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The Impact of Trauma and Perceived Closeness Between African American Adolescents and Their Parents on Self-Esteem

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ABSTRACT

This study explored the impact of trauma upon African American adolescents' self-esteem through the lens of Structural Family Therapy. Secondary data from the 2014 wave of the National Longitudinal Surveys Children and Young Adults database were utilized. Using a structural family therapy, two research questions were posited which examined the direct effects of two independent variables (trauma and perceived closeness to parents) upon the dependent variable of self-esteem. Linear regressions did not produce significant results in trauma and perceived closeness upon the self-esteem of African American adolescents. Clinical implications and future directions were provided.

Keywords: trauma, structural family therapy, African American adolescents, marriage and family therapy, self-esteem

Self-esteem is defined as "the measure of positive and negative feelings about the self" (Rosenberg, 1965, p. 1). It reflects the positive or negative feelings a person has about themselves that build up over their lifetime (Rosenberg, 1965). Self-esteem may be negatively impacted when a traumatic event occurs (Resick et al., 2016). A healthy level of self-esteem can aid adolescents in properly navigating developmental tasks (Erol & Orth, 2011). Families need to be able to instill the following skills into adolescents, in order to aid them in creating and maintaining a positive sense of self-

esteem: social competence, problem solving skills, autonomy, and a sense of purpose (Burgo, 2017).

A study conducted by Erol and Orth (2011) indicated self-esteem among teenagers sees a significant amount of growth and then decreases in rate of growth during young adulthood. An exception to this lies with Hispanic adolescents who were more likely to report a lower initial level of self-esteem than African American and White Youth. However, self-esteem increased for Hispanic adolescents during young adulthood. Subsequently, by age 30, African American and Hispanic self-esteem were approximately equal to one another and higher than the reported self-esteem of White individuals. At each age, less emotionally reactive and more extroverted and self-aware participants reported higher levels of self-esteem. Researchers posited that an increase in levels of mastery, and an internal belief that one's efforts toward a goal directed activity will produce desired results, also increased self-esteem (Ahmed et al., 2017; Erol & Orth, 2011; Pearlin et al., 2007).

TRAUMA

Teenagers in the United States interface with both individual and systemic traumas (Center for the Study of PTSD, n.d.b). The American Association of Marriage and Family Therapy (AAMFT) defines trauma as an experience that is stressful and frightening (AAMFT, 2019). A traumatic event may be sudden, stressful, dangerous, overwhelming and a danger to oneself or others (AAMFT, 2019). Scholars agree experiencing trauma may negatively impact individuals in several areas (AAMFT, 2019; Resick et al., 2016; Shapiro, 2017). Adolescents may experience trauma at any level of the societal system (individually, family, and/or community) (APA, 2015; Brave Heart, 2011). In the current study, trauma was measured by examining the impact of witnessing community violence. Community violence is an indicator of both individual and historical trauma from a systemic perspective (APA, 2015). The adolescent brain is particularly vulnerable to trauma as the developmental and neurological gains are only rivaled by the development of the toddler brain (Luby et al., 2013). In particular, the limbic system (maturing by age 16 and responsible for the fight-flight-freeze response) and the prefrontal cortex (slowly maturing by age 25 and responsible for meaning making) are developing during adolescence (Luby et al., 2013; Shapiro, 2017). Therefore, experiencing a traumatic event may impact brain development and recovery/neuroplasticity (Shapiro, 2017). This includes how an individual may view themself with respect to the world after experiencing a trauma (Luby et al., 2013; Shapiro, 2017). Many trauma-informed approaches of conducting therapy conceptualize self-esteem or self-worth as one of the areas that may be negatively impacted after experiencing a traumatic event (Resick et al., 2016; Shapiro, 2017).

