2013

Community violence exposure among underprivileged adolescents : what are the buffering effects of family qualities on negative outcomes?

Katherine Marie Harrison
Louisiana State University and Agricultural and Mechanical College, katie.m.harrison@gmail.com

COMMUNITY VIOLENCE EXPOSURE AMONG UNDERPRIVILEGED ADOLESCENTS: WHAT ARE THE BUFFERING EFFECTS OF FAMILY QUALITIES ON NEGATIVE OUTCOMES?

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Arts

in

The Department of Psychology

by
Katherine M. Harrison
B.S., University of Central Florida, 2009
May 2013

TABLE OF CONTENTS

ABSTRACT

Crime and violence are common in impoverished neighborhoods. Consequently, many youth are at risk for victimization and witnessing violent acts. Extensive research has established the presence of significant associations between violence exposure and aggression and posttraumatic stress symptoms among youth. Research has confirmed the protective role of several family characteristics against these negative outcomes despite adversity. However, the literature investigating the buffering effects of family in the relationship between community violence exposure and aggressive behavior and posttraumatic stress symptoms is limited. The current study examined the moderating effect of family factors such as household structure, social support, and parenting techniques in the relationship between substantial community violence exposure and two highly associated negative outcomes (aggression and PTS symptoms). Hierarchical multiple regressions revealed that, above and beyond other family qualities, parenting techniques such as involvement and praise acted as significant protective factors in the relationship between community violence exposure and subsequent aggression among impoverished youth. Implications, limitations, and directions for future research are discussed.

INTRODUCTION

Violence Exposure

Many children and adolescents experience the trauma of victimization and/or exposure to violence within their homes or communities, making violence exposure a serious public health and safety concern. A significant number of adolescents are the victims of direct violent attacks including contact with deadly weapons, physical altercations, and threats, and many more directly or indirectly witness serious acts of violence, such as beatings and shootings. In 2010, homicide was the third leading cause of death among 12- to 18-year-olds with the majority of deaths resulting from a firearm, and it was the leading cause of death among African-American youth (Centers for Disease Control and Prevention [CDCP], 2010). In addition, nearly 375,000 adolescents sustained serious injuries due to violence (CDCP, 2010).

In the National Survey of Children's Exposure to Violence, 70% of youth aged 14 to 17 years reported being victims of physical assault in their lifetime, and almost 50% were physically assaulted within the past year (Finkelhor, Turner, Ormrod, & Hamby, 2009). This study also found that approximately 47% of youth witnessed violent assaults within their homes or communities during a one-year period, and more than 70% had witnessed family or community violence in their lifetime (Finkelhor et al., 2009).

As demonstrated in these various studies, victimization and witnessing violent acts are prevalent among adolescents. Given that the rates of direct and indirect exposure to violence are strikingly high, there is significant concern regarding the adverse impact of chronic exposure to violence on youth functioning and development. Underprivileged and impoverished youth are at a significantly greater risk of developing psychological or behavioral problems due to the frequency and severity of violence in their homes and communities (Gladstein, Slater Rusonis, & Heald, 1992; Truman & Smith, 2012).

Negative Outcomes Associated with Exposure to Violence

A considerable amount of research has been dedicated to investigating the impact of chronic exposure to violence on youth. For instance, numerous studies have reported that exposure to violence results in internalizing problems. In particular, chronic exposure to violence within the community is related to increases in anxiety and fear (Cooley-Quille, Boyd, Frantz, & Walsh, 2001; Foster, Kuperminc, & Price, 2004; Gorman-Smith & Tolan, 1998; Singer, Anglin, Song, & Lunghofer, 1995) and to the presence of depressive symptoms (Foster et al., 2004; Gorman-Smith & Tolan, 1998; Schwab-Stone et al., 1999; Singer et al., 1995). The effect of community violence exposure on anxious and depressive symptoms is significant and raises major concern as internalizing problems can be life-long and impairing if untreated. Youth exposed to violence are also more likely to exhibit peer difficulties and social problems (Schwartz & Proctor, 2000). Adolescents displaying depression and behavioral problems as a result of exposure to community violence show poor academic achievement (Schwartz & Gorman, 2003). Therefore, community violence exposure impairs peer and school functioning, two contexts in which youths are particularly involved during childhood and adolescence. In addition, youth who are negatively impacted by community violence exposure are more likely to begin using substances and continue to engage in illicit substance use (Kilpatrick et al., 2000), which likely leads to legal problems. As adults, individuals exposed to violence during their youth are more likely to become perpetrators of violence (Kimonis, Ray, Branch, & Cauffman, 2011) and to engage in criminal behavior (Eitle & Turner, 2002). Thus, the long-term impact and consequences of exposure to community violence are severe.

The effects of exposure to violence, largely as they relate to violence within the community, are numerous and serious and can lead to immediate and long-term negative

outcomes. Even more research has been dedicated to understanding the effect of community violence exposure on aggression and posttraumatic stress symptomatology.

Aggression. Numerous studies have established a significant relationship between community violence exposure and increased externalizing behavior problems including anger, aggression, use of violence, and associated conduct problems (DuRant, Cadenhead, Pendergrast, Slavens, & Linder, 1994; Farrell & Bruce, 1997; Gorman-Smith, Henry, & Tolan, 2004; Gorman-Smith & Tolan, 1998; McCabe, Lucchini, Hough, Yeh, & Hazen, 2005; McDonald & Richmond, 2008; Schwab-Stone et al., 1999; Singer et al., 1995). In particular, economically disadvantaged minority youth are at risk for becoming aggressive and displaying violent behavior as a result of community violence exposure (Farrell & Bruce, 1997; Gorman-Smith & Tolan, 1998). Among girls, degree of violence exposure significantly predicted increased aggressive behavior one year later, even after controlling for initial rates of aggression (Farrell & Bruce, 1997). Research findings indicate that this relationship continues to be significant several years post-exposure (McCabe et al., 2005; Salzinger, Feldman, Rosario, & Ng-Mak, 2011; Schwab-Stone et al., 1999). Thus, adolescents who frequently witness violence in their communities are likely to demonstrate escalated levels of aggression even years after the initial incident. Some suggest that exposure to violence acts as a model, as described in Bandura's social learning theory, in which youth perceive that violence and aggression are effective and normal ways to respond to conflict (Bandura, 1978; Cooley-Strickland et al., 2009).

Posttraumatic Stress Disorder. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR), individuals with posttraumatic stress disorder (PTSD) (a) experience or witness a traumatic event and respond with fear, (b) persistently re-experience the traumatic event (e.g., dreaming, recurrent thoughts of the event),

(c) demonstrate avoidance of stimuli related to the event and numbing of responsiveness (e.g., avoiding thoughts associated with the trauma, diminished interest), and (d) display increased arousal (e.g., , difficulty sleeping, hypervigilance) (American Psychiatric Association [APA], 2000). Exposure to community violence has been linked to increased development of some or all of these posttraumatic stress symptoms (PTS; Berman, Kurtines, Silverman, & Serafini, 1996; Cooley-Quille et al., 2001; Fitzpatrick & Boldizar, 1993; Mazza & Reynolds, 1999; McDonald & Richmond, 2008; Singer et al., 1995), and this again is particularly true among low-income adolescents. In a review of empirical studies over the past ten years, McDonald and Richmond (2008) reported that community violence exposure accounted for 3-19% of the variance in posttraumatic stress symptoms, and community violence exposure continued to predict PTS even after controlling for depressive symptoms. Another study found that 27% of underprivileged African-American adolescents met full criteria for PTSD as a result of violence exposure in their communities (Fitzpatrick & Boldizar, 1993). This relationship has been demonstrated among low-income middle-school and high-school students (Berman et al., 1996; Cooley-Quille et al., 2001; Mazza & Reynolds, 1999). Among middle-school students, PTSD was a significant negative outcome of community violence beyond what could be accounted for by depression (Mazza & Reynolds, 1999). It is evident, then, that a significant proportion of adolescents exposed to chronic violence in their communities are at risk of developing posttraumatic stress symptoms.

Protective Factors

Underprivileged and minority youth, in particular, often do not utilize mental health services (Garland et al., 2005; U.S. Department of Health and Human Services, 2001), and these families may not have the financial resources to seek treatment. It is important, then, to identify

other potential influences that can reduce the impact of exposure to violence on youth functioning. Although the negative effects of adolescents' exposure to crime and violence are well documented, there is a paucity of research exploring factors that might mitigate those effects. Some studies have found that family functioning moderates the relationship between violence exposure and later violence perpetration (Gorman-Smith et al., 2004), suggesting that better family functioning lessens the effect of violence exposure on subsequent engagement in violent acts. However, others have failed to observe a significant moderating role of family functioning but instead found that strong parental attachment lowered youths' likelihood of developing externalizing behavior problems following exposure to violence (Salzinger et al., 2011). It has also been demonstrated that effective communication and problem-solving skills among parent and adolescent, as perceived by the parent, resulted in fewer psychological distress symptoms among violence-exposed adolescents (LeBlanc, Self-Brown, Shepard, & Kelley, 2011). Thus, while some research has investigated factors related to mitigating negative outcomes despite chronic exposure to violence, it is inconsistent and limited. The current study explored more specific family factors that may moderate the relationship between community violence exposure and positive adjustment, as demonstrated by lower levels of aggression and posttraumatic stress. Specifically, household structure, perceived social support, and parenting techniques were examined.

Household Structure. Household structure is defined as family makeup, including the household type (i.e., dual-parent, single-parent, or single-parent with assistance) and type of primary caregiver (i.e., parent, grandparent, adult sibling, or other). Among primarily African-American youth, females who experienced community violence were better adjusted when their mothers lived in the home (McDonald, Deatrick, Kassam-Adams, & Richmond, 2011). It has

also been found that victimized youth subsequently experience fewer posttraumatic stress symptoms when a father figure lives in the home (Fitzpatrick & Boldizar, 1993). However, others have failed to find a relationship between mothers' presence and posttraumatic stress symptoms (Overstreet, Dempsey, Graham, & Moely, 1999). There is a lack of research examining the impact of household structure, specifically household type and primary caregiver type, on the relationship between community violence exposure and negative outcomes. The current study examined the potential protective role of various household family members against aggression and posttraumatic stress among underprivileged, violence-exposed youth.

