

Preparing for Battle: Equipping Pastors and Lay Leaders to
Identify and Mediate the Symptoms of Urban Trauma, Specifically Suicide

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ABSTRACT

PREPARING FOR BATTLE: EQUIPPING PASTORS AND LAY LEADERS TO IDENTIFY AND MEDIATE THE SYMPTOMS OF URBAN TRAUMA, SPECIFICALLY SUICIDE

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Post-Traumatic Stress Disorder (PTSD) has long been recognized as a mental health concern for individuals who at some point in their lives had been involved in combat. The causes, effects and treatments of the disorder have been the topic of many research projects and have garnered large amounts of funding for further research and treatment. What has long been ignored is that the chronic violence in some of America's urban cities traumatizes many of the residents of those cities and provokes emotional symptoms similar to those experienced by war veterans. The symptoms of urban trauma generally are not recognized or are overlooked by the sufferer and the mental health professionals who deal with them. Consequently, there is a paucity of programs and interventions to assist individuals living with the wounds of personal and/or community traumas. Many urban residents turn to the church when they are facing an individual or communal crisis. Responding to the need, most churches in urban settings provide various forms of support for members of the community including food, social services and training. Unfortunately, most do not address the mental health needs of inner-city residents who are exposed to direct or indirect violence on a daily basis. The purpose of the project is to heighten the awareness of pastors and lay leaders to the manifestations of Urban Trauma and the signs and risk factors of suicide.

DEDICATION

This project is dedicated to:

My mother, Geraldine McKnight, who modeled for me the meaning of sacrificial and unconditional love;

My father, Rhudell Snelling, Sr., whose support empowered me to stand;

and

My niece, Elder Aroma Snelling, whose untimely death called my attention to a critical issue in the African American community that needed to be addressed.

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GLOSSARY

African American – an ethnic group of Americans who are largely the descendants of enslaved people brought from their African homelands by force to work. Used interchangeably with Black.

Black – “Black” is used as a label for Americans of African descent and refers to ethnicity and not nationality. Used interchangeably with African American.

Intergenerational Trauma – the transmission of historical oppression and its negative consequences across generations.

Microaggression – a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.

Post-Traumatic Stress Disorder – a psychological reaction occurring after experiencing a highly stressing event (such as wartime combat, physical violence, or a natural disaster) that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the event.

Suicide – death caused by self-directed injurious behavior with intent to die as a result of the behavior.

Suicide attempt – a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.

Suicidal Ideation – thinking about, considering or planning suicide.

Trauma – an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea; a deeply distressing or disturbing experience.

Urban – of, relating to, or designating a city or town; often marked by economically depressed neighborhoods.

INTRODUCTION

Introduction

The call came around 11:50a.m. on Wednesday, April 26, 2017. The day had started like most every other, but it would be the day that changed my life forever. The caller identification on my phone alerted me that my sister was calling. It was not our usual time to talk, so I answered with some concern. The softness of her voice and her slow deliberate speech did not minimize the pain of what she shared. She informed me that her daughter, my niece, had taken her own life. I was sure I heard wrong and asked her to repeat the statement. How could that be? She knew the Lord. She had a consistent prayer life and most would have considered her spiritually grounded. Age wise, she was my junior but in ministry she was my “elder.” She had given her life to the Lord at a young age and until her death, served the Lord with gladness. Sadly, the circumstances of her death revealed that the external gladness she projected was artificial and a cover-up for the internal and genuine pain she felt.

My niece was known for her heartwarming smile and was referred to by many as “sunshine.” No matter what the circumstances she always saw the bright side. She preached powerful messages about faith and trusting God; She prophesied victory in every situation; She also encouraged listeners to be like Job who trusted God even though he felt like God was slaying him. The pain and devastation felt by her family and friends was immeasurable. We gathered to celebrate her life but there was no consolation- not in the music, not in the prayers, not even in the Word of God. Instead of closure, we had questions. How could she have taken her own life? Didn't her own words resonate with

her? Where was God? Where was her pastor? Where was I? How could I have missed it? Speaking to others, I realized that I was not the only one who was perplexed by her final actions. In the weeks leading up to her death, she had frequently posted upbeat messages and pictures of her beaming smile. Her Facebook postings misled us all. We thought her recent weight loss accounted for the euphoria expressed in her photos and heard in her voice when we spoke. Much later, I learned that euphoria is one of the warning signs of suicide.

Statement of the Problem

I have no guarantee that I could have prevented my niece's death. However, knowing the warning signs would have made a significant difference in how I responded to her cries for help. They were there, but I did not hear them. Sadly, many individuals who lose loved ones to suicide, later realize there were warning signs. The purpose of this project is to make more people aware of the precursors and warning signs of suicide, and to heighten our awareness to the sound of individuals crying for help. As a pastor, I have found that there are many people in the Black church crying - some softly, others very loudly - but their cries and groans are often misunderstood. In charismatic churches those cries for help can easily be interpreted as euphoric evidence of feeling the presence of the Holy Spirit. In recent years, the rates of death by suicide among African Americans has increased in adults and children. The incline includes active church members as well as nonmembers. Researchers have found that Adverse Childhood Experiences (ACES) and trauma throughout the life span often precipitate suicidal ideations and death by suicide. The alarming rate of increase in deaths by suicide among African

Americans/Blacks warrants immediate attention and the legacy of the Black church empowers it to take up the task.

Over the years, I have been very focused on the African American homicide rate and rates of incarceration. However, I was unaware of the recent increase in African American suicide. Like many, I only paid attention after I was personally touched by it. My niece's death by suicide caused me great pain and prompted me to gain more information about suicide and the warning signs so I can be better prepared to serve my congregation and community. I also engaged the involvement of 8 of my co-laborers who serve in churches located in Newark, New Jersey. Their congregations are located in the South and West Wards, both being predominantly low-income African American communities. They graciously agreed to accompany me on the journey to learn more about Urban Trauma and suicide. While my initial focus was on African American suicide, my research led me to many scholarly studies that focused on the larger category- Blacks. Some of them have been included in this document. Consequently, the terms Black and African American will be used interchangeably. In addition, to consenting to participate in the study, my colleagues also agreed to identify ways of incorporating the newly acquired information into their sermons, bible studies and other church events.

Statement of the Purpose

The purpose of this project is to heighten the overall awareness of participating pastors of the stressors of living in the City of Newark, which has high rates of poverty and violence. More specifically, by the end of the study, the pastor participants will be

equipped with the necessary knowledge to identify symptoms of urban trauma, including depression and suicidal ideations, and provide effective interventions for individuals who are suicidal. The biblical directive for this project is found in Proverbs 27:23 which implores shepherds to “be diligent to know the state of your flocks, *and* attend to your herds”. This passage informs leaders that they are responsible, not only for knowing what is going on in the lives of their sheep, but also for addressing and helping to resolve any confounding circumstances of their flock. Poverty, depression, domestic violence, community violence, and racism are some of the confounding circumstances that complicate the lives of many Newark residents and impede their ability to thrive. Many urban residents, whether members of a local congregation or not, look to the church for support and guidance. Therefore, it is critical that pastors and lay leaders are equipped with the appropriate tools to help congregants and community members effectively navigate their circumstances in an urban setting.

Unfortunately, many pastors and lay leaders do not feel equipped to identify and effectively mediate the emotional and psychological duress that plagues many of their congregants and members of the wider community. In addition to assessing each participating pastor’s knowledge of traumas that pervade their community, they will also gain useful information on urban trauma and suicide prevention. In Jeremiah 3:15 God declares “And I will give you shepherds after my own heart, who will guide you with knowledge and understanding.” This project will provide an opportunity for participating pastors and lay leaders to engage new information and consequently, be better prepared to lead God’s people with knowledge and understanding.

CHAPTER 1 – HISTORICAL PERSPECTIVE OF PTSD

“My past is an armor I cannot take off, no matter how many times you tell me the war is over.”

-Jessica Katoff

Introduction to PTSD

The term Post-Traumatic Stress Disorder (PTSD) was first referenced in 1980 in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM –III) published by the American Psychiatric Association.¹ At that time, the term referred to the psychological effects experienced by veterans of the Vietnam War. While the terms used to describe non-physical effects of exposure to violence changed over the course of time, the condition has been documented since ancient antiquity. In more contemporary times, the terms “shell shock” and “soldier’s heart” were terms used to describe the feelings of hopelessness, depression and anxiety felt by those involved in combat.² “The Industrial Revolution and the introduction of steam-driven machinery were to give rise to the first civilian man-made disasters and cases of PTSD outside the battlefield.”³

Over the years, the explanation of PTSD has been modified to its most recent classification as “a trauma- and stress-related disorder resulting from direct or indirect exposure to actual or threatened death, serious injury, or sexual or emotion violence and characterized by persistent difficulties that negatively affect an individual’s social

¹ Marc-Antoine Crocq and Louis Crocq, “From shell shock and war neurosis to posttraumatic stress disorder: a history of psychotraumatology,” *Dialogues in Clinical Neuroscience* 2, no. 1 (Mar 2000), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181586/> (accessed October 29, 2020)

² Ibid.

³ Ibid.

interactions, capacity to work, or other areas of functioning.”⁴ This definition has evolved over decades from applying to military personnel and those engaged in war to a broader application. Long recognized as a mental health concern for individuals who, at some point in their lives, were involved in combat, PTSD is now acknowledged as a condition that may plague individuals who have no combat experience.

Direct and Indirect PTSD

Symptoms of PTSD manifest following either direct or indirect exposure to actual or threatened death, serious injury, or sexual or emotional violence.⁵ The causes, effects and treatments of the disorder have been the topic of many research projects and have garnered large amounts of funding for further research and treatment. However, there is a void in the research and treatment of trauma and its effects on residents of urban areas. The prevalence of direct and witnessed violence in inner cities subjects urban residents to traumatization similar to that experienced by individuals on the battlefield. In low-income African American neighborhoods, violence is extremely prevalent with homicide being “the leading cause of death for Black youth aged 10 to 24 in the United States.”⁶ Consequently, residents of low-income neighborhoods experience high levels of

⁴ Nancy Piotrowski and Lillian Range, “Post-traumatic stress disorder,” *Magill’s Medical Guide (Online Edition)*, <https://public.stacksdiscovery.com/eds/detail?db=ers&an=86194496> (accessed March 13, 2020)

⁵ Ibid.

⁶ Jocelyn R. Smith and Desmond U. Patton, “Posttraumatic Stress Symptoms in Context: Examining Trauma Responses to Violent Exposures and Homicide Death Among Black Males in Urban Neighborhoods,” *American Journal of Orthopsychiatry* 86, no. 2 (2016): 212

traumatization and loss similar to that of war veterans. Smith and Patton compare urban youths' experiences to that of youth growing up in war zones abroad.⁷

The manifestations of trauma can include depression, the propensity for violence, engaging in risky behaviors, hopelessness and suicidal ideations. These symptoms are readily identified as PTSD and treated when observed in military victims. However, the same symptoms, resulting of urban trauma are not generally recognized. They are discounted and go without treatment or intervention. Many urban residents turn to the church when they are facing an individual or communal crisis. In response, many churches in urban settings provide various forms of support beyond worship services for members of the community, including food, social services and various types of training. However, there aren't many programs and interventions to assist individuals with the emotional wounds of personal and/or community traumas who live in the communities where these churches are situated. Because so many people look at the church as a place of worship and as a place from which they may receive additional forms of assistance, pastors and lay leaders with proper training, can assist church and community members with recognizing and addressing the symptoms of urban trauma, specifically suicidal ideations.

⁷ Ibid.

CHAPTER 2 – URBAN TRAUMA

*“Don't push me cause I'm close to the edge.
I'm trying not to lose my head. It's like a jungle sometimes. It makes me wonder how I
keep from goin' under.”*

-Grand Master Flash and the Furious Five

Traumatization

Trauma is defined as an event involving “actual or threatened death or serious injury, or a threat to the physical integrity of self or others.”⁸ Traumatic events include natural and manmade disasters, violent crimes, homicides, personal assaults, accidents, kidnappings, sexual assaults and combat. The consequences of trauma exposure are extensive and multi-layered. Trauma has been associated with adverse physical and psychological health outcomes, and detrimental health behaviors. “In a comprehensive review of studies on the health effects of trauma, Green and Kimerling concluded that individuals exposed to trauma are at higher risk for infectious disease, fertility problems, neurological problems, musculoskeletal problems, and gastrointestinal disorders.”⁹ Trauma also diminishes the mental health of exposed individuals and may cause depression and anxiety, along with recurrent dreams or memories of the traumatic event. When these symptoms endure and co-present, the victim may be diagnosed with post- traumatic stress disorder (PTSD).

There is a preponderance of research on PTSD which focuses on a single exposure to trauma or victimization. According to the research, traumatic events are not

⁸ Dawn E. Dailey, et al., “An Exploration of Lifetime Trauma Exposure in Pregnant Low-income African American Women,” *Maternal Child Health Journal* 15, no. 3 (February 2008): 411 (accessed October 10, 2020).

⁹ Ibid.

rare and most adults are able to maintain healthy and stable lives after a traumatic event. However, when individuals are exposed to a severe trauma and/or repeated trauma, the psychological impact is more intense and the possibility of developing PTSD is heightened. Environment and social conditions are significant factors in the types and frequencies of the trauma individuals are exposed to. For example, in coastline towns or cities, hurricanes might be traumatic events that occur frequently. In war-torn countries, bombings are traumatic events that residents have to contend with frequently. Similarly, in low income predominantly African American neighborhoods, violent assaults and homicides are recurrent traumatic events that residents of all ages are frequently exposed to. For many, the fear of being the next victim of violence or the anticipation of losing a loved one to violence, adds to the stress and anxiety experienced by residents of low-income neighborhoods.

Traumatic events can affect the direct victim and anyone who comes in contact with traumatized individuals on both the personal and professional levels. Family members, emergency service personnel, teachers, mental health, and other medical professionals, as well as witnesses of trauma may show symptoms of PTSD and/or other changes in behavior, affect, and cognition, which is labeled “secondary” or “vicarious” traumatization.¹⁰ In *Suicidal Behavior After a Traumatic Event*, the authors use the term “victims of collective violence” to refer to “groups of people who have together experienced violence such as wars, terrorism and political conflicts, genocide, torture,

¹⁰ Karolina Krysinskap, David Lester, and Graham Martin, “Suicidal Behavior After a Traumatic Event,” *Journal of Trauma Nursing* 16, no. 2 (2009): 106

and organized violent crime.”¹¹ The term also encompasses residents of neighborhoods with high levels of crime where violence is a regular occurrence. Urban children and youth are particularly susceptible to developing PTSD because of their frequent exposure to violence. Additionally, many urban, young adults of color who live in low resourced neighborhoods are personally victimized on more than one occasion and over the course of many years, which places them at a higher risk for a diagnosis of PTSD.

Trauma and Children

Dr. Ewin Randolph Parson, a Black psychiatrist renowned for his clinical practice and research in post-traumatic stress disorder, particularly in children, contends that the criteria used to diagnosis of PTSD does not adequately “address the clinical and socioenvironmental issues that children traumatized by violence”¹² experience. Recognizing a lacuna in the DSM-111-R diagnosis, Dr. Parson introduced a new concept, Urban Violence Traumatic Stress (U-VTS), which he believes more fully encompasses the effects of exposure to the violence prevalent in urban communities. Dr. Parson posits that many children who are exposed to extreme or chronic violence develop damaged selves and are always in a state of psychological distress (Parson, 1994). He explains:

The sense of powerlessness over the traumatizing environment creates within the child a sense of insecurity and an experienced sense of impotence. Chronic feelings of impotence harm the child’s sense of self, which turns to a compensatory feeling of omnipotence to cope. With this sense of omnipotence, the child feels and behaves as if nothing can affect him or her, that the self is impregnable against further hurt and feelings of vulnerability. Vendetta rage is

¹¹ Ibid.

¹² Erwin Randolph Parson, “Inner city children of trauma: Urban violence traumatic stress response syndrome (U-VTS) and therapists' responses,” (1994) in John Wilson and James Lindy, *Countertransference in the Treatment of PTSD* (New York: Guilford Publications, Inc., 1994), 157-178

primitive, narcissistic rage against parental figures, other so-called protectors, and authorities and society. The damaged self, moreover. Often maintains its organization and integrity by managing anxiety via the creation of defenses to protect inner vulnerability. This may be a partial explanation of why victims become victimizers.¹³

Dr. Parson has conducted extensive research on the psychological and developmental effects of war on children around the world. Dr. Parson laments, “reports about human suffering in war-torn areas like Bosnia-Herzegovina, Croatia, Rwanda, and Liberia read like a catalogue of horrors of the tragic and the grotesque.” Fortunately, most Americans cannot relate to the anguish experienced by those in war-torn countries because we have been spared the anguish of experiencing combat on our own land. But not all Americans have the privilege of living in war-free zones. Though the military is not fighting in our streets, Dr. Parson sadly contends that “America has its own brand of war-zones, replete with local terrorists. It's where gangs refer to their turfs as ‘nations’ and wage war against rival nations separated by merely a single street or a few city blocks.”¹⁴ Some individuals would question Dr. Parson’s assertion, however most residents of poor, Black communities across the United States would attest to his accuracy. Examples of American war-zones can be found in some of the country’s poorest cities and towns such as: Compton, California; Detroit, Michigan; Baltimore Maryland; and the list goes on.

¹³Ibid.

¹⁴ Erwin Randolph Parson, Ph.D., “It Takes a Village to Heal a Child: Necessary Spectrum of Expertise and Benevolence by Therapists, Non-Governmental Organizations, and the United Nations in Managing War-Zone Stress in Children Traumatized by Political Violence,” *Journal of Contemporary Psychotherapy* 26, no. 3 (1996): 253.

Newark, New Jersey, is included on more than one list of the country's poorest and most dangerous cities. Most of the poverty and crime are heavily concentrated in the African American communities found in Newark's South and West Wards where there is a proliferation of drug and gang activity. In many neighborhoods, one side of the street belongs to the "Bloods" street gang and the other side belongs to the "Crips" street gang. Some of the city's low-income housing projects are war zones where buildings are dominated and controlled by specific gangs. Rival gang members do not enter enemy territory without permission, even if they have family members who live there. Each gang has its chosen color and gang signs, and they are organized by sects to facilitate local control. One of the most unfortunate aspects of gang life is that they pit friends, cousins and even brothers against each other. Gang leaders, often called lieutenants, demand total loyalty and do not tolerate other relationships taking precedence over theirs.

Just as there are sounds of violence in war-torn countries, residents of poor, crime infested neighborhoods are all too familiar with the sounds of war in their communities. Gun fire, police sirens and screams are all warning sounds that danger is imminent. These and other indicators of urban violence, like cars with heavily tinted windows and glaring music streaming from their open windows, and the heavy smell of marijuana, are ever-present and contribute to the traumatization of residents of those communities. Children are especially vulnerable to the harmful psychological effects of exposure to violence. Dr. Parson explains that "children with violence-traumatic histories often seek out situations of affective intensity, excitement, and danger that take them back to the

terror of the original traumatic experience”.¹⁵ Such self-engineered patterns of re-exposure to traumatic sensory repetition are often observed in the victim-to-victimizer process in many war-zone child-victims of violence¹⁶ as well as in traumatized inner-city children. This pattern is easily observable in the lifestyles of young African American males who experience or witness drive by shootings, assaults and other acts of violence and then engage in those same behaviors in the near future. Unaware of the psychological explanation of the victim-to-victimizer pattern, many former victims consciously turn to violence as a way to regain personal power that was lost through victimization. In addition to governmental policies and structural racism that have led to the creation and perpetuation of the war-zones that thrive in our poverty-stricken inner cities, very often the resulting effects of the trauma cause the victims to engage in harmful, self-destructive behaviors that are perpetuated one generation after the next.

For many residents in low-income African American communities, trauma exposure begins in utero. Research has well established that the health and experiences of expectant mothers impact health outcomes for their infants. Poor health and the lack of prenatal care for pregnant women directly correlates with preterm delivery, low birth weight and perinatal mortality.¹⁷ While that is true for all women, “studies on adverse obstetric outcomes reveal that African American women are more likely to deliver infants who are born too early, have lower birth weights, and die within their first year of life

¹⁵ Ibid., 265

¹⁶ Ibid.