STRUCTURAL FAMILY THERAPY

Structural Family Therapy (SFT), created by Salvador Minuchin (1974), is rooted in the belief that subsystems (e.g. sibling subsystem, parental subsystem, etc.) are created by the family system in response to specific family and individual lifespan

developmental stages and tasks such as families raising children (Minuchin & Fishman, 1981). Dysfunction causes problems in a family system and is thought to occur due to a maladaptive hierarchy between parents and children or unhealthy boundaries in the system (Minuchin & Fishman, 1981; Tadros & Finney, 2018). Thus, dysfunction can be due to unhealthy hierarchies sustained by enmeshed (lack of) or disengaged (overly rigid) boundaries (Minuchin, 1974; Tadros & Ogden, 2020). Marriage and family therapists (MFTs) who practice SFT do not impose their own beliefs about what intrinsically constitutes a healthy family structure (e.g. two-parent vs. single-parent household) (Minuchin & Fishman, 1981; Tadros, 2019, 2021). SFTs collaborate with the family to create and maintain clear boundaries and the flexibility to adapt to developmental tasks individually and as a family (Minuchin & Fishman, 1981; Tadros & Morgan, 2022).

Boundaries (Perceived Closeness)

Boundaries are invisible barriers, which are on a spectrum from rigid to diffuse (Minuchin, 1974). Boundaries in SFT are generally defined as rules that determine who participates with whom, and in what kinds of situations, within a family system (Minuchin, 1974; Minuchin & Fishman, 1981). Boundary making (creating and maintaining clear and healthy boundaries) is one of the most important interventions and directly reflects the perceived closeness in the parent-child relationship (Minuchin & Fishman, 1981). Boundaries in the family system determine the amount and type of contact an individual in the system has with any other individual in the system. Boundaries are often determined by lifespan stage (Minuchin & Fishman, 1981).

The current study focuses upon examining the impact of trauma (witnessing violence) upon African American adolescents' self-esteem (with boundaries in the parent-adolescent relationship as a moderator (protective factor). SFT is one of the many systemic theories used by MFTs when working with individuals, couples and families of different races and ethnicity. Specifically, boundaries have been conceptualized to understand perceived closeness in the parent- adolescent relationship (Chappelle & Tadros, 2021). This study seeks to understand how trauma (witnessing violence) predicts self-esteem amongst African American adolescents as a means of adding to the current body of literature, due to research in the literature which suggests African American adolescents may be more likely to experience trauma due to community violence (Hollie & Coolhart, 2020; Voisin et al., 2011). The study of boundaries as a quantitative measure within African American families as well as the examination of a protective factor (closeness to parents) as a moderating variable makes this study distinct.

For the purposes of this study, we explore the following research questions. Research Question 1: Does exposure to trauma predict self-esteem scores in African American adolescents? Research Question 2: Does perceived closeness between adolescents and their parents predict self-esteem in African American adolescents?

METHODS

In 1979 the mothers of the National Longitudinal Surveys Children and Young Adults (NLS-CYA) participants were interviewed as a longitudinal study of survey panels examining the lives of a sample of American youth born between 1957-1964. The youth (N = 12,686) were between the ages of 14-22 years during the original survey. Data collected for the NLSY79 has been utilized in several studies including medical pediatrics, epidemiology, and social sciences. As of 2005, the Journal of Marriage and Family had published 31 studies using the NLS-CYA (Jensen & Shafer, 2013).

Sample

The current study utilized the 2014 wave of the NLS-CYA data set which was retrieved from the National Longitudinal Surveys data set website sponsored by the Bureau of Labor & Statistics and maintained by The Ohio State University. The participants in the NLS-CYA were born between 1970 and the 2014 survey round. The sample size increases with each round as many of the NLSY79 female participants are still of childbearing age (Bureau of Labor & Statistics, 2017). Fifty one percent (n = 5,882) of the respondents recorded to date were males and 49% females (n = 5,638), one respondent did not answer (Bureau of Labor & Statistics, 2017). The race/ethnicity of the total cohort to date was: 53.04% Non-African American/Non-Hispanic; 27.70% African American; and 19.26% Hispanic or Latino (Bureau of Labor & Statistics, 2017). The original sample size in 1986 was (n= 5,255) and grew to (n = 7,626) in 2014 (Bureau of Labor & Statistics, 2017). The sample is not representative of the current national population. Two hundred seventy-six children and 5,735 young adults were interviewed during the 2014 wave of the study (Bureau of Labor & Statistics, 2017). The 2014 wave of data collected information using survey panels including the Young Adult Self-Report regarding: education, training, employment, health, dating, fertility and parenting, marriage and cohabitation, household composition, social-psychological indicators, parent-child conflict, sexual activity, participation in delinquent or criminal activities, substance use, pro-social behavior, political attitudes, and expectations for the future (Bureau of Labor & Statistics, 2017).

