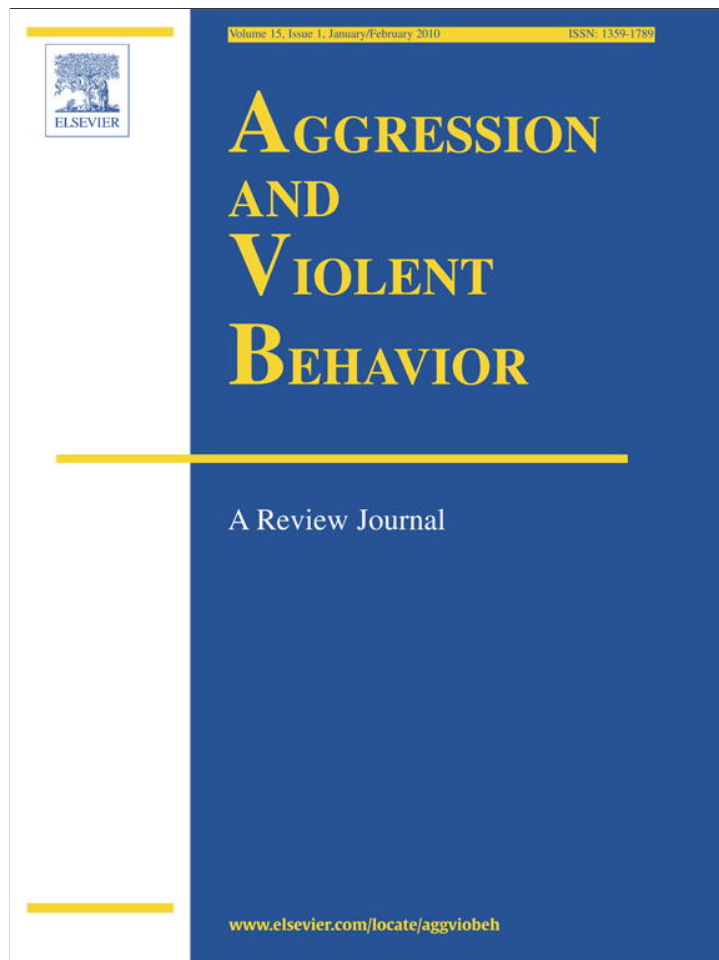


Provided for non-commercial research and education use.
Not for reproduction, distribution or commercial use.



This article appeared in a journal published by Elsevier. The attached copy is furnished to the author for internal non-commercial research and education use, including for instruction at the authors institution and sharing with colleagues.

Other uses, including reproduction and distribution, or selling or licensing copies, or posting to personal, institutional or third party websites are prohibited.

In most cases authors are permitted to post their version of the article (e.g. in Word or Tex form) to their personal website or institutional repository. Authors requiring further information regarding Elsevier's archiving and manuscript policies are encouraged to visit:

<http://www.elsevier.com/copyright>



A culturally-informed approach to trauma, suicidal behavior, and overt aggression in African American adolescents

Kelly N. Graves^{a,*}, Nadine J. Kaslow^b, James M. Frabutt^c

^a University of North Carolina at Greensboro

^b Emory University School of Medicine

^c University of Notre Dame

ARTICLE INFO

Article history:

Received 16 April 2009

Accepted 1 July 2009

Available online 19 July 2009

ABSTRACT

Trauma is a risk factor for suicidal behaviors and overt aggression among youth. Culture is important to consider when examining the links between trauma and these types of aggression, as well as when considering the risk and protective factors (intrapersonal, social and situational, cultural, and environmental) that mediate and/or moderate these associations. Using a cultural lens, we suggest that a public health based model, referred to as the Theory of Triadic Influence (TTI), provides a useful framework for examining the linkages among trauma, various risk and protective factors, and both suicidal behaviors and overt aggression. Because African American youth are more likely to experience trauma, focused and model-driven research is needed that can unravel cultural influences on the links from trauma, suicidal behaviors, and aggression.

© 2009 Elsevier Ltd. All rights reserved.

Contents

1. Trauma	37
2. Suicidal behaviors and overt aggression	37
2.1. Suicidal behaviors	37
2.2. Overt aggression	37
3. Trauma as a risk factor for suicidal behavior and overt aggression	38
4. A cultural model for understanding the trauma-aggression link	38
5. Culturally-relevant risk and protective factors	38
5.1. Intrapersonal domain	39
5.2. Social and situational factors	39
5.3. Cultural and environmental factors	39
6. What culturally-relevant, theory-driven research can contribute to the field	39
References	39

Trauma, suicide, and overt aggression all have been noted as major public health concerns. These problems are particularly prevalent among low-income, African Americans (Jones, 2007; Tjaden & Thoennes, 2000). A plethora of research has documented many risk and protective factors that make it more and less likely for those youth who have experienced trauma to develop propensities toward suicidal behaviors (i.e., internalized aggression) or overt aggression (i.e., externalized aggression) (Evans, Spirito, & Celio, 2007; Kitzmann, Gaylord, Holt, &

Kenny, 2003). However, to date, there is a lack of theory-driven, culturally-informed research that examines the interplay among trauma, risk and protective factors, and both suicidal behaviors and overt aggression in a systematic and thorough way. In this article, we review briefly the literature on trauma and both suicidal behaviors and overt aggression among youth, with particular attention to these constructs in African American youth, as well as the links between trauma and both internalized and externalized aggression. Particular attention is paid to these constructs among African American youth. One potential theory, the Theory of Triadic Influence (TTI) is offered as a framework for examining risk and protective factors among African American youth who have experienced trauma (Flay, 1999; Flay, Petraitis, & Frank, 1999; Flay & Phil, 2002).

