AN EXPLORATION OF THE CO-VICTIMIZATION EXPERIENCES OF BLACK ADOLESCENT MALES IN URBAN ENVIRONMENTS

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ABSTRACT

Black adolescent males are disproportionally affected by both homicide and homicide co-victimization. The individual experiences of homicide co-victims shape their families, communities, and society as a whole. This dissertation attempts to deeply understand sociocultural factors that influence the societal and psychological consequences of homicide among Black adolescent male co-victims of murder and how they cope and experience bereavement. The results are presented in three separate manuscripts. The first study presents a narrative review of the literature on the psychological consequences of homicide co-victimization. The second study is a quantitative analysis that explores the role of social support and suicide risk amongst individuals who have lost a friend or family member to homicide. The third study presents the results from in depth, face-to-face interviews that were conducted to better understand the bereavement processes of young Black men. This dissertation provides a comprehensive understanding of the negative impact of homicide on the well-being of Black adolescent males in urban communities. The results suggest that young men are at risk for poor mental health outcomes and that social support serves as a protective factor against distress. The findings may inform social workers who work in neighborhoods or with young people in neighborhoods with high rates of homicide to develop trauma informed practices and interventions to better support young men after experiences violent loss.

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PREFACE

This dissertation is dedicated to Gloria Mukulu.

To every young person that is affected by homicide, I cannot put into words how worthy you are to live a life void of violence and full of endless opportunity. In the words of one of the participants in this study, no matter what happens,

'*keep growing and keep striving*.'

1.0 BACKGROUND AND RATIONALE

There is a growing literature on adverse childhood experiences (ACEs) and the protective factors that mediate and/or moderate a variety of life outcomes. ACEs refers to external factors and/or stressors such as: experiences of violence, poverty, abuse (physical, psychological, and sexual), neglect (environmental, physical, emotional), and significant household dysfunction (residing with a member who has a mental illness, abusing substances, or incarcerated) before age 18 (Santoro, Suchday, Benkhouka, Ramanayake, Kapur, 2016). One form of an adverse childhood experience is loss due to murder/homicide. Homicide is a violent and traumatic event, defined as the willful and non-negligent killing (murder) of a human being by another human being (Bastain, 1995, p.3). The negative ramifications of homicide expand far beyond the victim and the perpetrator. While perpetrators are, in some instances, provided with support (i.e. counseling & educational opportunities) within the criminal justice system, there is increasing acknowledgment of the importance of offering support to co-victims in both the short and long term (Sharpe, 2011). The terms 'co-victims', 'homicide survivors,' and 'secondary victims' can be used to describe those who mourn the loss of the deceased victim and/or work together to seek long-term resolution to the homicide (Home, 2003, p. 75). For the remainder of this dissertation, the term 'co-victim' will be used to describe the population of interest.

1.1 OVERVIEW OF DISSERTATION

This dissertation is presented in a three-manuscript format, which includes five chapters. The first chapter of this dissertation gives an overview of homicide co-victimization as both a social problem and public health concern. The backgrounds, methods, results and conclusions of the three papers are presented in chapters two, three, and four. The final chapter provides a summary of the findings, and the implications for research, direct practice, macro-practice, and policy.

1.2 STATEMENT OF THE PROBLEM

Homicide is the leading cause of death for African Americans/Blacks aged 15 to 34 years, the second leading cause of death for Hispanics aged 15 to 34 years and for Asian Pacific Islanders aged 15 to 24 years, and the third leading cause of death for Native Americans within the same age group. In 2014, there were 15,872 murder victims in the United States, the majority whom were male (Centers for Disease Control, 2016). The most recent statistics that explored race and gender, indicate homicide as cause of death of 37.1% of African American/Black males, compared to 11.2% of Hispanic males and 5.4% of European American males (U.S. Department of Health and Human Services, 2010). These figures indicate that African Americans have a high prevalence of homicide and are disproportionally affected by murder. The homicide rate among Blacks over the past several decades suggests that this population is chronically impacted by traumatic grief and loss. According to CDC, the homicide rate has decreased by 2.8%, yet remains a public health concern (Centers for Disease Control, 2016).

There are two types of homicide, (1) primary homicide is the most frequent type and generally involves family, friends, or acquaintances, (2) non-primary homicide usually occurs in the course of another crime, such as robbery or rape (Parker and Smith, 1979). For each homicide, there are direct and indirect co-victims who must adjust and cope with violent victimization. Although data are collected on murder victims and perpetrators, no official records are kept on the homicide co-victims, most of whom are family members (Armour, 2002, p. 109). It is estimated that for every homicide victim, 7 to 10 close relatives are mourning that victim's passing. Based on this estimate, at least 45,963 African Americans were indirectly affected by homicide in 2015. This figure does not include friends, coworkers, neighbors, and others associated with the deceased (Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009). The high homicide rate amongst Blacks, relative to other racial/ethnic populations, suggests that the Black community is disproportionally affected by homicide. These individuals are at greater risk for low academic and job attainment, psychological distress, physiological symptomology, and violent behavior. Yet little attention is paid to co-victims (Armour & Umbrecht, 2007) or the unique experiences of the Black community. Many of the survivors report feeling neglected, marginalized, or invisible (Armour, 2002).

The 2008 National Crime Victimization Survey indicated that although adolescents ages 12-19 are only 11% of the U.S. population (U.S. Census Bureau Population Estimates Program, 2008), they account for approximately 46% of the victims and witnesses of violent crime that are over the age of 12 years old (Rand, 2009). Thus, the number of youth that loose peers, friends, and family members to violence is a public health concern because individuals that have experienced traumatic loss are at higher risk for health concerns such as depression, suicidality, self-harm, and PTSD, as well as lower academic and job attainment (Macmillan & Hagan,

2004;Schwartz & Gormam, 2003; Stroebe, Shut, Stroebe, 2007). Many children and adolescents experience loss and bereavement (Cohen and Mannarino, 2011). Evidence suggests that poor minority youth are particularly likely to suffer the death of a loved one and may be at increased risk of complicated grief because of the nature of the loss (Jenks, Wang, and Turner, 2014). Given the high levels of violence and victimization in many urban communities, there is the expectation that the losses of poor Black youth will be violence related. Indeed, a national survey of young adults found that blacks were three times more likely than whites to report that a friend or family member had been a victim of a homicide (Zinzow, 2009).

The empirical evidence previously discussed suggests that homicide co-victimization might disproportionally impact young Black men. Despite this high level of violence exposure and loss, there is a disparity in services available to young men. In order to engage Black adolescent males in therapeutic care that is culturally appropriate and meaningful for them, service providers who work with survivors need to demonstrate a deep understanding of the importance of viewing Black young people as survivors of both cultural and homicidal trauma. The social work perspective recognizes the importance of the person-in-environment perspective. Although the proposed dissertation will describe the individual experiences of homicide survivors, I acknowledge that the individuals' experiences shape their families, communities, and society as a whole. The study of grief and bereavement has traditionally ignored the socio-cultural context of how different ethnic groups grieve and cope (Granek, 2010). This dissertation attempts to deeply understand sociocultural factors that influence the societal and psychological consequences of homicide among Black adolescent male co-victims of murder and how they cope and experience bereavement.

The parameters of grief has not yet been established, but what is known, is that traumatic grief can lead to several mental health issues. According to Holtslander and McMillian (2011), complicated grief is grief that does not fit within the cultural norms and context of grief and is often seen with depressive symptoms. It is therefore important to address complicated grief and these depressive symptoms. Those who have lived through a traumatic loss may also experience the phenomenon of disenfranchised grief. Disenfranchised grief happens when individuals and society do not understand the prolonged grief one may experience. Consequently, family and friends, and even society as a whole, appear to lack empathy or understanding of the loss for those individuals who experienced a traumatic loss such as homicide (Piazza-Bonin, Neimeyer, Burke, McDevitt-Murphy, & Young, 2015). In addition to complicated grief and disenfranchised grief, co-victims of homicdies are also at risk for anxiety, major depressive disorder, and posttraumatic stress disorder (Burke, Neimeyer, & McDevitt-Murphy, 2010).

1.3 BACKGROUND

1.3.1 Co-Victims of Homicide

Bereavement, mourning and grief are terms that have often been used interchangeably throughout trauma literature to describe the post-homicide experience. Bereavement, grief, and mourning, while all related concepts, are different by definition. Stroebe, Hansson, Stroebe, and Schut (2002) indicated that the term "bereavement is understood to refer to the objective situation of having lost someone significant" while "the usual reaction to bereavement is termed grief" (p. 3). They go on to define grief as "a primarily emotional (affective) reaction to the loss of a love

one through death. It incorporates diverse psychological (cognitive, social- behavioral) and physical (physiological-somatic) manifestations" (p. 3). Mourning is defined as "the social expressions or acts expressive of grief that are shaped by the practices of a given society or cultural group" (p.3). The definition of bereavement encompasses the entire experience of the survivor (Christ, Bonanno, Malkinson & Rubin, 2003). According to early research by Prigerson et al. (1997), bereavement has been noted to be one of the most stressful events throughout an individual's lifetime and can mirror the effects of post-traumatic stress disorder. In addition to the bereavement process, homicide survivors are frequently exposed to additional stressors that other individuals who lose a loved one to other causes do not experience.

Death by murder creates a vastly different experience for many co-victims than deaths caused by acute causes or lengthy terminal illness, suicide, or accidental death (Rando, 1996). First, they are left to struggle with the fact that the death of their loved one was caused by the willful violent act of another person. Second, they may be stripped of their rights to privacy and how they are publicly portrayed (Doka, 1988; Peterson, 2000; Redmond, 1996; Spungen, 1998). Third, because murder is a crime against the state, they often become bystanders whose needs are secondary to the state's concern for fairness and justice in apprehending, trying, and convicting the murderer. For many co-victims, grief and bereavement are not a private and personal matter marked by sadness but rather a process that is heavily controlled by the social milieu (Armour, 2002).

Covictims of homicide are often regarded as more traumatized than bereaved (Masters et al., 1988; Redmond, 1996; Rinear, 1988; Rynearson, 1984, 1988; Rynearson & McCreery, 1993). Oftentimes they struggle to make sense of what has occurred to their loved one. When an individual is unable to find meaning in the incident it makes the adjustment to loss more difficult

(Stretesky, O'Connor Shelly, Hogan, & Unnithan, 2010). On a cognitive level, co-victims may report the existence of intrusive, repetitive thoughts, and/or nightmares. Furthermore, due to the violent nature of their loved one's death, co-victims of homicide are vulnerable to the clinical symptoms of posttraumatic stress disorder (PTSD), decreased cognitive functioning, anxiety, depression, and complicated grief (McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2011; Zinzow, Rheingold, Hawkins et al., 2009). All of these conditions may also have an effect on the physical health of co-victims. On a physiological level, co-victims may identify disturbances in sleep and appetite, headaches, gastrointestinal upset, and increased startle responses. Trauma in particular has been linked to poor physical health" (Hertz et al, 2005). Research has shown that co-victims are at increased risk for cardiac distress, irritable bowel syndrome, chronic pain, and sexual dysfunction (Rando, 1993). On an affective level, co-victims may describe intense emotions including rage, terror, and guilt as well as numbness and dissociation. On a behavioral level, co-victims may note their avoidance of homicide-related stimuli, hypervigilant awareness of their surroundings, efforts to track down the murderer, and relationship disruptions (Rando, 1993). In many instances, they live with the threat of the murderer's possible parole. Any and all of these experiences can strip away the illusion of being protected and in control (Bard & Sangrey, 1986; Janoff-Bulman, 1992; Masters, Friedman, & Getzel, 1988; Rinear, 1988; Spungen, 1998; Ulman, 1988). These experiences can shatter the trust and faith in the world as it was believed to be (Janoff-Bulman, 1992).

This population often experiences a different process of grief bereavement compared to individuals who lost a loved one due to circumstances other than homicide (Ellis & Lord, 1999; Hatton, 2003). Aside from dealing with the trauma of losing a loved one by violent means, they have the added pressures of involvement with the criminal justice system and all that it entails. Immediately

following the homicide of a family member survivors are forced to think concretely and pragmatically in order to: (1) notify others of the homicide (2) secure funeral arrangements (3) navigate their way through their interaction with the criminal justice system, (4) care for other survivors (5) if applicable, handle the media (Spungen, 1998). Ellis and Lord (1999) explained that homicide survivors have to process that (a) someone intentionally intended to hurt their loved one, (b) the stigmatization associated with homicide, (c) media and public view, (d) the criminal justice system, and (e) bereavement. Through this process co-victims can experience secondary victimization as not everyone is sensitive to their unique situation (Asaro, 2001; Hatton, 2003). Among the additional stressors are negative responses from the community, unresolved feelings about not finding the perpetrator, and shock due to the unexpected nature of the loss. In addition, co-victims of homicide can feel socially stigmatized by having had a loved one murdered (Doka, 1988). They may be shunned by friends and family or blamed or slandered for the way the victim died or even for the way the victim lived. The lack of social validation uproots survivors from their communities and changes the basis for their belonging

1.3.2 Co-Victimization within the Black Community

Beyond the disproportionality of homicide survivorship, why is a sociohistorical intersectional approach needed? The high rate of homicide amongst Black males has been named the 'new American tragedy' and Black males carry the unequal burden of loss (Hennekens, Drowos, Levine, 2013; Smith, 2015). Blacks are more likely to live in areas with high levels of homicide and experience high levels of exposure to violence. This geographic concentration of disadvantage and ciolence increases the likelihood that Black males living in these neighborhoods will expeience the traumatic loss of one o more homicide victims within their social networks

(Smith, 2015). Jocelyn Smith conducted a study in 2015 that found that young Black men reported an average ofthree homicide deaths. Of the sample of 40 participants, thirteen reported witnessing the homicide deaths of loved ones. The experiences of Black co-victims are further complicated by issues connected to the larger system of racism and privilege that is impossible to escape in the United States (Rosenblatt & Wallace, 2005). Afrocentric theory posits that African Americans have different values and perceive life and problems differently from European-Americans (Boyd-Franklin, 2006). When Africans were enslaved; they used the beliefs for survival and sustenance in the hardships oppressive surroundings they found themselves (Neblett et al., 2010). This worldview and value has been transmitted through the generations (Asante, 2000; Belgrave & Allison, 2009). African American co-victims must not only deal with their reactions to the sudden, traumatic and violent death, but they must also grieve their particular relationship with victim under the guise of a society that perpetuates violence yet limits its ability to manage its' consequences. For African Americans, these limitations derive from institutionalized and internalized experiences with cultural trauma. Engaging in study of the homicide co-victimization experience of African- Americans and other vulnerable and oppressed population will help us to better understand the limits of theory, the importance of culture and context, and the influence of intergroup dynamics (Rosenblatt & Wallace, 2005).

1.4 SIGNIFICANCE OF DISSERTATION

To the best of my knowledge this project will be the first to investigate the intersection of race, gender, age, and homicide co-victimization amongst Black adolescent males. What is not

clear is how these factors interplay and influence the life outcomes of this population. Therefore, this dissertation has addressed two research aims:

Specific Aim 1: To explore the psychological consequences of homicide co-victimization.

Specific Aim 2: To explore the grief and bereavement processes of Black adolescent males.

The project serves as a foundation for the development of homicide co-victimization interventions that are culturally relevant and trauma informed. By pursuing the previously mentioned aims, the results can potentially provide both academics and practitioners with pertinent information to improve services for Black communities and youth that are disproportionality affected by violence and homicide. Additionally, this study is innovative in that it accounts for the social and historical contextual factors that lead to high levels of homicide survivorship and seeks to close the gap in the literature on grief and bereavement among Black adolescent males. The study can also help to understand how Black male co-victims of violence cope with the associated trauma (Sharpe, 2011). Moreover, findings from this study informs other trauma-related research (e.g., mass violence, opioid epidemic in rural communities, and disaster research) of the impact of cross cultural issues and coping with violent traumatic grief.

1.5 BRIEF SUMMARY OF METHODS

The methods for the two research aims are explored in full for this dissertation in three separate manuscripts (comprising chapters two through four). These papers will be submitted to peer-reviewed academic journals. A summary of the methods used in each paper follows.

Manuscript 1: A Narrative Review of the Psychological Consequences of Co-Victimization amongst Black Adolescent Males:

Articles were reviewed from five databases. The following databases: PubMed, PsycINFO, CINAHL, Social Sciences Index, Social Work Abstracts were searched from 2001-2017. The articles were selected using these primary search terms 'homicide survivor and/or co-victim', 'violent loss, 'mental health, 'grief', 'bereavement.' The inclusion criteria were: (1) loss due to murder/homicide, (2) mental health outcomes were assessed, and (3) the inclusion of African American/Black adolescent males within the sample.