¹⁷ Sara Abu-Ghanem, et al., “Lack of prenatal care in a traditional community: trends and perinatal outcomes,” *Archives of Gynecology and Obstetrics* 285 (2012), <https://link.springer.com/article/10.1007%2Fs00404-011-2153-x> (accessed October 10, 2020).

than infants of other races and ethnicities born in the US.”¹⁸ The reason for the disparity is not fully known however, researchers point to high levels of stress as a possible factor contributing to the poor health outcomes of pregnant African American women, especially primigravidas. In a study of 116 pregnant, African American women who were recruited from two urban prenatal clinics, researchers assessed the participants lifetime exposure to trauma. From the results, they concluded that “traumatic events are common in the lives of urban African American women, with 87% of the participants reporting at least one traumatic event in their relatively young lives.”¹⁹ The average age of the participants was 25. For innumerable children born to low-income African American mothers, the trauma that begins in the womb forever shapes the trajectory of their lives. Many of them spend their entire life trapped in the same low-income neighborhood where they were born. Others move around a great deal, from one ghetto to another where the conditions of poverty and violence persist. In most cases, these children are raised in single parent homes and witness domestic and community violence regularly. In a qualitative study of 37 Black youth aged 16 to 25, participants reported having “memories, dating from early childhood of witnessing neighborhood violence. For many, violence was so frequent a part of daily experience that they could not remember life without its presence.”²⁰ The frequency of the violence becomes normalized and children begin to think it is a normal part of life. Anger becomes a constant companion as

¹⁸ Dailey, 410.

¹⁹ Ibid, 415.

²⁰ Jocelyn R. Smith and Desmond U. Patton, “Posttraumatic Stress Symptoms in Context: Examining Trauma Responses to Violent Exposures and Homicide Death Among Black Males in Urban Neighborhoods,” *American Journal of Orthopsychiatry* 86, no. 2 (2016): 219

children wrestle with feelings of helplessness, abandonments and victimization. In many cases, not knowing how to process the anger, some traumatized children tend to lash out and become victimizers of others.

Untreated Trauma

Children in inner cities are not only exposed to frequent traumatic events, they are also subject to premature death as the result of street violence, gang victimization and police brutality. Homicide is the leading cause of death for Black youth aged 10 to 24 in the United States.²¹ Sadly, Black youth witness and hear of murders on a regular basis. Returning to school after weekends and extended breaks, students in poor Black neighborhoods often discover that some of their classmates are no longer a part of their cohort. There are a number of explanations for those students' absence. Many families move during breaks and enroll students in other schools within close proximity to their new residence. Some students get arrested and are not able to return to school until they are released from juvenile detention. In the worst scenario, some students become the latest casualties of the violence in their community. Conversely, in suburban and affluent communities, when students return to school in the fall, they generally discuss their summer travels, internships and adventures. All too often, the adventures for urban Black youth include tales of carjackings, gang wars and trips to juvenile detention centers.

Though the prevalence of violence in distressed neighborhoods may become normalized, the multilayered consequences of violence can never be neutralized. The

²¹ Ibid., 212.

frequency and close proximity of peer homicides create a sense of loss and helplessness for many surviving youth. Unfortunately, the emotional devastation and symptoms of grief often go unrecognized and untreated in urban youth, many of whom avoid their emotions and exude an aura of strength, though they may be broken and hurting inside. Often, when provided a safe place where they can express their true feelings, many youth express fear, anger and other emotions they feel the need to hide when in public. In distressed communities, Black youth, especially males are challenged to be “hard” or “man up” even in intimate settings and/or when the deceased was a close relative.

Expressing grief can be viewed as a sign of weakness and make one a target of harassment and assault. Consequently, many traumatized youth live with unresolved emotions which can lead to depression, anxiety, anger and a number of physical maladies. In addition, in some circumstances, violent occurrences lead surviving individuals to believe their own death is imminent. Some homicide victims in urban communities are randomly selected – sometimes murdered as a requirement for gang initiations, sometimes hit by the stray bullet of an unskilled shooter. The randomness leaves local residents feeling helpless and afraid of being the next random victim. Other victims are targeted, sometimes as retaliation, causing family and associates of the victim to wonder if they will be the next victim.

Traumatized youth often drop out of school and refuse to plan for their future because they are unable to envision a future that does not include prison or premature death. They are also likely to engage in risky behaviors such as carjacking, trespassing, vandalism, sexting and illegal drug use. When asked about hopes for adult life, many urban youth who have been the direct victims of assault or who live in high crime

neighborhoods, report having a minimized life expectancy. Not expecting to live beyond their twenties, they don't see the sense of planning for their future. This phenomenon is referred to as "future discounting" and is not limited to youth. Many adults living in urban areas are hard pressed to be optimistic about their future. Impacted adults sometimes spend money in irresponsible ways, ignore medical recommendations and live life in the moment. "Uncertainty about the future often results in risky behavior because the immediate payoff is weighed more heavily than potential negative consequences to be faced at a later time."²² Individuals who are unaware of this consequence of trauma often look upon urban residents, young and old, with scorn for their poor choices and perceived inability to delay gratification. This judgmental and condescending attitude is a barrier to traumatized individuals getting the support and assistance needed to overcome their trauma.

Prospects for help are even more scarce for urban residents who become involved in criminal activity, though in many cases their behaviors are the outcome of one or multiple earlier traumas. While future discounting is a defense mechanism engaged to protect the victim from pain and other consequences of direct or indirect trauma, it often leads to desensitization and callousness that allow previous victims to become victimizers who will rob, assault and murder seemingly without inhibition. This pattern of victim to victimizer is apparent in the narratives of many hardened criminals including murders and gang bangers. Many of their childhoods were laden with violence, drug abuse, poverty and familial instability. Their painful childhood experiences became their

²² Arna Carlock, "Live Fast, Die Young: Anticipated Early Death and Adolescent Violence and Gang Involvement" (PhD diss., University at Albany State University of New York, 2016), 1, accessed October 17, 2020, <https://www.ncjrs.gov/pdffiles1/nij/grants/250425.pdf>

pathway to the criminal life. For many criminals who grew up in urban neighborhoods, the threat of prison or retaliatory death is not a deterrent, as they devalue life, their own as well as others. In addition, residents of urban neighborhoods get “street credit” for “doing a bid,” urban slang for serving time in prison. Many former convicts wear their prison record as a badge of honor used to garner respect in their community. For many urban residents, males in particular, respect is worth more than life itself. Individuals would rather live a short life and die with respect than live a long life of despair.

CHAPTER 3 – NEWARK: THE BRICK CITY

“We love Newark, but Newark doesn’t love anybody”
-Natasha Aerial

Newark, NJ

The state of New Jersey touts 130 miles of Atlantic coast line. Its close proximity to New York serves as one of its greatest assets. New Jersey is known as a wealthy state not only because of its location and natural resources, but also because the state is home to a large number of millionaires. In 2018, there were more millionaires residing in New Jersey than in any other state in the country. In fact, former President Donald Trump owns a massive home and golf course in Bedminster, one of New Jersey’s richest cities. In stark contrast is Newark, New Jersey which is only 30 minutes away. Newark, the state’s largest city and host of Essex County Government offices, has an overall poverty rate of 27.4% compared to the statewide poverty rate of 9.5%. According to the United States Census Bureau, the population of Newark is 282,011, and the median income is \$35,199 per capita.²³ According to the Newark Community Collaborative Board, “Fifty-four percent of all residents are African-American. They consistently show poorer health and socio-economic outcomes when compared to African Americans in more affluent neighboring areas. Newark has the highest prevalence of substance use and HIV/AIDS in the State of New Jersey. HIV and hepatitis infection rates among injection drug users (IDUs) is substantially greater in Newark than in nearby New York City.”²⁴

²³ U.S. Census Bureau. <https://www.census.gov/quickfacts/newarkcitynewjersey> (accessed October 20, 2020)

²⁴ Newark Community Collaborative Board. <https://newarkccb.org/projects/the-role-of-drugs-in-newark-nj/> (accessed April 17, 2020).

Newark is comprised of five wards: East, West, North, South and Central. Once, identified as the poorest ward in the city, the East Ward is now the most prosperous of the five and is consistently ranked as the best place to live in Newark. The North Ward follows close behind the East Ward in positive ranking and quality of life. The Central ward, rich with grand architecture is currently undergoing a rebirth that promises to increase its status in the city. Ground zero for the Newark riots in 1967, the area was devastated by fires that destroyed many businesses, and the loss of white residents who fled to the suburbs. For many years, most of the restoration in the Central ward was concentrated on a small area owned by New Community Corporation. Established in 1968, the nonprofit currently owns and manages the largest number of the city's low-income housing units. Led by Monsignor William Linder, a Catholic priest, New Community Corporation became a national model for rebuilding and reengaging residents of a distressed community. Eventually amassing over 2,000 units of low-income housing, two childcare centers, a 120-unit transitional housing facility, a homeless shelter for veterans and a 180- bed skilled nursing center, New Community began the rebirth of the Central Ward. In recent years, the area has received significant attention from investors seeking to benefit from the development in downtown Newark. Unfortunately, the rebirth has not yet reached the South and West Wards of Newark where poverty and violence prevail. These two wards are characterized by high rates of unemployment, dilapidated buildings, and low performing schools. For decades, the crime rates in the South and West Wards have, and continue to exceed the crime rates in the other three wards.

Violence in Newark

According to the City of Newark Police Division Comstat report dated November 17, 2020, 46 homicides occurred in the city from January 1, 2020 to November 15, 2020. 69% of those homicides took place in either the South or West ward.²⁵ This figure does not include the number of attempted homicides or violent assaults that occurred during the same time period. The week after the Comstat report was submitted, a local aspiring rapper was gunned down in a blatant daytime homicide on Avon Avenue in Newark's South Ward. Onlookers watched in horror as the young man was shot by two assailants as he left a store and unexpectedly, approached his car. Sadly, violence is not rare on Avon Avenue where another man was murdered earlier the same year and shootings are a regular occurrence. At the close of 2020, Public Safety Director Anthony Ambrose bragged that no Newark police officer discharged his or her weapon during the course of that year that overall crime was down 6% this year.²⁶ In reality, while overall crime was down, in the same interview, Ambrose reported that the number of non-fatal shootings actually increased from 2019, and the number of homicides, 51, was the same as the previous year.

The perpetrators of the violence plaguing the city of Newark not only creates victims but also collateral damage among family members and entire neighborhoods. On a warm summer morning in Newark, Hassan Scott headed out to drop his three children

²⁵ *City of Newark Police Division.*

<https://npd.newarkpublicsafety.org/assets/docs/crimestats/booklet/20201115.pdf> (accessed November 17, 2020)

²⁶“Newark police: No officer fired a single shot in 2020, thanks to de-escalation program,” *News12*, December 30, 2020, <https://newjersey.news12.com/newark-police-no-officer-fired-a-single-shot-in-2020-thanks-to-de-escalation-program>

off at daycare. Unbeknown to any of them, this would be the last time they ever left the house together. Outside of their front door, they were met by two armed men who insisted that Scott take his children in the house and come back out. Hoping the presence of his young children would deter the gunman from their early morning task, Scott refused. Unmoved by the innocent tearing eyes, one of the gunmen cold-bloodedly shot Scott three times, killing him in front of his children ages 2, 4, and 9.²⁷

The screams of the children, who were physically unharmed, were piercing and unforgettable for their mother who could not imagine what had occurred outside her front door. The story quickly spread throughout the neighborhood as the police and emergency responders arrived. Most who heard of the occurrence were shocked and dismayed, not by the murder but by the degree of heartlessness exhibited by the murderer's disregard of the effect his actions would have on the victim's watching children. The Scott family was new to the neighborhood that has more than its share of violence and crime. While ²⁸reporters were investigating Scott's murder, a neighbor told of his daughter's recent robbery across the street from where the shooting took place and of another family being tied up and robbed at gunpoint in their own home, also nearby. The neighbor, Mr. Ivan Mitchell, went on to say "Newark is just bad, its bad, we can't even come outside and go to work and take our kids to daycare and get killed, that's not good." Sadly, Mr. Mitchell's perspective of Newark is not based upon exaggeration or fabrication of criminal activities occurring in Newark, NJ. In fact, the death of Hassan Scott was "the

²⁷ "Newark father fatally shot outside his home in front of his 3 children," *ABC7NY*, July 22, 2015, <https://abc7ny.com/newark-shooting-father-killed-new-jersey-murder/873313/>

²⁸ Ibid.

51st homicide in Newark in 2015. As of October 11, the city's 2015 homicide total stood at 79."²⁹ In the end, the total for 2015 was 105 murders. The following year, "the city violent crime rate for Newark was higher than the national violent crime rate average by 135.96% and higher than the violent crime rate in New Jersey by 282.42%."³⁰

Sadly, innocent residents are frequently the victims of acts of violence in Newark, and the impacts are far-reaching and long-lasting. On August 4, 2007, Natasha Aerial, along with her brother and two friends, sat on the bleachers of the Mount Vernon school yard in Newark's West Ward listening to music. In less than a month, three of them would be returning to Delaware State to continue their sophomore year and the fourth would be joining his friends in Delaware to start his freshman year. These young people had defied the odds by graduating from Newark's West Side high school where the graduation rate is only 67%, and going on to college. Eighty percent of the student population which is 92% African American and 8% Hispanic, is eligible for free or reduced lunch at West Side. The school is surrounded by a distressed neighborhood populated by abandoned and rundown houses. Drug dealers and gang members prey upon the teenagers as they make their way to and from school. At one point, in an effort to provide safe transport for the students, Fernard Williams, then building principal, negotiated an arrangement with New Jersey Transit to have two local buses arrive outside the school shortly before student dismissal. When the end of day bell rang, students were

²⁹ Vernal Coleman, "2 charged in killing of Newark father shot in front of kids," *NJ. Com*, October 23, 2015, https://www.nj.com/esssex/2015/10/police_charge_two_in_killing_of_newark_father_shot.html

³⁰ *CityRating.com*. <https://www.cityrating.com/crime-statistics/new-jersey/newark.html> (accessed April 7, 2020)

to immediately board the buses and leave the neighborhood. This strategy decreased the number of student assaults, but did not reduce the danger in the neighborhood.

Natasha, her brother and two friends learned how to navigate their challenging environment and thought they had made it. Each had lofty goals and they were committed to achieving them together. But, on that warm summer night of August 4, 2007, their promising futures were cut short when 6 males approached them and for no explainable reason assaulted and shot each of them. According to Ambrose, Newark's current public safety director, former police chief and former chief of detectives for the Essex County Prosecutor's Office, "They were just minding their own business, hanging out in a public place like we used to do, just listening to music. And then this happened."³¹ Ambrose was referring to the execution style murder of 3 of those young people and the attempted murder of the fourth. Natasha was the only one to survive the brutal attack by members of the reputed MS-13 gang members. News of the atrocity spread quickly throughout the city and state creating shock and fear for the children who attended Mount Vernon School and the residents who lived nearby. The schoolyard was known to be a hangout for children and teens in the neighborhood. Their safe place was now desecrated, three lives were lost and the one survivor would forever be scarred, physically and emotionally.

In 2017, ten years after the life altering event, the lone survivor, Ms. Aerial spoke of the loss she continues to feel. "We'd all be turning 30," Natasha said. "That's what I

³¹ Mark Di Ionna, "10 years after Newark's shocking schoolyard murders, the gun violence remains," *NJ.com*, July 30, 2017, https://www.nj.com/news/2017/07/10_years_after_newarks_shocking_schoolyard_murders.html (accessed April 7, 2020)

think about. Not so much the crime, but what I'm missing. I'm missing that they're not here. All of us were supposed to grow up and celebrate our transitions. There is always a feeling that they should be here.”³² “Missing” is how Ms. Aerial explains the unnatural feeling that plagues her 10 years after the harrowing experience in the school yard. After many rallies and cries to end the violence in Newark, much remains the same. Reflecting on current conditions in Newark, Natasha admits that she remains fearful. “I have two male cousins, 16 and 18. I'm afraid for them every day. One thing I know about Newark: we love Newark, but Newark doesn't love anybody. It's heart-wrenching to know kids just can't be outside. You can't just hang out. All this shooting and killing and disregard for life,” Natasha lamented.³³

The prevalence of crime and violence in Newark secured the city a position on the “Murder Capitals of America” list for 2018. Homicides, drive-by shootings, car jackings, and random gang attacks are all crimes that the average person in Newark has been a victim of, or knows someone who has been. Attempting to offer hope to the residents, the Newark Police Department and city officials hosted a press conference where they touted statistics indicating a significant decrease in the city’s crime rate. According to Mayor Ras Baraka, “homicides were down 26% in 2019, from 69 in 2018 to 51 so far this year, and rape was down from 154 to 134, or 13%. Auto thefts were down 20%, from 1,869 to 1492.”³⁴ However, some local residents, including Louis

³² Ibid.

³³ Ibid.

³⁴ David Cruz, “Newark officials report broad-based declines in crime statistics,” *NJ spotlight*, <https://www.njspotlight.com/news/video/newark-officials-report-broad-based-declines-in-crime-statistics/> (Accessed April 7, 2020)

Shockley, don't recognize the positive difference referred to by the Mayor. "We still got people getting shot, we still got people getting killed, and carjackings are getting worse."³⁵ he contends. Shockley challenged the statistical data reported. "Just go through the community and see all the makeshift memorials,"³⁶ he said, referring to the candles, empty liquor bottles, and balloons placed at the location of a homicide along with pictures of the victim. In Newark and other cities with high homicide rates, urban memorials are ubiquitous.

The word "memorial" corresponds to "commemoration," which means "something that serves to preserve memory or knowledge of an individual or event." The meaning of memorial also correlates with the meaning of the word "memento"— "something that serves to warn or remind with regard to conduct or future events."³⁷ The urban memorials that clutter the streets of Newark preserve the memory of the individual(s) whose life was taken, but they are also a constant reminder that a horrific event took place in the community and that in many cases, the perpetrator(s) of the crime continue to roam freely and present a threat to neighborhood residents. In many cases, the memorials are a reminder of the gangs that consistently victimize and threaten the wellbeing of inner-city residents. While intended to honor the victim, urban memorials can also provoke harmful emotions and re-traumatization for local residents who live near or pass by the memorial. They can also relay the subliminal message that the

³⁵ Ibid.

³⁶ Ibid.

³⁷ Julian Bonder, "On Memory, Trauma, Public Space, Monuments, and Memorials," *Places* 21, no.1 (2009): 62, <https://placesjournal.org/assets/legacy/pdfs/on-memory-trauma-public-space-monuments-and-memorials.pdf> (Accessed April 8, 2020)

onlooker is not safe and could be the next victim. Additionally, there are some instances where urban memorials celebrate individuals who were engaged in criminal activity and the victimization of others. Erecting memorials in honor of individuals with an unscrupulous past can send confusing messages to young people whose morality and values are still being shaped. All too often, the role models for some children in urban communities are “gang bangers”, drug dealers and others criminals because they get glory and street cred¹ while honest, hardworking individuals often live and die with little recognition.

Gangs in Newark

Many sources cite comradery and wanting to belong as reasons why youth join gangs, especially those from dysfunctional homes. Moore and Earls, while not lauding gang membership, recognize that the members’ loyalty to one another is seen as a virtue. “They seem to value the other members of their gang more than themselves. Gangs provide an instant group of best friends.”³⁸ Unfortunately, youth do not generally understand that the loyalty can be short lived. When gang members are arrested for allegations of criminal activities, law enforcement officers strategically separate them from one another. The police usually identify a leader or high-ranking officer in the gang who they would like to bring down. Very frequently, low level gang members can be coerced with offers of leniency into cooperating with the police. When faced with the

³⁸ JoAnn Moore and John Earls, “Why do Kids Join Criminal Street Gangs,” *Into The Abyss: A Personal Journey into the World of Street Gangs*, 1997, https://people.missouristate.edu/michaelcarlie/what_i_learned_about/gangs/why_do_kids_join_criminal_street.htm (accessed April 8, 2020)

threat of long prison sentences, loyalty is challenged. Some gang members cave into the pressure and implicate a fellow gang member while others remain silent mindful of the urban warning “snitches get stitches.” Unfortunately, youth do not consider the negative consequences of gang membership prior to joining gangs and pledging their loyalty to the group.