* Corresponding author.

E-mail address: kngrove3@uncg.edu (K.N. Graves).

1. Trauma

Trauma is conceptualized in many different ways, from the more stringent criteria of the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) of “one adverse event” to a more ecological view of trauma in which psychological harm can arise from a wide array of experiences over time that interact with development (Tummala-Narra, 2007). In the current review, trauma is conceptualized as child maltreatment in accord with the definition of the World Health Organization (WHO) (physical abuse, sexual abuse, emotional abuse, and neglect, and/or witnessing violence) (Krug, 2002). In 2006, approximately 3.5 million children/families were investigated by child protective services, equating to a rate of 47.2 children per 1,000 (United States Department of Health and Human Services, Administration on Children, & Youth and Families, 2009). Of those investigations, 882,000 children were maltreated nationwide and 1,586 died as a result (www.acf.hhs.gov/programs/cb/pubs/cm05). It is estimated that there are 60 million survivors of childhood sexual abuse in America today, with research estimating that 1 in 3 females and 1 in 6 males are sexually abused during childhood (Illinois Coalition Against Sexual Assault (ICASA, 2001).

Trauma is especially prevalent in African American populations and African Americans tend to experience violence that is more severe than victims of other races (Hampton, Oliver, & Magarian, 2003; Joseph, 1997; Richie, 1996). Because African American families experience disproportionately high rates of poverty (www.census.gov/hhes/www/poverty/poverty.html), and because living in poverty increases the risk of exposure to trauma (Jones, 2007), research with African American adolescents targets an especially high risk, and understudied population. Statistics support this claim as African American children have the highest rates of victimization (19.5 per 1,000 compared to 10.8 per 1,000 for Caucasian children and 2.5 per 1,000 for Asian children), although there is mixed support for the claim that African American children are more likely to be maltreated (Hampton et al., 2003). Except for victims of sexual abuse, in which females are more likely to be victims than males, rates of other types of trauma are similar across male and female victimization (i.e., physical abuse, neglect, witnessing violence). African American youth living in poverty have a 281% greater risk of victimization by homicide than non-urban, non-poverty youth (Pallone & Hennessy, 2000).

2. Suicidal behaviors and overt aggression

Trauma influences both suicidal behaviors and overt aggression in African American youth, and both have been identified as national prevention and intervention priorities (U.S. Department of Health and Human Services, 1999). Although there seems to be a consensus that trauma, suicidal behaviors, and overt aggression are related, there is less information available regarding trajectories of these constructs during adolescence. Examining both suicidal behaviors and overt aggression simultaneously is important because although some youth have very specific trajectories of psychopathology, others have comorbid symptoms. For example, data from the 2001 Youth Risk Behavior Survey (YRBS) indicated a positive link between aggression directed toward self and others (CDC, 2004). This finding was reported across ethnic and racial groupings. Based on that study, it was recommended that future investigations of aggression include both outlets to aggression (i.e., suicidal behaviors and overt) as indicators so that the relationship between these constructs can be better understood.

Examining both suicidal behaviors and overt aggression is particularly valuable given that, as of 2007, the extreme forms of these constructs, suicide and homicide, are the 2nd and 3rd leading causes of death respectively for 12–16 year olds in the United States (US) (<http://webappa.cdc.gov/cgi-bin/broker.exe>), and the 4th and 2nd leading cause of death respectively for African Americans ages 12–

16. Additionally, among non-fatal injuries, interpersonal assaults are the 1st leading cause of violence for 12–16 year olds in the US (<http://webappa.cdc.gov/cgi-bin/broker.exe>).

2.1. Suicidal behaviors

Beginning with suicidal behaviors, there were approximately 7.7 suicide-related deaths per 100,000 adolescents during 2005 (CDC, 2008). Suicide attempters are 38–40 times more likely to commit suicide than are people with no history of attempts (Harris & Barraclough, 1997). There is a 4.1% lifetime prevalence of attempted suicide among adolescents, with approximately 6.9% of high school students attempting suicide in 2007 (Joe, Baser, Breeden, Neighbors, & Jackson, 2006). For each completed suicide, there are 12–15 self-harm related emergency department visits (Classen et al., 2006). Between the ages of 12–16, and across all demographic groups, girls are two to three times more likely than boys to attempt suicide, a finding that also holds true among African Americans (Chance, Kaslow, Summer-ville, & Wood, 1998; Juon & Ensminger, 1997). However, completion rates are higher for males than females, even among African American adolescents aged 12–16 years (CDC, 2008; Denning, Conwell, King, & Cox, 2000).

Furthermore, the suicide rate among African American youth is growing at a disproportionate rate compared to all other races and increased 133% for 10- to 19-year-old African American youths (CDC, 2006). The median age of suicide is approximately a decade earlier for African American suicide victims compared to other suicide victims (Garlow, Purselle, & Heninger, 2005).

2.2. Overt aggression

According to official statistics, juveniles aged 13–16 accounted for 10.6% of all violent crime arrests nationwide and 17.8% of all non-fatal interpersonal crime arrests (including general assault) in 2007 (<http://www.fbi.gov/ucr/cius2007/arrests/index.html>). More than one third of high school students reported being in a physical fight at school in 2007 (CDC, 2008). Rates of overt aggression are increasing at a faster rate for females than for males; compared to the 67% increase in arrest rates for males, female arrest rates increased by 125%. Such evidence supports Stahl's (2000) claim that although both males and females showed increases in violent behaviors, “growth in cases involving females outpaced the growth for males in all offense categories” (p. 1), documenting the need for overdue attention to examining adolescent females more closely.

