

# Resilience in Low-Income Filipino Mothers Exposed to Community Violence: Religiosity and Familism as Protective Factors

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**Objective:** This study examines the role of religiosity and familism values as moderators of the relation between past-year community violence exposure and psychological distress among low-income urban Filipino mothers. **Method:** Mothers ( $N = 116$ ) of adolescents residing in three urban neighborhoods in the Philippines completed orally administered questionnaires measuring community violence exposure, religiosity, familism values, depressive symptoms, and anxiety. **Results:** A majority of the sample (83%) reported witnessing at least one instance of community violence, and about half (46%) reported being personally victimized at least once in the past year. After controlling for demographic variables, religiosity and familism significantly moderated the relation between community violence exposure and psychological distress, indicating their potential role as protective factors. Specifically, personal victimization and witnessing violence were associated with higher depressive symptoms at low and average levels of religiosity, but not at high levels of religiosity. In addition, personal victimization was associated with higher anxiety at low and average levels of religiosity and familism, but not at high levels of religiosity and familism. **Conclusions:** Our findings highlight the cultural significance of religious and family-oriented values in Filipino culture; these factors can be incorporated in health promotion and intervention efforts for low-income urban Filipino parents exposed to community violence.

**Keywords:** community violence exposure, familism, Filipino, religiosity, resilience

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In the Philippines, many residents of urban neighborhoods encounter incidents of violence in their communities (David, Mendoza, Atun, Cossid, & Soriano, 2018; Racelis & Aguirre, 2002). In 2016, Metro Manila, the urban capital region, had the highest reported crime volume among all regions in the Philippines, accounting for about 24% of all crimes reported nationwide (Philippine National Police, 2017a). Furthermore, official reports indicate that from 2016 to 2017, murder and homicide cases increased by up to 23%, and more than 3,000 individuals died in police operations related to the government's aggressive anti-illegal drugs

campaign (Philippine National Police, 2017b). We refer to community violence as actions that are intended to cause harm against people in the community that include personal victimization, such as being attacked with a knife, and witnessing violent events, such as seeing someone get shot (Kennedy & Ceballo, 2014).

As with mothers in other cultures, Filipino mothers typically assume the bulk of responsibility for household management and day-to-day care of children (Alampay, 2014; Liwag, De la Cruz, & Macapagal, 1998). Low-income mothers who are exposed to community violence may be particularly vulnerable to psychological distress (Linares et al., 2001; Mitchell et al., 2010; Mitchell, Lewin, Rasmussen, Horn, & Joseph, 2011). In addition to dealing with financial hardship, these mothers carry out daily parenting responsibilities in the context of dangerous neighborhood conditions, which have also been found to undermine individuals' psychological health (Mitchell et al., 2010; Ross & Mirowsky, 2009). Apart from routine parenting and household tasks, mothers may need to engage in intensive monitoring strategies to ensure that their children are safe from community violence and dangers (Ochoa, 2014). Thus, it is important to understand the association between community violence exposure and Filipino mothers' psychological well-being, and the factors that may promote resilience in this context.

Although the links between community violence exposure and psychological outcomes have been examined previously, primarily among samples of mothers in the United States (Aisenberg, 2001; Mitchell et al., 2011), few researchers have studied this topic among

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Filipinos. In this study, we examine the association of past-year community violence exposure (both personal victimization and witnessing violence) with symptoms of depression and anxiety among Filipino mothers of adolescents. We also investigate two protective factors that might moderate these associations. Guided by a social-ecological model of resilience that highlights the transactional relation between individuals and their culture (Ungar, 2013), we examine the moderating role of religiosity and familism.

### Community Violence Exposure and Maternal Well-Being

Numerous studies demonstrate that women's exposure to violence, particularly intimate partner violence, is associated with negative mental health outcomes such as depression (see Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012, for a review). In contrast, only a few studies have focused specifically on community violence exposure as a risk factor that may have negative implications for mothers' psychological functioning. In two studies, young mothers who personally experienced community violence reported increased depressive symptoms, and depressive symptoms were, in turn, associated with more frequent use of harsh discipline (Mitchell et al., 2010) and increased child internalizing and externalizing behaviors (Mitchell et al., 2011). An earlier study with mothers residing in high-crime neighborhoods found that maternal community violence exposure, indicated by perceived crime, fear of crime, and cowitnessing violence with their child, was associated with mothers' psychological distress, which was associated with their children's behavior problems (Linares et al., 2001). Collectively, these results suggest that mothers' psychological functioning and parenting may be compromised when they face the demands of residing in dangerous neighborhoods.

The links between community violence exposure and maternal psychological well-being have not been examined extensively among Filipino mothers. The existing literature on Filipino parenting describes mothers as the primary caregivers responsible for managing children's daily routines (Alampay, 2014; Liwag et al., 1998). Among low-income families, some mothers work outside the home to augment the family income, and in some families, mothers may even serve as the primary economic provider (De la Cruz, Protacio, Balanon, Yacat, & Francisco, 2001). Despite their engagement in multiple roles, working mothers are still primarily responsible for caring for children, managing the household, and making sure that their children are emotionally secure (Alampay, 2014; Parreñas, 2005). Thus, in the context of poor and dangerous neighborhoods, mothers may have the additional task of ensuring that children are safe, while also taking care of children's physical, financial, and emotional needs. Indeed, low-income Filipino mothers report being fearful and anxious about their child's safety and well-being because of violence in the community (Jocson & Garcia, 2017). Additionally, low-income Filipino mothers worry about their children's involvement in other neighborhood risks and dangers such as drinking, gambling, and using or selling drugs (Ochoa, 2014).

