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ABSTRACT
                This paper is a preliminary report on a study that
explored the ways in which African American male adolescents cope
with the interpersonal assaultive violence that takes place in their
urban communities. Participants were 27 African American male
adolescents, aged 13-19, who live in and/or spend the majority of
their non-school hours interacting with peers in three target
inner-city communities of Boston (Massachusetts). Data was collected
through focus groups, individual interviews, and the completion of
measures of coping and symptoms of distress. Although participants
used all eight types of coping behavior measured by the Ways of
Coping Questionnaire, the four most common processes were distancing,
confrontation, self-controlling behavior, and planful problem
solving. Most young men thought that a violent encounter was
something they would have to endure, but about half expressed the
opinion that it was sometime possible to do something about it.
Victimized and nonvictimized young men differed significantly in
their coping processes only in the area of escape/avoidance. The
level of symptom distress was much higher among victimized young men.
(Contains 10 tables and 29 references.) (SLD)

ABSTRACT

A Pilot Study of Coping Processes Utilized by African-American Male Adolescents Living in Violent Communities [1]

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Poster presented at the American
Psychological Association Conference
Toronto, Canada

August 10, 1996

This paper is a preliminary report of a study that explored the ways in which a African American male adolescents cope with interpersonal, assaultive violence that takes place within the community. The study was conducted with 27 African-American male adolescents (ages 13-19) who live in and/or spend the majority of their non-school hours interacting with peers in three target inner-city communities of Boston, MA where the level of interpersonal, assaultive violence among youth is high.

Data was collected from Focus Group discussions, individual interviews, and four research measures (*Experience and Exposure to Violence Questionnaire; Cognitive Appraisal of a Violent Encounter; The Ways of Coping Questionnaire; and the Hopkins Symptom Checklist*). The principal findings. based on a preliminary quantitative analysis of the data, are as follows:

- Although participants use all 8 types of coping processes measured by the WOCQ, the four most frequently used processes are (1) distancing; (2) confrontative; (3) self-controlling; and (4) planful problem solving.

- In appraising a specific violent encounter, most of the young men perceive it as being a situation that they have to accept, although about one-half also indicate that at times, it is possible to change the situation or to do something about it

- Approximately half of the participants believe that harm to one's own health, safety, or physical well-being is at stake in a violent encounter with a peer

- Victimized and non-victimized young men are significantly different in their coping processes in only one area - escape/avoidance. There are no statistically significant differences between the two groups in the use of the other seven coping processes

- The level of symptom distress is significantly different between victimized and non-victimized young men, such that direct victims of violence experience more symptoms and have a higher level of distress than non-victims.

A PILOT STUDY OF COPING PROCESSES IN AFRICAN AMERICAN ADOLESCENT MALES LIVING IN VIOLENT COMMUNITIES[1]

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August, 1996

African-American adolescent males are increasingly becoming victims of homicide in our country's inner-city communities. Today, a young African-American male has a 1 in 21 chance of being killed prior to reaching the age of twenty-five, and from 1978-1988 homicide accounted for 42% of all deaths for these young men between the ages of 15 and 24 (Hammond & Yung, 1993). These statistics present a picture of life for African American male adolescents that is chilling. Yet, many of these young men are living and surviving, and at times even prospering, in those very communities where so many of their brothers are killed. How do they manage to cope with violence? Are there variations in the coping processes utilized by these young men that may have some influence on their exposure to interpersonal, assaultive violence? Are coping processes influenced by the socially-constructed meanings of violence that these young men make of their experiences?

These are the questions that were addressed in this pilot study. The principle goal of the research was to obtain a better understanding of the coping processes of African-American male adolescents who are living in communities where youth interpersonal, assaultive violence is pervasive, and to examine any correlations that exist between their exposure to violence, coping processes, and the development of psychological symptoms. The study was also designed to explore the ways in which a sample of urban, African American male adolescents conceptualize interpersonal, assaultive violence and its socially-constructed meanings in this particular youth culture. The study was exclusively focused on interpersonal, assaultive violence that occurs between adolescent peers, and not on violent incidents where the perpetrator and victim are

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strangers (e.g. gang "hits"), or family members (e.g. domestic violence), or random acts of violence (e.g. drive-by shootings). The specific objectives of the study were:

1. To explore the coping processes (cognitive appraisals and types of coping) used by these young men when dealing with an interpersonal, assaultive encounter with a peer;
2. To identify any intra-group differences in coping processes that may exist;
3. To explore whether the use of certain coping processes are associated with a higher level of symptom distress; and
4. To gain more of an understanding about the social context within which the violence takes place through an exploration of the meanings of violence constructed by this group of young men, and their perspectives on the behaviors that are considered "normative" within their peer group.