Violence is introduced at the very beginning of gang involvement. Interested individuals have to complete an initiation which can be as extreme as shooting a random individual who is walking down the street. Other initiation rites require new members to take severe beatings from veteran members of the gang without fighting back. This ritual is referred to as being “jumped in” and often leaves new members severely wounded with broken bones and permanent scars. For female recruits, gang initiations can be significantly more life altering. In many cases, rather than being forced to endure beatings, female recruits are sexually assaulted by multiple gang members, being exposed to unwanted pregnancies and sexually transmitted diseases. Despite its severity, this process known as being “sexed” into the group does not provide equality for females. After the initiation, males become gang members, however, in many instances young women do not become members, they become the property of the gang. Captain Loretta Nichols of the Camden Juvenile Detention Center explains, “We have a lot of females tell us they are not gang members, but they are owned by gang members.”³⁹ In gangs, everyone has to pull their weight and often young women are forced to prostitute to earn their keep. Consequently, they are subject to arrest and imprisonment, physical and

³⁹ Barbara Boyer, “N.J. street gangs are using younger teens, guns, and extreme violence, experts say,” *The Philadelphia Inquirer*, September 26, 2018, <https://www.inquirer.com/philly/news/breaking/new-jersey-street-gangs-guns-violence-bloods-crips-20180926.html> (accessed April 8, 2020)

emotional abuse, and death. Naïve youngsters do not fully understand the immediate and long-term repercussions of joining a street gang. The decision to join a gang is probably the most detrimental decision of a young person's life. Regardless what draws them in and what needs they are looking to satisfy; most realize after joining that the gang was not the answer.

While the excitement of gangs may initially be appealing to some youth, for most, as well as for adults, street gangs are a constant threat. Having gang members congregate on street corners and porches in their neighborhood is threatening to most residents. However, their anxiety and fear are compounded because gangs do not maintain a passive presence in the community. Their presence is much more than a threat of violence. Contrarily, they randomly and regularly antagonize community residents regardless of their age or gender. Colleen O'Dea of NJ Spotlight contends that the violence perpetuated by gang members impacts "entire communities, with many people living in fear for their children and themselves. Inner city residents are consistently exposed to unprovoked direct and indirect violence."⁴⁰ Gang members "seek social status through violence, and the slightest sign of disrespect can trigger a deadly response."⁴¹ In gang infested neighborhoods, no place is safe and playgrounds often turn into shooting ranges where innocent bystanders are left wounded or dead. Fear is an emotion that community members are introduced to at a young age. As they progress through life, they find ways, many of them dysfunctional, to deal with the fear and other

⁴⁰ Colleen O'Dea, "New Jersey's Newest Gangs: Younger, More Violent, and Posting their Crimes Online," *NJ Spotlight*, September 27, 2018, <https://www.njspotlight.com/2018/09/18-09-26-new-jerseys-newest-gangs-younger-more-violent-and-posting-their-crimes-online/> (accessed April 8, 2020)

⁴¹ Boyer, "N.J. street gangs are using younger teens, guns, and extreme violence, experts say."

negative emotions provoked by their environment. One of the ways many vulnerable youth attempt to resolve their fear of victimization by local gangs is by becoming a part of them.

There is an old adage that says “if you can’t beat them, join them,” which is what many young people do in hopes of befriending gang members who are a threat to them. Moore and Earls explain that “many young males have to make peace with local gangs to go to school, work or merely walk down a street in their own neighborhood.”⁴² Street gang members aggressively scout out new recruits from among high school, and even elementary school students during their daily commute to and from school. In many cases, prospects who resist are assaulted until they relent and become a member of the recruiting gang. In other instances, the pursued individual will join a rival gang looking for protection from a menacing gang. Many students with solid academic records and no history of delinquency join gangs for safety. Unfortunately, in most cases, they continue to find themselves constantly in danger. The victims of gang crime are not only non-gang-affiliated individuals and rival gang members, but also include members of the same gang.⁴³ Members are often forced to fight one another to excel in rank, prove their loyalty to the gang leader or for no rational reason at all. Gang members are required to prove that their loyalty to the gang takes precedence over every other relationship. In many cases, it is a family member or friend who brings the youth into the gang and then passes the first blow during their initiation.

⁴² Moore and Earls

⁴³ Higginson, et al., “Factors associated with youth gang membership in low- and middle-income countries: a systematic review,” *Campbell Systematic Reviews* 14, no.1 (2018): 11, <https://onlinelibrary.wiley.com/doi/epdf/10.4073/csr.2018.11> (accessed April 8, 2020)

Individuals who join gangs are no safer than those who resist. In fact, they are in greater danger because of the risky and often criminal behaviors gangs engage in. The dangers of gang involvement are further exacerbated by the inability to simply resign from gang membership. In many cases, gang members are beaten to exit the gang just as they were beaten to enter. Upon their exit from the gang, former members continue to be at risk and many former gang members have been murdered for their perceived lack of loyalty when they choose to sever their relationship with the gang. If they survive their exit beating, former gang members continue to be a target for those who identify them with the gang, including rival gangs and the police. While active, gang members frequently get tattoos which prominently identify their gang affiliation. Those tattoos and their gang related activities keep them tied to the gang for life.

In the state of New Jersey, Newark ranks second only to Paterson in the number of gangs with more than 100 members.⁴⁴ The larger the numeric size of a gang, the greater it's proliferation and domination in a community. While there are gangs throughout the city of Newark, they primarily occupy low-income African American neighborhoods in the West and South Wards. The consistent presence of gangs in those neighborhoods is a source of tremendous stress, not only on the individual level but the trauma pervades the community. Frequent homicides, car jackings, and random victimization leave residents with heightened levels of fear and anxiety. In many cases, residents who are unable to flee the distressed neighborhood succumb to depression and feelings of hopelessness.

⁴⁴ *Gangs in New Jersey: Municipal Law Enforcement Response to the 2010 NJSP Gang Survey* (New Jersey: Office of the Attorney General, 2010), https://www.njsp.org/info/pdf/gangs_in_nj_2010.pdf (accessed April 8, 2020)

Drugs in Newark

The use and sale of drugs is a major problem in the city of Newark that is significantly attributed to gangs in the City. While drug trafficking is known to occur in all parts of the city, it is ubiquitous in the West and South Wards of Newark where a disproportionately higher percentage of residents are low-income African Americans. Drug deals are transacted in the open and most community residents know where drugs can be purchased. On certain corners, drive-by drug transactions occur regularly; solicitors simply slow down and their drug of choice is expeditiously delivered to their car. Individuals walking down the street are approached by various drug dealers who rattle off their list of illegal inventories while promising, “it’s the good stuff.” Also walking the streets are drug users and addicts who manifest the symptoms of recently ingested narcotics or reflect the need for another dose of their preferred intoxicant. Residents of the community are all too familiar with the heroin induced “nod” that causes the injected individual to lean over but never fall down.

Undoubtedly, there are inner city residents who use drugs for purely recreational purposes, not to relieve emotional duress. However, a number of studies report that many individuals in urban communities rely on drugs and other substances to help them survive the complexities of daily life in poor Black neighborhoods. In a study of 116 low-income pregnant African American women, lifetime trauma exposure was associated with tobacco use, suggesting that individuals exposed to trauma are more likely to engage in negative health behaviors or attempts to self-medicate.⁴⁵ Other authors support the

⁴⁵ Dawn E. Dailey, et al., “An Exploration of Lifetime Trauma Exposure in Pregnant Low-income African American Women,” *Maternal Child Health Journal* 15, no. 3 (February 2008): 415 (accessed October 10, 2020).

hypothesis that individuals who are exposed to trauma smoke as a means of mediating the psychological duress caused by the trauma.⁴⁶ Additionally, individuals who are exposed to trauma in childhood are also more likely to smoke as adults than individuals who had no traumatic experiences. In addition to cigarettes, victims of trauma are also known to use stronger substances to help them manage the symptoms resulting from traumatic experiences. In a study of 49 young Black men who had been the victims of community violence that required hospitalization, 67 % revealed that they smoked marijuana on a regular basis. It was also discovered that some of the participants, all between 18 and 30 years old, who were marijuana smokers prior to their trauma increased the amount of marijuana they smoked after the shooting or assault that resulted in their hospital stay.⁴⁷ Some of the young men admitted to using marijuana to self-medicate, hoping to reduce their anxiety and induce sleep. This finding is consistent with the results of other studies showing that victims of recurrent violence report higher levels of substance use than individuals who had no traumatic histories. Rich and Grey argue that for many individuals, traumatic experiences and the lingering symptoms precede substance use and dependency (Rich and Grey). It is well established that there is a strong correlation between exposure to trauma and the use of tobacco products and other, stronger substances. Unfortunately, many tobacco and substance users are overtaken by the

⁴⁶ Miguel E. Roberts, et. al., “Association Between Trauma Exposure and Smoking in a Population-based Sample of Young Adults”, *Journal of Adolescent Health* 42, no. 3 (March 2008): 266 - 274, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2675188/> (accessed October 11, 2020)

⁴⁷ John Rich and Courtney Gray, “Pathways to Recurrent Trauma Among Young Black Men: Traumatic Stress, Substance Use, and the 'Code of the Street'” *American Journal of Public Health* 95, no. 5 (May 2005): 816 – 824, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449260/> (accessed October 11, 2020)

substances and become addicted. According to the Center for Disease Control, addiction to cigarette smoke can harm every organ system in the body causing coronary disease, stroke and cancer. Drug addiction can also lead to the same adverse health consequences and the risk of many others including: hepatitis, HIV and mental illness. Addiction can also lead to fractured families, unemployment, incarceration and a host of other maladies. The negative impact of illicit drug use and addictions on a community are impossible to fully measure.

Violence is a significant factor in communities with a proliferation of drugs. They are ravaged by the perpetual violence of the competing drug dealers and through the dealers' abuse of customers who fail to pay for their products. Drug wars rob community residents of their joy, peace and their overall well-being. While the drug trade is harmful to all residents of drug infested neighborhoods, it is especially harmful to children partly because their values and aspirations are yet to be formed and they are easily influenced by what materializes around them. In addition, neighborhoods where the drug trade thrives are steeped in violence and children who grow up in those communities are likely exposed to multiple violent experiences during their childhood, which can lead to traumatization. In a study of 349 urban, low-income African American children and adolescents, who resided in 10 low-income housing developments in an unstated Eastern city, Xiaoming Li, PhD et al found that "exposure to drug trafficking was strongly associated with other forms of exposure to violence."⁴⁸ Some of the other forms of violence identified include: seeing someone's home broken into, seeing someone

⁴⁸ Xiaoming Li, et. al. "Exposure to drug trafficking among urban, low-income African American children and adolescents" *Archives of Pediatric and Adolescent Medicine* 153, no.2 (February 1999): 161-8, <https://pubmed.ncbi.nlm.nih.gov/9988246/> (accessed October 12, 2020)

attacked with a knife and seeing someone get shot. Witnessing any of the noted crimes can cause fear and anxiety for vulnerable onlookers.

Even worse than witnessing various forms of violence, many of the Li study participants reported being victimized directly. Sixty-five percent said they had been slapped, punched or hit; 38% reported receiving a beating that required a visit to the emergency room; and 19% of the participants report that they themselves had been the victim of a shooting. Additionally, 62% of the youth in the study shared that they had been asked to use drugs and 32% said they witnessed someone else being offered illegal drugs.⁴⁹ The participants in the study were between 9 and 15 years old, all very young targets. Drug dealers are very antagonistic and do not passively wait for new clientele, instead, seeking to expand their businesses, they aggressively market to vulnerable individuals. A strategy often employed by inner city drug dealers is to give away product samples, confident the recipient will become a faithful customer.

In addition to peddling their products to children, drug dealers also pull them into their illegal businesses to work as packers and distributors. Older established drug dealers who usually have a long history with the criminal justice system utilize young children to sell drugs and keep themselves under the radar. If caught, the fines and sentences for youth violators are not as severe as those for older repeat offenders. Sometimes enamored by the material entrapments of ill-gained fortune, youth eagerly enlist in drug dealing gangs hoping to attain the finer things in life. Other youngsters engage in the drug trade hoping to provide the basic necessities for a poverty-stricken family. Regardless how

⁴⁹ Ibid.

youth are pulled in, gangs provide short-term hope for youth who have no hope but inflict long-term devastation, even for the hopeful.

Non-residents who may visit Newark for various reasons might also experience heightened levels of anxiety and/or other negative symptoms associated with frequenting the notorious city. However, they have the advantage of being able to leave the city and return to their homes in more serene settings. In fact, the State of New Jersey and the County of Essex have spent billions of public dollars on easy access highways to facilitate suburban visitors' commutes to and from Newark. Via the Garden State Parkway, Route 280 and Route 21, drivers can get to downtown Newark without having to traverse dangerous neighborhood streets. Newark residents, on the other hand, must learn how to live amid the chaos that pervades many Newark neighborhoods. In the West and South Wards, glaring police sirens frequently overshadow the laughter of children playing, and the sounds of gunshots pierce the silence of a restful evening. For many residents, there is an underlying feeling of fear, and they live in a perpetual state of uneasiness. Other residents are hostile and aggressive for seemingly no reason at all. Still other Newark residents report having bouts of depression, and feelings of hopelessness and despair. These thoughts and feelings are all symptoms of Urban trauma. Unfortunately, it is a syndrome experienced by many but only known to few. In many cases, the limited awareness and treatment of Urban trauma leads to suicidal ideations and death by suicide.

Suicide in Newark

In recent years, homicide has received a great deal of attention as the number one cause of death of Black males between the ages of 12 and 19. However, not enough attention has been given to suicide which “is the second leading cause of death in youth 12 to 18 years old.”⁵⁰ Across the nation, Black youth are over represented among youth who die by suicide. In 2019, Michael Lindsey, et. Al. conducted a study “to investigate racial and ethnic and sex differences in suicidal ideation and behavior over time in a nationally representative sample of high school students.”⁵¹ Using the Youth Risk Behavior Survey (YRBS) an instrument developed by the Center for Disease Control, they assessed suicidal thoughts and behaviors of 198540 public and private high school students. “The national school-based YRBS is a cross-sectional survey conducted every 2 years since 1991.”⁵² After analyzing data from 1991 to 2017, the researchers reported that “over that span of time, almost 1 in 5 adolescents are thinking about suicide (18.8%), and >1 in 10 has a suicide plan (14.7%)”.⁵³ In their article titled, *Trends of Suicidal Behaviors Among High School Students in the United States: 1991–2017*, Michael Lindsey, et al report that in general “the rates for suicidal ideation and suicide plans have been trending downward across all sex and racial and ethnic groups.” However, a close

⁵⁰ Ibid.

⁵¹ Michael A. Lindsey, et. al. “Trends of Suicidal Behaviors Among High School Students in the United States: 1991-2017” *Official Journal of the American Academy of Pediatrics* 144, no.5 (November 2019), <https://pediatrics.aappublications.org/content/144/5/e20191187#sec-13> (accessed March 2, 2021)

⁵² Ibid.

⁵³ Ibid.

analysis of the data revealed that the number of suicide attempts by Black youth continues to be concerning. They reported that:

Black adolescents experienced an increase in rates for suicide attempts, and a significant increase was reported for Black adolescent boys concerning the rates of injury caused by suicide attempts. Adolescent girls from all racial and ethnic groups experienced a significant downward trend in suicide attempts (white, Hispanic, and Asian American or PI); however, for Black adolescent girls, there was a significant increase.

The national pattern of increased youth suicides is also a concern in New Jersey. In June of 2019, the Montville Township website reported that according to information received from the New Jersey Poison Center, 100 New Jersey preteens had attempted suicide by drug overdose in the preceding 18 months. The website quoted Diane P. Calello, MD, Executive and Medical Director of the [NJ Poison Control Center](#) at [Rutgers New Jersey Medical School's Department of Emergency Medicine](#), who expressed concern that preteen suicide is becoming a common occurrence. Dr. Calello also stated that the actual number of preteen suicides is likely higher than what is recorded by her office because hospitals and healthcare facilities are not required to report drug overdoses to the Poison Center. Consequently, the statistics of the Poison Center only reflect a fraction of the actual number of preteen suicide attempts. Missing numbers would include not only unreported cases of attempted suicide by drug overdose, but also suicide attempts using other means. Dr. Calello suggests that the increase in attempted suicide signals “a real public health threat for our state,”⁵⁴

⁵⁴ Montville Township Civic Alerts, <https://www.montvillenj.org/CivicAlerts.aspx?AID=248&ARC=379> (accessed March 12, 2021).

In New Jersey, suicide statistics are recorded by counties, not by city, consequently, suicide data for the city of Newark is not readily available. However, a review of the local newspaper and news station reports reveal that suicide attempts and completed suicides are a problem in city of Newark for just as they are in other cities and towns in the state. On February 25, 2021, ABC News reported that police officers in Newark rescued a man who attempted to take his life by jumping off an overpass onto a busy highway. On February 26, 2020, police interrupted another Newark man's efforts to commit suicide by jumping off a bridge in Riverfront Park after his children were removed from his custody by undisclosed parties. On April 11, 2019, a 31-year-old woman was rescued when she attempted to end her life by jumping from a fire escape. In January of 2019, a retired Newark police lieutenant who had been arrested on domestic violence charges, shot himself to death at the Police Station in Bloomfield, a town neighboring Newark.

More disheartening than the number of adults who either attempt or die by suicide is the rate of adolescents and teens, who are attempting and dying by suicide. This number is increasing in U.S, cities and towns at alarming rates particularly among African American youth. Secrecy, confidentiality, and other factors limit the availability of the true number of children who attempt or complete suicide. However, a review of local media provides a glimpse of the problem in Newark, NJ. In October of 2019, a 13-year-old youth attempted to end his life by jumping from a fire escape. In March of 2018, a 14-year-old student looking forward to his 8th grade graduation took his own life when he found out he would not be able to participate in the ceremony. In September of the same year, another teen planned to end his own life by what is known as "Suicide by

cop... an attempt to provoke a deadly response from police officers,”⁵⁵ explained Ambrose. Fortunately, intervention by the boy’s family diverted his dreadful plan. These stories only tell of a small portion of the suicide attempts and completions that occur in Newark. Many suicidal actions are misclassified as accidental overdoses, vehicle accidents, police shootings, and homicides. Unfortunately, research shows that many individuals who are unsuccessful in one suicide attempt will try again.

When proper intervention is provided for individuals who attempt suicide, most are able to go on and live a normal life. However, unmet mental health needs and unaddressed personal crises can lead to completed suicides for some individuals who are suicidal. A study published by the Journal of Community Health reported that “from 2001 to 2017, the rate of death by suicide for Black boys ages 13 to 19 rose 60 percent, while the rate for Black girls skyrocketed an astounding 182 percent.”⁵⁶ Researchers have sought to identify causal factors for the astounding increase in Black youth suicides and two related issues have been consistently presented. The first factor to be considered is that African American children, like their elders, have low rates of mental health treatment. Many do not get the care they need because of the negative stigmas about mental illness in the Black community as well as a mistrust for mental health professionals held by many Blacks. In addition, many do not have health insurance that adequately covers the cost of mental health services. The second factor, also related to

⁵⁵ Eric Kiefer, “Newark Police, Family Stop Teen’s ‘Suicide by Cop’ Attempt: PD,” *Patch News*, September 29, 2018, <https://patch.com/new-jersey/newarknj/newark-police-family-stop-teens-suicide-cop-attempt-pd> (accessed March 11, 2021)

⁵⁶ Inger E. Burnett-Zeigler, “Young Black People Are Killing Themselves,” *The New York Times*, December 16, 2019, <https://www.nytimes.com/2019/12/16/opinion/young-black-people-suicide.html> (accessed March 11, 2021)

the communities in which they live is the high number of Black youth who live in poor, distressed communities. The conditions in such environments are known to contribute to poor quality of life for its residents, and to foster a malady of physical and emotional health problems. Lindsey, et al argue that the negative societal factors Black children contend with daily contribute to their heightened levels of suicide while the rates for non-Black youth suicides are decreasing. According to the researchers, “social etiologic factors disproportionately experienced by Black adolescents include racial discrimination, adverse childhood experiences (e.g., abuse and neglect), and poverty, all of which have been positively associated with suicidal behaviors in this group.” The suicide risk factors referred to by Lindsey, et al are prevalent in the city of Newark, particularly in the two wards- South and West, that are predominantly African American. Awareness of these risk factors compels community leaders, including pastors, to strive for the amelioration of not only the harmful factors, but also the resulting consequences.

