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# Exposure to Chronic Community Violence: Resilience in African American Children

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*In many African American communities, violence and poverty are often part of daily living. As a result, children are at risk for difficulties in all aspect of their lives, particularly their emotional well-being. This study explored the relationship between exposure to chronic community violence and the development of complex post-traumatic stress disorder (C-PTSD), a constellation of symptoms that occur as a result of repeated exposure to traumas, in the context of specific African American cultural beliefs and values that are used as coping mechanisms. It was anticipated that the coping mechanisms would act as stress moderators, or buffers, to the development of symptoms of C-PTSD. Participants in the study included 71 African American children between the ages of 9 and 11 years who lived in a high-crime, high-poverty community in Houston, Texas. The results indicated that formal kinship and spirituality, along with high levels of combined supports, demonstrated buffering effects on exposure to violence.*

**Keywords:** *resilience; children; African American; violence; coping; spirituality; social support; kinship*

Exposure to chronic violent experiences is a part of daily living for some inner-city children. Such violence has the potential to affect their emotional and cognitive development. When community violence becomes a recurring part of day-to-day life, the sense of safety and security needed for normal

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development can collapse or never fully develop. Additionally, when chronic violence and eminent danger replace safety in a child's world and are combined with cultural, social, and economic risk factors, the child becomes at risk for developing emotional and behavioral disorders such as post-traumatic stress disorder (PTSD; Garbarino, Dubrow, Kostelny, & Pardo, 1992; Pynoos, Frederick, & Nader, 1987). This disorder has been found to be commonly exhibited by children in unsafe environments (McNally, 1993). Additionally, children exposed to violence tend to exhibit a variety of other emotional and behavioral difficulties (Flannery, Wester, & Singer, 2004; Schwartz & Gorman, 2003).

Crime statistics have shown that communities inundated with chronic violence are typically those in high-poverty, high-ethnic-minority areas. According to Garbarino et al. (1992, p. 99), residents of "urban war zones" are predominately African American and Hispanic. Thus, the effects of violence are combined with the stress of living with institutionalized poverty, racism, and oppression. Despite these tremendous stressors, some children appear to be less affected than others (Barbarin, 1993; Barbarin, Richter, & deWet, 2001). This study was designed to gain a better understanding of the coping mechanisms that some African American children use to enable them to function well emotionally despite having been exposed to chronic community violence (CCV).

To understand the effects of community violence on the psychological functioning of a child, it is essential to consider the broader environment in which the child exists. Thus, this study addressed the cultural view of African Americans with a focus on environmental factors that influence resiliency. A cultural-ecological model based on Bronfenbrenner's (1979) ecological framework and Africentric theory (Ak'bar, 1984; Asante, 1988) is proposed to facilitate a greater understanding of how environmental forces affect adverse psychological outcomes.

#### CULTURAL-ECOLOGICAL FRAMEWORK

Bronfenbrenner's (1979) ecological framework indicated that humans should be viewed in the context of their environment. Three of the levels within this ecology of human development are the *macrosystem*, *exosystem*, and *microsystem*. The broadest aspect, the macrosystem, consists of institutional patterns such as economic, social, educational, and political systems (Belsky, 1980; Bronfenbrenner, 1979; Cicchetti & Lynch, 1993). Bronfenbrenner defined the exosystem as a system that includes social settings, such as interactions between the neighborhood, schools, and churches, along with issues such as a lack of employment opportunities and pervasive low socioeconomic status (Cicchetti & Lynch, 1993). Similarly, class status, chronic oppressive

experiences, and exposure to violence also fit within the exosystem. The microsystem is the most proximal and directly affects a child (Bronfenbrenner, 1979). This level encompasses the complex interactions between a child and his or her family environment. Values and traditions are aspects of development learned within the family environment, such as African American values and worldview, also known as the Africentric perspective (Billingsley, 1992; R. B. Hill, 1999; McAdoo, 1997).

### **Africentric Perspective**

A culture can be perceived as an acquired system of beliefs and values that incorporate and represent the worldview held in common by its members. For African Americans, the term *Africentric* (or *Afrocentric*) is used to describe the worldview, or a set of social standards and norms, that reflects core African American values (Ak'bar, 1984; Foster, Phillips, Belgrave, Randolph, & Braithwaite, 1993; Jackson, 1995). Having roots in African culture, these values have evolved over time to become core values to African Americans. The evolution of the Africentric perspective began with the philosophy of NTU.

*NTU*. The Africentric framework was developed from the Bantu (central African) concept of NTU (pronounced “in-to”), “a universal, unifying force that touches on all aspects of existence” (Foster et al., 1993, p. 128). NTU is the universal energy that is the “essence” of all that exists (Gregory & Harper, 2001). NTU highlights the interrelatedness between the intrinsic and the extrinsic factors involved in one’s ability to respond to the problems of daily living.

*Harmony, interconnectedness, authenticity, and balance* are the four principles of NTU (Gregory & Harper, 2001; Phillips, 1990). Harmony is the belief that spiritual forces connect all forms of life. Through this spirituality, direction and purpose are obtained for daily functioning. With a focus on communal systems, interconnectedness is a primary feature of the NTU philosophy. The individual, family, group, and community are all integral parts of a larger, interdependent system with a shared desire for systemic harmony. According to the doctrine of authenticity, the highest value is placed on interactions and interpersonal relationships. The key to fulfillment in interactions is through genuineness and authentic behavior. Finally, balance is a state of equilibrium achieved through mediating opposing forces within and between individuals. These principles guide daily experiences and affect an individual’s view of the world. NTU provides a philosophical and operational description of African American beliefs and shapes the

Africentric worldview. This worldview has been incorporated into treatment models in which clinicians attempt to provide culturally relevant therapeutic services. For example, Queener and Martin (2001) addressed the model of NTU therapy, in which interconnectedness to others and prayer are used as techniques within a spiritually based clinical approach.

