

# The Impact of Trauma on The Self-Esteem of Black Adolescents: Moderating Effects of Boundaries in Parent- Adolescent Relationships

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## ABSTRACT

**Objective:** Up to 43% of youth in the United States have reported experiencing a traumatic event. This study examined the moderating effects of perceived closeness with parents upon the expected effects of experiencing trauma on the self-esteem of Black adolescents through a Structural Family Therapy lens.

**Methods and Materials:** A hierarchical linear regression with a moderating interaction term was utilized to examine the impact of perceived closeness with parents as a moderator between experiencing trauma and self-esteem composite scores from the Young Adults Self Report of the National Longitudinal Surveys of Children and Young Adults.

**Findings:** The results indicated that perceived closeness to parents did moderate the expected results of experienced trauma upon the self-esteem of Black adolescents ( $R = .330$  and  $p = .038$ ).

**Conclusion:** Based on these findings, marriage and family therapists are encouraged to increase their cultural competency skills and their competency with respect to trauma-informed practice when counseling Black adolescents and adolescents who may have experienced trauma. Our study found that perceived closeness to parents moderated experienced trauma on the self-esteem of Black adolescents. Based on this, marriage and family therapists are encouraged to provide culturally appropriate and trauma-informed care, especially when counseling African American adolescents and adolescents who have experienced trauma.

**Keywords:** Trauma, Structural Family Therapy, Black Adolescents, Marriage and Family Therapy, Self-esteem

## 1 Introduction

Per the Center for the Study of PTSD, up to 43% of youth have experienced at least one traumatic event in their lifetime. Furthermore, 3%-15% of girls and 1% -6% of boys go on to develop PTSD (Center for the Study of PTSD).

The primary risk factors that may negatively impact self-esteem in adolescents include: (generational) poverty; race/ethnicity; improperly completing or avoiding completing individual and family life cycle developmental tasks; family composition and dynamics; and experiencing

acute, historical, developmental, and/or complex trauma (Krauss et al., 2020; Martínez et al., 2021; Smith & Nicholson, 2022). The authors acknowledge many Black adolescents, particularly males, born in poverty statistically are not as likely to break the poverty barrier as other demographics such as Black women and White men (Chetty et al., 2020). Socio-economic strata, particularly the middle class has become ‘race plural’, (with Black people making up a proportionate 12% of the middle class as of 2019) like many other demographics sectors in the U.S. (Pulliam et al., 2020). Middle class status for many Black adolescents in the U.S. is often associated with better outcomes in the areas of education, healthcare, safety, food, and housing (Paige, 2022).

The formation of a positive identity as a Black adolescent can be quite challenging as it contradicts the narrative of the dominant culture. Black adolescents must deconstruct and then reconstruct this narrative under the pressure of constant overt and covert racism and disproportionate poverty (Smith & Nicholson, 2022). The family unit is often very close, and parents may even over-function at this stage to protect the adolescent from negative outcomes, including from experiencing traumatic events as well as from the impact of traumatic events that have already occurred historically (Krauss et al., 2020). Parenting style and cultural context, when conducting family therapy with adolescents including when utilizing Structural Family Therapy (SFT) should always be considered. Previous studies suggest there are four types of parenting styles for parents of Black adolescents: authoritative, permissive, absent, and communicative which is similar to the authoritative style of parenting (Szkody et al., 2020). The purpose of this study is to determine if perceived closeness to parent(s) moderates the relationship between experiencing trauma and self-esteem.

### 1.1 *Self-esteem, Trauma, and Poverty Among Adolescents*

Self-esteem may best be defined as “the measure of positive and negative feelings about the self” (Rosenberg, 1965). Self-esteem has been studied as both a protective factor with relationship to trauma as well as an area that may be impacted by trauma (Stroem et al., 2021). In addition, it has been noted in neurological studies that lower self-esteem as well as unstable self-esteem is impacted by activity between the insula and the prefrontal cortex (Shaw et al., 2020). Current research indicates that the prefrontal cortex does not complete development until one’s mid-twenties

(Shaw et al., 2020). This is indicative of the fragility of self-esteem during adolescence.