### Religiosity and Familism as Protective Factors

Resilience and strengths-based frameworks highlight positive adaptation despite exposure to risks and adversity. In Ungar's (2013) social-ecological framework, resilience involves an interactional process between individuals and their environments, such that individuals exposed to risk actively navigate their social

environments to acquire protective assets and coping resources. The social environment, in turn, facilitates adjustment by providing access to the resources that optimize adaptation. This model highlights cultural sensitivity, in that the usefulness of the protective factor depends on its cultural significance (Ungar, 2013). In keeping with this framework, our study focuses on two protective factors that emphasize transactions between Filipino parents and their social environment. First, *religiosity* refers to the degree of an individual's adherence to the prescribed beliefs and practices of an organized religion (Hill & Pargament, 2008); it also reflects the availability of religious institutions and communities that facilitate participation, social connection, and religious growth. Second, *familism* describes an individual's sense of family loyalty and obligation while also highlighting the family environment as a source of mutual support, cohesion, and belonging (Calzada, Huang, Linares-Torres, Singh, & Brotman, 2014; Gaines et al., 1997; Kennedy & Ceballo, 2013).

### Religiosity as a Protective Factor

Previous studies indicate that religion may play a role in the coping experiences of women who are exposed to violence. For example, higher levels of religious involvement (i.e., religious attendance, praying, reading religious materials) were associated with fewer depressive and posttraumatic stress symptoms among African American women who experienced domestic violence (Watlington & Murphy, 2006). This finding is consistent with several studies documenting an association between greater religiosity/spirituality and better mental health (see Yonker, Schnabelrauch, & DeHaan, 2012, for a review). Only a few studies have examined religiosity as a moderator of the relation between community violence exposure and psychological well-being. A study with low-income African American female caregivers investigated whether religious commitment or the degree of a person's adherence to religious beliefs and practices served a protective role in the relation between community violence exposure and avoidant coping (Kliewer & Zaharakis, 2013). The researchers found that higher religious commitment predicted less use of avoidant coping, but that religious commitment did not moderate the relation between community violence exposure and avoidant coping.

In the Philippines, religion is a culturally salient factor, with Roman Catholicism being the primary religion practiced. In 2010, there were about 74 million Catholics—roughly 81% of the population (Philippine Statistics Authority, 2016). The World Values Survey reports that 98% of the adults surveyed in the Philippines say that religion is “very important” or “rather important” in their lives; this percentage is one of the highest among the 60 countries that participated (World Values Survey Association, 2015). In a study with Filipino adolescents, one study found that *maka-Diyos* (piety) and related values such as faith in and love of God formed one of the most endorsed value clusters that guided Filipino social interactions (Clemente et al., 2008). Qualitative evidence suggests that low-income Filipino adults may cope with poverty by praying and trusting that God will help them through difficult times (Tuason, 2011). Indeed, low-income Filipino mothers reported praying frequently to protect themselves and their children from the harmful effects of community violence exposure (Jocson & Garcia, 2017).

## Familism as a Protective Factor

Familism is a cultural value that entails having a strong sense of family unity and loyalty, prioritizing the welfare of immediate and extended family over personal needs, and relying on family members for instrumental and social support (Gaines et al., 1997; Kennedy & Ceballo, 2013). Evidence for the protective role of familism values in the context of disadvantage have mostly been found among Latinos, an ethnic group described as having strong adherence to values emphasizing family orientation (i.e., *familismo*; Halgunseth, Ispa, & Rudy, 2006). For example, *familismo*, tapped by statements such as “I cherish the time I spend with my relatives” and “My family is always there for me in times of need,” moderated the positive relation between community violence exposure and depressive symptoms among Latino adolescents (Kennedy & Ceballo, 2013). In another study, Mexican and Dominican mothers’ *familismo* was measured with items about maintaining close family relationships, the importance of family obligation, and relying on the family as a reflection of the self (Calzada et al., 2014). In this study, maternal *familismo* was a protective factor associated with adaptive functioning among Mexican and Dominican American boys (Calzada et al., 2014).

Familism may apply to other ethnic groups that emphasize an interdependent value system (Schwartz, 2007). Similar to Latinos, Filipinos are often described as adhering to family-oriented values emphasizing cohesiveness among immediate family members and extended relatives, respect for elders and parental authority, and mutual obligations (Alampay, 2014; Chao & Tseng, 2002; Fuligni & Pedersen, 2002). In Carandang’s (1987) family systems perspective, the Filipino family functions as a whole, such that stresses experienced by one family member are felt and also experienced by other family members. Consequently, family members turn to each other for support in times of difficulty, and issues get resolved more effectively if the entire family is involved in the process (Carandang, 1987). Reciprocity of support among family members is reflected through cultural norms, such as children taking care of their elderly parents and parents extending support to their children through young adulthood and beyond (Alampay, 2014). In a study of daily family interactions in the United States, young adults from Filipino backgrounds reported higher levels of family importance and connectedness compared with those from Latino, East Asian, and European backgrounds (Fuligni & Masten, 2010). Compared with Korean American parents, Filipino American parents reported greater endorsement of familism values in several domains such as respect for adults, caring for aging parents, centrality of the family, harmony and sacrifice, and family obligation (Choi, Kim, Noh, Lee, & Takeuchi, 2017). Moreover, poor Filipino individuals are highly committed to helping their families of origin; such a strong family orientation can enhance individuals’ sense of security and support during difficult times (Tuason, 2011). As found in a previous study, Filipino mothers reported relying on their spouse, children, and relatives to ease their anxiety about neighborhood dangers (Jocson & Garcia, 2017). Familism may thus serve a buffering role among low-income Filipino mothers who experience stressful events like community violence.