CHAPTER 4 – TRAUMA AND SUICIDE

“Stop the World I want to get off!”
-Sammy Davis, Jr

Historically, African Americans have had significantly lower levels of attempted and completed suicides than other cultural groups. There are a number of theories related to this notion. One theory is that African Americans are resilient people who have victoriously endured many atrocities including the transcontinental slave trade, Jim Crow, and on-going racism. This theory argues that African Americans possess intestinal fortitude coupled with strong familial ties that enable them to endure the vicissitudes of life. Additionally, the strong levels of religiosity of African Americans and their faith in God is credited for undergirding African Americans during difficult times. Even during slavery, African Americans were recorded to have “joy that the world didn’t giveth,” believed to be a byproduct of their enduring faith in God.

Smiling Faces Sometimes Tell Lies

The notion that African Americans possess internal rivers of joy is a stereotype that has endured throughout the centuries, and in contemporary times, has been perpetuated through television and other forms of entertainment. One of the most common negative stereotypes of black men has been personified in the Sambo character. Sambo is a happy-go-lucky, childish character who reinforces the racist notion that African Americans are simpleminded people who don’t need much to be happy. This myth was propagated by apologist for slavery who contended that the slaves needed their masters to keep structure and order in their lives. In the years after slavery, Sambo grew

in popularity as a source of entertainment for predominantly white audiences. Black actors engaged in self-degrading acts for the pleasure and applause of their white crowd. As televisions became household items, images of Sambo and other negative Black stereotypes gained more visibility and generated high ratings for television sponsors. As time passed, the racism depicted on television became less blatant, however, situational comedies like *All in the Family*, continued to gain ratings by reinforcing negative stereotypes.

Much has changed over the years, including the creation of Black sitcoms. Sadly, the Sambo stereotype is still evident in many contemporary movies and sitcoms. Some modern-day examples of the Sambo character can be observed in the Martin sitcom which aired on FOX television from 1992-1997. Named for its lead character, Martin Lawrence, the show presented African American friends laughing and making jokes no matter how devastating the circumstances of their lives. The characters on the show insulted and demeaned one another to garner laughter and ratings. In addition to Martin and Gina, his girlfriend who eventually became his wife, “Bruh Man” who lived on the 5th floor of Martin’s apartment building made regular appearances on the show. Bruh Man was a slow talking, slow walking intruder who often entered Martin’s apartment through the window and after scavenging for food, returned to the window to exit despite the close proximity of the door. This character’s lazy mannerism and diminished intellect are reminiscent of Stepin Fetchit, a negative 1930’s characterization of Black men. Though the Stepin Fetchit characterization was considered offensive and demeaning by African Americans in the 1930’s, it’s contemporary equivalent “Bruh Man,” thrived in the 1990’s and never failed to receive tremendous laughter from live and television

audiences. In addition to his role as Martin, the lead character would often don women's apparel and appear as Sheneneh, a rude, obnoxious woman. If Sheneneh failed to embody the “mad Black woman” persona, Gina’s friend Pam never disappointed. The negative racial characterizations portrayed in *Martin* made the show one of the highest rated on FOX and increased the popularity of the network.

Good Times was another Black sitcom that presented updated iterations of negative African American stereotypes. On the show, JJ, the oldest son of Florida and James Evans, was always happy and making jokes, despite living with his parents in an over-crowded low-income housing project. The family always found a way to smile their way through the challenges of living in the ghetto, including racism, substandard housing and poor employment prospects. Despite the success of the show, there were creative differences between John Amos, who played the father on *Good Times*, and the writers. While John was proud to play the husband and father on the first television show to portray a two parent African American household, he was not happy with the show’s perpetuation of other negative African American stereotypes and felt the writers placed “too much emphasis on JJ and his chicken hat.” Consistent with John Amos's assessment, many African American viewers recognized the age-old characterization of Sambo in JJ’s role on *Good Times*. As a consequence, for refusing to acquiesce with the views of the writers, John Amos was eventually written out of the script. Later, in an interview on WBLS radio station, Amos contended that as a Black man he knew more about being a Black father than the writers. Nonetheless, it appears they were less concerned with the Black reality and more concerned with continuing the myth of “the happy Negro” originated during slavery.

Playing the role of the “foolish Black man” can be quite lucrative and has paid off for many actors including John Witherspoon who starred along with Marlon and Shawn Wayans in *The Wayans Brothers*. The sitcom which aired on WB Television Network for four years presented three Black men, one of whom was always unemployed, behaving in foolish and immature ways. Kevin Hart, a standup comedian and actor has also cashed in on rewards of personifying negative Black man stereotypes. Among his many ventures, Hart signed a contract with Chase in 2019 to serve as spokesman for their Freedom Credit Card. In one of several commercials, Hart receives a credit card in the mail. Upon reading the details, he yells down the block to tell various neighbors that the credit card offers cash back when used to purchase various items. Of course, he does not mention the exorbitant interest rate charged by the company. The women neighbors respond favorably to Hart’s announcement. However, to Hart’s chagrin, his well poised white male neighbor responds, with a hint of disdain, “buddy, I’m right here; why are you yelling?” Hart responds, “it’s what I do,” This representation of a loud, obnoxious Black man is aired at various times during the day including during the morning news when most individuals are focused on serious local issues and consequential national conversations.

Negative stereotypes of Blacks on national television have not been limited to males. There are a number of Black women who have benefited from roles that perpetuate negative stereotypes of Black women. The most common stereotypical role for Black women is the Sapphire character. She is rude, angry and typically emasculates a Black male character. She can be observed on *The Jeffersons* television show which aired from 1975-1985. On the sitcom, Sapphire is embodied in Florence, the housekeeper for a middle-class Black family that achieved financial success managing several dry

cleaners. While respecting Mrs. Jefferson, Florence seized every opportunity to berate and disrespect her Black male employer, George Jefferson. On another show premiering years earlier, *Sanford and Son*, Queen Ester is the antagonist who insults the intelligence of two Black male characters, frequently referring to them as “old fools.” Through the years, the personality has appeared in movies, plays and television shows with different names but the same negative personality traits. Tiffany Haddish, who recently co-starred in a movie with Kevin Hart has been cast in a number of present-day roles that present a less than honorable depiction of African American women. Tiffany’s characters are generally loud-talking, finger snapping women with rolling eyes. While Hart, Haddish and many other Black actors garner laughter from their audiences and wealth for themselves, many contend that their personal success is at the expense of the Black race. Their roles reinforce unfavorable stereotypes of simple-minded Black people, laughing and dancing their way through life.

The Bitter Cup

Contrary to the myth that African Americans experience perpetual joy, the Department of Health and Human Services Office of Minority Health reports that “African Americans are 20 percent more likely than non-Hispanic whites to report instances of serious psychological stress.”⁵⁷ This disparity is possibly due to the high rate of poverty among African Americans and the distress caused by their low socioeconomic status and related challenges. In addition to economics, African Americans frequently experience depression and despair as a result of a plethora of social and personal

⁵⁷ Adelle Banks, “Black churches address suicide, mental illness” *The Christian Century*, August 14, 2014, <https://www.christiancentury.org/article/2014-08/black-churches-address-suicide-mental-illness> (accessed October 16, 2020)

challenges. These include: health disparities, limited opportunities to advance, neighborhood instability, family problems and other adverse conditions. All of these conditions are caused or exacerbated by the racism that is ubiquitous in the American culture. No matter what an individual's academic attainments and personal achievements may be, all African Americans are directly or indirectly impacted by racism. No one is able to avoid the historic institutional racism, the overt and subliminal messages of inferiority, and the unbalanced scales of justice deeply ingrained in the foundation and policies that rule our country. Every African American bears the imposed weight of black and brown skin in addition to the inherent burdens borne by all of humanity.

Racism has infiltrated every sector of society, including the church. In a recent interview televised on February 15, 2021, with NBC's Al Roker, Cardinal Winton Gregory, America's first Black Cardinal in the Catholic Church, discussed the topic of racism and admitted that he has personally experienced racism and discrimination. His first cogent awareness of the challenges of being a Black male in America was provoked by the horror of Emmitt Till's horrific murder. At the age of 6 or 7, Gregory and his grandmother were among the thousands who attended the wake of Till, a 14-year-old Black boy who had been brutally assaulted and murdered in Money, Mississippi for allegedly whistling at a white woman. Gregory described that childhood experience as "a defining moment" that along with his own personal encounters with discrimination have kept him "grounded in what it is to be an African American male in our country." Having served as Archbishop of the Archdioceses in Atlanta and Washington, DC, Gregory recognizes that he is treated with respect when dressed in clergy apparel but without them he is "in the pool with every other African American man in Washington." A lifelong

Catholic, Gregory, now 73 years old, concedes that racism is the reason it has taken the country so long to witness the appointment of a Black cardinal. However, he has not allowed that racist reality to harden him and states rather matter-of-factly, “I don’t know of any African American who hasn’t tasted the bitter cup of discrimination.”

Cardinal Gregory’s contention is evidenced by the treatment of President Barack Obama, the first Black president of the United States. Despite having earned a degree from Columbia University and graduated magna cum laude from Harvard Law School, the primary focus of Obama’s candidacy for presidency was his race, not his qualifications. In his speech “A More Perfect Union,” Obama reflected on his experience:

“Despite the temptation to view my candidacy through a purely racial lens, we won commanding victories in states with some of the whitest populations in the country. In South Carolina, where the Confederate Flag still flies, we built a powerful coalition of African Americans and white Americans. This is not to say that race has not been an issue in the campaign. At various stages in the campaign, some commentators have deemed me either ‘too Black’ or ‘not Black enough.’ We saw racial tensions bubble to the surface during the week before the South Carolina primary. The press has scoured every exit poll for the latest evidence of racial polarization, not just in terms of white and Black, but Black and brown as well.”⁵⁸

He went on to say that in the later weeks of the campaign, discussions about race became “particularly divisive.” President Obama’s assessment was confirmed by David Axelrod, his senior advisor at the time. In an interview, Axelrod told CNN: “It’s indisputable that there was a ferocity to the opposition and a lack of respect to him that

⁵⁸ The Constitution Center, <https://constitutioncenter.org/amoreperfectunion/> (accessed April 7, 2020)

was a function of race.”⁵⁹ When President Obama was elected in 2008, many declared that a post-racist era had finally dawned in America, but in reality, nothing was further from the truth. While President Obama’s election spawned a sense of progress and hope for most African Americans, the racism that is so deeply rooted in the history of the United States continued to prevail, with the President himself often the intended target. The “birther” movement which alleged that Mr. Obama was not born in the United States, gained traction during his first term of office and continued into his second term. Even after President Obama released his original long form birth certificate, the issue was kept alive by Donald Trump who insisted that the birth certificate was fraudulent. The insult of the birthers’ argument was intensified when Marilyn Davenport, a Republican politician “forwarded an email with a birther joke that included a photoshopped image of President Obama's face superimposed over that of a baby chimp.”⁶⁰ In addition to the ineffective birther attempts to discredit President Obama, many Republicans committed to obstruct every Obama initiative without even considering their merit.

While serving as the Senate Minority Leader in 2010, Mitch McConnell, told the *National Journal's* Major Garrett, “the single most important thing we want to achieve is for President Obama to be a one-term president.”⁶¹ Many argue that the Republican’s

⁵⁹ Benjamin Kentish, “Barack Obama says he ‘absolutely’ suffered racism while President,” *The Independent*, December 9, 2016, <https://www.independent.co.uk/news/world/americas/president-obama-absolutely-suffer-racism-us-president-a7465281.html> (accessed October 11, 2020)

⁶⁰ Frank James, “Portraying Obama As Chimp Not Like Showing Bush As One,” *NPR*, April 27, 2011, <https://www.npr.org/sections/itsallpolitics/2011/04/27/135771740/portraying-obama-as-a-chimp-not-the-same-as-showing-bush-as-one> (accessed October 11, 2020)

⁶¹ Andy Barr, “The GOP’s no-compromise pledge,” *Politico*, October 28, 2010, <https://www.politico.com/story/2010/10/the-gops-no-compromise-pledge-044311> (accessed October 11, 2020)

opposition to President Obama was his policies, not his race. However, others contend that the disrespect he received was a factor of his race. An overt example of the rudeness endured by President Obama include South Carolina's U. S. Representative Joe Wilson yelling out "you lie" during a televised address to Congress. Wilson later apologized to President Obama, but millions had already witnessed the disregard for the person and the office.

The racist antics were not reserved for President Obama; the hatred at the highest level of government seemed to proliferate race-based hatred on every level throughout his terms and beyond. During President Obama's second term, racial tension was sparked when Travon Martin, an unarmed 17 years African American male was murdered by George Zimmerman. While visiting his father's fiancée who resided at The Retreat at Twin Lakes in Sanford, Florida, the teen walked to a nearby convenience store. While returning with his bag of M&M's, Martin was spotted by Zimmerman, a neighborhood watch captain for the gated community. Deeming Martin suspicious, Zimmerman called the police and was advised not to approach Martin. Nonetheless, he decided to take matters into his own hands and during a scuffle, Trayvon was shot and killed. After an intense trial, Zimmerman was acquitted of both, second degree murder and manslaughter. Protestors took to the streets to demonstrate their dissatisfaction with the outcome of an all-too-common occurrence - a white person goes free after killing a Black person.

Others, but especially the Black community, waited anxiously to hear the country's first Black President's reaction to this deadly racial profiling incident that gained national attention. Initially after the murder, President Obama expressed sympathy for Martin's parents as well as the importance of holding opinions until the legal process

was complete. After the trial and 16 hours of jury deliberations, Zimmerman was found not guilty of both counts. During a press briefing days after Zimmerman’s acquittal, President Obama acknowledged the similarities between himself and Trayvon Martin. In a forlorn tone, President Obama stated, “you know, when Trayvon Martin was first shot, I said that this could have been my son. Another way of saying that is Trayvon Martin could have been me 35 years ago.”⁶² He went on to acknowledge the pain of Martin’s parents and that of African Americans in general. “And when you think about why, in the African American community at least, there’s a lot of pain around what happened here, I think it’s important to recognize that the African American community is looking at this issue through a set of experiences and a history that doesn’t go away.”⁶³

“A history that does not go away” has been and continues to be the source of stress and collective trauma for African Americans. In recent years, African Americans have experienced heightened levels of stress as a result of white nationalist rhetoric and aggression toward Blacks that has played out across the country. One of the most notable instance is the race motivated shooting of nine Black worshippers at the Mother Emanuel African Methodist Episcopal Church in downtown Charleston, South Carolina in June of 2015. After sitting through bible study with the congregation, Dylann Roof, a self-avowed white supremacist, in a cold calculated act, opened fire on the same parishioners who had welcomed him.

⁶² The White House, “Remarks by the President on Trayvon Martin,” <https://obamawhitehouse.archives.gov/the-press-office/2013/07/19/remarks-president-trayvon-martin> (accessed February 25, 2021)

⁶³ Ibid.

Blue Violence Against African Americans

In addition to mass shootings and community violence, the media has been replete with images of African American men and women being beaten and murdered by law enforcement agents. Many of those murders have provoked angry protests in the cities where they occurred. Buildings have been burned down, stores and businesses have been destroyed as protestors demanded that we “say their names.” Freddie Gray. Eric Garner. Tamir Rice. Michael Brown. Breonna Taylor. An exhaustive list would go on for pages. All of these murders have aroused tremendous anxiety and angst in the African American community. But perhaps the most traumatizing police murder was that of George Floyd whose murder was videotaped by police videocam and by a number of individuals who recorded the event. Even veteran newscasters wept while watching a cavalier Derek Chauvin, a white police officer with the Minneapolis Police Department kneel on Mr. Floyd’s neck for 8 minutes and 46 seconds as the helpless Black man begged for his life. In a reckless disregard of the sanctity of life, Chauvin removed his knee only after Floyd was dead. This callous act took one physical life but caused innumerable emotional casualties. The public protests and outcries against the murder of Mr. Floyd did not stop the pattern of Black men being murdered by police officers. In fact, a year later, while the trial of Chauvin was taking place, another black man, Daunte Wright was murdered by a police officer in Brooklyn Center, Minnesota, less than 11 miles from Minneapolis where Floyd was murdered.

Residents in Black cities know that race motivated acts of aggression by police officers are not rare. For many years, there have been complaints about police brutality and policies like “Stop and Frisk” that unevenly target Blacks. “Driving while Black” is a

well-recognized term that refers to the high rate of Blacks, especially men, being stopped by police for no legitimate reason. In many cases, those stops lead to trumped up charges and have, in some cases left an innocent person dead. Mindful of the hostile environment in which we live, Black parents often lament about the need to have “the talk” with their children when they reach driving age. During “the talk” parents explain the risk of being pulled over and provide instructions on how to stay safe if stopped by the police. They tell their children to put their driving license on the dashboard, keep their hands on the steering wheel, and not to make any sudden moves. This talk is unfathomable for white parents. However, for Black parents the need to teach your children how to protect themselves from those sworn to protect them is a very real conundrum that exerts undue pressure on already stressful lives.

The Crises from Within

Community violence is also a tremendous source of stress for African American parents who are often relegated to poverty-stricken neighborhoods with low performing schools and pervasive violence. In these communities, exposure to trauma is a regular occurrence which causes adults to fear for their own safety as well as that of their children. Sadly, many urban children are introduced to a lifestyle of violence and trauma before they can even verbalize what they witness and experience. The news is replete with stories of shootings that occur at community gatherings, family outings and in close proximity to schools and daycare centers. When shootings occur, schools go into lockdown mode and adults whisk children out of harm's way as sirens begin to flare. In many cases, innocent victims, sometimes children are wounded or murdered in a

senseless act of violence. Whether anyone is wounded or not, the fear and hysteria of the moment are traumatizing and have a lengthy effect on the adults as well as the children.

Trauma includes but is not limited to being physically, verbally or sexually assaulted, being robbed, involved in a shooting or having one's life threatened in any way. Victims of trauma are not only those who are directly harmed. Witnessing or hearing about any of these things happening to someone else can cause secondary traumatization which has the potential to be as harmful as primary traumatization. A mother who hears that her child was assaulted can be as traumatized as the child who was directly harmed. In addition, whole communities can be traumatized by violence. When MS-3 gang members murdered 3 teenagers and shot another in a Newark school yard for apparently no reason, the entire neighborhood was traumatized. Children were petrified at the thought of going to school and their parents were afraid to let their children out of their sight. In addition, dedicated school staff called out sick because of the terror that had been inflicted upon the whole community. Prior to the shootings, the school yard had been a safe place for local youth to gather, but the senseless murders desecrated the school yard and destroyed its sanctity.

In most cases, traumatic events are unanticipated and uncontrollable by the victim(s), consequently causing feelings of helplessness, fear and anxiety. These feelings, in addition to anger and depression can be brought on or exasperated by exposure to trauma, which is also known to precipitate post-traumatic stress disorder and other psychiatric problems. In addition to the many medical consequences of trauma exposure, a number of studies have also drawn a correlation between trauma exposure and suicidal ideations and suicide. Contributing to that body of research is a study conducted by

Thomas Simon, et al in which “a nationally representative sample of 5,238 U.S. adults were used to examine the extent to which physical assault victimization was associated with suicidal ideation or behavior.”⁶⁴ In that study, Simon found that “having been a victim of physical assault over the last 12 months, such as hitting, slapping, being pushed, kicked, or hit with an object or a weapon, increased 6-fold the risk of suicidal ideation or behavior.”⁶⁵ Unfortunately, many urban residents are victimized repeatedly - women suffering intimate partner abuse, children harassed daily while traveling to and from school, targets of local gangs - are all examples of victims of repeated abuse. For victims of repeated victimization, the harmful effects are compounded and multiply the risk of suicidal ideation and behavior.