Participants in the study were African American adolescent males who either are living in, or attending youth programs in one of three target communities (Roxbury, Dorchester, Mattapan) in Boston, Massachusetts. Data was obtained through Focus Group meetings, individual interviews, and four research measures. Both quantitative and qualitative analyses will be conducted; however, this paper reports only on preliminary quantitative analysis of the data.

As with any complex behavior, interpersonal violence is the product of interactions between biological, psychosocial, and environmental forces. Although there is no agreement in the literature regarding the etiology of violence among youth in urban communities, most studies have found strong links between poverty and violence, with such related conditions as racism, economic inequities, and the easy availability of guns thought to be contributing factors (Wilson, 1987; Tardiff, 1985; Britt & Allen, 1988). The few studies which attempt to understand the dynamics involved in violent behavior among African-American youth suggest that this behavior may result from a complex relationship between environmental stressors, developmental issues, cultural identity problems, and physical and mental health problems (Hammond & Yung, 1991; Whaley, 1992).

Coping and Resilience

Although it has been found that children and adolescents exposed to urban violence experience many adverse reactions, not all will be uniformly damaged. A number of factors

seem to be effective in mediating the negative impact of violence on children: (1) the nature of the traumatic event (witness vs. participant); (2) intrapersonal factors (such as age, emotional development, cognitions, and coping skills); (3) environmental factors (family/social supports); and (4) contextual factors (such as social and economic conditions of oppression and poverty) (Gibson, 1989; Turkel & Eth, 1990). This study focuses on the cognitive factors that are though to serve a mediating function for children/adolescents living under adverse conditions. An individual's response to any stressor will be influenced by his appraisal of the situation and by his capacity to process the experience, attach meaning to it, and incorporate it into his belief system (Garmezy, 1985; Rutter & Giller, 1983).

The concept of cognitive appraisal, as a resiliency factor, has been found to be a significant component in understanding the connection between stress and the development of psychological symptomotology (Rutter, 1985; Horowitz, 1979; Krugman, 1987). Research on the meaning of a life event to an individual and how this affects the way in which he/she responds to the event suggests that there is considerable variability in the responses of individuals exposed to the same stressful circumstances (Davis & Compas, 1986). Cognitive appraisals of stressful events, the environment, and one's resources available for coping with stress have been hypothesized to play a central role in producing these varied relationships (Lazarus & Folkman, 1984; Thoits, 1983).

Theoretical Perspective - Interaction Between Stress and Coping

This study was based on a theoretical perspective of psychosocial stress that is culturally relevant to the experiences of inner-city African-American adolescents and is drawn from the work of Lazarus and Folkman (1984), Anderson (1991) and Myers (1989). The cognitive theory of psychological stress and coping, developed by Lazarus and Folkman (1984) is the principal model, while Anderson's and Myers' adaptations for African-Americans provides cultural relevance. Lazarus' cognitive theory of psychological stress and coping is transactional in nature, and stress is conceptualized as a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and as endangering well-

being (Folkman & Lazarus, 1985). According to this theory, it is not the objective nature of the event, in and of itself, that constitutes stress.

Anderson (1991) builds on the work of Lazarus and his colleagues to develop a model that explains the connection between stress and coping among African Americans. This model describes an interactional process where sources of stress, acculturative factors, and mediating factors interact to produce either psychological/physical distress or adaptation in the individual. Anderson hypothesizes an additional source of stress (termed *acculturative stress*) that is the result of efforts made by African Americans to adjust to the threats and challenges posed by the environment. Myers (1989) presents a similar model, where urban stress is thought to play a definitive role in the development of mental health problems in African-American youth. Myers identifies the following factors: (1) an antecedent stress state that is due to poverty, cumulative effects of greater daily-life hassles, and prenatal risks; (2) mediating factors (both external and internal); and (3) coping strategies (resources and the constraints on the opportunities available).

In response to the uncertainties of their environment, many African-American adolescents have developed a patterned set of behaviors that enable them to adapt to the realities of ghetto life (Mancini, 1980; Myers & King, 1980). Myers (1989) claims that African American youth not only grow up in an insidiously stressful environment, but they must also develop a repertoire of coping behaviors for a variety of stressors within a context that severely restricts their resources for coping (including few models of effective coping and social barriers to access resources). Thus, the coping task facing these youth is thought to be quite complex. There has been little, if any, empirical research applying this theoretical perspective to African American male adolescents and this study is an effort to fill the gap in the existing literature.

METHODOLOGY

The target communities for the study are three inner-city neighborhoods in Boston, MA (Roxbury, Dorchester, Mattapan) that have experienced high levels of youth interpersonal assaultive violence during the last few years. In 1991, the homicide rate in Boston, MA was 19.7

per 100,000 population; the aggravated assault rate was 1,125 per 100,000 (*Crime in the U.S.,* 1994). The majority of these crimes occurred in the low-income, ethnic-minority communities that were targeted in this study.