## Current Study

Going beyond deficit models, we rely on a resilience framework to investigate culturally relevant protective factors that enhance the psychological well-being of Filipino mothers exposed to community violence. Given that adolescents have greater opportunities to be exposed to neighborhood risks outside the home compared with younger children (Kroneman, Loeber, & Hipwell, 2004), it is important to understand how mothers of adolescents manage risks during this crucial stage of their children’s development. Indeed, national surveys identify risk behaviors such as drug addiction, crime involvement, and delinquency as important social issues faced by Filipino adolescents (Alampay, De la Cruz, & Liwag, 2003). Thus, in the context of neighborhood dangers, Filipino parents may feel a strong need to protect their adolescent children’s well-being as well as their own well-being. In this study, we focus on the experiences of Filipino mothers of adolescents.

Our first research goal was to examine relations between past-year community violence exposure and psychological distress, as measured by symptoms of depression and anxiety, with a novel sample of low-income Filipino mothers of adolescents. We expected that both forms of community violence exposure would be associated with greater depression and anxiety, with personal victimization having a larger magnitude of relation with depression and anxiety compared with witnessing violence (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009). We used a measure of past-year (instead of lifetime) exposure to community violence to reduce the likelihood of recall errors due to the retrospective reporting of violent events over one’s entire life (Kennedy & Ceballo, 2014). In addition, given the cross-sectional nature of our investigation, we were interested in how relatively recent experiences of community violence exposure might be associated with mothers’ psychological distress.

Our second goal was to examine the roles of religiosity and familism as moderators of the relation between past-year community violence exposure and psychological distress. On the basis of previous literature suggesting that both constructs can serve protective roles for Filipino mothers, we expected that religiosity and familism would moderate the relations between community violence exposure and psychological distress. Specifically, we predicted that mothers who report high levels of religiosity and familism will exhibit less depression and anxiety in response to community violence, compared with mothers who report lower levels of religiosity and familism.

## Method

### Sample and Setting

The sample for this study consisted of 116 Filipino mothers or female guardians ( $M_{\text{age}} = 41.99$ ,  $SD = 7.81$ ) who had at least one child between the ages of 12 and 18 ( $M = 14.21$ ,  $SD = 1.66$ , 56% female) in their household at the time of the study. A majority of the mothers were biological parents (96%), married or living with a partner (90%), had a high school education or less (88%), were unemployed (52%), and identified themselves as the primary caregiver for the target child (91%). These participants represented a financially disadvantaged group, reporting family incomes classified as below the poverty threshold (less than PhP 7,890/USD 167



per month, 49%), low income (PhP 7,890–15,780/USD 167–335 per month, 40%), and lower middle income (PhP 15,780–31,560/USD 335–671 per month, 11%). The average household size was seven people ( $SD = 2.75$ ), with an average of four children ( $SD = 1.94$ ) in each household. Ninety-two percent of the sample identified as Catholic. Participants were recruited from three *barangays* (local villages) located in three highly urbanized cities in the northeast ( $n = 37$ ), eastern border ( $n = 44$ ), and central side ( $n = 35$ ) of Metro Manila. These three cities were among the four cities with the highest poverty incidence in the second district of Metro Manila (National Statistical Coordination Board, 2009). Parents from the eastern site reported significantly higher levels of education compared with parents from the central site, and parents from the eastern site had younger children on average compared with parents from the northeastern site. There were no other significant differences between sites with respect to demographic characteristics.

## Procedure

A total of 215 letters were distributed to families residing in informal settlements, shantytowns, relocation sites, and other low-income areas within the three *barangays*. One hundred and fifty-five families sent back their contact information through community coordinators. Trained, local, graduate student research assistants contacted parents by phone or through community coordinators to describe the study and determine eligibility by confirming their residence in the site and asking if they had a child aged 12 to 18 living with them at home. Researchers scheduled one-on-one interviews with parents and tried to conduct approximately equal numbers of interviews in each *barangay*. All interviews were conducted in a private room in a community center and lasted 1 to 2 hr. Parents signed consent forms and responded to structured questionnaires that were orally administered in Filipino. Each parent received a PhP 500 (USD 10) cash incentive or grocery bag as compensation.

## Measures

This study used standard measures that were adapted for a Filipino sample and were pilot tested with a small sample of low-income Filipino mothers. Measures were translated and back-translated by bilingual researchers to ensure linguistic and conceptual equivalence across the English and Filipino versions of the instruments. All measures were translated to Filipino for this study, except for the measure of psychological distress, for which we used a previously translated version.

