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The Impact of Traumatic Events on Mental Health among Older African American and Black Caribbean Adults

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Abstract

Objectives: This study examined the frequency and impact of traumatic events on the mental health of older African American and Black Caribbean adults.

Methods: It used data from the National Survey of American Life of African American and Black Caribbean adults aged 50 and older. Analysis examined the impact of traumatic events on both positive (i.e., happiness, life satisfaction) and negative (i.e., depressive symptoms, psychological distress, 12-month antidepressant use) domains of mental health.

Results: Findings indicate that approximately 80% of older African Americans and Black Caribbeans reported experiencing a traumatic event at some point in their lifetime. Among African Americans assaultive violence was associated with more depressive symptoms, lower levels of life satisfaction, and lower levels of happiness. This was not the case among Black Caribbeans.

Conclusions: These findings provide preliminary insight in mental health outcomes for older African American and Black Caribbean adults.

A significant portion of the population experience traumatic events of various types (e.g., domestic violence, military combat, mugging victim, rape victim, near-fatal car crash, witnessing someone being badly injured) over the course of their lifetimes (Kilpatrick et al., 2013; McLaughlin et al., 2019). Traumatic events can have a negative impact on the mental and physical health of an individual long after their occurrence and, for some individuals, the negative impact is lifelong (Myers et al., 2015). Traumatic events have received considerable attention in the psychiatric literature, including on the prevalence and impact of traumatic experiences among Black adults. For example, national epidemiologic data reveals that approximately 76% of Black adults' report experiencing a traumatic event over the course of their lifetime (Roberts et al., 2011). Further, Black adults as a group experience high rates of traumatic events (Breslau et al., 1998; Bryant-Davis et al., 2010; Gillespie et al., 2009; Goldmann et al., 2011; McLaughlin et al., 2019; Roberts et al., 2011). However, questions regarding the experience and impact of traumatic events among older Black adults remain largely unexplored (Islam et al., 2021; Paranjape & Kaslow,

2010; Paranjape et al., 2009). This is despite evidence that among the general older adult population, traumatic events have negative mental health impacts (Creamer & Parslow, 2008; Glaesmer et al., 2010; Kim et al., 2021; Kimhi et al., 2012; Lamoureux-Lamarche & Vasiliadis, 2017; Ogle et al., 2014; Pietrzak et al., 2012).

To explore these issues, this study focuses on traumatic events among older African Americans and Black Caribbeans. Although these two populations are typically subsumed under the category of Black American, their differences with respect to national origin, cultural traditions, and sociodemographic profiles establishes them as two distinct but often unacknowledged Black ethnic groups within the Black American category. Accordingly, in this study we use the term African American to refer to persons of African descent who are native to the U.S., while Black Caribbean refers to persons of African descent who were born in the Caribbean region or whose parents or grandparents were born in the Caribbean region. Finally, although the general term Black American, does not differentiate between African Americans and Black Caribbeans who comprise this group, we retain the term if it was used in the original research. In the following sections, we review the general literature on traumatic events and mental health among older adults, discuss available research focusing on African American and Black Caribbean older adults, and conclude with a discussion of the present study.

Traumatic Events and Mental Health Among Older Adults

Extant literature among older adults indicates that exposure to traumatic events is consistently associated with adverse mental health outcomes including post-traumatic stress disorder (PTSD), depression, substance use disorders, and suicidal ideation (Beristianos et al., 2016; Clarke et al., 2004; Creamer & Parslow, 2008; Kim et al., 2021; Ogle et al., 2014; Rhee et al., 2019). Furthermore, older adults' cumulative exposure to traumatic events is associated with increased depressive symptoms and PTSD symptom severity, decreased psychological well-being, and lower life satisfaction (Buccioli & Zarri, 2020; Keinan et al., 2012; Krause, 2004; Lamoureux-Lamarche & Vasiliadis, 2017; Ogle et al., 2014; Ren et al., 2021). PTSD is distinctive in that it is the only psychiatric disorder that, by definition, designates traumatic event exposure as an antecedent (Breslau et al., 1998). Importantly, investigations of traumatic event exposure and resulting mental health outcomes have largely centered on primarily non-Hispanic White men and women, with limited inclusion of older Black adults. Only a handful of studies have examined traumatic events and health consequences for older Black adults (Islam et al., 2021; Paranjape & Kaslow, 2010; Paranjape et al., 2009).

