

# The Double ABCX Model, Family Stress Theory, Risk, Protection, and Resilience in the Movie “Precious”

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**Abstract:** The critically acclaimed movie Precious [1] highlights the multiple stressors and crises experienced by an abused Black teen female living in poverty. Given its introduction to the screen, scholars have yet to make critical connections between the family dynamics portrayed in this movie and a particular family theory. The purpose of this paper is to help scholars who teach family stress courses apply the experiences of this young woman and her family to McCubbin and Patterson’s [2] Double ABCX Model. Furthermore, this paper will examine the risk factors, the protective factors, and the resilience demonstrated by the movie’s protagonist, Claireece Precious Jones. By using several definitions related to Family Stress Theory (FST) provided by Pauline Boss [3] [4] and accompanying examples and quotes from the movie, I use this movie as a lens to bridge scholarship and practical demonstrations of risk, protection and resilience. The following five questions were foundational to this study: (1) How can the Double ABCX Model be applied to the experiences of Claireece Precious Jones and her family? (2) How can Family Stress Theory be applied to the experiences of Claireece Precious Jones and her family? (3) What were the risk factors in the life of Claireece Precious Jones? (4) What were the protective factors in the life of Claireece Precious Jones? (5) How did Claireece Precious Jones demonstrate resilience? Recommendations regarding identifying risk and resilience among low-income, high-risk Black children and families in poverty are also discussed.

**Keywords:** Black Family, Double ABCX Model, Family Stress Theory, Precious, Risk, Resilience.

**“Don’t lie to me! Love ain’t done nothing for me! Love beat me down! Love rape me. Made me feel worthless” - Claireece Precious Jones**

The number of children in the United States who are victims of child abuse<sup>1</sup> in their homes has grown exponentially over the past decades. According to the American Society for the Positive Care of Children [5] (ASPCC), based on the latest 2015 Child Maltreatment Report from The Children’s Bureau published in January 2017, child abuse referrals have increased from 3.6 million to 4 million. Furthermore, the number of children involved increased from 6.6 million to 7.2 million and child deaths from abuse and neglect rose from 1,580 in 2014 to 1,670 in 2015. Sadly, since child abuse and neglect is a hidden epidemic, some reports estimate child abuse fatalities are 1,740 or higher [5]. On average, 8.9 children out of every 10,000 are abused in the home [6], and a report of child abuse is made every 10 seconds [7]. For the majority of victims, the abuse occurred before age eight, and most abusers of boys and girls were 10 or more years older than their victims.

As evidenced by the forty-two percent of women and thirty-three percent of men who never disclose the abuse to anyone [8] this type of abuse carries a great deal of shame. In addition to the shame that they experience, many child abuse victims feel worthless and unlovable [9] [10], find it difficult to trust others [11] and fear subsequent retaliatory actions from the perpetrator [12]. Furthermore, many child abuse victims harbor negative and guilty feelings toward peers, parents, self, reporting the abuse, and bringing disloyalty and disruption to the family [13-20]. Since family abuse is the most debilitating of all forms of abuse because the source of comfort is simultaneously the source of pain [21], family abuse can negatively affect the physical, emotional, psychological, and social well-being of children.

The purpose of this paper is to help scholars who teach family studies courses apply the experiences of Claireece Precious Jones and her family to the Double ABCX Model and Family Stress Theory. The critically acclaimed movie Precious (2009)<sup>2</sup> highlights the many

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<sup>1</sup>The official federal definition of “child abuse,” stated in the federal Child Abuse and Prevention and Treatment Act of 1974 is: “The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child’s welfare under circumstances which would indicate that the child’s health or welfare is harmed or threatened thereby” (PL 93-237).

<sup>2</sup>Precious: Based on the Novel “Push” by Sapphire is a 2009 American drama film directed by Lee Daniels. Precious is a film adaptation of the award-winning 1996 novel Push by Sapphire. The film’s mainly female cast, features Gabourey Sidibe as the title character, and Mo’Nique, Paula Patton, Mariah Carey and Lenny Kravitz in supporting roles. The film marks the acting debut of Sidibe.

stressors experienced by a poor abused Black teen female living in Harlem. Given its introduction to the screen, scholars have yet to make critical connections between the family dynamics portrayed in this movie and a particular family theory. In addition to highlighting the many stressors in the life of this young woman, this paper will also examine the risk factors, the protective factors, and the resilience demonstrated by "Precious." In the subsequent sections of this paper, I will first discuss Reuben Hill's [22, 23] ABCX Model. Next, I will discuss McCubbin and Patterson's [2] Double ABCX Model. Then, I will highlight key studies related to the Double ABCX Model. Thereafter, I will discuss the risk factors, protective factors, and resilience highlighted in previous studies as well as those demonstrated by "Precious." After situating the experiences of Precious and her family within the empirical literature, I will provide recommendations regarding how scholars who teach family stress courses can encourage critical thinking in their students, motivate their students to participate in classroom discussions, and help their students identify risk factors, protective factors, and resilience in low-income, high-risk, Black children and families.

## REVIEW OF LITERATURE

### Reuben Hill's (1923) ABCX Model

Several years after The Great Depression, sociologist Reuben Hill interviewed families who had lost their jobs and were existing in conditions of extreme poverty. For this scholar, the key distinction between families that functioned poorly and those that functioned well was the resources available to these families as well as how they perceived the stressor event. For Hill [23], the ABCX Model is based on a stressor event (A); the family's crisis-meeting resources (B); the family's perception of the event (C); and the possible severity of the crisis (X). For Hill, how families adapt to a crisis, or X, directly links to a single stressor event, or A. Decades later, future scholars like Burr [24] and most notably McCubbin and Patterson [2] argued that families rarely experience one stressor event, and extended the applicability of this theory by focusing on the multiple stressors that generally assault families.

### McCubbin and Patterson's (1981) Double ABCX Model

The Double ABCX Model retains the major components of the original ABCX model, yet adds a small letter behind each of the capital letters (a, b, c, and x) to signify factors that preceded the crisis as well

as changes in those elements that change over time, respectively. This model posits there are a pile-up of demands, coping strategies, and perceptions that contribute to how a family adapts [2, 25]. Using the Double ABCX Model as their foundation, McCubbin, Patterson, Bauman, and Harris [26] investigated the relationship between a stressor and family outcomes among 217 families who were rearing a child with cerebral palsy. By separating these families into "balanced" and "imbalanced" groups, these scholars found key differences in the change experienced in these families as well as their ability to cope as parents. In particular, a high degree of malleability in the power structure, role relationships, and rules in response to stress was characteristic among the balanced group, while rigidity and chaos was characteristic of imbalanced families.

### Research Using the Double ABCX Model

McCubbin and Patterson's [2] new conceptualization of family stress has motivated a growing number of scholars to utilize the Double ABCX Model to quantitatively and qualitatively understand the impact of stress, trauma, and crisis on family functioning. For example, scholars use the Double ABCX Model to understand the impact of relocation on family functioning [27, 28], how men and women deal with divorce [29, 30], as well as the challenges associated with creating a new stepfamily through remarriage [31]. Other scholars utilize the Double ABCX Model to clinically assess family caregivers with dementia [32], factors that influence maternal psychosocial adjustment to children's cancer [34], and mental and physical disabilities influence on family functioning [35-44]. Still other scholars use the Double ABCX Model to examine the resources used by families under economic stress [45, 46], the stress experienced by grandparent caregivers who rear grandchildren [47] and to extend the individual and social mandates of the nursing profession [48, 49]. In the section that follows, I provide several key definitions related to Family Stress Theory as well as highlight several quantitative and qualitative studies that have examined the process by which families experience multiple stressors, resources, perceptions, and crises.