However, recent research highlights the fact that these trends may reflect a change in societal responses to girls' behavior rather than an actual increase in interpersonal violence (Steffensmeier, Schwartz, Zhong, & Ackerman, 2005; Zahn et al., 2008). This claim is supported by the fact that compared to official arrest statistics, self-report data indicate that levels of assault among females and males have remained constant, and that females as the perpetrators of violence has not increased relative to male violence among self-reports. Some scientists, such as those composing the Girls Study Group (<http://girlsstudygroup.rti.org/>), are beginning to address whether this is a result of policy changes (policy change hypothesis) versus a true behavioral change (behavior change hypothesis) among females (Zahn et al., 2008). Clearly, additional research is needed to understand these discrepant findings.

Furthermore, levels of overt aggression among African American youth are higher than among either Latino or Caucasian youth (CDC, 2008). This is evident in both self-report data (CDC, 2008; Nichols, Graber, Brooks-Gunn, & Botvin, 2006), and official violent crime statistics (<http://www.fbi.gov/ucr/cius2007/arrests/index.html>). Reasons for these consistent differences are unclear, but recent work by researchers studying disproportionate minority contact (DMC) within the juvenile justice system suggests that there are cultural and bio-

ecological influences that create powerful rules and norms that can shape behavior (Graves et al., 2009, 2008; Hsia, Wilson, Wilson, & Frabutt, 2006; Leiber & Fox, 2005). These disproportionate rates of contact are an important public health disparity for communities that should be further studied and addressed via policy, training, and system-level modifications.

3. Trauma as a risk factor for suicidal behavior and overt aggression

The long-term effects of trauma include fear, anxiety, depression, anger, hostility, risky sexual behavior, poor self-esteem, and increased substance use (Evans et al., 2007). Two-meta-analytic reviews reveal that children exposed to violence in the home experience higher levels of both emotional and behavioral problems, including depression and anxiety, physical and behavior problems, and proneness to violence perpetration and victimization (Campbell & Lewandowski, 1997; Jaffee, Moffitt, Caspi, Taylor, & Arseneault, 2002; Somer & Braunstein, 1999). Furthermore, there is some evidence that adolescents who experience trauma are at an increased risk for being violent as adults, and that the internalizing and externalizing consequences for children exposed to trauma indirectly (i.e., witnessing violence) are similar to those of children who have experienced the trauma directly (White & Widom, 2003; Wyatt, Axelrod, Chin, Carmona, & Loeb, 2000).

More specifically, histories of trauma have been linked to an increased likelihood of suicidal behaviors across demographic groups and among a number of populations, including both juveniles and adults (Murray, Macdonald, & Fox, 2008). Some research indicates that this link is stronger for females than for males (Flannery, Singer, & Wester, 2001). Among African Americans, studies have documented that trauma increases the likelihood of suicidal behaviors incrementally (Anderson, Tiro, Price, Bender, & Kaslow, 2002; Edwards, Holden, Felitti, & Anda, 2003; Thompson, Kaslow, Bradshaw, & Kingree, 2000).

Trauma also has been identified as a predictor of overt aggression in the form of conduct disorder and juvenile justice involvement (Greenwald, 2002), as well as poor relational outcomes in adulthood (e.g., marital satisfaction) across all demographic groups, particularly among adolescent girls (Chamberlin & Moore, 2002; Liang, Williams, & Siegel, 2006; Simkin & Katz, 2002). Trauma in the form of witnessing violence evidences these same trends, with increased exposure to violence linked with an increased likelihood of overt aggression (Farrell & Sullivan, 2004). Some research has examined different types of trauma and links with overt aggression, but that research has been inconsistent. For example, while some research indicates that physical abuse is more strongly linked to overt aggression than sexual abuse, other longitudinal research suggests that sexual abuse has a “delayed effect” such that its impact on overt aggression is not evident until early adulthood (Graves, Sechrist, White, & Paradise, 2005; Wall & Barth, 2005). Some investigators go as far as to speculate that trauma is causally linked to overt aggression (Whitfield, 2006).

These links are particularly relevant to examine among African American populations, given that these youth are more likely than their nonminority counterparts to experience trauma (Hampton et al., 2003; Jones, 2007; Tjaden & Thoennes, 2000). Furthermore, recent research documents that minority youth are more likely than Caucasian youth to experience emotional dysregulation as a result of trauma that can lead to aggression (Marsee, 2008). There is some empirical evidence that among African American youth, males who experience trauma are more likely to display overt aggression while females who experience trauma are more likely to display suicidal behaviors (Dulmus & Hilarski, 2006).

4. A cultural model for understanding the trauma-aggression link

The way in which trauma impacts the lives of individuals is strongly influenced by the cultural context within which the trauma

occurs (Tummala-Narra, 2007). Due to the significant psychological consequences of trauma and aggression for adolescents, it is essential to consider the role of culturally-relevant factors that may help African American adolescents cope or that may negatively impact their capacity to cope effectively. Best practice guidelines suggest that research be guided by developmentally informed and culturally competent frameworks that emphasize risk and protective factors selected across many domains (Fisher et al., 2002; Morris, 2001). Such work is responsive to the report by the Institute of Medicine that called for an understanding and appreciation of the cultural context of mental health problems to improve access to and remove barriers to treatment for vulnerable populations (US DHHS, 2001). The current lack of such knowledge might explain why African American youth are under-represented in mental health clinics (Goldston, Molock et al., 2008; Morris, 2001). With cultural variations in relation to access to services, culturally appropriate approaches to understanding and intervening are paramount to addressing the growing public health problems of suicidal behaviors and overt aggression (Goldston, Molock et al., 2008; Goldston, Daniel, Mathias, & Dougherty, 2008).