Traumatic Events and Mental Health Among African Americans and Black Caribbeans

As noted, roughly three-quarters of African Americans report experiencing a traumatic event over the course of their lifetime (Roberts et al., 2011). Current research suggests a direct relationship between exposure to traumatic events and the development of adverse mental health outcomes. Specifically, for Black adults, exposure to traumatic events is linked to the development of PTSD (Breslau et al., 1998; Gillespie et al., 2009; Goldmann et al., 2011;

Jones et al., *in press*; Schwartz et al., 2005; Walsh et al., 2014), depression (Alim et al., 2006), substance use disorders (Su et al., 2018), impaired decision-making processes (van den Berk-Clark et al., 2018), and skin bleaching (James et al., 2016). Additionally, exposure to traumatic events have been associated with decreased life satisfaction, self-compassion, and spirituality for Black adults (Blanden et al., 2021; Walker et al., 2015), which are important indexes of psychological well-being (Ryff & Keyes, 1995).

A few studies have examined between group (racial) and within group (ethnic and gender) differences in type of event exposure and resulting trauma-related psychopathology (see McLaughlin et al., 2019; Thomas et al., 2021; Valentine et al., 2019). For example, Black adults as compared to whites, report increased exposure to racial discrimination, assaultive violence, sexual violence, child maltreatment, and personally witnessing domestic violence (McLaughlin et al., 2019; Roberts et al., 2011; Turner & Avison, 2003). Research on ethnic and gender differences within the Black population provides important information about within group variability and a better understanding of how gender and ethnicity are associated with both traumatic exposure and impact. This work indicates that compared to men, African American and Black Caribbean women are less likely to experience combat, personal violence, witness violence, political violence, and be in an accident (Valentine et al., 2019). In contrast, African American and Black Caribbean women are more likely to experience victimization, including childhood abuse, domestic violence, rape, and sexual assault, as compared to African American and Black Caribbean men.

As noted, Black adults as a group are at high risk for exposure to traumatic events and resulting mental health sequelae (e.g., Alim et al., 2006; Breslau et al., 1998; Gillespie et al., 2009; Goldmann et al., 2011; Roberts et al., 2011; Schwartz et al., 2005; Walsh et al., 2014). Further, recognized Black ethnic differences in traumatic events indicate that Black Caribbeans are at a high risk for exposure to traumatic events (Alegría et al., 2013). Heightened recognition of Black adults' exposure to a wide range of stressful life events (e.g., social marginalization via racial discrimination) has prompted scientific interest in examining the impact of traumatic events on mental health for diverse groups of Black older adults (Mills & Edwards, 2002; Shellman, 2004). Information of this sort also has practical clinical relevance for understanding possible ethnic (African American and Black Caribbean) and gender differences in traumatic events and their mental health impact among older adults of African descent. Importantly, while broader literature documents an association between exposure to traumatic events and adverse mental health outcomes for older adults (e.g., Beristianos et al., 2016; Creamer & Parslow, 2008; Ogle et al., 2014), scant literature has examined the association of traumatic event exposure and health for older Black adults (Islam et al., 2021; Paranjape & Kaslow, 2010; Paranjape et al., 2009). Further, to our knowledge, no known study has evaluated the association between traumatic event exposure and mental health among an ethnically diverse sample of older Black adults.

Focus of the Study

The purpose of this study is to address this gap in the literature by examining the association between exposure to traumatic events and several domains of mental health and psychological well-being (i.e., psychological distress, depressive symptoms, life satisfaction,

happiness, and 12-month antidepressant use) in a large, national sample of African American and Black Caribbean older adults. We examine over 20 different types of traumatic events by ethnicity (African American, Black Caribbean) and gender and provide percentage distributions for lifetime exposure for each. This allows us to examine how specific traumatic events are distributed across distinct ethnicity/gender groups. Next, we investigate the impact of some of the most prevalent traumatic events on select indicators of psychological well-being and mental health. As a departure from prior research, the present study considers the impact of trauma exposure on both positive (e.g., happiness, life satisfaction), as well as negative (e.g., psychological distress) valence domains of mental health. To our knowledge, the present study is the first to examine the association between exposure to traumatic events and mental health among older African Americans and Black Caribbeans.