Participants

The participants in the study were 27 African-American adolescent males who were recruited from six different youth programs located in the target communities. The mean age of the sample was 15.33, with participants ranging in age from 13 - 19 years. All but one of the sites were located in the Roxbury-Dorchester neighborhoods; however, all of the sites primarily serviced youth from these neighborhoods. The sites included: (1) a peer leadership program located in a community health center; (2) an intervention program for court-involved youth; (3) an alternative high school for behaviorally-disordered youth; (4) clients receiving mental health services at a community multi-service center; (5) a program for teens against to gang violence; and (6) an adolescent advisory board for a city-sponsored adolescent wellness program.

Approximately fifty-six percent of the sample lives in Roxbury; 29.6% lives in Dorchester and 3.7% lives in Mattapan. The other 11% of the participants live outside these three communities. Only 37% of the participants attend school in any one of the three target communities; the remainder (63%) attend schools outside of the inner-city. In terms of family composition, 51.9% of the participants come from one-parent homes; 40.7% are from two-parent homes; and 7.4% live in homes that have other caretaking arrangements (i.e. live with relatives or foster care).

Recruitment Process

The participants were recruited from youth programs located in the Roxbury-Dorchester-Mattapan communities through contact with the program directors. The investigator met with the young men during one of their regularly-scheduled meeting times to present the study and to distribute the Parental Informed Consent/Permission forms. All of the young men present at the time of the initial contact agreed to participate in the study, and those who were present at the program on the scheduled date for the Focus Group participated in the meeting. The

participants were paid $10.00 for their participation in the Focus Group, and $ 20.00 for the individual interview. The general approach used by the investigator during the recruitment phase of the study was to establish sufficient rapport with the program staff and the youth so that she would become less of an "outsider" for the relatively brief period of time we were actively collecting data from the site. In each site the program director and/or staff were instrumental in soliciting the cooperation of the young men, and in securing parental permission forms.

Procedure

(1) Focus Groups - The Focus Groups took place at the sites, and involved a total of 35 young men. The Focus Group discussions centered around the following set of questions:

1. What is the level of violence that is occurring in your neighborhood?
2. What do you think are some of the causes of this violence? Why do you think it is happening?
3. How do you think you should react (in public) when someone your own age confronts you? Would this change at all if you were confronted in private (alone with the other person)?
4. How do you think OTHERS expect you to react in these situations? [in public; in private?
5. In general, how do you cope with the violence that you encounter on the streets? What "works" for you? What doesn't work?
6. Do you use any supportive resources to help you cope with this violence?

The individual interviews were conducted at a time that was convenient for the participants, and a total of 27 individual interviews have been conducted, to date. There was some attrition with the participants. Three young men who participated in the Focus Groups were unavailable for the individual interviews (either they dropped out of the program or were absent during the time that the investigator was actively involved with the site). Four others have yet to be scheduled for interviews because of time constraints; however, they will be interviewed at a later date. Both the Focus Group meetings and the individual interviews were audiotaped, and will be transcribed for analysis.

Informed Consent

Parental permission was obtained for each of the participants, as described above. Each participant was also given an Informed Consent form to sign at the Focus Group Session. This

form was read aloud by the investigator and the young men were encouraged to ask any questions they might have about the study or the use of the data.

Research Instruments

The research instruments were orally administered during the individual interviews. An oral administration procedure was chosen in an effort to maximize the participants' understanding of the items on the research measures and to provide any necessary clarification. This technique has been used in other studies with African American adolescents and is thought to facilitate the research process with this population (Gladstein, et al., 1982; Taylor, 1990).

A.   Experience and Exposure to Violence Questionnaire

The Exposure to Violence Questionnaire (Gladstein, et al., 1992) was used to determine the extent to which a participant has been exposed to interpersonal, assaultive violence. This 35-question inventory solicits information in three areas (the extent to which youth have been victims of crime, know victims, or have witnessed violent acts) and it provides a structured way of obtaining this information.

B.   Cognitive Appraisal of A Violent Encounter

The participants completed a 15-item questionnaire (Folkman, et al., 1986) which determines their cognitive appraisal of a recently experienced violent incident or of a hypothetical violent situation (for those participants who had not recently experienced a violent incident). The questions focus on their primary (what is at stake in the encounter) and secondary appraisals (what can be done to prevent/overcome harm) of the incident. Participants responded on a 5-point Likert scale indicating the extent to which each stake was involved in their response to a violent encounter, along with their beliefs regarding what could be done to prevent/overcome the harm associated with the situation.