Manuscript 2: Homicide Co-Victimization: Exploring Suicide Risk amongst Adolescents

Based upon the empirical evidence and theoretical review of the Interpersonal-Psychological Theory of Suicide (Joiner, 2005) the following question was tested: 'Does social support impact suicide risk amongst adolescent homicide survivors?' Data for this study came from the Healthy Allegheny Teen Survey (HATS), a county-wide representative phone survey of youth that will be conducted by the Allegheny County Health Department, Children's Hospital of Pittsburgh, and Pitt Public Health.

Manuscript 3: Exploring the Grief and Bereavement Processes of Black Adolescent Male Co-Victims of Homicide

The qualitative study consisted of semi-structured interviews with urban African American males between the ages of 14-18. The study explored their relationship to the deceased, contextual factors of the homicide, and their grief and bereavement processes. The interviews were audio recorded, transcribed and analyzed using NViVo 10 qualitative data analysis software.

1.6 RELEVANCE TO SOCIAL WORK

The American Academy of Social Work and Social Welfare launched the Grand Challenges for Social Work initiative in 2013. It is a call to action for social work researchers and practitioners to: (1) harness social work's science and knowledge base; (2) collaborate with individuals, community-based organizations, and professionals from all fields and disciplines, and (3) work together to tackle some of the toughest social problems (Uehara, Flynn, Fong, Brekke, Barth, Coulton, Davis, Hawkins, Lubben, Manderscheid, 2013). The '12 Grand Challenges for Social Work' promote individual and family well-being, a stronger social fabric, and a just society that fights exclusion and marginalization. It also promotes the sense of belonging, trust, and advocates for reformed pathways for social and economic progress. This project supports the initiative by (1) promoting the healthy development of youth, and (2) generating knowledge on an understudied health disparity through an equal opportunity and justice lens.

A social worker promotes the general welfare of society, from local to global levels. Social workers work towards the development of people, their communities, and their environments by shaping social policies and institutions. They accomplish this by engaging in social and political action that seeks to ensure that all people have equal opportunity. A social work scholar, combines these responsibilities with the scientific method. Several steps were taken to maintain the integrity of the profession throughout this process. I was mindful of the individual and cultural differences that would require further investigation and consideration throughout the process of data collection and analysis. Efforts were made to design instruments that were reflective of what has been found in previous studies without discounting the stories of the participants involved. It was important to not use a grounded approach out of respect towards what is already known about this phenomenon. There are several scholars that have started to explore the variables of interests

within this project. I used their work to design and justify the designs within this dissertation. I was open to the unknown themes that would emerge during data analysis throughout the process but continually immersed myself within the literature. This choice in design was made for two reasons, (1) to uphold the dignity of the Grand Challenges by supporting scientific inquiry that has come before this project while (2) ensuring that the dignity and worth of the young men in this study was also upheld. Each participant was treated with respect by ensuring that our conversations dictated that they were the expert on this phenomenon and I was the student. Social workers' primary goal is to help people in need and to address social problems by elevating service to others above self-interest. I remained cognizant of my dual responsibility to the young men and to society by maintaining the ethical principles and standards of the profession by respecting the community partners, my colleagues, and participants by preserving my integrity throughout the process.

Social work is one of several fields that has historically sought to mitigate community violence exposure through the development of interventions and by promoting advancements in public policy. This project is an act of advocacy in that it demonstrates respect for difference, the expansion of cultural knowledge, and expands the knowledge on a social problem with the intent to develop just interventions and policies. This project opens the door for social workers to increase their level of competency as they develop and implement trauma-informed care initiatives for young Black men that have lost a friend or family member to murder.

1.7 CHAPTER SUMMARY AND CONCLUSION

This project is rooted in social work values, ethics, theory, and previous research. Clinicians are not always trained to understand the mechanisms by which violence leads to

increased violent loss and how violent loss impact's an individual's health. This project was an attempt to close the gap on understanding the role of violence and trauma on individual functioning and development. The data can be used to help develop studies that explore the appropriate intervention and prevention strategies for Black adolescents that have lost a friend or family member to murder. The remainder of the dissertation will present the three manuscripts that were developed and will conclude with a summary of the findings and implications for research, practice and policy in Chapter five.

2.0 CHAPTER TWO

A NARRATIVE REVIEW OF THE PSYCHOLOGICAL CONSEQUENCES OF HOMICIDE CO-VICTIMIZATION AMONGST BLACK ADOLESCENT MALES

2.1 BACKGROUND

Over the past twenty years there has been an increased concern in the U.S. as well as internationally, about how to adequately address the needs of the co-victims of homicide (Gross, 2007). Efforts such as CeaseFire and Project Safe Neighborhoods have been successful at decreasing the rate of violence nationwide. However in urban communities and large central cities, violent acts resulting in death continue to remain high. To best meet the needs of co-victims of homicide a better understanding of the contextual factors surrounding the homicide, risk factors, and protective factors is needed. Practitioners need to be trained in models that reflect cultural competency in order to administer care that is both trauma informed and culturally relevant. The consensus among researchers is that health outcomes are the cumulative responses to both biology and experiences that are influenced by varying social and environmental stressors (Marmot, 2005; Camargo, 2011; Currie, Zanotti, Morgan, & Currie, 2009). Environmental and social stressors affect both the brain and the body (Green & Darity, 2010, Gunnar, & Heim, 2009). Understanding the differences in health outcomes by age, race, sex, gender, and socioeconomic status helps

practitioners identify appropriate points of intervention and prevention. Studies have begun to explore differentiation in chronic community violence to improve both our understanding and to identify intervention points that are appropriate for communities, with particular attention to context, chronicity, and proximity of the violence.

So why Black boys? The term structural violence is one way of describing social arrangements that put individuals and populations in harms way. The social arrangements that are embedded in the political and economic organization of our social world; they are violent because they cause injury to people. Interventions will fail if they do not seek to understand the social determinants of the disease that they intend to address. In part because of the man ways the are disadvantaged in American society, Black males are the main perpetrators and victims of violence in urban areas and have the highest risk of death by homicide (Morris, 2009). Black boys and men under 25 years of age are 15 times more likely to die by homicide than their white counterparts areand the murder rate for Black men older than 25 is nearly 7 times that of white men (The National Urban League Policy Institute, 2007).

Concerning criminal justice, Black men are overrepresented in the U.S. penal system due to deep and persistent inequities in arrests, convictions, and sentencing (Toldson & Janks, 2011). Black men are convicted at a higher rate and receive longer sentences than white males, and they are 20 times more likely to be incarcerated than are Black women (The National Urban League Policy Institute, 2007). With the rapid expansion of federal prisons within an already large U.S. prison system, Black males disproportionately fill these spaces as they have increasingly been incarcerated for nonviolent drug offenses (Toldson & Janks, 2011). According to the U.S. Census, of the 17,945,068 Black males in the United States (roughly 6% of the population), approximately 841,0001 (4.7%) are currently serving time in jail or prison, representing 40% of the total male

prison population (Toldson & Janks, 2011). The high level of male incarceration has led to an increase in female-led households and inordinately high rates of impoverishment (Toldson & Janks, 2011). Edelman's (2007) Children's Defense Fund's Leave No Child Behind organization coined the phrase "America's cradle to prison pipeline" to describe the inordinate number of children who, by being born at the intersection of race and poverty, are trapped in a trajectory that leads to marginalized lives, imprisonment, and premature death. Speaking directly to the plight of men of color in the United States, Edelman observed, "That a Black boy born in 2001 has a 1 in 3 chance and a Latino boy a 1 in 6 chance of going to prison in their lifetime is a national disaster and says to millions of our children and to the world that America's dream is not for all" (p. 4).

Homicide is defined as the willful and non-negligent killing (murder) of a human being by another human being (Bastain, 1995, p. 3). The negative ramifications of homicide extend far beyond the victim and the perpetrator. Family members, friends, peers, communities, schools, churches, and neighborhoods experience changes that impact them as the result of murder. The terms 'homicide survivors', 'co-victims', and 'secondary victims' can be used to describe those who mourn the loss of the victim and/or "work together to seek long-term resolution to the homicide" (Home, 2003, p. 75).

National data indicate that African Americans have the highest prevalence of exposure to homicide (Jones-Webb & Wall, 2008; Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009). In 2010, there were 12,996 murder victims in the United States, most were male, 77.4%, and 50.4% were African American (U.S. Department of Justice, 2011). The most recent statistics indicate homicide as cause of death for 37.1% of African American males, compared to 11.2% of Hispanic males and 5.4% of European American males (U.S. Department of Health and Human Services, 2010). According to the U.S. Department of Health and Human Services, Centers for

Disease Control and Prevention, National Center for Health Statistics, homicide is the leading cause of death for African Americans aged 15 to 34 years, the second leading cause of death for Hispanics aged 15 to 34 years and for Asian Pacific Islanders aged 15 to 24 years, and the third leading cause of death for Whites and American Indians/Alaskan Natives.

For each homicide, there are direct and indirect victims (co-victims), all of whom must adjust and cope with violent victimization. Although statistics are kept on primary murder victims, no official records are kept on the homicide survivors, who are most often family members (Armour, 2002, p. 109). It is estimated that for every homicide victim, an estimated 7 to 10 close relatives are mourning that victim's passing. This figure does not include friends, coworkers, neighbors, and others associated with the deceased (Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009).

The homicide rate amongst Blacks suggests that Black communities are disproportionally affected by homicide. Ahmed and Feldman (1999) suggest that, on average, each homicide victim has three surviving family members. Based on this estimate, at least 45,963 African Americans are indirectly affected by one or more homicides each year. The homicide rate among Blacks over the past several decades indicates a population that is overwhelmingly impacted by traumatic grief and loss. Yet little attention is paid to co-victims (Armour & Umbrecht, 2007) or the unique experiences of the Black community. Black survivors have reported feeling neglected, marginalized, or invisible (Armour, 2002b). Surviving the violent death of a loved one is a multidimensional and complex process. Cultural and historical factors as well as social, community/neighborhood factors are important for improving the responsiveness of clinicians, responders, and systems to acknowledge and support the healing process of co-victims and to help reduce the prevalence of violence. (Sharpe 2013).

The disproportionate homicide experiences of Black co-victims places them at greater risk for compromised mental health. The devastation that homicide co-victimization inflicts on Black families is a major public health problem despite the lack of acknowledgement. The coping strategies utilized by individuals impact how trauma and grieving processes relate to mental health outcomes. Sharpe and Boyas (2011) suggest that the Black experience of coping with the homicide of a loved one entails a psychosocial, cultural, and structural process of adaptation in order to 'survive' the traumatic experience. Their experiences are shaped by collective cultural beliefs and societal structures that ultimately impact the perception, utilization, and allocation of psychosocial resources. Yet, the phenomenon of coping with homicide among Blacks, while prevalent and important, has rarely been the subject of research (Sharpe 2013).

Several studies have explored the relationship between adverse childhood experiences, such as exposure to violence, and health outcomes (Brady & Donenberg, 2006; Graham-Bermann, & Seng, 2005; Gaylord-Harden & Dickson, 2016; Yonas, Zuberi, Kasunic, Bamwine, Boddie, Tharp-Gilliam, & Wallace; 2017). This body of research indicates that exposure to violence can impact young people, mentally, physically, and socially.

Very few studies have explored the intersections between violent loss, mental health, age, gender, and race. Gender and race are social constructs that are incredibly important when exploring trajectory and experiences across the life course. In 2012, the National Center for Injury Prevention and Control reported that the homicide rate among Blacks adolescent males was 51.5 per 100,000. Caucasian adolescent males in the same age category had a significantly lower rate of 2.9 homicides per 100,000 (Youth Violence, 2012).

Given that adolescence is a time of biological, cognitive, and social transitions, it is vital to understand how homicide survivorship affects functioning in young Black males. The

adolescent brain is evolving and the young person's experiences can heavily impact their psychosocial development. Exposure to high levels of violence and loss has significant negative potential to impact the development and life course of these young men. While various disciplines have explored the topic of homicide co-victimization generally, the present research comprises a review of the scant existing literature to present an intersectional account of the psychological outcomes and contextual dimensions of Black adolescent males who have lost friends and/or family members to homicide.

2.2 METHODS

A growing literature examines the effects of homicide co-victimization on the lives of Black adolescent males. The findings from this research can inform clinical practice with adolescents that are at risk of lower mental health outcomes. To my knowledge, a review has not been conducted on the psychological outcomes of Black adolescent boys. The goal of the current article is to conduct a narrative review of the literature and to summarize the findings.

2.2.1 Search Methodology

The following electronic databases were searched for relevant research articles: PubMed, CINAHL, PsycINFO, Social Sciences Abstracts, and Social Work Abstracts. The following search terms were used: 'homicide survivor', 'homicide co-victim' 'African American', 'violent loss,' 'murder', 'homicide,' 'mental health,' 'psychological well-being' 'survivors' and

'adolescent.' A search was also conducted using Google to identify studies not published in indexed journals. In addition, the reference list of each article was also reviewed to identify studies that may not be listed in databased. This search strategy yielded a total of eight articles. The data extraction will include study title, author, year, design, population, setting, sample size, relevant search concepts/terms, results measuring the variables of interest and additional information regarding limitations and bias of the study.

2.2.2 Inclusion and Exclusion Criteria

The following inclusion criteria was applied to the articles obtained from the literature search: The article was published from the beginning of the year 2001 to the year 2017, the article refereed to African American/Black adolescent males, homicide/murder and mental health outcomes. In 2001 the US surgeon General called for the expansion of research on the effects of exposure to community violence. The range of dates for this study was selected to reflect this historical shift in research, policy, and practice. Only articles published in English were reviewed. Articles were also excluded if the article did not specify if the violence and/or traumatic loss variable was specific to homicide/murder

2.2.3 Search Strategy

The search strategy consisted of three steps. First, using the aforementioned search terms, articles that met the inclusion criteria were selected from the database. Second, relevance was based upon close reading of the abstract and article. The search was also extended by screening the reference lists of the articles selected during step one and two.

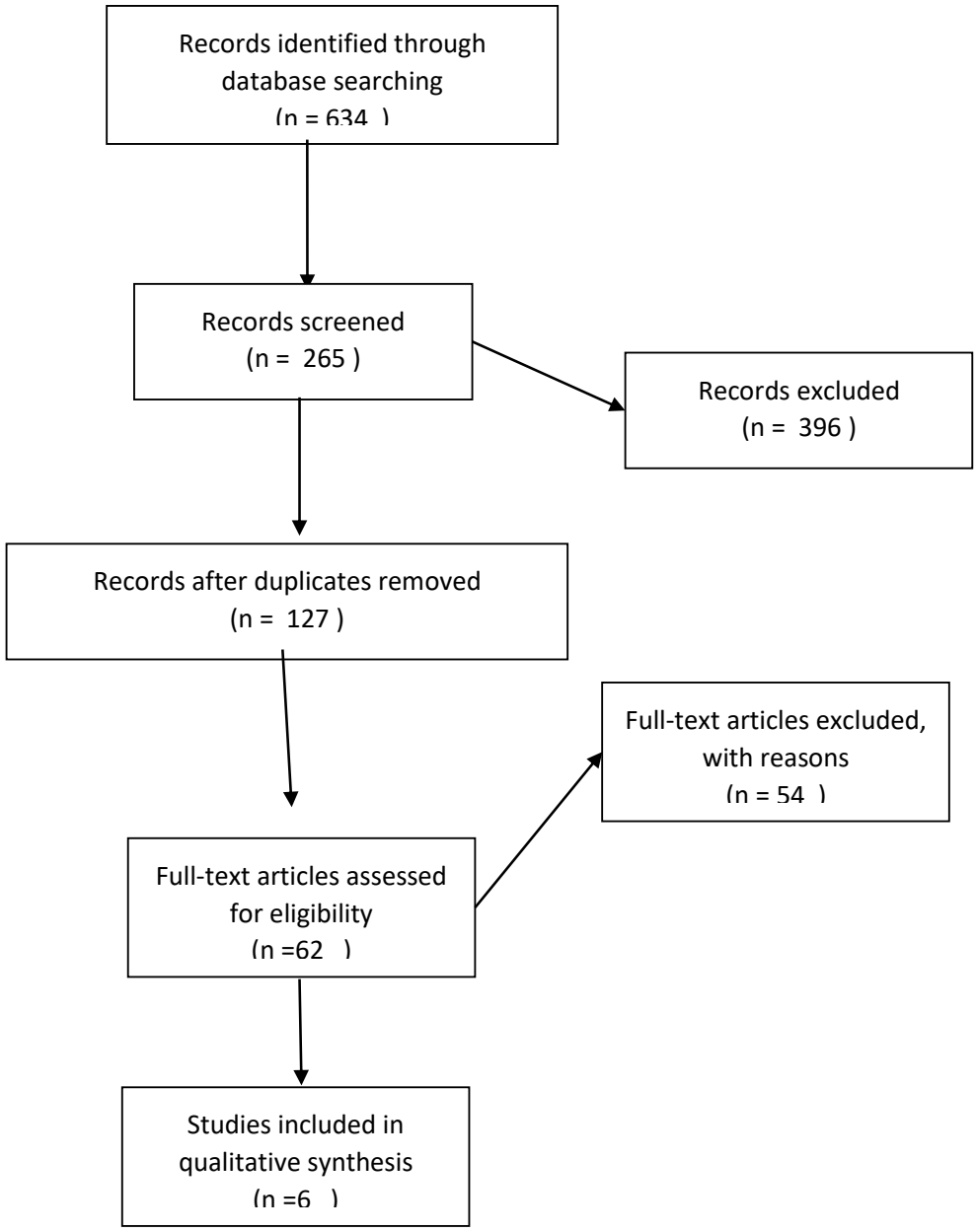


Figure 1. PRISMA Flow Diagram of Database Search

2.3 RESULTS

Results from the literature search yielded 634 citations for the initial screening review. After title and abstract were screened, 62 citations were eligible for full text screening (see Figure 1). After thorough review of the articles, six were eligible for inclusion. Within those studies, it is apparent that Black co-victims of homicide are more prone mental disorders

Many children and adolescents experience loss and bereavement (Cohen and Mannarino, 2011). Evidence suggests that minority youth from low-income backgrounds are particularly likely to suffer the death of a loved one and may be at increased risk of complicated grief because of the nature of the loss (Jenks, Wang, and Turner, 2014). The results support this assertion, Black adolescents are disproportionally affected by homicide co-victimization (Rheingold, Zinzow, Hawkins, Saunders, & Kilpatrick, 2012) and are more likely to experience depression, complicated grief, and post-traumatic stress disorder (Smith & Patton, 2016; Zinzow, Rheingold, Byczkiewics, Saunders, Kilpatrick, 2009; Zinzow, Rheingold, Byczkiewics, Saunders, Kilpatrick, 201).