### Family Stress Theory

Family stress is "pressure or tension in the family system – a disturbance in the steady state of the family" [3, p. 16]. Family stress theory posits that normative (expected life changes) and non-normative

(unexpected life changes) events require families to adapt in order to obtain homeostasis, or a state of normal functioning. Viewed as a process rather than an outcome [3, 4], family stress theory recognizes that the level of adaptation to external (outside of the family) and internal (within the family) stressors greatly depends on the number of resources (such as income, education, social support) and protective factors available to the family. For example, while negative economic conditions and poverty can increase family stress and negatively impact parent-child relations and subsequent child adjustment [49], this transitory period will be a lot easier if the family can depend on others to adequately provide for their basic needs (e.g., food, shelter, clothing) in the wake of this crisis. In addition, individuals who perceive difficult times as an opportunity to support one another and strengthen their family unit will be more likely to be resilient than families who blame one another for these occurrences. Furthermore, while families who have adequate protective capacity (resiliency) are more likely to be competent in managing normative demands, some families undergo unexpected challenges. These non-normative events, which are unexpected and many times traumatic, are more likely to place family members at significant risk. For example, if an individual endures years of physical, verbal, emotional, and sexual trauma by a family member they are more likely to be experience helplessness, distrust of the world, and humiliation (victimization).

### **Research Using Family Stress Theory**

Over the years, a growing number of scholars have examined the processes by which families experience stress. For example, Black marriages and families experience unique external pressures [50, 51]; gender and generational differences affect how individuals in families cope with stress [4, 52, 53]; as well as the social supports that stressed new parents need [54]. Other scholars have studied the stress in child-abusing families [55], how a child's chronic illness increase their psychological and behavioral stress [56, 57], as well as that of their siblings [58], and parents [59]. Family stress can also affect the physical health of adolescents. Using data from the 1994-1998 waves of the National Longitudinal Survey of Youth merged Mother and Young Adult file, Kowalski-Jones and Christie-Mizell [60] examined race, gender, depressive symptoms, and body mass index (BMI) among adolescents. Interestingly, although stepfamily arrangements and poor neighborhood quality relate to higher BMI among white females over four years,

depressive symptoms were associated with increases in BMI among African American females [60].

Recent studies have examined the relationships between neighborhoods and family stress. To determine whether living in an urban neighborhood would result in poorer parenting among 123 low-income, African American single mothers over a 15-month period, Kotchick, Dorsey, and Heller [61] found higher levels of neighborhood stress to be associated with greater psychological distress and significantly less engaged parenting. Interestingly, given the stress involved with living in a certain neighborhood, women with strong social support from family and friends had lower stress and better overall functioning [61]. Other scholars have supported the salience of the social support network. In their examination of the relationship between caregiver stress, social support (resources) and stress outcomes among 133 grandparents raising grandchildren, Landry-Meyer, Gerard, and Guzell [62] found informal and formal social support significantly decreased the amount of stress experienced by these grandparent caregivers [62].

Poor neighborhoods can also increase the risk of depression. In their examination of the relationship between poverty and depressed mood among 1,704 low-income, inner-city African-American adolescents, Hammack, Robinson, Crawford, and Li [63], found that almost half (47%) of participants reported clinically significant levels of depressive symptoms. Being female, reporting higher levels of family stress, and scoring higher on a poverty index were significantly associated with increased reports of depressed mood. Family stress significantly mediated the relationship between poverty and adolescent depressed mood, explaining 50% of the total effect. Sex-specific analyses revealed that this relationship only held for females, and there was no direct relationship between poverty and depressed mood for males [63].

Tandon and Solomon [64] identified the risk and protective factors associated with depression among 467 Black adolescents that reside in three poor neighborhoods in Baltimore, Maryland. This quantitative study found that being female, living with an adult with a substance abuse problem, greater exposure to physical violence, and greater peer delinquency were associated with higher depressive symptoms. On the other hand, greater home assets and self-awareness were associated with lower depressive symptoms [64]. Given the economic instability experienced by many contemporary families,

low-income families with more resources experience less family demands and less economic stress than families with fewer resources [65-68].

### Significance of the Current Scholarship

The aforementioned research apply the Double ABCX Model and Family Stress Theory to divergent families, however, no scholars to date have applied these theories to the main character Claireece Precious Jones and her family in the movie *Precious* (2009). At this point, the reader may ask, "What is the value of using the contemporary movie *Precious* as a part of my classroom instruction?"

Scholars and their students can benefit from such an exercise in four ways. First, an examination of the behaviors of the main character in this movie can help students identify the signs of abuse among abused children [69]. Such knowledge may be especially helpful for students who will enter the education, social work, and family therapy fields. Second, the discussion of this contemporary movie can lead to increased levels of student engagement in the classroom. Kuh's [70] National Survey of Student Engagement (NSSE) identified students who are more likely to be engaged. In particular, women, full-time students living on campus, native students (who start at and graduate from the same school), learning community students, international students, and students with diverse experiences are more likely to be engaged in the classroom experience. Since many students do not meet the aforementioned criteria, it is important that scholars present information that is informative, applicable to classroom material, and interesting.

Third, contemporary movies can help students to learn diverse perspectives from their peers. Particularly in classrooms where there is considerable homogeneity in regards to race, age, gender, and socioeconomic status, discussing aspects of the movie with their "peer opposites" can challenge students to be more conscious of the ways that risk, protection, and resilience are demonstrated within a particular community context. Ultimately, by examining how race, class, and gender influences the experiences of *Precious* and her family, this exercise can help students to teach and learn from one another.

Last, contemporary movies can also help students from various ethnic groups to view poor Black families in more positive and balanced ways. Thus, in addition to promoting knowledge, comprehension, and application of the dynamics within a particular family,

understanding the resilience within poor Black families promotes critical thought (analysis, evaluation, and creation of innovative ways of thinking) that are foundational to higher education [71]. Although there are multiple risks associated with poverty [49, 63, 64, 73], the movie *Precious* can encourage students to look for ways that Black youth who face immense hardship demonstrate resilience. This approach is particularly important for students whose current field of study will eventually put them in frequent contact with poor marginalized families. Thus, this critical-thinking exercise may make these students more apt to identify the strengths rather than the deficits in these families. By focusing on their strengths, instead of their limitations, such an approach can minimize the likelihood that poor Black youth and their families are ignored, devalued, or castigated.

The following five questions were foundational to this paper: (1) How can the Double ABCX Model be applied to the experiences of Claireece Precious Jones and her family? (2) How can Family Stress Theory be applied to the experiences of Claireece Precious Jones and her family? (3) What were the risk factors in the life of Claireece Precious Jones? (4) What were the protective factors in the life of Claireece Precious Jones? (5) How did Claireece Precious Jones demonstrate resilience?

### METHOD

Since I entered this study with specific questions and used the Double ABCX Model, key definitions of family stress theory, risk factors, protective factors, and resilience to respond to these questions, an analytic induction approach was used [74]. Thus, I took several steps to ensure the validity of this study.

First, a colleague and I viewed the movie together, and separately took notes regarding the words and behaviors that we observed in the film. Second, after the movie, we thoroughly discussed (processed) the movie, its characters, compared notes, and identified key themes related to the main focus of this paper, namely the Double ABCX Model, family stress theory, risk factors, protective factors, and resilience. Third, we made further distinctions between these terms by identifying how specific behaviors in the film relate to the aforementioned. Fourth, one week later, we both watched the movie separately and met again to discuss its main points. Viewing the movie a second time allowed us to identify the name of each character, the relationship of characters to one another, the unfolding of the story, as well as the markers that chronicled the

multiplicity of various stressors. In addition, waiting a week to view the movie a second time allowed us to process the information, making critical connections between the characters and dynamics demonstrated by the main characters in the movie, as well as how these support components of family stress theory.

Fifth, we identified themes based on definitions of the Double ABCX Model, family stress theory, risk factors, protective factors, and resilience [74, 75]. Additionally, many of these factors were not mutually exclusive. For example the GED teacher was identified as a resource (or Hill's B part of the ABCX Model) and a protective factor [76] for "Precious." Sixth, an individual trained in qualitative methods viewed the video twice: the first time without taking any notes; the second time taking extensive notes. This allowed this coder to familiarize themselves with the characters, the relationships of characters to one another, as well as markers indicative of stress pile-up. Seventh, definitions of the Double ABCX Model, family stress theory, risk, protective factors, and resilience was given to the outside coder, who was instructed to match the identified behaviors (which were named by the researcher and collaborator) with a particular component of the Double ABCX Model, family stress theory, risk, and resilience. Since a particular theme could be related to more than one category (e.g., the GED teacher as a "resource" (B) and a "protective factor"), definitions were not mutually exclusive. Although the research questions were determined at the beginning of the study, in keeping with normal open-coding techniques, no a priori categories was imposed on the narrative data. Instead, themes was based on those previously identified in the literature as well as the words and behaviors demonstrated in the film.