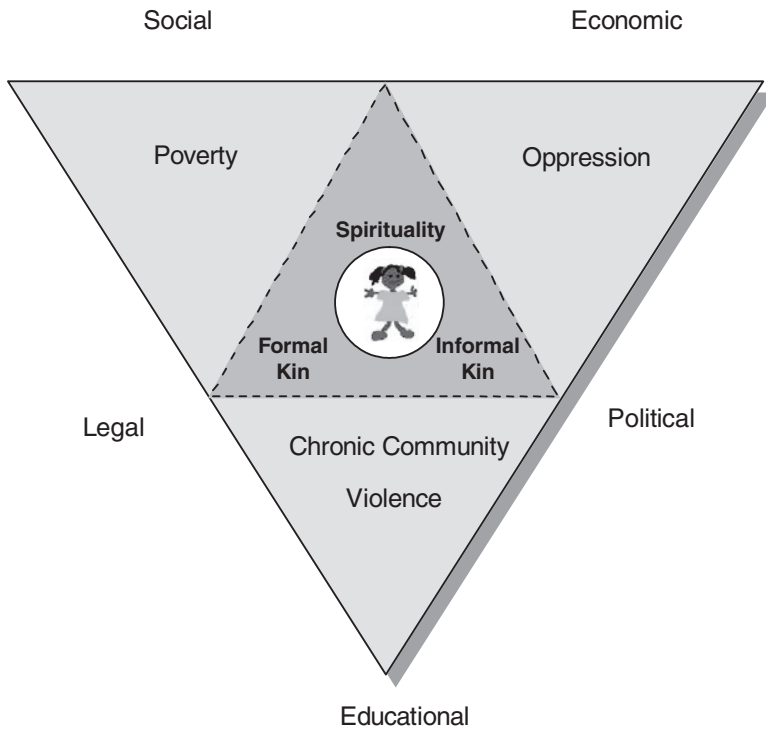
Although NTU is not an easily measured construct, the cultural-ecological model proposes that the principles have a significant influence on how African Americans function in the context of everyday experiences. Connections to others, spiritual beliefs, and a systemic approach to living are key elements of NTU. It is proposed that in this population, the principles of NTU create the foundation for coping with everyday stressors, including traumatic stressors.

To integrate concepts within Africentric theory and Bronfenbrenner's (1979) ecological framework in the context of a child who is exposed to community violence, a cultural-ecological model is proposed (Figure 1). Components of the Africentric perspective, specifically interconnectedness and authenticity (e.g., kinship) and harmony (e.g., spirituality) are considered to be elements of an African American child's worldview that facilitate coping with stress. The influence of the macrosystem is reflected in the outer square of Figure 1, and it includes the legal, social, economic, and political forces that affect children and their families. The exosystem, depicted in the inverted triangle of Figure 1, has both direct and indirect influences on the child. Exposure to violence, poverty, and chronic oppressive experiences are among the negative factors that can affect a child at this level of the ecology.

The most direct influence on a child is through the microsystem. It is proposed that the cultural beliefs and values of African American children are fostered and developed within this system. Shown in the upright triangle of Figure 1, the concepts of interconnectedness, authenticity, and harmony occur through formal kinship support (FKS) and other nonfamilial support, along with spiritual beliefs. The presence of enduring factors at the level of the microsystem may explain why some children show successful adaptation when chronically exposed to violence. Because community violence and chronic poverty occur within a distal level of the ecology, it is anticipated that strong influences within the microsystem may be held accountable for resiliency from adverse outcomes. Thus, the elements of the microsystem are expected to moderate the effects of more distal ecological systems.

### **Africentric Coping Mechanisms**

According to Figure 1, the cultural values of the Africentric worldview fall within the microsystem. Previous research (Ak'bar, 1984; Daly, Jennings,



**Figure 1: A Cultural-Ecological Model of Community Violence Exposure**

Beckett, & Leashore, 1995) supports the idea that the Africentric worldview has had an impact on the manner in which some African Americans cope with chronic stressors. For example, research has demonstrated that the values of African Americans can be translated to specific coping behaviors in the context of some stressful situations (Barbarin, 1993; Daly et al., 1995; Jagers & Mock, 1993; Jennings, 1991). Similarly, research studies with African Americans concur that FKS and spirituality are among the commonly used coping mechanisms (Bagley & Carroll, 1998; Barbarin, 1993; Daly et al., 1995; Jagers & Mock, 1993; Jennings, 1991; Taylor, Chatters, & Levin, 2004). Some theorists (Billingsley, 1992; R. B. Hill, 1999; Logan, 1996) have also described nonfamilial supports, or “informal kinship,” as a coping mechanism used by African Americans. This study sought to validate the influence of Africentric principles in the context of exposure to violence. Thus, the

study explored the effects of three forms of cultural support that are used as coping mechanisms: formal kinship, informal kinship, and spirituality.

*Formal kinship.* Formal kinship is a well-documented source of support for African Americans (Billingsley, 1992; R. B. Hill, 1999; McAdoo, 1997; Wilson & Tolson, 1990). According to Wilson and Tolson (1990), formal kinship connections are maintained through patterns of contact that are proximal, frequent, and consistent. As in NTU, these interpersonal relationships include interactions that are supportive and functional to the nuclear family. For example, Taylor (1996) found that high levels of support are associated with fewer behavior problems and better psychosocial adjustment in African American adolescents. Similarly, McCubbin, Thompson, Thompson, and Futrell (1998) noted how African Americans use resources such as extended family, religious supports, and caregiving supports in the community.

*Informal kinship.* Informal kinship is another manifestation of the value of interconnectedness and authenticity in the Africentric belief system. Informal kin have been defined as people “within a given society to whom one is not related by birth or marriage, but [who] share reciprocal social and economic relationships” (Fordham, 1996, p. 58). It is a manifestation of the collective social identity whereby one has a view of oneself as part of a community. As a result, the microsystem expands to include more than immediate and extended family members. Informal kinship support (IKS; also referred to as “fictive kin” or “augmented” family) can be a strong basis for family unity in the African American community (Billingsley, 1992; Boyd-Franklin, 1989; R. B. Hill, 1999; Logan, 1996). Informal kin (or nonblood relatives) usually acquire family-like titles and become indispensable parts of the family system, even though they are appropriated family members (Billingsley, 1992; R. B. Hill, 1999). As a result of these unions, the definition of the African American family must be expanded to include relationships of appropriation. Although defined theoretically, studies of African American families using quantitative analyses of informal kinship as a source of support have not been reported in the research literature. Given that the NTU values of interconnectedness and authenticity are not limited to blood relationships, it is essential to extend the analysis to include all forms of close interpersonal relations within the African American community (Gregory & Harper, 2001; Phillips, 1990). For example, adults who are referred to as “aunt” or “uncle” may be active in daily or weekly caregiving and discipline of African American children. Similarly, elders in the neighborhood may also accept responsibility for disciplining children when they are not under the

supervision of their parents. These interactions affect the development of children by modeling the communal nature of living as an African American.

*Spirituality.* Spirituality is a vital element in the lives of many African Americans. Historically, spirituality has been defined as a search for universal truth and meaning (Paloutzian & Park, 2005) or a form of belief that connects an individual to the world and provides meaning to one's existence. The term *religiosity* was historically associated with functional, institutionalized behaviors associated with religion (Zinnbauer & Pargament, 2005). More recently, researchers have begun to minimize the polarized nature of these definitions and consider a more integrated definition of spirituality. Woods and Ironson (1999) found that individuals who identified themselves as spiritual presented their beliefs and practices as mechanisms for transcendence and connectedness. Similarly, Jagers and Mock (1993) described spirituality as a belief in nonmaterial life forces that have governing powers over the everyday experiences of individuals. In their study of African Americans, they found that sensitivity to one's spiritual qualities takes priority in life and is vital to one's well-being. The spiritual lifestyle is internalized and provides a sense of empowerment and "purpose greater than self" that assists African Americans in coping with challenges and environmental stressors (Haight, 2002; Littlejohn-Blake & Darling, 1993, p. 461). Jennings (1991) found a positive correlation between prayer and the reduction of stress in the African American community. Christian and Barbarin (2001) found that regular church attendance was related to fewer problems with oppositional behavior, depression, and immature behavior in young children. In a study of undergraduate students at historically Black college and universities, Bowen-Reid and Harrell (2002) assessed the effects of spirituality as a buffer for students who had chronic experiences with racism.