**Demographic information.** Mothers responded to a questionnaire on demographic information including age, educational attainment, employment status, marital status, family income, number of children, household size, religion, and research site. Five demographic variables were used as covariates in all analyses: two dummy-coded research site variables (i.e., eastern site and central site) with the northeastern site as the reference category; mothers' age; mothers' educational attainment (0 = no education, 1 = some elementary, 2 = some high school, 3 = high school diploma, 4 = some college, 5 = college degree); and per capita income, calculated as gross monthly family income divided by the number of people in the household.

**Community violence exposure.** This variable was measured using an adapted version of the My Exposure to Violence Scale parent-report (Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998). Mothers reported on their frequency of *witnessing community violence* (11 items, e.g., "seen someone else getting beaten up or mugged"), and *personal victimization* (10 items, e.g., "have you yourself been beaten up or mugged") in their neighborhood for the past year using a 9-point scale ranging from 1 (*never*) to 9 (*almost every day*). This scale has demonstrated high levels of reliability, using test-retest and internal consistency analyses, as well as construct validity, provided by item analysis (Selner-O'Hagan et al., 1998). Because we do not assume correlation of items within the community violence exposure subscales, reporting internal consistency estimates is not appropriate (Streiner, 2003). Scores on the Personal Victimization and Witnessing Violence subscales were summed, with higher scores indicating more frequent past-year exposure to community violence.

**Psychological distress.** An adapted version of the Depression Anxiety and Stress Scale short form (Lovibond & Lovibond, 1995) was used to measure *depression* (seven items, e.g., "I felt life was meaningless") and *anxiety* (eight items, e.g., "I felt scared without any good reason"). Mothers indicated how much the statements applied to them using a 4-point scale ranging from 1 (*never*) to 4 (*almost always*). Factor analyses and multigroup analysis conducted with samples from six Asian populations found adequate internal reliability as well as construct and convergent validity for this scale (Oei, Sawang, Goh, & Mukhtar, 2013). Scores on each subscale were averaged, with higher scores indicating higher levels of Depression ( $\alpha = .82$ ) and Anxiety ( $\alpha = .80$ ).

**Religiosity.** This variable was measured using an adapted 10-item survey on religious involvement (Levin, Taylor, & Chatters, 1995). Mothers responded to seven items asking how often they engaged in religious activities (e.g., attending religious services, praying) on a scale of 1 (*never*) to 5 (*almost every day*). They also responded to three items indicating subjective religiosity (e.g., "How religious would you say you are?" and "How important is religion in your home?") on a scale of 1 (*not religious/important at all*) to 4 (*very religious/important*). This measure has demonstrated sound psychometric properties and construct validity (Levin et al., 1995). Based on pilot test feedback from low-income Filipino mothers, one item was changed from "How often do you ask someone to pray for you?" to "How often do you pray for someone else?" to fit the local context. Mean scores on the subscales were standardized and summed to create a total religiosity scale, with higher scores indicating higher levels of religiosity ( $\alpha = .80$ ).

**Familism.** This variable was assessed using the mean of 11 items from the Multiphasic Assessment of Cultural Constructs (Gaines et al., 1997). Example items include "In my opinion, the family is the most important social institution of all" and "My family is always there for me in times of need," with response scales ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Gaines et al. (1997) reported adequate internal consistency and validity for this scale in their multiethnic sample including Asian Americans. Cronbach's  $\alpha$  for this study's sample ( $\alpha = .83$ ) was similar to that reported by previous researchers (Kennedy & Ceballo, 2014), with higher scores indicating greater familism values.

## Data Analytic Plan

We conducted hierarchical ordinary least squares regression analyses in SPSS to examine the research goals of our study. To address the first goal, we examined main effects by testing the associations between community violence exposure (personal victimization and witnessing violence) and psychological distress (depression and anxiety), after entering demographic covariates. To address the second goal, we investigated interaction effects between community violence exposure and the moderator variables (religiosity and familism), after entering the violence exposure and moderator variables as independent variables. Our sample size was determined to have adequate power to detect a medium effect at  $\alpha = .05$  within a model that has eight predictors (Cohen, 1992). To avoid power and multicollinearity issues, separate models were tested for personal victimization and witnessing violence, religiosity and familism, and for depression and anxiety. Specifically, we examined eight models testing religiosity and familism as moderators of the four relations: (a) personal victimization and depression, (b) personal victimization and anxiety, (c) witnessing violence and depression, and (d) witnessing violence and anxiety. In Step 1, we entered demographic covariates, specifically, the two dummy-coded site variables, mothers' age, mothers' educational attainment, and per capita income. Child age, child sex, marital status, and number of children in the home were not included as covariates because they were not correlated with any of the focal variables. In Step 2, we entered mean-centered predictor and moderator variables. In Step 3, we entered an interaction term (the product of the centered predictor and moderator variable) to investigate moderation. Significant interactions were probed using the simple moderation model (Model 1) of an SPSS PROCESS macro (Hayes, 2013), which yields conditional effects at low (1 *SD* below the mean), mean,

and high (1 *SD* above the mean) values of the moderator variable. Additional details regarding testing of alternative models are provided in the [Online Supplemental Materials 1](#).