In this study, the first selection criterion was for participants to be 15-18 years of age due to the age limits of the Young Adults questionnaire. The second criterion of the study was based upon the participants identifying with the African American race (non-Latino) (Bureau of Labor Statistics, 2017). Socially constructed racial categories were measured by using African American race as the reference variable (Bureau of Labor Statistics, 2017). The reference variable is worded: Race of Respondent – Black or African American (non-Latino); the question is a standalone question and has a simple "1 = selected" and "2 = not selected" answer scale (Bureau of Labor Statistics, 2017, para 1). Sixty-one participants out of all the respondents in the 2014 wave were African American adolescents 15-18 years of age (Bureau of Labor Statistics, 2017). However, only 46 participants responded to all of the questions necessary to run the simple linear regression research question 1 and only

44 participants answered all of the questions necessary to run the simple linear regression for research question 2. No additional sample selection criteria were utilized in the study.

Data Cleaning, Data Screening, Sample, and Research Design

A sample of (N = 11,521) offspring of the National Longitudinal Survey of Youth who participated in the original NLS-CYA study (Bureau of Labor and Statistics, 2014). The focus of this study was upon African American adolescents from the 2014 wave of NLS-CYA data. Therefore, the first step in the data cleaning process was to select this particular group of adolescents. To do so, only participants who were African American and were between the ages of 13 to 17 years were selected per the survey criteria. Participants who answered that their race was anything other than African American were excluded, leaving only African American adolescents (N = 46). The non-randomized selection of participants made the study a quasi-experimental research design. The sample size was small, but no missing data was observed, as such there was no specific missing data patterns found. The final sample consisted of 46 participants. The participants' demographic information was obtained by a self-report questionnaire given to the adolescents. The participants were between 13 and 17 years of age and were all Black/ African American; 50% of the participants were male and 50% of the participants were female. The authors note, the original survey only had binary gender options.

Variables and Measures

In the current research study, original and constructed variables were used from the NLS-CYA. The variables included in the analysis were: self-esteem, trauma, boundaries, socio-economic status, and race/ethnicity (Bureau of Labor & Statistics, 2017). The data in the NLS-CYA study was collected by conducting interviews and utilizing multiple surveys, including the Young Adult self-report survey (Bureau of Labor & Statistics, 2017). Some researchers deem data collected by self-report among adolescents as inherently biased (Rose et al., 2009). However, current research in MFT and other fields have demonstrated that the validity of self-report data responses given by participants, including adolescents, is statistically significant and bolstered by an extensive amount of scientific research studies and various methods of statistical analysis (Brener et al., 2003). The sections below present definitions of variables, their reliability when applicable, along with the measures utilized to collect the data in the analysis.

Self-Esteem

For the purposes of this study, self-esteem referred to the self-worth and general satisfaction related to one's life and self as it relates to being an adolescent (Rosenberg, 1965a). The complete Rosenberg Self-Esteem Scale, a 10-item Guttman scale was utilized (RSE; Rosenberg, 1965a). Scoring may vary. One way is rather complicated and involves an intricate combination of some of the items. Other

sources, such as York University, the academic institution that employed Rosenberg simply reverse code the appropriate questions and sum the answers, so scores range from 0-30 or 10-40 using a 4 point Likert-type scale (Rosenberg, 1965a). For the purposes of this study, the authors used the most common method of reverse scoring the RSE (Rosenberg, 1965a).

The reliability of the RSE has a Guttman scale coefficient of reproducibility of .92 indicating excellent internal consistency (Rosenberg, 1965b). Test-retest reliability over a period of 2 weeks were .85 and .88 respectively, indicating excellent stability (Bureau of Labor & Statistics, 2017, para 1). Concurrent, predictive and construct validity was demonstrated as well as the RSE correlates significantly with other measures of self-esteem (including the Coppersmith Self-Esteem Inventory) (Rosenberg, 1979). In addition, the RSE was significantly correlated with predictors of depression ($r = -0.30$, $p < 0.01$) (Tinakon & Nahathai, 2012).