In contrast, McBride and Armstrong (1995) used a theological perspective to describe the relationship between the spiritual life of adults and PTSD. They found that the most corrosive impact of unresolved emotional trauma is on the spiritual beliefs of a person. According to their literature review, a person who experienced trauma feels "cut off from God, from others, and even from themselves" (p. 12). Similarly, van der Kolk (1988) noted that people who experience trauma cannot engage successfully in intimate relationships, because they do not feel connected to their inner selves, to others, or to God. Thus, trauma may reduce one's ability to use spirituality as a coping mechanism. However, Garbarino et al. (1992) found that parents who lacked religious frameworks were unable to help their children make sense of violent experiences. Garbarino et al. suggested that spirituality can be used to

give meaning to experiences of urban violence. As a result, a child is better able to cope when there is a religious framework in place. Although some research has shown that loss of faith and spiritual connection is a frequent occurrence among patients exhibiting symptoms of PTSD, Garbarino et al.'s findings contradict these results. Additionally, these inferences were not made from a cultural perspective.

It is proposed that the Africentric perspective guides the social and emotional development of African American children and is an integral part of their microsystem. The Africentric perspective, a foundation for developing children, produces the opportunity for the children to become more resilient in the face of adversity.

#### COMPLEX PTSD (C-PTSD)

In the most recent version of American Psychiatric Association's (2000) *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, the diagnosis of PTSD requires exposure to a traumatic event that includes the threat of death or serious injury to oneself or another person. An individual's response to the event must have involved intense fear and/or helplessness or agitation. The response may also include reexperiencing the event, avoiding any stimulus that might be associated with the trauma, and/or suffering from symptoms of increased physiological arousal (Pynoos & Nader, 1990). Overall, these symptoms cause significant impairment in social, occupational, and/or academic functioning (American Psychological Association, 2000).

PTSD is a common psychological response to chronic traumatic stressors, particularly those that are repeated, frequent, and unpredictable (Herman, 1992b). Traumatic stressors may include natural disasters, single-episode or chronic violence, or abuse (Herman, 1992b). Most research on community violence has been dominated by studies conducted after natural disasters and single-episode traumatic experiences (Foy, Madvig, Pynoos, & Camilleri, 1996; Pynoos & Nader, 1990; Terr, 1979, 1983). However, more recent studies have explored the existence of PTSD symptoms that are associated with chronic and collective violent experiences. According to Herman (1992b), the symptoms exhibited by individuals exposed to chronic, collective violent events were different from those defined in the *DSM-IV-TR* diagnosis of PTSD (American Psychiatric Association, 2000).

Herman (1992a) and Roth, Newman, Pelcovitz, van der Kolk, and Mandel (1997) have suggested that individuals who are exposed to chronic trauma manifest a constellation of symptoms that are not fully captured by the PTSD symptomatology of the *DSM-IV-TR* (American Psychiatric Association,

2000). Herman (1992b) outlined the diagnosis of C-PTSD on the basis of research with victims who had suffered from repeated and prolonged abuse. Herman (1992b) argued that the symptoms exhibited by survivors of prolonged, repeated trauma are far more complex than those of individuals who survive single-episode trauma. To fully capture the degree to which African American children respond to CCV, the concept of C-PTSD was used to define the potential pathological response to violence exposure.

#### EXPOSURE TO CCV AND PTSD

Some researchers developed an interest in the effect of chronicity when studying the relationship between exposure to community violence and the development of PTSD. Osofsky, Wewers, Hann, and Fick (1993) assessed the prevalence of community violence in an attempt to obtain a better understanding of chronic exposure. They found that children living under impoverished conditions were exposed to extremely high levels of violence. The results also indicated a significant positive correlation between exposure to CCV and overall stress symptoms. H. M. Hill and Madhere (1996) investigated the effects of exposure to CCV and other risk factors in a sample of African American children with a focus on how environmental resources influenced the children's positive adjustment. The results indicated that low family income was significantly more detrimental than repeated exposure to violence and that children from poorer families exhibited more adjustment problems.

Barbarin et al. (2001) completed a study of South African children exposed to violence that explored the extent to which coping resources protected the children from negative psychological adjustment. They found that the children's experiences of violence depended on their families' ability to act as barriers to the violence and the quality of family relationships and other social support resources available. However, they indicated that the buffering effect became less powerful as the children matured.

Episodes of chronic, enduring interpersonal violence put children at higher risk for developing symptoms of C-PTSD. The purpose of this study was to use a culturally based perspective (Africentric worldview) to analyze social supports as a source of coping in African American children who were chronically exposed to community violence. Although living in violent communities, the participants were proposed to be entrenched in African American cultural norms and values that are a foundation for functioning. These values, based in NTU, translate to coping behaviors and are measurable constructs. Using a quantitative methodology, the study provides information about how African American children's worldview affects their emotional states. By

studying formal kinship, informal kinship, and spirituality, the study tested whether the variables moderated the relationship between CCV and C-PTSD.

## METHOD

### PARTICIPANTS

The participants were selected from three "neighborhood schools" in the midst of a high-crime, high-poverty community in Houston, Texas. Crime statistics were obtained from the local police department to determine which areas in the community were most affected by CCV and poverty. These statistics indicated that the Third Ward and Fifth Ward of Houston were among the most violent and crime-ridden areas of the city. The South Central School District overlapped both of these wards, so it was selected for the sampling frame. All participants in the study were enrolled in the school's free or reduced-price lunch program, a government feeding program for children living in poverty. Seventy-one African American students aged 9 to 11 years participated in the study. The sample consisted of 56% girls. As a gift for their participation, all children were given Beanie Baby toys, along with cards for free Happy Meals from the McDonald's Corporation. Parents were entered into a lottery to win one of four money orders for \$50.

### PROCEDURE

#### Research Assistants

A team of three female African American research assistants, along with the author as principal investigator, completed the interviews for the study. By using African American graduate and undergraduate students as research assistants, an ethnic match between the interviewees and the interviewers was provided. The ethnic-match methodology was selected because research has shown that using this method often increases the likelihood of candid responses and comfort with interviewers, particularly when working with disenfranchised communities (Russell, Fujino, Sue, Cheung, & Snowden, 1996). All research assistants had backgrounds in psychology. As a result, training for this project included developing a clinical protocol for assessing children's levels of distress. The consent form and assent form included detail about how the team would handle distress in children (e.g., ending the interviews, consulting the principal investigator immediately, and making referrals for treatment). No adverse events occurred, and no referrals were necessary.