## Results

### Preliminary Analyses

A high percentage of the sample reported witnessing at least one instance of community violence in the past year (83%), and about half (46%) reported being personally victimized at least once in the past year. Overall, only 18 mothers (15%) reported that they were never exposed to any type of community violence in the past year; data on whether these 18 mothers experienced any community violence at any point in their lifetime were not obtained. The most common instances of witnessing violence were seeing someone get hit, slapped, or punched (54%), seeing other people using or selling illegal drugs (47%), and seeing someone carrying or holding a gun or knife (46%). For personal victimization, the most common reported incidents were being threatened with serious physical harm (9%) and being chased by gangs or individuals (8%).

Table 1 presents descriptive statistics and bivariate correlations for all study variables. Personal victimization had a small significant positive association with anxiety, and witnessing violence had moderate and significant positive associations with both depression and anxiety. Religiosity had a small significant negative association with depression, whereas familism did not have significant associations with psychological outcomes. Demographic variables had significant small-to-moderate correlations with the focal variables. Compared with mothers from the northeastern site, mothers from the eastern site reported higher income per capita and less frequent community violence exposure, and mothers from the central site reported more frequent witnessing of violence. Younger mothers also reported more frequent witnessing of violence.

Table 1  
Bivariate Correlations and Descriptive Statistics ( $N = 116$ )

Variable	Demographic variables					Community violence exposure		Moderators		Psychological distress	
	1	2	3	4	5	6	7	8	9	10	11
1. Site Dummy 1 <sup>a</sup>	—										
2. Site Dummy 2 <sup>a</sup>	—	—									
3. Mother age	.01	-.08	—								
4. Mother education <sup>b</sup>	.17	-.05	-.22*	—							
5. Income per capita <sup>c</sup>	.19*	-.08	-.01	.38***	—						
6. Personal victimization	-.23*	.16	-.11	-.15	.04	—					
7. Witnessing violence	-.26**	.21*	-.21*	-.02	-.01	.66***	—				
8. Religiosity	.07	-.08	.18	-.03	.09	.01	-.16	—			
9. Familism	0	-.06	.02	.01	-.04	-.01	-.16	.39***	—		
10. Depression	-.07	.08	-.14	-.02	.02	.11	.31**	-.22*	0	—	
11. Anxiety	-.18	.10	-.15	-.03	-.01	.23*	.33***	-.09	.03	.72***	—
<i>M</i>	—	—	41.99	2.45	1,516.73	1.29	9.18	0	4.67	5.41	6.74
<i>SD</i>	—	—	7.81	0.98	1,011.34	2.76	10.52	1.72	0.36	3.80	4.02
Minimum value	0	0	27.00	0	0	0	0	-4.35	2.82	0	0
Maximum value	1.00	1.00	70.00	5.00	5,000.00	21.00	51.00	3.88	5.00	17.00	18.00

<sup>a</sup> Dummy-coded site variables were compared with the northeastern site. <sup>b</sup> 0 = no education, 1 = some elementary, 2 = some high school, 3 = high school diploma, 4 = some college, 5 = college degree. <sup>c</sup> Monthly per capita income in Philippine peso (USD 1.00 = PhP 50.00).

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

### Goal 1: Is Community Violence Exposure Associated With Psychological Distress?

In Step 1 of hierarchical regressions, none of the covariates had significant associations with depression and anxiety (see [Tables S1 and S2](#) in the online supplemental materials). [Table 2](#) presents Steps 2 and 3 of hierarchical regressions. In Step 2, witnessing violence had a significant association with depression and anxiety in all models ( $ps < .01$ ). Although personal victimization did not have a significant association with depression and anxiety in Step 2, the magnitude of the relation between personal victimization and depression ( $Bs = .10-.12$ ) was close to the magnitude of the relation between witnessing violence and depression ( $Bs = .10-.11$ ). Further, the magnitude of the relation between victimization and anxiety ( $Bs = .26-.27$ ) was larger than that of the relation between witnessing violence and anxiety ( $Bs = .11-.12$ ). Religiosity had a significant negative association with depression in the personal victimization model, whereas familism did not have significant associations with depression or anxiety in Step 2.

### Goal 2: Do Religiosity and Familism Moderate the Relation Between Community Violence Exposure and Psychological Distress?

**Religiosity as a moderator.** In Step 3, we found three significant interactions for religiosity as a moderator. The Personal Victimization  $\times$  Religiosity interaction produced a significant change in  $R^2$  for both depression and anxiety, and the Witnessing

Violence  $\times$  Religiosity interaction produced a significant change in  $R^2$  for depression, but not anxiety (see [Table 2](#)). Whereas all three interactions were significant, the magnitude of the interaction was about five times greater for the personal victimization models compared with the witnessing violence model. Specifically, a unit increase in religiosity was associated with a 0.19 decrease in the slope of personal victimization and depression/anxiety, compared with a 0.04 decrease in the slope of witnessing violence and depression. [Figures 1a, 1b, and 1c](#) illustrate the general pattern of conditional effects for the significant interactions. [Figure 1a](#) shows that personal victimization was significantly associated with higher levels of depression at low ( $B = 0.68, SE = 0.24, p = .01$ ) and mean levels ( $B = 0.35, SE = 0.16, p = .03$ ) of religiosity, but not at high levels of religiosity ( $B = 0.03, SE = 0.13, p = .80$ ). [Figure 1b](#) shows that personal victimization was significantly associated with higher levels of anxiety at low ( $B = 0.84, SE = 0.25, p < .01$ ) and mean levels ( $B = 0.51, SE = 0.16, p < .01$ ) of religiosity, but not at high levels of religiosity ( $B = 0.18, SE = 0.14, p = .20$ ). [Figure 1c](#) shows that witnessing violence was significantly associated with higher levels of depression at low ( $B = 0.15, SE = 0.04, p < .001$ ) and mean levels ( $B = 0.08, SE = 0.03, p = .02$ ) of religiosity, but not at high levels of religiosity ( $B = 0.02, SE = 0.05, p = .69$ ).