Complex Trauma

In addition to the harmful consequences of personal abuse, many individuals who reside in poor urban communities, young and old, witness violence and traumatizing occurrences many times over the course of their residency in resource depleted neighborhoods. The repeated exposure to violence causes more deleterious effects than a single traumatization for secondary victims as well as primary victims, and increases the likelihood of individuals developing PTSD, a risk factor for suicide. According to Charles Gillespie, et. al, “rates of chronic trauma exposure and the subsequent development of PTSD are substantially higher in low-income African American

⁶⁴ Thomas Simon, “Assault victimization and suicidal ideation or behavior within a national sample of U.S. adults,” *Suicide and Life-Threatening Behavior* 32, no. 1 (Spring 2002): 42 – 50, <https://pubmed.ncbi.nlm.nih.gov/11931010/> (accessed October 10, 2020)

⁶⁵ Krysinak, 105.

communities, with rates of lifetime PTSD as high as 30-50%.”⁶⁶ This is in comparison to approximately 6% of the general American population developing PTSD. The National Alliance on Mental Illness reports that “exposure to violence increases the risk of developing a mental illness; over 25 percent of African American children exposed to violence meet criteria for posttraumatic stress disorder.”⁶⁷ In many cases, the symptoms of PTSD lead to, and/or exacerbate suicidal ideations and behaviors. Research studies report that individuals diagnosed with PTSD are up to “14.5 times more likely to have a history of attempted suicide than non-PTSD subjects.”⁶⁸

Unfortunately, despite high levels of trauma exposure and possible PTSD, African Americans of all ages, particularly those with lower socioeconomic status, have low usage levels of mental health services. This is attributed to a number of factors including distrust of mental health professionals, lack of insurance and money to pay for services, and a strong, enduring stigma averse to seeking mental health services. In urban communities, receiving mental health services is perceived as a sign of weakness by many. Consequently, only a small percentage of the low-income African Americans who need professional mental health services actually receive care. Many of them would rather endure their symptoms than be considered weak in an environment where survival is predicated on strength, even if it is only an appearance. The heightened level of stress among African Americans paired with limited mental health service utilization, could

⁶⁶ Charles Gillespie, et. al., “Trauma Exposures and Stress-Related Disorders in Inner City Primary Care Patients” *General Hospital Psychiatry* 31, no. 6 (November 2009): 505-14

⁶⁷ NAMI African American Community Mental Health fact sheet, www.nami.org

⁶⁸ Karolina Krysinska, 106

very possibly be causal factors in the increased rates of attempted and completed suicide among African Americans, the ethnic group who has historically had the lowest suicide rates of all races.

Potential Causal Factors of African American Suicide

In 2007, Norma Day-Vines noticed a shift in the previous suicide data and posited that “suicide rates have increased exponentially among African Americans during the past 20 years,” and “the gap between African American and White male suicide rates have narrowed considerably.”⁶⁹ Recognition of the increased rate of suicide among African Americans has prompted a number of researchers to explore the trend and possible contributing factors related to the increase in African Americans ending their own lives. Upward mobility has been noted as one potentially causal factor in increased African American suicide. As African Americans achieve higher levels of personal and financial success, they often move to more affluent neighborhoods away from family and friends. In many cases, they are not readily accepted by their new neighbors and experience isolation and loneliness. This can be compounded by physical and sometimes emotional distance from their family and friends who were previously a source of support and encouragement. Once financial success is achieved, many African Americans find themselves straddling two worlds, not fully comfortable in either. Consequently, many upwardly mobile African Americans experience isolation as well as a lack of practical and emotional support that have historically been attributed to African American’s ability

⁶⁹ Norma Day-Vines, “The escalating incidence of suicide among African Americans,” *Journal of Counseling and Development* 85 (Summer 2007)

to endure and overcome hardships. Achieving professional and financial success can be extremely stressful on African American individuals who work hard and make numerous sacrifices to realize the “American Dream.” Unfortunately, many do not factor in the cost of success while trying to climb the ladder and for some, the realization of the American Dream feels more like an “American Nightmare.”

Another factor worth considering when evaluating the increased rates of African American suicide is the decline in church affiliation and involvement. Historically, African Americans have been identified as the most religious ethnic group with 79% of them self-identifying as Christian.⁷⁰ They have the highest rate of church attendance on Sundays and in mid-week services, and report to spend more time in prayer than individuals of other ethnicities. However, in recent years, their rates of church attendance have been declining along with the rest of Americans’. In some cases, this is attributed to individuals moving away from the community churches they were affiliated with and not wanting to travel the distance to attend frequently. The challenges of transitioning to a new church such as getting to know new people, fitting in and learning new traditions, is sometimes an impediment to individuals who relocate.

In other cases, church decline is the result of African Americans exercising their freedom to choose. In the past, attending church was one of the few things African Americans could do on Sunday. Many older African Americans recant stories of being in church “all day Sunday.” However, there are now unlimited options and no racial

⁷⁰ David Masci, et al., “Black Americans are more likely than overall public to be Christian, Protestant,” *Pew Research Center*, April 23, 2018, <https://www.pewresearch.org/fact-tank/2018/04/23/black-americans-are-more-likely-than-overall-public-to-be-christian-protestant/> (accessed May 4, 2020)

restrictions on what African Americans can do or where they can go on Sundays. After working all week, many choose to shop, watch football games or rest on Sunday rather than go to church. Those African Americans who choose to go to church, have the option of selecting more contemporary churches, mixed race churches, and virtual churches, which to some are more appealing than traditional Black churches. Many contend that traditional Black churches have not kept up with the times and have lost their relevance. These concerns account for a percentage of church membership loss and the reduction in attendance many Black churches are currently experiencing.

The decline in church attendance and affiliation is not restricted to African Americans. It has been witnessed across all races. According to the Barna Group, a leading research company, the number of practicing Christians in the United States has declined by 50 percent since 2000.⁷¹ In line with that statistic, the leading global analytics and advice firm, Gallop, found that “on average, 69% of U.S. adults were members of a church in 1998-2000, compared with 52% in 2016-2018.”⁷² While the national Covid-19 pandemic forced most churches to terminate in-person services in 2020, data collected in 2019, reflected a continuance in the decline of national church attendance that began decades earlier. While reduced church involvement of African Americans has contributed to the declining national trend, they continue to be the largest group of churchgoers in America. In general, the largest decline in church attendance and affiliation is observed in the millennial age group, but similar to their elders, African American millennials

⁷¹ Barna: State of the Church 2020, <https://www.barna.com/research/changing-state-of-the-church/> (accessed May 4, 2020)

⁷² Gallup, <https://news.gallup.com/poll/248837/church-membership-down-sharply-past-two-decades.aspx> (accessed May 4, 2020)

represent the largest number of churchgoers and church affiliated individuals in their age group.

In addition to the spiritual benefits of going to church, many practical and social benefits are derived from church attendance. Feeling close to God, and gaining motivation to be a better person, are benefits some individuals report to gain from active church membership. However, when asked, a majority of people across denominations mention the support of a social network as one of the most significant benefits of church attendance. Emile Durkheim, one of the fathers of the discipline of sociology, recognized this benefit of church attendance in the late 19th century. He posited that individuals with limited social connections, like single and childless people, were more likely to die by suicide than individuals who had more social attachments. He concluded that social integration was a protective factor against suicide. His hypothesis continues to be validated by contemporary researchers whose studies draw a strong correlation between high levels of church involvement and low levels of suicide risk. Theorist contend that African American women, who have the highest levels of religiosity and the lowest levels of death by suicide, are evidence of the hypothesized correlation.

In a study of 33 African American women between the ages of 18 and 69, Kamesha Spates and Brittany Slatton concluded that Durkheim's theory continues to be relevant. However, they uncovered two additional factors that insulate Black women from suicide. First, they contend that 400 years of oppression in America have afforded Black women the opportunity to develop strong coping skills. The survival of Black women and their families, has depended upon them being strong and persevering despite contrary circumstances.

The second factor presented by Spates and Slatton refers to Black women's central role in the church, family and community. They posit that not only are Black women a part of their social network, moreover, they are highly regarded within those networks. Their internal fortitude and elevated social status undergird African American women and empower them to endure the vicissitudes of life.

Unfortunately, the protective factors that give value to life for African American women, and the fortitude that enables them to persevere in hard times, do not appear to have the same benefit for their men. The Black-white suicide paradox, which refers to "the apparent lack of suicide tendencies among Black women compared to their white, nonwhite, and male counterparts"⁷³ does not transcend Black women and empower their men to thrive. While the suicide rates of Black women continue to be extremely low, since 1980, suicide rates among Black men have doubled and according to the U.S. Department of Health and Human Services Office of Minority Health (OMH), suicide is the second leading cause of death for African American males. Dr. Alvin Poussaint, a renowned African American psychologist, acknowledges the gender difference but contends that there has not been enough research on African American mental health, and suicide in particular, to explain the variance in deaths by suicide among Blacks. However, based upon his own professional observations, he elucidated a hypothesis he believes might account for the difference.

Poussaint explains that "even following decades of advancement in nearly all sectors of American society, Blacks are commonly confronted with white perceptions

⁷³ Kamesha Spates and Brittany C. Slatton, "I've Got My Family and My Faith: Black Women and the Suicide Paradox," *Sociological Research for a Dynamic World* 1, (December 2017): 1

which stem from old stereotypes - that they are ‘angry’ or that they have a ‘chip’ on their shoulder.” Poussaint contends that confronting such perceptions may complicate the ability to navigate social settings like school and work for African Americans.

Recognizing that Black women navigate the terrain of dominant culture with greater ease than Black men, Poussaint suggests that the parenting styles of Black parents may “produce different sets of coping skills for their male and female children.”⁷⁴ Unlike Black girls, Black boys are often encouraged to be strong and assertive. Such attitudes and demonstrations of strength are viewed as threatening and unacceptable in mainstream American culture, resulting in school suspensions and expulsions, and the incarceration of elevated numbers of Black boys.

Poussaint’s contention is not without merit, however, parenting styles can only scantily account for the negative treatment and outcomes of Black males in American society. The harsh treatment Black males have experienced in America is well documented and did not start in recent decades. Since slavery, Black men have often been depicted as out of control beast, lacking self-control and needing external restraint. In every era of American history, Black men have borne the weightiest portion of white anger and hostility, directly and indirectly. They have been the targets of Jim crow laws, lynching mobs, “Three Strikes You’re Out” policies and other forms of discrimination, legal and illegal. They have suffered economically because of limited employment opportunities available to them and when hired, they have been relegated to low level positions in most companies. Black women, though experiencing discrimination also,

⁷⁴ Alvin F. Poussiant and Amy Alexander, *Lay My Burden Down: Suicide and the Mental Health Crisis among African-Americans* (Boston: Beacon Press, 2000), 132

have been more readily accepted at every level of employment and society than Black men. The opportunities available to Black women, but denied to Black men have created an economic gap within the race and led to significant contention in many Black families. Considered together, the rejection and hostility experienced by Black men; the sense of hopelessness re-experienced by many Black men as a result of the inability to overcome the oppressive power structure in the United States; and the lack of attention to African American mental health may explicate Black men's decisions to end their lives more frequently than Black women.

Dehumanizing Black Children

The racist experiences of Black men are disheartening. Even more appalling is the fact that the discrimination and injustices they experience often start in their youth. In *The Essence of Innocence: Consequences of Dehumanizing Black Children*, Phillip Atiba Goff and colleagues present findings of four research studies on the dehumanization of Black children. The authors found that perceptions of the innocence of children is often based upon race. They concluded that "Black boys can be misperceived as older than they actually are and prematurely perceived as responsible for their actions during a developmental period where their peers receive the beneficial assumption of childlike innocence."⁷⁵ They opined that "for middle-class White males, the period of time when boys are not held fully responsible for their actions can extend well into their late 20's. In

⁷⁵ Phillip Atiba Goff, et al, "The Essence of Innocence: Consequences of Dehumanizing Black Children," *Journal of Personality and Social Psychology* 106, no. 4 (February 2014): 526-545

contrast, the present research suggests that Black children may be viewed as adults as soon as 13.”⁷⁶

Consequently, they often receive harsher consequences for youthful actions than their non-Black peers. One of the legal repercussions for Black boys being denied the innocence ascribed to white boys is the large number of Black boys tried in court as adults. For a youth to be tried as an adult, the request must be made by the prosecutor and approved by the assigned judge. In such cases, the juvenile court judge waives his or her jurisdiction over the case and sends the case to adult court. The youth is then subject to more harsh penalties and longer periods in prison if found guilty. In New Jersey, the prosecutors in every county except one have requested and been granted permission to try youth as adults. The lone county where not a single youth has been tried as an adult in the last 5 years is Hunterdon County, where the population is 80% white. According to Laura Cohen, the director of the Criminal and Youth Justice Clinic at Rutgers Law School, “white kids commit the same ‘waivable’ offenses as Black kids, but prosecutors just don’t ask to try white kids as adults at the same rates.”⁷⁷ The implicit and explicit biases of many whites, and even some Blacks, all too often cause infractions perpetrated by Black boys to be exaggerated, resulting in diminished academic and career opportunities, as well as the increased likelihood of involvement with the criminal justice system.

The disparity between the criminalization and incarceration of Black and white boys is also evident in the disparate treatment of Black and white girls. According to the

⁷⁶ Ibid.

⁷⁷ Sarah Gonzalez, “Kids in Prison: Getting Tried as An Adult Depends on Skin Color,” *WNYC News*, October 10, 2016, <https://www.wnyc.org/story/black-kids-more-likely-be-tried-adults-cant-be-explained/> (accessed March 12, 2021)

Sentencing Project, a national organization that addresses criminal justice issues, “African American girls are more than three times as likely as their white peers to be incarcerated.”⁷⁸ In addition, Black girls are “nearly six times more likely to get out-of-school suspension than white counterparts and more likely to be suspended multiple times than any other gender or race of student, according to research by the African American Policy Forum and Columbia Law School’s Center for Intersectionality and Social Policy Studies.”⁷⁹ For many Black girls, there is no correlation between their behavior and the extremely harsh consequences they experience. Monica Rhor of *USA Today*, contends that “Black girls don’t misbehave more than white girls, yet in every state across the country they are more likely to be disciplined in school and often receive harsher penalties for the same infractions, experts and researchers have found.”⁸⁰

The pattern of meting out extreme consequences to Black children is part of the “dehumanization” of Black children discussed by Goff and Jackson in their article mentioned above. In the conclusion of their four studies delineated in *The Essence of Innocence: Consequences of Dehumanizing Black Children*, the authors elucidate a very troubling finding. They juxtapose the treatment of Black youth against that of white youth and suggest that “anti-Black dehumanization may have a flip side—a kind of pro-

⁷⁸ “Incarcerated Women and Girls,” The Sentencing Project, November 24, 2020, <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/> (accessed March 12, 2021)

⁷⁹ Monica Rhor, “What can be done to stop the criminalization of black girls? Rebuild the system,” *USA Today News*, May 14, 2019, <https://www.usatoday.com/in-depth/news/2019/05/14/black-girls-school-discipline-racism-disparities-pushout-solutions/1121061001/> (accessed March 12, 2021)

⁸⁰ *Ibid.*

White humanization.”⁸¹ As a result of the differing values places on Black and white children, “Black children are seen as a decreasingly essentialized group... White children were seen as an increasingly essentialized group.”⁸² The finding that, in general, the American culture places greater value on white children than on Black children is supported by, amongst other things, the ongoing funding disparity in U.S. public schools.

School Funding Disparity

In 1998, Linda Darling-Hammond explained that “recent analyses of data prepared for school finance cases in Alabama, New Jersey, New York, Louisiana, and Texas have found that on every tangible measure—from qualified teachers to curriculum offerings—schools serving greater numbers of students of color had significantly fewer resources than schools serving mostly white students.”⁸³ Research conducted by the Learning Policy Institute (LPI) confirmed that the funding and resource gap has not been eradicated since 1998 when Darling-Hammond drew attention to the issue. In a more recent writing, Darling-Hammond, now president and CEO of LPI wrote “on average, school districts serving the largest concentrations of students of color receive approximately [\\$1,800 less per student](#) in state and local funding than those serving the fewest students of color, and the differentials are even greater within states.”⁸⁴ The

⁸¹ Goff, “The Essence of Innocence.”

⁸² Ibid.

⁸³ Linda Darling-Hammond, “Unequal Opportunity: Race and Education,” *Brookings Institute*, March 1, 1998, <https://www.brookings.edu/articles/unequal-opportunity-race-and-education/> (accessed March 12, 2021)

⁸⁴ Jeff Ralkes and Linda Darling-Hammond, “Why Our Education Funding Systems Are Derailing the American Dream,” *Learning Policy Institute*, February 18, 2019,

funding shortfalls result in over-crowded classrooms, outdated textbooks and a lack of qualified teachers. This was recently attested to by students who attend Jersey City, NJ public schools.

On March 11, 2021, in a plea for more funding for Jersey City Public Schools, over 300 students, parents and community leaders attended a virtual meeting with the Superintendent of Schools. Two students told of being assigned to overcrowded classrooms in dilapidated school buildings. Another student, with plans for a career in the health field, told of her science course being covered by a substitute teacher for the entire school year. Each day, the student reported, the substitute teacher simply handed out photo copied worksheets for the students to complete on their own. The student recognized that her high school academics had not prepared her to succeed in a vigorous college science program. The issues prevalent in Jersey City are not unique to that city. Concerns about the same issues reverberate throughout urban districts across the country.

Many strategies and programs have been created to address the shortage of quality teachers in urban districts. Teach for America (TFA) is one such program. A review of their website reveals their approach:

Teach For America recruits outstanding and diverse leaders to become TFA “corps members.” Corps members commit to teaching for two years in a low-income community, where they’re employed by local schools and confront both the challenges and joys of expanding opportunities for kids. After two years, they become part of the TFA alumni network. Informed and inspired by their students, many continue teaching; others pursue other leadership roles in schools and school systems or launch careers in other fields that shape educational access and opportunity.

<https://learningpolicyinstitute.org/blog/why-our-education-funding-systems-are-derailing-american-dream>
(accessed March 12, 2021)

On the surface, it appears that TFA is an innovative program that recruits benevolent individuals, committed to teaching, and dedicated to enriching the lives of low-income students. However, critics of TFA contend that the program is more beneficial for “corps members” than it is for the students in the schools that employ TFA corps members. For their commitment to teach in a low-income district for two years, TFA participants receive tuition for graduate school and forgiveness of undergraduate student loans. In addition, they, like other teachers in urban schools, receive higher compensation for teaching in “challenging schools” than their counterparts who teach in non-urban, less challenging districts. For many TFA corps members, their teaching appointment is their first introduction to an urban area and as new teachers, they lack the competence to properly manage their classrooms. After two years, “corps members” are able to move to suburban districts armed with career experience gained at the expense of urban school children. In the new district, they are able to garner larger salaries because of their experience and advanced degrees. Consequently, TFA is an excellent program for the advancement of public-school teachers, 80% of whom are young white women according to the National Center for Educational Statistics.

On the other hand, with teachers coming and going every two years, students in the low-income districts are denied the benefits of veteran teachers who have conquered the challenges of the first few years of teaching and mastered their craft. When teachers move to a new district after their two-year TFA obligation ends, the new students are the beneficiaries of the skill, education and wisdom wrought at the expense of the students in the low-income district the teachers leave behind. TFA, many contend, is simply one in a line of programs that enrich outsiders at the expense of low-income residents.

Substandard housing, inferior education, unsafe playgrounds, limited access to fresh fruits and vegetables are just a few societal norms that dehumanize poor Black children. When added to the criminalization, community violence, and daily factors Black youth face on an ongoing bases, it is no wonder so many Black youth find life unbearable and an increasing number of them see suicide as a viable option. “In 2017, African American females in grades 9-12, were 70% more likely to attempt suicide than their non-Hispanic, white female counterparts” and according to the American Association of Suicidology, the rate of suicides for African American males of the same age was 2.9 times higher than that of African American females. African American suicide “rates peak during adolescence and young adulthood, then decline. This is a different pattern than what is seen in the overall U.S. population, where suicide rates peak in midlife.”⁸⁵ The Suicide Prevention Resource Center reports past year suicidal thoughts and behaviors of high school students from various cultural groups including: White, Black, Hispanic, Asian, American Indian/Alaska Native and Native Hawaiian/Pacific Islander. According to their data, in 2016, African American high school students exceeded their peers in all of the other cultural groups in suicidal thoughts and behaviors.