## Interviews

Individual interviews took between 60 and 75 minutes to complete. They were conducted in the participants' homes and within the community rather than at the school. The home environments included substandard single-family homes, "projects," and apartments. Community locations included public libraries, churches, and community centers. Occasionally, there were nearby dwellings with boards on the windows. These homes were frequently falling apart, and homeless people were living outside on vacant lots. The participants referred to these dwellings as "crack houses." For safety reasons, the research assistants were instructed to conduct the interviews during daylight hours. If this was not possible, they conducted the interviews in pairs.

Each child was interviewed by a research assistant who was well trained in the use of each of the instruments in the study. The interview protocol began with the interviewer introducing the child to the response cards. To provide consistency, each instrument within the interview protocol had a corresponding response card. The response card depicted either four or five thermometers with increasing degrees of mercury. These cards guided the child's responses with a visual representation for each level of response to the item. The interviewer then administered the instruments in the order that they are presented in the following section.

## Instrumentation

*Exposure to violence.* Exposure to CCV was measured by the total score on the 35-item Children's Report of Exposure to Violence-Revised (CREV-R; Cooley, Turner, & Beidel, 1995). Designed for administration to children and adolescents aged 9 to 15 years, the CREV-R assesses the type of exposure to violence through four content areas: media, reported, witnessed, and victim. The media content area describes exposure to violence through television, in video games, and in movies. The reported content area documents other people's reports of occurrence. A positive response to the witnessed content area indicates that a child observed a violent event. The victim items reveal when a child had been victimized by community violence. The media and reported content areas describe indirect exposure, whereas the witnessed and victim content areas address direct exposure to violence. The participants were expected to respond to each item by choosing a response on a 5-point, Likert-type scale (*never, one time, a few times, many times, and every day*). The range of scores was from 29 to 145. Six items were open-ended questions and were not included in the quantitative analyses. The total violence exposure score was selected for use in the analyses as an indicator of overall exposure to CCV (Cronbach's  $\alpha = .89$ ).

*C-PTSD.* The total score (Cronbach's  $\alpha = .95$ ) on the Angie/Andy Cartoon Trauma Scales (A/A CTS; Praver, 1996; Praver, DiGiuseppe, Pelcovitz, Mandel, & Gaines, 2000) was used to measure children's reported symptoms of C-PTSD. The A/A CTS is a 41-item cartoon-based questionnaire designed for use with children aged 6 to 11 years to investigate the emotional and behavioral responses of children when exposed to chronic interpersonal violence. The A/A CTS includes six different scales that are aligned with the diagnosis of C-PTSD. The scales are as follows: (a) Dysregulation of Affect, (b) Amnesia and Dissociation, (c) Self Perception Impairment, (d) Systems of Meaning, (e) Post Traumatic Stress, and (f) Somatization. Scores on the six subscales were summed to create the C-PTSD score. The items were structured to allow the child to identify the degree of the severity of symptoms by selecting a response on a 4-point, Likert-type scale. The response choices were *never*, *just a few times*, *some of the time*, and *a lot of the time*. For C-PTSD, the range of scores was 41 to 164.

*Kinship support.* The total score (Cronbach's  $\alpha = .75$ ) on the Kinship Social Support Measure (Taylor, Casten, & Flickinger, 1993) was used as the measure of FKS. The score is based on 13 items that examine the following: (a) the frequency of contact with kin, (b) the degree to which social and emotional support is sought and offered by the identified relatives, and (c) personal satisfaction with the support of kin (e.g., "When our family is worried about something, we get advice from our relatives"). The participants responded to each item by selecting one of four responses (*never*, *sometimes*, *a lot of the time*, and *all the time*).

The IKS scale (Cronbach's  $\alpha = .87$ ) was based on an adaptation of the items from the Kinship Social Support Measure. Using the same 4-point scale, the 13 items were adapted to include informal kinship members (as identified by the participants) rather than relatives. The total range of scores for the FKS and IKS scales was 13 to 52.

*Spirituality.* Although there are measures of religiosity (religious behaviors) in adults, at the present time, existing scales do not measure religious beliefs and behaviors in children. In particular, the existing scales of spiritual beliefs and practices are not guided by Africentric theory. In NTU, harmony is the belief that spiritual forces connect all forms of life. Through these spiritual forces, direction and purpose are obtained. Thus, if we were to simply explore religious behaviors, we would have overlooked the purpose and meaning behind the behaviors. As a result, a spirituality questionnaire (SQ) was developed to correspond with a comprehensive definition, inclusive of both religiosity and spiritual beliefs. As shown in Table 1, items on the SQ assess the following areas: (a) spiritual beliefs, (b) church-related

activities and frequency of attendance, (c) prayer, and (d) the use of spiritual being as a source of support and coping. The 25 items on the SQ were developed through reviewing and adapting items from preexisting adult measures of religiosity (Batson & Ventis, 1982; Ellison & Paloutzian, 1983; Plante & Boccaccini, 1997) and inquiry with members of various clergy as well as individuals who were active in churches. In addition, I researched the language and doctrines of several religious groups that are common in African American culture. These religious groups included: Seventh-Day Adventists, Jehovah's Witnesses, Muslims, and other Christian denominations (e.g., Baptist, Methodist, African Methodist Episcopal). The items were written to reflect the broadest beliefs and practices of each of these religious groups. During the piloting phase, the items on the SQ were reviewed and revised by individuals whose spiritual beliefs fell within one of the aforementioned religious groups. The measure was then piloted with a small sample of 26 children and their parents.

Similar to the other measures for this study, the participants responded to each item using a 4-point, Likert-type scale (*never, sometimes, often, and always*). The potential ranges of scores on the SQ are 25 to 100 for the total score (Cronbach's  $\alpha = .90$ ), 15 to 60 on the beliefs subscale (Cronbach's  $\alpha = .92$ ), and 10 to 40 on the practices subscale (Cronbach's  $\alpha = .84$ ). The correlation between the beliefs and practices subscales was .37. Thus, although the scales are related, they each assess some relatively unique aspect of spirituality.

*Africentric support.* As a way of providing an indication of how NTU holistically influenced the coping ability of African American children, an Africentric support score was created. Because the standard deviations of formal kinship, informal kinship, and spirituality were nearly the same, the Africentric support score was calculated by adding the three scales. The resulting scale had a Cronbach's  $\alpha$  value of .86, indicating that the Africentric support scale had a high level of internal consistency. Because of the spuriousness of part-whole relations, the Africentric support score was never included in the same analysis as one of its subscales.