In order to concentrate on the primary themes that would serve as the focus of the current study, words, phrases, and behaviors were the units of analysis. This required carefully keeping track of any emerging themes that were present, and involved extending, collapsing, and extending themes to answer the questions of interest. All themes were agreed upon by consensus and reliability coding between the main researcher, secondary researcher, and outside coder was 98%. In the section that follows, I provide a brief synopsis of the life of Claireece Precious Jones.

### **The Life of Claireece Precious Jones**

The story is set in 1987 in the ghetto of Harlem and narrates through the eyes of its protagonist, an obese,

illiterate, 16-year old Claireece Precious Jones. This young woman lives with her biological mother Mary who physically, sexually, mentally, and emotionally abuses her and her biological father Carl who mentally, emotionally, and sexually abuses her and has twice impregnated her. The older daughter "Mongo," who is approximately three years old and has Down's Syndrome lives with her maternal grandmother (Mary's mother), yet Mary pretends that the young girl resides with her in order to receive extra money from the government. When it has been determined that Precious is pregnant, she is expelled from school, yet her junior high school principal makes arrangements for her to attend an alternative school where she can earn her high school diploma and hopefully get her life back on track. Throughout the movie, Precious recounts the incidents of her life with a simplistic childishness that speaks to her despondency, lack of emotion, and acceptance of the despair that has become her life, yet to combat these feelings, she escapes through a fantasy life where she is the center of attention, unconditionally loved, and valued.

While attending the alternative school, Precious learns how to read and develops a close relationship with her teacher, Blu Rain, because she assures Precious through words that she loves her and is wholeheartedly invested in her success. In addition to the relationship that she builds with Blu Rain, Precious meets periodically with her social worker, Miss Weiss, and during one of their sessions inadvertently admitted that her father (Carl) sexually abused her. Soon thereafter, Precious gives birth to her second child and names him Abdul. While at the hospital, she receives support from gregarious, colorful, and determined young women who are also attending the alternative school and have set high goals for themselves. In addition to these young women, Precious meets and becomes friends with John McFadden, a nursing assistant who shows kindness to her. Upon her release from the hospital, Precious returns to the home of her abusive parents, yet after Mary (her mother) deliberately drops three-day-old Abdul and hits Precious, Precious fights back long enough to get her son and flees her home permanently. Later on, Precious breaks into her school classroom to get out of the cold and Miss Rain finds her the following morning. The teacher finds assistance for Precious who is rearing her son in a halfway house and is still pursuing her education.

Her mother (Mary) comes back into her life to inform Precious that her father (Carl) has died of AIDS. Later,

Precious learns that she is HIV positive, but her son Abdul is not. Feeling dejected, Precious meets Miss Weiss at her office and steals her case file. Precious recounts the details of the file to her fellow students and has a renewed determination to succeed in life. Mary and Precious see each other for the last time in Miss Weiss' office, where the social worker directly questions Mary about her abuse of Precious, and exposes specific physical and sexual traumas Precious encountered, that began when she was three years old. Mary begs Miss Weiss to help get Precious back, but she refuses upon learning about the horrendous forms of abuse that Precious experienced over the years. The film ends with Precious cradling her baby Abdul and with determination and strength in her voice, sharing her plans to improve life for herself and her children by completing a General Educational Development (GED) test to receive a high school diploma equivalent.

## RESULTS

In this section of the paper, I will first apply the Double ABCX Model to Claireece Precious Jones and her family. Next, I will provide definitions of key aspects of Family Stress Theory and provide examples in the film to support these definitions. Then, I will discuss the factors that put Claireece Precious Jones at increased risk for crisis. After this, I will discuss the protective factors that sustained Claireece Precious Jones during crisis. Last, I will highlight how Claireece Precious Jones demonstrated resilience. When appropriate, I provide direct quotes<sup>3</sup> from the movie to support the goals of this paper.

### RQ#1: How can the Double ABCX Model be applied to the experiences of Claireece Precious Jones and her family?

The Double ABCX Model posits that a pile-up of demands, coping strategies, and parental perceptions that contribute to how a family adapts. There were a multitude of pile-up stressors (Aa) that placed Precious at risk for crisis (immobilization) (Xx). For one, the physical, emotional, verbal and sexual abuse perpetrated by Mary Jones no doubt contributed to Precious' insecure attachment, her distrust of the world, her depressed state, and her two pregnancies by her father. In addition to this, the poverty

experienced by Precious may have contributed to her low academic performance, school expulsion, and obesity [77, 78]. Second, Precious and her family had material, psychological, emotional resources on which the family can rely (Bb). For one, the financial support that they received from the government made it possible for them to have life's necessities (e.g., food, clothing, shelter). In addition, Precious' social worker, Ms. Weiss, provided a safe psychological and emotional space for Precious to share what was important to her. In addition, the GED instructor, Ms. Blu Rain, gave Precious much-needed emotional encouragement when she was experiencing feelings of low self-worth. Furthermore, through his kindness, the Nursing Assistant, John McFadden supported Precious and the young women in her GED class, who had become a burgeoning family-like social network. Furthermore, by having her older daughter with Down syndrome ("Mongo") be reared by her maternal grandmother, Precious could concentrate on her schooling with less distraction. Moreover, the halfway house in which Precious lived provided shelter during a time when living with her family of origin was no longer a viable option.

During the movie, Precious' perceived the stressors in her life (Cc) as frustrating, confusing, humiliating, and shameful events that heightened her feelings of guilt, distrust and anger toward others. Last, the multitude of pile-up stressors, scant resources, perceptions of the events led to a severe crisis (Xx) for Precious. This occurred when Mary deliberately drops Precious' newborn son Abdul, when Mary violently strikes Precious, and when Precious later learns of her AIDS diagnosis (See Table 1 for the Component, Definition, and Examples of the Double ABCX Model of Family Stress).

### RQ2: How can Family Stress Theory be applied to the experiences of Claireece Precious Jones and her family?

**Bonadaptation** occurs when the integration of a new family member necessitates that the family changes their roles, rules, and interaction patterns [3]. The grandmother of Precious experienced Bonadaptation when she agreed to rear Mongo, her great-granddaughter with Down's syndrome. **Family boundaries** are individual and collective decisions regarding who is in and out of the family [3, 4]. In addition, family boundaries can be open or closed. Open boundaries are when families consciously decide to allow individuals or institutions outside of the home

<sup>3</sup>The overview of the movie Previous was adapted from the following: [https://en.wikipedia.org/wiki/Precious\\_\(film\)](https://en.wikipedia.org/wiki/Precious_(film))  
Source: Internet Movie Database (<http://www.imdb.com/title/tt0929632/quotes>).

**Table 1: Component, Definition, and Examples of the Double ABCX Model of Family Stress (McCubbin & Patterson, 1981)**

Component	Definition	Examples
Aa	The multitude of pile-up stressor events that places a family at risk for crisis (immobilization)	Family abuse (physical, emotional, verbal, sexual) perpetrated by Mary Jones and the biological father of Precious Family poverty Physical, emotional, and verbal abuse Precious experienced by teens in her neighborhood Precious is expelled from school Precious learns she is pregnant
Bb	The material, psychological, emotional resources on which the family can rely	Financial Support from the Government School teachers and administrators (who put her in contact with the alternative school) GED Instructor (Blu Rain) Social Worker (Ms. Weiss) Nursing Assistant (John McFadden) Grandmother who rears Precious' older daughter Mongo, who has Down Syndrome The school that Precious broke into to find shelter from the cold The half-way house where Precious resides after she leaves her mother's home
Cc	The family's perception of the event	Anger Confusion Distrust Guilt Humiliation Shame Frustration
Xx	The severity of the crisis	Precious and her newborn son (Abdul) are forced to flee her abusive mother's home Precious becomes homeless Precious' AIDS Diagnosis