**Familism as a moderator.** In Step 3, we found one significant interaction for familism as a moderator. The Personal Victimization  $\times$  Familism interaction produced a significant change in  $R^2$  for anxiety, but not depression (see [Table 2](#)). A unit increase

Table 2

Summary of Hierarchical Regression Analyses Predicting Depression and Anxiety From Community Violence Exposure, Religiosity, and Familism ( $N = 116$ )

Moderator	Depression				Anxiety			
	Step 2		Step 3		Step 2		Step 3	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Religiosity (REL)								
Personal victimization	0.12	0.14	0.36*	0.16	0.27	0.14	0.51**	0.17
REL	-0.45*	0.21	-0.38	0.21	-0.13	0.22	-0.06	0.22
Personal Victimization $\times$ REL			-0.19**	0.07			-0.19**	0.07
$R^2$	.08		.14*		.09		.15*	
$\Delta R^2$ due to interaction			.06**				.06**	
Witnessing violence	0.10**	0.04	0.08*	0.03	0.11**	0.04	0.10**	0.04
REL	-0.37	0.20	-0.32	0.20	-0.04	0.22	-0.01	0.22
Witnessing Violence $\times$ REL			-0.04*	0.02			-0.02	0.02
$R^2$	.13*		.19**		.13*		.14*	
$\Delta R^2$ due to interaction			.05*				.01	
Familism (FAM)								
Personal victimization	0.10	0.14	0.27	0.16	0.26	0.14	0.54**	0.16
FAM	0.10	0.99	0.16	0.98	0.34	1.02	0.44	0.98
Personal Victimization $\times$ FAM			-0.86	0.46			-1.44**	0.46
$R^2$	.04		.07		.09		.16*	
$\Delta R^2$ due to interaction			.03				.08**	
Witnessing violence	0.11**	0.04	0.10**	0.04	0.12**	0.04	0.11**	0.04
FAM	0.58	0.96	1.10	1.02	0.85	1.00	1.15	1.07
Witnessing Violence $\times$ FAM			-0.10	0.07			-0.06	0.07
$R^2$	.11*		.13		.14*		.14*	
$\Delta R^2$ due to interaction			.01				.01	

Note. All models include covariates. In Step 1, all  $B$ s and model  $R^2$ s were nonsignificant. See [Tables S1 and S2](#) in the online supplemental materials for the complete hierarchical regression results including Step 1.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