## RESULTS

### WHAT WAS THE PREVALENCE OF EXPOSURE TO VIOLENCE IN THIS SAMPLE?

Many of the children participating in the study had experienced the most serious forms of direct exposure to violence. For example, 19% of the 71 children had witnessed people they knew being shot or stabbed, and 10% of

**TABLE 1**  
**Spirituality Questionnaire**

<i>Item</i>	<i>Score</i>
<b>Beliefs scale<sup>a</sup></b>	
I believe in God.	1 2 3 4
God is important to me.	1 2 3 4
I believe when God is with me, I am stronger.	1 2 3 4
My family believes that God watches over us.	1 2 3 4
When I feel scared, I believe God will take care of me.	1 2 3 4
I believe that God is always watching over me.	1 2 3 4
I believe God will forgive me for my sins.	1 2 3 4
I believe that some people go to Heaven when they die, or when God returns.	1 2 3 4
When I need help, I believe I can go to my Pastor, church Elder, Minister, or my Sunday School teacher to help me.	1 2 3 4
When my parents are afraid, they believe God will take care of us.	1 2 3 4
I believe that when I pray, God is listening.	1 2 3 4
When I make a mistake, I believe I should pray and ask for forgiveness.	1 2 3 4
I believe God has a plan for my life.	1 2 3 4
I believe that God loves me.	1 2 3 4
I believe that God accepts me just as I am.	1 2 3 4
Total	
<b>Practices scale<sup>b</sup></b>	
I attend church or mosque.	1 2 3 4
I am involved in activities such as Sunday School, Sabbath School, "R.O.P.," Pathfinders, "AY," youth group, Missionary School, or other activity.	1 2 3 4
My family is active in the church/mosque or with church/mosque activities.	1 2 3 4
I pray.	1 2 3 4
My family prays.	1 2 3 4
When my family worries, we "leave it in the hands of God."	1 2 3 4
When something bad happens, I pray.	1 2 3 4
When something good happens, I pray to thank God.	1 2 3 4
I read the Bible, Watchtower Bible, Little Friends, Junior Guide, or Qur'an.	1 2 3 4
I attend Bible study, Watchtower Bible study, or study of the Qur'an.	1 2 3 4
Total	
<b>Spirituality score (beliefs plus practices)</b>	

NOTE: The term *God* is substituted for the spiritual being identified by the child during the introductory interview (e.g., Jehovah, Allah).

a. 1 = *not at all*, 2 = *a little*, 3 = *pretty much*, 4 = *very much*.

b. 1 = *never*, 2 = *sometimes*, 3 = *often*, 4 = *always*.

the children had witnessed people they knew being killed. The children had also witnessed this extreme form of community violence with strangers as the victims. Twenty percent had seen strangers being shot or stabbed, and 13% had witnessed strangers being killed. Some of the children had also been

**TABLE 2**  
**Intercorrelations Among Chronic Community Violence Exposure, Complex Post-Traumatic Stress Disorder (C-PTSD), and Support ( $n = 71$ )**

<i>Variable</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>M</i>	<i>SD</i>
1. C-PTSD		.19	-.11	.07	.11	.04	73.41	19.85
2. Violence exposure			-.14	.08	.04	-.01	57.70	13.53
3. Formal kinship				.28*	.18	.68 <sup>a</sup>	35.67	6.07
4. Informal kinship					.21	.77 <sup>a</sup>	32.91	7.73
5. Spirituality						.65 <sup>a</sup>	89.82	6.34
6. Africentric support							159.30	14.03

a. Part-whole correlation.

\* $p < .05$ .

victims of violence. Forty percent had been chased or threatened, 27% had been beaten, and 1% had been shot or stabbed. The types of experiences the children within the sample had been exposed to were consistent with those that Herman (1992b) described as related to symptoms of C-PTSD.

#### WHAT WERE THE RELATIONSHIPS AMONG EXPOSURE TO CCV, FKS, IKS, SPIRITUALITY, AND C-PTSD IN AFRICAN AMERICAN CHILDREN?

The caregivers were asked to provide their perspectives of their children's FKS, IKS, and spirituality support. Table 2 shows the intercorrelations among the variables. Although each of the independent variables and C-PTSD were correlated, none of the correlation coefficients was statistically significant. However, the direction of the relationship was usually in the anticipated direction. The meaning of these correlations is somewhat unclear given that the hypothesis was that kinship and spirituality would interact with exposure to violence. For example, if the correlation between CCV and C-PTSD were positive for half the group and negative for the other half, the resulting correlation would be zero.

Although there was a significant correlation between formal kinship and informal kinship ( $p < .05$ ), the informal kinship items were endorsed far less than the formal kinship items. There was a statistically significant difference,  $t(68) = 48.83$ ,  $p < .001$ , between the means, with formal kinship ( $M = 35.67$ ,  $SD = 6.07$ ) more highly endorsed than informal kinship ( $M = 32.91$ ,  $SD = 7.73$ ). Each of the support variables was significantly correlated with the overall Africentric support score because they were part-whole correlations.

HOW DO FORMAL KINSHIP, INFORMAL KINSHIP, AND SPIRITUALITY INDIVIDUALLY AFFECT THE DEVELOPMENT OF C-PTSD SYMPTOMS WHEN AFRICAN AMERICAN CHILDREN ARE EXPOSED TO CCV?

The moderated multiple regression method (Cohen, 1988; Cohen, Cohen, West, & Aiken, 2003) was used to examine the relationships between C-PTSD and (a) CCV, (b) kinship support and/or spirituality, and (c) the interaction of CCV and the forms of support. According to Baron and Kenny (1986), mediator and moderator variables are third variables that influence the relationship between an independent and dependent variable. Mediator variables answer "why" a particular relationship exists between independent and dependent variables, whereas moderator variables determine the direction or strength of the relationship between the variables. In separate multiple regression analyses, each of the support variables (FKS, IKS, and spirituality) and their total were entered to explore the social supports role in moderating the effects of CCV on symptoms of C-PTSD. Table 3 shows the results of the hierarchical regression models.

### Kinship Support

Results of the multiple regression analysis suggested that FKS interacted with community violence to affect C-PTSD,  $t(1, 65) = 2.22, p < .05$ . A 6% increase in  $R^2$  was accounted for by the interaction. Figure 2 shows the pattern of the interaction for children with low FKS (below the median in FKS), for whom more violence exposure was related to more C-PTSD. Informal kinship, by contrast, did not moderate the symptoms of C-PTSD ( $\Delta R^2 = .01, ns$ ).

### Spirituality

As shown in Figure 3, the interaction of spirituality and exposure to community violence was significant,  $t(1, 62) = 2.06, p < .05$ . The interaction accounted for a 6% increase in the variance. For children with low spirituality (below the median on the measure), increases in exposure to community violence were associated with increases in C-PTSD. For children with high spirituality, increases in exposure to violence were unrelated to increases in C-PTSD. Further analysis of subscales also revealed a significant interaction effect,  $t(1, 64) = 2.31, p < .05$ , for the spiritual practices scale but not for the spiritual beliefs scale. This interaction accounted for a 7% increase in  $R^2$ .