Table 1. Summary of Literature on Black Male Co-Victims of Homicide

Citation	Title	Methodology	Sample	Key Finding
Burke, Neimeyer, & McDevitt-Murphy, 2010	African American homicide bereavement: aspects of social support that predict complicated grief, PTSD, and depression.	Survey	54 Black individuals	Increased social support, social networks, and the quality of relationships reduce negative bereavement outcomes
McDevitt-Murphy, Neimeyer, Burke, & Williams, 2012	The toll of traumatic loss in African Americans bereaved by homicide.	Survey	54 family members	Time since loss does not reduce complicated grief or depression
Rheingold, Zinzow, Hawkins, Saunders, & Kilpatrick, 2012	Prevalence and Mental Health Outcomes of Homicide Survivors in a Representative U.S. Sample of Adolescents: Data from the 2005 National Survey of Adolescents	Structured telephone interviews	Nationally representative sample of 3,614 youth between the ages of 12-17	Black youth are disproportionally affected by co-victimization
Smith & Patton, 2016	Posttraumatic stress symptoms in context: Examining trauma responses to violent exposures and homicide death among Black males in urban neighborhoods.	In-depth qualitative interviews	37 Black men between the ages of 18-24	More than 70% of participants reported experiencing 2 or more posttraumatic stress symptoms.
Zinzow, Rheingold, Byczkiewics, Saunders, Kilpatrick, 2009	Losing a loved one to homicide: Prevalence and mental health correlates in a national sample of young adults.	Structured telephone interviews	National sample of 1753 young adults	Co-victims are at risk for PTSD, major depressive disorder, and addiction.
Zinzow, Rheingold, Byczkiewics, Saunders, Kilpatrick, 2011	Examining posttraumatic stress symptoms in a national sample of homicide survivors: prevalence and comparison to other violence victims.	Structured telephone interviews	National sample of 1753 young adults	In comparison to survivors of IPV, co-victims have greater PTSD symptomology.

2.4 DISCUSSION

The purpose of the review was to explore the psychological consequences of losing a friend or family member to murder amongst adolescent Black males. Overall, most studies reported that homicide co-victims experienced PTSD, depression, and complicated grief. Within those studies, it is apparent that African Americans are more prone to developing grief complications such as Post-Traumatic Stress Disorder (PTSD), depression, anxiety disorders, and Prolonged Grief Disorder (PGD) than their Caucasian counterparts. The reviewed literature is inconclusive regarding the severity of psychopathology among adolescent Black males that are homicide survivors. General conclusions cannot be drawn from the findings within this review regarding the psychological conferences of losing a friend or family member to murder during adolescence. The results suggest that individuals that are homicide survivors are at greater risk for adverse mental health conditions.

Blacks are more likely to live in areas with high levels of homicide and experience high levels of exposure to violence. This geographic concentration of disadvantage and violence increases the likelihood that Black males living in these neighborhoods will experience the traumatic loss of one or more homicide victims within their social networks (Smith, 2015). Jocelyn Smith's study found that young Black men reported an average of three homicide deaths. Of the sample of 40 participants, thirteen reported witnessing the homicide deaths of loved ones. While this study focused on Black men, it did not focus on the psychological outcomes of violent loss, rather, this study explored the prevalence of loss over the life course. McDevitt-Murphy, Neimeyer, Burke, & Williams (2012) found that the timeframe after loss did not significantly impact complicated grief. However, the same research team found that increased social support, large social networks and quality relationships reduced bereavement symptomology. These

findings support the work of Tanya Sharpe (2008) that is rooted in Afrocentric theory. Afrocentric theory posits that Blacks perceive problems differently then their European counterparts (Boyd-Franklin, 2006). In her theory, she expands on the work of Lazarus and Foldman and develops a model for coping that is culturally and trauma informed. The current literature is supported by this model in that they found that engagement in community reduces negative health outcomes.

The task of finding peer-reviewed research that explores the psychological consequences of homicide survivor amongst Black males was challenging. While every effort was made to be thorough, other studies may be unidentified. Due to resource issues, the scope of this review did not include search for 'gray' literature, or unpublished studies, which could potentially limit the findings of this review. There has been an increase of literature in this area in the past two years. Multiple dissertations explored the experiences of Black homicide survivors, but they were not included in this review.

The search was difficult in part by the lack of research in this particular area. However, there are two major barriers to identifying relevant articles. First, the terminology being used is not cohesive, rather the literature describes this population using multiple terms, including but not limited to co-victims, homicide survivors, and bereaved. Second, in order to explore the outcome variables of interest, the correct population must be identified. Many samples included survivors of multiple forms of violent loss such as disasters and suicide. Parsing out this particular sample is quiet difficult. Many of the studies included in this review did not sample the population of interests. Rather, they were included in a larger sample of homicide survivors. Of the studies that do exist, the focus was primarily family members of the deceased and not the friends.

Future studies should continue to focus on homicide survivors and not multiple forms of violent loss. The contextual factors surrounding the loss are significantly different. By sampling

homicide survivors alone, the design of the study can focus on the moderating, mediations, and emerging variables that impact mental health. Few data studies have provided longitudinal data on this population. Instead, typical data sets measure mental health outcomes at one time point. Although this is informative, these data do not capture the pathology of the problem. In addition to focusing on survivors alone, looking at survivors within the Black community adds another layer of empirical precision when discussing mental health outcomes. Due to systemic racism and structural violence and the experiences of the Black community are unique and should be explored in depth.

Although results were generally suggestive of increased mental illness, the findings are not sufficient to draw conclusions for intervention or prevention. Exclusive criteria in the future should assess for mental health outcomes with validated structured instruments. This would provide more information regarding potential points of intervention. There is a need for more outcome-based studies, including experimental and quasi-experimental designs. This would inform the development of evidence-based policy and practice young people that are homicide survivors. The literature is limited and further exploration of the social and cultural context of homicide survivorship is needed in order to develop trauma informed interventions that are culturally relevant.

2.5 CONCLUSION

According to the Code of Ethics of the National Association of Social Workers (National Association of Social Workers, 1999), it is important for the field of social work to advocate for

policy that not only reflects the major ethical values that guide social policy, but reflect the individual needs of a population. Addressing violence without addressing the risk factors that are unique to any given population prevents the success of any prevention or intervention strategy. Previous research has indicated that victimization and violent behavior is highly correlated yet there lacks political or societal attention to grief. The current state of policy does not omit the opportunity to address micro factors such as grief. There lacks empirical evidence to support theoretical frameworks that can drive intervention development. There is also a deficit in the literature that solely focuses on African American homicide survivors. Given the disproportionality of homicide survivorship, there isn't sufficient knowledge to develop interventions or policies that directly address the problem. Advancements have been made through the development of the Model of Coping for African American Survivors of Homicide Victims; however there is still work to be done. The studies included within the narrative review differed greatly in sample size and type, recruitment strategy, study design, time since loss, and the relationship of the bereaved and the victim. However, research and knowledge about the nature of psychopathology experienced by the homicidally bereaved can inform decision making regarding psychotherapy. In order for advancements to be made politically, new studies must be developed to expand on current knowledge. There, intervention can be developed and evaluated. This review demonstrates that there is a vast gap in knowledge pertaining to co-victim of homicide and their life outcomes.

The primary goal of this article was to provide a synthesis of the current literature on the psychological outcomes of Black adolescent males that are homicide survivors. This review provides a comprehensive overview of the literature on the psychological outcomes of this population and provides a broad perspective on the current state of knowledge and future directions

for scientific inquiry. It was demonstrated that there is not enough information to develop interventions and this time, however, there is a foundation that can be used to enhance current efforts to support this population.

3.0 CHAPTER THREE

HOMICIDE COVICTIMIZATION DURING ADOLESCENCE: SUICIDE RISK AND SOCIAL SUPPORT

Adolescence is the typical period of onset of suicidal behavior (Gould, 2003). This age marks the beginning of a dynamic phase of growth, including the development and maturation of physical and cognitive capabilities and emotional self-awareness. Suicide increases during adolescence and progressively increases through young adulthood (Anderson, 2002). There are several risk factors of suicidal behavior, including but not limited to impulsivity (Jimenez-Trevino, Saiz, Garcia-Portilla, Blasco-Fontecilla, Carli, Iosue, Jussent, Lopez-Castroman, Vaquero-Lorenzo, Sarchiapone, Baca-Garcia, Courtet, & Bobes, 2017), childhood adversity (Joiner et al., 2007), mental disorders (Hoertel, Franco, Wall, Oquendo, Kerridge, Limosin & Blanco, 2015), and hopelessness (Walker, Chang, & Hirsh, 2017). Although these risk factors have been thoroughly tested, most people with these risk factors will not attempt or die by suicide. Suicidal ideation, however, is a powerful indicator of poor mental health (Avenevoli, Swendsen, He, Burstein, & Merikangas, 2015; Liu & Miller, 2014).

Among the many risk factors for suicidality are adverse childhood experiences (ACEs), with suicidal ideation and attempts significantly higher for those who have experienced ACES compared to those who have not (Dube, Anda, Chapman, Williamson, Giles, 2001). For adolescents and young adults between the age of 15 and 34 years old, one form of an ACE, homicide, is the leading cause of death for Blacks. For young people within the same age group, homicide is the second leading cause of death for Hispanics, and the third leading cause of death

for Native Americans and Whites (Centers for Disease Control, 2016). In 2014, there were 15,872 murder victims in the United States, the majority of whom were male (Centers for Disease Control, 2016). This high rate of homicide suggests that many individuals experience violent loss and associated consequences. This study explores how homicide, a form of violent loss, may impact suicidality among diverse adolescents.

Homicide Co-Victimization

Those who mourn the loss of the deceased victim or work with those who mourn to seek a long-term resolution to murder (Home, 2003, p. 75). For each murder, there are direct and indirect co-victims who must adjust and cope with violent victimization. No official records are kept on the homicide co-victims, most of whom are family members (Armour, 2002, p. 109), and it is estimated that for every homicide victim, 7 to 10 close relatives are mourning that victim's passing. This figure does not include friends, co-workers, neighbors, and others associated with the deceased (Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009). Adolescents ages 12-19 are only 11% of the U.S. population (U.S. Census Bureau Population Estimates Program, 2008), however, they account for approximately 46% of the victims and witnesses of violent crime that are over the age of 12 years old (Rand, 2009). The vast number of co-victims indicates that co-victimization is a public health concern. These individuals are at higher risk for health concerns such as depression, suicidality, self-harm, and PTSD, as well as lower academic and job attainment (Macmillan & Hagan, 2004; Schwartz & Gormam, 2003; Stroebe, Shut, Stroebe, 2007). Co-victims may experience symptomatology related to posttraumatic stress disorder (PTSD), decreased cognitive functioning, anxiety, depression, and complicated grief (McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2011; Zinzow, Rheingold, Hawkins et al., 2009). These

symptoms can include, fatigue, rage, intrusive thoughts, headaches, guilt, sleep disturbances, and nightmares.

Suicide Risk

Joiner (2005) sought to explore the question, 'what is, and what is not suicidal behavior? Suicide-related behaviors can be classified as ideations (i.e., thoughts), communications, and behaviors (Van Orden, Witte, Cukrowicz, Braithwaite, Selby, Joiner, 2010). After further exploration, there is a consensus that hopelessness is an essential predictor of suicide-related behavior. The vast majority (approximately 95%) of people who die by suicide suffer from mental disorders that include hopelessness within their diagnosis protocol such as depression, anxiety, and PTSD (Cavanagh, Carson, Sharpe, & Lawrie, 2003). However, the majority of individuals diagnosed with the above disorders do not die by suicide. This phenomenon begs the question, what risk factors increase the risk of dying by suicide? If adverse experiences contribute to the risk of dying by suicide, is homicide co-victimization a risk factor?

The Interpersonal-Psychological Theory of Suicide (IPTS; Joiner, 2005) offers a framework that seeks to explain different levels of suicide-related risk. The IPTS states that individuals will die by suicide only if they have both the desire to die and the capability to do so (Van Orden et al., 2010). The desire to die, or suicidal ideation, is the result of two dynamic interpersonal states: thwarted belongingness, which refers to the psychological state in which the human need to belong is not met, and perceived burdensomeness, which refers to the perception that one is a burden to all others in their life (Van Orden et al., 2010). Specifically, the experience of either state alone is proximal and sufficient cause for passive suicidal ideation while the simultaneous experience of both states is purported to result in active suicidal ideation (Van Orden et al. 2010). Joiner and colleagues (2010), argue that to inflict harm on oneself purposely is a

painful and frightening act, which requires that humans overcome inherent taboos against such actions (Van Orden et al. 2010). A third construct, acquired capability for suicide, is central to the development of the capability to make a suicide attempt (Van Orden et al. 2010). Acquired capability for suicide, comprised of fearlessness about death and increased physical pain tolerance, is developed by repeated exposure to any experiences involving both the exposure to physical pain and fear (Van Orden et al. 2010). A fundamental idea in this framework is that the three IPTS constructs are the most proximal to suicidality, (i.e., those that mediate the effects of other risk variables, such as depression and hopelessness for thwarted belongingness and perceived burdensomeness), on suicidality.

Suicide is the third leading cause of death among all adolescents in the United States (CDC, 2015). When compared to their White peers, Black adolescents have lower suicide rates. In 2009, Sean Joe and colleagues found that Black adolescents who attempted suicide before receiving any psychiatric diagnosis. In his study, he recommended that future research clarify whether the Black adolescents who attempted suicide did so because they were never correctly diagnosed, had less access to mental health care, or tend to engage in self-injurious behavior irrespective of the onset of psychiatric disorders. Black adolescent boys living in high-risk environments that have less social support may be at risk for psychological disorders such as depression (Hammack, Richards, Luo, Edlynn, & Ro, 2004). Scott, Munson, McMillen, and Snowden (2007) found that mental health problem identification and help-seeking behaviors for Black adolescent boys may be compromised by gender-based notions of help-seeking or masculine norms. While this study does not directly address this concern, it does build on the work by exploring a social indicator that disproportionally affects Black adolescent males that might contribute to the etiology of suicidal behavior amongst a diverse adolescent population.