Social Support. Social support has consistently been identified as an important protective factor against many stressful life events. Specifically, social support has been shown to reduce the impact of traumatic experiences, such as community violence exposure, on negative youth outcomes (Berman et al., 1996; Gorman-Smith & Tolan, 1998; Hammack, Richards, Luo, Edlynn, & Roy, 2004; Kaynak, Lepore, & Kliewer, 2011; Kennedy, Bybee, Sullivan, & Greeson, 2009; Kliewer, Lepore, Oskin, & Jonhson, 1998). For example, Berman and colleagues (1996) reported that perceived availability of adult social support predicted positive outcomes and fewer posttraumatic stress symptoms among low-income, violence-exposed students at an alternative high school. Parent helpfulness has also been shown to be protective against the development of PTSD symptoms after exposure to violence; however, this pattern was not shown for sibling helpfulness (Ozer & Weinstein, 2004). These findings are somewhat controversial, as other researchers have failed to find that social support is protective against the maladaptive effects of community violence exposure on adolescents (Muller, Goebel-Fabbri, Diamond, & Dinklage, 2000). The current study investigated perceived family social support including that provided by a parent, sibling, and relative.

Parenting. The effects of various parenting techniques have been explored to determine their effectiveness at reducing negative outcomes in youth. In particular, the role that parental monitoring plays in the relationship between violence exposure and negative youth outcomes has been examined (Fowler, Toro, Tompsett, & Baltes, 2009; Gorman-Smith & Tolan, 1998). Specifically, it was found that parental monitoring mediated the relationship between community violence exposure and defiant behavior among urban adolescents (Fowler et al., 2009). That is, parental monitoring was found to be a mechanism through which community violence exposure resulted in disobedient behavior. However, the moderating effect of parental monitoring in the relationship between community violence exposure and youth outcomes has not been confirmed (Gorman-Smith & Tolan, 1998). Few, if any, studies have explored positive parenting techniques as moderators between community violence exposure and aggression and PTSD symptomatology; many studies have focused on parental monitoring and discipline (Bacchini, Miranda, & Affuso, 2010; Fowler et al., 2009; Lee, 2012). For the purpose of the current study, positive parenting techniques such as rewarding and praising adolescents for good behavior, and parent involvement, in both extracurricular activities and regular communication, were explored as factors related to mitigating the adverse effects of frequent community violence exposure.

THE CURRENT STUDY

The current study investigated the protective role of family variables against negative outcomes, particularly aggressive behavior and posttraumatic stress symptoms, that are commonly associated with exposure to violence in the community. Specifically, (a) household structure, (b) perceived parent, relative, and sibling social support, (c) and parenting techniques (i.e., parental involvement and positive parenting) were explored as moderating effects in the relationship between exposure to community violence and aggression and posttraumatic stress symptoms.

Hypotheses

The following hypotheses were proposed in this study:

1. Community violence exposure will predict subsequent levels of aggressive behavior and posttraumatic stress symptoms, as demonstrated by previous studies (e.g., Cooley-Quille et al., 2001; Farrell & Bruce, 1997; Fitzpatrick & Boldizar, 1993; McCabe et al., 2005; Singer et al., 1995).
2. Dual-parent households, compared to strictly single-parent and single-parent with assistance household types, is expected to moderate the relationships between community violence exposure and aggression, and between community violence exposure and posttraumatic stress symptoms. In addition, parents fulfilling the primary caretaker role, rather than another family member (i.e., grandparent, adult sibling, other), will be protective against negative youth outcomes that are the result of exposure to community violence.
3. Perceived parent, sibling, and relative social support will act as a buffer in the relationships between community violence exposure and aggression, and between

violence exposure and PTSD symptom severity, mitigating the effects of exposure to violence on these negative outcomes.

4. Parental involvement and positive parenting practices, as perceived by the adolescent, will lessen the effect of community violence exposure on aggressive behavior and posttraumatic stress symptoms, resulting in fewer occurrences of these negative outcomes despite exposure to community violence.

METHODS

Participants

The sample consisted of sixty-seven youth living in impoverished neighborhoods with high crime rates. Students ranging from 12 to 18 years of age were recruited from middle-schools and high-schools in Baton Rouge, Louisiana. In 2011, 64 cases of homicide, 58 instances of rape, 893 reports of robbery, and almost 1,500 counts of aggravated assault were reported to the Baton Rouge Police Department (Baton Rouge Police Department, 2011); all of these offenses constitute "violent crime" (Federal Bureau of Investigation, 2010). Therefore, Baton Rouge is an appropriate location in which to study the effects of exposure to violence.

The participating schools were selected based on the percentage of students receiving free or reduced lunch during the 2010-2011 school year. The selected middle schools reported 93.8% and 90.9% of students participating in the program, and the selected high school reported 65.1% of students participating in the program (Louisiana Department of Education, 2011). Eligibility in the free or reduced lunch program is based on federal guidelines for family income, and participation in the program is indicative of low-income economic status. Given that a large percentage of students in the selected schools participated in the program last school year, it was assumed that these schools were primarily comprised of low-income students.

The mean age of the sample was 14.98 (SD = 1.70). As outlined in Table 1, more than half of the sample consisted of female participants, and most of the adolescents were of ethnic minority status (i.e., 63.3% were African-American and 13.3% were Hispanic). Fifty percent of the participants reported that their primary caregiver was married, but a large number also reported their caregiver as single or living with a partner. Adolescents largely identified a parent

(i.e., mother or father) as their primary caregiver, and more than half lived in dual-parent households.

Table 1
Demographic Characteristics of the Sample

	N	%	N Missing
Child Gender			0
Male	23	38.3	
Female	37	61.7	
Race/Ethnicity			9
African-American/Black	38	63.3	
Caucasian/White	2	3.3	
Asian/Pacific Islander	1	1.7	
Hispanic/Latino	8	13.3	
Other	2	3.3	
Parents' Marital Status			0
Married	30	50.0	
Divorced	1	1.7	
Living with partner	12	20.0	
Single	13	21.7	
Widowed	4	6.7	
Primary Caregiver			0
Parent	55	91.7	
Grandparent	3	5.0	
Sibling	1	1.7	
Other	1	1.7	
Household Structure			0
Dual-Parent	38	63.3	
Single-Parent	13	21.7	
Single-Parent with Assistance	9	15.0	

Measures

Demographic Questionnaire. Adolescents completed a demographics questionnaire which required responses regarding contact information, age, gender, race, household structure, and the primary caregiver's marital status (Appendix B).

Household Structure. Adolescents provided information regarding their household structure (i.e., individuals who currently live in their home). Household structure was divided into household type and primary caregiver type. The type of household was identified as

dual-parent, strictly single-parent, or single-parent with assistance. A dual-parent household was defined as a household headed by two spouses (e.g., mother and father, biological parent and step parent, grandmother and grandfather, aunt and uncle, adult sibling and sibling-in-law, etc.). A strictly single-parent household was classified as a household consisting of a single parent (e.g., one mother, one father, one grandparent, etc.). Finally, a single-parent with assistance household was characterized by a single-parent household with additional adult(s) contributing to parenting responsibilities (e.g., one father and a grandparent, one mother and a grandparent, etc.). The primary caregiver type was categorized as parent, grandparent, sibling over the age of 21, or other.

Screen for Adolescent Violence Exposure (SAVE). The SAVE is a 32-item self-report measure used to assess the frequency and type of violence that adolescents have been exposed to in different settings (Hastings & Kelley, 1997; Appendix C). Adolescents rated how often they had experienced a specific violent act in any of three different contexts (i.e., home, school, and neighborhood) using a five-point scale (1 = *never* to 5 = *always*). The SAVE consists of three subscales within each context: Traumatic Violence, Indirect Violence, and Physical/Verbal Abuse. The neighborhood and school subscales were combined as a measure of community violence exposure. Examples of items include "I have seen someone get attacked with a knife" and "I have heard about someone getting killed." The SAVE has demonstrated good internal consistency, with alphas ranging from .65 to .95, and test-retest reliability, with coefficients ranging from .53 to .92 (Hastings & Kelley, 1997). The SAVE also shows adequate convergent, divergent, construct, and known-groups validity (Hastings & Kelley, 1997).

Aggression Questionnaire. The Aggression Questionnaire is a 29-item self-report measure of trait aggression that assesses the characterization of aggressive behavior (Buss &

Perry, 1992; Appendix D). The items are rated on a seven-point scale (1 = *extremely uncharacteristic of me* to 7 = *extremely characteristic of me*). Example items include "I get into fights a little more than the average person" and "I have threatened people I know." The questionnaire yields four subscales: Physical Aggression, Verbal Aggression, Anger, and Hostility. The subscales are scored by summing the respondents' ratings across items in each domain. For the purpose of this study, the Physical and Verbal Aggression subscales were combined and used as a total measure of overt aggressive behavior. The Aggression Questionnaire demonstrates adequate internal consistency and test-retest reliability among a college sample (Buss & Perry, 1992) and good internal consistency and gender invariance with Argentinean adolescents (Reyna, Lello, Sanchez, & Brussino, 2011).

University of California Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA PTSD Reaction Index). The UCLA PTSD Reaction Index is a self-report measure used to assess PTSD symptoms in children and adolescents based on the criteria in the *DSM-IV* (Steinberg, Brymer, Decker, & Pynoos, 2004). The Reaction Index contains three parts. Part I screens for traumatic events that children and adolescents may have experienced (e.g., sexual abuse, community violence, disaster, etc.). Part II relates to criterion A in the *DSM-IV* (i.e., an individual experienced or witnessed a traumatic event involving actual or perceived death or serious injury to self or others, and the person's response involved fear or helplessness; APA, 2000) to assess for traumatic stressors that the child experienced. Finally, Part III provides an evaluation of posttraumatic stress symptoms that adolescents have experienced in the past month. Part III was used as a measure of posttraumatic stress symptom severity in this study. In this 22-item section, adolescents rated their symptoms on a five-point scale (0 = *none* to 4 = *most*). The UCLA PTSD Reaction Index demonstrates excellent validity and reliability, with

internal consistency alphas of approximately 0.90 and test-retest reliability coefficients in the good to excellent range (Steinberg et al., 2004).

