

Community Violence Exposure and Risk Taking Behaviors Among Black Emerging Adults: A Systematic Review

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Abstract Black emerging adults ages 18–29, particularly those residing in predominantly black urban communities, are at risk for community violence exposure (CVE). This potentially traumatic event may induce traumatic stress reactions for black emerging adults that contribute to their engagement in violence perpetration, substance use and/or sexual risk-taking behaviors as a way to cope with their experiences. To address these identified concerns and make recommendations for future research, this article identifies and synthesizes results from studies that have examined CVE and its association with violence perpetration, substance use, and sexual risk-taking behaviors among black emerging adults. We use the term “black” throughout the article to refer to a socially constructed racial group or identity and recognize that this group, like all other racial groups in the United States, are ethnically heterogeneous. A systematic review of the literature was conducted to identify studies that (1) included a measure of CVE (2) included a measure of violence perpetration, substance use, or sexual risk-taking behaviors, and (3) included primarily black emerging adults. Results showed CVE rates as high as 83% for black emerging adults. CVE was significantly associated with substance use, but findings on the association of CVE with violence perpetration and sexual risk-taking behaviors were mixed. Also, there was a lack of consistency in measures used to assess CVE, suggesting that future research should seek to identify “gold standard” measures and consider whether they have been examined

with black emerging adults or similar populations and whether they capture the experiences of this unique population. Furthermore, studies investigating factors that might moderate and/or mediate the relationship between CVE, violence perpetration, substance use, and sexual risk-taking behaviors among black emerging adults are warranted.

Keywords Community violence exposure · Violence perpetration · Substance use · Sexual risk taking behaviors

Introduction

Emerging adulthood is defined as the period from the late teens through the twenties, with a focus on ages 18–29, where exploration and instability are common [5]. It is a period of identity exploration, instability, self-focus, transition, and possibilities. Emerging adulthood is also a high risk time for violence victimization. Emerging adults in the United States are exposed to crime and violence at alarming rates and are victims of crime significantly more often than youth in other developed countries [66]. Moreover, black emerging adults may be at greater risk for violence victimization due to their disproportionate overrepresentation in neighborhoods marked by high rates of CVE [14, 25, 64]. Although violence cuts across social and demographic lines, CVE is highest in poor urban communities [52]. Although black emerging adults represent only 2.4% of the total U.S. population, they account for 26% of emerging adults who are victims of an assault that result in injury and 20.7% of homicide victims [15, 25, 67]. Furthermore, CVE is a potentially traumatic event that may result in deleterious outcomes for black emerging adults.

The Diagnostic and Statistical Manual 5th Edition (DSM-V) defines a traumatic event as exposure to actual or

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threatened death, serious injury, or sexual violence by victimization, witnessing, learning that the event occurred to a loved one, or repeated exposure to details of the traumatic event [4]. However, it is not just the event itself that determines whether something is traumatic, but also the individual's experience of the event [60]. Fear, anger, sadness, and guilt and shame are some of the traumatic stress reactions that victims of trauma can experience [29, 37, 45]. Left untreated, trauma exposed individuals may engage in maladaptive behaviors as a way to cope with their traumatic experience. Although many black emerging adults who experience CVE will go on with their lives without incurring lasting negative outcomes, others may experience traumatic stress reactions that lead to their engagement in violence perpetration, substance use, or sexual risk-taking behaviors.

Black emerging adults have the highest rate for homicide offenders (189.8 per 100,000) compared to their white (40.4 per 100,000) counterparts [21], and national data show that black adults ages 18 and older account for 33% of arrest for aggravated assault [25]. Additionally, roughly 7.4% of black emerging adults report substance dependence or abuse compared to 8.4% for whites [60], and black emerging adults are 6–8 times more likely than whites to contract a sexually transmitted disease [17]. Prior research has documented an association between CVE and adverse mental health outcomes among black emerging adults [55–57], and although extant literature show a link between CVE and violence perpetration [30, 42], substance use [20, 30], and sexual risk-taking behaviors [68, 69] among black adolescents, less is known about this phenomenon for black emerging adults. Therefore, informed by the stress process paradigm [48], this article aims to address this gap in the literature by reviewing and synthesizing results from studies that have examined the relationship between CVE, violence perpetration, substance use, and sexual risk-taking behaviors among black emerging adults. Also, implications for practice, policy, and future research in this area are proposed.