METHODS

Sample

The National Survey of American Life: Coping with Stress in the 21st Century (NSAL) was conducted by the Program for Research on Black Americans at the University of Michigan's Institute for Social Research between 2001 and 2003. A total of 6,082 interviews were conducted with persons aged 18 or older, including 3,570 African Americans, 891 non-Hispanic whites, and 1,621 Blacks of Caribbean descent. The NSAL included 1135 African Americans 426 Black Caribbeans aged 50 years or older. The overall response rate for the NSAL was 72.3% and respondents were compensated for their time. Design and sample characteristics of the NSAL are described in more detail elsewhere (Jackson et al., 2004). This study was approved by the University of Michigan's Institutional Review Board.

Measures

Dependent Variables.—The following five dependent variables are utilized: 1) depressive symptoms as measured by the CES-D; 2) serious psychological distress as measured by the Kessler 6 (K6), 3) any 12-month anti-depressant use, 4) life satisfaction, and 5) happiness. Depressive symptoms were assessed using the 12-item version of the Center for Epidemiological Studies-Depression scale (CES-D) (Radloff, 1977). This abbreviated CES-D has acceptable reliability and a similar factor structure compared to the original version. Item responses are coded from 0 (“rarely or none of the time”) to 3 (“most or all of the time”) and focus on experiences in the past 30 days. These 12 items measure the extent to which respondents: had trouble keeping their mind on tasks, enjoyed life, had crying spells, could not get going, felt depressed, felt hopeful, felt restless, felt happy, felt just as good as other people, felt that everything was an effort, felt that people were unfriendly, and felt that people dislike them. Positive valence items were reverse-coded and summed into a continuous measure ranging from 0/low through 36/high ($\alpha = 0.76$). Research on the psychometric properties of the CES-D on older African Americans finds adequate reliability with good internal consistency (Foley et al., 2002).

Serious psychological distress (SPD) was measured by the K6, a six-item scale designed to assess non-specific psychological distress including symptoms of depression and anxiety

in the past 30 days (Kessler et al., 2002; Kessler et al., 2003). The K6 includes items designed to identify individuals with a high likelihood of having a diagnosable mental illness and associated limitations. More specifically, the K6 is intended to identify persons with mental health problems severe enough to cause moderate to serious impairment in social and occupational functioning and to require treatment. Each item was measured on a 5-point Likert scale ranging from 0 (none of the time) to 4 (all of the time). Positive valence items were reverse-coded and summed with higher scores reflecting higher levels of psychological distress ($\alpha = 0.82$). The K6 has consistent psychometric properties across major socio-demographic sub-samples (Kessler et al., 2002); however, there are very few measurement studies or other research using the K6 among older African Americans.

Antidepressant use was measured in the following manner. First, in all interviews in the respondent's home, respondents were asked to bring out all of the medications that they were taking. Interviewers then recorded generic and trade names of prescription antidepressants from pill bottles. Antidepressant drug use was determined by responses to the question "Did you take any type of prescription medicine in the past year for problems with your emotions, substance use, energy, concentration, sleep, or ability to cope with stress? Include medicines even if you took them only once." Generic and trade names were reviewed by two board-certified psychiatrists and a psychiatric nurse specialist to verify that the drugs were antidepressants before drug coding for the analyses (González et al., 2008). This procedure was used by both the NSAL and National Comorbidity-Replication study which were in the field at the same time.

Life satisfaction is measured by the question: In general, how satisfied are you with your life as a whole these days? Would you say very satisfied (4), somewhat satisfied (3), somewhat dissatisfied (2), or very dissatisfied (1)? Overall happiness is assessed by the following question: Taking all things together, how would you say things are these days? Would you say you are very happy (4), pretty happy (3), or not too happy these days (2)? Some respondents volunteered that they were "not happy at all" (1).

Traumatic Events.—Respondents in the NSAL were asked whether they had experienced occurrences from a list of 27 traumatic events. They were also asked two open-ended questions that inquired about any other event not on the list or any "private" event the respondent did not want to disclose. These potential traumatic events were further classified into six groups: any war-related trauma, any assaultive violence, any other injury or shocking event, trauma experienced by close friend/relatives, respondent caused trauma, and other non-specified trauma. The full list of potential traumatic events is in Table 2.

Control variables.—All analyses control for gender, age, income, and education. Age and education are coded in years and family income is coded in dollars. There were no missing data for gender and age. The staff of the Program for Research on Black Americans imputed 74 missing cases for education (1.2% of the total NSAL sample) and 773 cases for income (12.7% of the total NSAL sample).