**TABLE 3**  
**Hierarchical Regression Models: Prediction of Complex Post-Traumatic Stress Disorder Symptoms by Exposure to Chronic Community Violence (CCV) and Support Variables**

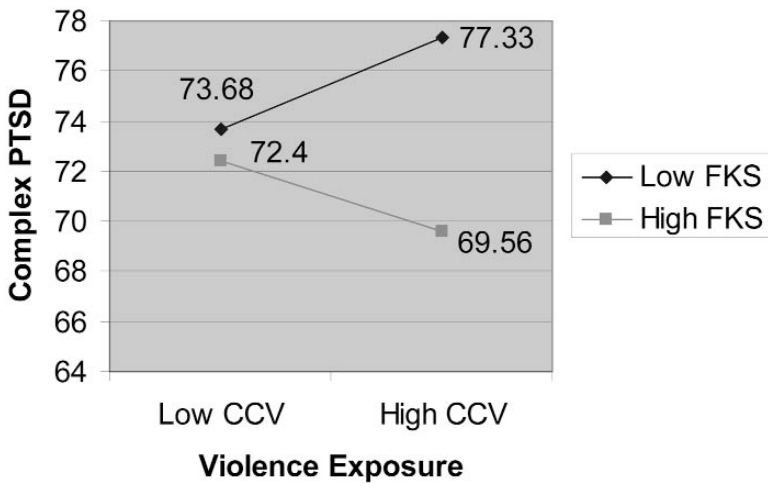
<i>Factor</i>	<i>Predictor</i>	$\beta$	t	R <sup>2</sup>	F
FKS					
Step 1	CCV	0.21	1.73	.06	1.96
	FKS	-0.08	-0.69		
Step 2	CCV	-1.93	-1.99*	.12	3.02*
	FKS	-1.61	-2.31*		
	CCV $\times$ FKS	2.45	2.22*		
IKS					
Step 1	CCV	0.25	1.99*	.06	2.13
	IKS	0.05	0.37		
Step 2	CCV	-0.08	-0.13	.07	1.49
	IKS	-0.28	-0.45		
	CCV $\times$ IKS	0.48	0.53		
Spirituality					
Step 1	CCV	0.23	1.90	.07	2.27
	Spirituality	0.11	0.87		
Step 2	CCV	-2.81	-1.90	.13	3.00*
	Spirituality	-0.85	-1.78		
	CCV $\times$ Spirituality	3.25	2.06*		
Total AS					
Step 1	CCV	0.27	2.12*	.07	2.30
	AS	0.04	0.33		
Step 2	CCV	-2.90	-1.85	.13	2.99*
	AS	-1.13	-1.92		
	CCV $\times$ AS	3.38	2.03*		

NOTE: FKS = formal kinship support; IKS = informal kinship support; AS = Africentric support.

\* $p < .05$ .

#### HOW DOES AFRICENTRIC SUPPORT AFFECT SYMPTOMS OF C-PTSD IN AFRICAN AMERICAN CHILDREN EXPOSED TO VIOLENCE?

The interaction of Africentric support and exposure to CCV was statistically significant,  $t(1, 58) = 2.03$ ,  $p < .05$ . The change in  $R^2$  when the product term was added resulted in a 6% increase in  $R^2$ . Figure 4 shows the form of this interaction. For children with low Africentric support (a composite score below the median), increases in exposure to community violence were associated with increases in C-PTSD. For children with high



**Figure 2: Interaction Effects of Formal Kinship and Exposure to Chronic Community Violence (CCV)**

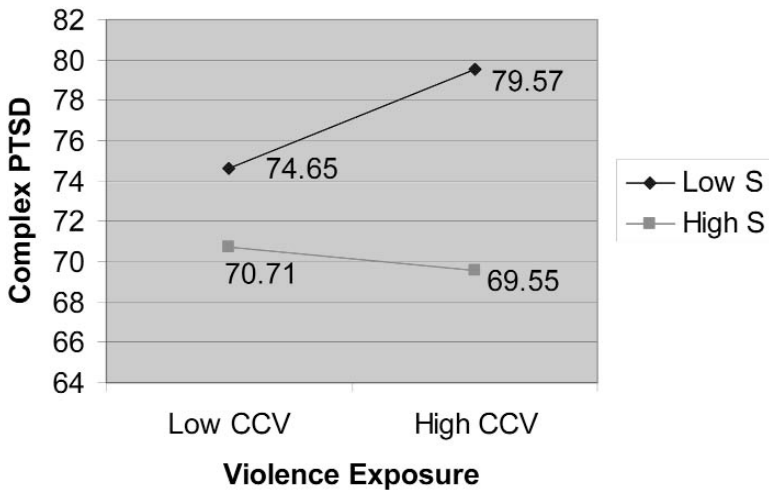
NOTE:  $p < .05$ . FKS = formal kinship support; PTSD = post-traumatic stress disorder.

Africentric support, increases in exposure to violence were not related to increases in C-PTSD.

## DISCUSSION

The analyses for this study explored the relationships between exposure to CCV and C-PTSD and the impact of social-support variables on the relationship. Consistent with the NTU principles of interconnectedness and authenticity, we found significant moderating effects for FKS. These results are consistent with those of previous studies indicating that formal kinship is a significant source of support for African Americans. We can also go a step further by revealing that FKS can moderate the effects of violence for African American children.

The level of IKS alone had no impact on C-PTSD. This lack of significance could be because the children had difficulty identifying informal kinship members during interviews. We found that differentiating between

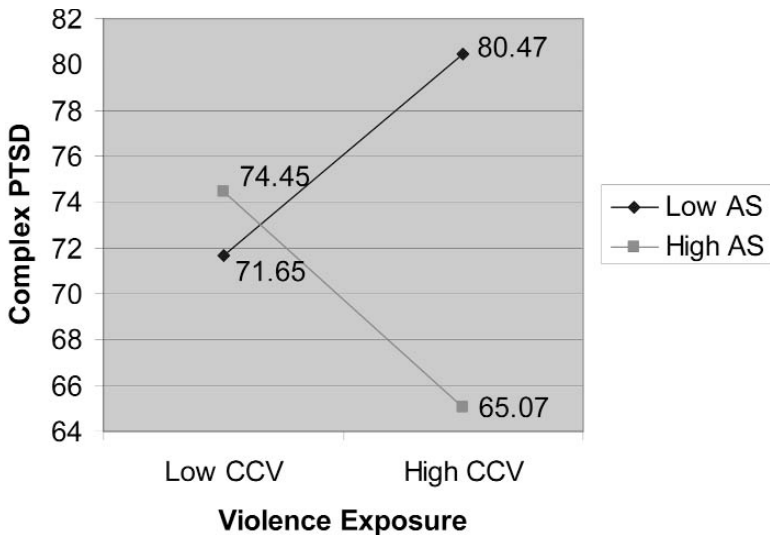


**Figure 3: Interaction Effects of Spirituality (S) and Exposure to Chronic Community Violence (CCV)**

NOTE:  $p < .05$ . PTSD = post-traumatic stress disorder.

formal and informal kin was problematic for many of the children. The children most commonly regarded these nonblood relations as family and therefore had difficulty naming them separately. Maternal caregivers occasionally helped the children by reminding them that the individuals were not blood-related family members, but some caregivers also expressed difficulty differentiating between informal and formal kin. As a result, it is possible that the participants incorporated IKS into the formal cluster when responding to the first half of the questionnaire. If this occurred, this may have deflated their responses to the informal kinship items and inflated the formal kinship. According to NTU, interconnectedness and unity are central to the Africentric belief system, and this interconnectedness includes both formal and informal connections. As a result, there is potentially no clear delineation between the supports. Thus, future research studies will need to develop language that is inclusive of these individuals as part of the overall support network and not remain limited to “relatives.”