To increase the cultural relevance of academic research, culture must be considered when formulating theories that inform the design and implementation of research projects. Although one method of achieving this goal is to develop new theories specific for various cultures, another equally attractive strategy is to adapt current theories using a cultural lens (Griner & Smith, 2006). One such theory that merits examining in terms of a cultural adaptation is the TTI (Flay, 1999; Flay et al., 1999; Flay & Phil, 2002). TTI has been integrated by its originator and others with a risk and protective factors framework, and thus, fits with an emphasis on both risk and protective factors as mediators and/or moderators of the link between trauma and both suicidal behaviors and overt aggression in African American adolescents (Flay, 1999; Flay et al., 1999; Flay & Phil, 2002; Mann, Hosman, Schaalma, & deVries, 2004). TTI offers a valuable heuristic for conceptualizing two inter-related public health problems (suicidal behaviors and overt aggression) and their sequelae, and has been applied to suicide and overt aggression (Loeber et al., 2005). The model also has been utilized by scientists to address other behavioral health problems, such as substance abuse, sexual behavior, diet and exercise, and mental health problems (Bell & McKay, 2004; Brug, Oenema, & Ferreira, 2005; Carvajal, Evans, Nash, & Getz, 2002; Flay & Phil, 2002; Mann et al., 2004; Sieving, Eisenberg, Pettingnell, & Skay, 2006; Sieving, McNeely, & Blum, 2000). Given that risk and protective factors may be influenced by cultural context, examining culturally-relevant risk and protective factors as mediators and/or moderators of the trauma-aggression link using the TTI framework can help to advance the current literature base and contribute to ongoing theory building (Goldston, Molock et al., 2008).

TTI describes three streams of influence that are viewed as the ultimate causes of human behavior: (1) intrapersonal (biological and personality factors that distally shape sense of self and social competence); (2) social and situational (distally includes social bonding and learning and proximally shapes normative beliefs); and (3) cultural and environmental (distally includes knowledge and values and proximally shapes attitudes). These causes can be conceptualized as both risk and protective factors, providing a valuable framework when working with African Americans as it emphasizes factors that are culturally meaningful (Breland, Coleman, Coard, & Steward, 2002; Flay, Graumlich, Segawa, Burns, & Holiday, 2004).

5. Culturally-relevant risk and protective factors

Carlson (2005) highlights two key limitations to the current literature base: (1) the possibility that culturally-relevant variables (e.g., spirituality, experiences with racism, etc.) might change these trajectories has been left unexplored; and (2) research using

longitudinal designs to examine these variables as potential mediators and moderators (i.e., risk and protective factors) is needed to inform preventive interventions. Using the TTI model as a framework, risk and protective factors can be separated into intrapersonal, social and situational, and cultural and environmental domains. It is possible that culture influences the impact of these factors on developmental trajectories.

5.1. Intrapersonal domain

Intrapersonal risk factors for suicidal behaviors and overt aggression in African Americans include gender, sexual orientation and activity, physical illness, pubertal development, impaired problem-solving and coping, violence acceptability, and psychological symptoms such as prior suicidal behavior and ideation, anhedonia, impulsivity and aggression, low self-esteem, depressive cognitions, and anxiety and perfectionism (Conner, Meldrum, Wiczorek, Duberstein, & Welte, 2004; Esposito & Clum, 2003; Foley, Goldston, Costello, & Angold, 2006; Hacker, Suglia, Fried, Rappaport, & Cabral, 2006; Lubell & Vetter, 2006). For African American adolescents, intrapersonal factors that protect them from engaging in suicidal behaviors and overt aggression include adaptive problem solving and coping, locus of control, and hopefulness (Donald, Dower, Correa-Velez, & Jones, 2006; Eisenberg, Ackard, & Resnick, 2007; Hacker et al., 2006; Lubell & Vetter, 2006).

5.2. Social and situational factors

Social and situational risk factors for suicidal behavior and overt aggression that are influenced by culture among African American youth include poverty, the number of trauma experiences, association with violent peers, witnessing violence, family problems, perceived conflict with parents, unmet family goals, and family depression (Denson, Marshall, & Schell, 2007; Farrell & Sullivan, 2004; Goldston, Molock et al., 2008; Thompson et al., 2000). Social and situational factors that protect African American youth from suicidal behaviors and overt aggression that may have strong cultural influences include social support and family cohesion (Goldston, Molock et al., 2008; Kaslow et al., 2002; Owen et al., 2008; Wall & Barth, 2005).

5.3. Cultural and environmental factors

Cultural and environmental risk factors for suicidal behavior and overt aggression among African American youth include ethnic identity, neighborhood disadvantage, high experiences with racism, access to lethal methods, association with violent peers, and limited access to previous services (Ialongo et al., 2004). As previous research has noted, responses to trauma among African Americans often reflects their experiences with racism and their social contexts (Campbell, Sharps, Gary, Campbell, & Lopez, 2002). Prior experiences with racism often offers individuals with fewer effective options for resisting violence and prevent them from securing assistance from institutions that historically have primarily safeguarded Caucasians. Psychological distress as a result of racism and discrimination is particularly likely when those experiences reinforce early negative family interactions. These stressors compound to contribute to the development of elevated internalizing and externalizing problems, such as suicidal behavior and overt aggression (DuBois, Burk-Braxton, Swenson, Tevendale, & Hardesty, 2002).