Trauma impacts self-esteem as it is one of several areas that are negatively influenced by traumatic events (Stroem et al., 2021). The state of being impoverished often leads individuals to feel as if they have an external locus of power/control (very little control over their circumstances financially). In some instances, neighborhoods and living conditions may be unsafe, and stress may impede the ability to increase intimacy in interpersonal relationships. In addition, parents of adolescents who have experienced trauma may have difficulty obtaining and fully “engaging” in clinical treatment for their offspring (Kiser et al., 2020). Poverty itself may impact self-esteem in several different ways, including but not limited to: (a) not having resources to complete tasks, (b) not having many models of people who move out of poverty, and (c) potentially being exposed to trauma which may affect self-esteem (Lee & Clancy, 2020). Poverty can be a formidable opponent to the development of healthy self-esteem during adolescence. A positive sense of self may be a protective factor for adolescents from the various negative impacts of trauma and poverty. Furthermore, the intimacy/closeness of one’s family may serve as a protective factor between a negative self-esteem and trauma.

### 1.2 *Examining the Intersection of Black Adolescents, Trauma and Family Functioning*

Historically, Black individuals have created extended family in the face of separation from nuclear family. Furthermore, the literature suggests the relationships in the nuclear and extended family are perceived as closer than those of the dominant culture and an emphasis is placed upon protection of children and adolescents against potential injury or even death by parents and the extended family particularly during adolescence when risk-taking behaviors increase during brain development (Sue & Sue, 1990). The literature suggests closeness to parents along with monitoring of adolescents through authoritarian parenting techniques is emphasized as a cultural value as a means of protecting adolescents from experiencing trauma or suffering from its effects in the context of a society rife with implicit and explicit bias toward African Americans (not excluding children and adolescents) (McGoldrick et al., 2011). As such, a counter-narrative of empowerment, safety, trust, esteem of self, and healthy attachment/closeness with others, all areas of functioning potentially impacted by experiencing trauma, may be bolstered by a healthy

relationship with parents and the extended family as long as the adolescent continues to draw close to their parents and other close attachment figures (Sue & Sue, 1990)

The nuclear family and extended family has always been an important protective factor for adolescents from an array of backgrounds (including African Americans families and adolescents). Parents and families who have clear boundaries and connect with their adolescent are often able to provide support, acceptance and affirmation, which may positively affect self-esteem (which is often negatively impacted by experiencing trauma) (Saleem et al., 2020).

### 1.3 Trauma-Informed Therapy Using Structural Family Therapy

Structural Family Therapy (SFT), with its focus on boundaries, is often used by MFT to treat adolescents and their family. Boundaries (closeness/intimacy) in a parent-adolescent relationship was explored through the perspective of Structural Family Therapy (SFT). Boundaries in SFT may be (diffuse, clear or rigid) (Minuchin, 2018; Tadros, 2019). Clear boundaries indicate a healthy relationship between entities in that there is flexibility in navigating developmental obstacles and intruders into an open system, along with a developmentally appropriate balance autonomy and interdependence when navigating obstacles.

SFT has been used effectively with a variety of cultural and ethnically diverse populations and a variety of presenting issues (Chappelle & Tadros, 2020). Furthermore, a study reviewed the literature on Black adolescents who have experienced poverty and trauma (Chappelle & Tadros, 2020). This paper conceptualized the intersection of trauma and poverty experienced by African American adolescents and their families through a SFT lens and documented prior literature as well as made the case for treating this population with SFT and conceptualized the family as a key component in recovering from trauma (Chappelle & Tadros, 2020). In the current paper, SFT was used to examine whether or not boundaries (perceived closeness), in the parent-child relationship, affect perceived level of self-esteem in adolescents. However, we have not seen studies that have been examined the predictability of traumatic experience, ethnicity/race and socio-economic status upon boundaries (perceived parental closeness) and its impact upon self-esteem from a systems theory framework and a social justice perspective (focusing upon resilience and protective factors).