Unfortunately, this is not a trend that starts in high school. For Black children between the ages of 10-14, suicide is the second leading cause of death. Trends show that elementary school children also contemplate and commit suicide, with African American children between the ages of 5-11 having the highest rates of all children. Until 2014, African Americans in all age ranges trailed whites in suicide completions, but

⁸⁵ *Suicide Prevention Resource Center*. <https://www.sprc.org/scope/racial-ethnic-disparities/black-populations> (accessed May 4, 2020)

sadly, a different trend emerged in 2015. In the first national study to observe this reversed trend, data from 2015 indicates that there were more suicides among African American children ages 5 to 11 than among Caucasian children.⁸⁶ This was the first time Blacks in any age group exceeded Caucasians in completed suicides. There is very likely a correlation between the fact that Black children are leading in the number of completed suicides while trailing in so many others. Black youth trail whites in high school and college completion rates, in household income, in access to contemporary technology, health insurance, and in many other disturbing categories.

In addition, Black children are forced to contend with racism and microaggressions starting at a very early age. While having to grapple with unjustifiable hatred is harmful for individuals of all ages, it is especially harmful to a child 's sense of self and self-worth. Many Black children have their inherent value challenged on a regular basis by non-Black peers, as well as adults in various settings. Most concerning, are the number of Black students who sit under the tutelage of racist teachers and educational administrators. Many young children who are exposed to racism, unconsciously absorb messages of inferiority and subordination which results in feelings of shame and self-hate. In a March 2021 case that was reported by many national news outlets, a white headmaster at a Catholic school in Long Island, NY, required an 11-year-old Black boy to kneel down while apologizing to his teacher. It was reported that after completing what had been assigned, the student decided to take out another assignment and work ahead. According to People magazine, the boy's "teacher allegedly confronted

⁸⁶ African American Suicide Fact Sheet Based on 2014 Data (2016), <https://www.wellspacehealth.org/wp-content/uploads/2016/10/African-American-Suicide-Fact-Sheet-2016.pdf> (accessed March 12, 2021)

him about working on the wrong assignment, and tore up his paper in front of the class before taking him to Holian's office.”⁸⁷ John Holian then required the boy to apologize the “African way” by kneeling. When asked about her son’s emotion state, Trisha Paul explained “my son was humiliated, hurt, embarrassed, sad and confused,”⁸⁸ “He reads about things happening because of your skin color. To experience it. ... he’s just trying to process it in his 11-year-old brain.”⁸⁹ Fortunately, for this 11-year-old boy, his parent became aware of the emotionally scaring incident and intervened on his behalf. But in reality, many racist incidents like this go unreported to parents or caring adults, and children are left to process their experiences on their own. The challenges facing African American children and youth, particularly those in urban areas, can be overwhelming even for children who have loving, supportive families. Racism, violence, and poverty are some of the factors that contribute to a sense of despair experienced by many young African Americans and in some cases motivates them to end their own lives just as they are getting started.

Suicide Protective Factors

In general, a number of factors contribute to a person’s decision to end their life. Exposure to violence, mental illness, overt and covert racism, feelings of isolation,

⁸⁷ Rachel DeSantis, “Black Student Forced by Headmaster to Kneel During Apology: He’s ‘Hurt and Humiliated,’ Says Mom,” *People*, March 22, 2021, <https://people.com/human-interest/black-student-forced-by-headmaster-to-kneel-during-apology/> (accessed March 23, 2021)

⁸⁸ Michael Elsen-Rooney, “Black boy, 11, forced to kneel and apologize by white headmaster who called it the ‘African way’,” *NY Daily News*, March 20, 2021, <https://www.nydailynews.com/new-york/education/ny-kneeling-punishment-catholic-school-long-island-20210321-apbqaa25zjajfketsmejndtme-story.html> (accessed March 23, 2021)

⁸⁹ *Ibid.*

hopelessness and despair are some of the risk factors which have been identified through well-grounded research. Elevated levels of stress and anxiety are also suicide risk factors; however, the single most predictive factor of a suicide attempt is a previous attempt. Individuals who have attempted suicide should receive immediate and long term professional mental health care and their attempt should not be under-rated as a ploy for attention.

The tremendous increase in African American suicides, particularly among adolescents and youth, warrants immediate attention and intervention on many levels. It would be beneficial to determine how the protective barriers that shield African American women from suicide can be extended to African American males, and the younger members of the race. Just as there is no single cause of suicide, there is also no single intervention that will prevent African American suicides. However, religious involvement has been identified as a protective factor in general, and specifically for African American women. Their faith and religious ties have been credited for their ability to endure the difficulties of life without contemplating or giving in to suicidal ideations. Self-identifying as the most religious group in the United States,⁹⁰ African American women historically have the lowest rate of suicide of all racial groups. The low rate of suicide among African American women appears to confirm the value of faith and religious ties as a protective factor against suicide.

There are 3 protectants against self-harm that can be noted in the doctrine and teachings of traditional Black Urban churches. First, most Christian churches teach that

⁹⁰ Spates and Slatton, "I've Got My Family and My Faith."

suicide, like homicide is the destruction of a life, and both are considered sins that believers should shun. Fortunately, most modern-day clerics avoid the mistake of some ecclesiastics of earlier times who referred to suicide as an unpardonable sin that leads to eternal damnation. Though present-day religious leaders may present a more compassionate perspective on suicide, most continue to decry self-harm. Secondly, Christians subscribe to biblical scriptures that declare humankind to be fearfully and wonderfully made⁹¹ in the image of God, and consequently, posit that life is always to be valued. Thirdly, Old Testament and New Testament scriptures admonish believers to have faith in God against all odds. In Black churches, the biblical character Job is often extolled as an example of how believers are to trust God to see them through even the most unimaginable hardships. In the story, Job endures various calamities that result in the loss of his 10 children, his servants, his wealth and his health. Despite his suffering, Job declared “though He slay me, yet will I trust in him”⁹² Observing his suffering and experiencing her own pain of loss, Job’s wife challenged him to “curse God and die.” Rejecting her suggestion, Job continued to hold fast to his faith in God and responded “you are talking like a foolish woman. Shall we accept good from God, and not trouble?”⁹³ Job’s question is often interpreted to challenge Christians to accept the will of God, even when it seems God’s will includes unexplained pain and suffering. In the end, Job was healed, his wealth was restored and his wife bore 10 more children replacing those who had died. Lifting this story, many Black preachers have enthusiastically

⁹¹ Psalm 139:14 (King James Version)

⁹² Job 13:15 (King James Version)

⁹³ Job 2:10 (New International Version)

proclaimed “Job got double for the trouble!” This declaration is intended to encourage anyone who is suffering to trust God no matter how adverse their situation may be. When a person takes their own life, church folks often conclude that the individual did not trust God to relieve their suffering or to give them the necessary strength to endure it. No matter what the source of pain may be - sickness, poverty, relationship troubles- believers are reminded that “weeping endures for the night, but joy comes in the morning.” While the sufferer may be confounded by the length of the night and the delay of morning, the pedagogy of the Black church maintains that “God causes all things to work together for the good of those who love God.” Holding on to that belief, many suffering Christians are able to press through difficult times and in the words of gospel singer, James Cleveland, commit to “Hold out until my change has come.”

The third protectant against self-harm provided by the Black church is relationship. When an individual joins a church they are engrafted into the body of Christ which is supposed to be a family that offers support and assistance to one another. Many churches profess to be grounded in scripture and claim to exemplify the New Testament church founded in the book of Acts. According to Acts 3:32 all of the believers “were of one heart and soul, and no one said that any of the things that belonged to him was his own, but they had everything in common.” Toward the goal of upholding the Acts 3 standard, most churches have benevolent offerings and other resources for members who need assistance. In addition, many contemporary churches regularly read their church covenant in unison and reinforce their personal commitment “to watch over one another in brotherly love; to remember each other in prayer; to aid one another in sickness and distress” among other things. They also commit to ongoing fellowship between church

members which guards against isolation and loneliness, which are risk factors for suicide. While no church is perfect, most Black churches provide a plethora of ministries to foster member fellowship including: Women's Ministry, Men's Ministry, Marriage Ministry, Single's Ministry, Youth Ministry, Recreation Ministry and others depending upon the size of the church. Some of the larger churches offer vacation clubs, wellness ministries, support groups and other opportunities for members to have a full, balanced life. Despite the many opportunities for fellowship, retention continues to be an ongoing problem for many churches. However, many individuals who sever ties with their church, maintain some of the personal relationships that were established there. Consequently, even after an individual has left the church, enduring relationships may provide protection against suicidal thoughts and behaviors.

Historically, the Black church has not limited its scope to the spiritual needs of church members; it has a legacy of also addressing the practical and physical needs of church members and the community at large. This benevolent history makes the church the ideal institution to address the mental health needs of the African American community. Churches are known to offer food, clothing, childcare, assistance with tax preparation, housing and provide many other resources. This well-established record of support, increases the likelihood that African Americans will accept mental health services and referrals from pastors and church leaders. In fact, "surveys show that over forty percent of Americans seeking help with mental health issues turn first to ministers, priests and rabbis. This is twice as many as those who went first to a psychiatrist,

psychologist or family physician”⁹⁴. Considering their documented mistrust of health care professionals, it is likely that the percentage of African Americans who go to pastors for mental health related matters is even higher than the 40 noted in the general population. Therefore, with proper training, pastors and church leaders will be better prepared to identify the signs of emotional duress and make appropriate referrals to professionals who can properly address the mental health needs of the African American community.

⁹⁴ Susan Gregg-Schroeder, “Mental Illness and Families of Faith: How Congregations Can Respond,” *Mental Health Ministries*, <https://www.naminh.org/wp-content/uploads/2017/08/MHM-MI-StudyGuide.pdf> (accessed March 17, 2021)

CHAPTER 5 – HISTORY OF THE BLACK CHURCH

...the church is a centre of social life and intercourse; acts as newspaper and intelligence bureau, is the centre of amusements — indeed, is the world in which the Negro moves and acts. So far-reaching are these functions of the church that its organization is almost political.

-W.E.B. DuBois

Since its inception, the Black church has played a significant role in the lives of African Americans. Decades before there was a formalized structure, the enslaved would steal away and secretly gather under cover of darkness to sing, dance, and pray. Having been captured in various parts of West and Central Africa, the slaves had various forms of religious expression. In their home land they had embraced various religious traditions including Catholicism, Islam and other religions germane to their local villages. As the enslaved men, women and children secretly worshipped together their various religious beliefs and rituals were melded together to create something new - the Black Church.

Christianity is the religion that would thrive on the plantations despite the conflicting views on evangelizing the slaves. Many slave masters were opposed to the slaves hearing the Christian message for fear it would cause them to believe they were equal to their oppressors. They were also concerned that the enslaved individuals would embrace the message of freedom espoused in the biblical stories of the Children of Israel and rise up against their own conditions of bondage. This fear was later realized, however not because of the teaching of the white missionaries and evangelists. Most of the white missionaries misused scripture to support and validate the institution of slavery

To assuage this concern of the slave masters and lay the foundation for slavery, the missionaries would recant the story told in Genesis chapters 6- 9. According to this

Old Testament text, God was vexed by the sinfulness of humankind and intent on destroying the race. But God found favor in one righteous man named Noah and instructed him to build an Ark wherein he and his family would find salvation when God decided to send punishing rains that would destroy the earth and everything on it. Though there was no precedence for rain, Noah believed God and spent approximately 60 years building the Ark as specified according to God's divine blueprint. Finally, the rain began to fall and lasted forty days and nights, destroying everyone on earth except Noah and his family who endured the devastating rains in the ark. After the flood, Noah became a farmer and planted a vineyard. On a particular occasion, after consuming the fruit of the vine, Noah was found drunk and naked by his son Ham. According to the scripture, Ham told his two brothers and they covered their father without looking at his nakedness. However, the pro-slavery preachers exercised poetic liberty and embellished the story tremendously. According to them, Ham perpetrated some type of indignity against Noah. Historically, the alleged behavior ranged from sexually assaulting his father to publicly shaming him. Whatever the deed, it resulted in Noah damning Ham's son and his descendants to servitude. The slavery sympathizers preached that the Africans were the descendants of Ham and thus, servitude was their destiny.

In addition to the Old Testament scriptures, white preachers also employed New Testament scriptures to support slavery and its perpetuation. The intent of their sermons was not only to evangelize the slaves, but also to sedate them and make them more content in their bondage. Many Christian evangelists and missionaries taught that slavery had saved the Africans from their previously savage lifestyles and had given them the knowledge of Jesus Christ, for which they should be grateful. They contended that

slavery was not anti-Christian and gained access to the slaves by convincing the slave masters that the message of Christianity would cause the slaves to be more submissive and better workers. “Slaves, obey your earthly masters with respect and fear, and with sincerity of heart, just as you would obey Christ.” was the text most frequently used to indoctrinate the slaves. Individuals who had themselves been stolen, were constantly told not to steal from their masters. On some plantations, the slaves were required to attend church along with their masters to ensure that the messages of subservience were reinforced. On other plantations, slaves were allowed to attend segregated services where the preacher was sometimes Black. Regardless of the race of the preacher, the master-authorized messenger was required to espouse the same false interpretation of scripture that implored the slaves to honor their masters and graciously embrace their divinely assigned lot in life.

Countering the message of Black inferiority and passivity was the message of equality and liberation preached by unauthorized preachers in secret slave gatherings. These “meetings” took place in the woods and hidden areas of the plantations that have become known as “hush harbors.” Defeating the efforts of their masters to keep them apart, the slaves made up songs and engaged symbolism to communicate to one another where and when the “meeting” would be. Many individuals risked severe punishment and even death for the fellowship of the hush harbor which provided encouragement and restoration to their broken spirits. Gathered under the cover of darkness, the slaves could sing, dance and pray freely, temporarily escaping the painful realities of their daily lives. During these gatherings, inspired slaves took turns preaching and interpreting the scriptures in ways contrary to what was relayed by the master-authorized preachers. In

front of whites, Black preachers had to preach the same messages of passivity promulgated by the white preachers. But in the hush harbor, they interpreted the bible in their own ways. They embraced the Exodus story of Moses delivering the children of Israel from the oppressive Egyptians and exuberantly preached that God would one day deliver them also.

The hush harbor did not only serve as a place for spiritual renewal, it was also the place where escape strategies were developed and insurrections were engineered. A revolutionary interpretation of the bible often provided the motivation that fueled an uprising amongst the slaves. One of the most famous slave uprisings was led by a slave preacher, Nat Turner, who experienced religious visions and was motivated to take a stand against the legacy of African bondage. In their secret gatherings, the slaves exchanged survival strategies, shared one another's sorrows, celebrated whatever joy they could find and planned revolutions. The hush harbor was the center of the slave community where all of their needs and issues were addressed. As the centuries evolved, the hush harbor evolved into the Black church. It evolved from damp, wooded areas of slave plantations to grand, multi-million-dollar structures but its role continued to be primary in the lives of African American people. During the three hundred plus years of the evolution of the Black experience in the United States, no institution has been more instrumental in meeting the physical, social and emotional needs of African Americans.

Since the 17th century, the Black church has maintained her position as the most predominant institution in the Black community. The broad term Black Church generally encompasses the seven largest Black church denominations: the African Methodist Episcopal (A.M.E.) Church; the African Methodist Episcopal Zion (A.M.E.Z.) Church;

the Christian Methodist Episcopal (C.M.E.) Church; the National Baptist Convention, U.S.A., Incorporated (NBC); the National Baptist Convention of America, Unincorporated (NBCA); the Progressive National Baptist Convention (PNBC); and the Church of God in Christ (COGIC).⁹⁵ Individually and collectively, Black churches have affirmed the value of Black people, lifted their spirits and attended to their every need—physical, social, and emotional. The services and benefits of the Black church extend far beyond its members and local community residents. In fact, all Black people are the beneficiaries of the Black church’s four-hundred-year-old fight for freedom, equality and social justice.

Because of the Black Church’s long-standing status in the community and history of meeting the needs of the disenfranchised, church and community members are more likely to share their emotional struggles with pastors and lay leaders in the church. Many Blacks have a well-established and justified distrust of the mental health system which is predominantly white. Non-Black practitioners often do not relate to or understand the challenges faced by Black people, especially racism and microaggressions which Blacks encounter daily. In many cases, they are also oblivious to the lingering effects of slavery and the vicissitudes of generational poverty that have plagued Black people since they were unwillingly brought to this country. In addition, the known history of medical experimentation on Black people contributes to the distrust many African Americans have for the medical profession. While Black people have become more knowledgeable and proactive in regards to our physical health, the stigmas in the African American

⁹⁵ C. Eric Lincoln and Lawrence H. Mamiya, *The Black Church in the African American Experience* (North Carolina: Duke University Press, 1990), 1.

community related to mental health continue to prevail and many do not get the treatments they need.

Its history of advocating for the progress of African Americans makes the church an ideal ambassador for mental health services. Since its inception in the hush harbor, the Black church has been a consistent source of information. Much needed services including education, housing, childcare, recreational programs, distribution of food and many others have also been provided by the Black church. Despite the decline in church attendance in recent years, the church continues to hold a significant role in the Black community and to be critically important to the survival and well-being of African Americans. Much of the progress made by African American people can fairly be accredited to the leadership and the efforts of the Black church. The success and newly acquired status of many African Americans highlight the relevance of the Black church rather than diminish the continued need for the Black church. Much has been overcome, however there continues to be many obstacles to true equality for African Americans in the United States. There are glaring inequities in education, wealth, home ownership, health care, mental health and many other areas. Consequently, it is imperative for the leadership of the Black church to address the current issues that enslave African Americans just as the church did in previous generations.

Most Black pastors recognize that their role is not limited to preaching and teaching. They willingly strive to meet the needs of their congregation and the larger community. Unfortunately, many are not aware of the mental health challenges their congregants contend with, nor do they possess the knowledge to ameliorate their duress. In fact, in some instances, a pastor's commitment to a conservative dogma and

interpretation of the scriptures can contribute to and exacerbate the emotional duress of the individual(s) they are genuinely trying to assist. Often not knowing what to say, pastors and lay leaders encourage troubled individuals to trust God, fast, and pray. In her book “Saved & Depressed: A Suicide Survivor’s Journey of Mental Health, Healing and Faith,” T-Kea Blackman documents her struggle with suicidal ideations and suicide attempts. She shares that people in the church encouraged her to “speak in tongues for 20 minutes a day” rather than take the psychotropic medications that were prescribed by her psychiatrist. As people of faith, it is important that we realize the need to trust God while at the same time utilizing practical resources available to us. In our zealotry to aid congregants, pastors and church leaders must recognize our own limitations, and know when to refer individuals to someone else who can better serve them. Historically, the Black Church has been the center of the Black community and the place congregants brought all their needs. However, much has changed since the inception of the Black church and her survival is contingent upon the ability to evolve with the times and remain relevant to the people she seeks to embrace. Our society is moving at warp speed, and if the church does not keep up, she will be left behind.

CHAPTER 6 – PREPARING FOR BATTLE: EQUIPPING PASTORS AND LAY LEADERS

Put on the full armor of God, so that you can take your stand against the devil's schemes.

-Ephesians 6:10 (NIV)

Methods

The West Ward Community Collaborative is a community partnership coordinated by the Office of Community Partnerships (OUCP) at Rutgers University-Newark. The collaborative brings together residents, elected officials and community stakeholders to share information, discuss community issues and establish strategies to address the issues that residents face. Their meetings and workshops are open to stakeholders and residents of the West Ward, as well as interested individuals from other wards of the city of Newark. Approximately 20 pastors and church leaders from the West and South Wards of Newark are active members of the collaborative. In addition to contributing valuable information, the pastors and church leaders bring to the fore issues and concerns facing their congregants and local community. They are also made aware of community programs and resources to be shared with their community.