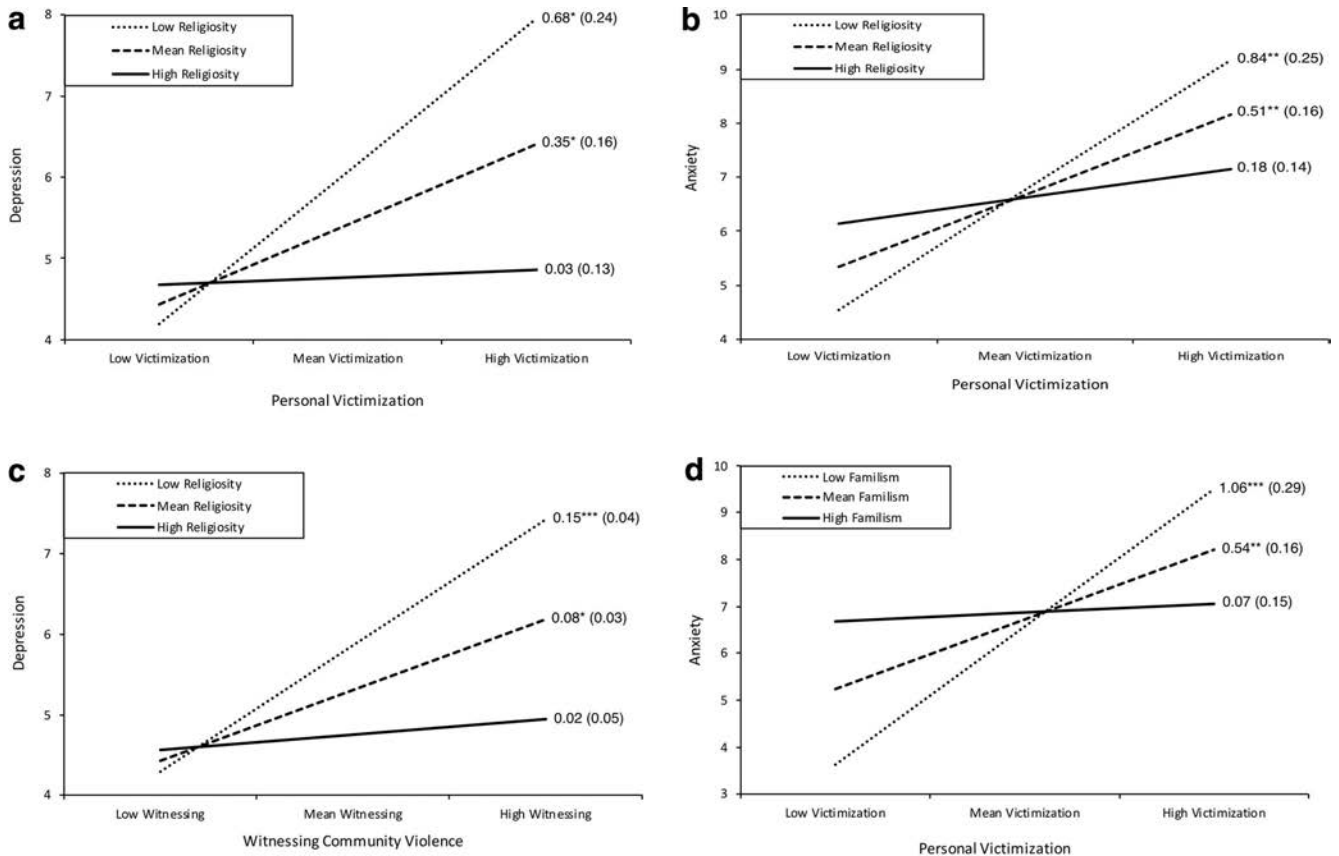


Figure 1. Religiosity and familism as moderators of the relation between community violence exposure, depression, and anxiety. (a) Religiosity as moderator of the relation between personal victimization and depression. (b) Religiosity as moderator of the relation between personal victimization and anxiety. (c) Religiosity as moderator of the relation between witnessing violence and depression. (d) Familism as moderator of the relation between personal victimization and anxiety. Values are unstandardized estimates (values in parentheses are standard errors). \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

in familism was associated with a 1.44 decrease in the slope of personal victimization and anxiety. Figure 1d shows that personal victimization was significantly associated with higher levels of anxiety at low ( $B = 1.06$ ,  $SE = 0.29$ ,  $p < .001$ ) and mean levels ( $B = 0.54$ ,  $SE = 0.16$ ,  $p < .01$ ) of familism, but not at high levels of familism ( $B = 0.07$ ,  $SE = 0.15$ ,  $p = .65$ ). All other interactions with familism as a moderator were nonsignificant.

## Discussion

A significant proportion of our sample of Filipino mothers of adolescents reported being personally victimized by community violence in the past year as well as being witnesses of violent events in their community. In particular, almost half of the mothers reported being personally victimized at least once and more than 80% of the mothers witnessed at least one instance of community violence in the past year. In addition, about half of the sample reported seeing someone get hit, slapped, or punched; using or selling drugs; and carrying or holding a gun or knife at least once in the past year. We hypothesized that these experiences of recent community violence exposure would be associated with symptoms of depression and anxiety, with personal victimization having a

larger magnitude of relation with both outcomes compared with witnessing violence. We also hypothesized that religiosity and familism would moderate these associations.

We found support for both of our hypotheses. When considering main effects, witnessing community violence, but not personal victimization, had statistically significant associations with more symptoms of depression and anxiety, after controlling for demographic variables. When considering interaction effects, both witnessing violence and personal victimization had statistically significant relations with depression or anxiety only at low and average levels of religiosity or familism. These findings highlight the importance of examining risk and protective factors that might moderate the relation between community violence exposure and psychological well-being. Our findings converge with previous studies, mostly conducted with mothers in the United States, which suggest that community violence exposure may be associated with mothers' psychological distress (Aisenberg, 2001; Linares et al., 2001; Mitchell et al., 2010). Exposure to violent events in neighborhoods may foster a sense of anxiety about mothers' own well-being and their family's safety. If mothers feel unable to protect their children from neighborhood danger, they may feel a



sense of frustration and powerlessness that may be associated with depression (Aisenberg, 2001).

A comparison of the magnitude of associations indicate that victimization had a stronger relation with anxiety compared with witnessing violence. This finding was consistent with our hypothesis. For depressive symptoms, the magnitude of relation with victimization and witnessing violence was similar. Other studies suggest that personal victimization has a stronger association with distress compared with witnessing violence (Fowler et al., 2009). However, some researchers posit that chronically witnessing violence may have a stronger impact than a single instance of victimization (Kennedy & Ceballo, 2014). It should be noted that our study measured mothers' past-year experiences with community violence. Studies that account for timing, severity, and chronicity of violence exposure could clarify the relative magnitude of the relation of personal victimization and witnessing violence with individuals' psychological well-being.

As hypothesized, religiosity significantly moderated the relations between community violence exposure, depression, and anxiety. Specifically, personal victimization was associated with higher levels of depression and anxiety among mothers with low and average levels of religiosity, but not among mothers with high levels of religiosity. Likewise, the relation between witnessing community violence and depression was nonsignificant among mothers with high levels of religiosity. Although religiosity was a significant moderator for both forms of violence exposure, the magnitude of interaction was five times larger for personal victimization compared with witnessing violence, suggesting that religiosity may be particularly beneficial for direct victims of violence. Our findings are consistent with studies that suggest a protective role of religiosity against depressive or posttraumatic stress symptoms among African American women who experienced different types of violence (Kliewer & Zaharakis, 2013; Paranjape & Kaslow, 2010; Watlington & Murphy, 2006). Hence, the results suggest that religion may likewise play a role in low-income Filipino mothers' experiences as they deal with community violence.