Social Support

Social support, a source of help and a protective factor, has been shown to be essential for coping amongst adolescents (Zimmerman, Ramirez-Valles, Zapert, Maton, 2000). Social support refers to the quality of emotional support provided by others (Miloseva, Vukosavljevic-Gvozden, Richter, Milosev, Niklewski 2017) and has been shown to serve as a protective factor for suicidality and homicide co-victimization (You, Van Orden, Conner, & Maisto, 2011; Burke, Neimeyer, Mcdevitt-Murphy, 2010). There are several dimensions of social support, within the perceived social support literature, two dimensions are typically explored: availability and adequacy of supportive ties (Cohen & Hoberman, 1983). Having someone in your life that is not only available but also has the resources to help is critical for individuals in distress. Based on the empirical evidence and the IPTS theoretical framework, two hypotheses were tested to answer the question, 'How does social support impact the suicide-related behavior of adolescent co-victims of homicide?'

H_1: Youth co-victims of homicide will report more suicidality than their non-co-victim counterparts.

H_2: Social support will account for the variance in the association between homicide co-victimization and suicidal behavior.

3.1 METHODOLOGY

Data for this study are from the Healthy Allegheny Teen Survey (HATS), a county-wide representative phone survey of youth that was conducted in 2014 (data available on the ACHD website, http:www.achd.net/hats/). This cross-sectional, anonymous survey of 1,813 youth ages 14-19 in Allegheny County, Pennsylvania (n=1,609 completers), used random-digit-dialing, including landlines and cell phones. Surveys were conducted by a live interviewer, with a computer-based Interactive Voice Response system used for sensitive topics (a summary of the full study is available at http://www.achd.net/hats/HATS_executive_summar-1pg.pdf). Items were drawn from the Youth Risk Behavior Surveillance Survey (Centers for Disease Control and Prevention, 2015) and the National Survey of Children's Exposure to Violence (Finkelhor, Turner, Ormrod, and Hamby, 2009). The final data set was weighted to ensure the sample approximated a representative county sample. This survey provides useful information regarding a range of adolescent health behaviors: physical activity, nutrition, injuries and violence, substance use including tobacco, and sexual health behaviors, as well as educational and employment status and environmental exposures. For the present study, the data include homicide exposure, social supports, and suicidal risk measures. Participants were asked to assent (a waiver of parental permission was obtained), and self-report their health behaviors and experiences. Procedures were approved by the University of Pittsburgh Human Research Protections Office

3.1.1 Dependent Variables

Hopelessness was measured with one dichotomous item in which participants answered yes or no to the question, “During the past 12 months, did you ever feel so sad or hopeless almost

every day for two weeks or more in a row that you stopped doing some usual activities?" Self-harm was measured using one question, "During the past 12 months, how many times have you ever hurt yourself on purpose?", as a dichotomous variable, with one or more times counted as 'any self-harm.' Suicidal ideation was measured using one item (During the past 12 months, did you ever seriously consider attempting suicide?) was used to create a dichotomous variable. Suicide attempt was measured by a dummy coded variable that was created from the following question: During the past 12 months, how many times did you actually attempt suicide? Please enter a number from 0 to 30. A value of one or more was coded as one, and zero was coded as zero. A summative measure for suicidal behavior was created by combining any positive endorsements of any of the above items (hopelessness, suicidal ideation, suicide attempt, and self-harm), to create a variable 'suicidal behavior.'

3.1.2 Independent Variables

The measure for homicide co-victimization is, "At any time in your life, was anyone close to you murdered, like a friend, neighbor, or someone in your family?" A yes response was counted as being a homicide survivor/co-victim. Three separate items assessed different dimensions of social support: dependability, caring, and willingness to help. 'Someone you really count on to be dependable when you need help?' 'Someone you really count on to care about you, regardless of what is happening to you?' and 'Someone you really count on to help you feel better when you are feeling generally down-in-the-dumps?' A yes response was counted as having that dimension of social support. These different domains of social support were measured separately to understand how they vary across populations. This is especially helpful in considering the link between social/relational connectedness and poverty. Many co-victims of homicide live in impoverished

neighborhoods and may have less connectedness to formal and informal support. Four covariates were included in the study: age, sex, socioeconomic status, and race, because during preliminary analysis they were significantly different for co-victims of homicide when compared with non-victims

3.1.3 Sample

Of the 1,609 youth who completed the entire HATS survey, 13% said they had lost a friend or family member to murder/homicide. Consistent with national data, Black youth were disproportionally affected by homicide co-victimization and accounted for 46% of the victims in the sample. This sample provides 80% power to detect, using a two-tailed chi-square test at alpha=0.05, a difference of 10 percentage points in the prevalence of past-year suicide risk between those who have and have not experienced homicide co-victimization

3.1.4 Data Analysis

Demographic characteristics including age, sex and race were described separately for homicide co-victims and non-homicide co-victims. The differences in victimization status were tested using Wald chi-square tests (categorical variables) and chi-squared test (continuous variables). Unadjusted and adjusted logistic regression models were used to test for associations between homicide survivorship, social support, and suicidal risk to explore the effects of the age, race, gender, and SES on suicidal behavior. Continuous variables (dependability, caring, willingness to help, age) were centered using the mean of the overall sample.

Seven different models were tested for having hopelessness, suicidal ideation, suicide attempt, self-harm, or any suicidal behavior. Models 1, 2, 3, and 4 included one main effect of homicide survivorship, dependability, caring, and willingness to help, respectively. Models 5, 6, and 7 included homicide survivorships with each of the social support measures of dependability, caring, and willingness to help, to explore whether these dimensions of social support account for some of the variance between homicide survivorship and suicidal behavior. Within each of the seven specified models, unadjusted and adjusted estimates were calculated. SAS statistical software was used to conduct all the analyses described with significance set to an alpha of 0.05.

3.2 RESULTS

The current sample of 1609 participants was 48.9% male and the mean age was 16.2 years old (Table 1). The majority of participants (81%) identified as non-Hispanic White, with the remaining identifying as non-Hispanic Black (9.2%), Hispanic (2.7%), and non-Hispanic other or multiracial (7%). Of those surveyed 9.2% (N=148) reported losing a friend or family member to homicide. Non-Hispanic Blacks accounted for 49.7% of the homicide survivors yet account for only 9.2% of the sample.

Most (54%) of the participants reported having someone they could depend on, someone that cares about them (68.7%) and someone that is willing to help them if they need help (60.3%) all of the time. However, when comparing homicide survivors to non-homicide survivors, homicide survivors reported lower levels of dependable support (44% vs. 55.1%, $p<.01$), caring

support (58.4 vs. 70.2%, p<.01) and someone willing to help (54.3 vs. 61.2%, p<.01) when compared to non-homicide survivors. Additionally, 32.3% of participants reported having any suicidal risk. Homicide survivors were slightly more likely to report having a suicidal behavior (36.4%) compared to non-homicide survivors (31.7%). Participants who were homicide survivors were more likely to report hopelessness (28.3% vs 16.5%, p<.05) and suicide attempts (66.4% vs. 37.6%, p<0.5) compared to those who were not survivors. There was no significant difference between adolescents who reported suicidal ideation (16.1% vs. 9.3%) or self-harm (35.1% vs. 34.7%) when comparing homicide survivors to non-homicide survivors.

Table 2: Characteristics of youth by homicide survivorship status N=1609

	Total % (N)	Homicide Co-Victims	Non-Co-Victims	Wald Log-Linear Chi-square p-value
Sex				0.7642
Male	48.9% (786)	47.6% (67)	49.8% (711)	
Female	51.2% (823)	52.3% (81)	50.2% (727)	
Race				**<0.0001*** **
Black or African American	9.2% (146)	49.7%(61)	8.7%(85)	
Hispanic	2.7% (43)	3.5% (5)	2.3% (38)	
White	81.0% (1281)	32.3% (62)	82.1% (1219)	
Other or Multiracial	7.0% (111)	14.5% (20)	6.8% (91)	
Age (Mean)	16.7 (1609)	16.8 (148)	16.6 (1438)	**<0.0001*** **
Socioeconomic Status				
Never attended school/K	1.9% (18)	5.5% (8)	1.4% (10)	**0.0085** **
Elementary school	19.4% (204)	22.5% (25)	18.9% (179)	
Some High School	5.7% (87)	7.9% (12)	5.3% (75)	
Graduated High School	9.1% (92)	18.2% (17)	7.7% (75)	
Some college/technical	33.5% (528)	26.8% (35)	34.5% (493)	
Finished College	24.2% (369)	9.7% (19)	26.4% (350)	
Social Support				
Dependability				**0.0001*** **
None of the time	.3% (4)	1.4% (2)	.14% (2)	
A little of the time	1.3% (22)	2.7% (4)	1.1% (16)	
Some of the time	7.1% (114)	17.6% (26)	6.0 (86)	
Most of the time	37.4% (600)	34.5% (51)	37.7% (542)	
All of the time	54.0% (869)	44.0% (65)	55.1% (792)	
Caring				**<.0001*** **
None of the time	.5% (2)	3.5% (2)	0% (0)	
A little of the time	1.6% (8)	6.1% (2)	.9% (6)	
Some of the time	5.8% (76)	9.1% (11)	5.3% (65)	
Most of the time	23.4% (385)	22.9% (38)	23.5% (347)	
All of the time	68.7% (1115)	58.4% (95)	70.2% (1020)	
Willingness to Help				**<0.0001*** **
None of the time	.1% (2)	1.1% (2)	0% (0)	
A little of the time	1.7% (17)	7.8% (5)	.8% (12)	
Some of the time	8.0% (135)	13.9% (16)	7.1% (119)	
Most of the time	29.9% (486)	22.9% (46)	30.9% (440)	
All of the time	60.3% (946)	54.3% (79)	61.2% (867)	
Suicide Risk				
Any				
No	67.7% (1062)	63.6% (97)	68.3% (965)	0.4693
Yes	32.3% (491)	36.4% (49)	31.7% (442)	
Hopelessness				
No	82.0% (1303)	71.7% (99)	83.6% (1204)	
Yes	18.0% (263)	28.3% (47)	16.5 % (216)	**.0262***
Self-Harm				
No	65.3% (995)	64.9% (91)	65.4% (904)	
Yes	34.7% (526)	35.1% (48)	34.7% (478)	.9507
Suicidal Ideation				
No	89.8% (1380)	83.9%% (146)	90.7% (1267)	
Yes	10.2% (178)	16.1%% (32)	9.3% (113)	.0826
Suicide Attempt				
No	57.2% (129)	33.6% (17)	62.4% (112)	
Yes	42.9% (66)	66.4% (15)	37.6% (51)	**.0345***

Hopelessness

Homicide co-victimization was significantly associated with hopelessness in the unadjusted models but not once the models were adjusted for the key covariates of age, sex, socioeconomic status and race (AOR 1.642, 95% CI 0.743, 3.692). Dependability was significantly associated with hopelessness AOR 0.601, 95% CI 0.430, 0.842). Caring was significantly associated with hopelessness in both the unadjusted and adjusted models (AOR 0.518, 95% CI 0.369, 0.727). Willingness to help was significantly associated with hopelessness in both the unadjusted and adjusted models (AOR 0.526, 95% CI 0.388, 0.711).

In Models 5-7, both homicide co-victimization and the social support variables were tested to explore whether social support accounts for some of the variance in the association between homicide co-victimization and suicidal behavior. Homicide survivorship was not a significant predictor for hopelessness. However, all the social support variables were significant. Dependability was significantly associated with hopelessness for both the unadjusted and adjusted models (AOR 0.612, 95% CI 0.434, 0.862). Caring was significantly associated with hopelessness for both the unadjusted and adjusted models (AOR 0.528, 95% CI 0.371, 0.752). Willingness to help was significantly associated with hopelessness for both the unadjusted and adjusted models (AOR 0.543, 95% CI 0.398, 0.743).

Self-Harm

Homicide co-victimization was not significantly associated with self-harm. All of the social support variables were associated with self-harm in the adjusted models (dependability =AOR 0.720, 95% CI 0.567, 0.914; caring = AOR 0.716, 95% CI 0.544, 0.944; willingness =AOR 0.728, 95% CI 0.580, 0.913).

Homicide co-victimization was not a significant predictor for self-harm in Models 5-7. Dependability was significantly associated with self-harm (AOR 0.718, 95% CI 0.562, 0.917). Caring was significantly associated with self-harm for both the unadjusted and adjusted models (AOR 0.704, 95% CI 0.534, 0.929). Willingness to help was not significantly associated with self-harm for the unadjusted model but was for the adjusted models (AOR 0.720, 95% CI 0.572, 0.907).

Suicidal Ideation

Homicide co-victimization was significantly associated with suicidal ideation (AOR 2.172, 95% CI 1.062, 4.444). All of the social support variables were significantly associated with suicidal ideation (dependability =AOR 0.638, 95% CI 0.456, 0.892; caring =AOR 0.604, 95% CI 0.414, 0.882; willingness to help=AOR 0.482, 95% CI 0.343, 0.678).

In Models 5-7, both homicide co-victimization and the social support variables were tested to explore whether the dimensions of social support account for some of the variance of the association between homicide survivorship and suicidal ideation. When social support was entered into the model homicide co-victimization was not a significant predictor for suicidal ideation. Dependability was significantly associated with suicidal ideation for both the unadjusted and adjusted models (AOR 0.657, 95% CI 0.461, 0.935). Caring was significantly associated with suicidal ideation for both the unadjusted and adjusted models (AOR 0.619, 95% CI 0.421, 0.910). Willingness to help was significantly associated with suicidal ideation for both the unadjusted and adjusted models (AOR 0.496, 95% CI 0.359, 0.684).

Table 3: Associations between homicide co-victimization and suicidal risk

	Hopelessness		Self-Harm		Suicidal Ideation		Suicide Attempt		Suicidal Risk	
	Unadjusted Odds Ratios (95% CI)	Adjusted Odds Ratios (95% CI)	Unadjusted Odds Ratios (95% CI)	Adjusted Odds Ratios (95% CI)	Unadjusted Odds Ratios (95% CI)	Adjusted Odds Ratios (95% CI)	Unadjusted Odds Ratios (95% CI)	Adjusted Odds Ratios (95% CI)	Unadjusted Odds Ratios (95% CI)	Adjusted Odds Ratios (95% CI)
Model 1										
Homicide	**2.004**	1.642	1.019	0.847	1.857	**2.172**	**3.287**	2.106	1.456	1.406
Survivorship	**(1.086, 3.697)***	(0.743, 3.629)	(0.569, 1.825)	(0.479, 1.597)	(0.923, 3.736)	**(1.062, 4.444)***	**(1.089, 9.926)***	(0.678, 6.544)	(0.848, 2.503)	(0.759, 2.605)
Model 2										
Dependability	**0.606**	**0.601**	**0.742**	**0.720**	**0.662**	**0.638**	0.922	0.868	**0.660**	**0.621**
	(0.458, 0.802)*	**(0.430, 0.842)***	**(0.587, 0.938)***	**(0.567, 0.914)***	**(0.496, 0.882)***	**(0.456, 0.892)***	(0.488, 1.744)	(0.472, 1.598)	**(0.530, 0.821)***	**(0.489, 0.789)***
Model 3										
Caring	**0.538**	**0.518**	**0.720**	**0.716**	**0.600**	**0.604**	0.848	0.778	**0.608**	**0.575**
	(0.388, 0.746)*	**(0.369, 0.727)***	**(0.553, 0.938)***	**(0.544, 0.944)***	**(0.418, 0.861)***	**(0.414, 0.882)***	(0.460, 1.562)	(0.404, 1.499)	**(0.475, 0.777)***	**(0.435, 0.760)***
Model 4										
Willingness to Help	**0.541**	**0.526**	0.804	**0.728**	**0.508**	**0.482**	0.973	1.305	**0.691**	**0.609**
	(0.413, 0.709)*	**(0.388, 0.711)***	(0.639, 1.011)	**(0.580, 0.913)***	**(0.371, 0.697)***	**(0.343, 0.678)***	(0.539, 1.759)	(0.725, 2.348)	**(0.556, 0.859)***	**(0.481, 0.771)***
Model 5										
Homicide	1.598	1.376	0.867	0.777	1.492	1.914	**3.266**	2.115	1.234	1.211
Survivorship	(0.837, 3.049)	(0.589, 3.215)	(0.475, 1.583)	(0.420, 1.436)	(0.688, 3.233)	(0.892, 4.107)	**(1.083, 9.852)***	(0.681, 6.571)	(0.707, 2.155)	(0.653, 2.247)
Dependability	**0.642**	**0.612**	**0.747**	**0.718**	**0.685**	**0.657**	0.958	0.868	**0.686**	**0.633**
	(0.480, 0.858)*	**(0.434, 0.862)***	**(0.587, 0.951)***	**(0.562, 0.917)***	**(0.504, 0.930)***	**(0.461, 0.935)***	(0.533, 1.721)	(0.462, 1.629)	**(0.549, 0.858)***	**(0.498, 0.805)***
Model 6										
Homicide	1.601	1.442	0.882	0.821	1.470	1.944	**3.276**	2.176	1.257	1.288
Survivorship	(0.849, 3.017)	(0.620, 3.356)	(0.482, 1.613)	(0.438, 1.538)	(0.681, 3.173)	(0.883, 4.279)	**(1.099, 9.764)***	(0.676, 7.007)	(0.722, 2.188)	(0.692, 2.400)
Caring	**0.568**	**0.528**	**0.715**	**0.704**	**0.622**	**0.619**	0.873	0.809	**0.632**	**0.587**
	(0.405, 0.796)*	**(0.371, 0.752)***	**(0.546, 0.936)***	**(0.534, 0.929)***	**(0.425, 0.911)***	**(0.421, 0.910)***	(0.482, 1.580)	(0.419, 1.559)	**(0.493, 0.810)***	**(0.444, 0.777)***
Model 7										
Homicide	1.663	1.408	0.955	0.829	1.400	1.807	**3.611**	2.474	1.324	1.286
Survivorship	(0.924, 2.995)	(0.604, 3.283)	(0.528, 1.725)	(0.452, 1.519)	(0.750, 2.614)	(0.901, 3.626)	**(1.198, 10.889)***	(0.740, 8.277)	(0.767, 2.287)	(0.680, 2.432)
Willingness to Help	**0.573**	**0.543**	0.806	**0.720**	**0.524**	**0.496**	1.140	1.391	**0.716**	**0.623**
	(0.439, 0.748)*	**(0.398, 0.743)***	(0.638, 1.018)	**(0.572, 0.907)***	**(0.393, 0.699)***	**(0.359, 0.684)***	(0.688, 1.887)	(0.792, 2.444)	**(0.576, 0.890)***	**(0.491, 0.792)***

*Significant p-value <0.05

Suicide Attempt

In Model 1, homicide co-victimization was not significantly associated with suicide attempts. Dependability, caring, and willingness to help were not significant predictors of suicide attempts in any of the models. For Models 5-7, homicide survivorship was a significant predictor for suicide attempt in the unadjusted models but was not a significant predictor when controlling for race, sex, gender, and socioeconomic status.