C.   The Ways of Coping Questionnaire (WOCQ)

Coping processes were assessed using the revised version of the Ways of Coping Questionnaire (Folkman & Lazarus; 1985; Vitaliano, et al., 1985). The Ways of Coping Questionnaire (WOCQ) is designed to identify the thoughts and actions an individual has used to

cope with a specific stressful encounter. It measures coping processes, not coping dispositions or styles and is based on the following definition of coping: "the cognitive and behavioral efforts to manage specific external and/or internal demands appraised as taxing or exceeding the resources of the individual" (WOCQ Manual, 1988, pg. 6). The items on the WOCQ were designed to be answered in relation to a specific stressful encounter (termed the focal encounter). For this study, the focal encounter was presented to the participants, and they were asked to think about a situation where they either got into a fight with a peer, or one where violence could have occurred. The WOCQ is designed to be self-administered; however, researchers are allowed to conduct an interview before administering the measure to help the individual reconstruct the focal encounter. For this study, the investigator interviewed the participants in detail about the focal encounter, and then administered the measure orally.

The WOCQ contains 66 items that describe a broad range of cognitive and behavioral strategies that individuals utilize to manage internal and/or external demands in specific stressful encounters. The individual responds to each item on a 4-point Likert scale, indicating the frequency with which each strategy was used: 0 indicates "does not apply and/or not used," 1 indicates "used somewhat," 2 indicates "used quite a bit," and 3 indicates "used a great deal". The WOCQ contains eight scales: confrontive coping; distancing; self-control; seeking social support; accepting responsibility; escape-avoidance; planful problem solving; and positive reappraisal. Validity studies (Vitaliano, et al., 1985) indicate that the WOCQ holds promise as a measure of a wide range of coping strategies, and the scales have respectable internal consistency (ranging from .61 to .79), reliability and construct validity. In addition, it has been noted that the scales are generally unconfounded by demographic differences.

D.   *The Hopkins Symptom Checklist (HSCL)*

The Hopkins Symptom Checklist (Derogatis, et al., 1974) is a 58-item self-report measure of a wide variety of physical and psychological symptoms. Respondents rate the extent to which each symptom has bothered them during the past seven days on a 5-point Likert scale (0 = not at all; 4 = extreme distress). Factor analyses and clustering based on psychiatrists' judgments were

used to derive five subscales: depression, anxiety, obsessive-compulsiveness, interpersonal sensitivity, and somatization. These subscales have demonstrated high internal consistency (alphas ranging from .84 to .87) and test-retest reliability over a one-week interval (.75 to .85). The validity of the HSCL has been established in several ways (Derogatis, et al. 1974). Of most significance for this study is the finding that the HSCL is sensitive to slight variation in symptomotology in nonclinical as well as clinical samples.

Only one of the research measures (*The Exposure to Violence Questionnaire*) has been used with African-American adolescents. Therefore, the use of the other measures in this study is exploratory.

PRELIMINARY RESULTS

The reported results represent a preliminary analysis of the data and address the first three objectives of the study. Descriptive statistics are presented for each of the measures. T-tests were used to determine if there are any significant differences on the measures between those participants who have been direct victims of violence, and those who have not. There is also a preliminary analysis of the correlation between coping processes and psychological symptoms to determine if there is any significant associations between these variables. The remaining quantitative analyses and the qualitative analysis of the Focus Group and interview data (which will be utilized to explore the fourth objective of the study) is currently in process.

Exposure to / Experience with Violence

Based on the participants' responses to the *Exposure to Violence Questionnaire*, 77.8% (n = 21) have been direct victims of violence, while 22.2% (n = 6) have not. In terms of being indirect victims (having witnessed violence) 92.6% (n = 25) are indirect victims, while only 7.4% (n = 2) have never witnessed an act of interpersonal, assaultive violence. All of the young men who participated in the study are personally acquainted with individuals who have been direct victims of violence. These results are similar (albeit somewhat higher) to findings in other

studies using populations of inner-city children and adolescents (Gladstein, et al., 1992; Schubiner, et al., 1993; Shakoor & Chalmers, 1991).

Table 1 provides additional information describing the participants' experience with and exposure to different categories of violence. Approximately one-third of the participants have been robbed with a weapon and/or assaulted without a weapon, while less than one-fourth had been knifed. The most frequent category of victimization for these participants was having their life threatened, which has happened to 63% of the young men.

Insert Table 1 here

Table 2 presents the data on the degree to which participants' have witnessed different acts of violence. In each category, these young men have witnessed many more incidents of violence than they have directly experienced. The most frequent category of indirect victimization (i.e. witnessing violence) are assaults (whether with or without a weapon being involved) and shootings. It is also of note that approximately one-fourth of the young men have witnessed a murder at some point in their live, and more than half have seen someone shot.