Background Literature

Stress Process

The stress process theoretical framework has contributed substantially to our understanding of the mechanisms that help explain the links between events and stress, and how these factors affect the well-being of people. The major domains used to describe the process of stress are (1) the social statuses of individuals (2) the source of stress (i.e., event and chronic strains) (3) the moderators of stress (i.e., social support, self-concepts, and coping behaviors), and

(4) the manifestations of stress (i.e., mental, emotional, and behavioral outcomes [48]). A central tenet of the stress process model is that stress exposure, such as CVE, is associated with social structure and social inequality (i.e., poverty and low SES). Specifically, poor black emerging adults living in low-income urban areas are at risk for CVE, and the effects of CVE may be attenuated or exacerbated by the presence of more proximal influences. The type of social support and coping behaviors may help or hinder an individual's capacity to effectively deal with stress and its outcomes [49]. Therefore, in the absence of healthy social supports and coping behaviors, many low-income black emerging adults may engage in violence perpetration, substance use and/or sexual risk-taking behaviors as a way to cope with CVE [30, 36, 42, 68, 69].

CVE

CVE is defined as exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim [58, 74]. The type of violence related events one may experience can include being chased by gangs or individuals, threatened with serious physical harm, punched or hit by a non-family member, mugged, sexually assaulted, severely wounded by violence, stabbed, and/or shot [53]. Also, CVE can happen as a result of direct exposure (i.e., victimization or witnessing the event in person) or indirect exposure (i.e., heard or heard about the event [40, 53, 74]). Studies have presented evidence suggesting that CVE is among the strongest predictors of violent behaviors [8, 30, 41].

Violence Perpetration

Research suggests that CVE can influence an individual's attitude and beliefs about violence [34]. This finding is consistent with the social learning theory which suggests that violent behavior can be learned through observation and imitation, and the more often it is reinforced, the more likely it is to occur [7]. Thus, CVE may normalize the use of violent/aggressive behavior [31]. Concomitant to the social learning theory, the general strain theory (GST) posits that when people experience stress, which is common after a traumatic experience, they often respond with a range of negative emotions that may lead individuals to violent crime and/or delinquency as a way to cope and reduce the negative emotions caused by the strain [3]. Prior studies have presented evidence of an association between trauma and violence perpetration [8, 39] which has been defined as participating in: (1) collective violence, which involves war or gangs; and/or (2) individual violence, which involves physical assault, sexual assault, attempted murder, and murder [9, 22, 30]. Thus, an investigation of CVE and its

association with violence perpetration for black emerging adults is warranted.

Substance Use

Substance use disorder (SUD) is a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues to use the substance despite significant substance-related problems [4]. Although SUD is not the focus of this review, it is reasonable to consider CVE as an ongoing source of trauma that may facilitate the use of alcohol and/or illegal substances, which may lead to SUD. National data show that black emerging adults have a 7.4% rate of substance dependence or abuse [60]. Furthermore, prior studies have documented the relationship between CVE and substance use among black youth in urban settings [20, 30, 46, 75], yet it is unclear exactly how many black emerging adults engage in substance use as a result of experiencing CVE.

Sexual Risk-Taking Behavior

Emerging adults aged 18–26 in the United States account for nearly 50% of all new sexually transmitted infections (STI) [16]. This epidemic is most prominent among black emerging adults. According to the CDC [16], black females are six times more likely to contract chlamydia than white college aged females, black males are eight times more likely to contract chlamydia than white college-aged men, and 69% of reported cases of gonorrhea were among black emerging adults. Certain behaviors place individuals at risk of contracting STIs which include; unprotected sex (e.g., condoms/barriers), unknown STI/HIV status, concurrent sexual partners, and alcohol and substance use [17]. Research has shown an association between CVE and sexual risk behaviors among black youth [68, 69] and black detained youth [71]. However, less is known about the impact of CVE on sexual risk-taking behaviors of black emerging adults. The impact of CVE and associated stress reactions place black emerging adults at risk for engaging in maladaptive behaviors that can be deleterious to their health. Thus, a review of studies that have examined the relationship between CVE, violence perpetration, substance use, and sexual risk-taking behaviors among black emerging adults is warranted.