(e.g., schools, social workers, and the government) to interact with members of the family. Closed boundaries occur when families consciously disallow or limit the amount of interaction that family members have with individuals and institutions outside of the home. For Mary Jones, the family boundary included her, boyfriend (and father of Precious), and her daughter Precious. For Precious, her family boundary initially included her, her mother, her father, and her school, but were later extended to the GED Instructor (Blu Rain), her classmates at the alternative school, the hospital staff (John McFadden), and the social worker (Ms. Weiss). A **crisis** occurs when the usual behavior no longer works and a new form of behavior is required [3, 4, 79, 80]. In particular, a crisis involves: (1) change; (2) is "a turning point with the potential for positive effects, negative effects, or both;" and (3) a time of relative instability" [81, p. 449]. Simply put, a crisis is a problem and how family members react to solving the problem. When Mary Jones deliberately dropped her grandson (Abdul), this was a crisis event that required Precious to immediately take action to defend the life of her newborn son. **Denial** occurs when an individual or

family refuses to see or accept any problem or troublesome aspect of life [3, 4]. Mary Jones' denial allowed her to consciously allow the man in her life to sexually abuse and twice impregnate her daughter. During their meeting Ms. Weiss (the social worker) expresses indignation that Mary consciously allowed the trauma and victimization that Precious endured for years: Mrs. Weiss: [*Angrily*] You just sat there, shut up, and let him abuse your daughter. Mary: [*Hysterically in tears*] I did not want him to abuse my daughter! I did not want him to hurt her! I didn't want him to do nothing to her! Mrs. Weiss: [*Overlapping with Mary's voice*] But you ALLOWED him to hurt her! You did! Mary: But, those... those things she told you I did to her? Who... who... who else was going to love me? WHO else was going to touch me? WHO else was going to make me feel good about myself?

**Demoralization** is the loss of morale and family unity [3, 4]. The unit of the Jones' family was disrupted when Precious permanently removed herself from the home, thereby interrupting the family patterns that had been established for years. **Dismemberment** is the

loss of a family member [3, 4]. This occurred when Precious' daughter with Down syndrome left the home to receive care from her grandmother, when Precious removed herself from the home, and when Carl, the father of Precious died. **Disorganization** is the downward slump in the organized functioning of the family [3, 4], and occurred when due to Precious departure from her mother's home, Mary Jones was forced to handle the tasks usually done by Precious. **Empowerment** is recovery from victimization [3, 4]. Precious was able to recover from the many negative stressors that she sustained when she finally got the courage to fight her abusive mother and permanently leave the toxic home in which she was reared. **Hardships** are complications in a crisis-precipitating event, which demand competencies from the family, which the event itself may have temporarily paralyzed or made unavailable [3, 4]. The Jones' family experienced several hardships that made them more likely to experience crisis. For one, poverty made it more difficult for the family to meet their basic needs (e.g., food; shelter; clothing). The family's economic hardship became so unbearable that after going hungry for several days, Precious stole food to eat. Unfortunately, the years of physical, verbal, emotional, and sexual abuse inflicted on Precious within her home normalized these experiences and greatly minimized the likelihood that she would discuss what was occurring in her home due the closed boundaries that her mother maintained. **Maladaptation** occurs when, due to disorganization in the family, its members are not getting their needs met [3, 4], and this was a reality for both Precious and her mother. This occurred when Precious' sudden departure from the home left her unable to care for her own basic needs (e.g., food, clothing, and shelter). Furthermore, Precious' permanent departure from the home required that Mary Jones assume household responsibilities previously done by Precious, namely cooking and cleaning. **Recovery** is improvement in individual and family functioning [3, 4], and was evident when Precious began to live in the halfway house and pursue her GED. **Reorganization** occurs when the family attains its original (hopefully stronger) position [3, 4]. Because of the social supports surrounding her, Precious found the strength to organize her life in a way not previously experienced. As a more self-assured and confident young woman, Precious gained the strength to reorganize her life by permanently severing ties with her mother and rearing her newborn son (Abdul) alone.

A **stressor** is a situation for which the family has had little or no prior preparation and is problematic.

This happened when Precious was expelled from school and when Ms. Weiss learned that her father impregnated Precious. **Trauma** is any physical damage to the body caused by violence, accident, or fracture [3]. Precious experiences emotional, physical and sexual trauma at the hands of her mother, and became pregnant twice by her biological father. **Victimization** occurs when an individual or family experiences physical or psychological trauma that results in feelings of helplessness, distrust of the world, and humiliation. Unfortunately, years of abuse led Precious to believe that people were untrustworthy, incapable of loving her, she was unlovable, and that love was a negative experience (e.g., "Don't lie to me! Love ain't done nothing for me! Love beat me down! Love rape me. Made me feel worthless!") (See Table 2 for Family Stress Theory Terms, Definitions, and Examples).

### RQ #3: What were risk factors in the life of Claireece Precious Jones?

"There's always something wrong with these tests. These tests paint a picture of me with no brain. These tests paint a picture of me and my mother, my whole family as less than dumb. Just ugly black grease, need to be wiped away, find a job for" - Claireece Precious Jones (while taking an assessment test)

Simply stated, risk factors are the "attitudes, beliefs, behaviors, or environmental circumstances that put an individual in jeopardy" [82, p. 383]. In other words, risk factors are the events that increase the likelihood that a family will experience a crisis. Based on the definition provided by Moe *et al.* [82], this section of the paper I will highlight the attitudes, beliefs, behaviors, and environmental factors that increased the stress of Precious and placed her at increased risk for crisis. Precious had certain *attitudes*, or thoughts that were not conducive to her overall well-being. For example, her mindset that people could not be trusted no doubt prevented her from sharing the years of abuse that she experienced in her home. In addition, her experiences led her to view love as a negative experience. For example, her highly emotional statement, "'Don't lie to me! Love ain't done nothing for me! Love beat me down! Love rape me. Made me feel worthless'" suggests that Precious' mother and father may have used the word love while they abused her. For Precious, the word "love" automatically conjures up images of the years of physical, verbal, emotional, psychological pain that she has endured. Precious also feels that tests were meant to highlight the deficits in



**Table 2: Family Stress Theory Terms, Definitions, and Examples**

Term	Definition	Example
Bonadaptation	Integrating the new family members into the family by restructuring roles and rules and changing interaction patterns.	When Precious' grandmother rears her daughter (Mongo) who has Down's Syndrome
Boundary	Individual and collective decisions regarding who is in and out of the family.	Closed Family Boundary: Precious, her mother, and her father Open Family Boundary: Precious, her mother, her father, her school, the GED Instructor (Blu Rain), her classmates at the alternative school, the hospital staff (John McFadden), and the social worker (Ms. Weiss)
Crisis	A crisis is a situation in which the usual behavior is ineffective and a new behavior is immediately needed.	Mary Jones' deliberate dropping her newborn grandson (Abdul) required that Precious immediately take action to defend herself and her son
Denial	When a person refuses to see or accept any problem or troublesome aspect of life.	When Precious' inadvertently admits to Ms. Weiss that she has two children by her father When Mary Jones refuses to acknowledge that her daughter has been a victim of incest for years
Demoralization	Loss of morale and family unity.	When Precious removed herself from the home When Mary Jones had to adjust to no longer having her boyfriend (Carl) in her home When Precious becomes distraught after learning she is HIV positive
Dismemberment	The loss of a family member/s.	When Precious' daughter ("Mongo") leaves the home to be cared for by Mary's mother (the grandmother of Precious) When Precious leaves the home to attend the alternative school The death of Precious' father (Carl)
Disorganization	Downward slump in the organized functioning of the family.	When Precious no longer lives in her mother's home
Empowerment	Recovery from victimization.	When Precious courageously fights her abusive mother (Mary), permanently leaves the home, and severs all ties with Mary
Hardship	Complications in a crisis-precipitating event which demand competencies from the family which the event itself may have temporarily paralyzed or made unavailable.	Poverty When Precious' daughter leaves the home to be cared for by her grandmother
Maladaptation	Disorganization of the family due to the members not getting their needs met.	Precious' permanent departure from the home necessitates that Mary Jones meet her own needs (i.e., cooking, cleaning, etc.)
Recovery	Improvement in individual and family functioning.	When Precious attends and begins to thrive at the alternative school When Precious lives in the halfway house while pursuing her GED
Reorganization	The family attains its original (hopefully stronger) position.	When Precious decides to rear her newborn son (Abdul) alone
Stressor	A situation for which the family has had little or no prior preparation and must be viewed as problematic.	When Precious' is expelled from school When Ms. Weiss learns that Precious is pregnant by her father
Trauma	Any physical damage to the body caused by violence, accident, fracture, etc.	When Precious is physically, verbally, and emotionally abused by her mother, Mary Jones When Precious is sexually abused by her biological father (Carl) and twice becomes pregnant by him
Victimization	The overpowering of a person or family with physical or psychological trauma that results in feelings of helplessness, distrust of the world, and humiliation.	When Precious views love as a negative experience (e.g., "Love ain't done nothing for me! Love beat me down! Love rape me. Made me feel worthless")