A single self-esteem variable was utilized by creating a composite score. The self-esteem variables were used to create a composite score which corresponded to items 1-10 in the RSE. The questions represented by each respective variable are: (a) 'On the whole, I am satisfied with myself'; (b) 'At times I think I am no good at all'; (c) 'I feel that I have a number of good qualities'; (d) 'I am able to do things as well as most other people'; (e) 'I feel I do not have much to be proud of'; (f) 'I certainly feel useless at times'; (g) I feel that I'm a person of worth, at least on an equal plane with others'; (h) 'I wish I could have more respect for myself'; (i) 'All in all, I am inclined to feel that I am a failure'; and (j) 'I take a positive attitude toward myself' (Rosenberg, 1989; Bureau of Labor & Statistics, 2017, para 1). The answer scale was a 4 point Likert-type scale: "1 = Strongly disagree, 2 = Disagree, 3 = agree, and 4 = Strongly Agree" (Bureau of Labor & Statistics, 2017, para 1).

Trauma

In this study, trauma referred to particular experiences that are frightening, sudden, stressful, dangerous, overwhelming and a danger to oneself or others (AAMFT, 2019). Examples of traumatic stressors are assault, abuse, witnessing violence, community violence, acts of war/terrorism, accidents, infidelity, and the sudden death or loss of a loved one (Resick et al., 2016).

Trauma was conceptualized in relationship to witnessing community violence in this study. Trauma experienced by adolescents (adults) has been associated with changes in the interpersonal theme areas of esteem of self and others, trust, safety, intimacy and power/control. The variable was extracted from the Young Adult survey assessed for community violence uses the following question: "We'd like to know a little about your neighborhood. The following statements describe problems that neighborhoods sometimes have. For each item, please indicate if it is a big problem in your own neighborhood, somewhat of a problem, or not a problem '[response choice] crime and violence" (Bureau of Labor & Statistics, 2017). The answer scale was a 3 point Likert-type scale: 1 = Big Problem, 2 = Somewhat of a Problem; and 3 = Not a Problem (Bureau of Labor Statistics, 2017, para 1).

Boundaries (Perceived Closeness)

In this study, the construct of 'boundaries' referred to how close the adolescent reported feeling to their parent (mother, father and stepfather). The variables that were used to examine boundaries between the adolescent and their parents were self-reported by the adolescent participants. Data from the adolescents was the only data available as the Young Adult survey did not ask parents any questions regarding their perception of the relationship between the parent and child subsystems. Previous research conducted by Jensen & Shafer (2013) suggested the adolescent's perception of closeness in their relationship with their parents, including stepparents, to increase by 66.1% when accompanied with healthy communication between mothers and adolescents, a good spousal relationship, and similar expectations amongst parents when queried. The variables, which measure boundaries in the parent-adolescent relationship were questions are worded as follows: "'How close does Respondent feel to mother?', 'How close does Respondent feel to father?', and 'How close does Respondent feel to stepfather?'" (Bureau of Labor & Statistics, 2017, para 1). Each question's answer scale is a 4-point Likert-type scale. The answer scale for each question is: "1 = extremely close, 2 = quite close, 3 = fairly close, and 4 = not very close" (Bureau of Labor & Statistics, 2017, para 1). The answers were added together and averaged to obtain a composite score for the variable. The analytic techniques that will be utilized in this study are simple linear regressions.

RESULTS

The current study examined whether the self-reported self-esteem of adolescents was impacted by their perceived closeness with their parents after having experienced trauma in the form of community violence. Structural Family Therapy (SFT) was used as the theoretical lens for the data analysis. Perceived closeness was conceptualized as having and maintaining healthy boundaries, an SFT theoretical concept.