Methods

Search Strategies and Study Identification

Literature searches were conducted between January 2017 and February 2017 in EBSCO (Academic Search

Complete; America: History & Life; Applied Science & Technology Full Text [H.Wilson]; CINAHL Plus; Communication Abstracts; Education Full Text [H.W. Wilson]; Family & Society Studies Worldwide; Gender Studies Database; Global Health; Global Health Archive; History of Science, Technology & Medicine; MEDLINE; PsycINFO; Social Work Abstracts; SocINDEX), ProQuest (Applied Social Sciences Index and Abstracts Criminal Justice Database; Education Database; ERIC; Ethnic News-Watch; Political Science Database; ProQuest Dissertations & Theses A&I; Social Science Database; Social Services Abstracts; Sociological Abstracts; Sociology Database), and Web of Science (Web of SCIENCE Core Collection; Inspec; KCI-Korean Journal Database; Russian Science Citation index; SciELO Citation Index).

Relevant articles were identified using search words formed according to the search guidelines and BOOLEAN combinations defined by the selected databases (see Table 1). The searches were completed by March 1, 2017. Titles and abstracts were screened, and articles were retrieved if they met the established inclusion criteria. Articles selected for this review included those that (1) included black emerging adults, (2) included a measure of CVE, (3) included a measure of violence perpetration, substance use, or sexual risk-taking behaviors, (4) were published between January 1990 and February 2017, and (5) conducted in the U.S.

A flow diagram for this review is presented in Fig. 1. The Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) statement developed by Moher et al. [44] was used as a guideline to formulate the flow diagram. An initial electronic search identified 2686 studies after exact duplicates were removed. The titles and abstracts of these articles were screened by three reviewers, resulting in 2671 articles excluded due to data were collected outside the U.S.; articles were from newspaper or magazines, or the outcomes studied did not meet the inclusion criteria. The remaining 15 studies were retrieved for full-text review. Eight studies were excluded due to the samples not representing the population of interests, resulting in seven studies that were included in the final research synthesis. Description of the studies sample and outcome variables included in our analysis are summarized in Table 2.

Findings

The majority ($n=5$) of studies included in this review used urban low-income community samples, whereas Phillips et al. [50] study consisted of a sample of men from eight states (Oakland, CA, Bronx, NY, Houston, TX, Los Angeles, CA, Rochester, NY, Chapel Hill, NC,

Table 1 Key words in search strategy

Category	Search terms
Common search terms	
Black	“African American*” OR black* OR “African-American*”
Emerging adult	“young adult” OR “young adults” OR “emerging adult” OR “emerging adults” OR “young men” OR “young women” OR “twenties” OR “late teen” OR “young adulthood” OR “emerging adulthood” OR “young-adult*” OR “young-adulthood” OR “emerging-adult*” OR “emerging-adulthood”
Community violence	neighborhood* OR communit* OR “residency” OR “neck of the woods” OR “stomping ground” OR “hood” OR “urban” OR local*
Outcome of interests	
Violence perpetration	“violen*” OR “assault*” OR “abuse*” OR “trauma*” OR witness* OR victim* OR “survivor*”
Substance use	“substance*” OR “drug*” OR “abuse*” OR “use*” OR “misuse*” OR “addict*” OR “dependent*” OR “depend-enc*” OR “disorder*” OR “problem*” OR “illegal” OR “withdrawal” OR “overdose”
Sexual risk-taking behavior	“sexual behavior*” OR “sexual risk” OR sexual* OR condom OR “sexual partner” OR “sexually transmitted*” OR “sex behavior*” OR “human sexuality” OR “sexual activit*” OR “sex activit*” OR “sex encounter*” OR “sexual encounter*” OR “sex partner*” OR “sexual partner*” OR “safe sex” OR “safe sexual” OR “unsafe sex” OR “unsafe sexual” OR “unprotected sex” OR “unprotected sexual” OR “high risk sex” OR “high-risk sex” OR “high risk sexual” OR “high-risk sexual”

The search terms of violence perpetration, sexual risk-taking behavior and substance use were searched separately with CVE, Black and emerging adult