Social Support Questionnaire for Children – Short Form (SSQC-SF). The SSQC-SF is a 50-item questionnaire that measures social support from various sources including parents, siblings, relatives (non-parent), adults (non-relative), and peers (Gordon-Hollingsworth, Thompson, Geary, Schexnaildre, & Kelley; Appendix E). Adolescents were asked to rate how true each statement was regarding the support they receive from several sources. Items were rated on four-point scale (0 = *never* or *rarely true* to 3 = *always true*). Examples of items include "A parent listens when I want to talk" and "A sibling helps me when I need it." The SSQC-SF demonstrates high internal consistency and adequate construct and convergent validity (Gordon-Hollingsworth et al.).

Alabama Parenting Questionnaire – Child Form (APQ-Child Form). The APQ was designed to assess various types of parenting practices commonly used in families (Frick, 1991; Appendix F). The APQ-Child Form is a self-report measure consisting of 42 items rated on a five-point scale (1 = *never* to 5 = *always*) that assesses the child's perspective regarding the frequency of specific parenting behaviors. Sample items include "You play games or do other fun things with your mom/dad" and "Your parents reward or give something extra to you for behaving well." The APQ is comprised of six subscales: Parent Involvement, Positive Parenting, Poor Monitoring/Supervision, Inconsistent Discipline, Corporal Punishment, and Other Discipline Practices. For the purpose of the current study, the Parent Involvement and Positive Parenting subscales were used as measures of healthy parenting practices. The Parent Involvement scale was divided into maternal involvement and paternal involvement, as suggested by Essau, Sasagawa, & Frick (2006). These scales demonstrate adequate internal

consistency and convergent validity (Frick, Christian, & Wootton, 1999; Shelton, Frick, & Wootton, 1996).

Procedure

This study was approved by the Louisiana State University Institutional Review Board and the East Baton Rouge Parish School System. Middle- and high-school principals were contacted regarding their schools' participation in the student recruitment process. Students received a letter for their parents explaining the study, along with a consent form to obtain parental permission to participate. The response rate for returned consent forms was approximately 11.2% across the three participating middle- and high-schools. The students that returned signed parental consent forms were excused from an elective class during the school day to complete the questionnaires under the supervision of a trained research assistant. The students were asked to respond to the questions independently and inquire with a research assistant if they had any difficulties. The students were able to finish within one class period (i.e., 50 minutes for high-school students and 90 minutes for middle-school students). Upon the completion of questionnaires, each student received a tangible reward as compensation for their time and effort. The students were provided with a packet to give to their primary caregiver, and then they were excused back to class. Caregivers were asked to complete and return their packets to the investigators in a postage-paid envelope.

Students and their parents were also recruited through a Resource Fair at one middle-school site. Parents signed a consent form granting permission for their child to participate, and then the child was excused from an elective class during the school day. The aforementioned procedure was followed. Once both parent and child packets were completed and received, the family was entered into a raffle to receive a gift card as compensation for their time and effort.

RESULTS

Missing Values

A total of seven participants were excluded from the analyses due to missing responses on critical variables of interest. Six of these participants failed to respond to questions regarding household structure, and one participant failed to respond to over half of the questions regarding paternal parenting involvement. Three participants indicated that their father was deceased or detached from their lives and disregarded questions related to their fathers' contribution to parenting practices. For these participants, the missing values for those items were replaced with responses indicating that there was no paternal involvement in parenting practices. The final sample consisted of sixty participants.

Preliminary Analyses

As suggested by Aiken and West (1991), each of the continuous predictor variables was centered around its mean to address the problem of multicollinearity between predictors. Using the centered predictors, the moderators were examined by creating an interaction between community violence exposure and each of the family predictors. This interaction indicates that the effect of the family variable is conditional on exposure to community violence (Aiken & West, 1991).

The categorical predictors were recoded into dummy variables (West, Aiken, & Krull, 1996) to compare dual households with other types of households (i.e., single-parent and single-parent with assistance) and to compare parents as the primary caregiver with other types of primary caregivers (i.e., grandparent, adult siblings, and other).

Even after centering the predictor variables, preliminary regression analyses revealed very low tolerance scores (i.e., below 0.1; Field, 2009), which detect collinearity among

predictors. The low tolerance scores indicated that there was still a strong association between several of the predictor variables. Tabachnick and Fidell (2007) suggested summing collinear variables as a method to further address multicollinearity. A factor analysis was conducted among the continuous predictors to determine which predictors were highly associated with each other (see Tables 2 and 3); due to the dummy coding system used with the categorical variables, they were left as two separate predictors.

The resulting factor structure revealed two main factors (Table 2) in which familial social support and parenting techniques were grouped (Table 3); the amount of variance suggested by this two-component model is 75.9%. Specifically, the three sources of social support (i.e., parent, relative, and sibling) were combined as a single measure of familial social support, and the three parenting factors (i.e., parent involvement of both mom and dad and positive parenting) were combined as a single measure of parenting techniques.

Therefore, four main predictors were examined as moderators in the final analyses: dual vs. other household types, parent vs. other primary caregiver types, familial sources of social support, and parenting techniques.

Descriptive Statistics

Table 4 provides descriptive information related to the continuous predictor variables. Higher scores on each of these scales indicate a higher degree of the specified variables (e.g., higher scores on familial social support scale denote greater perceived social support).

Table 5 presents the correlations among the control, predictor, moderating, and outcome variables. Community violence exposure and home violence exposure were highly correlated ($r = .875$, $p < .01$). Community violence exposure was significantly and positively associated with the two outcome variables, aggression ($r = .533$, $p < .01$) and posttraumatic stress symptom

Table 2
Variance Explained from the Family Quality Components

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.308	55.137	55.137	3.308	55.137	55.137	2.550	42.496	42.496
2	1.246	20.765	75.901	1.246	20.765	75.901	2.004	33.406	75.901
3	.586	9.767	85.669						
4	.417	6.955	92.624						
5	.282	4.693	97.317						
6	.161	2.683	100.000						

Extraction Method: Principal Component Analysis.

severity (r = .450, p < .01). This suggests that more frequent exposure to community violence is related to higher levels of aggressive behavior and posttraumatic symptoms. Given the strong association between home violence exposure and aggression (r = .470, p < .01) and PTS symptom severity (r = .455, p < .01), home violence exposure was used as a control predictor in the regression models so that the relationships among community violence exposure and the two negative outcomes could be examined, above and beyond what could be accounted for by home violence exposure.

Table 3
Factor Loadings for Factor Analysis with Varimax Rotation of Family Qualities

Rotated Component Matrix[a]		
	Component	
	1	2
Social Support Relative[b]	**.878**	.049
Social Support Sibling[b]	**.813**	.051
Social Support Parent[b]	**.746**	.379
Parent Involvement Dad[c]	-.163	**.865**
Parent Involvement Mom[c]	.503	**.777**
Positive Parenting[c]	.532	**.710**

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
[a]Rotation converged in 3 iterations.
[b]Familial Social Support
[c]Parenting Techniques

Table 4
Means, Standard Deviations, and Observable Range for Continuous Variables

			Observed Range	
Variable	Mean	*SD*	Minimum	Maximum
1. Home Violence Exposure	44.85	17.79	32.00	130.00
2. Community Violence Exposure	105.58	35.28	65.00	240.00
3. Aggression	47.10	16.21	19.00	81.00
4. PTSD Symptom Severity	22.97	16.93	1.00	64.00
5. Family Social Support	70.50	17.05	21.00	90.00
6. Parenting Techniques	85.45	20.72	40.00	130.00

Table 5
Correlation Matrix of Control Variables, Predictors, and Outcome Variables

Variables	1	2	3	4	5	6	7	8	9	10
1. Child Age	1.00									
2. Gender	.094	1.00								
3. Home Violence Exposure	-.086	-.069	1.00							
4. Community Violence Exposure	-.077	-.234	.875**	1.00						
5. Dual vs. Other Household Type	.013	.040	.007	-.082	1.00					
6. Parent vs. Other Primary Caregiver	-.074	.010	-.074	-.048	.146	1.00				
7. Familial Social Support	-.236	.056	-.150	-.119	-.166	.070	1.00			
8. Parenting Techniques	-.179	-.063	.138	.133	.020	.209	.441**	1.00		
9. Aggression	.047	-.127	.470**	.533**	-.075	-.092	-.243	-.195	1.00	
10. PTSD Symptom Severity	-.012	.084	.455**	.450**	.089	-.266*	-.357**	-.384**	.522**	1.00

**Correlation is significant at the 0.01 level
*Correlation is significant at the 0.05 level

Regression Analyses

Multiple regression analyses were used to evaluate the predictive effect of community violence exposure on aggression and posttraumatic stress symptom severity. Age was used as a control variable, as parenting techniques vary based on age and developmental level (Frick et al., 1999); given the wide age range of participants (i.e., 12 to 18 years), parenting techniques were expected to vary accordingly. Gender was also entered as a control variable since there are significant gender differences in frequency of exposure to violence, with males often exposed to violence at a higher frequency than females (Fitzpatrick & Boldizar, 1993; Gladstein et al., 1992). In addition, given the effect of violence exposure in the home on aggressive behavior (O'Keefe, 1994) and posttraumatic stress symptomatology (Boney-McCoy & Finkelhor, 1995), home violence exposure was used as a control predictor.

These analyses partially confirmed the first hypothesis. Exposure to community violence, even after controlling for violence exposure in the home, significantly predicted aggressive behavior, $t = 2.016$, $p < .05$ (see Table 6). This suggests that increased frequency of exposure to violence in the community results in increased levels of aggressive behavior.

Table 6
Multiple Regression Assessing the Predictive Ability of Community Violence Exposure on Aggression

	R^2	ΔR^2	*B*	β	Sr^2	*F* model
Step 1	.020					$F(2,57) = .574$
Age			.570	.050	.003	
Gender			-4.395	-.133	.017	
Step 2	.292	.272**				$F(4,55) = 5.672^{**}$
Home Violence Exposure			.032	.035	.000	
Community Violence Exposure			.232	.506*	.052	

**Significant at the 0.01 level
*Significant at the 0.05 level

The effect of community violence exposure on PTS symptom severity was not significant, $t = 1.353$, $p = .182$ (Table 7), which fails to support the first hypothesis. This suggests that when home violence exposure is accounted for, community violence exposure does not independently predict posttraumatic stress symptoms.