Insert Table 2 here

Although all of the young men in the study are personally acquainted with direct victims of violence, the types of violent incidents vary among the participants. Table 3 presents the percentages of young men who know victims in the different categories.

Insert Table 3 here

Coping Processes

The *Ways of Coping Questionnaire* provides both a raw score and a relative score on each of the eight scales. The raw scores describe the respondents' coping efforts and provides a summary of the extent to which each type of coping was used in a particular encounter. The relative score describes the proportion of effort represented by each type of coping and the contribution of each coping scale relative to all of the scales combined. The relative score technique controls for the unequal numbers of items within the scales and for individual differences in response rates. The eight types of coping measured by the questionnaire and

their descriptions are contained in Table 4. The means and standard deviations for both the raw and relative scores are presented in Table 5.

<div align="center">Insert Tables 4 and 5 here</div>

Coping Processes Used by Participants

The percentage of participants who used each of the types of coping processes is presented in Table 6.

<div align="center">Insert Table 6 here</div>

The findings suggest that participants use all eight of the different types of coping processes in response to a specific encounter of interpersonal, assaultive violence. There are some young men who do not use one or more of the types of processes; however, most use all of the available processes to some degree.

Five types of coping processes are used by almost all of the young men in the study - confrontative coping; distancing; self-controlling; escape-avoidance coping; and planful problem solving. This suggests that in their efforts to cope with violent provocation, most of these young men (1) use aggressive efforts to alter the situation, (2) attempt to regulate their own feelings and actions while in the midst of a violent encounter, (3) employ wishful thinking and /or behavioral efforts to escape or avoid the emotional reaction associated with the situation, while simultaneously (4) use cognitive efforts to detach oneself and to minimize the significance of the encounter, and (5) usually make a plan of action and stick to it.

The results also suggest that many of the young men use deliberate problem-focused efforts to alter the situation, which in the case of the focal encounter for the study means that they are willing to fight in response to provocation when necessary. Yet, the fact that 85.2% of the young men also used positive reappraisal as a component of their coping process suggests that they are trying to create some positive meaning out of these encounters as well. Many of the young men stated that they try to see the experience as growth-enhancing and to use of it to think about ways that they can avoid a similar situation in the future. There are also some young men

<div align="center">13</div>

who used their spiritual beliefs to cope with violent encounters, which is assessed as a component of positive reappraisal.

Only about one-fourth of the participants (25.9%) indicated that they do not accept responsibility for the violent incidents that were used as a focal encounter; the other 74.1% indicated that they feel as though they do have some personal responsible for the encounter. This finding was unexpected, since the encounters typically involved the respondent being the victim, and a peer being the perpetrator (and instigator) of the violence. With regards to social support, approximately three-fourths of the participants do seek social support as a component of their coping process when dealing with the emotional reactions following a violent encounter; however the remaining 22.2% do not. Based on participants' comments during the individual interviews, the general impression is that the young men do not perceive any benefit from talking about the incidents with counselors or other adults (including parents). They acknowledge discussing their feelings/reactions with their friends; however, this also was variable and seemed to depend on the personality of the young man. Most of the participants indicated that they preferred to keep their feelings to themselves, especially if they feel that they did not "represent" themselves well in the violent encounter.

Cognitive Appraisals

The *Cognitive Appraisal of a Violent Encounter Questionnaire* was used to determine the young men's primary (what is at stake) and secondary (what can be done to prevent/overcome harm) appraisals of the focus encounter. This data is contained in Table 7.

Insert Table 7 here

These findings suggest that for the young men in this study, most (n=24) are concerned about harm to their own health, safety, or physical well-being during a violent encounter with a peer, and they believe that the way to prevent or overcome the harm inherent in the situation is to either believe that you can change the situation or do something about it, or to just accept it. The spontaneous comments made by the young men during the interviews provide further clarification of this finding. Many stated that the only thing they could do if a peer wanted to

fight was to try to defend themselves, making an effort to come out of the situation without serious injury. Most believed that they just had to accept the situation, especially in those instances where the peer was threatening and/or aggressive. It is important to note that approximately half of the young men (51.8%) think that there was something that they can do the change the situation, and their comments indicate that many try to talk with the person to dissuade him from fighting. But, if this strategy is not successful in the particular incident, then almost all of the young men indicate that they would just have to accept the situation and would prepare themselves for a fight. Thus, the young men in this study seem to believe that at times, the violent encounter is unavoidable; but at other times, it might be possible to do something that would change the situation.