**Table 3: Attitudes, Beliefs, Behaviors, and Environmental Risk Factors in the life of Precious Jones**

<p><b>Attitudes</b></p> <ul style="list-style-type: none"> <li>People can't be trusted</li> <li>Love hurts ("love rape me")</li> <li>Tests are negative (poor academic performance and illiteracy)</li> </ul>	<p><b>Beliefs</b></p> <ul style="list-style-type: none"> <li>Unattractive</li> <li>Unlikable</li> <li>Unlovable</li> <li>Unintelligent ("less than dumb")</li> </ul>
<p><b>Behaviors</b></p> <ul style="list-style-type: none"> <li>Acting out or withdrawing</li> <li>Aggressive or passive</li> <li>Care taking; acting as a parent substitute</li> <li>Lying to avoid confrontation</li> <li>Rigid defenses</li> <li>Out of control behavior</li> <li>Reduced intellectual competency</li> </ul>	<p><b>Environment</b></p> <ul style="list-style-type: none"> <li>Poor inner-city neighborhood</li> <li>Physical, verbal, and emotional abuse perpetrated by neighborhood children</li> <li>Poor nutrition</li> <li>Obesity</li> </ul>

herself and her family. Per the above statement, Precious thinks that the sole purpose of tests are to paint a negative picture of her and her family as *"less than dumb. Just ugly black grease, need to be wiped away, find a job for."* For this young woman, tests minimize and erase her intellectual capabilities, and did not increase and highlight them.

Precious also had certain *beliefs* that resulted in her crisis. For example, years of being called "Black and ugly" by her mother and children in the neighborhood caused Precious to view herself as physically unattractive and unlovable. In addition, when Precious was in the company of her social worker Ms. Weiss, she said, "You don't even like me." This comment suggests Precious believed that Ms. Weiss' concern for her was only job-related. Precious' belief that she was unattractive, unlikable, unlovable, and unintelligent caused her to immediately question the sincere interest that individuals expressed in her. Precious was also a victim of *behaviors* that contributed to her crisis. For one, although Precious was usually withdrawn, defensive, and rigid, when she began attending the alternative school she acted out and demonstrated out of control behavior when she got in a physical altercation with a fellow female student who made her angry. In addition to her sometimes-aggressive nature, Precious demonstrated reduced intellectual competency, which was no doubt the root of her poor academic performance. Further, by cooking and catering to every whim of her abusive mother, Precious acted as a caretaker to the woman who gave her life, and at times, lied to authority figures (i.e., the social worker, Miss Weiss) to avoid confrontation [83]. Last, Precious' *environment* placed her at increased risk for crisis. In particular, living in an inner-city neighborhood increased the likelihood that Precious would be poor, a

victim of crime, become a single-mother, receive inadequate nutrition (lead to her obesity), and drop out of school. In addition, the physical, verbal, and emotional abuse sustained by the neighborhood children decreased the likelihood that she would continue her schooling (See Table 3 for the Attitudes, Beliefs, Behaviors, and Environmental Risk Factors in the life of Precious Jones).

**RQ #4: What were the protective factors in the life of Claireece Precious Jones?**

Claireece 'Precious' Jones: [*Crying hysterically*] Nobody loves me! Ms. Rain: People do love you, Precious. Claireece 'Precious' Jones: Please don't lie to me, Ms. Rain! Love ain't done nothing for me... but beat me... rape me... call me an animal! Make me feel worthless! Make me sick! Ms. Rain: [*Tears begin falling from her eyes*] That wasn't love, Precious. Your baby loves you. I love you!

Simply put, protective factors are "attitudes, beliefs, situations or actions that build resilience within an individual" [84-87]. Past research has found that protective factors can diminish externalizing and internalizing symptoms in the home environment, contribute to the self-confidence of youth, and create cohesive neighborhood environments that can enhance the develop of youth reared in urban settings [72]. Several human resources built resilience within Precious. First, Ms. Weiss, the social worker provided a caring, non-judgmental, and safe space for Precious to share her innermost desires, fears, and experiences. During her interactions with Precious, Ms. Weiss assured the young woman that she was sincerely concerned about her life, but more importantly, that she liked her. This was evident in the following dialogue between Precious and Ms. Weiss:

Claireece Precious Jones: "You don't even like me."

Mrs. Weiss: "Have we not been in this room together for like, a year, discussing your life?"

Claireece Precious Jones: "Does that mean we like each other because we discussing my life?"

Mrs. Weiss [smiling]. "Well, I can't speak for you. I can only speak for me, and I like you, I do."

Second, through her patience and sincere investment in her personal and academic success, the GED Teacher Blu Rain brought out the best in Precious. In addition to encouraging this young woman at school, Ms. Rain opened her home to Precious, consistently treated her with kindness, and provided shelter, encouragement, and support during a time when she most needed it. Third, through his kindness, John McFadden, the Nursing Assistant, made it safe for Precious to become more confident, verbally expressive, and trust others. During her interactions with John McFadden and her friends, Precious was talkative, humorous, and laughed often, which indicated her willingness to love and receive love from others. At this point in the movie, Precious valued the support that she received from her peers, and demonstrated a level of emotional openness that was not possible when she lived with her family of origin.

#### **RQ #5: How did Claireece Precious Jones demonstrate resilience?**

"Some folks has a lot of things around them that shines for other peoples. I think that maybe some of them was in tunnels. And in that tunnel, the only light they had, was inside of them. And then long after they escape that tunnel, they still be shining for everybody else" – Claireece Precious Jones

Resilience, or the ability to bounce back in the face of hardship, is based on both individual and family characteristics. According to Patterson [79], family resiliency is "the ability of the family to develop and/or maintain healthy family functioning and successfully adapt to life's challenges and risks" (p. 8). On the other hand, individuals demonstrate resilience when they "draw on inner strengths, skills, and supports to keep adversity from derailing their lives" [82, p. 383]. Although both definitions stress the importance of successfully weathering adversity, the former examines how the family changes after hardship while the latter focuses on how the individual changes. There are three ways that Precious demonstrated resilience in this

movie. First, although Precious demonstrated self-hatred, and would oftentimes fantasize about a different life as a form of escape, she at no time was self-injurious. In other words, at no time did Precious ever contemplate or attempt suicide. In addition, she went to the alternative school upon expulsion from her school. Although one can reasonably argue that Precious may have temporarily used the alternative school to get away from her abusive home life, while there, she demonstrated a high level of commitment to learning and eventually engaged with her teacher and fellow students in meaningful ways. To support this point, as Precious became more acclimated to the alternative school environment, she learned to publicly share her feelings, in particular, her distrust of others, learned to interact with her peers within and outside of the school environment, and learned to recognize and use her teacher as an invaluable source of support. Third, and most important, Precious broke the dysfunctional abuse-abuser pattern that has been established by her mother and maintained by her own passivity. To be clear, by leaving her abusive mother and the home that she shared with her for many years, Precious demonstrated her determination to seek healthy relationships in her life, take control of her own life, and rear her newborn son in an environment that was safe, secure, and full of love.

#### **DISCUSSION**

The purpose of this paper was to help scholars who teach family stress courses apply the Double ABCX Model, Family Stress Theory, risk and protective factors, and resilience to the life of Claireece Precious Jones. In particular, this paper defined and provided concrete examples of the risk factors, protective factors, and resilience demonstrated by a poor teenage Black female that resided in Harlem. At this point, it is important to note that the risk factors, protective factors, and resilience identified earlier are not static determinations, but rather provides a framework for scholars to promote critical thinking and discussion within the classroom. In addition to helping students identify the potential signs of abuse among abused children [69], this paper promotes higher levels of critical thought that are consistent with recent modifications to Bloom's Taxonomy of Learning [71]. Although an inherent limitation of this work is its focus on a single movie that highlights the experiences of a Black youth reared in a toxic home environment, conversely, this movie aptly demonstrates that human capital can motivate a once-broken teen to become strong, self-efficacious, and self-reliant.