Analysis Strategy

Bivariate analyses, weighted internal consistency and reliability (Cronbach's alpha), the distribution of basic demographic characteristics, weighted linear regression analyses, and logistic regression analyses were conducted using SAS 9.4. The bivariate analyses are tested with a design-based F statistic from cross-tabulation and utilizing the Rao-Scott χ^2 which is a complex design-corrected measure of association. Regression analysis was used with the four continuous dependent variables and logistic regression was used with 12-month antidepressant use. Odds ratio estimates and 95% confidence intervals are presented for logistic regression analyses, and beta estimates and standard errors are presented for linear regression analyses. All analyses utilize sample weights to obtain results that are generalizable to the African American and Black Caribbean populations. Weights in the NSAL data account for unequal probabilities of selection, non-response, and post-stratification such that respondents are weighted to their numbers and proportions in the full population. SAS uses the Taylor expansion technique for calculating the complex-design based estimates of variance. This corrects standard error estimates in analysis using complex sample designs (i.e., clustering and stratification).

RESULTS

The demographic characteristics of the sample and distribution of study variables are presented in Table 1. Among this sample of adults who are 50 years and older, Black Caribbeans have higher levels of family income and have a higher percentage of respondents who are male. The two populations have similar levels of education and the same average age (62 years).

Table 2 presents the distribution of TEs by ethnicity and gender. Eight out of 10 African Americans and Black Caribbeans have experienced a traumatic event at some point in their lives. The most frequent traumatic events include having someone close to you die unexpectedly, seeing someone badly injured, being mugged, having a life-threatening illness, and being in a life-threatening car accident. A few notable gender differences are apparent with a higher percentage of women having experienced being beaten by a spouse, raped, and sexually assaulted. A higher percentage of men reported being in combat, mugged, and exposed to toxins. There are a few other notable percentages. A higher percentage of African American men ever saw someone badly injured or experienced a non-car related life-threatening accident. Similarly, a higher percentage of Black Caribbean men experienced a natural disaster or lived as a civilian in a location with ongoing terror against civilians for political, ethnic, religious, or other reasons.

Table 3 presents the multivariate analysis of the relationship between traumatic events and the 5 dependent variables for African Americans. Assaultive violence was associated with more depressive symptoms, lower levels of life satisfaction, and lower levels of happiness. Other shocking injury/event was associated with more depressive symptoms. Trauma experienced by a close friend or relative was associated with 12-month anti-depressant use. In addition, other non-specified trauma was also positively associated with anti-depressant use.

There were fewer significant relationships between traumatic events and the 5 measures of psychological well-being among Black Caribbeans (Table 4). Other injury/shocking event was negatively associated with happiness and positively associated with 12-month anti-depressant use. Lastly, other non-specified trauma was positively associated with psychological distress (K6) and lower levels of happiness.

DISCUSSION

Traumatic events are a significant issue affecting African American and Black Caribbean older adults, with implications for their overall mental health and psychological well-being. Therefore, the overall aim of the current study was to assess the association between exposure to traumatic events and multiple domains of mental health and psychological well-being (i.e., psychological distress, depression, life satisfaction, happiness, and 12-month antidepressant use) among older African American and Black Caribbean adults. This study's several notable strengths include: 1) examination of these associations within a large, nationally representative sample of older African American and Black Caribbean adults, 2) providing percentage distributions of over 20 different traumatic event types by ethnicity and gender, and 3) investigating the associations of traumatic events to both positive and negative aspects of mental health.

Overall, our analysis found that 8 out of 10 African Americans and Black Caribbeans have experienced a traumatic event at some point in their lives. Furthermore, some of the most frequently traumatic events experienced by older African American and Black Caribbeans include having someone close to you die unexpectedly, seeing someone badly injured, being mugged, having a life-threatening illness, and being in a life-threatening car accident. Significant multivariate findings indicated that traumatic event exposure was associated with decreased positive valence domains of mental health (e.g., life satisfaction, happiness), as well as increased negative valence domains of mental health (e.g., depressive symptoms, psychological distress, 12-month anti-depressant use), for older African American and Black Caribbean adults. In addition to these broad points, more detailed discussion of the findings provides insight regarding notable ethnic and gender differences in the associations between traumatic event exposure and mental health.