The purpose of this study was to examine the potential moderating role of boundaries between adolescents and their parent(s) in the families of Black adolescents who have experienced trauma, and the effect it had on the adolescent's self-esteem. Particularly, the authors sought to examine how experiencing a traumatic event may impact the self-reported self-esteem of Black adolescents, through the lens of SFT. The outcomes of this study may aid MFTs in gaining insight into the possible protective factors for building and maintaining the self-esteem of Black adolescent clients after experiencing (or having a history of) a trauma event. In addition, the researchers were interested in creating a framework for culturally responsive and trauma-informed systemic care for Black adolescents who had experienced trauma. The researchers sought to understand: 'Does perceived closeness to parent(s) moderate the relationship between experiencing trauma and self-esteem?'

## 2 Methods and Materials

### 2.1 Study Design and Participants

In 1979 the mothers of the National Longitudinal Surveys Children and Young Adults (NLS-CYA) participants were originally interviewed as a longitudinal study of survey panels examining the lives of a sample of American youth born between 1957-1964. In the original survey- National Longitudinal Survey of Youth 1979 (NLSY79)- the youth (N = 12,686) were between the ages of 14-22 years. An oversampling of military youth, Black adolescents and youth living in poverty was taken; therefore, sub-samples were dropped of these populations. Altogether a lesser amount, of respondents remained (n = 9,964) after the first round in order to maintain a nationally representative sample population (Bureau of Labor Statistics, 2017). The respondents of the NLS-CYA represent the children (N = 11,521) born to the remaining respondents of the NLSY79. The NLS-CYA participants have been interviewed biennially and data is available from 1986 to 2014. To comply with all ethical standards of conducting research on human subjects, this data utilized secondary data which was approved as an exemption by the BLINDED University's Institutional Review Board. The authors report no potential conflicts of interest.

Only participants who were Black and were between the ages of 13 to 17 years were selected per the survey criteria. In other words, 13-17-year-old participants who answered that their race was anything other than Black were excluded, leaving only African American adolescents (N = 46). The

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

The first selection criterion was for participants to be 15-18 years of age due to the age limits of the Young Adults questionnaire. The second criterion of the study was based upon the participants identifying with the African American race (non-Latino) (Bureau of Labor Statistics, 2017). The scientifically invalid construct of race was measured by using Black race as the reference variable (Bureau of Labor Statistics, 2017). The reference variable is worded: Race of Respondent – Black or African American (non-Latino) (Bureau of Labor Statistics, 2017). The question is a standalone question and has a simple “1 = selected” and “2 = not selected” answer scale (Bureau of Labor Statistics, 2017, para 1). Sixty-one participants out of all the respondents in the 2014 wave were Black adolescents 15-18 years of age (Bureau of Labor Statistics, 2017). However, only 46 participants responded to the questions necessary to run the simple linear regression and only 44 participants answered the questions necessary to run the hierarchical multiple regression.

## 2.2 Measures

Variables included in the analysis were self-esteem, trauma, boundaries, socio-economic status, and

race/ethnicity (Bureau of Labor & Statistics, 2017). For the purposes of this study, self-esteem referred to the self-worth and general satisfaction related to one's life and self as it relates to being, an adolescent (Rosenberg, 1965). This study sought to examine the self-esteem of adolescents who experienced trauma. The complete Rosenberg Self-Esteem Scale, a 10-item Guttman scale was utilized (RSE; Rosenberg, 1965). Scoring may vary. One way is rather complicated and involves an intricate combination of some of the items. The scoring is as follows: “Low self-esteem responses are “disagree” or “strongly disagree” on five items and “strongly agree” or “agree” on five items (Rosenberg, 1965). The reliability of the RSE has a Guttman scale coefficient of reproducibility of .92 indicating excellent internal consistency (Rosenberg, 1965). Test-retest reliability over a period of 2 weeks were .85 and .88 respectively, indicating excellent stability. Concurrent, predictive and construct validity was demonstrated as well as the RSE correlates significantly with other measures of self-esteem (including the Coppersmith Self-Esteem Inventory) (Rosenberg, 1979). In addition, the RSE was significantly correlated with predictors of depression ( $r = -0.30$ ,  $p < 0.01$ ) (Tinakon & Nahathai, 2012). A single self-esteem variable was utilized by creating a composite score. The self-esteem variables were used to create a composite score which corresponded to items 1-10 in the RSE. The answer scale was a Likert scale: “1 = Strongly disagree, 2 = Disagree, 3 = agree, and 4 = Strongly Agree” (Bureau of Labor & Statistics, 2017, para 1).