Suicidal Risk

Homicide co-victimization was not significantly associated with having any suicidal behavior in any of the models. In models 2-4, dependability (AOR 0.621, 95% CI 0.489, 0.789), caring (AOR 0.575, 95% CI 0.435, 0.760), and willingness to help (AOR 0.609, 95% CI 0.481, 0.771) were significantly associated with suicidal behavior. Both dependability (AOR 0.633, 95% CI 0.498, 0.805) and caring (AOR 0.587, 95% CI 0.444, 0.777) were significantly associated with having a suicidal behavior in Models 5 and 6 respectively. In Model 7, willingness to help was still significantly associated with having any suicidal behavior (AOR 0.623, 95% CI 0.491, 0.792).

3.3 DISCUSSION

Homicide co-victimization was not associated with suicide risk overall. However, hopelessness and suicide attempts were more common among homicide survivors. We also found that social supports were less commonly reported by homicide survivors. Having social support is associated with lower odds of having any suicide risk. Within the models, homicide co-

victimization was only significantly associated with suicidal ideation when accounting for the covariates of race, gender, age, and socioeconomic status. This finding suggests that homicide co-victimization in and of itself does not increase the likelihood of suicidal ideation, however, depending on your race, gender, age, and socioeconomic status you might experience higher levels of suicidal ideation after homicide loss

Recent literature reviews conclude that perceived social support from parents and peers plays a vital role in the development of adolescent suicidal ideation and suicide attempts (King & Merchat, 2008). In general, lower perceived support from parents and peers has been associated with higher suicidal ideation and higher risk for suicide attempt in cross-sectional (Bonanno, Hymel, 2010; Sharaf, Thompson, Walsh, 2009) and longitudinal (Czyz, Lieu, King, 2012; Winfree, Jiang, 2010) research with community and clinical samples. Consistent with previous research, the participants were less likely to have suicidal behavior if they had higher levels of social support. This finding suggests that social support serves as a protective factor for suicidal risk in this sample of adolescents from southwestern Pennsylvania.

According to IPTS, suicidal desire (ideation) is not sufficient to result in death by suicide. Instead, individuals must also acquire the capability to enact lethal self-injury through exposure and habituation to the fear and pain involved in self-injury. There was not a significant relationship between homicide co-victimization self-injury or suicide attempts. However, suicide attempt was significantly associated with co-victimization (see Table 1). Determining lethal self-injury is beyond the scope of this study, but the theory suggests that further exploration of the constructs of self-injury, ideation, and suicide attempt is warranted. A Seminole study on reasons for living found that individuals who reported a history of severe suicidal ideation but had not attempted suicide reported higher levels of fear of suicide compared to individuals with severe ideation who

had acted on this ideation through suicidal behaviors (Linehan, Goodstein, Nielsen, & Chiles, 1983). These data suggest that suicidal ideation is not sufficient for suicide attempts to result; rather, suicidal ideation must occur in the context of reduced fear of suicide. The results suggest that the participants may have high levels of fear of suicide. Fear of suicide is presumed to be a dimensional construct varying from very high levels to negligible levels of fear, and further, in order for active suicidal ideation to progress towards more severe manifestations of suicide risk (i.e., intent for suicide), fear must be reduced to the point that individuals endorse a non-zero degree of fearlessness regarding suicidal actions (Van Orden et al., 2010).

Horton, Hughes, King, Kennard, Westers, Mayes, and Stewart (2015) hypothesized that it is possible that the interpersonal factors contributing to suicidal ideation are consistently enmeshed in adolescence and may be better conceptualized as a single composite construct. Combinations of these constructs are required to move from passive to active suicidal ideation. Manifestations of any single construct alone are more likely than the overlapping constructs needed to move from suicidal ideation to a suicide attempt. A small minority of individuals represent the overlap between the constructs. This study is an example of how those constructs may not overlap. The interactive effect of social support and homicide survivorship on suicidal behavior is an understudied area of research. Social support can serve as a protective factor for individuals that may be at a heightened risk of suicidality due to exposure to the violent death of a loved one. The chronic structural inequalities that contribute to the rate of homicide also aid in moving passive suicidal ideation to active. Having consistent exposures to adverse experiences increases the risk for both suicidal ideation and death by suicide.

Limitations and Future Directions

This study is not without limitations. The cross-sectional design precludes causal inferences between the variables. Further, the design does not provide the capability of disentangling the influence of biological factors or environmental factors. Controlling for other risk factors and creating latent profiles by race, gender, sex, geography would provide a better understanding of the differentiation in the results. In addition to the issue of causal inferences, the design was limited by only looking at the past 12 months. Part of the sample may have been lost because of this parameter; these constructs would be best explored using longitudinal data. The individual constructs of suicidal behavior and the experience of homicide co-victimization are temporal, meaning that they can occur at any time across the life course. This study only explored the 12 months leading up to the date that the survey was completed. Thus, it is difficult to conclude the correlation between suicidal behavior and homicide co-victimization. This limitation is particularly significant when exploring these constructs as they relate to a completed suicide attempt. Since this assessment was given at one-time point, individuals who die by suicide would not be available. Since the rates of suicidal behavior are relatively low, large samples are needed because the base rates of suicide attempts and deaths are low within the general population (Moscicki, 2001).

Future studies can utilize IPTS to explore the progression from ideation to action. More specifically, the results suggest that there is a significant relationship between homicide survivorship and suicidal ideation. This study did not explore suicidal intent or differentiate between passive ideation and active ideation. Future studies can explore: (1) Does the interaction of thwarted belongingness and perceived burdensomeness differentiate between adolescents with a recent history of suicidal ideation? (2) What is the temporal relationship between time of violent

loss and suicidal ideation? All three IPTS constructs are necessary to enhance risk to the point of an attempt. This study did not include measurements for the three constructs. Further exploration of these constructs could demonstrate the pathways that explain how suicidal ideation did not progress to a suicide attempt. The model also contains latent variable interactions, moderating effects (i.e., social support), and emergent variables, that could be explored in detail (Joiner et al., 2010).

3.4 CONCLUSION

The results from this study begin to fill the gap in the literature regarding the association between homicide survivorship, social support, and suicide risk. The results suggest that there is not a significant association between homicide survivorship and suicidal behavior; however, having someone that you can depend upon, someone that cares for you, or someone that is willing to help you feel better decreases the odds for suicidal behavior. Future studies need to explore how social support moderates suicidal behavior amongst adolescents that are homicide survivors. Further exploration of the contextual factors (i.e., race, gender, socioeconomic status, type of violent loss, time since loss) surrounding the violent loss should be explored.

4.0 CHAPTER FOUR

EXPLORING THE BEREAVEMENT PROCESSES OF BLACK ADOLESCENT MALE CO-VICTIMS OF HOMICIDE

Individuals who mourn the loss of a murder victim are called co-victims of homicide (Home, 2003). For each murder, there are direct and indirect co-victims who must adjust and cope with violent victimization. Although data are collected on murder victims and perpetrators, no official records are kept on the homicide co-victims, most of whom are family members (Armour, 2002, p. 109). It is estimated that for every homicide victim, 7 to 10 close relatives are mourning that victim's passing. Based on this estimate, at least 45,963 Blacks were indirectly affected by homicide in 2015. This figure does not include friends, co-workers, neighbors, and others associated with the deceased (Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009). Co-victims of homicide often struggle to make sense of what has happened to their loved one and what a meaningful response is to this tremendous loss (Doka, 2014; McDevitt-Murrphy & Neimeyer, 2012; Zinzow 2009). When an individual is unable to find meaning in the violent loss, adjusting to the loss is more difficult (Armour, 2003; Stretesky, O'Connor Shelly, Hogan, & Unnithan, 2010). Homicide co-victims often experience a different process of grief and bereavement than individuals who have lost a loved one due to circumstances other than homicide (Ellis & Lord, 1999; Hatton, 2003). For instance, they often have to cope with the stigma associated with homicide and the public attention (i.e., media) that the often follows in the aftermath of the loss.

Homicide disproportionately affects Black males aged 10 to 24 years old (51.5 per 100,000 compared to White homicide rate of 2.9 per 100,000) and is the leading cause of death for Black

youth in that age group (CDC, 2014). Minority youth from low-income communities are more likely to suffer the death of a loved one and may be at increased risk of complicated grief because of the nature of the loss (Jenks, Wang, and Turner, 2014). Given the high levels of violence and victimization in many urban communities, there is the expectation that the losses of Black youth will be neighborhood and gun violence related. Indeed, a national survey of young adults found that blacks were three times more likely than whites to report that a friend or family member had been a victim of a homicide (Zinzow, 2009).

For Black adolescent males, the accumulation of their individual and collective identities shapes their experience as a co-victim of homicide. The experience of Black co-victims is further complicated by issues connected to the larger system of racism and privilege that is impossible to escape in the United States (Rosenblatt & Wallace, 2005). These contextual factors translate to limited access to resources and social structures that could help facilitate healthier coping strategies. Children and adolescents who have lost a family member to homicide can manifest their distress through both externalizing and internalizing behaviors that could negatively impact their development (Connolly, 2015). Exploration of the grief processes of Black young men can help practitioners improve their services for co-victims of homicide by understanding how losing a friend, or family member impacts psychological, cognitive, and social outcomes.

4.1 BEREAVEMENT, GRIEF, AND MOURNING

Bereavement, grief, and mourning are terms that have often been used interchangeably throughout trauma literature to describe the post-homicide experience. While all related, these terms have been defined differently to clarify the different dimensions of the experience of loss (bereavement). Stroebe, Hansson, Stroebe, and Schut (2002) indicated that the term "bereavement is understood to refer to the objective situation of having lost someone significant" while "the usual reaction to bereavement is termed grief" (p. 3).

The parameters of grief have not yet been established, but what is known, is that traumatic grief can lead to several mental health issues. Strobe and colleagues (2002) defined grief as an affective reaction to the loss of a loved one through death. This definition incorporates both psychological (cognitive, social-behavioral) and physical (physiological-somatic) manifestations (p. 3). When exploring the grief experiences of a young Black male, questions that may be of interest can include: Did you cry at the funeral? Are there memories that trigger traumatic memories? How do you cope with your loss?

Mourning is defined as the social expressions or acts expressive of grief that is shaped by the norms of a given society or cultural group (Stroebe et al., 2002). Mourning is particularly significant construct when focusing on a specific population. In the case of homicide co-victimization amongst Black young men, it is particularly interesting to understand the historical and cultural influences on how individuals choose to express their grief and memorialize their loved ones. The definition of bereavement encompasses the entire experience of the survivor, meaning, the grief and mourning of an individual are in fact a part of the bereavement process (Christ, Bonanno, Malkinson & Rubin, 2003).

4.2 MODEL OF COPING FOR AFRICAN AMERICAN SURVIVORS OF HOMICIDE VICTIMS

This project aimed to understand the bereavement processes of young Black men to understand better how differentiation in bereavement experiences impacts the well-being of the young person. One way to better understand outcomes is coping strategies. The most well-known theory of coping and stress was formulated and revised by Lazarus (Lazarus, 1993; Lazarus & Folkman, 1984). Coping may focus on changing external events or ameliorating emotions causing the stress (Lazarus & Folkman, 1984; Neimeyer, 1998; Sharpe & Boyas, 2011). Coping skills are the cognitive, emotional, and social responses of an individual to handle the stresses of events perceived as traumatic (Krohne, 2002; Lazarus, 1993). Coping is meant to cushion the individual against the harmful effects of stress (Folkman, 2010; Lazarus & Folkman, 1984) and serves two main functions. These are to manage or change the person-environment relationship from which the stress emanates and to regulate and normalize emotions that arise from the stressful situation (Folkman & Lazarus, 1980). The model developed by Lazarus has been used to design studies that explored the coping strategies of African American inner-city youth to the exposure to violence and violent death bereavement studies (Dempsey, 2002; Murphy, 1995). These studies found a variety of coping strategies, primarily. Strategies that are conceptualized as negative coping strategies, such as aggression, internalizing behavior, and avoidance. This work to date has not been extended to explore positive coping strategies or differentiation of coping strategies by gender and race.

Stress and coping research have been an area of interests for over thirty years, yet the work on coping has traditionally centered on a Eurocentric lens, and the subjects were primarily of European background. In response to the lack of literature that utilizes a sociocultural lens, Sharpe (2014) developed the Model of Coping for African American Survivors of Homicide

Victims (MCAASHV). There have been efforts to examine cross-cultural variations in tress and coping that build upon the work of Lazarus and Folkman, the MCAASHV examines homicide as a stressful life event, and the cultural milieu that experiencing a homicide creates (Sharpe, 2014). The MCAASHV is a useful model for evaluating coping among African-American (i.e., Black) homicide co-victims by providing a framework for researchers to explore the role of cultural trauma and the culture of homicide as it relates to the African American community.

The MCAASHV illustrates the sociocultural lens by which African American survivors of homicide victims feel the impact of experiencing the homicide of a loved one and assess available and approachable resources to cope with this loss (or losses) (Sharpe, Osteen, Frey, & Michalopoulos, 2014). The historical and contemporary complexities of human interactions based upon race suggest that each survivor population's experience with homicide will differ (Sharpe, 2014).

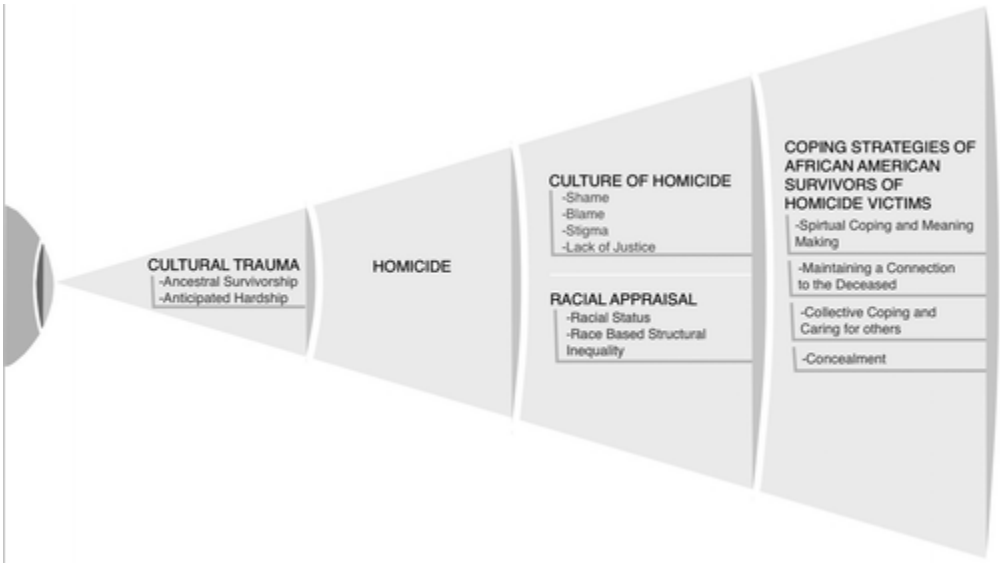


Figure 2. Model of Coping for African American Survivors of Homicide Victims

This theory allows researchers to expand their studies to examine the sociocultural factors that may influence the social and psychological outcomes for African American survivors. In turn, this will aid practitioners in refining their practice to reflect coping strategies that are more relevant for African Americans. This model is in sync with the work with the literature on how Blacks deal with stress and mental health. Black youth face disproportionate disease burden of mental illness due to misdiagnosis or underdiagnosis, treatment disparities and heightened stigma and have demonstrated the capacity for resilience under challenging circumstance (Bell, 2017; Breland-Noble, 2012; Coard et al. 2008; Evans et al. 2012). In the past eight years, studies focusing on Black youth that have lost a friend or family member have been developed (Johnson, 2010; Smith, 2015; Sharpe & Boyas, 2011). This paper extends this work by focusing on the intersection of masculinity and race.