Table 7
Multiple Regression Assessing the Predictive Ability of Community Violence Exposure on PTSD Symptom Severity

	R^2	ΔR^2	*B*	β	Sr^2	*F* model
Step 1	.007					F (2,57) = .215
Age			-.197	-.020	.000	
Gender			2.971	.086	.007	
Step 2	.246	.238**				F (4,55) = 4.481**
Home Violence Exposure			.154	.162	.006	
Community Violence Exposure			.168	.350	.025	

**Significant at the 0.01 level
*Significant at the 0.05 level

Hierarchical multiple regressions were used to determine the moderating effects of family factors on aggression and PTSD symptoms (Aiken & West, 1991; Baron & Kenny, 1986; Frazier, Tix, & Barron, 2004; Holmbeck, 1997). The four predictive factors (dual-parent vs. other household types, parent vs. other primary caregiver types, familial social support, and parenting techniques) and their interaction terms, described previously, were examined to determine their moderating effects on the relationships between community violence exposure and aggression, and between community violence exposure and posttraumatic stress symptoms.

In each hierarchical regression, the control demographic variables (i.e., age and gender) were entered into step 1. Step 2 consisted of the predictor variables, and step 3 was composed of the interaction terms. A hierarchical multiple regression was conducted separately for each outcome (i.e., aggression and posttraumatic stress symptom severity).

As outlined in Table 8, age and gender did not significantly predict aggressive behavior, F (2, 57) = .574, $p = .566$. In step 2, the predictor variables accounted for significantly more of

the variance in aggression than age and gender alone, F_{change} (6, 51) = 4.571, $p < .01$, $R^2 = .363$. This suggests that, together, the addition of violence exposure (i.e., within the home and community) and family qualities significantly predicted aggression, F (8, 51) = 3.626, $p < .01$, and they accounted for 34.3% more of the variance in aggressive behavior than age and gender alone. Upon further investigation, it was evident that community violence exposure approached significance for predicting aggression, $t = 1.998$, $p = .051$. With the inclusion of the moderating effects of family variables in step 3, the model was still significant for predicting aggression, F (12, 47) = 2.894, $p < .05$. While the inclusion of these moderating variables predicted 6.2% more variance in aggression, they were not significantly more predictive of aggression than each of those predictors separately, F_{change} (4, 47) = 1.274, $p = .293$. Still, in examining the individual family moderators, parenting techniques significantly buffered the effects of community violence exposure on aggressive behavior, $t = -2.079$, $p < .05$, and familial social support approached significance, $t = 1.907$, $p = .063$.

A post-hoc analysis was conducted to evaluate the buffering effects of parenting techniques and social support. Participants with scores of community violence exposure, parenting techniques, and familial social support above the mean were classified as having high levels of these variables; individuals with scores below the mean were identified as having low levels. For example, participants with a community violence exposure score greater than 105.58 were identified as having "high" levels of exposure to community violence, and participants with a score less than 105.58 were classified as having "low" levels of community violence exposure. Based on the observed graphical representation of the simple slopes, the post-hoc analysis revealed that at lower levels of community violence exposure, greater positive parenting techniques appeared to result in a decrease in aggression; there appeared to be no difference in

aggression levels, based on the influence of parenting practices, at high levels of community violence exposure. Conversely, at high levels of community violence exposure, more perceived social support provided by family members appeared to result in less frequent aggressive behavior; this was not observed at low levels of community violence exposure.

Table 8
Hierarchical Multiple Regression Assessing the Buffering Effects of Family Factors in the Relationship Between Community Violence Exposure and Aggression

	R^2	ΔR^2	*B*	β	Sr^2	*F* model
Step 1	.020					F (2,57) = .574
Age			.570	.060	.004	
Gender			-4.395	-.133	.017	
Step 2	.363	.343**				F (8,51) = 3.626**
Home Violence Exposure			.049	.053	.001	
Community Violence Exposure			.231	.504[b]	.054	
Dual vs. Other Household Type			1.342	-040	.001	
Parent vs. Other Primary Caregiver			.091	.002	.000	
Familial Social Support			-.066	-.070	.003	
Parenting Techniques			-.181	-.232	.038	
Step 3	.425	.062				F (12,47) = 2.894**
CVE[a] × Dual Household Type			.021	.036	.000	
CVE × Parent Primary Caregiver			.010	.009	.000	
CVE × Familial Social Support			.011	.419	.045	
CVE × Parenting Techniques			-.008	-.499*	.053	

**Significant at the 0.01 level
*Significant at the 0.05 level
[a]CVE = Community Violence Exposure
[b]Approached significance (p = .051)

Table 9 displays the results of the buffering effects of family qualities on the relationship between community violence exposure and posttraumatic stress symptom severity. Age and gender were not significantly predictive of PTS, F (2, 57) = .215, p = .807. When the individual predictors were entered in step 2, they accounted for significantly more of the variance in posttraumatic stress symptom severity than age and gender alone, F_{change} (6, 51) = 8.50, p < .01, R^2 = .504. This suggests that the addition of violence exposure (i.e., within the home and community) and family qualities significantly predicted posttraumatic stress symptoms, F (8, 51) = 6.471, p < .01 and accounted for 49.6% more of the variance in these symptoms than can be

accounted for by age and gender. Interestingly, community violence exposure approached significance for predicting PTS, $t = 1.991$, $p = .052$. This suggests that increased frequency to exposure to violence in the community generally results in greater severity of posttraumatic stress. Additionally, parenting techniques significantly predicted posttraumatic stress symptom severity, $t = -.3170$, $p < .05$. That is, parenting techniques (i.e., praise and involvement) significantly negatively predicted PTS such that more positive parenting resulted in less severe symptomatology. After including the moderating effects of family variables in step 3, the model was significant for predicting PTSD symptom severity, F (12,47) = 4.458, $p < .05$, but these moderators only added 2.9% more predictive ability, which was not a significant improvement from the previous model, F_{change} (4, 47) = .718, $p = .584$. No family moderators buffered the relationship between community violence exposure and PTS symptoms.

Table 9
Hierarchical Multiple Regression Assessing the Buffering Effects of Family Factors in the Relationship Between Community Violence Exposure and PTSD Symptom Severity

	R^2	ΔR^2	*B*	β	Sr^2	*F* model
Step 1	.077					F (2,57) = .215
Age			-.197	-.020	.000	
Gender			2.971	.086	.007	
Step 2	.504	.496**				F (8,51) = 6.471**
Home Violence Exposure			.085	.089	.002	
Community Violence Exposure			.212	.443[b]	.038	
Dual vs. Other Household Type			-4.581	-.132	.016	
Parent vs. Other Primary Caregiver			10.965	.181	.030	
Familial Social Support			-.126	-.127	.011	
Parenting Techniques			-.302	-.370**	.098	
Step 3	.532	.029				F (12,47) = 4.458**
CVE[a] × Dual Household Type			.195	.330	.016	
CVE × Parent Primary Caregiver			.074	.069	.002	
CVE × Familial Social Support			.007	.252	.016	
CVE × Parenting Techniques			-.003	-.173	.006	

**Significant at the 0.01 level
*Significant at the 0.05 level
[a]CVE = Community Violence Exposure
[b]Approached significance ($p = .052$)

DISCUSSION

Although past research has identified a handful of family factors that buffer the negative effects of exposure to violence on adolescents (Fowler et al., 2009; Gorman-Smith et al., 2004; LeBlanc et al., 2011; McDonald et al., 2011; Kliewer et al., 1998), the current study emphasized positive family variables that may potentially diminish these effects. Given the prevalence of community violence exposure among underprivileged adolescents (CDCP, 2010; Finklehor et al., 2009; Gladstein et al., 1992; Truman & Smith, 2012), and the impact of exposure on their development, daily functioning, and long-term outcome, understanding familial influence is critical.

This study examined the moderating effects of various family qualities on the relationships between community violence exposure and aggression, and between community violence exposure and posttraumatic stress symptoms. Specifically, household structure, including household type (i.e., dual-parent vs. other) and primary caregiver type (i.e., parent vs. other), familial sources of social support (i.e., that provided by parent, relative, and sibling), and parenting techniques (i.e., involvement and praise) were examined as qualities that could potentially lessen the effects of community violence exposure on two highly associated negative outcomes.

The results partially confirmed previous research by finding a positive association between community violence exposure and aggressive behavior (Gorman-Smith et al., 2004; McCabe et al., 2005), even after controlling for violence exposure in the home. Underprivileged adolescents who were exposed to chronic violence were likely to demonstrate increased aggressive behavior. Surprisingly, community violence exposure, above and beyond exposure to violence in the home, did not significantly predict increased posttraumatic stress symptom

severity, which is inconsistent with previous research (Berman et al., 1996; Cooley-Quille et al., 2001; McDonald & Richmond, 2008). It is unclear whether previous studies controlled for the frequency of violence within the home prior to evaluating the predictive effect of community violence exposure on these symptoms. The current findings, however, do suggest that when youth are exposed to both violence within their homes and communities, this exposure together predicts posttraumatic stress symptom severity.

The findings from this study also indicate that parenting techniques play an important role in mitigating the negative effects of chronic community violence exposure on aggression. More specifically, when youth were exposed to lower frequencies of violence in their communities, parents appeared to play an important role in protecting them from exhibiting subsequent increases in aggressive behavior. When parents were involved in their adolescents' daily functioning and provided praise and rewards for positive behavior, adolescents were less likely to behave aggressively after experiencing low levels of community violence exposure. Taken together, these findings suggest that youths' perception of high-quality parental involvement and positive parenting practices diminishes the effect of less frequent community violence exposure on aggression. These parenting techniques in particular are likely to be important because aggressive behaviors are overt and can be directly observed. This allows parents to intervene on these behaviors and provide praise and involvement when their child behaves well (i.e., not aggressively) to encourage adolescents to engage in less frequent negative or aggressive behavior. Interestingly, parenting factors including involvement and praise were not protective against aggressive behavior in youth who experienced high levels of violence exposure. This could be explained by tenets of Bandura's social learning theory, as suggested by others (Bandura, 1978; Cooley-Strickland et al., 2009), whereby adolescents exposed to more

frequent violence and aggressive behavior learn that these are normal and acceptable responses to conflict. Therefore, it is more difficult for parents to intervene and prevent these behavioral responses, given the youths' strong beliefs that aggression is an acceptable and helpful problem-solving strategy.