Differences in Coping Processes

T-tests comparing the mean scores from the WOCQ were conducted to determine if victimized young men use different coping processes than those who have not been victimized. Table 8 presents the results of this analysis. Only one of the differences reached statistical significance, suggesting that both victimized and non-victimized young men utilize similar coping processes in their efforts to deal with violent encounters.

<center>Insert Table 8 here</center>

The use of the escape-avoidance coping process was significantly different for those young men who have been direct victims of violence, and those who have not. This suggests that victimized young men attempt to cope with the stress of a violent encounter by using wishful thinking and/or behavioral efforts to escape and/or avoid the feelings associated with a violent encounter significantly more often than do those who have not been previously victimized. A similar result is found with those participants who have been indirect victims of violence. Those who have witnessed acts of violence use the escape-avoidance coping process significantly more often than do those young men who have not witnessed violence (Mean = 6.08 and 1.50 respectively; p< .001). This significant difference holds true when direct and indirect victims are combined, and are compared to those young men who have not experienced either type of victimization

(Mean = 6.80 and 2.71 respectively; p< .002). Despite this one significant difference in coping processes, in general, being a victim of violence (directly and/or indirectly) seems to have little effect on the coping processes used when young men are dealing with a interpersonal, assaultive encounter with a peer.

Psychological Symptoms

The presence of psychological symptoms was assessed using the *Hopkins Symptom Checklist* (HSCL). This measure provides an assessment of the number of symptoms endorsed by the participants, as well as the level of distress that is experienced as a result of these symptoms. The scores represent a summing of all the "positive" (non-zero) symptom responses on the subscales, and for the total measure. Table 9 presents the mean scores on the HSCL.

<u>Insert Table 9 here</u>

These results suggest that the young men are least distressed by symptoms related to anxiety, and are most distressed by symptoms related to obsessive-compulsive behaviors and/or thinking. Most of the participants were below the mean on the subscales; however, on the Obsessive-Compulsive scale more than half were above the mean.

In order to more thoroughly interpret these findings it would be necessary to compare these mean scores to those from other similar populations. This is not possible, however, since there are no published studies of the HSCL being used with African Americans, and there are only three published reports of its use with adolescents; in each study, the samples were Vietnamese Amerasian youth (McKelvey, et al., 1992). Thus, the focus of the analysis will be to determine within-group differences between victimized and non-victimized participants in this study, without making a determination of the severity of psychopathology.

T- tests were conducted to determine whether there are any significant differences on the levels of distress for those young men who have been direct victims of violence when compared to those who have not been victimized. Table 10 presents these results.

<u>Insert Table 10 here</u>

These results indicate that on all of the symptom subscales. total level of distress, and the number of symptoms endorsed, there are significant differences between those young men who are direct victims of violence and those who are non-victims. This suggests that victimization is associated with psychological symptomology, such that those who have been direct victims experience significantly higher levels of distress than those young men who have not been victimized.

In terms of the association between coping processes and levels of symptom distress, only one significant correlation was found involving the use of the distance coping process and symptom distress associated with interpersonal sensitivity ($r = .3866$, $p< .05$). This suggests that those young men who often use distance coping also have higher levels of distress from symptoms related to interpersonal sensitivity. This finding makes logical sense, since it would be expected that if a young man uses distancing between himself and others as a component of his coping process following a violent encounter, he is also likely to feel short-tempered and annoyed by other people when he is required (for any reason) to interact.

PRELIMINARY CONCLUSIONS

Although the data has yet to be completely analyzed, it is possible to draw some tentative conclusions from the results. Interpersonal, assaultive violence is quite familiar to these young men, and given this level of exposure and/or experience with violence, one would assume that they would also have high levels of psychological/emotional distress. The participants endorsed over half of the symptoms on the HSCL; however, the lack of published studies using the measure with a similar population makes it difficult to more thoroughly interpret the meaning of these results. It is also difficult to interpret the results because of the self-report nature of the measure. It has been suggested that African American male adolescents often adopt a "cool pose" and project a tough, macho image in an effort to protect their self-esteem, so it is unclear whether the young men minimized their levels of distress.

Overall, the results suggest that this sample of young men appear to use a variety of coping processes in their efforts to deal with interpersonal, assaultive violence. The previously

victimized participants appear to use escape-avoidance coping processes more often than non-victims, and comments made by the young men during the individual interviews support this conclusion. Many stated that if they thought too much about the violence that they have experienced (either as direct or indirect victims), they would never be able to go outside their homes and would not be able to trust anyone. Thus, they find ways to distance themselves from the feelings, use self-control to overcome their reactions, and/or find ways to escape from thinking about the potential risks to their safety.