Table 2 Studies description of sample and outcome variables

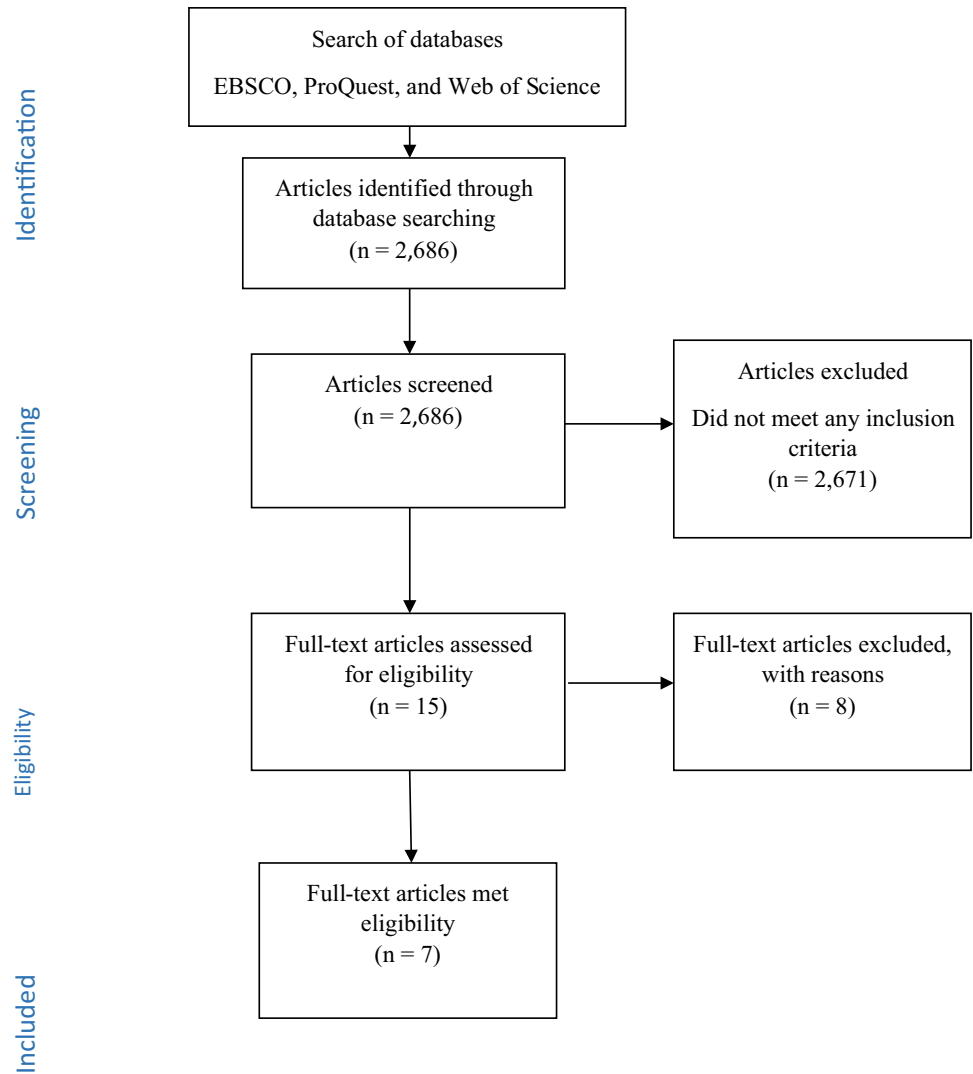
Authors	Study setting	Female (%)	Male (%)	Age (mean)	Black (%)	Study design	Outcomes reported
Hankin et al. [32] ^a	Community (urban)	57.2	43.7	21	85.7	Cross-sectional (<i>n</i> = 365)	Recent history of violence perpetration Perceived likelihood of future violence perpetration
Tandon et al. [62] ^a	Community (urban)	49.9	49.9	19	95	Cross-sectional (<i>n</i> = 633)	Violence perpetration in past 12 months
Brook et al. [12] ^b	Community (urban)	59	41	29	55	Longitudinal (4 waves, <i>n</i> = 838)	Marijuana and other illegal drug dependence in past five years
Fowler et al. [27] ^b	Community (urban)	60	40	20	52	Cross-sectional (<i>n</i> = 341)	Current alcohol and other substance abuse disorders
Turner and Lloyd [65] ^b	Community (urban)	24	76	19–21	25	Cross-sectional (<i>n</i> = 1803)	Life-time and 1-year occurrence of substance disorders
Phillips et al. [50] ^c	Community (urban)	NA	100	20.4	66	Cross-sectional (<i>n</i> = 363)	Condom use or engaged in sex in exchange for drugs or money in the past three months
Voisin et al. [70] ^c	National sample	48	52	22	27	Cross-sectional (<i>n</i> = 7726)	Early sexual debut Number of past-year sexual partners Total number of sexual Partners