The present findings contribute to the very limited, but emerging body of research in this area on the negative associations between traumatic event exposure and mental health among ethnic minorities. Specifically, study findings are consistent with previous research documenting the deleterious impact of exposure to traumatic events for older Black adults (Islam et al., 2021; Paranjape & Kaslow, 2010; Paranjape et al., 2009), which may contribute to greater vulnerability to aging-related diseases (Conching & Thayer, 2019). Further, our findings highlight the importance of understanding racial/ethnic and gender differences in the impact of lifetime exposure to traumatic events (McLaughlin et al., 2019) and potentially traumatic events (PTEs; Valentine et al., 2019).

Despite overall similarities, African American and Black Caribbean older adults differed by gender with respect to traumatic event type. Overall, a higher percentage of women reported having experienced being beaten by a spouse, raped, and sexually assaulted. In contrast,

a higher percentage of men reported being in combat, mugged, and exposed to toxins. Exploring gender differences across ethnic groups further revealed that a higher percentage of African American men reported seeing someone badly injured or experiencing a non-car related life-threatening accident. Importantly, a higher percentage of Black Caribbean men reported having experienced a natural disaster or having lived as a civilian in a location with ongoing terror against civilians for political or other reasons.

The current study also explored differences in the relationships between traumatic event exposure and psychological distress and mental health for African American and Black Caribbean older adults. For African Americans, assaultive violence was associated with more depressive symptoms, lower levels of life satisfaction, and lower levels of happiness. Other shocking injury/event was also associated with more depressive symptoms for this group. In contrast, for Black Caribbeans, other injury/shocking event was negatively associated with happiness and positively associated with 12-month anti-depressant use. Additionally, for Black Caribbean older adults, other non-specified trauma was positively associated with both psychological distress (K6) and lower levels of happiness. In sum, these findings document gender differences in the types of traumatic events reported, as well as differences between Black Caribbean and African American older adults with respect to both traumatic event exposures and their relationships to mental health.

Prior research supports these findings, demonstrating that trauma exposure is associated with mental health sequelae for African Americans and Black Caribbeans (Alim et al., 2006; Breslau et al., 1998; Gillespie et al., 2009; James et al., 2016; Su et al., 2018). Further, other research indicates that life satisfaction and happiness are established protective factors for mental health problems, including suicidality (Bray & Gunnell, 2006; Heisel & Flett, 2004), depression (Schütz et al., 2013), and substance use (Tartaglia et al., 2017; Yang et al., 2018). Therefore, the observed negative associations between traumatic event exposure and life satisfaction and happiness, suggests that exposure to traumatic events may erode important factors that protect against harmful mental health outcomes across ethnic groups. Additionally, for African Americans, trauma experienced by a close friend or relative was positively associated with 12-month anti-depressant use. The effects of secondary traumatic stress, or vicarious trauma, exposure remain largely understudied, with only a few known studies confirming an association between vicarious trauma and adverse mental health outcomes for African Americans (Pryce et al., 2021; Smith et al., 2020). Given that a third of older Black adults indicated they had seen someone badly injured and roughly half had a relative or close friend who had a traumatic experience, exploring the consequences of exposure to secondary traumatic stress remains an important area for future research.

The finding that older African Americans who had a close friend or relative experience trauma had a higher likelihood of using 12-month antidepressant medication has important clinical implications. This could be due to a person going to therapy due to the recommendation of a close friend or relative who may also may have sought professional help due their traumatic experience. This is consistent with research in the help-seeking literature which finds that relatives and friends are important sources of referrals for clinical help (Woodward et al., 2008).

For instance, analysis of professional help seeking referral patterns in the National Survey of Black Americans found that 53 percent of Black adults were self-referrals; 29 percent were referred by informal network members and only 10 percent were referred by other professionals (Jackson et al., 1986).

Our findings underscore the importance of traumatic event exposure and both positive and negative mental health. Future research should explore whether contextual factors may help to explain ethnic group differences in exposure to and the mental health consequences of traumatic event exposure. For instance, African American and Black Caribbean older adults likely differ with respect to the number of specific life events occurring over the life course (e.g., immigration to the U.S., internal regional migration). Other avenues for future research include investigating the impact of single and cumulative traumatic events, examining the impact of traumatic events on physical health and examining the impact of traumatic events on co-morbid disorders. Future research must identify risk and protective factors for traumatic event exposure that are associated with specific demographic and health characteristics of older Black adults. Further, focusing on multiple components of one's identity (e.g., gender, age, race, ethnicity), provides a clearer understanding of the complex circumstances that influence exposure to, and recovery from, traumatic events. Additional areas for future research include racial and ethnic differences in cognitive, behavioral, and affective responses to traumatic event exposure, as well as vulnerability to developing psychopathology after a traumatic event (McLaughlin et al., 2019; O'Hare et al., 2019; Weiss et al., 2017).