Data Analytics Strategy

The current study utilized a multiple regression analysis in order to examine the research questions. The first research question was addressed by using a standard linear regression in order to evaluate whether exposure to trauma (i.e.: community violence) predicted self-esteem scores in African American adolescents. The second research question was also addressed using a standard linear regression, exploring whether adolescents' perceived closeness to parents (boundaries) predicted self-esteem in African American adolescents.

The first research question examined whether exposure to trauma predicted self-esteem scores in adolescents using a standard linear regression. The outcome of the linear regression indicated results which were not statistically significant $F(1, 47) = .399$, $p = .531$. The R value indicated 9.2% of the variance in total self-esteem scores

was due to having experienced trauma. The 95% confidence interval for trauma impacting self-esteem composite scores reported ranged from -.106 to .203. The regression coefficient was B = .048, with p = .531. As shown in Table 1 and Table 2, this finding indicated that trauma alone does not statistically significantly predict self-esteem composite scores.

Table 1: Summary of Linear Regression Analysis of Trauma Predicting Self-Esteem (N = 46)

Variable	B	SE	β	T	*p*	Tolerance	VIF
constant	2.552	.044		58.186	.000		
Trauma	.048	.077	.092	.632	.531	1.000	1.000

Note. SE= Standard Error; VIF= Variance Inflation Factor

Table 2 : Model Summary of Linear Regression Analysis of Trauma Predicting Self-Esteem

Model	R	R^2	Adjusted R^2	ΔR^2	ΔF	df_1	df_2	Sig ΔF
1	.092[a]	.008	-.013	.008	.399	1	47	.531

Note. [a]Predictor: Trauma

The second research question utilized a linear regression to examine whether adolescents' perceived closeness to parent(s) (the SFT concept of boundaries) predicted self-esteem in African American adolescents. The outcome of the linear regression indicated results which were not statistically significant F(1, 43) = .074, p = .787. The R square value indicated that 0.2% of the variance in total self-esteem scores was due the respondents' self-reported closeness to their parents. The 95% confidence interval for closeness to parents impacting self-esteem composite scores reported ranged from -.090 to .118. The linear regression ANOVA results indicated self-reported closeness to parents did not statistically significant predict self-esteem as p = .074. The regression coefficient was B = .014, with p = .787. This finding indicated that perceived closeness to parents does not statistically significantly predict self-esteem composite scores. Tables 3 and 4 displays the summary and model of the linear regression of closeness to parents predicting self-esteem.

Table 3: Summary of Linear Regression of Closeness Predicting Self-Esteem (N = 44)

Variable	B	SE	β	T	*p*	Tolerance	VIF
(Constant)	2.517	.105		23.992	.000		
Closeness	.014	.051	.042	.272	.787	1.000	1.000

Note. SE= Standard Error; VIF= Variance Inflation Factor

Table 4: Model Summary of Linear Regression Analysis of Closeness Predicting Self-Esteem

Model	R	R^2	Adjusted R^2	ΔR^2	ΔF	df_1	df_2	Sig ΔF
1	.042[a]	.002	-.022	.002	.074	1	42	.787

DISCUSSION

The first research question sought to determine whether exposure to trauma predicted self-esteem scores in African American adolescents. A linear regression was used and researchers hypothesized that experiencing trauma would statistically significantly predict self-esteem scores amongst African American adolescents. Researchers believed due to prior literature that an adolescent's maintenance of a positive sense of self, or self-esteem, can serve as both a protective factor and risk factor in face of trauma and poverty (Chappelle & Tadros, 2021). Study findings did not support the hypothesis, indicating that a minimal amount of the variance in total self-esteem scores due to having experienced trauma was not statistically significant. This may be because although women of color experience higher rates of trauma, specifically, intimate partner violence, poverty has been shown to be a more significant contributor to this rather than ethnicity (Pemberton & Loeb, 2020). However, insignificant statistical results do not equate to insignificant research and clinical applicability. The lack of significance indicate trauma did not significantly predict self-esteem scores in African American teens. The finding is not consistent with past research that suggests adolescents who report experiencing trauma may experience negative outcomes upon their self-esteem (Hines et al., 2005; Preto, 2005; Simpson, 2001). This may be due to the lack of power in the study because of the smaller sample size. It could also be due to the presence of other latent protective factors not yet identified or with whom how they relate to one another has not yet been identified. For example, a contrasting research study at Howard University examining African American adults with high risk psychiatric illness who had been exposed to repeated acute trauma indicated: having some level of social support; developing dispositional optimism as a way of expressing one's self and coping; using religious ways of coping in a non-negative way; having a sense of purpose in life; and engaging in high levels of mastery all aided more than half of the participants in achieving recovery and resilience from psychiatric illness (including post-traumatic growth) (Alim et al., 2008).