Cultural and environmental protective factors for African American youth that safeguard against suicidal behaviors and overt aggression include social connectedness, high involvement in religious activities, and spiritual well-being, which may be particularly relevant given that recent research has identified adolescence as a sensitive period for spiritual development (Goldston, Molock et al., 2008; Good & Willoughby, 2008; Hill & Pargament, 2003; Miller & Thoresen, 2003). Spirituality can be a source of help and support among those

who experience trauma, and this is a source of strength that has been linked to positive healing and enhanced psychological well-being, as well as decreases in suicidal behaviors and overt aggression (Flannery et al., 2001; Flannery, Williams, & Castro, 1998; Griffin-Fennell & Williams, 2006).

6. What culturally-relevant, theory-driven research can contribute to the field

As Carlson (2005) explains, understanding trauma through a cultural lens is essential for intervention development. This requires a full understanding of the factors (both risk and protective) that influence trauma responses among African American youth. For African Americans, intervention approaches that emphasize overcoming negative stereotypes, process experiences with racism, and include components that focus on integrating and strengthening family connections are essential. Additionally, spiritual well-being is a valuable construct to incorporate when both conducting research or intervening with this population, as African American youth and their families lean on their faith to create purpose and hope in the context of adversity (e.g., trauma) (Arnette, Mascaro, Santana, Davis, & Kaslow, 2007).

Although a few culturally competent interventions for African Americans who have experienced trauma exist, such as the Nia Project, an intervention for low-income, abused, and suicidal African American women (Davis et al., 2009), both the American Psychological Association (APA, 2003) and the President's New Freedom Commission on Mental Health have highlighted that more interventions specifically for African American youth are needed (www.mentalhealthcommission.gov/reports/finalreport/toc.html). However, without accurate, culturally-informed research that is theory-driven, the components of any intervention may be ill-conceived. Culturally-informed research is consistent with results from a recent meta-analysis revealing that although multicultural adaptations sensitive to many cultural groups are more effective than interventions without any modifications, optimal benefits occur when the intervention is designed specifically to take into consideration the unique cultural context of the clients (Griner & Smith, 2006). Such approaches are in keeping with the Guidelines on Multicultural Education, Training, Research, Practice, and Organization Change for Psychologists, which underscore the value of attending to clients' unique world view and cultural background and incorporating culture-specific strategies (APA, 2003).

Research that is population-focused and culturally-informed can build the literature base not only theoretically, but also in terms of intervention development among a historically understudied population. Given that African Americans experience trauma at higher rates than other populations (Hampton et al., 2003; Joseph, 1997; Richie, 1996), and that trauma, suicide, and overt aggression are major public health concerns, attentive and heightened examination of this population is particularly needed. And, given that the ways in which trauma is experienced differs by cultural context, using a culturally-driven framework in research design, measure selection, and implementation will help to unveil not only risk, but resiliency among traumatized youth within a cultural context. This knowledge can be used to help meet the need for culture-centered research using a cultural lens, as well as inform interventions that can not only decrease racial disparities and barriers to care, but also increase the ethical conduct of psychologists (and professionals from related fields) by informing the development and implementation of more efficacious approaches to care (APA, 2003).

References

- American Psychological Association (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377–402.