On March 4, 2020, I met with Dr. Diane Hill, assistant chancellor at Rutgers Newark and director of the OUCP. We discussed my research project and the possibility of presenting to the West Ward Community Collaboration three informational workshops that would heighten their awareness of some of some of the challenges faced by many of the residents of the City of Newark, particularly those in the South and West Wards. The workshops were titled: PTSD, Urban Trauma, and Suicide Awareness and Prevention. Dr. Hill agreed that the workshops were relevant and timely, and I was scheduled to

present on Wednesday, April 1, 2020. The presentations were to be conducted during a 5 hour, in-person training session that included breakfast and lunch. Unfortunately, the Covid-19 pandemic became a growing health concern and several individuals who had agreed to attend cancelled. In addition, mandatory shutdowns resulted in the location that had been secured being closed along with churches. After taking some time to assess the situation, and lacking a concrete timeline for the Covid-19 shutdown, I decided to change the date and move the presentation to a virtual platform. With the assistance of Dr. Hill, a representative group of 10 pastors and lay members was identified and contacted to solicit their participation. To ensure the safety of everyone, there was no in person contact. The individuals who agreed to participate each received an email that restated the purpose of the project and the expectations of the participants. The email also included the informed consent form and instructions that directed participants to complete the consent form and return it before the start of the workshops on Wednesday, May 13, 2020. In addition, the email received by the participants included a link to a pre-survey that they were asked to complete prior to the start of the first workshop. Concise instructions on completing the surveys and logging into the synchronous workshop were also included in the email. Prior to the start of the workshops, the participants were informed that they were not obligated to complete the surveys or attend the workshops. Further, they were informed that they could utilize the virtual platform's "leave" button if at any time they felt uncomfortable and did not want to continue.

The first workshop presented information on the purpose of the project and an introduction to Post Traumatic Stress Disorder. At the conclusion of the first workshop, time was allotted for questions and discussion prior to moving on to the second

workshop. After the workshop on Urban Trauma was presented, the participants completed a postsurvey to determine if they had gained any new knowledge from the presentation. After discussion and completion of the postsurvey, the final workshop, Suicide Awareness and Prevention was presented. At the conclusion, participants were asked to complete a postsurvey to determine if they gained any new information from the Suicide Awareness and Prevention Workshop. To gain additional insight and information from the participants, open discussions were held at the end of each workshop. Most of the surveys were completed and submitted during or immediately following the workshop sessions. However, two of the participants initially had difficulty submitting their surveys and submitted them the next week. Prior to closing the session, each participant was thanked and informed that they would receive a \$25 gift card as an expression of gratitude for their participation.

Participants

Ten pastors and church leaders were recruited to participate in three virtual informational workshops after the Covid-19 pandemic restricted in-person gatherings in New Jersey. Of the 10 pastors and leaders contacted, only 5 were available on Wednesday, May 13, 2020, the initial date set. Consequently, the workshops were presented a second time on May 15, 2020, for 3 additional participants. Due to schedule changes and time constraints, 2 of the individuals who originally agreed to participate in the workshops were unavailable. A total of 8 individuals participated in the workshops and completed pre-surveys and post-surveys.

There was a significant amount of homogeneity among the participants of the workshop. They were all African Americans, 7 males and 1 female, and all, but one of the participants identified their religious tradition as Baptist. Four different Baptist denominations were represented. They included: National Baptist, Full Gospel Baptist, Missionary Baptist and Free Will Baptist. One of the participants was a Seventh Day Adventist. There was diversity in the size of the churches the participants were affiliated with. According to USA Churches, a nationwide online church directory, churches are typically categorized as small (50 or fewer people), medium (between 51 and 300 people), large (between 301 and 2,000 people) and mega (more than 2,000 people). Of the participants in the study, two served in large churches, two served in small churches and two served in a medium church. There are megachurches located in Newark, NJ however they were not represented in this study. For purposes of anonymity, the initials of the participants are being used and identifying characteristics have been left out when possible.

Leader 1 – CV is a 67 year of male who has been pastoring for 32 years. The first church he pastored was located in the South Ward of Newark, NJ. He is currently engaged in his second pastorate, which was a church plant located in the West Ward of Newark. He leads a thriving congregation of approximately 350 members and is a denominational leader on the state level. He was identified to participate in the study because of his active role in the West Ward Community Collaboration which brings pastors and church leaders together for support and information sharing. In addition, CV is a state leader for his denomination. It was believed that he would be able to provide insight from a local perspective and a broader state level. It was hoped that CV would

recognize the value of the information presented and provide an opportunity for the workshops to be presented to the members of the West Ward Community Collaboration and Denominational leaders.

CV not only pastors in Newark, but he also resides in one of Newark's most depressed neighborhoods. He has deep roots in his neighborhood and has raised children and grandchildren in the same neighborhood where he pastors. Consequently, he is aware of the community challenges not only as a pastor but also as a parent and resident. CV is an active parent and pastor who strive to remain aware of the issues that impact his community and family.

Leader 2 – BB is a 36-year-old male who grew up in Trenton, NJ, a city where the conditions plaguing African Americans are very similar to those face by Newark African Americans. BB grew up in a church in Trenton and became active in leadership as a teen. At various times, he led the church Youth Ministry, youth bible study and the church summer camp. He recognizes that his involvement in the church likely kept him out of trouble and provided him many opportunities to develop leadership skills. Upon moving to Newark, NJ to attend college, BB noted that, like in Trenton, there was a lacuna in programs and services to keep youth positively engaged. Recognizing the benefit of the mentoring he had received at his church in Trenton, BB sought opportunities to mentor youth in Newark.

As a work study student, looking for a workplace assignment, he became aware of the R U Ready for Work, a program targeted toward Newark's West Side High School students. A comprehensive high school, West Side is located in one of Newark's primarily African American, poverty-stricken neighborhoods, and has one of the lowest

graduation and college-going rates in the city. Unlike the magnet schools such as Science Park High School and Technology High School, West Side is under-resourced and significantly challenged to meet the needs of the student population. The goals of the R U Ready for Work Program are to elevate students' life and career expectations and help them prepare for their future beyond high school. BB served as a mentor in the program for three years while earning his bachelor's degree and for another two years while completing his graduate studies. During those years, BB developed close relationships with many West Side High Schools students which afforded him a close look into their lives and the challenges they regularly contend with.

Leader 3 – RC is a 59-year-old male who has been pastoring a West Ward church for 16 years. Prior to that he served on the ministerial staff of a large Baptist church in the South Ward of Newark. The neighborhood surrounding the church RC pastors has high levels of poverty, crime and abandoned and/or deteriorated buildings. Once a thriving church in a working-class Black community, the church has experienced significant membership decline. The members of the church regularly turn to the pastor and church for assistance with the challenges of their daily lives such as: financial resources, employment opportunities, legal issues and parenting struggles. Drug addiction and drug sales are also deeply rooted problems in the community of RC's church. RC is a committed pastor who seeks to address the challenging needs of the church and local community. However, he acknowledges his own limitations and those of the church to address the multi –level needs of the parishioners and the surrounding community. He

eagerly accepted the opportunity to participate in the workshop hoping to gain new information and insight to further his ministry.

Leader 4 – BA is a 70 year old pastor who describes his ministry location as “the hood.” He is very familiar with the challenges of low-income neighborhoods and has served in urban ministry for 35years. BA’s church is located in one of the most resource challenged areas of the city, with drug activity and violence being a regular occurrence. The location of the church facilitates easy access for a passersby to stop in during service, which many drug abusers and homeless individuals often do. BA confesses to having his own personal experiences with “hood life” and seeks to be a source of love and support for anyone in need. He believes we are all God’s children and seeks every opportunity to be better prepared to serve.

Leader 5 – RJ grew up a Pastor’s child and currently serves as pastor of a small church in the West Ward of Newark, NJ. He has a Doctor of Ministry Degree and teaches as an adjunct professor at a New Jersey seminary. He has been involved in church leadership since his youth and is very involved in community engagement. He currently desires to serve in a larger congregation in a pastoral counseling capacity.

Leader 6 – FJ is a 55 years old female. She has been involved in ministry for 17 years and currently serves as a ministry leader in a large Full Gospel Baptist Church located in the West Ward of Newark, NJ. She holds a high school diploma and a certificate from a local Bible College. FJ has served as a youth minister at her church and

continues to serve as a mentor for a number of youth in the church. She is currently the Director of the Women's Ministry and develops workshops and presentations for the group.

Leader 7 – DG is an 85-year-old male who has worked for the City of Newark in various positions. In one of his positions, he served as a youth counselor and became aware of some of the challenges that youth in the city of Newark were faced with. He knows the city well and has a wealth of historical knowledge. DG was a resident of Newark's South Ward for more than 30 years until recently relocating to another section of the city. His home was located in the Weequahic section of the South Ward, previously inhabited by a large number of middle-class Blacks and prominent African Americans including: Mayor Sharpe James, Rev. Dr. Gwendolyn Goldsby-Grant and Amiri Baraka. Over the years, the quality of life in the neighborhood has declined as average household incomes have decreased and drug activity has become a norm. DG is encouraged by recent development in the community and believes the city is coming back. DG was the only project participant who is not a Baptist. He is a member and Elder in a Newark based Seventh Day Adventist Church. DG holds a number of degrees including an MBA, and a PH.D., He is currently an educator at a local institution and stresses the importance of education in reducing poverty.

Leader 8 – SR is a retired police officer who is currently employed by the Essex County Prosecutor's office which oversees criminal activity in the City of Newark, NJ. Prior to his position in Essex County, SR was employed as a Detective in Hudson

County. Possessing 35 years of experience, SR has extensive knowledge of street gangs and drug trafficking. SR is a frequent presenter at youth programs where he shares his very painful story of moving up the ranks as a police officer while at the same time, his son was moving up the ranks in the Bloods street gang. SR uses his story to connect with youth in hopes of deterring their involvement in gangs and criminal activity.

SR is the founder of a non-profit that provides support for police officers who struggle with the normal challenges of life, compounded by a very high stress job which puts them at risk of suicide. “Police officers are at a higher risk of suicide than any other profession. In fact, suicide is so prevalent in the profession that the number of police officers who died by suicide *is more than triple* that of officers who were fatally injured in the line of duty.”⁹⁶ Many laypersons do not understand the stress police officers and their families live with but knowing it first hand, SR strives to provide a listening ear to those in need. As a state trained resiliency officer, SR is committed to raising public awareness of suicide and reducing the number of police suicides. In addition to his work with police officers, SR also runs a six-week Junior Police Academy each summer. The purpose of the academy is to expose youth to careers in criminal justice and to foster positive relationships between youth and police officers. Though his home church is in Jersey City, SR works closely with members of the West Ward Community Collaboration to provide workshops and training.

⁹⁶ Jena Hilliard, “New Study Shows Police At Highest Risk For Suicide of Any Profession,” *Addiction Center*, September 14, 2019, <https://www.addictioncenter.com/news/2019/09/police-at-highest-risk-for-suicide-than-any-profession/> (accessed March 17, 2021)

Data Collections

The participants were each emailed a presurvey and asked to complete it on line prior to the presentation of the first workshop which was Introduction to Urban Trauma. The purpose of the first survey was to establish the demographics of the study participants and to determine how familiar they were with the topics that would be presented in the workshops. The data extrapolated from the presurvey would be used as a baseline and compared to the post survey results to determine if the participants knowledge base grew as a result of the workshops presented. At the conclusion of the second workshop, which was titled Urban Trauma, participants were asked to complete and submit a post survey online. Individuals who needed assistance were provided more detailed instructions. The same procedure was followed after the third and final workshop which was Suicide Awareness.

Presentations

The virtual presentation consisted of an introduction and three workshops that addressed Post-traumatic Stress Disorder, Urban Trauma, and Suicide Awareness and Prevention. Participants were informed that the purpose of this project was to heighten the overall awareness among lay leaders of the stressors associated with living in urban and inner cities, such as Newark, which has high rates of poverty and violence.

More specifically, I discussed the symptoms of urban trauma, including depression and suicidal ideations, as well as the role clergy can play in supporting and helping to mitigate these issues. During the introduction, I highlighted poverty, depression, domestic violence, community violence, and racism as some of the

confounding circumstances that complicate the lives of many Newark residents and impede their ability to thrive. I also acknowledge that many churches, including some of their own, provide various forms of support beyond worship services for members of the community, including food, social services and various types of training. However, I pointed out the paucity of programs and interventions to assist individuals with the emotional wounds of personal and/or community traumas who live in the communities where these churches are situated.

I explained that many church leaders do not recognize the importance of the church addressing mental and emotional issues. Some are resistant because they lack information about the challenges and others contend that these issues were just as common during their own childhood and the church's basic existence as a safe space was enough to get them through. I argued, however that the recent spike in suicide attempts and completions in the Black community, especially among our youth, make it imperative for the church to address the mental and emotional needs of the community now, more than ever. I further rationalized with the participants that the fact that some of us have survived without targeted support doesn't negate the overall need. Instead, those of us with war stories should pound the pavement to build support so that our children can go beyond just surviving and begin to thrive.

Post-Traumatic Stress Disorder Presentation

The workshop on *Post Traumatic Stress Disorder* (PTSD) provided a brief overview of the evolution of the phrase since it first came into general usage in 1980 when it was listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM),

the handbook used by health care professionals as the authoritative guide to the diagnosis of mental disorders. PTSD was first used to refer primarily to the psychological effects experienced by veterans of the Vietnam War in which over 58,000 Americans were killed and over 300,000 were wounded. All of the workshop participants were aware of someone who had served in the war and all agreed that while a number can be placed on the physical casualties of the war. However, there was no number that could account for those who were mentally and emotionally scarred. Some of the participants told stories of relatives who had been in the war and returned home telling stories of individuals stepping on grenades and their bodies being blown into many pieces, their friends dying next to them in foxholes and many other atrocities of war. No matter what their physical condition may be, veterans of the Vietnam war and more current international military conflict, bear invisible scars as a result of what they saw and personally took part during times of battle.

The recognition of PTSD helped veterans receive more appropriate care and made funding available for advanced research and treatment options. Over the years, as research has expanded, the prevalence of PTSD has been documented increasingly beyond just the veteran population. According to the National Center for PTSD, Post Traumatic Stress Disorder can occur in any individual after they have experienced a direct exposure to the trauma – a dangerous and shocking event, witnessing a trauma or learning that someone close to them has experienced a trauma. To further explain how individuals can be traumatized indirectly, I discussed a horrific event that occurred in New York City but left many across the nation traumatized. On June 20, 2018, a young man named Junior Guzman was brutally attacked and murdered in a grocery store where

he had run for help. The media repeatedly broadcasted the footage of the 15-year-old boy running in the store and pleading for help. The footage, which was repeatedly broadcasted showed a gang of attackers dragging Junior out of the store and repeatedly hacking him with machetes. Getting no help or intervention, after the attack ended the boy ran bleeding to the hospital, where he died. There is no way of knowing how many people were traumatized by what happened to this innocent teenager in a case of mistaken identity. Undoubtedly, the grocery store owner was traumatized, Junior's mother and family were traumatized, other children and teens in the community were traumatized. In addition, some of the workshop participants reported becoming emotional when they watched the reports on the news. I pointed out that Junior's murder and its effect on the community would be considered an example of urban trauma.

Urban Trauma Presentation

There is a growing body of research around PTSD which points to its increased prevalence particularly in urban communities, such as those served by the workshop participants. The West and South Ward neighborhoods, where the workshop participants serve are burdened by the complications of poverty and violence, which puts their church members and community residents at high risk of trauma and PTSD.

Most of the participants were surprised when I shared that ongoing research by The Grady Project demonstrates that in many urban communities, rates of trauma are comparable to the rates experienced by war veterans.⁹⁷ The Grady Project is a group of

⁹⁷ Cynthia Gilkin, et al, "Trauma Exposure and PTSD Symptoms Associated with Violence in Inner City Civilians," *Journal of Psychiatric Research* 83 (December 2016): 1-7 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5107154/> (accessed March 7, 2020)

investigators based in Grady Memorial Hospital and Emory University School of Medicine in Atlanta, Georgia studying civilian trauma. To bring the point closer to home, I shared that University Hospital in Newark is a Level I Trauma Center where they “treat more than 400 gunshot victims annually, in addition to people injured by knives and other weapons.”⁹⁸ The impact of the violence reaches far beyond just the 400 direct victims. The approach employed at University “uses criteria that was formulated from strategies used in Korea and Vietnam.”⁹⁹ Comparing what goes on in our local communities to war and using strategies employed in wars might seem extreme, but the violence in urban communities and the consequent traumatization are serious problems that warrant serious response. To reinforce the importance of addressing the mental and emotional needs of African Americans, I shared the following statistics with the workshop participants.

- Rates of chronic trauma exposure are substantially higher in low-income African American communities, with rates of lifetime PTSD as high as 30-50 % which is very high when compared to 6% in other communities.¹⁰⁰

⁹⁸ Lilo H. Stainton, “State to Expand Hospital-Based Programs to Help Victims Break Cycle of Violence,” *NJ Spotlight News*, February 21, 2020, <https://www.njspotlight.com/2020/02/state-to-expand-hospital-based-programs-to-help-victims-break-cycle-of-violence/> (accessed March 17, 2021)

⁹⁹ University Hospital NJ, http://www.uhnj.org/specialized_services/trauma/gold.htm (accessed March 17, 2021)

¹⁰⁰ Tanya N. Alim, et al, “Trauma Exposure, Posttraumatic Stress Disorder and Depression in an African-American Primary Care Population,” *Journal of the National Medical Association* 98, no. 10 (October 2006): 1630 – 1636 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569763/pdf/jnma00197-0074.pdf> (accessed February 3, 2020)

- The CDC found that 30 percent of youth living in inner-city communities are affected by PTSD.¹⁰¹ In a 2012 Congressional briefing, the CDC reported that youth living in inner cities show a higher prevalence of post-traumatic stress disorder than soldiers. But, unlike soldiers most youth don't leave their combat zone and so they experience trauma repeatedly.¹⁰²

Chronic trauma and PTSD are toxic to growth and development, especially in childhood, and its impact is long-term. The reality is that for many affected low-income adults, PTSD and other mental health challenges stem from childhood experiences. I asked the participants if they had heard of adverse childhood experiences or ACEs. Most were unfamiliar with the term but understood its significance upon further explanation.

According to the CDC, adverse childhood experiences are potentially traumatic events that occur in childhood (that is between 0 and 17 years of age).¹⁰³ They can include:

1. Experiencing violence, abuse, or neglect
2. witnessing violence in the home or community
3. having a family member attempt or die by suicide
4. growing up in a household with substance abuse or mental health problems
5. Family instability due to parental separation or divorce
6. Having a parent or household member incarcerated

¹⁰¹ James E. Causey, "PTSD spikes in inner city youth," *Milwaukee Journal Sentinel*, June 7, 2014, <http://archive.jsonline.com/news/opinion/ptsd-spikes-in-inner-city-youth-b99283714z1-262210721.html/> (accessed February 3, 2020)

¹⁰² "Inner-City Oakland Youth Suffering From Post-Traumatic Stress Disorder," *CBS Local News*, May 16, 2014, <https://sanfrancisco.cbslocal.com/2014/05/16/hood-disease-inner-city-oakland-youth-suffering-from-post-traumatic-stress-disorder-ptsd-crime-violence-shooting-homicide-murder/> (accessed February 3, 2020)

¹⁰³ Centers for Disease Control and Prevention, <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html> (accessed March 2, 2020)

These experiences are harmful for children and are often overlooked, partly because they are so common in urban communities. However, ACEs not only impact the development and well-being of children, they are also linked to chronic health problems in adulthood including pulmonary disease, heart disease, mental illness, and substance abuse. To further explain the harmful effect of ACEs, I shared a short video clip from a presentation by Pediatrician Nadine Burke Harris who explains the effects of trauma on the brain.¹⁰⁴ Dr Burke-Harris explained that toxic stress from ACEs can change brain development and affect such things as attention, decision-making, learning, and response to stress. Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children and create a cycle that is difficult to break. Unfortunately, individuals living in low-income African American communities have many ACEs including not only those adversities in the home, but they also must deal with the impacts of poverty, living in racially segregated neighborhoods, food insecurity, lack of quality health care, having to traverse violent streets, and so on.

Suicide Awareness Training

There is a strong documented connection between adverse childhood experiences and suicide ideations and attempts. Further, the chronic exposure to trauma experiences by residents of low-income urban cities has many negative consequences including high

¹⁰⁴ Nadine Burke Harris, “How childhood trauma affects health across a lifetime,” September 2014, video: https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

rates of heart disease, high blood pressure, poor academic performance, a decrease in life-time productivity and additionally, the risk of suicide. In urban communities, the high rate of homicides is frequently discussed in the media, at public gatherings and in private conversations. However, most individuals are not aware that there are more suicides in the United States than homicides, and in 2018 “there were more than two and a half times as many suicides (48,344) in the United States as there were homicides (18,830).”¹⁰⁵

To heighten the workshop participants’ awareness to the prevalence of suicide, I shared the following statistics reported by the Centers for Disease Control and Prevention (CDC).