^aViolence perpetration studies

^bSubstance use studies

^cSexual risk-taking behaviors studies

Fig. 1 Flow diagram of systematic review in accordance with PRISMA statement



Detroit, MI, and Chicago, IL) and Voisin et al. [70] used data from a nationally represented sample of emerging adults. Although Pearlin’s et al. [48] stress model suggest that CVE is associated with poverty and low social economic status (SES), none of the studies included in this review examined this association. Two of the studies measured the association between CVE and violence perpetration; three examined CVE and substance use, and two assessed CVE and sexual risk-taking behaviors. Most of the studies used a cross-sectional design. However, studies lacked consistency in the measures used to assess CVE (see Table 3). Instruments used to evaluate CVE were initially developed for children and adolescents, and the age composition of the samples varied across studies. Furthermore, except two studies, factors that may mediate or moderate the relationship between CVE and the three outcomes of interests were not assessed.

CVE, Violence Perpetration, Sexual Risk-Taking Behaviors, and Substance Use

Results from the seven studies reviewed in this article show that roughly 83% of the black emerging adults sampled experienced CVE, 32% reported engaging in violence perpetration, 6.5% substance use, and 33–67% sexual risk-taking behaviors that consisted of early sexual debut, high number of total lifetime sexual partners, and engaging in unprotected sex. However, examination of the association between CVE and violence perpetration and CVE and sexual risk-taking behaviors revealed mixed results. Tandon et al. [62] study found a significant association between CVE and violence perpetration among a sample of urban, low-income black emerging adults (mean age=18.7), whereas this association was not found among participants in the study by Hankin et al. [32]. Equally, data from a nationally represented subsample of black emerging adults

Table 3 Instrument characteristics of community violence exposure (CVE) used in the selected studies

Studies	Instrument for CVE	Items	α	Types	Sample items
Hankin et al. [32] ^a	Children's exposure to community violence survey [52]	12	.84	Witness/exposure	Have you heard guns being shot? Have you seen someone in your home get shot or stabbed?
Tandon et al. [62] ^a	Life event and neighborhood stress survey [23]	29	.71	Witness/exposure	Have you witnessed someone being beaten, shot, or really hurt by someone in past 12 months?
Brook et al. [12] ^b	Violence toward subjects [18]	10	.90	Victim/exposure	How often has someone held a weapon (gun or knife) to you?
Fowler et al. [27] ^b	Things I have seen and heard [51]	11	.86	Victim/witness exposure	Have you seen someone stabbed? Have you been threatened with shooting?
Turner and Lloyd [65] ^b	Witnessed violence adapted from life history calendar [28]	10	NR	Witness/exposure	Have you seen someone else get shot at or attacked with another weapon?
Phillips et al. [50] ^c	Study designed questionnaire asking participants to select yes/no if they have observed various forms of violence in the past 3 months	NR	NR	Witness/exposure	Have you ever seen someone assaulted?
Voisin et al. [70] ^c	NR	7	NR	Victim/witness exposure	Have you seen someone stabbed another person? Have you had someone pull a gun on you?

The authors listed in the instrument were extracted from the selected studies

NR no report

^aViolence perpetration studies

^bSubstance use studies

^cSexual risk-taking behaviors studies

who participated in Wave III of the National Longitudinal Study of Adolescent Health revealed that CVE was significantly associated with early sexual debut (adjusted odds ratio = 1.47, $p < .01$) and number of total lifetime sexual partners ($\beta = .07$, $p < .001$ [70]). However, Phillips et al. [50] study found that CVE was not significantly associated with black emerging adults engagement in unprotected oral or anal sex. The mixed findings on CVE and its association with violence perpetration and sexual risk-taking behaviors, and the dearth of literature investigating the relationship between CVE and these maladaptive outcomes among black emerging adults, suggest that more research is needed. In contrast to these findings, all three studies examining the relationship between CVE and substance use among black emerging adults found a significant association.