- Anderson, P., Tiro, J., Price, A., Bender, M. A., & Kaslow, N. J. (2002). Additive impact of childhood emotional, physical, and sexual abuse on suicide attempts among African American women. *Suicide and Life-Threatening Behavior*, 32, 131–138.
- Arnette, N. C., Mascaró, N., Santana, M. C., Davis, S., & Kaslow, N. J. (2007). Enhancing spiritual well-being among suicidal African American female survivors of intimate partner violence (IPV). *Journal of Clinical Psychology*, 63, 909–924.
- Bell, C. C., & McKay, M. (2004). Constructing a children's mental health infrastructure using community psychiatry principles. *The Journal of Legal Medicine*, 25, 5–22.
- Breland, A., Coleman, H., Coard, S., & Stewart, R. (2002). Differences among African American Jr. High Students: The effects of skin tone on ethnic identity, self-esteem, and cross-cultural behavior. *Dimensions of Counseling: Research, Theory, and Practice*, 30(1), 15–21.
- Brug, J., Oenema, A., & Ferreira, I. (2005). Theory, evidence, and intervention mapping to improve behavior, nutrition, and physical activity interventions. *Journal*, 2. Retrieved from <http://www.ijbnpa.org/content/pdf/1479-5868-2-2.pdf>
- Campbell, J. C., & Lewandowski, L. A. (1997). Mental and physical health effects of intimate partner violence on women and children. *Psychiatric Clinics of North America*, 20, 353–374.
- Campbell, D. W., Sharps, P. W., Gary, F., Campbell, J. C., & Lopez, L. M. (2002). Intimate partner violence in African American women. *Online Journal of Issues in Nursing*, 7.
- Carlson, B. E. (2005). The most important things learned about violence and trauma in the past 20 years. *Journal of Interpersonal Violence*, 20, 119–126.
- Carvajal, S. C., Evans, R. L., Nash, S. G., & Getz, J. G. (2002). Global positive expectancies of the self and adolescents' substance use avoidance: Testing a social influence mediational model. *Journal of Personality*, 70, 421–442.
- Center for Disease Control and Prevention (2004). *Web-based injury statistics query and reporting system (WISQARS)*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, National Center for Injury Prevention and Control Available at www.cdc.gov/ncipc/wisqars
- Centers for Disease Control and Prevention (2006). *Adverse Childhood Experiences Study Questionnaires*.
- Centers for Disease Control and Prevention (2008). *Information sheet: NCHS data on adolescent health*. from http://www.cdc.gov/nchs/data/infosheets/infosheet_adoleshealth.pdf
- Chamberlin, P., & Moore, K. (2002). Chaos and trauma in the lives of adolescent females with antisocial behavior and delinquency. *Journal of Aggression, Maltreatment, and Trauma*, 6(1), 79–108.
- Chance, S. E., Kaslow, N. J., Summerville, M. B., & Wood, K. (1998). Suicidal behavior in African American individuals: Current status and future directions. *Cultural Diversity and Mental Health*, 4, 19–37.
- Classen, C. A., Trivedi, M. H., Shimizu, I., Stewart, S., Larkin, G. L., & Litovitz, T. (2006). Epidemiology of nonfatal deliberate self-harm in the United States as described in three medical data bases. *Suicide and Life-Threatening Behavior*, 36, 192–212.
- Conner, K. R., Meldrum, S., Wiczorek, W. F., Duberstein, P. R., & Welte, J. W. (2004). The association of irritability and impulsivity with suicidal ideation among 15-to-20 year-old males. *Suicide and Life-Threatening Behavior*, 34, 363–373.
- Davis, S. P., Arnette, N. C., Bethea, K., Graves, K. N., Rhodes, M., & Kaslow, N. J. (2009). Culturally competent interventions for abused, suicidal African American women. *Professional Psychology: Research and Practice*, 40(2), 141–147.
- Denning, D. G., Conwell, Y., King, D., & Cox, C. (2000). Method choice, intent, and gender, in completed suicide. *Suicide and Life-Threatening Behavior*, 30, 282–288.
- Denson, T. F., Marshall, G. N., & Schell, T. L. (2007). Predictors of posttraumatic distress 1 year after exposure to community violence: The importance of acute symptom severity. *Journal of Consulting and Clinical Psychology*, 75(5), 683–692.
- Donald, M., Dower, J., Correa-Velez, I., & Jones, M. (2006). Risk and protective factors for medically serious suicide attempts: A comparison of hospital-based with population-based samples of young adults. *Australian and New Zealand Journal of Psychiatry*, 160, 1453–1460.
- DuBois, D., Burk-Braxton, C., Swenson, L., Tevendale, H., & Hardesty, J. (2002). Race and gender influences on adjustment in early adolescence: Investigation of an integrative model. *Child Development*, 73, 1573–1593.
- Dulmus, C., & Hilarski, C. (2006). Significance of gender and age in African American children's response to parental victimization. *Health and Social Work*, 31, 181–188.
- Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experiences Study. *American Journal of Psychiatry*, 160, 1453–1460.
- Eisenberg, M. E., Ackard, D. M., & Resnick, M. D. (2007). Protective factors and suicide risk in adolescents with a history of sexual abuse. *Journal of Pediatrics*, 151, 482–487.
- Esposito, C. L., & Clum, G. A. (2003). The relative contribution of diagnostic and psychosocial factors in the prediction of adolescent suicidal ideation. *Journal of Clinical Child and Adolescent Psychology*, 32, 386–395.
- Evans, A. S., Spirito, A., & Celio, M. (2007). The relation of substance use to trauma and conduct disorder in an adolescent psychiatric population. *Journal of Child and Adolescent Substance Abuse*, 17(1), 29–49.
- Farrell, A. D., & Sullivan, T. N. (2004). Impact of witnessing violence on growth curves for problem behaviors among early adolescents in urban and rural settings. *Journal of Community Psychology*, 32(5), 505–525.
- Fisher, C. B., Hoagwood, K., Boyce, C., Duster, T., Frank, D. A., Grisso, T., et al. (2002). Research ethics for mental health science involving ethnic minority children and youths. *American Psychologist*, 57(12), 1024–1040.
- Flannery, D. J., Singer, M. I., & Wester, K. (2001). Violence exposure, psychological trauma, and suicide risk in a community sample of dangerously violent adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 435–442.