On the basis of the NTU principle of harmony, spirituality was clearly a significant source of support that facilitated coping in African American



**Figure 4: Interaction Effects of Africentric Support (AS) and Exposure to Chronic Community Violence (CCV)**

NOTE:  $p < .05$ . PTSD = post-traumatic stress disorder.

children. Consistent with the findings of the culturally based studies with African Americans, spirituality had a positive effect on the participants when dealing with chronic violent experiences in the community. Our results contradict van der Kolk (1988) and McBride and Armstrong (1995), who argued that individuals who experience trauma become disconnected from their faith and intimate relationships. Although that may happen in some instances, no evidence of children losing spirituality as a consequence of violence exposure was observed. Rooted in African heritage, generations of people of African descent have been raised with spirituality as a means to cope with stress and trauma. Despite the fact that children within our sample faced some of the most traumatic human experiences, spirituality was a factor that increased resilience from C-PTSD.

Another interesting finding of our study is the impact of the combined-support variable. The findings confirmed the prediction that the effects of Africentric support (formal kinship, informal kinship, and spirituality combined) would significantly interact with exposure to violence. The results suggest that a combination of supports within the microsystem of individuals can have a positive effect on emotional outcomes in African American children.

## LIMITATIONS

One limitation of the study is that the results are generalizable only to African Americans in poor, chronically violent communities. Although our sample included the working poor, the majority of these children were affected by poverty, disenfranchisement from society (living in low-income housing or substandard single-family homes), and subsequent exposure to violence and crime. Future studies would increase the generalizability of these results by assessing the use of these culturally laden supports in dealing with stressors unrelated to socioeconomic status (e.g., academic stress, peer relationship stress).

Additionally, many homes included multiple generations of families in the same households. Many of these children were being raised by their grandparents and elders in the community, which may be even more rooted in traditional African values.

Another limitation is the cross-sectional nature of the study. A better indicator of how children are affected over time would have been gained by longitudinal research. The CREV-R does not indicate how recent exposure to violence was, nor does it relate symptoms to particular violent experiences. It is possible that children with more recent traumatic experiences had higher symptoms because of recency effects. A longitudinal study would have allowed us to measure effects over time. Nevertheless, this study offered initial insights that could be explored more fully in future longitudinal research.

## CONTRIBUTION TO THE LITERATURE

The results of this study support the cultural-ecological model that was presented. The model posits that Africentric principles are part of the microsystem for African Americans, and these principles individually are likely to buffer against symptoms of C-PTSD. Although FKS and spirituality can have separate impacts on the effects of exposure to violence, a comprehensive support network may be necessary to have the strongest impact on children's emotional responses to community violence exposure. As a result, African American children can be more resilient to traumatic symptoms when a variety of protective factors from within the microsystem interact to create a holistic system of support.

This study also reveals the importance of evaluating interaction effects when considering the relationship between multiple variables. In this study, a correlation analysis revealed a low positive correlation between CCV and the dependent variable, C-PTSD. If we had stopped at the zero-order correlation, we would have missed the interaction effect, the most valuable

finding of this study. Further analysis of the interaction effect allowed us to recognize that the overall correlation was low because the value resulted from the correlation between the variables being positive for some of the children (those below the median on social support) and zero or negative for the other children (those above the median on social support).

These results contribute not only to the literature on children's responses to community violence but also to the literature on coping with chronic environmental stressors within a particular cultural context. Although this research adds to the knowledge base on children and chronic violence exposure, it also has practical application. That is, researchers and practitioners can use the elements of the cultural-ecological model to create interventions that foster resiliency in African American children by involving family members who meet formal kinship criteria and drawing on children's spirituality and social interconnectedness in the various systems in which they participate. There is no clear solution to removing violence from society, but an attempt can be made to reduce the negative impact of chronic exposure by working with and supporting children's existing support networks, including family, schools, and the community.

## REFERENCES

- Ak'bar, N. (1984). Afrocentric social services for human liberation. *Journal of Black Studies, 14*, 395-413.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Asante, M. K. (1988). *Afrocentricity*. Trenton, NJ: Africa World.
- Bagley, C. A., & Carroll, J. E. (1998). Healing forces in African American families. In H. I. McCubbin, E. A. Thompson, A. I. Thompson, & J. A. Futrell (Eds.), *Resiliency in African American families* (pp. 117-142). Thousand Oaks, CA: Sage.
- Barbarin, O. A. (1993). Coping and resilience: Exploring the inner lives of African American children. *Journal of Black Psychology, 19*, 478-492.
- Barbarin, O. A., Richter, L., & deWet, T. (2001). Exposure to violence, coping resources, and psychological adjustment of South African children. *American Journal of Orthopsychiatry, 71*(1), 16-25.
- Baron, R., & Kenny, D. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182.
- Batson, C. D., & Ventis, W. L. (1982). *The religious experience: A social-psychological perspective*. New York: Oxford University Press.
- Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist, 35*, 320-335.
- Billingsley, A. (1992). *Climbing Jacob's ladder: The enduring legacy of African American families*. New York: Simon & Schuster.