Among a sample of 1803 black emerging adults aged 19–21 residing in Miami-Dade County, Turner and Lloyd [65] found that CVE was significantly associated with substance dependence and the greater the lifetime accumulation of CVE resulted in an increased risk of substance dependence. Bivariate correlations from Fowler et al. [27] study showed a significant positive association between CVE and substance abuse/dependence ($p < .01$). While both studies above used a cross-sectional survey design,

Brook et al. [12] used a longitudinal approach to investigate how CVE influenced substance use among black emerging adults. Findings revealed that CVE was significantly associated with an increased risk of being drug dependent in bivariate (OR 1.74, $p < .01$) and multivariate (OR 1.35, $p < .01$) analysis. The novelty of this study was the longitudinal design which enabled the authors to predict from CVE measured across two developmental stages in emerging adulthood [Time II (mean age = 19.2 years) and Time III (mean age = 24.5 years)] to substance use in the later stage of emerging adulthood [Time IV (mean age = 29 years)]. These results suggest that black individuals in the later stage of emerging adulthood may use drugs as a form of self-medication to cope with their experiences of CVE in early to mid-emerging adulthood.

However, factors that may moderate the impact of CVE are important to assess and are one of the major domains used to describe Pearlin's [48] stress process model. The type of social support and coping behaviors may help or hinder a black emerging adult's capacity to effectively deal with stress and its outcomes resulting from CVE [49]. Potential moderators were examined by only two studies from this review and findings were mixed. Tandon et al. [62] examined coping behaviors (i.e., active, avoidant, distraction, and support-seeking) and social support (i.e.,

group of close friends, mother) and found that these protective factors were not able to buffer the relationship between CVE and engagement in violence perpetration for black emerging adults.

Fowler et al. [27] examined the protective function of public and private religiosity. Private religiosity is defined as one's internal thoughts and beliefs about their religious identity, the importance of religion to self, and personal religious awareness, whereas public religiosity refers to church attendance and celebration of religious holidays [6, 10]. Findings revealed that black emerging adults exposed to higher rates of CVE reported increased substance abuse/dependence symptoms when less publicly religious. Although religiosity is not explicitly stated as a moderating factor in Pearlin's stress model, an individual's self-concepts may be impacted by their religious beliefs and they may receive positive social support from members of their religious group. Prior research show that black emerging adults are more likely to attend church services, engage in private prayer, and/or look to a higher power for support [43, 47]. Therefore, the sense of belonging or believing in something greater than oneself may serve as a buffer in the relationship between CVE and substance use for black emerging adults.

Discussion

Together, this collection of studies present compelling evidence concerning the association between CVE and substance use for black emerging adults in the U.S. The prevalence of CVE for black emerging adults varied across studies, which is similar to research findings on black youth [20, 30]. Only one of the two studies examining CVE and its association with violence perpetration and sexual risk-taking behaviors found a significant association. However, all three studies examining CVE and substance use found a significant association. Two of the studies from this review examined potential moderators that may buffer the effects of CVE. Results revealed that black emerging adults experiencing CVE may still engage in violence perpetration, despite having high levels of social support and engaged coping skills. This finding lends support to prior research suggesting that when the community is experiencing chronic CVE, social support factors become less effective due to the stress that is widely shared by the individuals of the support network [54]. Thus, a fractured social support network may contribute to one's engagement in violence perpetration as a way to cope with their experiences of CVE. In contrast, religiosity was shown to buffer the effects of CVE on substance use for black emerging adults [27]. However, the cross-sectional survey design of this study limits the ability to determine casual

and transactional pathways between religiosity, CVE, and substance abuse.

