denial Coping	0.02	0.87	0.31***	1.44
F	3.46**		10.27***	
Adj. R <sup>2</sup>	0.08		0.26	
$\Delta R^2$	0.10***		0.27***	
<b>Step 3</b>				
Student's Age	0.11	0.86	-0.07	1.46
Parochial School <sup>tt</sup>	-0.02	1.32	-0.10	2.28
Public School 2 <sup>tt</sup>	0.02	1.67	-0.19*	2.86
Personal Victimization	0.43***	0.07	0.45***	0.12
Denial Coping	0.01	0.84	0.30***	1.43
Victimization x Denial	-0.28**	0.10	-0.15	0.17
F	4.77***		9.29***	
Adj. R <sup>2</sup>	0.14		0.28	
$\Delta R^2$	0.07**		0.02	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$

<sup>tt</sup> dummy coded variables for school attended



Table 2.10  
**Girls' Sample: Hierarchical Regression Analysis Predicting Coping from Gender Role Endorsement**

Predictor Variables	Acceptance (N = 134)		Emotional Social Support (N = 134)		Denial (N = 136)	
	$\beta$	SE B	$\beta$	SE B	$\beta$	SE B
Student's Age	-0.17*	0.08	-0.01	0.11	-0.03	0.09
Parochial School <sup>††</sup>	0.08	0.13	-0.07	0.17	0.02	0.13
Public School 2 <sup>††</sup>	-0.26***	0.17	-0.24*	0.22	0.03	0.17
Traditional Gender Role Endorsement	0.02	0.16	0.16	0.21	0.30***†††	0.17
F	5.08***†††		1.96		3.19*	
Adj. R <sup>2</sup>	0.11		0.03		0.06	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\* $p \leq .001$

<sup>††</sup> dummy coded variables for school attended

Table 2.11

**Boys' Sample: Hierarchical Regression Analysis Predicting Coping from Gender Role Endorsement**

Predictor Variables	Acceptance (N = 85)		Emotional Social Support (N = 85)		Denial (N = 86)	
	$\beta$	SE B	$\beta$	SE B	$\beta$	SE B
Student's Age	-0.05	0.11	-0.07	0.12	-0.03	0.11
Parochial School <sup>††</sup>	0.25*	0.18	-0.19	0.19	-0.07	0.17
Public School 2 <sup>††</sup>	-0.19	0.19	-0.13	0.20	-0.01	0.18
Traditional Gender Role Endorsement	0.13	0.24	0.18	0.26	0.36 <sup>††††</sup>	0.24
F	2.81*		1.68		3.66 <sup>††††</sup>	
Adj. R <sup>2</sup>	0.08		0.03		0.11	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$

<sup>†</sup> male = 0; female = 1

<sup>††</sup> dummy coded variables for school attended

Table 3.1  
Variable Intercorrelations

Measures	M(SD)	1	2	3	4	5	6	7	8	9	10	11
1. Student's Age	14.54(0.69)	**	-0.01	-0.16*	0.07	0.13	0.02	-0.04	0.03	0.01	0.09	-0.06
2. Student's Sex	**	**	0.15*	-0.08	0.17*	-0.06	0.15*	-0.11	-0.05	-0.05	0.18**	0.29**
3. Parochial School	**	**	**	-0.41**	0.12	0.05	0.08	-0.03	-0.03	-0.11	-0.03	0.04
4. Public School 2	**	**	**	**	-0.08	-0.03	0.04	0.04	0.00	0.11	0.10	-0.12
5. Personal Victimization	17.86(8.70)				0.14*	**	0.15*	0.15*	-0.10	-0.22**	0.23**	0.30**
6. Rumination	2.26(0.80)				**	**	0.75**	-0.01	0.06	0.06	0.27**	0.51**
7. Cognitive Interference	2.08(0.81)						**	-0.01	-0.01	-0.01	0.33**	0.52**
8. Parent-Adolescent Cohesion	6.14(1.57)							**	**	0.40**	-0.32**	-0.18**
9. Cultural Family Values	4.08(0.59)									**	-0.31**	-0.20**
10. Depressive Symptoms	10.57(7.28)										**	0.55**
11. PTSD Symptoms	24.53(14.35)											**

\* p ≤ .05, \*\* p ≤ .01

Table 3.2  
**Multiple Mediator Analysis Predicting Psychological Distress from Victimization through Involuntary Stress Responses**