- Flannery, D. S., Williams, L., & Castro, P. (1998). Adolescent violence exposure and victimization at home: Coping and psychological trauma symptoms. *International Review of Victimology*, 6, 29–48.
- Flay, B. R. (1999). Understanding environmental, situational, and intrapersonal risk and protective factors for youth tobacco use: The theory of triadic influence. *Nicotine and Tobacco Research*, 1, S111–S114.
- Flay, B. R., Graumlich, S., Segawa, E., Burns, J. L., & Holiday, M. Y. (2004). The effectiveness of universal school-based programs for the prevention of violence and aggressive behavior: A report on recommendations of the task force on community preventive services. *Archives of Pediatric Adolescent Medicine*, 158, 377–384.
- Flay, B. R., Petraitis, J., & Frank, B. H. (1999). Psychosocial risk and protective factors for adolescent tobacco use. *Nicotine and Tobacco Research*, 1, S59–S65.
- Foley, B. R., & Phil, D. (2002). Positive youth development requires comprehensive health promotion programs. *American Journal of Health Behavior*, 26, 407–424.
- Foley, D., Goldston, D., Costello, E., & Angold, A. (2006). Proximal psychiatric risk factors for suicidality in youth from the Great Smoky Mountains Study. *Archives of General Psychiatry*, 63, 1017–1024.
- Garlow, S. J., Purselle, D., & Heninger, M. (2005). Ethnic differences in patterns of suicide across the life cycle. *American Journal of Psychiatry*, 162, 319–323.
- Goldston, D. B., Daniel, S. S., Mathias, C. W., & Dougherty, D. M. (2008). Suicidal and nonsuicidal self-harm behaviors. In Y. Kaminer & O. G. Bukstein (Eds.), *Adolescent Substance Abuse: Psychiatric Comorbidity and High Risk Behaviors* Binghamton, NY: Haworth Press.
- Goldston, D., Molock, S., Whitbeck, L., Murakami, J., Zayas, L., & Hall, G. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63, 14–31.
- Good, M., & Willoughby, T. (2008). Adolescence as a sensitive period for spiritual development. *Child Development Perspectives*, 2, 32–37.
- Graves, K. N., Frabutt, J. M., Cabaniss, E. R., Gathings, J. M., Kendrick, M., & Arbuckle, M. B. (2009). DMC in the Juvenile Justice System: Listening to the voices of our youth. *Spaces for Differences: An Interdisciplinary Journal*, 1(2), 5–28.
- Graves, K. N., Kendrick, M., Arbuckle, M., Horton, S., Jackson-Diop, D., & Ireland, M. (2008). *Guilford County Demonstration Project: Reducing Disproportionate Minority Contact*. Greensboro, NC: University of North Carolina at Greensboro.
- Graves, K. N., Sechrist, S., White, J., & Paradise, M. (2005). Examining intimate partner violence perpetrated by women within the context of victimization history. *Psychology of Women Quarterly*, 29, 278–289.
- Greenwald, R. (2002). The role of trauma in conduct disorder. *Journal of Aggression, Maltreatment & Trauma*, 6(1), 5–23.
- Griffin-Fennell, F., & Williams, M. (2006). Examining the complexities of suicidal behavior in the African American community. *Journal of Black Psychology*, 32, 303–319.
- Griner, D., & Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training*, 43, 531–548.
- Hacker, K. A., Suglia, S. F., Fried, L. E., Rappaport, N., & Cabral, H. (2006). Developmental differences in risk factors for suicide attempts between ninth and eleventh graders. *Suicide and Life-Threatening Behavior*, 36, 154–166.
- Hampton, R., Oliver, W., & Magarian, L. (2003). Domestic violence in the African American community: An analysis of social and structural factors. *Violence Against Women*, 9, 533–557.
- Harris, E. C., & Barraclough, B. M. (1997). Suicide as an outcome for mental disorders: A meta-analysis. *British Journal of Psychiatry*, 170, 205–228.
- Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58(1), 64–74.
- Hsia, H.M., Wilson, M., Wilson, K., & Frabutt, J.M. (2006). Federal, state, and local efforts to reduce disproportionate minority contact. In U. S. D. o. Justice (Ed.), *Disproportionate minority contact technical assistance manual*, 3rd edition (pp. 6.1–6.26). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Ialongo, N., McCreary, K., Pearson, J. L., Koenig, A. L., Schmidt, N. B., Poduskad, J., et al. (2004). Major depressive disorder in a population of urban, African-American young adults: Prevalence, correlates, comorbidity and unmet mental health service need. *Journal of Affective Disorders*, 79, 127–136.
- Illinois Coalition Against Sexual Assault (ICASA) (2001). *By the Numbers: Sexual Violence Statistics*. Retrieved May 1, 2008 from <http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=199468>
- Jaffee, S. R., Moffitt, T. E., Caspi, A., Taylor, A., & Arseneault, L. (2002). Influence of adult domestic violence on children's internalizing and externalizing problems: An environmentally informative twin study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41, 1095–1103.
- Joe, S., Baser, R. E., Breeden, G., Neighbors, H. W., & Jackson, J. S. (2006). Prevalence and risk factors for lifetime suicide attempts among Blacks in the United States. *Journal of the American Medical Association*, 296, 2112–2123.
- Jones, J. M. (2007). Exposure to chronic community violence: Resilience in African American children. *Journal of Black Psychology*, 33, 125–149.
- Joseph, J. (1997). Women battering: A comparative analysis of Black and White women. In G. K. Kantor & J. L. Jasinski (Eds.), *Out of the darkness: Contemporary perspectives on family violence* (pp. 161–169). Thousand Oaks, CA: Sage Publications.
- Juon, H. S., & Ensminger, M. E. (1997). Childhood, adolescent, and young adult predictors of suicidal behaviors: A prospective study of African Americans. *Journal of Child Psychology and Psychiatry*, 38, 553–563.
- Kaslow, N. J., Thompson, M. P., Okun, A., Price, A., Young, S., Bender, M., et al. (2002). Risk and protective factors for suicidal behavior in abused, African American women. *Journal of Consulting and Clinical Psychology*, 70, 311–319.
- Kitzmann, K. M., Gaylor, J. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 339–352.