Limitations

The present review is limited to the relatively few studies available that examined CVE and its association with violence perpetration, substance use, and sexual risk-taking behaviors among black emerging adults. Most of the studies in this review ($n=5$) used a cross-sectional design which limits our ability to establish temporal precedence to better understand the long-term impact of CVE and make causal inferences about CVE in relation to violence perpetration, substance use, and sexual risk-taking behaviors. There were also inconsistencies in the measurement of CVE. Studies used a modified measure [27, 65], measure developed for children [32], or designed a survey to measure CVE [50] which limits our ability to synthesize findings. The use of self-report measures to assess CVE may have minimized findings due to biases that are inherent in self-report. Moreover, the association found between CVE, violence perpetration, and substance use does not rule out alternative explanations, such as the presence of potential confounding variables.

Prior research show that black emerging adults who experience high levels of CVE are more likely to experience other risk factors including childhood maltreatment [2, 26, 38], intimate partner violence [11, 73], and having an incarcerated, mentally ill, or substance-abusing family member [13, 24, 26]. These key potential confounders could explain the association between CVE, violence perpetration, substance use, and sexual risk-taking behaviors. Therefore, an indirect pathway may exist between CVE and aforementioned outcomes that the particular set of studies in this review failed to address. Lastly, although this review targeted all studies focused on CVE and its association with violence perpetration, substance use, and sexual risk-taking behaviors among black emerging adults, it is possible that some studies were not identified and thus not included in this review. Despite the current limitations, results from this review offer implications for practice, policy, and future research.

Implications

One advantage of a systematic review is the ability to use summaries from multiple studies on the same topic to obtain a more precise assessment of the relationship between variables [59]. Furthermore, combining results from several studies can lend more credence to the findings than a single study alone. In this review, CVE was found

to be associated with substance use among black emerging adults. However, CVE and its associations with violence perpetration and sexual risk-taking behaviors were mixed. Most of the studies in this review were cross-sectional, used small sample sizes, and lacked generalizability and the ability to make inferences about causation. Additional research that confirms these findings in other samples is warranted and may help us better illuminate the mechanisms whereby CVE is associated with violence perpetration, substance use, and sexual risk-taking behaviors.

Future studies should employ more rigorous sampling techniques and research designs that enable researchers to examine both the long-term effects of CVE on violence perpetration, substance use, and sexual risk-taking behaviors and factors that moderate or mediate this relationship. The results from such studies may inform practitioners and policy makers of informal and formal resources that may serve as protective factors and help attenuate the impact of CVE on the well-being of black emerging adults. Additionally, the need for culturally sensitive treatment and prevention methods for black emerging adults experiencing CVE is particularly critical in urban low-income communities where resources are sparse [18, 63]. Due to high rates of utilization of emergency departments by low-resourced black emerging adults suffering from non-fatal violent injuries related to CVE, the emergency room is an ideal site for initiating treatment and prevention programs for this population [72]. Overall, given the limited amount of studies found and increasing rates of substance use [1, 61], violence perpetration [33, 35] and sexual risk-taking behaviors [69] among black emerging adults, the relationship between CVE and these adverse outcomes merits a great deal more attention in research.

Conclusion

In summary, findings from this review provide some evidence for a relationship between CVE, violence perpetration, substance use, and sexual risk-taking behaviors among black emerging adults. Given the heterogeneity in measurement and methodology, results included in this review are scarcely comparable. Results revealed that coping behaviors and social support did not serve as protective factor on the relationship between CVE and engagement in violence perpetration for black emerging adults. Thus, a fractured social support network may contribute to one's engagement in violence perpetration as a way to cope with their experiences of CVE. In addition, these findings are consistent with the stress process theory, which assumes that the type of social support and coping behaviors may help or hinder an individual's capacity to effectively deal with stress and its outcomes [49]. Moreover, the findings presented herein

should not be taken to suggest that social support and coping behaviors are more important than other factors. There is a multitude of personal and environmental variables within black emerging adult's social ecology that should continue to be included in studies assessing CVE and its impact on the well-being of this population. For that reason, further research is warranted.

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Compliance with Ethical Standards

Conflict of interest Robert Motley, MSW receives pre-doctoral fellowship funding from the National Institute of Mental Health. The content is solely the responsibility of the author and does not necessarily represent the official views of the National Institute of Mental Health or the National Institutes of Health. Whitney Sewell declares that she has no conflict of interest. Yu-Chih Chen declares that he has no conflict of interest.

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