	Depression (N = 221)			PTSD (N = 216)			
	$\beta$	(SE)	B	(SE)	$\beta$	B	(SE)
<b>Direct Effects</b>							
<b>a path</b>							
Rumination	0.14*	(0.07)	0.01*	(0.01)	0.13	0.01	(0.01)
Cog. Interfere	0.16*	(0.07)	0.01*	(0.01)	0.17*	0.02*	(0.01)
<b>b path</b>							
Rumination	0.03	(0.10)	0.29	(0.88)	0.23**	3.73***	(1.35)
Cog. Interfere	0.25***	(0.10)	2.26***	(0.87)	0.26**	4.09***	(1.32)
<b>c path</b>							
c' path	0.23***	(0.07)	0.20***	(0.05)	0.33***	0.49***	(0.09)
	0.19**	(0.06)	0.16**	(0.05)	0.26***	0.38***	(0.08)
<b>Indirect Effects (ab path)</b>							
Total	0.05	(0.02)	0.04	(0.01)	0.07	0.11	(0.04)
Percentile CI	(0.0101-0.0926)		(0.0084-0.0770)		(0.0203-0.1371)		(0.0284-0.1986)
BCA CI	(0.0104-0.0937)		(0.0089-0.0775)		(0.0159-0.1317)		(0.0238-0.1897)
Rumination	0.00	(0.01)	0.00	(0.01)	0.03	0.04	(0.03)
Percentile CI	(-0.0225-0.0374)		(-0.0198-0.0304)		(-0.0018-0.0796)		(-0.0034-0.1151)
BCA CI	(-0.0186-0.0434)		(-0.0160-0.0358)		(0.0003-0.0870)		(-0.0010-0.1221)
Cog. Interfere	0.04	(0.02)	0.03	(0.01)	0.04	0.07	(0.03)
Percentile CI	(0.0058-0.0923)		(0.0047-0.0770)		(0.0070-0.0998)		(0.0112-0.1419)
BCA CI	(0.0071-0.0957)		(0.0060-0.0813)		(0.0090-0.1061)		(0.0130-0.1452)
			<b>Adj. R<sup>2</sup> = 0.15</b>				<b>F = 20.35***</b>
			<b>Adj. R<sup>2</sup> = 0.39</b>				<b>F = 20.35***</b>

*p* ≤ .05, \*\**p* ≤ .01, \*\*\**p* ≤ .001

Table 3.3

**Moderated Mediation Analyses with Cognitive Interference as Mediator between Personal Victimization and Depression**

	Depression (Parent-Adolescent Cohesion) (N = 221)				Depression (Cultural Family Values) (N = 221)			
	B*	(SE)	<i>t</i> -ratio	<i>p</i>	B*	(SE)	<i>t</i> -ratio	<i>p</i>
<b>Predictors</b>								
Mediator Model (Criterion: Cognitive Interference)								
Constant	3.17	1.30	2.43	0.02	2.48	1.45	1.71	0.08
Age	-0.08	0.08	-0.94	0.35	-0.06	0.08	-0.80	0.43
Sex	0.29	0.11	2.45	0.01	0.28	0.11	2.48	0.01
Parochial School <sup>tt</sup>	0.15	0.12	1.22	0.22	0.14	0.12	1.16	0.25
Public School 2 <sup>tt</sup>	0.21	0.14	1.45	0.15	0.21	0.15	1.15	0.25
Personal Victimization	-0.02	0.03	-0.71	0.48	0.00	0.02	1.43	0.15
Parent-Adolescent Cohesion	-0.09	0.08	-1.06	0.29	--	--	--	--
Victimization x Cohesion	0.01	0.00	1.34	0.18	--	--	--	--
Cultural Family Values	--	--	--	--	-0.00	0.21	-0.02	0.98
Victimization x Culture	--	--	--	--	0.00	0.01	0.32	0.75
Dependent Variable Model (Criterion: Depression)								
Constant	-6.74	10.63	-0.63	0.53	-4.08	11.64	-0.35	0.73
Age	0.91	0.65	1.41	0.16	0.80	0.64	1.25	0.21
Sex	1.78	0.91	1.94	0.05	1.97	0.91	2.17	0.03
Parochial School <sup>tt</sup>	-0.74	1.00	-0.75	0.46	-0.98	0.99	-0.99	0.32
Public School 2 <sup>tt</sup>	1.43	1.16	1.24	0.22	1.58	1.16	1.35	0.18
Personal Victimization	0.31	0.20	1.52	0.13	0.55	0.29	1.88	0.06
Parent-Adolescent Cohesion	-0.76	0.67	-1.13	0.26	--	--	--	--
Victimization x Cohesion	-0.03	0.03	-0.92	0.36	--	--	--	--
Cultural Family Values	--	--	--	--	-1.25	1.70	-0.73	0.46
Victimization x Culture	--	--	--	--	-0.12	0.08	-1.55	0.12
Cognitive Interference	2.60	0.55	4.71	0.00	2.60	0.55	4.75	0.00