It was surprising that familial sources of social support did not buffer the associations between community violence exposure and aggression and PTS, given extensive prior findings regarding the protective role of social support in the face of related and similar traumatic events (Hammack et al., 2004; Kaynak et al., 2011; Kennedy et al., 2009). However, the effect of familial sources of social support did approach significance as a buffer in the relationship between community violence exposure and aggression, and this was particularly true at high levels of chronic exposure to violence. It is likely that youth exposed to frequent violence in their communities seek advice and comfort from their family members, given the traumatic nature of these events. This support may in turn protect youth from engaging in subsequent aggressive acts.

Neither parenting techniques nor familial sources of social support acted as significant protective factors in the relationship between community violence exposure and posttraumatic stress symptoms. This may be due to the internalizing nature of these symptoms. That is, parents and family may not recognize the presence of these symptoms, and therefore may not change their own behavior (e.g., by increasing support, involvement, or praise) to help adolescents cope with these symptoms. In addition, the hypothesis regarding household structure was not supported for either outcome variable. This suggests that household structure, as defined by household type (e.g., dual-parent, single-parent) and type of primary caregiver (e.g., parent, grandparent), does not play a significant role in the relationship between community violence

exposure and aggression and posttraumatic stress symptoms in this sample of underprivileged, primarily ethnic minority youth.

Implications

While the results of this study were, at best, marginally significant, several practical implications can be made. These results can be used as a basis for preventative efforts in emphasizing environmental, rather than individual, interventions. Government and community officials should work together to educate families about how to effectively protect youth from negative outcomes following exposure to violence, and to motivate neighborhoods, schools, and families to increase involvement, praise, and support in the lives of youth. This is especially important for impoverished communities and neighborhoods. While these families may not have the environmental and financial resources to seek counseling, simply increasing support, involvement, and praise can make a difference, and it will likely affect youths' immediate and long-term outcomes, despite frequent exposure to violence in their communities. Additionally, identifying these protective factors should enable community mental health agencies and clinicians to capitalize on existing family strengths in treatment, while minimizing the potential for the exacerbation of negative outcomes.

Limitations

Several limitations of the current study should be mentioned. Most importantly, the small and limited sample size likely impacted the significance of the findings reported here. In addition, the sample may not be representative of the intended target sample of low-income, violence-affected adolescents. For example, overall levels of violence exposure were relatively low. Also, more than half of the sample was composed of dual-parent households, in which family members are likely to be more involved in their adolescents' academic and social lives.

These were also households in which the parents may have been more willing to review the parent letter and consent form sent home through the school to allow their children to participate in this study.

In addition, even though this sample had relatively low levels of community violence exposure on an absolute scale, a significant effect of the examined family variables may have been found had this sample been compared with a control group with no community violence exposure at all. Also, the data used in this study were based primarily on self-reports, which poses the potential for lying, exaggeration, and/or poor recall of experiences. The use of convenience sampling methods may also have been problematic. The schools were not randomly selected, but rather selected based upon the percentage of students enrolled in an income-based lunch assistance program within the Baton Rouge area. Finally, the structure of the demographics questionnaire did not allow the researcher to adequately investigate household structure. Therefore, the household structure was inferred based on the information provided by the participant. This may partially account for why no significant effects of household structure were observed on the outcome variables. Despite these limitations, the current study provides a framework for future research, and the results that were found are still likely to be useful in clinical and community contexts.

Future Research

Given the major limitations of the sample outlined above, a larger sample size should be obtained to re-evaluate the buffering effects of the considered family qualities on the relationship between community violence exposure and aggression and posttraumatic stress symptoms. In obtaining this larger sample size, a sample that more closely resembles characteristics of the intended target sample should also be sought.

Future studies should continue to identify other positive variables, such as coping strategies, daily routines, other sources of social support, and neighborhood cohesion that may protect youth from experiencing negative outcomes after community violence exposure. In addition, it would also be interesting to assess whether the family qualities examined in this study buffer the relationship between community violence exposure and other negative outcomes, such as academic problems or factors related to academic performance (e.g., attention), as this research tends to be lacking (Cooley-Strickland et al., 2009; Schwartz & Gorman, 2003). Finally, a longitudinal study examining the long-term effects of family qualities on the relationship between community violence exposure in adolescence and subsequent substance use or engagement in violent acts in adulthood would be a valuable contribution to the existing literature. The practical implications of the current study, as well as continued research in this domain, will be important in protecting future generations from the harmful effects of frequent violence exposure in their homes and communities.

REFERENCES

Aiken, L.S., & West, S.G. (1991). *Multiple regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage Publications, Inc.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* 4th ed., Text Revision. Washington, DC: Author.

Bacchini, D., Miranda, M.C., Affuso, G. (2010). Effects of parental monitoring and exposure to community violence on antisocial behavior and anxiety/depression among adolescents. *Journal of Interpersonal Violence, 26*, 269-292. doi: 10.1177/0886260510362879

Baron, R.M., & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182. doi: 10.1037/0022-3514.51.6.1173

Baton Rouge Police Department. (2011). [Table presentation of Citywide Statistics for 2011]. *Baton Rouge crime statistics for 2011.* Retrieved from http://brgov.com/dept/brpd/csr/default.asp?GetYear=2011

Bandura, A. (1978). Social learning theory of aggression. *Journal of Communication, 28*, 12-20. doi: 10.1111/j.1460-2466.1978.tb01621.x

Berman, S.L., Kurtines, W.M., Silverman, W.K., & Serafini, L.T. (1996). The *impact* of exposure to crime and violence on urban youth. *American Journal of Orthopsychiatry, 66*, 329-336. doi:10.1037/h0080183

Boney-McCoy, S., & Finkelhor, D. (1995). Psychosocial sequelae of violent victimization in a national youth sample. *Journal of Consulting and Clinical Psychology, 63*, 726-736. doi: 10.1037/0022-006X.63.5.726

Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology, 63*, 452-459. doi:10.1037/0022-3514.63.3.452

Centers for Disease Control and Prevention. (2010). *Web-Based Injury Statistics Query and Reporting System* (WISQARS) [Database]. Available from URL: http://www.cdc.gov/injury/wisqars/index.html.

Cooley-Strickland, M., Quille, T.J., Griffin, R.S., Stuart, E.A., Bradshaw, C.P., & Furr-Holden, D. (2009). Community violence and youth: Affect, behavior, substance use, and academics. *Clinical Child and Family Psychological Review, 12*, 127-156. doi: 10.1007/s10567-009-0051-6

Cooley-Quille, M., Boyd, R.C., Frantz, E., & Walsh, J. (2001). Emotional and behavioral impact of exposure to community violence in inner-city adolescents. *Journal of Clinical Child Psychology, 30*(1), 199-206. doi:10.1207/S15374424JCCP3002_7

DuRant, R.H., Cadenhead, C., Pendergrast, R.A., Slavens, G., & Linder, C.W. (1994). Factors associated with the use of violence among urban black adolescents. *American Journal of Public Health*, *84*, 612-617. doi:10.2105/AJPH.84.4.612

Eitle, D., & Turner, R.J. (2002). Exposure to community violence and young adult crime: The effects of witnessing violence, traumatic victimization, and other stressful life events. *Journal of Research in Crime and Delinquency*, *39*, 214-237. doi: 10.1177/002242780203900204

Essau, C.A., Sasagawa, S., & Frick, P.J. (2006). Psychometric properties of the Alabama Parenting Questionnaire. *Journal of Child and Family Studies*, *6*, 1062-1024. doi: 10.1007/s10826-006-9036-y

Farrell, A.D., & Bruce, S.E. (1997). Impact of exposure to community violence on violent behavior and emotional distress among urban adolescents. *Journal of Clinical Child Psychology*, *26*, 2-14. doi:10.1207/s15374424jccp2601_1

Federal Bureau of Investigation. (2010). United crime report: Crime in the United States. Retrieved from http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/violent-crime

Field, A. (2009). Discovering statistics using SPSS (3rd ed). Thousand Oaks, CA: Sage Publications Inc.

Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S.L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, *124*, 1411-1423. doi:10.1542/peds.2009-0467

Fitzpatrick, K.M., & Boldizar, J.P. (1993). The prevalence and consequences of exposure to violence among African-American youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, *32*, 424-430. doi:10.1097/00004583-199303000-00026

Foster, J.D., Kuperminc, G.P., & Price, A.W. (2004). Gender differences in posttraumatic stress and related symptoms among inner-city minority youth exposed to community violence. *Journal of Youth and Adolescence*, *33*, 59-69. doi: 10.1023/A:1027386430859

Fowler, P.J., Toro, P.A., Tompsett, C.J., & Baltes, B.B. (2009). Community and family violence: Indirect effects of parental monitoring on externalizing problems. *Journal of Prevention & Intervention in the Community*, *37*, 302-315. doi:10.1080/10852350903196308

Frazier, P.A., Tix, A.P., & Barron, K.E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology*, *51*, 115-134. doi: 10.1037/0022-0167.51.1.115

Frick, P.J. (1991). *The Alabama Parenting Questionnaire*. Unpublished rating scale, University of Alabama.

Frick, P.J., Christian, R.E., & Wootton, J.M. (1999). Age trends in the association between parenting practices and conduct problems. *Behavior Modification*, *23*, 106-128. doi:10.1177/0145445599231005

Garland, A.F., Lau, A.S., Yeh, M., McCabe, K.M., Hough, R.L., & Landsverk, J.A. (2005). Racial and ethnic differences in utilization of mental health services among high-risk youths. *American Journal of Psychiatry*, *162*, 1336-1343. doi: 10.1176/appi.ajp.162.7.1336

Gladstein, J., Slater Rusonis, E.J., & Heald, F.P. (1992). A comparison of inner-city and upper-middle class youths' exposure to violence. *Journal of Adolescent Health*, *13*, 275-280. doi:10.1016/1054-139X(92)90159-9

Gordon-Hollingsworth, A.T., Thompson, J.E., Geary, M.A., Schexnaildre, M.A., & Kelley, M.L. Social Support Questionnaire for Children: Development and initial validation. Manuscript submitted for publication (copy on file with author).