Limitations and Conclusion

Although these findings greatly contribute to the literature, several limitations should be noted. First, despite the notable advantages of the NSAL, the age of the data, collected between 2001 and 2003, is a limitation. Another limitation includes the use of a cross-sectional methodological design. As such, we cannot draw any causal inference about the role of traumatic event exposure in predicting mental health outcomes. However, I think that we can safely assume that traumatic events cause poor mental health and not the other way around. Future prospective studies might utilize mixed-methods or longitudinal designs to examine racial/ethnic differences in exposure to, disclosure of, and recovery from traumatic events. Similarly, future research should evaluate how additional aspects of one's identity (e.g., socioeconomic status, sexual orientation, etc.) may influence this relationship, as well as identify protective factors that can mitigate the negative effect of traumatic event exposure on mental health within this population. Further, exposure to traumatic events and symptoms were assessed retrospectively, which may be subject to recall bias. With respect to anti-depressant use, it is important to note that both African American and Black Caribbean older adults reported very low rates of and that anti-depressants in use at the time of this data collection; this may be different as compared to current rates of anti-depressant use. Finally, though we provide preliminary insight to the role of traumatic event exposure in mental health outcomes for older African American and Black Caribbean adults, future research is needed to understand the complex and dynamic relations between traumatic event and mental health within these population groups.

Despite these limitations, this study is the first to evaluate the psychological impact of exposure to traumatic events among an older and ethnically diverse sample of Black adults. Given African Americans' and Black Caribbeans' elevated exposure to traumatic events (e.g., Gillespie et al., 2009; James et al., 2016; McLaughlin et al., 2019; Roberts et al., 2011; Walsh et al., 2014), it is incumbent on researchers to investigate the mental health consequences of traumatic event exposure within these at-risk populations, as we have done in this manuscript. Additionally, the sample size and diverse study variables provided a unique opportunity to examine these constructs within a nationally representative sample of African Americans and Black Caribbeans. Finally, this study demonstrated the importance of considering the intersecting effects of multiple risk factors within the context of mental health, particularly for older African American and Black Caribbean adults.

An established body of literature confirms the association between traumatic event exposure and adverse mental health outcomes. Our study contributes to this literature, but with notable innovations. This includes incorporating an intersectionality framework to provide distributions of traumatic event types across gender and ethnic groups, and investigating the role of exposure to traumatic events on both positive (e.g., happiness, life satisfaction) and negative (e.g., psychological distress) valence domains of mental health. Further, we examined these associations within nationally representative samples of African American and Black Caribbean older adults, groups that remain both significantly at-risk for traumatic event exposure, as well as underrepresented in mental health literature. Study findings indicate that 8 out of 10 African Americans and Black Caribbeans have experienced a traumatic event at some point in their lives. Additionally, traumatic event exposure was associated with poorer mental health and decreased psychological well-being for older African Americans and Black Caribbeans. These findings call for the development of strategies and interventions combatting traumatic event exposure within this population.

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Table 1.

Demographic Characteristics of the Sample and Distribution of Study Variables

	%	N	Mean	S.D.	Min	Max
African Americans						
CESD		1060	5.50	4.67	0	33
K6		1063	3.01	3.37	0	23
Life Satisfaction		1135	3.33	0.65	1	4
Happiness		1122	3.27	0.58	1	4
12-Month Antidepressant	4.85	1071				
Age		1135	62.41	8.56	50	93
Gender						
Male	42.92	426				
Female	57.08	709				
Years of Education		1135	11.80	2.84	0	17
Family Income		1135	36281.25	34074.93	0	450000
Black Caribbean						
CESD		415	5.25	1.95	0	31
K6		415	2.47	1.14	0	17
Life Satisfaction		426	3.40	0.25	1	4
Happiness		423	3.19	0.29	1	4
12-Month Antidepressant	8.70	415				
Age		426	62.26	3.22	50	94
Gender						
Male	52.09	177				
Female	47.91	249				
Years of Education		426	12.38	1.28	0	17
Family Income		426	49287.99	14544.81	0	200000

Note. Percents and Ns are presented for categorical variables and Means and Standard Deviations are presented for continuous variables. Percentages are weighted and frequencies are un-weighted.