The second research question sought to determine whether perceived closeness between adolescents and their parents moderated the relationship between experiencing trauma and self-esteem scores in African American adolescents. A hierarchical multiple regression was conducted to explore whether perceived closeness served as a protective factor from trauma to self-esteem in African American teenagers. The statistically insignificant regression findings indicate closeness to parents did not serve as a protective factor from trauma to self-esteem scores in African American adolescents. The regression and ANOVA findings are not consistent with past research stating that adolescents would benefit from the care of and concern of their parents after experiencing a trauma (Carter & McGoldrick, 2005;

Hines et al., 2005; Preto, 2005; Simpson, 2001). Again, such results may be due to having a lower level of power in the study because of the smaller sample size. Also, there is a lack of knowledge and understanding with respect to additional latent/protective factors and their relationship to one another that may be present. However, such unexpected results may also be due to a lack of knowledge and understanding with regard to the changing dynamics between adolescents and their parents as relationships with peers and significant others begin to become more important to individuals, especially under certain circumstances, at this developmental stage (Engels et al., 2002).

These results must be examined in conjunction with past research which suggests positive ways African American adolescents cope with witnessing community violence may be to radically accept their surroundings and therefore not perceive it as traumatic (Voisin et al., 2011). This is in line with Alim's (2008) study which indicates dispositional option may be a protective factor from trauma. The results of the current study also indicated that African American adolescents who reported clear or healthy boundaries with their parents did not have the predicted results of a healthier self-esteem composite score. This is seemingly in contradiction to previous research about adolescents and the important role parents have in developing healthy self-esteem. The contrary findings of this study must be considered in conjunction with the current body of literature which suggests that peer relationships gain an increasing amount of importance when parental attachment is less close (Engels et al., 2002). The quality of attachment to and the importance of peer relationships to adolescents may be a latent protective factor in this study.

Strengths and Limitations

Like all research, this study has some limitations. First, the inherent limitations of pre-existing data must be considered. Though the data was free for public usage and thereby very cost effective, easily accessible, and very expeditious to obtain, the questions utilized were posited to fit the unique purposes of the original research study. As mentioned, the sample is not representative of the current national population. The current study had a different research goal than the original study; therefore, variables were chosen from questions using the existing data that the researcher felt best encapsulated the variables in the current research study. In addition, the variable measuring boundaries consisted of only two research questions which were composited that asked the adolescents using a Likert-type scale how close they felt to their parents (mother and father). The questions used were rather one-dimensional and could not capture the quality or history of their relationship with their parents. For instance, the researcher was unable to ascertain whether or not the adolescents had a history of cut-offs from their parents, whether they were enmeshed with their parent or whether or not there was a history of disorganized attachment between themselves and their parent(s).

The trauma variable was chosen because it was the only variable which captured any information from the adolescent that could be considered acutely traumatic in the current body of research. This was whether or not they saw community violence as a

problem in their neighborhood. This is also rather one dimensional in that the adolescent may have experienced community violence but does not view it as a problem. For the purpose of this study, the researcher posited that those who perceived community violence to be a problem were the only adolescents who had witnessed community violence. This variable was not chosen because researchers felt it captured experiencing trauma in an original way, but rather out of necessity considering the dataset.

Furthermore, the utilization of self-report measures, a type of assessment many researchers believe decreases the validity of the study, was explored. The adolescent participants in the study completed several self-report surveys that were also administered during previous waves of the study. Many researchers believe self-report measures detract from content validity because they introduce the possibility of subjectivity in perspective or bias. Some researchers particularly question the perspective of minor subject participants. However, not utilizing the particular perspectives of the adolescents in the study would detract from the purpose of the study which was to examine the perceived closeness of the adolescents to their parents as well as to examine their self-esteem, a measure best attained from the subject. It is important to take the possibility of bias into consideration. However, the purpose of the study was found to both be valid and contribute to the current body of literature.