The appraisals of violent encounters appear to be variable, with some young men believing that the situation is unavoidable, while others believe that they can do something to change the situation. In exploring with the young men what types of situations they might appraise as changeable, they had difficulty identifying any specific criteria. What seems to be the most likely scenario is when the encounter involves a disagreement with a friendly acquaintance. In these instances, the participants felt that it should be possible to talk the other person out of fighting, or to exchange a few superficial blows so that no one loses face in the encounter. Most of the time, however, the young men feel that their physical safety is at stake, and given this perspective and the cognitive appraisals upon which it is based, fighting seems to be the only rational alternative.

The lack of differences between the coping processes used by victimized and non-victimized young men suggests that external factors may be more closely related to actual victimization than are coping processes. The participants' comments indicate that when the other person is extremely angry, or just wants to hurt someone, there is no way to de-escalate the confrontation and violence is likely to occur. Coping processes also appear to be fluid, with certain processes being used more frequently when the encounter is perceived as being unavoidable, and other processes taking precedence when the encounter is one whose outcome is perceived as changeable. These variations in the use of coping processes depending on the cognitive appraisal of the encounter is is consistent with the theoretical perspective of Folkman and Lazarus (1985).

IMPLICATIONS FOR VIOLENCE PREVENTION

These results, albeit preliminary, suggest that violence prevention efforts should include

an awareness of the appraisal process that young men undergo during the course of a potentially

violent encounter, and the coping processes that accompany these appraisals. The majority of

violence prevention programs are implemented in schools, and are primarily based on teaching

non-violent negotiation skills. Although the material contained in these programs seems

valuable, it should be augmented in the following ways:

1. Young men need training in how to "size up" a potentially violent situation, and how to assess one's opponent to better determine intent and risk.
2. If the situation seems to be changeable, then they can be taught to use negotiation skills to de-fuse the situation and to facilitate a non-violent resolution to the encounter.
3. If the situation is not changeable, and violence is unavoidable, then they can be taught to use effective self-defense skills, such as those taught in the martial arts which involve both mental and physical awareness and control.

This last point seems particularly important in light of the fact that many of the young

men interviewed for the study reported that they become "disconnected" during a fight, and are

usually unaware of their feelings and/or thoughts. This type of dissociation is often an

ineffective behavioral response because it inhibits the ability to plan an effective self-defense

strategy, which further reduces a young man's chances of exiting the encounter without physical

harm.

Interpersonal, assaultive violence is a far too common experience for urban African

American male adolescents, and despite the use of a variety of coping processes, those who are

victimized have a higher level of distress from psychological symptoms than non-victimized

youth. Although the young men in this study indicate that they very rarely talk with counselors

and/or other adults about their experiences with violence, or their reactions to victimization, we

must continue to reach out and to find ways to assist them in their efforts to cope with the

violence that surrounds them.

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TABLE 1
Table 1: Percentage of participants who have been direct victims of violence

VICTIM OF	YES	NO
Robbery w/o weapon	18.5	81.5
Robbery with weapon	37.0	63.0
Assault w/out weapon	33.3	66.7
Assault with weapon	7.4	92.6
Rape w/o weapon	--------	100.0
Rape with weapon	--------	100.0
Knifed	22.2	77.8
Shot	7.4	92.6
Threatened with Rape	3.7	96.3
Life Threatened	63.0	37.0

TABLE 2
Table 2: Percentage of participants who have been indirect victims of violence (witnesses)

WITNESS TO	YES	NO
Robbery w/o weapon	48.1	51.9
Robbery with weapon	40.7	59.3
Assault w/o weapon	77.8	22.2
Assault with weapon	59.3	40.7
Rape w/o weapon	7.4	92.6
Rape with weapon	--------	100.0
Knifed	40.7	59.3
Shot	59.3	40.7
Murdered	25.9	74.1

TABLE 3
Table 3: Percentage of participants who are personally acquainted with direct victims of violence

KNOW VICTIMS OF	YES	NO
Robbery w/o weapon	44.4	55.6
Robbery with weapon	55.6	44.4
Assault w/o weapon	63.0	37.0
Assault with weapon	74.1	25.9
Rape w/o weapon	22.2	77.8
Rape with weapon	3.7	96.3
Knifed	74.1	25.9
Shot	85.2	14.8
Murdered	70.4	29.6

TABLE 4
Table 4: Description of the coping scales

Confrontative Coping	Describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking
Distancing	Describes cognitive efforts to detach oneself and to minimize the significance of the situation
Self-Controlling	Describes efforts to regulate one's feelings and actions
Seeking Social Support	Describes efforts to seek informational support, tangible support, and emotional support
Accepting Responsibility	Acknowledges one's own role in the problem with a concomitant theme of trying to put things right
Escape-Avoidance	Describes wishful thinking and behavioral efforts to escape or avoid the problem. Items on this scale contrast with those on the Distancing scale, which suggest detachment
Planful Problem Solving	Describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem
Positive Reappraisal	Describes efforts to create positive meaning by focusing on personal growth. It also has a religious dimension