Table 2.

Lifetime exposure to traumatic events for African Americans and Black Caribbeans

	African Americans			Black Caribbeans		
	Men	Women	Total	Men	Women	Total
	%(N)	%(N)	%(N)	%(N)	%(N)	%(N)
Any trauma †††	83.66(351)	74.74(533)	78.57(884)	84.21(142)	76.20(195)	80.37(337)
Any war-related trauma ††† ¶¶	27.61(118)	0.74(6)	12.27(124)	11.69(28)	1.50(6)	6.81(34)
Combat *†††	26.02(104)	0.33(3)	11.49(107)	9.40(19)	. (0)	4.68(19)
Peacekeeper/relief worker ††† ¶¶	5.67(25)	0.46(2)	2.73(27)	1.86(4)	0.16(1)	1.01(5)
Unarmed civilian in war zone †††	3.53(15)	0.12(2)	1.60(17)	1.92(5)	1.25(4)	1.59(9)
Refugee	0.41(2)	. (0)	0.18(2)	0.67(3)	0.59(4)	0.63(7)
Any assaultive violence	35.21(141)	37.14(258)	36.31(399)	33.91(62)	36.27(106)	35.04(168)
Rape ††† ¶¶	1.74(7)	12.51(76)	7.82(83)	0.60(3)	10.98(18)	5.82(21)
Sexually assaulted *†††	3.21(12)	10.99(69)	7.61(81)	2.02(5)	5.35(19)	3.69(24)
Badly beaten by spouse *†††	1.58(8)	17.37(119)	10.50(127)	. (0)	10.12(31)	5.08(31)
Badly beaten by parents	5.17(21)	3.75(29)	4.37(50)	7.52(10)	4.91(17)	6.21(27)
Badly Beaten by Other ††† ¶¶	5.64(24)	0.78(4)	2.90(28)	8.69(10)	1.08(4)	4.87(14)
Kidnapped	0.60(3)	0.94(4)	0.79(7)	. (0)	0.61(2)	0.30(2)
Stalked *††	4.99(24)	10.70(69)	8.23(93)	3.88(6)	3.09(14)	3.49(20)
Mugged †††	30.51(113)	14.68(84)	21.56(197)	34.52(53)	20.37(57)	27.42(110)
Any other injury or shocking event †††	68.23(291)	51.06(367)	58.43(658)	73.03(125)	60.47(144)	67.01(269)
life-threatening car accident ¶¶	21.07(84)	17.92(114)	19.29(198)	27.40(34)	10.15(27)	18.74(61)
other life-threatening accident *†††	10.96(47)	2.14(18)	5.97(65)	3.44(10)	1.96(8)	2.69(18)
Ever life-threatening illness	19.86(84)	22.47(146)	21.33(230)	33.28(32)	9.18(26)	21.18(58)
Ever natural disaster ***†¶	17.44(70)	12.30(82)	14.54(152)	40.58(42)	23.20(61)	31.85(103)
Ever man-made disaster †	8.49(36)	4.71(34)	6.35(70)	2.84(4)	5.05(12)	3.95(16)
Ever exposed to toxins ††† ¶¶	16.49(60)	2.88(17)	8.73(77)	8.71(13)	1.38(6)	5.01(19)
Ever live as civilian among terror ***††¶	3.54(14)	0.92(7)	2.06(21)	25.44(22)	5.73(10)	15.54(32)
Ever see someone badly injured †††	45.57(179)	19.97(136)	31.10(315)	33.91(62)	26.56(62)	30.22(124)
Ever see physical fights †	11.03(44)	15.84(104)	13.75(148)	7.34(12)	11.28(27)	9.32(39)
Ever see atrocities ††† ¶¶	16.61(63)	0.85(7)	7.70(70)	11.53(16)	0.55(3)	6.01(19)
Trauma experienced by close friend/relatives	51.12(213)	53.02(369)	52.20(582)	44.43(66)	49.83(115)	47.02(181)
Ever had kid w/ life-threatening illness	15.08(57)	17.43(113)	16.41(170)	10.34(12)	14.15(23)	12.25(35)
Ever anyone close die unexpectedly	44.78(177)	48.14(313)	46.68(490)	40.10(57)	45.77(102)	42.95(159)
Ever anyone close had trauma	5.14(20)	5.32(34)	5.24(54)	1.50(5)	5.24(12)	3.38(17)
Respondent Caused Trauma ††† ¶	6.01(27)	1.55(11)	3.46(38)	3.46(4)	0.49(3)	2.04(7)