The authors used linear and hierarchical regressions along with the accompanying ANOVAs to examine predictability of the variables in the study. As a result of using mean-based analysis researchers are limited to a one-dimensional analysis of the results. Consequently, the researchers were unable to examine person-centered characteristics such as latent variables that would lend further quantitative meaning to the pre-existing data. However, a review of the literature since the beginning of the 21st century indicated the results found in the study are similar to results found in other studies examining adolescents and African American adolescents in particular who had witnessed community violence.

The primary strength of the study was that it filled a gap present in the body of MFT research: quantitatively measuring boundaries in African American families with adolescents as a moderator upon trauma and self-esteem. The study attempted to examine boundaries quantitatively as a potential moderator of trauma in African American families with adolescents from an SFT stance is the only of its kind as far as the researcher is aware. The examination of boundaries as a quantitative measure within African American families makes this study unique.

An additional strength of the study was its attempt at examining protective factors rather than risk factors using a moderating variable, it is important for MFT researchers to study protective and promotive factors in MFT because MFT practitioners are more likely to attempt to increase the presence of such protective factors in the subsystem as a resource for the family. It is important to continue to explore and identify protective and promotive factors in MFT as clinicians in the field are more likely to use identified protective factors when intervening in order to change the expected outcomes of families who have been exposed to various risk factors clinicians may have identified during (or after) the assessment phase of therapy.

Finally, the examination of the variable through a trauma-informed and culturally competent and aware systemic stance make this study distinctive. This study attempted to promote trauma-informed and culturally competent and aware research in MFT. Such research is important as it potentially informs practice in MFT that is both culturally competent and aware. This type of research and practice is important to add to both the body of knowledge and field of MFT as many clinicians typically serve diverse populations as well as individuals and families who have experienced trauma and is similar to other findings about African American adolescents who witnessed community violence (Voisin et al., 2011).

Clinical Implications

MFTs who work with African American adolescents must be aware that experiencing trauma may be a pertinent issue to assess and treat. For example, living in a lower socio-economic status neighborhood where community violence may be witnessed, is a problem that may negatively impact clients' self-esteem. The data findings in this study do not necessarily support this argument. However, clinical judgment and intuition suggests these issue must be important factors in the lives of adolescents being treated and therefore should be assessed. On the other hand, community violence may not necessarily be a problem to or be perceived as much as a problem by African American adolescent clients and individuals that have more than one positive way of coping or who have particular protective factors present in their environment including: dispositional optimism, radical acceptance, avoidance and self-defense (Alim et al., 2008; Voisin et al., 2011). Clinically, these responses are all adaptive responses to trauma as opposed to non-adaptive responses which are frequently studied in traumatology (Resick, Monson, & Chard, 2016; Shapiro, 2017). The data findings in this study do support these findings surrounding protective/promotive factors and adaptive responses to trauma which are particular to African American adolescents as dispositional optimism (not believing community violence was a problem) was an intrinsic part of the way the trauma variable was measured inferring a measure of face validity. Therefore, MFTs must be informed about trauma and be made aware of the symptoms of experiencing trauma such as reporting low self-esteem. They must also not assume clients are candidates for a trauma diagnosis if they are not experiencing symptoms (Herzog et al., 2016). In summary, MFTs should be aware of the effects of trauma upon adolescents and their families so that symptoms do not either go untreated or over diagnosed.