In this study, trauma referred to particular experiences a person has been exposed to such as: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. The exposure to the traumatic stimulus must have been: 1) direct exposure; 2) witnessing the trauma; 3) learning that a relative or close friend was exposed to a trauma; or 4) indirect exposure to aversive details of the trauma, [usually in the course of professional duties]” (APA, 2015). Examples of traumatic stressors were assault, abuse, witnessing violence, community violence, acts of war/terrorism, accidents, infidelity, and the sudden death or loss of a loved one (APA, 2015).

Trauma was conceptualized in relationship to witnessing community violence in this study. Trauma experienced by adolescents (adults) has been associated with changes in the interpersonal theme areas of esteem of self and others, trust, safety, intimacy and power/control. To assess for community violence, the trauma variable and single questions was asking using a 5-point Likert type scale. The



answer scale was a Likert scale: 1 = Big Problem, 2 = Somewhat of a Problem; and 3 = Not a Problem (Bureau of Labor Statistics, 2017). The question was not utilized as part of a scale, but rather was a standalone question. The answers were re-coded as answering that community violence was a 'big problem' or 'somewhat of a problem' being 'yes' and 'not a problem' being 'no'.

In this study, the construct of 'boundaries' referred to how close the adolescent reported feeling to their parent (mother, father and stepfather). The measurement of boundaries only considered the adolescent's perception of the emotional boundaries within the parent-adolescent relationship. The concept of boundaries is a centralized tenet of Structural Family Therapy and indicates whether the emotional and/or physical closeness between individuals or subsystems is diffuse (rigid), clear (healthy) or diffuse (too close) (Minuchin & Fishman, 1981). Boundaries are indicative of the health in relationship between individuals and subsystems. Families and individuals must maintain clear (healthy) boundaries and not resort to maintaining diffuse or enmeshed boundaries during individual and family life cycle transitions such as during adolescence and the launching of children in order to maintain the appropriate amount of flexibility as roles and rules change within the system (Minuchin, 2018). Diffuse and enmeshed boundaries are unhealthy and do not encourage the appropriate type of interactional and communication patterns needed to maintain appropriate family dynamics and transition through important individual and family life cycle phases such as adolescence and launching children into young adults (Minuchin, 2018). Thus, the type of boundary between the adolescent and parental subsystem was selected to be the moderator between adolescents who experienced trauma and their self-reported self-esteem.

The variables that were used to examine boundaries between the adolescent and their parents were self-reported by the adolescent participants only. The questions used in the current were only pertaining to biological mother and biological father. There was a duplicate question asking how close they were to their stepfather, but not enough participants answered for it to be included into the statistical analysis. Data from the adolescents was the only data available as the Young Adult survey did not ask parents any questions regarding their perception of the relationship between the parent and child subsystems. Previous research conducted by Jensen & Shafer (2013) suggests the adolescent's perception of closeness in their relationship with their parents, including stepparents, to increase by

66.1% when queried (Jensen & Shafer, 2013). The variables measured boundaries in the parent-adolescent relationship using a 4-point Likert type scale and the answers were added together and averaged to obtain a composite score for the variable.

### 2.3 Intervention

#### 2.3.1 Social Skills Training

The analytic techniques that were utilized in this study was a hierarchical multiple regression. The research question sought to examine whether perceived closeness to parent(s) (boundaries) moderates the relationship between the adolescent having experienced trauma and their reported level of self-esteem. The research question was examined by utilizing a hierarchical multiple regression with a moderating variable. A hierarchical multiple regression was utilized as the dependent variable is continuous and the independent variables were categorical and non-dichotomous (Petrocelli, 2003). An interaction term between the independent variable and the moderating variable was created to ascertain whether the direction or magnitude of the relationship between the independent and dependent variable was impacted by the moderating variable (Petrocelli, 2003). It is hypothesized that parental boundaries would moderate the relationship between experiencing trauma and self-esteem.