4.3 PURPOSE

This study's goal was to explore the grief and bereavement of Black adolescent males in urban low-resource neighborhoods in the greater Pittsburgh, Pennsylvania region. According to the Allegheny County Medical Examiner's Office, in 2016 there were 105 homicides in Allegheny County, Pennsylvania. Of those homicides, twenty-seven occurred in the neighborhoods where the participants within this study reside. The interview sample was drawn from an ongoing evaluation of a violence prevention program in which 68% of the youth participating in the evaluation reported having lost a friend or family member to murder (https://clinicaltrials.gov/ct2/show/NCT02427061). Drawing from this parent study allowed for

confidential recruitment of Black adolescent male homicide survivors who would otherwise be harder to reach and to identify using typical recruitment techniques. The primary research question driving this study was: What are the social and cultural factors that influence the grief and the bereavement attitudes and practices of Black adolescent males who are co-victims of homicide?

4.4 METHODOLOGY

This study is situated within a mixed-methods CDC-funded intervention trial of a sexual violence prevention program. This community-partnered randomized controlled trial is taking place in 21 low resource neighborhoods in the Pittsburgh region with high school-age boys ages 14-19. At the conclusion of data collection (9 months after the end of the intervention), a convenience sample of young men were invited to participate in an interview about their experiences with the intervention. I received CDC permission to add questions and probes about grief and bereavement to these interviews (Appendix A).

A purposive, convenience sample of homicide co-victims (n=31) from eight neighborhoods were recruited from the parent study described above at the time that they completed their final survey for the main study. Participants were invited by a research assistant to participate in an interview about the study and were offered a screening survey (completed on a digital tablet) to determine eligibility for the grief and bereavement interview (i.e., responding yes to having lost a friend or family member to murder). Although this study builds on the framework of MCAASHV, this study includes anyone who self-identifies with the Black Diaspora; individuals who are Black but are not African American are subjected to the same structural

inequalities as African Americans, and this model serves as the closest representation of this population within the limited death and bereavement literature.

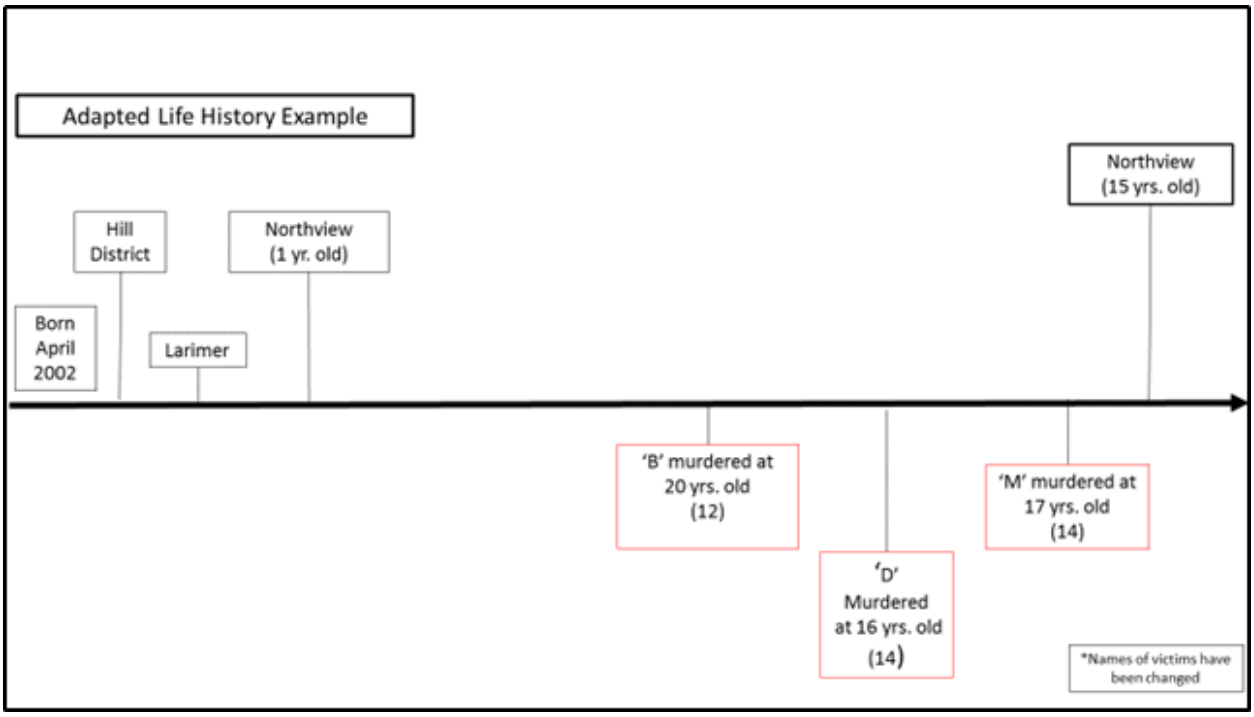
Procedures

The parent study has a waiver of parental permission and a federal Certificate of Confidentiality. This study was approved by the University of Pittsburgh Institutional Review Board. Due to the nature of these sensitive topics, measures were taken to ensure the safety of both the interviewer and the participants. Due to a participant being under house arrest, one of the interviews was conducted at the participant's home and was conducted by two interviewers. The remaining interviews (N=30) took place in a private and quiet location at a community site (involved in the parent study) with one interviewer. Interviews took place between January 2017 and June 2017 and lasted between 25 minutes and 3 hours. The staff at each site were available during each interview if a youth became distressed and needed to offered additional resources and services. Participants were informed that the interview would be audio recorded and reviewed only by the research staff and any identifying information would be removed to ensure anonymity. Youth provided assent to participate in the interview and received $30 for participating in the interview, and all youth were given a list of relevant community resources.

A semi-structured interview guide was developed for the in-depth face-to-face qualitative interviews. The interviews explored cultural factors, including youths' racial identities and racialized experiences, perceptions of masculinity, and attitudes and practices regarding homicide bereavement. Interview questions focused on contextual factors related to the homicide, the relationship between the participant and the deceased, and the participant's post-homicide experiences. In addition to the interview guide, an adapted life history was created to better understand traumatic loss over time (see Figure 1). An adapted life history was added to the study

to further explore the interplay between cultural background, social ties, human agency, and timing (Nelson, 2010; Giele and Elder 1998) by creating a timeline of key life events. Building on the work of Smith (2015), the addition of the adapted life history also enhanced the trustworthiness of the data. The use of a timeline involves asking a participant to draw a timeline of their personal history from birth to present, and then to mark key events such as moving from one neighborhood to a different neighborhood, entering the child welfare system, getting arrested, or dropping out of school. The primary temporal variable of interest was the loss of a friend or family member to murder, and this instrument provided an understanding of traumatic loss over time. Each murder was added to the timeline and discussed in detail.

Figure 3. Example of an Adapted Life History Calendar



Data Analysis

Audio recordings were transcribed verbatim. Following quality checks by the interviewers, transcripts of participant interviews were imported into NVivo 10 qualitative data

analysis software. Pseudonyms were used to protect the identity of participants. Interview and adapted life history data were analyzed using a theory and data-driven approach (DeCuir-Gunby, Marshall, & McCulloch, 2011) that was inductive and non-linear, guided by a framework that positions grief and bereavement as an outcome of social-structural contexts (Rhodes, Singer, Bourgois, Friedman, Strathdee, 2005; Shannon, Allinott, Chettiar, Shoveller, Tyndall, 2008; Roper & Shapira, 2000). An initial coding framework was developed upon the initial review of the entire dataset and assignment of the data into categories. The transcripts were coded by using this framework, and the codes were examined to find common patterns in responses and to identify trends across all cases, as well as alternatives that deviated from these dominant patterns. To conduct multi-level intersectional analysis of the transcripts, social practices such as bereavement rituals were analyzed within categories to understand how "individuals delineate themselves in social contexts, construct identities, process symbolic representations, and support social structures or challenge them" (Shahram et al., 2016; Winker & Degele, 2011, p. 56). During this process, some categories were collapsed and refined to more clearly capture identified themes. Data analysis concluded when categories were saturated, and themes were defined.

4.5 FINDINGS

The primary focus of this analysis was the post-loss experience of grief (i.e., emotional reaction to loss) and the contextual factors surrounding the bereavement (i.e., the experience of loss) for the participants. The young men in this sample described their relationship to the deceased, the time frame surrounding the homicide and the aftermath of loss. Their approaches to grief and bereavement differed based upon the number of violent losses, exposure to the scene

of the murder, and level of intimacy with the deceased. Overall their grief and bereavement were in line with theoretical models. The following section outlines the socio-demographic characteristics and how the participants grieved after losing a friend or family member to homicide. Three primary themes emerged to describe their grief processes and will be elaborated with a selection of direct quotes: (1) normalizing homicide through shared narratives of loss, (2) self-preservation through isolation, and (3) leveraging community to heal. These extend the theories of stress, coping, and grief as articulated by demonstrating how coping is shaped by an individual's environment and how these strategies can serve as a buffer towards stress.

The sample was composed of 31 self-identified Black young men, ages 15 to 18, living in one of eight low resource neighborhoods in the greater Pittsburgh region. The average number of losses due to homicide was three. The youngest age of survivorship was eleven years old (one participant lost an uncle to gun violence pre-birth and is actively engaged in annual memorials). The oldest age of first violent loss was 17 years old. Of the 31 participants, ten have been involved in the juvenile justice system.

4.5.1 Theme 1: Finding Sanctuary in Shared Narratives of Loss

The youth in this study expressed that ‘everyone' has lost someone to homicide. They described homicide as an inevitable life experience and reported finding comfort in knowing that losing a person to homicide is a collective experience. When asked, ‘how did you remain strong?' One participant responded, *‘[I] just realize that there are people that go through the same thing every day. I'm not the only one who knows what this feels like.'* Ultimately, the participants

believed that they would lose another loved one, and if it hasn't happened to one of their peers, it will happen eventually. Sharpe (2008) states that the cultural trauma lens of Black survivors of homicide victims consists of two constructs, (1) ancestral survivorship and (2) the anticipation of hardship. The results support the model by demonstrating that youth believed that as a result of past and present adversity, oppressive experiences would continue. All of the youth in the study went through a process whereby they accepted that homicide is a part of life. This process of normalization occurred and was expressed in multiple ways. For a few, this acceptance was expressed by moving forward with their lives without focusing on death.

> *'I definitely tell them that he or she is in a better place. No matter – no matter how much I don't want to be cruel about it but no matter how much you let out or how much you think about that person. It was – it had to be meant to happen. Like there is a setting for us for all of us in life. Just like I'm suppose to be here, and you're suppose to be here. Your family member, your close friends or whatever the case may be was suppose to be somewhere else. That is how I look at it.'*

One form of coping with this perspective was by placing this narrative within a spiritual context. According to Garcia Coll (1996), children of color must have a spiritual life to develop. This view is consistent with the MCAASHV. Spirituality was a consistent form of coping for the young men, religious rhetoric and rituals provided comfort in times of discomfort. The belief in an afterlife provided a sense of relief from the pain experienced from traumatic loss. Believing that the deceased was at peace in a divine realm and that there was a higher being that one could talk to allowed the youth to turn their focus towards the future. Sharpe and Boyas (2011) also found that survivors turned toward support derived from a personal connection with God. As one participant stated: *'When you think negative, negative things happen. So if you stay positive, and thank God, he'll bring you positive things. I just keep my head up and pray like, that everything will be okay. Be alright.'* However, one youth challenged this view by stating, *'I know everybody*

believe in God and stuff but that don't fix everything, cuz if that did everybody that's dead now wouldn't even be dead.' It is important to note that the participant experienced his first violent loss two days before the interview and was the youngest in the sample. At the time of the interview, the participant was processing the events for the first time.

Places that provided the participants with an outlet to express their views towards loss will be referred as 'sacred sanctuaries' for the remainder of the paper (Armour 2002). Sacred sanctuaries provided an opportunity for the young men to be validated in their views regarding their circumstances.

> *'He like my reliable. He telling me everything is going to be ok. It wasn't his time to leave but apparently God has something more for him to do. He is in the back of his workshop that's what he said. I think that was cool.'*
>
> *'I: Mmhm. So if you met another young man that was going through a similar loss, what would you say to him?*
>
> *P: If the Manhood 2.0 program is available, then go to it, or I honestly, if that program isn't available, I wouldn't know what to say, because, the things I gone through, I believe everything happens for a reason. And so far that's been proving to me, so far that's just proving me wrong. Like, when I lost my friend at a young age, I honestly thought that prepared me for, for the three in front of me. My uncle, and my brother's two friends.'*

The first quote is an example of a person being a sacred sanctuary; the second is an example of space. These spaces and people created moments where youth were able to be present with the difficult emotions that they felt and were hard to express. A moment of sacred sanctuary included places where they could verbalize their pain. For example, speaking with their parents, performing music, and prayer. Having a space to discuss and reflect on the experience of losing a loved one was the primary recommendation that participants reported as one of the resources that would help a young man that might experience violent loss in the future.

4.5.2 Theme 2: Self-Preservation through Isolation

Several of the youth expressed how they grew up observing loss in their communities and how the first time that they lost someone the gravity of the situation became ‘real.' There was a cognitive dissonance about safety for some of the youth. Many stated that they knew that violence was prevalent in their neighborhoods, but when they lost a friend or family member, it became clear that they could become a victim of murder as well. The fear of getting killed occurred in two instances (1) if the co-victim was about the same age as the deceased and (2) if a sibling of the bereaved was killed. Youth experienced a heightened awareness of their environment and an increased level of fear. Because of this fear, when asked, to provide an example of advice for another youth that is going through bereavement, they would say to *‘stay on your Ps and Qs'*—meaning to pay attention to the details. This hyperawareness and feelings of vulnerability lead to intrapersonal changes and behavioral changes.

The participants expressed the difficulty in changing their routine and also expressed the need to support the family of their friends, especially the mothers. There was a patter of isolation; youth developed the need to stay safe. Because of the risk of being shot in their neighborhood, many youths choose to stay indoors and avoid engaging with other. There was also a level of mistrust and need to 'scope' other people's social networks before developing a relationship.

Consistent with collective coping strategies outlined in the MCAASHV, caring for others was a dominant theme. Often youth chose to support family members, specifically grandmothers, and mother, rather than seeking their support. The parentification of young men was dominant in households that were led by women. In circumstances where the woman of the home lost a

relative, the youth felt an additional obligation to take care of their caregiver, rather than their caregiver taking care of them. There was a shared responsibility to protect others. One youth expressed that of the nine times that he lost a loved one to homicide (including his father) only one adult asked him how he was doing. The same participant expressed that receiving a hug from his friends' mother made losing the ninth loved one easier to cope with and that he chose to spend his evenings in her home instead of his own.