- Boyd-Franklin, N. (1989). *Black families in therapy*. New York: Guilford.
- Bowen-Reid, T. L., & Harrell, J. P. (2002). Racist experiences and health outcomes: An examination of spirituality as a buffer. *Journal of Black Psychology, 28*, 18-36.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Christian, M. D., & Barbarin, O. A. (2001). Cultural resources and psychological adjustment of African American children: Effects of spirituality and racial attribution. *Journal of Black Psychology, 27*, 43-63.
- Cicchetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and maltreatment: Consequences for children's development. *Psychiatry, 56*, 96-118.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Cooley, M. R., Turner, S. M., & Beidel, D. C. (1995). Assessing community violence: The children's report of exposure to violence. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*(2), 201-208.
- Daly, A., Jennings, J., Beckett, J. O., & Leashore, B. R. (1995). Effective coping strategies of African Americans. *Social Work, 40*(2), 240-246.
- Ellison, C. W., & Paloutzian, R. F. (1983). Spiritual Well Being Scale. *Journal of Psychology and Theology, 11*(4), 330-340.
- Flannery, D. J., Wester, K. L., & Singer, M. I. (2004). Impact of exposure to violence in school on child and adolescent mental health and behavior. *Journal of Community Psychology, 32*(5), 559-573.
- Fordham, S. (1996). *Blacked out: Dilemmas of race, identity, and success at Capitol High*. Chicago: University of Chicago Press.
- Foster, P. M., Phillips, F., Belgrave, F. Z., Randolph, S. M., & Braithwaite, N. (1993). An Africentric model for AIDS education, prevention, and psychological services within the African American community. *Journal of Black Psychology, 19*(2), 123-141.
- Foy, D. W., Madvig, B. T., Pynoos, R. S., & Camilleri, A. J. (1996). Etiologic factors in the development of posttraumatic stress disorder in children and adolescents. *Journal of School Psychology, 34*(2), 133-145.
- Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger*. San Francisco: Jossey-Bass.
- Gregory, W. H., & Harper, K. W. (2001). NTU approach to health and healing. *Journal of Black Psychology, 27*, 304-320.
- Haight, W. L. (2002). *African American children at church: A sociocultural perspective*. New York: Cambridge University Press.
- Herman, J. L. (1992a). Complex PTSD: A syndrome of survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*, 377-391.
- Herman, J. L. (1992b). *Trauma and recovery*. New York: Basic Books.
- Hill, H. M., & Madhere, S. (1996). Exposure to community violence and African American children: A multidimensional model of risks and resources. *Journal of Community Psychology, 24*, 26-43.
- Hill, R. B. (1999). *The strengths of African American families: Twenty-five years later* (2nd ed.). Lanham, MD: University Press of America.
- Jackson, M. S. (1995). Afrocentric treatment of African American women and their children in a residential chemical dependency program. *Journal of Black Studies, 26*(1), 17-30.

- Jagers, R. J., & Mock, L. O. (1993). Cultural and social outcomes among inner-city African American children: An Afrographic exploration. *Journal of Black Psychology, 19*(4), 1353-1361.
- Jennings, A. R. (1991). The relationships among three factors of prayer, stress, and coping. *Dissertation Abstracts International, 51*(10), 5017-B.
- Littlejohn-Blake, S. M., & Darling, C. A. (1993). Understanding the strengths of African American families. *Journal of Black Studies, 23*(4), 460-471.
- Logan, S. L. (1996). *The Black family: Strengths, self-help, and positive change*. Boulder, CO: Westview.
- McAdoo, H. P. (1997). *Black families* (3rd ed.). Thousand Oaks, CA: Sage.
- McBride, J. L., & Armstrong, G. (1995). The spiritual dynamics of chronic posttraumatic stress disorder. *Journal of Religion and Health, 34*(1), 5-15.
- McCubbin, H. I., Thompson, E. A., Thompson, A. I., & Futrell, J. A. (Eds.). (1998). *Resiliency in African American families*. Thousand Oaks, CA: Sage.
- McNally, R. J. (1993). Stressors that produce PTSD in children. In J. R. Davidson & E. B. Foa (Eds.), *Posttraumatic stress disorder: DSM-IV and beyond* (pp. 57-74). Washington, DC: American Psychiatric Association Press.
- Osofsky, J. D., Wewers, S., Hann, D. M., & Fick, A. C. (1993). Chronic community violence: What is happening to our children? *Psychiatry, 56*, 36-45.
- Paloutzian, R. F., & Park, C. L. (Eds.). (2005). *Handbook of the psychology of religion and spirituality*. New York: Guilford Press.
- Phillips, F. B. (1990). NTU psychotherapy: An Afrocentric approach. *Journal of Black Psychology, 17*, 55-74.
- Plante, T. G., & Boccaccini, M. (1997). Reliability and validity of the Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology, 45*(6), 429-437.
- Praver, F. B. (1996). *Validation of a child measure for post traumatic stress responses to interpersonal abuse*. Unpublished doctoral dissertation, St. John's University, New York.
- Praver, F., DiGiuseppe, R., Pelcovitz, D., Mandel, F. S., & Gaines, R. (2000). A preliminary study of a cartoon measure for children's reactions to chronic trauma. *Child Maltreatment, 5*(3), 273-285.
- Pynoos, R., Frederick, C., & Nader, K. (1987). Life threat and post-traumatic stress in school-age children. *Archives in General Psychiatry, 44*, 1057-1063.
- Pynoos, R., & Nader, K. (1990). Children's exposure to violence and traumatic death. *Psychiatric Annals, 20*(6), 334-344.
- Queener, J. E., & Martin, J. K. (2001). Providing culturally relevant mental health services: Collaboration between psychology and the African American church. *Journal of Black Psychology, 27*, 112-122.
- Roth, S., Newman, E., Pelcovitz, D., van der Kolk, B., & Mandel, F. (1997). Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV field trial for posttraumatic stress disorder. *Journal of Traumatic Stress, 10*(4), 539-555.
- Russell, G. L., Fujino, D. C., Sue, S., Cheung, M.-K., & Snowden, L. R. (1996). The effects of counselor-client ethnic match in the assessment of mental health functioning. *Journal of Cross-Cultural Psychology, 27*, 598-615.
- Schwartz, D., & Gorman, A. H. (2003). Community violence exposure and children's academic functioning. *Journal of Educational Psychology, 95*(1), 163-173.
- Taylor, R. D. (1996). Adolescents' perceptions of kinship support and management practices: Association with adolescent adjustment in African American families. *Developmental Psychology, 32*(4), 687-695.

- Taylor, R. D., Casten, R., & Flickinger, S. M. (1993). Influence of kinship support on the parenting experiences and psychosocial adjustment of African-American adolescents. *Developmental Psychology, 29*(2), 382-388.
- Taylor, R. D., Chatters, L. M., & Levin, J. (2004). *Religion in the lives of African Americans: Social, psychological, and health perspectives*. Thousand Oaks, CA: Sage.
- Terr, L. (1979). Children of Chowchilla. *Psychoanalytic Study of the Child, 34*, 552-623.
- Terr, L. (1983). Chowchilla revisited: The effects of psychic trauma four years after a school-bus kidnapping. *American Journal of Psychiatry, 140*, 1543-1550.
- van der Kolk, B. (1988). The trauma spectrum: The interaction of biological and social events in the genesis of the trauma response. *Journal of Traumatic Stress, 1*(5), 273-290.
- Wilson, M. N., & Tolson, T. F. (1990). Familial support in the Black community. *Journal of Counseling and Clinical Psychology, 19*(4), 347-355.
- Woods, T. E., & Ironson, G. H. (1999). Religion and spirituality in the face of illness. *Journal of Health Psychology, 4*, 393-412.
- Zinnbauer, B. J., & Pargament, K. I. (2005). Religiousness and spirituality. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 21-42). New York: Guilford.