\*used unstandardized coefficients per recommendation of Preacher et al. (2007); standardization does not affect *t*-ratio or *p*-value

<sup>tt</sup> dummy coded variables for school attended

Table 3.4

**Moderated Mediation Analyses with Cognitive Interference as Mediator  
between Personal Victimization and PTSD**

	PTSD (Parent-Adolescent Cohesion)				PTSD (Cultural Family Values)			
	(N = 216)				(N = 216)			
	B*	(SE)	t-ratio	p	B*	(SE)	t-ratio	p
<b>Predictors</b>								
Mediator Model (Criterion: Cognitive Interference)								
Constant	2.99	1.32	2.27	0.02	2.33	1.47	1.59	0.11
Age	-0.07	0.08	-0.83	0.41	-0.06	0.08	-0.72	0.47
Sex	0.28	0.11	2.44	0.02	0.27	0.11	2.39	0.02
Parochial School <sup>tt</sup>	0.17	0.13	1.33	0.18	0.16	0.13	1.28	0.20
Public School 2 <sup>tt</sup>	0.22	0.14	1.52	0.13	0.22	0.15	1.50	0.13
Personal Victimization	-0.01	0.03	-0.56	0.58	0.01	0.04	0.16	0.88
Parent-Adolescent Cohesion	-0.08	0.09	-0.95	0.35	--	--	--	--
Victimization x Cohesion	0.01	0.00	1.20	0.23	--	--	--	--
Cultural Family Values	--	--	--	--	0.01	0.22	0.03	0.98
Victimization x Culture	--	--	--	--	0.00	0.01	0.29	0.77
Dependent Variable Model (Criterion: PTSD)								
Constant	6.66	16.62	0.40	0.69	15.35	18.39	0.83	0.40
Age	-1.14	1.01	-1.13	0.26	-1.40	1.01	-1.39	0.17
Sex	5.86	1.44	4.08	0.00	6.01	1.44	4.16	0.00
Parochial School <sup>tt</sup>	-3.69	1.57	-2.34	0.02	-3.66	1.58	-2.31	0.02
Public School 2 <sup>tt</sup>	-4.41	1.81	-2.43	0.02	-4.54	1.84	-2.47	0.01
Personal Victimization	1.18	0.32	3.64	0.00	1.14	0.46	2.46	0.01
Parent-Adolescent Cohesion	1.58	1.06	1.49	0.14	--	--	--	--
Victimization x Cohesion	-0.14	0.05	-2.61	0.01	--	--	--	--
Cultural Family Values	--	--	--	--	1.42	2.68	0.53	0.60
Victimization x Culture	--	--	--	--	-0.21	0.12	-1.76	0.08
Cognitive Interference	7.10	0.86	8.24	0.00	6.99	0.87	8.08	0.00

\*used unstandardized coefficients per recommendation of Preacher et al. (2007); standardization does not affect *t*-ratio or *p*-value

<sup>tt</sup> dummy coded variables for school attended

Table 3.5

**Regression Analysis Predicting Psychological Distress from Parent-Adolescent Cohesion and Cultural Family Values**

Predictor Variables	Depression (N = 221)		PTSD (N = 216)	
	$\beta$	SE B	$\beta$	SE B
Student's Age	0.07	0.66	-0.10	1.29
Student's Sex <sup>†</sup>	0.17**	0.92	0.31***	1.83
Parochial School <sup>††</sup>	-0.03	1.02	-0.09	2.02
Public School 2 <sup>††</sup>	0.12	1.19	-0.09	2.33
Personal Victimization	0.17**	0.05	0.30***	0.10
Parent-Adolescent Cohesion	-0.20**	0.31	-0.08	0.61
Cultural Family Values	-0.20**	0.85	-0.08	1.66
F	8.23***		8.53***	
Adj. R <sup>2</sup>	0.19		0.20	

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$

<sup>†</sup> male = 0; female = 1

<sup>††</sup> dummy coded variables for school attended

## APPENDIX A

### Interview Protocol The Role of Relationships in Latino Adolescent Responses to Community Violence Exposure

**Introduction:** Thank you for agreeing to share your story with me today. As you know, I want to learn more about the ways in which teens your age deal with dangerous situations in your neighborhood, what kinds of strengths you have when you face challenges, and what role your parents may play in helping you. During this interview, I ask that you not use your last name or the last name of anyone you talk about, so that no one will be identified by name. Do you have any questions for me before we begin?

#### Section 1: Background Information

1. First, tell me a little bit about yourself.
  - a. What kinds of things do you like to do?
  - b. What do you do after school?
2. Ok, Can you tell me a little bit about your life at home?
  - a. What do you like to do at home?
  - b. What do you usually do around the house/what are you responsible for?
3. Whom do you feel closest to in your home? What makes you feel close to them?
4. Whom do you feel closest to in your life overall? What makes you feel close to them?
5. When you're feeling down or upset about something that happened at school, who helps you feel better?
  - a. When something happens at home?