P: I communicate with his mom. Like me and his mom. I text his mom like once every week. Just to make sure shes cool. Cus I know she won't leave like talking about I'll just text her like is she cool duh duh duh duh. Like I'll just check up on her.
I: Okay does that help you with kind of remembering him but also still staying connected with his family
P: Yeah
I: Does that make you feel better… in any way?
P: I mean I guess it's just like….. I don't Know. Everything just feels so different. Like communicating with his family don't feel the same no more.
I: Because he's gone?
P: Yeah
I: Okay, ummm…
P: Like it's sad because I could just imagine…. I don't even think I'll ever understand the pain that his mom feels… like I know I wouldn't want my mom to bury me when I am 15 and like this fact that his mom had to bury him…. Well he aint get buried, he got cremated. Like the fact that his mom had to see him in a casket… that's just crazy. I would never let my mom see me in a casket. That's why I… I found all this beef and everybody beefing I find all that childish. Like why beef…. Why be beefing with somebody and then end up losing your life quicker than you should when we could all just be out here being cool and just living life.
I: Yeah yeah… yeah
P: Like all of that is irrelevant like all this killing all this all this beef all this fighting like all that is getting relevant like cmon now we are getting way too old for all this. Like that's crazy that I am 15 and I am already seeing this like all these people older than me that still beefing like cmon now yall got a life to live. Like especially the people with kids that just be out here like talking about shooting people like you got a kid to raise like what if you are not here for your kids. What if what if someone kills you before you kill them. What if you kill somebody and go to jail you're not gonna see your kids you gotta be there for your kids, you feel me? Like all this beef is in the way like everybody can all just be cool we can all just live life just have a good fun life without having to worry about getting shot without

having to worry about fighting like it's crazy how every time there's a regatta or lighter night the first day Kennywood open there's always a big fight. Why can't we all just go down there and have fun like?

Youth tended to find support from peers; the exception was if the deceased was a relative. For those cases, there was an open dialogue between the youth and their parents. In these particular cases where youth lost a sibling, there was a switch to parentification of the child. Youth were apprehensive about talking to parents that were grieving because they didn't want to upset them. There is an undeniable change in social functions that occurs when a loved one passes. The youth had to adjust to their routine and traditions.

There was a pattern of self-protection and mistrust of other people and their surroundings. Self-imposed isolation was a reoccurring theme. The young men chose to withdraw from normal activities and relationships. In cases where the murder victim was shot by a friend, the young men were more likely to engage in isolating behaviors such as staying in the house and not talking to others. Quietness was a reoccurring theme amongst these youth; they preferred to observe their surroundings rather than engage. This hypervigilance to remain safe was connected to feelings of 'coldness.' One youth described himself as being 'cold-hearted' after losing his twin sister. His proximity to the murder (he witnessed the killing) and intimacy level (being the murder victim's twin brother) was the most heightened level of 'coldness' within the sample.

Despite viewing themselves as 'cold,' many young men expressed that they felt that experiencing the loss of a friend or family member was the turning point that led them to start focusing on their own goals and future. The following are some responses to the question, 'how has this loss impacted you the most?'

'I feel like it makes me a better person as a whole. Makes me realize that yea I live life to fullest because you don't have cat lives. You don't have nine lives. You only have one life. So you want to make sure you do everything you can that you won't

to do. You want to make sure that you fulfill any dream that you feel like you're dreaming about or find the goals in life that you can get in touch with. Be successful.'

'It just makes me not want to be in these streets, for real no more. Cause, we was actually close, and it happened down the street from my house. So my mom was like, if you was with your cousin it could have been you and both of your cousins.'

'I feel like it's up to me to do better. I know I'm still young, I still got a lot of years, but while I'm young and can do a whole lot of stuff, I might as well just like [pauses] get to a better place where I believe I want to be. So that motivates me a lot before, thinking about before I die let me get to a certain place I want to be and have everything I want, and work for everything I want before I die.'

' P: Like, like when my friends died, like I didn't, like, cry or nothing, I just kept moving, like, I'll think about it, and I'll be like it's crazy, like cause I just keep losing more or my friends, so I just keep moving forward. I won't keep myself down. They won't keep theyself down when I die so I just keep thinking, what can I do to not let that happen to me, and uh, think about like, what happened in that situation, like what he could have done not to get shot or die.
I: So what are some things that you can do now that you, like what are some things that you've learned?
P: Like, yeah like, stay around the people that you know like, that are trusting you and you love them, like, people that you've been around for a long time, just stay around them and not be around the people that, like you don't know for real, like, you just stay around the people that you know. So I won't get caught up in situation, like anything can happen to me, to where I can [inaudible] but I only stay around the people that live up here. And that be my close friends for a long time. From those situations.'

Expressions of the need to change, focus on academics, and job attainment were dominant themes throughout each interview. The data suggests "posttraumatic growth," in that youth expressed that they felt like (1) better people, (2) the need to avoid deviant behavior, and (3) that they should pursue their goals. However, the closer the intimacy level to the deceased, the less youth expressed views of such posttraumatic growth. One aspect of trauma is the view of a foreshortened future which does not align with this idea of posttraumatic growth.

4.5.3 Theme 3: Leveraging Community and Memory to Heal

The primary response to a loss was cognitive dissonance as expressed through concealment. Sharpe and Boyas (2011) found that the concealment of emotions not only entailed suppressing one's feelings surrounding the murder but also included the purposeful avoidance regarding mentioning the deceased family member and/or discussing the homicide so as not to ''burden'' others with his or her grief and to dissociate themselves from the pain. At the beginning of one interview, one youth used laughter to conceal the emotions that he felt as he was asked questions: *'Yeah. I lost like all my best friends for real. (chuckling) It sound- I mean it don't sound funny, but it sound like dramatic...'* This also reflects a trauma response to suppress or numb emotions. Youth that discussed outwardly expressing their emotions typically exhibited this behavior during the initial moment of hearing about loss or at a post-funeral remembrance service.

The majority of participants did not participate in the traditional mourning rituals such as funerals. Part of creating and maintaining the memory of a lost loved one was attributed to living life in a manner that the deceased would be proud. Usage of videos on phones, social media. Youth that engaged in tradition European/Western remembrance services were youth that lost a family member to murder. The youth did not express interest in attending the funeral service of a friend. This lack of interest was more prevalent when intimacy and age were taken into account. The youth did not want to view a peer that was the same age as them in a casket or remember close friends through the lens of death. They participated in events that they viewed as more positive and reflective of life.

Most of the boys described numerous ways within their communities and social networks for dealing with the loss. Youth engaged in coping mechanisms in groups i.e. memorial BBQs, basketball games. The youth chose to conceal what they viewed as 'negative emotions' to best

cope and ‘move forward’ with life. One key method to maintain concealment was to avoid any rituals, stories, or images that may evoke those emotions. The youth preferred to attend candlelight vigils at the location of the murder, memorial parties, wearing keepsakes, viewing recorded videos and photographs on their phones, praying, and posting on social media. Post-funeral remembrance was typically in circumstances whereby the youth expressed a ‘positive vibe’ rather than sadness. Individualistic forms of coping were not common when asked ‘what helps?’ Communal (relational) and collectivistic approaches are often relied upon to cope with stress. Many youth discussed, ‘*keeping their head up’* as a form of advice for other youth going through the same experience and one way of doing so was ‘enjoying life’ with others. Due to the acceptance of chronic violence and the inevitability of revictimization, enjoying life with others and 'keeping their head up' provides them with relief from what they view as a continuous experience.

Maintaining concealment means an avoidance of perceived negative emotions such as sadness, loss, and anger. Since feeling intense emotions was avoided by most of the young men, they would do things to have ‘freedom from their mind.’ To support the mindset of moving forward, youth keep themselves busy through activities such as basketball, music, school, and work. Having such freedom was desired in moments of grief, this includes immediately following the murder of a loved one and when remembering the loved one. Several techniques were identified that allowed the youth to focus on memories and thoughts that distracted them from sadness and grief. The three primary methods of finding ‘freedom’ were music, basketball, and prayer. Youth expressed how engaging in activities relieved them from emotions that they did not want to experience.

I: And then how would you help another young person who has gone through this or especially with your situation with D.
P: I just told ‘em like
I: What would you tell them?

P: The way I see it, I mean yeah life seems bad now, but I mean once it's already at it's worst like it can't do nothing but get better.
I: Okay
P: Cus whenever D died I swear I felt like I was at my last straw like I swear I felt like life could not get no worse. So whenever life like s (indistinct) you got the rock bottom, like you feel like you just can't take it no more. Whenever it gets to that point I mean you can't get no lower can't get no lower, so it don't have no choice but to get better and then get better. I ain't gon say they gon get worse but like in between them but I mean its gonna have to get better.
I: So what did you do to kind of help yourself be better?
P: Like I aint gon say I forgot about it. I ain't gon say I forgot about it. I'll never forget about it. I was gonna get his name tattooed on me.
I: But how does something like that help you though? If you do plan to do that.
P: But like I ain't gonna say I forgot about him but pretty much what I did like I knew there's nothing I could do. I knew he wasn't coming back. So I just learned how to live life without him pretty much.
I: Does anything else make it easier?
P: No not really I mean like just the fact that I know I can't do nothing about it. I know I can bring him back. I know he's gone forever like I mean there's nothing much I can do so it's like I mean what else can I do about him?

Youth viewed moving forward without expressing 'negative emotions' (i.e., crying as a way to honor their friend or family member). They felt that the deceased would be disappointed in them if they chose to grieve in a way that caused them pain instead of 'moving forward.' Within a sociocultural context, this exuded a notion of strength that was buffered by spirituality and the adultification of children. As previously stated, several of the young men mentioned that they cried when they first heard the news. When attending memorial services or events held in memory of the deceased, the young men said that they preferred to conceal their emotions. Being able to conceal these emotions was both a mindset and value. To do so, they had to think positive thoughts about the deceased and their future.

4.6 DISCUSSION

The findings shed light on how the murder and loss of friends and family may influence future orientation, identity development, and the emotional development of Black adolescent males. Three primary findings emerged from the interviews: (1) murder as a normative part of life, (2) personal growth, and (3) concealment of emotions.

The coping strategies utilized by the youth and the common practices associated with grief and mourning were discussed within a social context framework. In the acute aftermath of a loss, youth reflected on personal forms of coping, common practices within their communities and how they engaged (or did not engage) with those practices. They also provided examples of strategies that can be used for implementation of social services. MCAASHV and meaning reconstruction theory provide a multi-layered psychosocial lens to explore these themes more deeply. Grief is socially constructed and was the primary construct of interest for this study. The grief experiences of Blacks have been largely ignored within the literature. However, Neimeyer (2009), found that Blacks are at risk for complicated grief. He found that individuals that could reconstruct their relationship to the deceased had lower levels of distress. The findings of this study were consistent with this theory and the Model of Coping for African American Survivors of Homicide Victims.

Alexander, Eyerman, Giesen, Smelser, and Sztompka (2001) refer to the historical experience of trauma as "cultural trauma," for African Americans this stems from the slavery and abuse that their ancestors endured and has influenced how they manage traumatic stress (Sharpe, 2008). Blacks in America have managed traumatic stress for generations. Thus, the impact of historical traumatic experiences has reverberated throughout generations to help shape the way African Americans view the world and see and experience themselves within it. The cultural trauma lens, i.e., ancestral survivorships and the anticipation of hardship is particularly significant

when exploring the phenomenon of homicide bereavement. The young men view co-victimization as an inevitable part of life. Individuals' actions and attitudes depend not only on micro-level situations and macro-level structures but also on historical context and individuals' constructive activity (Bronfenbrenner 1979; Mortimer and Shanahan 2003). African models for human relationships stress the importance of group and community needs over individual aspirations, cooperation over competitive relationships, and interconnectedness (Roberts, 1994).

There are four main advantages of using the life history approach to collecting life course data. First, the life history approach captures processes of engagement in and disengagement from activities, groups, and behaviors, thus exposing human agency (Laub and Sampson 2003). Second, this approach uncovers patterns of behavior over time, spotlighting continuity and change (Laub and Sampson 2003). Third, life histories expose the heterogeneity of behaviors that may lead to a common outcome, thus breaking down complex phenomena (Laub and Sampson 2003). Finally, this approach exemplifies how individuals' behaviors are rooted in social and historical contexts and that those contexts and individuals' reactions to them change over time (Laub and Sampson 2003).

It is imperative that public health and social work practitioners provide services to victims receive training relevant to the contextual and cultural factors guiding the emotional reactions and coping strategies of co-victims. Granek and Peleg-Sagy (2017) found that the major constructs and instruments used to assess pathological grief are not applicable for African Americans. When working with homicide survivors, it is imperative that practitioners be aware of the lack of validity of the grief assessments for the population. This study is one step towards understanding how Blacks grieve and how these assessments can be changed to be more culturally relevant.

Limitations

These themes emerged from one interview with each participant. These stories and the processes of bereavement are likely to shift over time (cite). While measures were taken to assess differences in narratives based on proximity to the event as well as the level of intimacy with the deceased, the sample was not large enough to explore these differences in depth. The findings from this sample, limited to adolescent males from low-resource neighborhoods in Pittsburgh, are not necessarily generalizable to other communities; however, these stories can shed light on the importance of homicide bereavement on adolescent development, in particular among marginalized communities in the U.S. which are experiencing similarly high levels of community violence.

Additional ethical concerns should also be considered. In conducting sensitive topic research, several issues may arise including both interviewer and participant fatigue. Due to the sensitive nature of homicide co-victimization, researchers who are not clinically trained should be considerate of the emotional stability of their subjects. However, when the qualitative researcher delves into the private worlds and experiences of subjects, sometimes evoking strong emotional responses and sometimes pursuing thoughts that might otherwise never be revealed, consideration of the common ethical issues may not be enough (Cowles, 1988). Practical concerns include the degree of emotional responses and the impact these may have on both subjects and researchers. Building in extra time for emotional moments, stories, would aid in combatting participant fatigue. In addition to additional time, dividing the interview into segments to allow time for further exploration of sensitive information would provide the space for the researcher to probe deeply into sensitive matters without overwhelming the participant. To better understand the meaning, it is encouraged that youth review their transcripts to ensure that the interviewer understands the

themes appropriately. These issues were not easily addressed within this study because it was explored in conjunction with other issues related to the parent study. Having an embedded sensitive topic within a larger study increased the likelihood of fatigue. However, this was also a strength of the study, in that the participants were familiar with the study and the research team. Recruitment for the study was exceptionally seamless due to the years of building rapport with both the community partners and youth.

The primary methodologies utilized in co-victim research are qualitative. Future research should examine what methodologies are most appropriate for this population of young co-victims. Research on Black survivors has increased in the past five years. However, the focus on adolescent development as it relates to this adverse childhood experience is lacking in the literature. The literature has primarily explored the areas of coping strategies, families and social support. Future research can expand the current knowledge by further exploring the role of religion and spirituality on symptomatology. To better understand the contextual factors that impact co-victims, future studies can also explore school and teacher responses to co-victims. The initial crisis period is also critical when exploring the well-being of an individual. Thus more research should include first responders, i.e., police officers, coroners, and emergency technicians.

There is substantial research within the death and dying literature that explores the role of mourning rituals such as funerals and memorial services on the well-being of surviving friends and family. This area of research is another area that could be further explored within the homicide co-victimization literature. Although young people are at higher risk to become co-victims of homicide and also be murdered, there lacks an in-depth exploration of how young people grieve and their well-being post-homicide. In addition to this gap in understanding, a macro level lens is needed. Future research needs to explore neighborhood and community level impact. While

homicide is an interpersonal interaction, the negative ramifications expand far beyond the murder victim, perpetrator, and their social networks. One suggestion is that the literature on homicide bereavement seeks to include the meaning attributed to homicide and co-victimization of communities as a whole. A potential research question could be ‘Are neighborhoods perceived to be co-victims of homicide?'

4.7 CONCLUSION

This study was intended to explore how Black boys navigate traumatic loss. The Black adolescent males within this study were faced with dealing with the violent loss of friends and family. These young men coped in multiple ways, and their identities have been shaped by this experience. The young men's narratives may inform practitioners in the complex ways that this experience impacts their development, and inform their practice Black adolescent males. Homicide loss is a unique form of loss and homicide disproportionally affects Blacks. Greater focus on this population is needed in order to create both trauma informed and culturally relevant interventions for young men of color.

5.0 CONCLUSIONS

5.1 SUMMARY OF FINDINGS

The death of a loved one or peer is one of life's most challenging experiences. There are many social, psychological, and physiological factors that can impact the grieving process (Asaro, 2001). This dissertation explored two specific aims (1) to explore the psychological consequences of homicide co-victimization and (2) to explore the grief and bereavement processes of Black adolescent males. Although the narrative review (AIM 1) was relatively inconclusive, it was a step in demonstrating that individuals that experience violent loss are potentially at risk for lower mental health outcomes. Current literature stresses the need for professionals working with survivors to be trained to understand the prevalence of homicide and the ways in which it affects family and friends of the victim (Hertz, 2005; Spungen, 1998). The quantitative paper (AIM 1) demonstrated that Blacks in Allegheny County experience a high rate of homicide survivorship and are at risk for suicidal behavior. Thus, placing them at greater risk for being diagnosed with depression, post-traumatic stress disorder, and complicated grief. The qualitative paper (AIM 2) explored the grief and bereavement of Black adolescent males in multiple neighborhoods in Allegheny County. This paper was consistent with previous research and demonstrated the need for a greater understanding of the bereavement processes of this population.