### 2.4 Data Analysis

The data collected from the pre-test, post-test, and follow-up assessments were analyzed using an analysis of variance (ANOVA) with repeated measurements. This statistical approach was chosen to examine the within-subjects effects (time), between-subjects effects (group), and the interaction effect between time and group on family functioning scores. The analysis aimed to identify significant changes in family functioning over time within each group and to compare these changes between the experimental and control groups. A significance level of  $p < 0.05$  was used to determine statistical significance. Additionally, post-hoc analyses were conducted to further explore the differences between specific time points within the experimental group, ensuring a comprehensive understanding of the intervention's impact over time.

### 3 Findings

Due to the nature of using secondary data the researchers were bound to use the data available. As such, data was not gathered nor were there any results obtained with respect to caregivers other than biological parents. In addition, the researchers were unable to run an analysis using a variable representing socio-economic status, that may have indicated whether or not the participants had lived in poverty (as indicated by having received SNAP benefits during the survey year). This was likely due to an oversampling of participants living in impoverished Northern cities. As such, the assumptions of a regression were violated due to there

being multicollinearity (too much statistical similarity) between the potential socio-economic status and the trauma independent variables measured by witnessing community violence having a correlation greater than .70.

The research question utilized a hierarchical multiple regression analysis to examine whether perceived closeness to parent(s) (boundaries) moderates the predictive relationship between the adolescent having experienced trauma and their reported level of self-esteem. The null hypothesis was perceived closeness to parents does not moderate the relationship between experiencing trauma and self-esteem. The research question is illustrated in model 3 of the regression analysis (see Figure 1).

**Table 1**

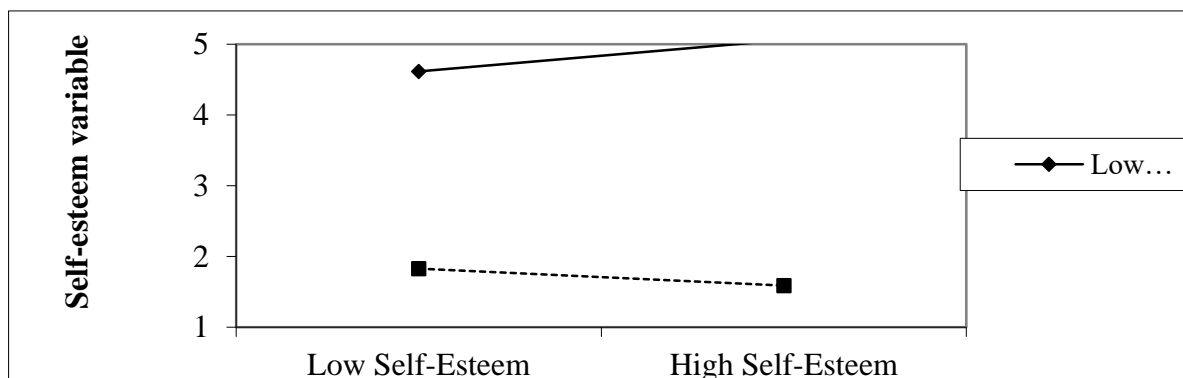
*Coefficients of Multiple Regression Analysis Predicting Self-esteem (N= 44)*

Variable	B	SE	$\beta$	T	Sig	Tolerance	VIF
1 (Constant)	2.534	.044		45.901	.000		
Trauma	.032	.084	.060	-1.890	.071	1.000	1.000
2 (Constant)	2.503	.111		23.389	.000		
Trauma	.035	.085	.064	-2.005	.683	.990	1.010
Closeness	.016	.052	.048	-2.653	.759	.990	1.010
3 (Constant)	2.617	.119		18.861	.000		
Trauma	-.433	.232	-.798	.379	.070	.121	8.241
Closeness	-.042	.057	-.127	-1.395	.461	.764	1.309
Moderator	.256	.119	.921	-1.261	.038	.121	8.238

SE= Standard Error; VIF= Variance Inflation Factor

**Figure 1**

*Interaction between trauma and perceived closeness on self-esteem*



All four of the assumptions of a regression analysis were met: the relationship is linear; the variables were normally distributed; homoscedasticity; and the observations were independent of each other (Petrocell, 2003). Outcomes of the

hierarchical multiple regression indicated predictive change results which were statistically significant for model 3  $F(1, 40) = 4.618, p = .038$  (see Table 1 and Table 2).