## Recommendations for Practice

Scholars must recognize, cherish, and take seriously their responsibility to make students enrolled in family stress courses aware of the contextual factors that place abused youth at risk as well as those that facilitate resilience. To encourage critical thinking in their students, scholars who teach family stress courses can use the following questions as a catalyst for individual, written reflection and/or class discussions: (1) What do you think would have happened to Precious if she had never went to the alternative school, and why? (2) What do you think kept Precious from telling others about the abuse that she experienced within her home for years? (3) What type of home do you believe Mary, the mother of Precious grew up in? (4) Given the increasing number of grandparents that are rearing grandchildren [46, 88-90], what kind of stress might the grandmother of Precious be experiencing due to caring for a grandchild with Down's syndrome, and why? (5) Do you believe that the neighbors of Precious were aware of the abuse that she sustained, and if so, why do you believe they did not notify the authorities? (6) What type of career would be ideal for Precious and why? (7) Do you think that Precious will ever be able to completely trust others? If so, or if not, provide a rationale for your response. (8) What type of mother do you think that Precious will be, and why? (9) What individuals do you believe Precious maintained a relationship with after she left her mother's home, and why? (10) The movie ends with Precious holding her son in her arms. What do you ultimately think happened to Precious and her baby? (11) Create a metaphor to describe the transformation of Precious from an insecure, dependent, withdrawn teen to a confident, independent, and extroverted teen. (12) Create a supportive group of individuals that can help Precious overcome her past trauma and help her develop physical, mental, and emotional stability. (13) What was your overall impression of this movie and why?

## Recommendations for Educators

Given this movie's focus on the stress and life experiences of a poor, Black teenage mother and her family, it is imperative that family stress educators that use this movie as a model of family stress make their students aware of three things. The first thing of which educators must make their students aware is that the experiences depicted in this movie are not characteristic of all or even most poor Black families. To support this, an abundance of research has found

that even in the face of poverty, the majority of Black children are reared in homes where their physical, mental, emotional, social, and spiritual needs are met [91-95]. Thus, educators must stress that child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education [96]. By providing statistics that support most child abuse cases involve white children [97, 98], reading scholarly articles, and perhaps having students view movies that model healthy parent-child interactions within Black families, educators can prevent students from making erroneous assumptions about the lives of all or most poor Black families. In addition to this, educators must make students aware of the various factors that make it difficult for poor urban Black youth to succeed in life. Although child abuse is the most debilitating form of abuse because the source of comfort is simultaneously the source of pain [21], individuals who are committed to understanding the realities of poor Black urban youth and their families can become human catalysts for positive change in the lives of these youth. Such a view can greatly minimize the likelihood that students will blame the victim for their current life standing as poor academic achievement, hostility, and low self-esteem are generally rooted in negative early life experiences within that youth's family of origin. Lastly, educators must help their students recognize that poor Black urban youth reared in the most disadvantaged environments can bounce back in the face of numerous hardships. To state this more clearly, educators should consistently model the empathy, cultural awareness, and cultural sensitivity hallmarks of the social service fields in which their future students will work. To this end, educators must balance their examination of negative life events with the everyday choices that foster physical, mental, emotional, and spiritual strength in disadvantaged youth.

## Recommendations for Future Research

Future scholars can build upon the work presented herein in three ways. First, future work can extend previous work on family stress by developing new conceptual models that integrate stress, risk, and resilience. Such models could identify how race, socioeconomic status, and various ecological systems increase, stabilize, or diminish individual and family stress over time. Second, and related to the previous recommendation, future work can examine how individual resilience may be incompatible with family resilience. In other words, although individuals are part of families, there are times when a temporary or

permanent separation from the family is in the best interest of one or more family members. For Precious, her removal from an abusive home environment put her in contact with individuals within and outside of the school environment that encouraged her, caused her to feel more confident in her abilities, and made it possible for her to love and receive love. Lastly, more research should qualitatively explore the resilience demonstrated by individuals who were victims of traumatic childhood experiences. Future work in this area would reveal the internal and external characteristics that make it possible for these individuals to become beacons of strength, for themselves and others.

## CONCLUSION

Although the experiences of this young Black urban teen mother are not typical in most low-income, households, it does reveal an ugly reality experienced by far too many children in America. Although home is a safe haven for many teens, and their parents are their greatest sources of support, this is sadly not the case for many youth. This movie touchingly illustrates that abuse within the home can undermine the self-confidence, self-esteem and self-efficacy of children who have a strong desire to be loved, accepted, and supported by the individuals closest to them. More important, this movie can help students to identify the human resources in the life of Precious that gave her the strength to actualize her abilities and the courage to remove herself and her newborn son from a toxic home environment to one of safety, comfort, and security. Ultimately, by using Precious as the focus of class reflection and discussion, scholars who teach family stress courses can help their students recognize that even in the face of intense stress, trauma, and victimization, poor Black youth who are surrounded by a supportive network can successfully overcome crisis, become resilient, and live to 'shine for everybody else.'

## REFERENCES

- [1] Precious movie. Hollywood: CA, Lee Daniels Entertainment, 2009.
- [2] McCubbin HI, Patterson JM. The family stress process: The double ABCX model of adjustment and adaptation. *Marriage & Family Review*. 1983 Apr 27;6(1-2):7-37.
- [3] Boss P, Bryant CM, Mancini JA. Family stress management: A contextual approach. Sage Publications; 2016 Aug 16.
- [4] Doherty WJ, Boss PG, LaRossa R, Schumm WR, Steinmetz SK. Family theories and methods. In: *Sourcebook of family theories and methods 2009* (pp. 3-30). Springer US.
- [5] American Society for the Positive Care of Children. Retrieved from: <http://americanspcc.org/child-abuse-statistics/>
- [6] Finkelhor D. Childhood victimization: Violence, crime, and abuse in the lives of young people. oxford university Press; 2008 Mar 10.
- [7] DHHS (2010).
- [8] Fontes LA, Plummer C. Cultural issues in disclosures of child sexual abuse. *Journal of child sexual abuse*. 2010 Sep 30;19(5):491-518. doi:10.1080/10538712.2010.512520
- [9] Valerio P, Lepper G. Sorrow, shame, and self-esteem: Perception of self and others in groups for women survivors of child sexual abuse. *Psychoanalytic Psychotherapy*. 2009 Jun 1;23(2):136-53. doi:10.1080/02668730902920405
- [10] Young JC, Widom CS. Long-term effects of child abuse and neglect on emotion processing in adulthood. *Child abuse & neglect*. 2014 Aug 31;38(8):1369-81.
- [11] Pence DM. Trauma-informed forensic child maltreatment investigations. *Child welfare*. 2011 Nov 1;90(6):49-68.
- [12] Katz C, Hershkowitz I, Malloy LC, Lamb ME, Atabaki A, Spindler S. Non-verbal behavior of children who disclose or do not disclose child abuse in investigative interviews. *Child abuse & neglect*. 2012 Jan 31;36(1):12-20. doi:10.1016/j.chiabu.2011.08.006
- [13] Blake M, Weinberger J. The impact of childhood sexual abuse upon implicit processing of intimacy-related stimuli. *Stress, Trauma, and Crisis*. 2006 Jan 1;9(1):29-44. doi: 10.1080/15434610500506225
- [14] Cecil CA, Viding E, Fearon P, Glaser D, McCrory EJ. Disentangling the mental health impact of childhood abuse and neglect. *Child abuse & neglect*. 2017 Jan 31;63:106-19.
- [15] Gelles RJ, Lancaster JB, editors. *Child abuse and neglect: Biosocial dimensions*. New Transaction Publishers; 1987.
- [16] Harper K. Negotiating therapeutic boundaries with childhood sexual abuse survivors: Choices in decision-making. *Stress, Trauma, and Crisis*. 2006 Jul 1;9(2):95-117. doi: 10.1080/15434610600683791
- [17] Malloy LC, Brubacher SP, Lamb ME. Expected consequences of disclosure revealed in investigative interviews with suspected victims of child sexual abuse. *Applied Developmental Science*. 2011 Jan 18;15(1):8-19. doi:10.1080/10888691.2011.538616
- [18] O'Leary P, Cooney C, Easton SD. The effect of severe child sexual abuse and disclosure on mental health during adulthood. *Journal of Child Sexual Abuse*. 2010 May 27;19(3):275-89. doi:10.1080/10538711003781251
- [19] Persons E, Kershaw T, Sikkema KJ, Hansen NB. The impact of shame on health-related quality of life among HIV-positive adults with a history of childhood sexual abuse. *AIDS patient care and STDs*. 2010 Sep 1;24(9):571-80. doi:10.1089/apc.2009.0209
- [20] Reiss D. *Children and Violence*. Guilford Press, Guilford Publications, 72 Spring Street, New York, NY 10012; 1993.
- [21] Figley CR, editor. *Treating stress in families*. Psychology Press; 1989.
- [22] Hill R. *Generic features of families under stress*. Social casework. 1958.
- [23] Hill R. *Families under stress: Adjustment to the crises of war separation and reunion*. New York, Harper & Brothers, 1949.
- [24] Burr WR. *Theory construction and the sociology of the family*. John Wiley & Sons; 1973.
- [25] Pickard KE, Ingersoll BR. Using the Double ABCX Model to Integrate Services for Families of Children with ASD. *Journal of Child and Family Studies*. 2017 Mar 1;26(3):810-23.
- [26] McCubbin HI, Patterson JM, Bauman EI, Harris L. Systematic assessment of family stress and coping. University of Minnesota, St. Paul Google Scholar. 1981.
- [27] Frame MW, Shehan CL. Work and well-being in the two-person career: Relocation stress and coping among clergy husbands and wives. *Family relations*. 1994 Apr 1;19:196-205.
- [28] Lavee Y, McCubbin HI, Patterson JM. The double ABCX model of family stress and adaptation: An empirical test by analysis of structural equations with latent variables. *Journal of Marriage and the Family*. 1985 Nov 1;8:11-25.