TABLE 5
Table 5: Means and standard deviations of raw scores and relative scores on the Ways of Coping Questionnaire

Type of Coping	Mean - Raw (S.D.)	Mean - Relative (S.D.)
Confrontative	6.70 (4.00)	.16 (.12)
Distancing	8.48 (3.37)	.19 (.08)
Self-Controlling	7.78 (4.47)	.15 (.08)
Seeking Social Support	4.37 (4.53)	.09 (.09)
Accepting Responsibility	2.74 (2.68)	.09 (.10)
Escape-Avoidance	5.74 (4.37)	.08 (.05)
Planful Problem Solving	6.89 (3.69)	.15 (.08)
Positive Reappraisal	4.67 (3.17)	.08 (.05)

TABLE 6
Table 6: Percentage of participants using coping processes

Type of Coping	Did not use	Used	Endorsed less than half of items
Confrontative	3.7	96.3	55.6
Distancing	0.0	100.0	25.9
Self-Controlling	3.7	96.3	33.3
Seeking Social Support	22.2	77.8	59.3
Accepting Responsibility	25.9	74.0	48.1
Escape-Avoidance	3.7	96.3	70.4
Planful Problem Solving	7.9	92.6	59.3
Positive Reappraisal	14.8	85.2	55.6

TABLE 7
Table 7: Summary of responses on Cognitive Appraisal Questionnaire

ITEM	Number of participants endorsing item *	Percentage of total sample
1. Possibility of loosing the affection of someone important to you	10	37.0
2. Loosing your self-respect	9	33.3
3. Appearing to be an uncaring person	2	7.4
4. Loosing the approval or respect of someone important to you	9	33.3
5. Appearing incompetent	8	29.6
6. Harm to a loved one's health, safety, or physical well-being	4	14.8
7. A loved one having difficulty dealing with a situation	3	11.1
8. Harm to a loved one's emotional well-being	4	14.8
9. Threat to not achieving an important goal	2	7.4
10. Harm to your own health, safety, or physical well-being	14	51.8
11. Loosing respect for someone else	0	0
12. You were able to change the situation or to do something about it	14	51.8
13. You had to accept the situation	24	88.9
14. You needed to know more about the situation before you could act	5	18.5
15. You had to hold yourself back from doing what you wanted to do	3	11.1

*One participant did not endorse any of the items
#1-11 are Primary Appraisals; #12-15 are Secondary Appraisals

TABLE 8
Table 8: Comparison between mean scores on Ways of Coping Questionnaire according to victim status

Coping Process	Victim-No (n = 6)	Victim-Yes (n = 21)	p value
Confrontative	6.67	6.71	.98
Distancing	8.33	8.38	.81
Self-Controlling	7.00	8.00	.54
Seeking Social Support	2.83	4.80	.15
Accepting Responsibility	1.67	3.05	.17
Escape-Avoidance	3.00	6.52	.008*
Planful Problem Solving	8.17	6.52	.23
Positive Reappraisal	3.83	4.90	.43

* p < .01 (2-tailed)

TABLE 9
Table 9: Mean scores on the Hopkins Symptom Checklist

Symptom	Mean	Standard Deviation	Range	Maximum Score *	# above mean
ANXIETY	4.41	4.91	0 - 20	28	6
SOMATIZA-TION	7.89	8.22	0 - 28	48	9
INTERPER-SONAL SENSITIVITY	7.89	5.60	1 - 25	28	9
DEPRESSION	8.81	8.19	1 - 31	44	10
OBSESSIVE-COMPULSIVE	9.63	6.73	0 - 28	32	17
TOTAL LEVEL OF DISTRESS	38.7	29.12	3-125	------	10
TOTAL # OF SYMPTOMS	22.89	10.51	4-48	------	14

*maximum score determined by multiplying the # of items on each scale by the highest possible Likert-scale rating (4)

TABLE 10
Table 10: Mean level of symptom distress reported by participants according to victim status

Symptom	Victim - No (n = 6)	Victim - Yes (n - 21)	p value
ANXIETY	1.33	5.29	.005 *
SOMATIZATION	3.67	9.09	.03 *
INTERPERSONAL SENSITIVITY	4.17	8.95	.005 *
DEPRESSION	2.17	10.71	.000 *
OBSESSIVE-COMPULSIVE	5.00	10.95	.04 *
TOTAL LEVEL OF DISTRESS	16.33	25.48	.001*
TOTAL # OF SYMPTOMS	13.83	25.48	.007*

* p < .05 (2-tailed)

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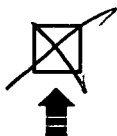
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