**Table 2**

*Model Summary of Hierarchical Multiple Regression Analysis Predicting Self-Esteem*

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	ΔR <sup>2</sup>	F	df <sub>1</sub>	df <sub>2</sub>	Sig ΔF
1	.060 <sup>a</sup>	.004	-.020	.004	.149	1	42	.701
2	.076 <sup>b</sup>	.006	-.043	.002	.095	1	41	.759
3	.330 <sup>c</sup>	.109	.042	.103	4.618	1	40	.038

Notes: <sup>a</sup>.Predictors: (constant). trauma; <sup>b</sup>.Predictors: (constant). trauma, closeness; <sup>c</sup>.Predictors: (constant). trauma, closeness, moderator.

The R square value, otherwise known as the effect size, for model 3 indicated 1.1% of the variance in total self-esteem scores was due to trauma, closeness and the moderating interaction term. The change in R squared was 1.0% indicating the variance in total self-esteem scores was due to the moderating interaction term of perceived closeness to parents alone (see Table 2). The 95% confidence interval for the moderation variable impacting self-esteem composite scores in model 3 ranged from .015

to .497 which does not include zero. The ANOVA results indicated model 3 as a formulation was not statistically significant as  $p = .198$  (see Table 3). The regression coefficient was  $B = -.256$ , with  $p = .038$  for the moderating interaction variable in model 3. These finding indicated that the moderating interaction term of perceived closeness to parents does statistically significantly moderate the effect of trauma upon self-esteem composite scores and the null hypothesis as rejected.

**Table 3**

*ANOVA Results of the Three Model Hierarchical Regression Analysis*

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	.009	1	.009	.149	.701 <sup>b</sup>
Residual	2.559	42	.061		
Total	2.568	43			
2 Regression	.015	2	.008	.121	.887 <sup>c</sup>
Residual	2.553	41	.062		
Total	2.568	43			
3 Regression	.279	3	.093	1.627	.198 <sup>d</sup>
Residual	2.289	40	.057		
Total	2.568	43			

Notes: df = means degrees of freedom; F = calculated value of the Analysis of Variance; <sup>a</sup>Dependent Variable: self-esteem; <sup>b</sup>Predictors: (constant). trauma; <sup>c</sup>.Predictors: (constant). trauma, closeness; <sup>d</sup>.Predictors: (constant). trauma, closeness, moderator.

#### 4 Discussion and Conclusion

The purpose of the study was to fill a specific gap in the body of research in the field of MFT, which focused upon Black families of adolescents who have experienced trauma from a structural perspective. A number of past research studies have investigated Black adolescents who have experienced events which could be deemed traumatic. However, a lack of emphasis upon the importance of closeness to parents from a systems theory perspective has been pervasive in the literature. The current study examined the moderating effects of closeness upon the expected effects of experiencing trauma on the self-esteem of Black adolescents through the lens of Structural Family Therapy (SFT). Both the individual and their family/loved ones can

be impacted when one or more trauma event(s) is/are experienced. Therefore, a systemic approach can be helpful when examining trauma experienced by one family member, an adolescent. According to the literature, parents play an important role in the lifespan development of adolescents (Saleem et al., 2020). In particular, Black adolescents are more likely to experience both individual and cultural traumas and, as such may be in greater need of familial support (Saleem et al., 2020). In light of this, SFT which focuses on interpersonal boundaries (closeness) as described above, was an ideal family therapy theory for the current study. Previous research implies that Black adolescents encounter a large number of risk factors (e.g.: systemic racism, racial discrimination, prejudice, implicit bias and situational and generational poverty) with regard to trauma (Sue & Sue, 1990).