The measure of religiosity used for this study assessed various components, including participation in organized religious activities, reading religious materials, praying, and beliefs about the importance of religion (Levin et al., 1995). Each of these components may offer different benefits for the ways in which Filipino mothers deal with community violence. Given that the majority of Filipinos are Catholic (Philippine Statistics Authority, 2016), routine participation in Catholic celebrations such as going to mass with one's family may foster family closeness and may help to reduce the distress associated with community violence exposure (Gorman-Smith, Henry, & Tolan, 2004). Further, participation in organized religious activities may broaden mothers' social support network beyond the family members and neighbors that they interact with in their daily lives. Having extended social networks in religious settings that provide emotional and instrumental support might be helpful to mothers in environments characterized by chronic danger. Consistent with a social-ecological perspective of resilience (Ungar, 2013), these examples illustrate how religiosity might be considered as a family-level or community-level factor in protecting mothers against neighborhood risk factors. At the individual level, nonorganizational or private religious activities, such as praying or watching religious programs on TV, may be beneficial for mothers who may not have the time to participate in formal

religious activities. Such private religious activities have little monetary costs, making them accessible to low-income mothers.

As hypothesized, we found that familism served as a moderator, but to a more limited extent than religiosity. Familism moderated only the relation between personal victimization and anxiety, such that the relation between victimization and anxiety was nonsignificant among mothers who endorsed high familism values. Emotional support derived from family members and close family relationships may ease the anxiety mothers feel from being personally victimized by violence. Moreover, the personal nature of direct victimization may elicit a greater level of support from family members. However, familism values may also reflect a high prioritization of family commitments over one's own well-being. In our sample, the majority of the mothers (91%) identified themselves as the primary caregiver of their adolescent child. The limited protective role of familism could be attributed to strong feelings of responsibility regarding caregiving and ensuring their adolescent's safety, which may be challenging to achieve in contexts where violence is rampant in the community. Studies have shown that familism could, in fact, serve as a risk instead of a protective factor for mothers and children. For example, maternal *familismo* was linked with reduced levels of adaptive behavior among poor Mexican American children (Calzada et al., 2014); maternal *familismo* also increased the association between neighborhood danger and harsh parenting among Mexican-origin mothers (White, Liu, Nair, & Tein, 2015).

## Limitations

It is important to note the limitations of the current study. First, as with all cross-sectional data, conclusions cannot be made about the direction of relations observed. Reverse causal links between variables cannot be ruled out, although results from the testing of alternative models provide tentative support for our proposed direction of relations. Second, parent self-reports were used to measure all study variables, and this could contribute to overestimation of correlations. Third, lifetime violence exposure was not assessed; thus, interpretation of results is limited to mothers' recent experiences with community violence. Fourth, the measures in this study were adapted from existing measures derived from Western samples. Thus, they may not have included aspects of risk, psychological distress, religiosity, and familism that are unique to Philippine culture. Fifth, the results of this study were drawn from a sample mothers of adolescents residing in three urban communities and may not apply to other samples of low-income Filipino mothers. Finally, the relevance of the findings is limited given the timing of data collection, which was before the reported spike in killings related to the new administration's campaign against illegal drugs. As murder cases have increased since data collection for this study was completed (Philippine National Police, 2017b), our results may not adequately represent the country's current social and political context.

## Research Implications

To address the aforementioned limitations, longitudinal studies are needed to test reverse associations between variables and to investigate the long-term relations between community violence exposure and parents' well-being. Second, researchers should consider using multisource data, particularly on neighborhood-level variables, to examine associations between community violence exposure, parents'



psychological well-being, and potential protective factors. Third, researchers should examine if the relations observed apply to chronic violent events experienced over one's lifetime. Fourth, using locally developed and validated measures that capture culturally specific aspects of religiosity and familism may yield findings that could enrich our understanding of resilience frameworks. Lastly, more studies are needed to examine protective factors among Filipino mothers from other demographic backgrounds (e.g., mothers from rural or more affluent backgrounds, mothers with younger children) and among mothers experiencing the increase in violence brought about by recent political events.

Despite the aforementioned limitations, our study makes several important contributions. We found that the previously examined association between community violence exposure and psychological distress applies to a novel sample of low-income Filipino mothers. In addition, whereas several studies with disadvantaged families have investigated negative pathways associated with risk (McLoyd, Mistry, & Hardaway, 2013), we contribute to the literature by identifying factors that are associated with resilience. Specifically, we relied on a resilience framework to identify religiosity and familism as potential protective factors against community violence exposure. Although previous studies have found that religiosity and familism may be associated with negative parent and child outcomes (Lilly, Howell, & Graham-Bermann, 2015; White et al., 2015), our findings suggest the potential benefits of these factors in reducing the association between Filipino mothers' community violence exposure and psychological distress.

## Prevention Implications

Our study's findings provide preliminary evidence regarding the benefits of fostering religious and family-oriented values among Filipino mothers exposed to community violence. Intervention strategies may include supporting religious and spiritual development in family and community settings. For example, local communities may consider providing residents with increased access to opportunities for participation in religious groups and activities. Community-based programs may also benefit from enlisting the help of parish and religious leaders in coordinating parenting and family interventions. Given the potentially protective role of familism values, community leaders could consider designing programs that encourage family cohesion, such as having community events catered for families and youth.

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