	African Americans			Black Caribbeans		
	Men	Women	Total	Men	Women	Total
	%(N)	%(N)	%(N)	%(N)	%(N)	%(N)
Ever accidentally injure other ††¶	1.86(9)	0.33(3)	0.99(12)	1.21(2)	0.14(1)	0.67(3)
Ever purposely injure other †††	5.84(25)	1.34(8)	3.29(33)	2.62(2)	0.50(3)	1.56(5)
Other non-specified trauma	9.66(40)	9.00(65)	9.28(105)	4.83(11)	7.20(28)	5.97(39)
Ever experience other trauma *	5.34(19)	3.01(22)	4.02(41)	0.79(3)	2.39(7)	1.59(10)
Ever trauma not want to report	5.62(24)	7.16(48)	6.49(72)	4.85(9)	5.11(23)	4.98(32)

Note:

* p < 0.05

** p < 0.01

*** p < 0.001 for significant ethnicity differences

† p < 0.05

†† p < 0.01

††† p < 0.001 for significant gender difference among African Americans

¶ p < 0.05

¶¶ p < 0.01

¶¶¶ p < 0.001 for significant gender difference among Black Caribbeans

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Table 3.

The impact of select traumatic events on the mental health and psychological well-being of older African Americans.

	African Americans				
	K6	CES-D	Life Satisfaction	Happiness	12-Month Antidepressant
	b/SE	b/SE	b/SE	b/SE	OR (95%CI)
Any war-related trauma	0.29/0.47	-0.20/0.62	0.01/0.08	-0.11/0.10	0.84 (0.25,2.84)
Any assaultive violence	0.60/0.37	0.98/0.39*	-0.23/0.07**	-0.21/0.04***	1.14 (0.55,2.36)
Any other injury or shocking event	0.52/0.34	1.02/0.50*	-0.05/0.04	-0.01/0.06	1.11 (0.48,2.54)
Trauma experienced by close friend/relatives	0.29/0.26	0.24/0.33	0.02/0.06	-0.02/0.04	2.19 (1.26,3.82)**
Respondent Caused Trauma	0.43/0.89	-0.18/0.72	-0.17/0.15	-0.04/0.11	0.23 (0.02,2.24)
Other non-specified trauma	0.74/0.64	0.72/0.67	0.01/0.06	0.04/0.09	3.33 (1.64,6.74)**
R-Square	0.10	0.11	0.05	0.09	0.03
F	23.46***	15.39***	7.04***	13.11***	7.77***
df	34	34	34	34	24
N	1063	1060	1135	1122	1135

b=regression coefficient, SE=standard error.

All analysis control for age, gender, income, and education.

* p < .05

** p < .01

*** p < .001

Table 4.

The impact of select traumatic events on the mental health and psychological well-being of older Black Caribbeans.

	Black Caribbeans				
	K6	CES-D	Life Satisfaction	Happiness	12-Month Antidepressant
	b/SE	b/SE	b/SE	b/SE	OR (95%CI)
Any war-related trauma	0.25/0.76	-0.17/1.20	-0.08/0.15	-0.14/0.17	0.59 (0.04,9.05)
Any assaultive violence	0.17/0.69	-0.56/1.27	-0.03/0.14	0.19/0.10	0.66 (0.14,3.17)
Any other injury or shocking event	0.75/0.56	1.10/0.92	-0.06/0.17	-0.43/0.12**	10.19 (2.24,46.31)**
Trauma experienced by close friend/relatives	0.60/0.54	-0.38/1.05	-0.04/0.10	0.12/0.17	9.36 (0.67,130.78)
Respondent Caused Trauma	0.43/1.01	2.06/2.35	-0.23/0.30	-0.34/0.47	8.83 (0.22,353.00)
Other non-specified trauma	1.84/0.68*	3.01/1.54	-0.17/0.12	-0.59/0.16**	0.20 (0.01,3.08)
R-Square	0.14	0.10	0.04	0.20	0.21
F	6.60***	3.66**	4.19**	6.67***	9.12***
df	26	26	26	26	17
N	415	415	426	423	415

b=regression coefficient, SE=standard error.

All analysis control for age, gender, income, and education.

* p < .05

** p < .01

*** p < .001