- [29] Tschann JM, Johnston JR, Wallerstein JS. Resources, stressors, and attachment as predictors of adult adjustment after divorce: A longitudinal study. *Journal of Marriage and the Family*. 1989 Nov 1:1033-46.
- [30] Boss P, Bryant CM, Mancini JA. *Family stress management: A contextual approach*. Sage Publications; 2016 Aug 16.
- [31] Crosbie-Burnett M. Application of family stress theory to remarriage: A model for assessing and helping stepfamilies. *Family Relations*. 1989 Jul 1:323-31.
- [32] Rankin ED, Haut MW, Keefover RW. Clinical assessment of family caregivers in dementia. *The gerontologist*. 1992 Dec 1;32(6):813-21.
- [33] Van Schoors M, Caes L, Knoble NB, Goubert L, Verhofstadt LL, Alderfer MA. Systematic Review: Associations Between Family Functioning and Child Adjustment After Pediatric Cancer Diagnosis: A Meta-Analysis. *Journal of pediatric psychology*. 2017 Jan 1;42(1):6-18.
- [34] Clark MS. The double ABCX model of family crisis as a representation of family functioning after rehabilitation from stroke. *Psychology, Health & Medicine*. 1999 May 1;4(2):203-20.
- [35] Florian V, Dangoor N. Personal and familial adaptation of women with severe physical disabilities: A further validation of the double ABCX model. *Journal of Marriage and the Family*. 1994 Aug 1:735-46.
- [36] Katz S, Krulik T. Fathers of children with chronic illness: Do they differ from fathers of healthy children?. *Journal of Family Nursing*. 1999 Aug;5(3):292-315. doi: 10.1177/107484079900500304.
- [37] Nachshen JS, Minnes P. Empowerment in parents of school-aged children with and without developmental disabilities. *Journal of Intellectual Disability Research*. 2005 Dec 1;49(12):889-904. doi:10.1111/j.1365-2788.2005.00721.x.
- [38] Pakenham KI, Samios C, Sofronoff K. Adjustment in mothers of children with Asperger syndrome: An application of the double ABCX model of family adjustment. *Autism*. 2005 May;9(2):191-212. doi:10.1016/j.ridd.2003.06.003.
- [39] Renty J, Roeyers H. Individual and marital adaptation in men with autism spectrum disorder and their spouses: The role of social support and coping strategies. *Journal of autism and developmental disorders*. 2007 Aug 1;37(7):1247-55. doi: 10.1007/s10803-006-0268-x
- [40] Saloviita T, Itälina M, Leinonen E. Explaining the parental stress of fathers and mothers caring for a child with intellectual disability: A double ABCX model. *Journal of Intellectual Disability Research*. 2003 May 1;47(4-5):300-12. doi: 10.1046/j.1365-2788.2003.00492.x
- [41] Shin JY, Crittenden KS. Well-being of mothers of children with mental retardation: An evaluation of the Double ABCX model in a cross-cultural context. *Asian Journal of Social Psychology*. 2003 Dec 1;6(3):171-84. doi: 10.1046/j.1467-839X.2003.00119.x
- [42] Studman LJ, Roberts CM, Hay D, Kane RT. Development and evaluation of a program designed to facilitate family adaptation in families with a child who has a disability. In *Australian Journal of Psychology* 2003 Jan 1 (Vol. 55, pp. 214-215). 1 GRATTAN STREET, CARLTON, VICTORIA 3053, AUSTRALIA: AUSTRALIAN PSYCHOLOGICAL SOC.
- [43] Xu Y. Empowering culturally diverse families of young children with disabilities: The double ABCX model. *Early Childhood Education Journal*. 2007 Jun 1;34(6):431-7. doi: 10.1007/s10643-006-0149-0.
- [44] Jurich AP, Russell CS. Family therapy with rural families in a time of farm crisis. *Family Relations*. 1987 Oct 1:364-7.
- [45] Vandsburger E, Biggerstaff MA. Evaluation of the stress adjustment and adaptation model among families reporting economic pressure. *Journal of Family Social Work*. 2004 Oct 4;8(2):65-84. doi:10.1300/J039v08n02\_04.
- [46] Bailey SJ, Letiecq BL, Porterfield F. Family coping and adaptation among grandparents rearing grandchildren. *Journal of Intergenerational Relationships*. 2009 Jun 8;7(2-3):144-58. doi:10.1080/15350770902851072.
- [47] McCurry MK, Revell SM, Roy Sr C. Knowledge for the good of the individual and society: linking philosophy, disciplinary goals, theory, and practice. *Nursing Philosophy*. 2010 Jan 1;11(1):42-52. doi:10.1111/j.1466-769X.2009.00423.x.
- [48] Hunter Revell SM, McCurry MK. Postflood disaster management and the home health nurse: using theory to guide practice. *Journal of community health nursing*. 2010 Jul 30;27(3):126-36.
- [49] Anthony EK. Cluster profiles of youths living in urban poverty: Factors affecting risk and resilience. *Social Work Research*. 2008 Mar 1;32(1):6-17.
- [50] Chaney C. "So My Family Can Survive:" Prisoner Re-Entry and the Risk and Resilience of Black Families. *Journal of African American Studies*. 2011 Mar 1;15(1):95-114.
- [51] Marks L, Nesteruk O, Hopkins-Williams K, Swanson M, Davis T. Stressors in African American marriages and families: A qualitative exploration. *Stress, Trauma, and Crisis*. 2006 Dec 1;9(3-4):203-25. doi: 10.1080/15434610600854061
- [52] Malia JA. Basic concepts and models of family stress. *Stress, trauma, and crisis*. 2006 Dec 1;9(3-4):141-60.
- [53] McCubbin HI. Integrating coping behavior in family stress theory. *Journal of Marriage and the Family*. 1979 May 1:237-44.
- [54] Gage MG, Christensen DH. Parental role socialization and the transition to parenthood. *Family Relations*. 1991 Jul 1:332-7.
- [55] Barton K, Baglio CS, Braverman MT. Stress reduction in child-abusing families: global and specific measures. *Psychological reports*. 1994 Aug;75(1):287-304.
- [56] Lavigne JV, Faier-Routman J. Psychological adjustment to pediatric physical disorders: A meta-analytic review. *Journal of pediatric psychology*. 1992 Apr 1;17(2):133-57.
- [57] Pless, L., Power, C., & Peckman, C. (1993). Long-term psychological sequelae of chronic physical disorders. *Pediatrics*, 91, 1131-1136.
- [58] Breslau N. *Family care: Effects on siblings and mothers. Comprehensive management of cerebral palsy*. New York: Grune & Stratton. 1983.
- [59] Wallander JL, Varni JW. Effects of pediatric chronic physical disorders on child and family adjustment. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*. 1998 Jan;39(1):29-46.
- [60] Kowaleski-Jones L, Christie-Mizell CA. Depressed mood and body weight: Exploring race differences in adolescence. *Youth & Society*. 2010 Jun;41(4):503-18.
- [61] Kotchick BA, Dorsey S, Heller L. Predictors of parenting among African American single mothers: Personal and contextual factors. *Journal of Marriage and Family*. 2005 May 1;67(2):448-60. doi:10.1111/j.0022-2445.2005.00127.x
- [62] Landry-Meyer L, Gerard JM, Guzell JR. Caregiver stress among grandparents raising grandchildren: The functional role of social support. *Marriage & family review*. 2005 Apr 19;37(1-2):171-90. doi:10.1300/J002v37n01\_11.
- [63] Hammack PL, Robinson WL, Crawford I, Li ST. Poverty and depressed mood among urban African-American adolescents: A family stress perspective. *Journal of Child and Family Studies*. 2004 Sep 1;13(3):309-23.
- [64] Tandon DS, Solomon BS. Risk and protective factors for depressive symptoms in urban African American adolescents. *Youth & Society*. 2009 Sep;41(1):80-99.
- [65] Anthony EK. Cluster profiles of youths living in urban poverty: Factors affecting risk and resilience. *Social Work Research*. 2008 Mar 1;32(1):6-17.
- [66] Marmot M. The Disease of Poverty. *Sci Am*. 2016;314(3):23-4.