Gorman-Smith, D., Henry, D.B., & Tolan, P.H. (2004). Exposure to community violence and violence perpetration: The protective effects of family functioning. *Journal of Clinical Child and Adolescent Psychology*, *33*, 439-449. doi:10.1207/s15374424jccp3303_2

Gorman-Smith, D., & Tolan, P. (1998). The role of exposure to community violence and developmental problems among inner-city youth. *Development and Psychopathology*, *10*, 101-116. doi:10.1017/S0954579498001539

Hammack, P.L., Richards, M.H., Luo, Z., Edlynn, E.S., & Roy, K. (2004). Social support factors as moderators of community violence exposure among inner-city African American youth adolescents. *Journal of Clinical Child and Adolescent Psychology*, *33*, 450-462. doi: 10.1207/s15374424jccp3303_3

Hastings, T.L., & Kelley, M.L. (1997). Development and validation of the Screen for Adolescent Violence Exposure (SAVE). *Journal of Abnormal Child Psychology*, *25*, 511-520. doi:10.1023/A:1022641916705

Holmbeck, G.N. (1997). Toward terminological, conceptual, and statistical clarity in the study of mediators and moderators: Examples from the child-clinical and pediatric psychology literatures. *Journal of Consulting and Clinical Psychology*, *65*, 599-610. doi: 10.1037/0022-006X.65.4.599

Kaynak, Ö., Lepore, S.J., & Kliewer, W.L. (2011). Social support and social constraints moderate the relation between community violence exposure and depressive symptoms in an urban adolescent sample. *Journal of Social and Clinical Psychology*, *30*, 250-269. doi: 10.1521/jscp.2011.30.3.250

Kennedy, A.C., Bybee, D., Sullivan, C.M., & Greeson, M. (2009). The effects of community and family violence exposure on anxiety trajectories during middle childhood: The role of family social support as a moderator. *Journal of Child Clinical & Adolescent Psychology, 38*, 365-379. doi:10.1080/15374410902851713

Kilpatrick, D.G., Acierno, R., Saunders, B., Resnick, H.S., Best, C.L., & Schnurr, P.P. (2000). Risk factors for adolescent substance abuse and dependence: Data from a national sample. *Journal of Consulting and Clinical Psychology, 68*, 19-30. doi: 10.1037//0022-006X.68.1.19

Kimonis, E.R., Ray, J.V., Branch, J.R., & Cauffman, E. (2011). Anger mediates the relation between violence exposure and violence perpetration in incarcerated boys. *Child Youth Care Forum, 40*, 381-400. doi: 10.1007/s10566-010-9121-7

Kliewer, W., Lepore, S.J., Oskin, D., & Johnson, P.D. (1998). The role of social and cognitive processes in children's adjustment to community violence. *Journal of Consulting and Clinical Psychology, 66*, 199-209. doi:10.1037/0022-006X.66.1.199

LeBlanc, M., Self-Brown, S., Shepard, D., & Kelley, M.L. (2011). Buffering the effects of violence: Communication and problem-solving skills as protective factors for adolescents exposed to violence. *Journal of Community Psychology, 39*, 353-367. doi:10.1002/jcop.20438

Lee, R. (2012). Community violence exposure and adolescent substance use: Does monitoring and positive parenting moderate risk in urban communities? *Journal of Community Psychology, 40*, 406-421. doi: 10.1002/jcop.20520

Louisiana Department of Education. (2011). [Chart illustration of 2010-11 Students Participating in Free/Reduced Lunch Program]. *District Composite Reports*. Retrieved from http://www.laeducationresults.net/School/Select_School.aspx?RecordID=017

Mazza, J.J., & Reynolds, W.M. (1999). Exposure to violence in young inner-city adolescents: Relationships with suicidal ideation, depression, and PTSD symptomatology. *Journal of Abnormal Child Psychology, 27*, 203-213. doi:10.1023/A:1021900423004

McCabe, K.M., Lucchini, S.E., Hough, R.L., Yeh, M., & Hazen, A. (2005). The relation between violence exposure and conduct problems among adolescents: A prospective study. *American Journal of Orthopsychiatry, 75*, 575-584. doi:10.1037/0002-9432.75.4.575

McDonald, C.C., Deatrick, J.A., Kassam-Adams, N., & Richmond, T.S. (2011). Community violence exposure and positive youth development in urban youth. *Journal of Community Health, 36*, 925-932. doi:10.1007/s10900-011-9391-5

McDonald, C.C., & Richmond, T.R. (2008). The relationship between community violence exposure and mental health symptoms in urban adolescents. *Journal of Psychiatric and Mental Health Nursing, 15*, 833-849. doi: 10.1111/j.1365-2850.2008.01321.x

Muller, R.T., Goebel-Fabbri, A.E., Diamond, T., & Dinklage, D. (2000). Social support and the relationship between family and community violence exposure and psychopathology among high risk adolescents. *Child Abuse & Neglect*, *24*, 449-464. doi:10.1016/S0145-2134(00)00117-4

O'Keefe, M. (1994). Linking martial violence, mother-child/father-child aggression, and child behavior problems. *Journal of Family Violence*, *9*, 63-78. doi: 10.1007/BF01531969

Overstreet, S., Dempsey, M., Graham, D., & Moely, B. (1999). Availability of family support as a moderator of exposure to community violence. *Journal of Clinical Child Psychology*, *28*, 151-159. doi:10.1207/s15374424jccp2802_3

Ozer, E.J., & Weinstein, R.S. (2004). Urban adolescents' exposure to community violence: The role of support, school safety, and social constraints in a school-based sample of boys and girls. *Journal of Clinical Child and Adolescent Psychology*, *33*, 463-476. doi:10.1207/s15374424jccp3303_4

Reyna, C., Lello, M.G., Sanchez, A., & Brussino, S. (2011). The Buss-Perry Aggression Questionnaire: Construct validity and gender invariance among Argentinean adolescents. *International Journal of Psychological Research*, *4*, 30-37.

Salzinger, S., Feldman, R.S., Rosario, M., & Ng-Mak, D.S. (2011). Role of parent and peer relationships and individual characteristics in middle school children's behavioral outcomes in the face of community violence. *Journal of Research on Adolescence*, *21*, 395-407. doi:10.1111/j.1532-7795.2010.00677.x

Schwab-Stone, M., Chen, C., Greenberger, E., Silver, D., Lichtman, J., & Voyce, C. (1999). No safe haven II: The effects of violence exposure on urban youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, *38*, 359-367. doi:10.1097/00004583-199904000-00007

Schwartz, D. & Gorman, A.H. (2003). Community violence exposure and children's academic functioning. *Journal of Educational Psychology*, *95*, 163-173. doi: 10.1037/0022-0663.95.1.163

Schwartz, D., & Proctor, L.J. (2000). Community violence exposure and children's social adjustment in the school peer group: The mediating roles of emotion regulation and social cognition. *Journal of Consulting and Clinical Psychology*, *68*, 670-683. doi: 10.1037//0022-006X.68.4.670

Shelton, K.K., Frick, P.J., & Wootton, J. (1996). Assessment of parenting practices in families of elementary school-age children. *Journal of Clinical Child Psychology*, *25*, 317-329. doi:10.1207/s15374424jccp2503_8

Singer, M.I., Anglin, T.M., Song, L.Y., Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association, 273*, 477-482. doi:10.1001/jama.273.6.477

Steinberg, A.M., Brymer, M.J., Decker, K.B., & Pynoos, R.S. (2006). The University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index. *Current Psychiatry Reports, 6*, 96-100.

Tabachnick, B.G., & Fidell, L.S. (2007). Using multivariate statistics (5^{th} ed.). Boston, MA: Pearson Education, Inc/Allyn & Bacon.

Truman, J.L., & Smith, E.L. (2012). *Special report: Prevalence of violent crime among households with children, 1993-2010.* Retrieved from U.S. Department of Justice, Bureau of Justice Statistics: http://bjs.ojp.usdoj.gov/content/pub/pdf/pvchc9310.pdf

U.S. Department of Health and Human Services. (2001). Chapter 2—Culture counts: The influence of culture and society on mental health. Mental health: Culture, race, and ethnicity-A supplement to mental health: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

West, S.G., Aiken, L.S., & Krull, J.L. (1996). Experimental personality designs: Analyzing categorical by continuous variable interactions. *Journal of Personality, 64*, 1-48. doi: 10.1111/j.1467-6494.1996.tb00813.x

APPENDIX A: CONSENT AND ASSENT FORMS

Consent Form

1. **Study Title:** Community Violence Exposure Among Underprivileged Adolescents: The Protective Role of Family Against Negative Outcomes

2. **Performance Sites:** Schools in Louisiana

3. **Name and Telephone Numbers of Investigators:** The following investigators are available for questions about the study:

   Mary Lou Kelley, Ph.D. (225) 578-8745 Katherine M. Harrison (225) 578-6731

4. **Purpose of the Study:** This study will explore family and parent qualities that may protect adolescents from the negative effects of violence in their community. Regardless of the amount of violence in your community, we are still interested in <u>any</u> violence that occurs around your children.

5. **Participant Inclusion:** Adolescents aged 12-18 and their primary caregiver

6. **Number of Participants:** 115

7. **Study Procedures:** You will spend about one hour answering questions about yourself, your family, and your child. Your child will be given a packet to complete at home and send back to us. Your child will spend about one hour during school answering questions about himself or herself, your family, and violence they experience in their community. For participating in this study, your family may have the opportunity to receive financial compensation.

8. **Benefits:** The outcome of this research study will provide counselors and government and community officials with information that will help parents know how to help their children cope with the effects of violence exposure.

9. **Risks:** Although unlikely, if you become upset after thinking your feelings, your family, or your child because of completing the questionnaires, we will give you phone numbers and addresses of clinics that may help you.

10. **Right to Refuse:** You may choose not to complete the measures or quit the study at any time without any problem.