- In 2017, suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 47,173 people.
- Nearly seven times greater than the number of American soldiers killed in the Afghanistan and Iraq wars between 2001 and 2018.
- Every day, approximately 123 Americans die by suicide. (CDC)
- There is one suicide for every estimated 25 suicide attempts. (CDC)
- Suicidal males are more likely to engage in risky behaviors and put themselves in situations that could likely lead to their death such as excessive speeding, confronting the police, pretending to have a gun or gang participation.
- Suicide among males is 4x’s higher than among females. Male deaths represent 79% of all US suicides. (CDC)

While the highest adult suicide rates in the US are among Whites, American Indians and Alaska Natives, suicide is quickly reaching epidemic levels in the Black community, particularly among school-age children.¹⁰⁶ The workshop participants found this

¹⁰⁵ National Institute of Mental Health, <https://www.nimh.nih.gov/health/statistics/suicide.shtml> (accessed March 2, 2020)

¹⁰⁶ Nick Charles, “Suicide is growing health crisis for African American youth,” *NBC News*, October 8, 2019, <https://www.nbcnews.com/news/nbcblk/suicide-mental-health-crisis-among-african-american-youth-n1063276> (accessed March 2, 2020)

information alarming and were most distraught about the rising number of Black children and youth who die by suicide. The following statistics were shared to stress the urgent need to address the concern.

- A June 2019 study conducted by the Journal of Community Health revealed that suicide deaths among Black females aged 13 to 19 rose 182 percent between 2001 and 2017, while the rate among Black teen males rose 60 percent during that same period.
- From 2015 to 2017, 52 percent of Black teen males who died from suicide used firearms, a method with a fatality rate of nearly 90 percent. Another 34 percent used strangulation or suffocation, which has a fatality rate of about 60 percent.¹⁰⁷
- The suicide death rate among Black youth is increasing faster than that of any other racial/ethnic group with Black youth under 13 years old being twice as likely to die by suicide as their White counterparts.
- According to Dr. Michael Lindsey, the executive director of [New York University's McSilver Institute for Poverty Policy and Research](#), in children between the ages of 5 to 12, Black males are committing suicide at higher rates than any other racial or ethnic group. However, Black adolescents are significantly less likely to receive care for depression—a major risk factor for suicide.

One of the workshop participants revealed that he had struggled with depression when he was growing and his mother always dismissed his feelings asking “what do you have to be depressed about?” Other participants agreed that at least one adult in their life had discounted their feelings when they were a child. Another participant acknowledged that he generally ignores his children’s concerns because “they have it good. They wouldn’t have survived in our day.” As the facilitator, I stressed the importance of listening to the concerns of children as they might be cries for help. In addition, the following risk factors for suicide were discussed:

¹⁰⁷ Stacy M. Brown, “Why Is Suicide A Growing Problem in the Black Community,” *The Baltimore Times*, September 27, 2019, <http://baltimoretimes-online.com/news/2019/sep/27/why-suicide-growing-problem-black-community-part-i/?page=1> (accessed March 7, 2020)

Risk Factors of Suicide

Research has found that [46%](#) of people who die by suicide had a known mental health condition. Several other things may put a person at risk of suicide, including:

- **A family history of suicide**
- **Substance abuse.** Drugs can create mental highs and lows that worsen suicidal thoughts.
- **Intoxication.** More than [1 in 3](#) people who die from suicide are under the influence of alcohol at the time of death.
- **Access to firearms**
- **A serious or chronic medical illness**
- **A history of trauma or abuse**
- **Prolonged stress**
- **A recent tragedy or loss**

The suicide awareness workshop concluded by providing the following recommendations from the National Suicide Prevention Lifeline.

5 steps you can take to #Be The 1 to help someone in emotional pain:

- 1. ASK:** “Are you thinking about killing yourself?” It’s not an easy question but studies show that [asking at-risk individuals](#) if they are suicidal does not increase suicides or suicidal thoughts.
- 2. KEEP THEM SAFE:** Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
- 3. BE THERE:** Listen carefully and learn what the individual is thinking and feeling. Research suggests [acknowledging and talking about suicide](#) may in fact [reduce rather than increase](#) suicidal thoughts. Let them talk. Don’t judge. Don’t make it about you.
- 4. HELP THEM CONNECT:** Save the National Suicide Prevention Lifeline’s number in your phone so it’s there when you need it: **1-800-273-TALK (8255)**. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
- 5. STAY CONNECTED:** Staying in touch after a crisis or after being discharged from care can make a difference. [Studies have shown](#) the number of suicide deaths

goes down when someone follows up with the at-risk person. National Alliance on Mental Illness (NAMI).

Results

PTSD Pre-Survey

At the onset, 25% of the participants indicated that they were extremely knowledgeable of the signs of PTSD, and 62.5% indicated that they were somewhat or slightly knowledgeable of PTSD. One leader indicated that he was not familiar with the signs of PTSD at all. Sixty-two % of the church leaders were somewhat or slightly knowledgeable of Urban Trauma while 12.5% were moderately knowledgeable and 25% was extremely knowledgeable. The term Adverse Childhood Experiences (ACES) was totally unfamiliar to 37.5 % of the participants and a larger percentage (62.5) did not know the impact of ACES. 37.5 % of the participants indicated that they were slightly or somewhat familiar with the term, 12.5 % was moderately aware and 12.5% was extremely aware of the term Adverse Childhood Experiences. The individuals who were moderately and extremely aware of the term also indicated the same level of knowledge of the impact of ACES.

One hundred percent of the participants reported that congregants of their church had been the victim of violence with one reporting that a member was assaulted and robbed on the way to church. A smaller percentage, 62.5, reported having family members who had been victims of violence. The violence experienced by church and family members included domestic violence, robbery, school fights, and shootings. One individual reported that his brother had been murdered in a gang related shooting. When asked *how frequently do violent events occur in the neighborhood of your church*, 12.5 %

said twice a month, 37.5 % said daily, and 50 % said weekly. In sum, violent events occur in the participants' church neighborhoods at least twice a month. Fortunately, none of the participants reported being direct victim of violence.

PTSD Post-Survey

The post survey question on PTSD reflected an increase in participant knowledge. Fifty percent of the individuals who had indicated that they were only slightly or not at all knowledgeable of PTSD on the presurvey, indicated that they were somewhat or moderately knowledgeable on the postsurvey. The percentage of participants indicating they were slightly knowledgeable of PTSD decreased by 12.5 % on the postsurvey, while the percentage of those indicating that they were moderately knowledgeable increased by 25%. The same two participants indicated that they were extremely knowledgeable of PTSD. The post survey also reflected an increase in knowledge about ACES among the participants. The moderately and extremely knowledgeable categories increased by 25% and the percentage of participants who were not at all or slightly knowledgeable decreased by 25%.

Suicide Awareness

On the presurvey, 100% of the participants indicated that members of their church had been the victim of violence and 62.5 % indicated that members of their family had been victims of violence. On the postsurvey, the workshop participants were asked if they were able to identify the emotional/mental impact of the incident on the victim? Seventy-five percent affirmed that they would be able to identify the emotional/mental

impact of the violence on the victim. On the Suicide Awareness postsurvey, 75% of the participants indicated that they felt moderately or extremely equipped to identify the warning signs of suicide. 62.5% said they felt moderately or extremely equipped to inquire of an individual if they intended to commit suicide, and 87.5 % said they are equipped to know when to refer an individual to a mental health professional.

The post suicide survey also reflected that 100 % of the workshop participants were likely or very likely to ask an individual if they were experiencing depression, and if they had thoughts of suicide. Eighty Seven percent reported being likely or very likely to ask an individual if they intended to commit suicide. 12.5 % indicated they would be uncomfortable asking. When asked if they thought it was important to share the information from the workshops, 100 % of the participants said yes and 100 % indicated that they would share the information either in a sermon, bible study or some other format which included trainings, Facebook Live and professional writing. One hundred percent of the pastors and lay leaders believed the workshops were useful to them and said they would recommend the workshops to other clergy.

Limitations

There are several limitations to this study. One is the homogeneity of the participants. African Americans are very diverse and are affiliated with many denominations and non –denominational churches. Including representatives from some of those churches would have provided a greater wealth of feedback and insight. Another limitation is the small number of participants. A larger pool would have potentially included more women and individuals with different perspectives and varying life experiences that inform their theology and life perspective.

The presentation format is another limitation of the study. As a result of the Covid-19 pandemic, the workshops were presented virtually. Several of the participants were not very familiar with the Zoom platform at that time and expressed feeling uncomfortable with managing the camera and controls. Some of the participants also experienced difficulty completing and submitting the surveys using the google doc platform. Fortunately, most church leaders have become more comfortable with virtual platforms and online presentations since that time.

Recommendations for Further Study

I would recommend a similar study involving church leaders from other denominations and non-religious community leaders. Such a study would determine if other leaders have the same limited knowledge of trauma and suicide, or if the lack of knowledge is more restricted to Black Baptist leaders. Based upon the results, additional workshops can be conducted to inform as many community leaders as possible of risks factors of trauma and suicide.

I would also recommend further study on the programs and interventions in place in predominantly white communities that prevent the proliferation of violence that occurs in urban communities. Unfortunately, the negative things that regularly transpire in low-income neighborhoods are often written off as regular occurrences. However, when those same events occur in other neighborhoods, extensive interventions are put in place to mitigate the negative consequences and prevent future incidents. An example of this is the opioid epidemic. When the use of illicit drugs was destroying Black communities, the government failed to implement a national strategy to resolve the problem. However,

when the problem began to impact predominantly white communities, the government began to create and fund a plethora of programs and services to alleviate drug addiction and drug overdoses. In addition, drug addiction began to be viewed as a sickness, deserving of medical treatment. Providing such interventions and programs in urban communities could reduce the negative effects of poverty and trauma, and consequently save lives.

It is also worth studying the parallels between the factors that have led to an increase in the number of children diagnosed with ADD/ADHD and the factors that might have led to the increase in childhood and adolescent suicide. Preliminary research indicates that some music, some video games and violence are risk factors for both. If that is correct, appropriate interventions would reduce the rates of ADD/ADHD and suicide in Black children. Also, a close examination of the events that take place leading up to an individual's attempted or completed suicide could possibly uncover factors that make life seem unbearable and motivate individuals to take their own lives.

CHAPTER 7 – CONCLUSION

***“I am come that they might have life, and that they might have it more abundantly.”
- John 10:10 (KJV)***

There are many African Americans who have fared well in America. However, as a “people”, the collective experience of the original slaves and their descendants has been less than hospitable. From the shackling of the first kidnapped African to contemporary efforts to subjugate the descendants of slaves, white oppression has challenged our value and very existence. Jim Crow laws, lynching, segregation, redlining, educational injustices and unfair penal systems are just a few of the known race directed offenses intended to destroy the souls of Black people and keep them relegated to positions of inferiority and servitude. While many Black bodies have been destroyed, the strong resilient spirit of the Kings and Queens of Africa continues to live in their progeny. The Black church, “born in slavery”¹⁰⁸ has served as a powerful mechanism to keep the Black spirit alive.

Having endured the challenges of slavery, the Black church evolved into the center of the Black community and has been at the forefront of every fight for civil rights and justice. Many church buildings have, and continue to function as sanctuary, daycare, community center and food pantry. The church also provides job training, financial management, and physical health services and information service. Despite decline in attendance and periodic scandals, the Black church’s historical leadership and plethora of services offered have secured its prominent position in the African American community.

¹⁰⁸ James H. Cone, *Black Theology and Black Power* (New York: Seabury Press, 1969), 91

Just as the church has led the fight for freedom, equality and the practical needs of the Black community, she is poised to address the mental health needs of the Black community. In fact, research has found that a large number of African Americans are more likely to speak to pastors and church leaders about mental health challenges than they are to speak to a mental health professional. Consequently, it is imperative for the church leaders to recognize the need and prepare to properly address it.

Collaborations and Partnerships

There are a variety of ways churches can address the mental health needs of their members and the surrounding community. In recent years, a number of large and mega churches have expanded their staff to include mental health professionals who are available to provide counseling and referrals when more advanced skills are needed. Having a mental health person on the church staff reduces the stigma related to seeking help and provides greater availability for interested parties. It also releases the pastor from dealing with issues outside her/his area of expertise. This would not necessarily relinquish the pastor from pastoral counseling but it would allow congregants to get the professional assistance they need. For churches that cannot afford the full expense of employing a mental health professional, several churches could co-employ one mental health professional who would split their hours between the churches. Each church would contribute a manageable portion toward the employee's salary, preventing financial hardship on either church.

In addition, smaller churches or those with limited resources, can collaboratively present workshops, group counseling sessions and guest lecturers on mental health

related topics. Collaborations could also extend to local colleges and universities that often receive grants to provide services to community residents. In many cases, grantees are unable to garner the required number of participants for their research or program. Churches could negotiate having some of those services offered at the church for members and the community. Additionally, there are valuable opportunities available for churches that are located within traveling proximity of a college or university that offers advanced degrees in psychology, counseling, or other variations of mental health. In said programs, students are required to complete internships and practicums. With proper supervision, graduate interns possess the skills to address general mental health issues and are able to refer individuals when more advanced skills are warranted. The compensation for interns is significantly less than the rate for licensed mental health professionals and in some cases, there is no fee at all. Partnering with a college or university affords church and community members with the opportunity to get the mental health services they need on campus or at the church.

In the study, I found a positive correlation between higher levels of education and the likelihood of the pastor/church leader to recognize the signs of suicide and know when to make referrals. The participants with higher levels of education were also more open to exploring other disciplines and allowing new found information to inform their theology. While, most of the seven largest Black Denominations discussed in this study require academic and denominational training prior to ordination, the minimum requirement is not consistent. For example, the United Methodist Church requires an individual to complete seminary and denominational training prior to ordination. Contrarily, the National Baptist Convention does not have a standard minimum

educational requirement, instead they allow “individual churches to decide what educational requirements will be needed”¹⁰⁹ to serve their congregation. The Harvard Divinity Website explains that among the Baptist denominations, “there is no such thing as a ‘Universal Ordination,’ as all Baptist Churches are locally autonomous and only grant the practice of ordained ministry for use in that specific church, their local association, or affiliated national body.”¹¹⁰ Consequently, there is a disparity in the educational attainment of Baptist pastors. Those with the highest level of education are generally drawn to the larger, more progressive churches while the less educated pastors find greater acceptance in smaller, more resource-challenged churches. As a result, many of the pastors and leaders who serve in distressed African American communities have limited formal knowledge of the emotional and mental challenges confronting their community members, though in many cases they possess significant experiential knowledge. Unfortunately, sometimes what is gleaned from personal experiences is skewed and not based on facts. While I am not advocating for a minimum academic requirement for all pastors, I do recommend that all pastors and ministry leaders engage in ongoing workshops and professional development that facilitate ongoing personal growth and challenge deeply rooted falsehoods. Pastors, in particular, are generally viewed as authorities in the African American community, thus, it is imperative that pastors stay abreast of the issues that affect our community, and avail ourselves to the

¹⁰⁹ Gordon-Cornwall Theological Seminary, *Ordination/Credentialing Chart* 2016, <http://archive.gordonconwell.edu/mentored-ministry/documents/ORDINATIONCHART2019.pdf> (accessed January 27, 2021)

¹¹⁰ Harvard Divinity School, *Baptist Ordination*, <https://hds.harvard.edu/academics/ministry-studies/denominational-instruction/ordination-requirements/baptist-ordination> (accessed January 27, 2021)

most current and accurate information. Fortunately, many Black pastors and lay leaders currently work across denominational lines to enhance ministry and garner needed information and resources for congregants. Such collaborations benefit individual congregations and the community at large. United efforts to address urban trauma and mental health issues in the Black community can reduce casualties and help communities thrive.

Mental Health Training for Clergy

As a result of this study, I contend that every pastor, without consideration of their church size or resources, should have a minimal level of mental health training. I make this suggestion for several reasons. One, “history purports that African Americans are more likely to rely on the elders of their churches and their own spiritual beliefs, rather than seek support from mental health professionals.”¹¹¹ Consequently, pastors are constantly sought out by church members and community residents for guidance and support during times of emotional duress, though in most cases mental health is not the pastor’s area of expertise. I am not recommending that pastors become trained psychologists, but an introduction to mental health issues would likely help pastors formulate healthy responses for people who present with mental health related issues. Uninformed church leaders have been known to present prayer and faith in God as the solution to problems presented by individuals struggling with mental health related

¹¹¹ Keith Dempsey, et al, “Black Churches and Mental Health Professionals: Can This Collaboration Work?,” *Journal of Black Studies* 47, no.1 (November 2015): 73-87
<https://journals.sagepub.com/doi/abs/10.1177/0021934715613588>

issues. In some cases, pastors and church elders have even discouraged individuals from seeking professional assistance. Equipping pastors and church leaders with basic mental health knowledge would hopefully decrease some of the stigma associated with mental illness, and help pastors and church leaders feel more comfortable with making referrals to appropriate mental health professionals.

A second reason to encourage mental health training for pastors and church leaders is that it would enlighten them to some of the signs and indications that an individual is in need of assistance. This is critical because many people will not ask for help directly, but they exhibit help-seeking behaviors. When individuals are knowledgeable of the signs and symptoms of stress, PTSD and other emotional challenges, they are more likely to recognize them when presented by a distressed person and better able to provide the necessary intervention. A third reason for pastors to have mental health training is because hopefully, the training will help pastors recognize their personal limitations. Most pastors are accustomed to solving problems of all kinds, and often struggle with knowing and acknowledging their incompetence in a particular area. Consequently, we sometimes feel pressured to provide answers to questions and issues beyond our scope of knowledge. Mental health training can help us understand that the ability to say “I do not know” is a strength, not a weakness, that when properly embraced can lead to healing for the helper and the helpee.

Self-Help for Church Leaders

Self-help is the final benefit of mental health training for clergy that I would like to raise in this writing. Many pastors, particularly in the Black church are overworked

and underpaid; struggle to balance family and church responsibilities; and are at times stressed and emotionally strained. These factors contribute to poor mental and physical health for many pastors as well as stressed familial relationships. In addition, pastors are often so engaged and focused on the sheep at church that they neglect the sheep of their most important pasture – home. According to Pastoral Care, Inc. “80% of the pastors they surveyed believed pastoral ministry had negatively affected their family.” It is a known fact that many Pastor’s kids (PK’s) struggle with the church and often walk away from it as adults. Needless to say, a pastor who is in poor health and/or experiencing family problems, has problems providing high quality ministry to their congregants. Prayerfully, participating in mental health training will help pastors recognize when we need professional help or simply a break. Accepting such help would benefit the shepherd and the sheep.

Conclusion

In the fifth chapter of Mark, Jesus provided the church with a powerful demonstration of how we are to deal with individuals who are struggling with stress and mental illness. According to the passage, the man screams, cuts himself and breaks the chains that the community used to restrain him. So severe and frightening is the man’s psychotic episodes that he cannot live around others and he’s relegated to the graveyard. Alone, he wanders day and night crying and cutting himself. It is very likely that no one cared much about this man as long as he stayed in his designated space and didn’t threaten their safety and peace. But one night, at the end of a long day, Jesus compels the disciples to sail to the other side of the lake. Along the way, they encountered a great

storm, but they persisted nonetheless. After ministering to him, Jesus sent the man, properly clothed and in his right mind, back home to his family and friends. The man was not to keep his deliverance a secret; he was to tell of the great things the Lord had done for him. As a result of the man's testimony, all the people were amazed.

In Newark, NJ and other American cities, poor distressed African Americans and others, have been relegated to communities that are equivalent to graveyards. They are filled with the walking dead – people like the Mark 5 man, screaming, crying and cutting themselves. Also like him, many inner-city residents are referred to as lunatics. But as pastors and church leaders, we are called to meet them where they are, just as Jesus and the disciples met the man of Gerasene on the other side of the lake. The decline in church attendance is an indication that we cannot continue waiting for the hurt, broken and distraught to come to us. As disciples of Jesus Christ, pastors and lay leaders are compelled to go and meet people where they are. In addition, each of us has our own personal stories about the great things the Lord has done in our lives. If we, like the man of Gerasene, share our stories, people will be amazed. This paper is a call to every born-again Christian, not only to say “God is good,” but to explain how we personally know that statement to be true.

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