The current findings are consistent with past research that examines adolescent-parent relationships in greater depth. The statistically insignificant findings may be due to the lack of power in the study, the presence of other protective factors not yet identified and the lack of data with regard to the history and quality of the parent-adolescent relationships. In the field of traumatology, self-esteem is commonly thought to be impacted by experiencing trauma (Resick et al., 2016). The impact of trauma upon the self-esteem of adolescents was examined in order to add to the body of knowledge in the literature regarding prospective risk factors upon the self-esteem of African American adolescents. This study's finding is contradictory to some recent research findings with regards to adolescents and trauma, though it compliments

research particular to African American adolescents. Clinicians would do well to assess how adolescents and their families have integrated mastery and pursuing a life's purpose/meaning as a means of both protecting and building self-esteem with or without the presence of acute trauma. In addition, adolescents are still in need of maintaining healthy relationships with family and parental support systems. The literature indicates that parents and other family members can be a very important support system for adolescents who have experienced trauma. Recent literature about adolescent resilience also suggests adolescents who do not have strong parental attachment tend to look to relationships with peers and others outside of the family for attachment and social support. It would bolster clinical practice to gain a history of attachment between the adolescent and their parents, extended family members, peers and significant others in order to determine who they can rely on for care and concern and if the parental relationship or another relationship would benefit from healthier boundaries or healthier attachment.

In addition, clinicians should also consider assessing for the following variables and creating the following treatment goals/objectives with African American adolescents who experience trauma: identifying positive relationships with extended family and peers; aiding adolescents in building mastery and creating a meaningful and purpose filled life; developing dispositional optimism and radical acceptance; and using spirituality/religion in a positive way to cope. Clinicians should also aid adolescent clients in discovering and strengthening other latent protective factors which are indicated as part of the findings of both this study and another quantitative study which specifically examined African American adolescents who witnessed community violence (Voisin et al., 2011).

Future Research

It has been noted that trauma-informed treatment of adolescents is an integral part of practicing MFT (Carter & McGoldrick, 2005; Preto, 2005). However, there is a paucity of research in MFT focused upon exploring the moderating role of closeness in the parent-adolescent relationship upon the self-esteem of African American adolescents who have experienced trauma. In addition, there is a gap of evidence-based or evidence-informed quantitative research on this topic. This study contributes to research that helps to address the aforementioned gaps in the literature in MFT. This study adds to the current body of literature by providing a quantitative study that examines boundaries, an important SFT theoretical concept, for the treatment of the self-esteem of African American adolescents who have experienced trauma and their families. This study attempts to quantify boundaries (perceived closeness to parents) and its impact on the self-esteem of African American adolescents who have experienced trauma. This informs past qualitative and quantitative studies examined in the current body of literature that interpreted similar statistically significant or successful treatment outcomes in the body of research with diverse populations.

The study findings indicated that trauma nor perceived parent-child closeness predicted self-esteem. A trauma variable that more accurately measures acute trauma other than witnessing community violence could be utilized in future studies. In addition, it would increase validity in future studies to obtain more quantitative data

about the perceived parent-adolescent relationship, such as if there was a history of cut-off and to obtain some specificity about the quality of interactions between the parent and adolescent. Thus, it would be helpful to obtain dyadic data from the parent about their relationship with their adolescent.

Furthermore, replication of the study without using pre-existing data with a larger sample size would greatly add to the body of knowledge with regard to how closeness to parents may moderate the effects of trauma upon the self-esteem of African American adolescents. It may also aid researchers in considering other latent or protective factors that may also affect self-esteem. This study utilized regression analyses; however, future researchers may want to employ path analytic models/structural equation modeling to find potential mediators or moderators of trauma. Also, conducting qualitative research such as a grounded theory study or mixed methods analysis to inform the results of the quantitative study could be explored in the future and may be effective in informing researchers about additional protective factors to explore. Further, researchers have suggested to explore other potential protective factors such as: extended family and friends, community-based organizations, schools, religious organizations, optimism and finding meaning in having a life's purpose (Chappelle & Tadros, 2021; Voisin et al., 2011).

CONCLUSION

The results of the analysis did not produce significant results for the direct effects of experiencing trauma and perceived closeness upon the self-esteem of African American adolescents. However, statistically insignificant results may contribute to the current body of literature and are worth examining to further aid in the treatment of trauma in African American adolescents. In fact, the findings of the study indicate there are other factors/variables that may impact the self-esteem of African American adolescents. It is vital to remember that statistically insignificant results are very much still significant in terms of what we learn about the population studied and the contributions of such implications to the field of mental health as a whole.

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