This research question sought to determine whether perceived closeness between adolescents and their parents moderated the relationship between experiencing trauma and self-esteem scores in Black adolescents. A hierarchical multiple regression was conducted to explore whether perceived closeness served as a protective factor from trauma to self-esteem in Black teenagers. The statistically significant regression findings indicated closeness to parents served as a protective factor from trauma to self-esteem scores in Black adolescents. However, an ANOVA of the regression indicated that perceived closeness did lower the variance of self-esteem scores in the participants examined, but that the results could be by chance.

The question assessed whether perceived closeness to parent(s) (boundaries) moderates the relationship between the adolescent having experienced trauma and their reported level of self-esteem. A hierarchical multiple regression analysis was used to analyze the question. It was hypothesized that reported closeness to parents would significantly moderate reported levels of self-esteem amongst Black adolescents who experienced trauma. The hypothesis was supported by the study findings, indicating that some of the variance was due to the moderating effects of closeness to parents between the expected results of trauma upon self-esteem. Altogether, the predictors accounted for a larger part of the variance in self-esteem, the multiple regression indicated there was a statistically significant effect of the impact of both experiencing trauma and perceived closeness with parents as a moderating interaction term upon the self-esteem of Black adolescents. This indicated that closeness with parents combined with experiencing trauma impacts the self-esteem of Black adolescents per previous research studies as family relationships tend to be protective factors for Black individuals in general (Cross et al., 2018).

It is important to note that there was an oversampling of participants who were living in poverty at the time the data was collected. The variable measuring socio-economic status (poverty in particular) was not specifically examined. The impact of poverty was so strong upon the study that it could not be included while still examining trauma/experiencing community violence and whether or not the adolescents perceived it as a problem. Statistically there was a strong correlation between experiencing poverty and witnessing community violence in the study. Previous studies and theoretical models have connected experiencing trauma to having a negative impact upon self-esteem. The family, particular caregivers such as biological parents, and

the quality of the parental and familial relationships are seen by traditional family systems practitioners as the ‘trauma antidote’ (Minuchin, 2018). Therefore, the finding of the parent-adolescent relationship protecting the adolescent from the expected results of having low self-esteem due to living in a potentially unsafe environment which also may implicitly lack resources due to poverty were not altogether unexpected by the researchers.

#### 4.1 Clinical Implications

Due to the sizable and steady population of Black individuals in the U.S., it is probable that MFTs will work with this population in some capacity (Chappelle & Tadros, 2023). It is recommended that MFTs assess for potential protective factors and resilience within Black adolescents and families (Chappelle & Tadros, 2020, 2023). Further, it is important for MFTs to be aware of protective factors that may aid in providing evidence-based, trauma informed, and culturally responsive and systems theory-based interventions (Chappelle & Tadros, 2023).

MFTs are likely to engage with a variety of individuals, couples and families while working in various clinical settings (Tadros & Owens, 2021). Therefore, there is an appreciable likelihood that they will provide therapeutic services to Black adolescents who have experienced trauma. As such, it is important to gain insight into providing both culturally competent and evidence-based treatment for such clients. As a result, this study sought to gain a better understanding of protective factors that may moderate the expected results of trauma upon Black adolescents and to begin to facilitate a more culturally and trauma-informed way of using systems theory through SFT with this vulnerable population. Clients should be given the chance to collaborate with the agency providing such services towards their mutual goal of safety, physically and emotionally safe (Kusmaul et al., 2019).

As such, MFTs who work with Black adolescents must assess for closeness and flexibility within the parent-adolescent relationship. A recent study’s findings showed that when there is an increased shortage in social services (between what adolescent needs and really acquires) mother– child relationship quality was lower (Wiles et al., 2019). Some Black families report less flexibility in the parent-adolescent relationship (due to traditional/authoritarian parenting) which may impact how emotionally close the adolescent feels to their parents as they navigate through their teenage and young adult years



(Tadros & Owens, 2021; Tadros et al., 2023). MFTs must aid families in adapting to this pivotal lifespan developmental phase to properly equip adolescents who may or may not have experienced trauma as they emerge into the world of adulthood. In addition, MFTs can use culturally relevant interventions (Tadros & Owens, 2021; Tadros et al., 2023) such as boundary making to increase self-esteem and to inform parenting strategies and practices in Black families of adolescents.