Family members, friends, peers, communities, schools, churches, and neighborhoods experience significant changes because of murder. For this project, neighborhoods and organizations were not explored but are considered co-victims of homicide. Traumatic events such as murder/homicide impact individuals and communities of all socioeconomic, age, racial and

ethnic backgrounds. However, Blacks are disproportionally affected by homicide and homicide survivorship were the primary focus of this dissertation. The purpose of this dissertation was to understand, investigate and examine more deeply a health disparities among adolescents in the United States. The literature suggests that exposure to violence i.e. violent loss contributes to negative outcomes for children living in urban environment and that those outcomes can manifest both internally and externally and subsequently lead to lower levels of physical and mental health, academic achievement, and job attainment. By excluding the sociological, political, and cultural factors driving this issue, research is at risk of producing unreliable empirical data for practitioners and policy development. This dissertation sought to address this need by viewing youth within their environment and the product of their collective and individual history.

5.2 IMPLICATIONS FOR RESEARCH

Research on Black co-victims has increased in the past five years. The literature has explored the areas of coping strategies, families and social support. Future research can expand on the current knowledge by further exploring the role of religion and spirituality on symptomatology. Research in positive psychology has given rise to a wide range of activities designed to build strengths and improve people's quality of life, and they may add value to existing prevention and intervention programs focused more on clinical problems (for reviews, see Seligman et al., 2005; Sin & Lyubomirsky,2009). This exploratory study suggests that the co-victim and bereavement literature could benefit from a community-based and strengths based approach. In order to better understand the contextual factors that impact co-victims, future studies can also explore school and teacher responses to co-victims. The initial crisis period is also critical

when exploring the well-being of an individual, thus more research should include first responders i.e. police officers, coroners, and emergency technicians. There is substantial research within the death and dying literature that explores the role of funerals and funeral homes on surviving friends and family. This is another area that could be further explored within the co-victim literature. Although young people are at greater risk to be murder and/or become co-victims of homicide, there lacks an in-depth exploration of how young people grieve and their well-being post-homicide. One suggestion is that the literature on meaning-making seek to include the meaning attributed to homicide and co-victimization of communities as a whole. A potential research question could be 'Are neighborhoods perceived to be co-victims of homicide?'

Due to the sensitive nature of homicide co-victimization researchers who are not clinically trained should be considerate of the emotional stability of their subjects. The primary methodologies utilized in co-victim research are qualitative. These studies use similar strategies as the qualitative study within this project. However, this sample was recruited from schools and youth serving agencies. The participants had established trust with the research team and had familiarity with the expectations and procedures of data collection. This created a heightened level of trust between the participants, their parents, and the interviewer. In addition to the increased level of trust, the sample was recruited from several neighborhoods. Thus, analysis methods can consider the heterogeneous experiences across different neighborhoods. Future research should examine what methodologies are most appropriate for victims of homicide participants.

5.3 IMPLICATIONS FOR POLICY

The primary policy focus of homicide has been the offender, violence prevention, and the trial process of prosecuting the offender. Political efforts are "subsumed by the state's agenda for retributive justice" (Armour, 2002, p. 109. Studies show that the criminal justice system has been inadequate in responding to homicide survivors (Armour, 2000, 2002). The definition for victim within the criminal justice system does not include co-victims of homicide. Co-victims of homicide need to be included and counted in the statistics kept by the government agencies (Armour, 2002). Crime victims' bills of rights exist in the federal government and most states, however, homicide survivors are not included within the definition of a 'crime victim' nor does the bill of rights reflect any language that addresses the needs of co-victims (Armour, 2002). The bill of rights strictly addresses the role of the crime victim during the trial process. An essential component of social policy is the connection between ethical values and an aspiration of eradicating and eliminating complex social problems. The major ethical values that guide the creation and implementation of social policies are the principals of: (1) rights, (2) justice, and (3) utility (Yamatani & Feit, 2013). The omission of co-victims of homicide within the political arena is a vital ethical and social justice issue. As previously mentioned, approximately 45,963 Blacks were co-victimized in the year 2011. Due to the disproportionality of Black co-victims in comparison to other racial groups, special attention would be required to develop an adequate political structure that would address the public health issue of homicide survivorship.

Officials of social institutions that interact with co-victims need to be made aware of the needs of this population and develop policies and protocols for responding in a sensitive manner (Armour, 2002). The political structure does not provide a solid infrastructure to build public services, however, there is opportunity for the private sector to take steps to strategically build

capacity and address the needs of co-victims. Murder investigations and media coverage drastically impact lives. The youth in the qualitative study purposively avoided any images, events, or memories that would trigger emotions that created discomfort. Legislation regarding the trial and media cover could help reduce anxiety for co-victims. Friends and family members are often apart of the trial and are asked to speak to the media without any regard for their well-being. Frietag (2003) wrote, "our justice system does not afford a specific role to survivors, which can deepen feelings of powerlessness and anxiety. The ambiguity leaves too much room for conflict and misunderstanding" (p. 124). She further indicated that, "The path to justice is paved with bureaucracy and littered with potholes pooled deep with ineptitude, indifference, corruption, and laws that flap in the face of public safety" (p. 126). For many, the murder of their loved one is the first interaction they ever have with the justice system this interaction deeply impacts bereavement. Spungen (1998) described how individuals are often subjected to additional trauma in the form of a *second wound.* The grief experience becomes more complicated when survivors must face things such as the action of the defendant, intrusions of the media and the insensitivity of prosecutors, police, and even would be helpers (Spungen, 1998). An additional burden is that "because murder is a crime against the state, they often become bystanders and their needs are secondary to the state's concern for fairness and justice in apprehending, trying, and convicting the murderer" (Amour, 2002, p. 110).

In examination of the current policies and ideologies driving policy homicide survivorship can be indirectly addressed through current policy initiatives. The British doctrine of paerns patriae is the foundation of several government policies that address minors. Young people are assuming the role of care-takers when they should be taken care of by their care-givers. The government can intervene as necessary according to the best interest of the welfare of a child. This does not

mean that children need to be removed from the home, rather, services should be readily available for each young person that loses a friend or family member to homicide. This ideology is reflected within policies regarding neglect, Women, Infants and Children, abuse, and status offenses. Previous policies surrounding these issues can set the precedent for policy that can expand upon violence prevention policy initiatives such as STRYVE for the justification for implementing services for co-victims of homicide under preexisting policies such as youth violence prevention policies.

5.4 IMPLICATIONS FOR PRACTICE

Social work practice with Blacks has evolved from a generalist perspective that tended to overlook cultural values to one that recognizes the need to incorporate cultural sensitivity and cultural competence. In particular, the strengths perspective (Hill. 1971,1999; Saleebey, 1992), empowerment theory (DuBois & Miley, 1996; Solomon, 1976), and the person-in-environment framework (Germain. 1991) have supported the professions move toward ethnic-centered interventions. Although social work has recognized the need to address the needs of family members anticipating the death of a loved one, little attention has been given to the needs of families who have experienced a sudden death. The lack of resources available for this population exacerbates an already complicated grief reaction that may be compounded by intense crisis and trauma (Worden, 2009). Identifying subgroups that may be at particular risk for mental health problems may be an effective strategy to channel professional help to those who need it (Stroebe, Folkman, Hansson, & Schut, 2006). This dissertation focused on the experiences of Black adolescent males that have lost a friend or family member to homicide. Unfortunately, the

experiences of co-victims of homicide does not support core assumptions inherent in grief work.

The contradictions between co-victim literature and grief work literature create barriers to developing interventions. In order for social workers to affectively work with clients, more research must be conducted to explore the unique experiences of co-victims of homicide and subpopulations such as Blacks. Also, the structural determinants of homicide suggest that macro-level interventions that do not necessarily pertain to homicide is imperative to decreasing co-victim rates.

It is imperative that individuals and organizations provide services to victims receive training relevant to the contextual and cultural factors guiding the emotional reactions and coping strategies of victims. Community organizing efforts could help disseminate pertinent information to survivors. Educational resources should be easily accessible to members of the community through clergy, schools and other social institutions that work with co-victims. For example, educational resources and tools can be distributed to clergy through a trauma a focused workshop. Several studies suggested the importance of community, while individual therapy may be beneficial, the research suggests that interventions such as support groups can aid in fostering positive coping strategies. Creating a space whereby survivors can interact with other survivors allows survivors to openly express their feelings with individuals that have undergone similar experiences. Due to the barriers to care that already exist in the Black community, theses spaces should be created in the neighborhoods that are heavily impacted by homicide. Hospital settings or organizations outside of the neighborhood may serve as deterrence to survivors. Intervention strategies should always evaluate the culturally, socially, and religiously adequacy of the intervention.

5.5 CONCLUSION

The intersection of race, age and gender is considered throughout this project to best fill the gaps in care for young Black men. While this may challenge the ability for these findings to be generalizable, the project reflects social work values to maintain the dignity and worth of the person, to serve, the importance of relationships, social justice, integrity and competence. Incorporating the social and cultural experiences of homicide survivors can contribute to the analysis of trauma in three interrelated ways: First, conceptualizing trauma as a set of social relations rather than an individual occurrence exposes the connection between individuals and society that influence the composition of survivor supports. Second, this conceptualization of trauma helps to explain societal perceptions of homicide, which mediate coping strategies that ultimately affect the manner in which homicide survivors will adjust. Finally, trauma threatens and disrupts an individual's system of belief in social order, which often defines the meaning that is made from experiencing the homicide of a loved one.

This project was an attempt to support trauma-informed care and practice initiatives, by providing an understanding of the impact of homicide survivorship on the well-being of individuals who are Black adolescent males. The death of a loved one or peer is one of life's most challenging experiences. There are many social, psychological, and physiological factors that can impact the victim and their wellbeing (Asaro, 2001). Current literature stresses the need for professionals working with survivors to be trained to understand the prevalence of homicide and the ways in which it affects family and friends of the victim (Doka, 1996; Hertz et al., 2005; Spungen, 1998). Co-victimization as it relates to homicide is a social welfare issue that disproportionally impacts impoverished and inner-city minorities. Consistent with social work values and the person-in environment approach, the rates of co-victimization are correlated with

structural and individual factors. Limited research is available to support intervention development. In addition to the limited research available, the literature on the experiences of co-victims of homicide does not support core assumptions inherent interventions for victims' of loss. These interventions are deeply rooted in the grief literature. Thus, this creates a great barrier to care for co-victims of homicide.

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APPENDIX A

- Neighborhood Characteristics
  - ***How would you describe your neighborhood?***
  - How often is there violence in your neighborhood? Homicides?
  - Have you ever lost a friend or family member to homicide/murder?
- Adapted Life History Chronology
  - Tell me about the first time you were exposed to violence?
  - How old were you when you were first exposed to violence?
  - Have you ever been a victim of violence? When? What happened?
  - ***Have you lost more than one family member or friend to homicide/murder?***
  - How many are friends?
  - How many are family?
  - What are the ages and genders of each victim?
  - When did the murders occur?
  - How old were you when this happened?
  - Contextual Factors
    - ***Can you tell me what happened to….?***
    - ***What was the time period after the homicide like for you?***
    - Where were you at the time of the murder?
    - Where were you when you found out about the murder?
    - Was crowd control used at the scene of the murder? Were you there?
- Post-Homicide Experience(s)
  - Relationship with the Deceased (go through each one)
    - Tell me about your relationship with…?
    - Since their passing, how do you try to connect to them?
    - How have they been memoralized?
    - What things make you think of the deceased? Is it a good or bad memory?
  - Coping
    - When you first heard the news about__, how did you cope with your grief? Was it helpful?
    - Did anything make that time easier to cope? Worse?
    - What other stressors do you have in your life? How do they impact you?
    - At any time, have you expressed any emotions regarding the passing of __? If not, why?
    - Has the way in which you cope (deal) with __ murder changed since then?
    - What kind of things do you do to cope (deal) with__ death now?
    - Are the ways that you cope with __ death, similar or different from the ways you cope with other stressors? (Please explain)
  - Bereavement
    - How did you feel when you first heard?
      - When you first heard the news about__, what type of support did you need?
    - How do you feel now?
    - Did you attend the funeral? Tell me about the service? How did it impact you?
    - Have you been to the burial site? Why or why not?
    - Have you been to the scene of the crime? Why or why not? What is there now?
- Contextual Factors
  - Criminal Justice System
    - Is the case still open?

        - Was the perpetrator convicted?
        - Do you know who committed the murder?
        - How does this impact you?
    - Environmental Factors
        - Who are your main sources of support?
        - What are some of the ways in which other people have tried to support you? What helped? What didn't help?
        - Did other people rely on you to support them? If so? Who? How?
        - Did you family support you in any way following these deaths?
        - Did the media cover the murder? How did that impact you?
        - How did your school respond? Did they provide any support?
        - Do you practice a religion? Has your spiritual spiritual life impacted your experience with murder? View of life? View of death?
        - How did your place of worship respond?
        - Is there anywhere in your neighborhood for bereavement support? Anywhere else?
        - What is the role of social media on grieving and death?
- Identity
    - ***How did the loss impact you?***
    - ***Has loosing this person impacted your view of your own future? How so?***
    - Have you changed? Explore emotional, physical, behavioral
    - Has experiencing a homicide changed the way that view yourself? Others? Your future? How so?
    - What is your view of adversity and hardship?
    - How would you be/your life be different if this never happened?
    - ***Has anything positive come from experiencing this loss?***
    - What have you learned from this/these experiences?
- Empowerment
    - In your circle of friends, how do people usually respond to death?
    - ***If you could say one thing to another young male going through what you experienced, what would you say?***
    - ***Do you have any recommendations on how to grieve and cope with the loss of someone close to you?***
    - What resources do you think people need to help them get through this experience?
- Wrap-Up
    - Was this the first time that you've spoken with an adult about this experience? How does it make you feel talking about this? What about this experience was comfortable or uncomfortable for you?

APPENDIX B

Participant Assent Form

PARTICIPATION OF MINORS IN RESEARCH

Study Title: Engendering Healthy Masculinities to Prevent Sexual Violence
Investigator's Name: Elizabeth Miller, MD, PhD
Department/Telephone: Chief of Adolescent Medicine, Department of Pediatrics; 412-692-8504.
Study Sponsor: Centers for Disease Control and Prevention

Who are we and why are we meeting with you?
We work at the University of Pittsburgh in the Department of Pediatrics with Dr. Elizabeth Miller. We want to tell you about an additional study related to your recent participation in the "Job Skills" Program. We want to hear your feedback about the program, what you liked about it, how anything may have changed for you (or not).

Why are we doing this study?
We would like you to participate in an interview (either in person or by phone) about your experiences of violence, sexual behaviors, and what you and your peers think about behaviors towards women and girls.

What will happen to you if you are in the study?
You will be asked to participate in one anonymous (NO NAMES ATTACHED) interview in person or by phone (your choice). The interview will take at most one hour. You will receive a $30 for participating in the interview.

Will any part of the study hurt?
There are minor risks for being in this study. The interview questions may be sensitive and can make you uncomfortable. There could be a loss of your privacy. You do not have to answer questions that you do not wish to answer. We will ask you for permission to audio record the interview because we are not able to take notes fast enough. The audio recording will be destroyed as soon as we're done making written notes from the interview. No information will be kept in that could identify you.

WILL MY INFORMATION BE KEPT PRIVATE?
Only the main researchers and their assistants will be able to see notes from the interviews. The interviews will not have names connected to them.

All results are kept CONFIDENTIAL. That means that all of your answers are kept private. Your name will NOT be attached to your answers.
All answers that you give will be kept private. This is so because this study has been given a **Certificate of Confidentiality.** This means anything you tell us will not have to be given out to anyone, even if a court orders us to do so, unless you say it's okay. But under the law, we must

report to the proper authorities suspected cases of child abuse or if you tell us you are planning to cause serious harm to yourself or others.
Your research records may be reviewed by authorized representatives of the University of Pittsburgh Research Conduct and Compliance Office.

Will you get better if you are in the study?

There is no direct benefit to you for participating in this study.

Who will know that you are in the study?

Only the adults who contacted you to be in the study will know that you participated in this interview. Your name will not be connected to the information you share in the interview, and your name and any identifying information will NOT be shared with anyone.

Do you have to be in the study?

No, you don't. No one will get angry or upset if you don't want to be in the study. Just tell us. And remember, you can change your mind later if you decide you don't want to be in the study anymore.

Do you have any questions?

You can ask questions at any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else at any time during the study. Here are the telephone numbers to reach us:
Elizabeth Miller, Department of Pediatrics, 412-692-8504.
Human Subjects Protection Advocate of the IRB Office, University of Pittsburgh 1-866-212-2668.