11. **Right to Privacy:** This study may be published in a research journal, but you and your child's names will not be included in the publication. No information provided by you or

your child will be linked back to you. Contact information will only be used in scheduling data collection appointments, if needed. Once all data is collected, all identifying information (e.g., all contact information) will be replaced by a code and deleted from the data file.

This study has been discussed with me and all of my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about participants' rights or other concerns, I can contact Robert C. Mathews, Chairman of the LSU Institutional Review Board, at (225) 578-8692. I agree to participate in the study described above and acknowledge the researchers' obligation to provide me with a copy of this consent form if signed by me.

_____ _____

Signature of Parent Participant Date

I also grant permission for my child to participate in this study if he/she decides to do so. I understand that my child's identifying information will be removed and coded to ensure privacy of the information.

_____ _____

Signature of Parent Participant Date

GUARDIAN CONTACT INFORMATION

If you agree to participate in this study, please complete this form. Please remember that we would prefer for the child's primary guardian/caretaker to complete these questionnaires.

Parent/Primary Guardian Name: _____

Child's Name: _____ Child's Grade Level: _____

Current Address:

_____

Street City Zip

Best phone number to reach you in the afternoon: _____

Email Address: _____

Assent Form

1. **Study Title:** Community Violence Exposure Among Underprivileged Adolescents: The Protective Role of Family Against Negative Outcomes

2. **Performance Sites:** Schools in Louisiana

3. **Name and Telephone Numbers of Investigators:** The following investigators are available for questions about the study:

   Mary Lou Kelley, Ph.D. (225) 578-8745 Katherine M. Harrison (225) 578-6731

4. **Purpose of the Study:** This study will explore family qualities that may protect adolescents from the negative effects of violence in their community. Regardless of the amount of violence in your community, we are still interested in any violence that occurs around you.

5. **Participant Inclusion:** Adolescents aged 12-18 and their primary caregiver

6. **Number of Participants:** 115

7. **Study Procedures:** You will spend about one hour during school answering questions about yourself, your family, and violence you experience in your community. Your caregiver will also answer questions about themselves, your family, and you. You will be provided with a packet to take home for your caregiver to complete at home and send back to us. For participating in this study, your family may have the opportunity to receive financial compensation.

8. **Benefits:** The outcome of this research study will provide counselors and government and community officials with information that will help parents know how to help their children cope with the effects of violence exposure.

9. **Risks:** Although unlikely, if you become upset after thinking your feelings, your experiences, or your family because of completing the questionnaires, we will give you phone numbers and addresses of clinics that may help you.

10. **Right to Refuse:** You may choose not to complete the measures or quit the study at any time without any problem.

11. **Right to Privacy:** This study may be published in a research journal, but you and your caregiver's names will not be included in the publication. No information provided by you or your caregiver will be linked back to you. Contact information will only be used in scheduling data collection appointments. Once all data is collected, all identifying

information (e.g., all contact information) will be replaced by a code and deleted from the data file.

This study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about participants' rights or other concerns, I can contact Robert C. Mathews, Chairman of the LSU Institutional Review Board, at (225) 578-8692. I agree to participate in the study described above and acknowledge the researchers' obligation to provide me with a copy of this assent form if signed by me.

Adolescent's Age: _____

_____	_____
Adolescent's Name	Adolescent's Signature
_____	_____
Date	Witness

APPENDIX B: DEMOGRAPHIC QUESTIONNAIRE

Families Bounce Back: Community Violence Exposure Among Youth

Name: _____ Gender: Male / Female

D.O.B. / Age: _____ / _____

Current Address:

_____

Street City Zip

Home Phone #: _____Cell Phone #: _____

Email Address: _____

What is your racial heritage (select all that apply)?

_____ American Indian / Alaskan Native

_____ Asian / Pacific Islander

_____ Black / African American

_____ Caucasian / White

_____ Hispanic / Latino

_____ Other

_____ Decline to answer

What is your primary guardians' marital status?

_____ Married _____ Living with partner _____ Widowed

_____ Divorced _____ Single

Who <u>currently</u> lives in your home? (Please add additional lines as needed)

Relationship to you: _____ Age: _____

Relationship to you: _____ Age: _____

Relationship to you: _____ Age: _____

Relationship to you: _____ Age: _____

Relationship to you: _____ Age: _____

Relationship to you: _____ Age: _____

APPENDIX C: SCREEN FOR ADOLESCENT VIOLENCE EXPOSURE

Instructions: We are interested in hearing about your experiences of the bad things that you have seen, heard of, or that have happened to you. Please read and answer the following statements about violent things that have happened at home, at school, or in your neighborhood involving you. For each statement, please circle the number that describes **how often these things have happened to you**. For example, if you "have seen someone carry a gun…… at school" *sometimes*, you would circle the number that corresponds with sometimes.

	Never	Hardly Ever	Sometimes	Almost Always	Always
1. I have seen someone carry a gun…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
2. Someone has pulled a gun on me…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
3. Grownups beat me up…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
4. Someone my age has threatened to beat me up…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
5. I have been shot…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5

	Never	Hardly Ever	Sometimes	Almost Always	Always
6. I have seen the police arrest someone…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
7. Someone my age hits me…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
8. I have seen someone get killed…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
9. I have seen a grownup hit a kid…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
10. I have heard about someone getting shot…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
11. Someone has pulled a knife on me…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5

	Never	Hardly Ever	Sometimes	Almost Always	Always
12. Grownups threaten to beat me up…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
13. I have had shots fired at me…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
14. I have seen someone carry a knife…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
15. I have seen someone get shot…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
16. I have been attacked with a knife…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
17. I have seen a kid hit a grownup…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5

	Never	Hardly Ever	Sometimes	Almost Always	Always
18. I have seen people scream at each other…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
19. I have seen someone pull a gun on someone else…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
20. I have seen someone get beaten up…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
21. I have heard about someone getting killed…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
22. I have heard about someone getting attacked with a knife…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
23. I have heard about someone getting beaten up…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5

	Never	Hardly Ever	Sometimes	Almost Always	Always
24. I have seen someone pull a knife on someone else…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
25. I have been badly hurt…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
26. I have seen someone get attacked with a knife…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
27. I hear gunshots…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
28. I have seen someone get badly hurt…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
29. I have run for cover when people started shooting…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5

	Never	Hardly Ever	Sometimes	Almost Always	Always
30. Grownups scream at me…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
31. I have heard of someone carrying a gun…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5
32. Grownups hit me…					
at my school	1	2	3	4	5
in my home	1	2	3	4	5
in my neighborhood	1	2	3	4	5

APPENDIX D: AGGRESSION QUESTIONNAIRE

Instructions: Please rate each of the following items in terms of how characteristic they are of you. Use the following scale for answering each of these items:

1 Extremely uncharacteristic of me	**2**	**3**	**4**	**5**	**6**	**7** Extremely characteristic of me
1. Once in a while I can't control the urge to strike another person.	1	2	3	4	5	6	7
2. Given enough provocation, I may hit another person.	1	2	3	4	5	6	7
3. If somebody hits me, I hit back.	1	2	3	4	5	6	7
4. I get into fights a little more than the average person.	1	2	3	4	5	6	7
5. If I have to resort to violence to protect my rights, I will.	1	2	3	4	5	6	7
6. There are people who pushed me so far that we came to blows.	1	2	3	4	5	6	7
7. I can think of no good reason for ever hitting a person.	1	2	3	4	5	6	7
8. I have threatened people I know.	1	2	3	4	5	6	7
9. I have become so mad that I have broken things.	1	2	3	4	5	6	7
10. I tell my friends openly when I disagree with them.	1	2	3	4	5	6	7
11. I often find myself disagreeing with people.	1	2	3	4	5	6	7
12. When people annoy me, I may tell them what I think of them.	1	2	3	4	5	6	7
13. I can't help getting into arguments when people disagree with me.	1	2	3	4	5	6	7
14. My friends say that I'm somewhat argumentative.	1	2	3	4	5	6	7

APPENDIX E: SOCIAL SUPPORT QUESTIONNAIRE FOR CHILDREN

Instructions: Please read each item and rate how often each statement is true. *For sibling items only, if you DO NOT have a sibling, select the "N/A" (not applicable) option.*

PARENT: An adult who lives with you and takes care of you most of the time (ex. mom, dad, grandparent, step-parent).
RELATIVE: An **ADULT** who is related to you by blood or marriage, someone other than a parent.
ADULT: Refers to a teacher, coach, religious leader, club leader, neighbor, close family friend or other person **over the age of 18 who you do not live with, and you are not related to**.
PEER: Anyone around your age who you associate with such as a friend, classmate, or teammate.
SIBLING: A full (biological), half, or step-brother or sister.
SOCIAL SUPPORT: Emotional comfort given to us by another person that lets us know we are cared for and valued.

	Never or Rarely True	Sometimes True	Often or Very True	Always True	Not Applicable
1. I have a relative who gives me good advice.	0	1	2	3	
2. I enjoy spending time with a sibling.	0	1	2	3	N/A
3. I have a sibling who treats me fairly.	0	1	2	3	N/A
4. A relative helps me feel good about myself.	0	1	2	3	
5. A peer comforts me when I am upset.	0	1	2	3	
6. A peer cares about me and makes me feel wanted.	0	1	2	3	
7. A sibling helps me when I need it.	0	1	2	3	N/A
8. A parent shows me affection.	0	1	2	3	
9. A relative is there when I need them.	0	1	2	3	
10. A peer gives me good advice.	0	1	2	3	
11. I have a relative who shows me how to do things.	0	1	2	3	
12. I have an adult in my life who really cares about me.	0	1	2	3	
13. A sibling will let me borrow money if needed.	0	1	2	3	