- Krug, E. G. (2002). *World Report on violence and health*. Geneva: World Health Organization.
- Leiber, M., & Fox, K. C. (2005). Race and the impact of detention on juvenile justice decision making. *Crime & Delinquency*, *51*, 470–497.
- Liang, B., Williams, J. M., & Siegel, J. A. (2006). Relational outcomes of childhood sexual trauma in female survivors: A longitudinal study. *Journal of Interpersonal Violence*, *21*(1), 42–57.
- Loeber, R., Pardini, D., Homish, D. L., Wei, H. E., Farrington, D. P., Creemers, J., et al. (2005). The prediction of violence and homicide in young men. *Journal of Consulting and Clinical Psychology*, *73*, 1074–1088.
- Lubell, K. M., & Vetter, J. B. (2006). Suicide and youth violence prevention: The promise of an integrated approach. *Aggression and Violent Behavior*, *11*, 167–175.
- Mann, M. M., Hosman, C. M. H., Schaalma, H. P., & deVries, N. K. (2004). Self-esteem in a broad spectrum approach for mental health promotion. *Health Education Research*, *19*, 357–372.
- Marsee, M. A. (2008). Reactive aggression and posttraumatic stress in adolescents affected by hurricane Katrina. *Journal of Clinical Child and Adolescent Psychology*, *37*, 519–529.
- Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, *58*(1), 24–35.
- Morris, E. (2001). Clinical practices with African Americans: Juxtaposition of standard clinical practices and Africentricism. *Professional Psychology, Research and Practice*, *32*(6), 563–572.
- Murray, C. D., Macdonald, S., & Fox, J. (2008). Body satisfaction, eating disorders and suicide ideation in an Internet sample of self-harmers reporting and not reporting childhood sexual abuse. *Psychology, Health, & Medicine*, *13*(1), 29–42.
- Nichols, T., Graber, J., Brooks-Gunn, J., & Botvin, G. (2006). Sex differences in overt aggression and delinquency among urban minority middle school students. *Applied Developmental Psychology*, *27*, 78–91.
- Owen, A. E., Thompson, M. P., Mitchell, M., Kennebrew, S. Y., Paranjape, A., Reddick, T. L., et al. (2008). Perceived social support as a mediator of the link between intimate partner conflict and child adjustment. *Journal of Family Violence*, *51*, 433–442.
- Pallone, N. J., & Hennessy, J. J. (2000). Blacks and Whites as victims and offenders in aggressive crime in the US: Myths and realities. *Race, ethnicity, sexual orientation, violent crime: The realities and the myths* (pp. 1–33). Binghamton, NY: Hayworth Press.
- Richie, B. E. (1996). *Compelled to crime: The gender entrapment of battered Black women*. New York, NY: Routledge.
- Sieving, R., Eisenberg, M., Pettingnell, S., & Skay, C. (2006). Friends' influence on adolescents' first sexual intercourse. *Perspectives on Sexual and Reproductive Health*, *38*, 13–19.
- Sieving, R. E., McNeely, C. S., & Blum, R. W. (2000). Maternal expectations, mother-child connectedness, and adolescent sexual debut. *Archives of Pediatrics and Adolescent Medicine*, *154*, 809–816.
- Simkin, S., & Katz, S. (2002). Criminalizing abused girls. *Violence Against Women*, *8*, 1474–1499.
- Somer, E., & Braunstein, A. (1999). Are children exposed to interparental violence being psychologically maltreated. *Aggression and Violent Behavior*, *4*, 449–456.
- Stahl, A. (2000). Delinquency cases in juvenile courts in 1997. (Fact Sheet): OJJDP.
- Steffensmeier, D., Schwartz, J., Zhong, H., & Ackerman, J. (2005). An assessment of recent trends in girls' violence using diverse longitudinal sources: Is the gender gap closing? *Criminology*, *43*(2), 355–378.
- Thompson, M. P., Kaslow, N. J., Bradshaw, D., & Kingree, J. B. (2000). Childhood maltreatment, PTSD, and suicidal behavior among African American females. *Journal of Interpersonal Violence*, *15*, 3–15.
- Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Washington, D.C.: National Institute of Justice, Office of Justice Programs.
- Tummala-Narra, P. (2007). Trauma and resilience: A case of individual psychotherapy in a multicultural context. *Journal of Aggression, Maltreatment, and Trauma*, *14*, 33–53.
- U.S. Department of Health and Human Services (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U. S. Department of Health Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- U.S. Department of Health and Human Services (2001). *Mental health: Culture, race, and ethnicity—A supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U. S. Department of Health Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- United States Department of Health and Human Services, Administration on Children, & Youth and Families (2009). *Child Maltreatment, 2007*. Washington, D.C.: U.S. Government Printing Office.
- Wall, A. E., & Barth, R. P. (2005). Aggressive and delinquent behavior of maltreated adolescents: Risk factors and gender differences. *The NSCAW Research Group; Stress, Trauma and Crisis: An International Journal*, *8*(1), 1–24.
- White, H. R., & Widom, C. S. (2003). Intimate partner violence among abused and neglected children in young adulthood: The mediating effects of early aggression, antisocial personality, hostility, and alcohol problems. *Aggressive Behavior*, *29*, 332–345.
- Whitfield, C. (2006). Childhood trauma as a cause of ADHD, aggression, violence and anti-social behaviour. In S. Timimi & B. Maitra (Eds.), *Critical voices in child and adolescent mental health* (pp. 89–106). London: Free Association Books.
- Wyatt, G. E., Axelrod, J., Chin, D., Carmona, J. V., & Loeb, T. B. (2000). Examining patterns of vulnerability to domestic violence among African American women. *Violence Against Women*, *6*, 495–514.
- Zahn, M. A., Brumbaugh, S., Steffensmeier, D., Feld, B. C., Morash, M., Chesney-Lind, M., et al. (2008). *Girls study group: Understanding and responding to girls' delinquency*. Washington, DC: U.S. Department of Justice: Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.