## **Section 2: Neighborhood Perceptions**

1. Ok, now I'd like to learn about what your neighborhood is like. How would you describe your neighborhood to someone who has never been there?
  - a. What do you like about your neighborhood?
  - b. What do you dislike about your neighborhood?
  - c. Do you spend much time hanging around in your neighborhood?
  - d. Do you generally feel safe in your neighborhood? Why or why not?
  - e. What things make you feel most unsafe in your neighborhood?

## **Section 3: Experiences of Neighborhood Violence**

1. Now I'd like you to think about the most violent event that happened to you in your neighborhood in the last 6 months, since (insert month for student). Please tell me about what happened. Take as much time as you need.
  - a. Was anyone with you when this happened (If not covered above)?
  - b. What did they do or say, if anything?
2. On a scale of 0-100, 0 meaning it did not bother you at all, and 100 meaning that the event had a really big impact on almost all areas of your life, how much did this event bother you?
3. In what ways did it bother you (e.g., did you dream about it, think a lot about it, etc)?
4. If you were with others when this happened, did you talk about it afterwards?
  - a. How did talking about it make you feel?
  - b. How often did you talk about what happened?
5. What did you do after this experience to deal with the situation, or to help yourself feel better?
6. Did anything you do help you feel better?
7. Did you tell anyone in your family about what happened? Who?
  - a. If yes, how did talking about it with that person go?

- b. What did they say or do?
  - c. If did not tell parents, probe reasons why.
8. Did you tell anyone outside of your family about what happened? Who?
- a. How did that go?
9. Was anyone able to help you feel better about what happened?
- a. How? What did they do or say?
10. Thinking back now, would you have done anything differently?
11. Did you learn anything from what happened? If so, what?

#### **Section 4: Stress Response to Non-Violent Event**

1. Now I would like to ask you about how you deal with other kinds of problems, that don't have to deal with dangerous situations in your neighborhood. I'd like you to think about times when you have had a problem at school with a teacher or with a grade you received. When we talked before about how you deal with neighborhood problems, you mentioned that you (insert individual coping strategies). Do you do the same thing to deal with your problems at school?
- a. If not, what do you do differently?
  - b. Do you usually feel better?
  - c. Is there anyone that you rely on to help yourself feel better?
  - d. What kinds of things might they do or say?

#### **Section 4: Parent-Child Relationship**

Mother:

1. Earlier, I asked you about people that you feel close to. Do you have a close relationship with your mother?
2. **If no**, are there any ways you can think of in which you and your mother are close?
3. **If yes**, in what ways are you close to your mother and in what ways are you NOT close to you mother?

4. In general, do you feel like you can talk to your mother about things that happen to you?
5. Do you feel that your mother listens to you and understands you?
6. In general, how does your mother react when bad things happen?
7. How does your mother deal with neighborhood violence?
8. What do you think about how your mother deals with neighborhood violence?
9. Does your mother give you advice about how to stay safe in your neighborhood or at school? If so, what does she tell you?

Father:

10. Do you have a close relationship with your father?
11. **If no**, are there any ways you can think of in which you and your father are close?
12. **If yes**, in what ways are you close to your father and in what ways are you NOT close to your father?
13. In general, do you feel like you can talk to your father about things that happen to you?
14. Do you feel that your father listens to you and understands you?
15. In general, how does your father react when bad things happen?
16. How does your father deal with neighborhood violence?
17. What do you think about how your father deals with neighborhood violence?
18. Does your father give you advice about how to stay safe in your neighborhood or at school? If so, what does he tell you?

### **Section 5: Strengths, Resilience, and Well-Being**

1. Ok, we've talked about some difficult things and now I want to switch directions. What do other people think you are good at doing?
2. What kinds of things do your friends and family ask your advice about?
  - a. What kinds of things do they want your help with?

3. What things in your life give you hope or make you hopeful?
4. What things in your life make you happy?
  - a. What does it feel like when you are happy?
5. Is there anything about you that you think would really surprise someone who doesn't know you at all?
6. Is there anything else that you thought I would ask you about that I didn't ask?
  - a. Anything else you would like to share?

**Thank you, so much, for sharing your story with me. I have some more information for you to take with you, in case you find that some of the things we talked about today, bother you later. I have a list of people at your school that you can talk to, and I also have my contact information in case you have any questions for me after today.**

**Note: Should the interviewee seem disturbed or troubled, I will ask them to identify a person to whom they will go to talk following the interview.**

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