	Never or Rarely True	Sometimes True	Often or Very True	Always True	Not Applicable
14. A peer accepts me for who I am.	0	1	2	3	N/A
15. A parent makes sure I have what I need.	0	1	2	3	
16. A peer supports my decisions.	0	1	2	3	
17. A relative helps me when I need it.	0	1	2	3	
18. I have a peer I can count on.	0	1	2	3	
19. A peer encourages me.	0	1	2	3	
20. A sibling comforts me when I am upset.	0	1	2	3	
21. A parent helps me feel good about myself.	0	1	2	3	N/A
22. I have a parent who encourages me.	0	1	2	3	
23. I have a parent who treats me fairly.	0	1	2	3	
24. A parent helps me when I need it.	0	1	2	3	
25. A relative explains things I don't understand.	0	1	2	3	
26. I have a sibling who supports my decisions.	0	1	2	3	
27. An adult comforts me when I am upset.	0	1	2	3	N/A
28. An adult spends time with me when I need it.	0	1	2	3	
29. A relative comforts me when I am upset.	0	1	2	3	
30. A parent shows me how to do things.	0	1	2	3	
31. I have an adult in my life who I can really count on.	0	1	2	3	
32. I have a parent that I can count on.	0	1	2	3	
33. A sibling gives me affection.	0	1	2	3	N/A
34. A parent cares about my feelings.	0	1	2	3	

	Never or Rarely True	Sometimes True	Often or Very True	Always True	Not Applicable
35. A relative listens when I want to talk.	0	1	2	3	
36. A parent listens when I want to talk.	0	1	2	3	
37. An adult shows me how to do things.	0	1	2	3	
38. I have a sibling who cares about me.	0	1	2	3	N/A
39. A relative helps take care of things I can't do alone.	0	1	2	3	
40. An adult helps me when I need it.	0	1	2	3	
41. An adult helps me feel good about myself.	0	1	2	3	
42. I have a peer who understands me.	0	1	2	3	
43. I have a peer who will lend me money if I need it.	0	1	2	3	
44. A peer praises me when I've done something well.	0	1	2	3	
45. I have a sibling I can trust to keep a secret.	0	1	2	3	N/A
46. An adult gives me good advice.	0	1	2	3	
47. A sibling accepts me for who I am.	0	1	2	3	N/A
48. An adult shows me affection.	0	1	2	3	
49. A relative helps me cope with my problems.	0	1	2	3	
50. An adult cares about my feelings.	0	1	2	3	

APPENDIX F: ALABAMA PARENTING QUESTIONNAIRE

Instructions: The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5).

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your mom.	1	2	3	4	5
A. How about with your dad?	1	2	3	4	5
2. Your parents tell you that you are doing a good job.	1	2	3	4	5
3. Your parents threaten to punish you and then do not do it.	1	2	3	4	5
4. Your mom helps with some of your special activities (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
5. Your parents reward or give something extra to you for behaving well.	1	2	3	4	5
6. You fail to leave a note or let your parents know where you are going.	1	2	3	4	5
7. You play games or do other fun things with your mom.	1	2	3	4	5
A. How about with your dad?	1	2	3	4	5
8. You talk your parents out of punishing you after you have done something wrong.	1	2	3	4	5
9. Your mom asks you about your day in school.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
10. You stay out in the evening past the time you are supposed to be home.	1	2	3	4	5
11. Your mom helps you with your homework.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
A. How about your dad?	1	2	3	4	5
12. Your parents give up trying to get you to obey them because it's too much trouble.	1	2	3	4	5
13. Your parents compliment you when you have done something well.	1	2	3	4	5
14. Your mom asks you what your plans are for the coming day.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
15. Your mom drives you to a special activity.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
16. Your parents praise you for behaving well.	1	2	3	4	5
17. Your parents do not know the friends you are with.	1	2	3	4	5
18. Your parents hug or kiss you when you have done something well.	1	2	3	4	5
19. You go out without a set time to be home.	1	2	3	4	5
20. Your mom talks to you about your friends.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
21. You go out after dark without an adult with you.	1	2	3	4	5
22. Your parent lets you out of a punishment early (like lift restrictions earlier than the originally said).	1	2	3	4	5
23. You help plan family activities.	1	2	3	4	5
24. Your parents get so busy that they forget where you are and what you are doing.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
25. Your parents do not punish you when you have done something wrong.	1	2	3	4	5
26. Your mom goes to a meeting at school, like a PTA meeting or parent/teacher conference.	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
27. Your parent tell you that they like it when you help around the house.	1	2	3	4	5
28. You stay out later than you're supposed to and your parents don't know it.	1	2	3	4	5
29. Your parents leave the house and don't tell you where they are going.	1	2	3	4	5
30. You come home from school more than an hour past the time you parents expect you to be home.	1	2	3	4	5
31. The punishment your parents give depends on their mood.	1	2	3	4	5
32. You are at home without an adult being with you.	1	2	3	4	5
33. Your parents spank you with their hand when you have done something wrong.	1	2	3	4	5
34. Your parents ignore you when you are misbehaving.	1	2	3	4	5
35. Your parents slap you when you have done something wrong.	1	2	3	4	5
36. You parents take away a privilege or money from you as a punishment.	1	2	3	4	5
37. You parents send you to your room as punishment.	1	2	3	4	5
38. Your parents hit you with a belt, switch, or other object when you have done something wrong.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
39. Your parents yell or scream at you when you have done something wrong.	1	2	3	4	5
40. Your parents calmly explain to you why your behavior was wrong when you misbehave.	1	2	3	4	5
41. Your parents use time out (makes you sit or stand in a corner) as punishment.	1	2	3	4	5
42. Your parents give you extra chores as punishment.	1	2	3	4	5

APPENDIX G: IRB APPROVAL FORMS

Institutional Review Board
Dr. Robert Mathews, Chair
131 David Boyd Hall
Baton Rouge, LA 70803
P: 225.578.8692
F: 225.578.6792
irb@lsu.edu | lsu.edu/irb

ACTION ON PROTOCOL APPROVAL REQUEST

TO: Mary Lou Kelley
Psychology

FROM: Robert C. Mathews
Chair, Institutional Review Board

DATE: March 26, 2012
RE: **IRB#** 3269

TITLE: Community Violence Exposure Among Underprivileged Adolescents: The Protective Role of Family Against Negative Outcomes

New Protocol/Modification/Continuation: New Protocol

Review type: Full ___ Expedited _X_ **Review date:** 3/27/2012

Risk Factor: Minimal ___X___ Uncertain _____ Greater Than Minimal_____

Approved_____X_____ **Disapproved**_____

Approval Date: 3/27/2012 **Approval Expiration Date:** 3/26/2013

Re-review frequency: (annual unless otherwise stated)

Number of subjects approved: 115

Protocol Matches Scope of Work in Grant proposal: (if applicable)_____

By: Robert C. Mathews, Chairman _____

PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING –
Continuing approval is CONDITIONAL on:

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU's Assurance of Compliance with DHHS regulations for the protection of human subjects*
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants, including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
7. Notification of the IRB of a serious compliance failure.
8. SPECIAL NOTE:

**All investigators and support staff have access to copies of the Belmont Report, LSU's Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at http://www.lsu.edu/irb*

Application for Approval of Projects Which Use Human Subjects

This application is used for projects/studies that cannot be reviewed through the exemption process.

LSU

Institutional Review Board
Dr. Robert Mathews, Chair
131 David Boyd Hall
Baton Rouge, LA 70803
P: 225.578.8692
F: 225.578.6792
irb@lsu.edu
lsu.edu/irb

– Applicant, Please fill out the application in its entirety and include two copies of the completed application as well as parts A-E, listed below. Once the application is completed, please submit to the IRB Office for review and please allow ample time for the application to be reviewed Expedited reviews usually takes 2 weeks. Carefully completed applications should be submitted 3 weeks before a meeting to ensure a prompt decision.

– A Complete Application Includes All of the Following:

(A) Two copies of this completed form and two copies of part B thru E.
(B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts 1&2)
(C) Copies of all instruments to be used.
*If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment material.
(D) The consent form that you will use in the study (see part 3 for more information.)
(E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: (http://phrp.nihtraining.com/users/login.php.)
(F) IRB Security of Data Agreement: (http://www.lsu.edu/irb/IRB%20Security%20of%20Data.pdf)

1) Principal Investigator*: Mary Lou Kelley **Rank** Ph.D.

*PI **must be** an LSU Faculty Member

Dept: Psychology **Phc** 578-4113 **E-mail:** mlkelley@lsu.edu

2) Co Investigator(s): please include department, rank, phone and e-mail for each

Katherine Harrison, B.S., Psychology Department, (727) 278-6276, katie.m.harrison@gmail.com

Shannon Self-Brown, Ph.D., Georgia State University, (404) 413-1283, sselfbrown@gsu.edu

3) Project Title: Community Violence Exposure Among Underprivileged Adolescents: The Protective Role of Family Against Negative Outcomes

IRB# 3267 LSU Proposal #

- ○ Full
- ✓ Expedited
- ✓ Human Subjects Training
- ✓ Complete Application

4) Proposal Start Date: March 14, 2012 **5) Proposed Duration Months:** 12 mo.

6) Number of Subjects Requested: 115 **7) LSU Proposal #:**

8) Funding Sought From: N/A

ASSURANCE OF PRINCIPAL INVESTIGATOR named above

I accept personal responsibility for the conduct of this study (including ensuring compliance of co-investigators/co-workers) in accordance with the documents submitted herewith and the following guidelines for human subject protection: The Belmont Report, LSU's Assurance (FWA00003892) with OHRP and 45 CFR 46 (available from http://www.lsu.edu/irb). I also understand that copies of all consent forms **must be maintained at LSU for three years after the completion of the project.** If I leave LSU before that time, the consent forms should be preserved in the Departmental Office.

Signature of PI Mary L Kelley Date 3.2.12

ASSURANCE OF STUDENT/PROJECT COORDINATOR named above. If multiple Co-Investigators, please create a "signature page" for all Co-Investigators to sign. Attach the "signature page" to the application.

I agree to adhere to the terms of this document and am familiar with the documents referenced above.

Signature of Co-PI (s) KMHarrison Date 3/01/12

Study Approved By:
Dr. Robert C. Mathews, Chairman
Institutional Review Board
Louisiana State University
203 B-1 David Boyd Hall
225-578-8692 | www.lsu.edu/irb
Approval Expires: 3/2013

VITA

In 2009, Katherine M. Harrison graduated Summa Cum Laude with a Bachelor of Science degree in Psychology from the University of Central Florida. She began her graduate career at Louisiana State University under the supervision Dr. Mary Lou Kelley in August of 2010. She will be receiving her Master of Arts degree in May of 2013. Ms. Harrison is currently a third-year graduate student working towards her Doctorate of Philosophy degree in Psychology. Her area of specialization is child clinical psychology.