#### 4.2 Limitations and Future Directions

Various limitations of the study were examined and included: using secondary data and the impact it has upon the variables chosen, having a smaller sample size, and using self-report measures. The sample population of Black adolescents examined included 44 participants. This is a much smaller proportion of Blacks than those present percentage wise (13%) in the population of the U.S. The original sample of mothers was disproportionately White which is still reflected in the sample gathered in this study. In addition, many of the participants were disproportionately sampled from Northern urban areas. This led to variables such as socio-economic status being excluded from the regression models due to being multi-collinear to other independent variables. In other words, there was a large oversampling of people living in poverty. As such, it may be argued that the findings may not be reproducible or generalized due to the disproportionate sample size and overrepresentation of participants from urban areas.

Another limitation is that the covariance between the closeness variable and the trauma variable was  $-.075$  which indicates a relatively small degree of strength in the relationship between two random variables making them suitable for hypothesis testing. It is also indicative of an inverse relationship between the two variables as hypothesized. The limitations of the study did not detract from the purpose of the study, to examine the moderating effect of perceived parental closeness between adolescents and their parents upon the self-esteem of Black individuals who have experienced trauma. Overall, the study added value to the current body of research as it was an attempt to examine closeness in the parent-adolescent relationship (boundaries), a key concept in SFT, quantitatively as a moderator between experiencing trauma and self-esteem.

An additional limitation included the lack of data on the adolescents' reported closeness to other family members outside of stepparents such as extended family members.

This was due to using secondary data. Questions about biological parents and stepparent relationships were the only data points available. Unfortunately, not enough adolescents had stepparents to be included in a quantitative study. This would have been rich data to have as the authors have already examined the importance of extended family to the Black family subsystem. Multigenerational households are possible and the lack of interest in such matters highlights the Eurocentric approach of the study and what constitutes a traditional family. The inclusion of this type of data may add to the understanding of researchers with respect to the continued importance of a vast extended family support system as a protective or promotive factor for Black adolescents. The addition of data on closeness to extended family members may have contributed to building upon the knowledge we have about the changing culture and demographics of the Black community in the U.S. due to immigration.

Some research suggests ethnicity, relationship with family/friends and mastering skills is a predictor of self-esteem along with genetics and other factors (Rosenberg, 1965). This must be considered in the treatment of adolescents as well by MFTs. The statistically significant finding of the interaction term moderating the relationship between trauma and self-esteem in the hierarchical multiple regression could be due to Type I error. Therefore, it is important to explore this finding in more detail in future research studies. It would be important to explore whether such findings occurred with other racial groups, such as European Americans and Latinxs in the same data set, or with Black adolescents in other data sets. Future studies of African American adolescents who experience trauma should also consider what other protective factors comprise the majority of the variance between trauma and self-esteem.

In addition, in future research studies examining the moderating effect of perceived parent-adolescent closeness upon the self-esteem of Black adolescents who have experienced trauma, it would be helpful to transpose the independent variable of experiencing trauma and the outcome variable of self-esteem to determine whether or not having a high level of self-esteem protects one from the effects of trauma. It would also add to the body of research to examine mother-only single parent households with and without stepfathers to determine whether or not the presence of stepfathers make a difference. Unfortunately, there were not enough of those types of Black households present in this study to include them in the sample data. In addition, a great deal of information would be added to the current body of

research by conducting a statistical analysis using all of the adolescents present in the sample with race and socio-economic status as independent variables. A statistical procedure such as a latent class analysis could be conducted along with other types of person-centered modeling procedure. This would be akin to the current advanced biologically based statistical analyses being conducted in the field of biological science.

The researchers wish to add to the body of research in the treatment of adolescents and their families who have been impacted by trauma by conducting the current study. The current study made use of a fairly complex model designed to explore how experiencing trauma, moderated by parental closeness, may impact the self-esteem of an adolescent. It was anticipated that the outcomes of this study may aid clinicians and researchers to gain insight into protective factors of self-esteem for adolescents who have experienced trauma. In addition, systemic culturally competent and trauma-informed interventions for Black adolescents may be informed by this study.

### Authors' Contributions

All authors equally contributed to this article.

### Transparency Statement

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The authors report no conflict of interest.

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### Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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