- [67] Mc Cubbin HI, Sussman MB. Social Stress and the Family: Advances and Developments in Family Stress Therapy and Research. Routledge; 2014 Apr 23.
- [68] Rothwell DW, Han CK. Exploring the Relationship between Assets and Family Stress Among Low-Income Families. *Family Relations*. 2010 Oct 1;59(4):396-407. doi:10.1111/j.1741-3729.2010.00611.x
- [69] Gill, D. F. (2012). Identifying Child Abuse. *Clinician Reviews*, 22(3), 29-36.
- [70] Kuh, D. What we're learning from student engagement from NSSE, 2003. Retrieved from: [http://cpr.iub.edu/uploads/Kuh%20\(2003\)%20What%20We're%20Learning%20About%20Student%20Engagement%20From%20NSSE.pdf](http://cpr.iub.edu/uploads/Kuh%20(2003)%20What%20We're%20Learning%20About%20Student%20Engagement%20From%20NSSE.pdf)
- [71] Pickard MJ. The new Bloom's taxonomy: An overview for family and consumer sciences. *Journal of Family and Consumer Sciences Education*. 2007 Jan 1;25(1):45-55.
- [72] Li ST, Nussbaum KM, Richards MH. Risk and protective factors for urban African-American youth. *American Journal of Community Psychology*. 2007 Mar 1;39(1-2):21-35. doi:10.1007/s10464-007-9088-1
- [73] Pascoe JM, Wood DL, Duffee JH, Kuo A, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. Mediators and adverse effects of child poverty in the United States. *Pediatrics*. 2016 Apr 1;137(4):e20160340.
- [74] Taylor SJ, Bogdan R, DeVault M. Introduction to qualitative research methods: A guidebook and resource. John Wiley & Sons; 2015 Oct 19.
- [75] Holsti OR. Content analysis for the social sciences and humanities. Reading, MA: Addison-Wesley Publishing Company.
- [76] McCubbin HI, Patterson JM. The family stress process: The double ABCX model of adjustment and adaptation. *Marriage & Family Review*. 1983 Apr 27;6(1-2):7-37.
- [77] Brooks-Gunn J, Duncan GJ. The effects of poverty on children. *The future of children*. 1997 Jul 1:55-71.
- [78] Troiano RP, Flegal KM. Overweight children and adolescents: description, epidemiology, and demographics. *Pediatrics*. 1998 Mar 1;101(Supplement 2):497-504.
- [79] Brumm E, Brumm J. Reform support in times of crisis: The role of family ties. *Economic Inquiry*. 2017 Jul 1;55(3):1416-29.
- [80] Walker AJ. Reconceptualizing family stress. *Journal of Marriage and the Family*. 1985 Nov 1:827-37.
- [81] Lamanna MA, Riedmann A. *Marriages & Families: Making Choices in a Diverse Society: Making Choices and Facing Change*. Cengage Learning; 2005.
- [82] Moe J, Johnson JL, Wade W. Resilience in children of substance users: In their own words. *Substance Use & Misuse*. 2007 Jan 1;42(2-3):381-98. doi:10.1080/10826080601142147.
- [83] Alabama Coalition against Domestic Violence (2010). The Effects of DV on Children. Retrieved from: <http://www.acadv.org/children.html>
- [84] Ozer EJ, Lavi I, Douglas L, Wolf JP. Protective factors for youth exposed to violence in their communities: A review of family, school, and community moderators. *Journal of Clinical Child & Adolescent Psychology*. 2017 May 4;46(3):353-78.
- [85] Sameroff AJ, Barocas R, Seifer R. The early development of children born to mentally ill women. 1984.
- [86] Erlenmeyer-Kimling L, Kestenbaum C, Bird H, Hilldoff U, Watt N, Anthony N, Wynne EJ, Rolf LC. Children at risk for schizophrenia: a longitudinal perspective. *Children at risk for schizophrenia: A longitudinal perspective*. 1984.
- [87] Werner EE, Smith RS. *Journeys from childhood to midlife: Risk, resilience, and recovery*. Cornell University Press; 2001.
- [88] Whitley DM, Fuller-Thomson E. African-American Solo Grandparents Raising Grandchildren: A Representative Profile of Their Health Status. *Journal of community health*. 2017 Apr 1;42(2):312-23.
- [89] Ge W, Adesman A. Grandparents raising grandchildren: a primer for pediatricians. *Current opinion in pediatrics*. 2017 Jun 1;29(3):379-84.
- [90] Landry-Meyer L, Gerard JM, Guzell JR. Caregiver stress among grandparents raising grandchildren: The functional role of social support. *Marriage & family review*. 2005 Apr 19;37(1-2):171-90.
- [91] Banyard VL, Williams LM, Siegel JA, West CM. Childhood sexual abuse in the lives of Black women: Risk and resilience in a longitudinal study. *Women & Therapy*. 2002 Oct 29;25(3-4):45-58.
- [92] Caughy MO, Franzini L, Windle M, Dittus P, Cuccaro P, Elliott MN, Schuster MA. Social competence in late elementary school: Relationships to parenting and neighborhood context. *Journal of youth and adolescence*. 2012 Dec 1;41(12):1613-27. doi:10.1007/s10964-012-9779-2
- [93] Irvin MJ. Role of student engagement in the resilience of african american adolescents from low-income rural communities. *Psychology in the Schools*. 2012 Feb 1;49(2):176-93. doi:10.1002/pits.20626
- [94] Jones L. Measuring resiliency and its predictors in recently discharged foster youth. *Child and Adolescent Social Work Journal*. 2012 Dec 1;29(6):515-33. doi:10.1007/s10560-012-0275-z
- [95] Miller KM. Risk and resilience among African American children of incarcerated parents. *Journal of Human Behavior in the Social Environment*. 2007 Nov 29;15(2-3):25-37. doi:10.1300/J137v15n02\_03
- [96] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2010. *Child Maltreatment 2009*. Retrieved from: [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#can](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can)
- [97] Pediatrics. Child Abuse Statistics, 2010. Retrieved from: [http://pediatrics.about.com/od/childabuse/a/05\\_abuse\\_stats.htm](http://pediatrics.about.com/od/childabuse/a/05_abuse_stats.htm)
- [98] American Statistics & Facts about Child Abuse in the U.S. Retrieved from: <http://americanspcc.org/child-abuse-statistics/>

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