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Community Violence

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2 **Community Violence**

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5 **Overview**

6 Though the construct “community violence” contains
7 a variety of contextual and subjective complexities (see
8 Guterman et al. 2000), it can be broadly defined as both
9 the acts and intentions to threaten or cause physical
10 harm. The injurious effects that result could be physical
11 or emotional, and may include the exposure to these
12 acts by those other than the direct victim. To meet the
13 criteria of “community,” these acts are committed by
14 individuals who are not intimately related to the vic-
15 tim. Therefore, community violence may involve brutal
16 acts such as shootings, stabbings, weapon possession
17 with intent of criminal use, sexual assault, beatings,
18 burglaries, hate crimes, and gang and drug activities.
19 In addition, the subject can be an offender, a victim, or
20 a witness to the violence. Adolescents are exposed to
21 community violence through various ways: being
22 offenders, victimization, witnessing, and hearing
23 about/vicarious exposure (Buka et al. 2001; Richters
24 and Martinez 1993), although they are more likely to
25 experience violence in the community via witnessing or
26 hearing about its occurrence. The most common form
27 of witnessed violence in community was seeing some-
28 one beaten up to the point of where medical attention
29 was necessary (Zinzow et al. 2009).

30 Despite nonfatal violent crimes are much more com-
31 mon than homicide for adolescents, community vio-
32 lence is still an extremely serious issue challenging the
33 healthy development of youth in the US. According to
34 the National Survey of Adolescents, 39% of 12–17-year-
35 olds, or 9.6 millions adolescents, were exposed to com-
36 munity violence (Kilpatrick et al. 2003), with an average
37 of 16 adolescents being murdered each day in 2006

(Centers for Disease Control and Prevention 2009). 38
Miller et al. (2001) estimated that the average cost of 39
each of these murdered juvenile victims of violence 40
would result in a net loss of \$4,187,359 to society. 41

Youth-perpetrated violence contributes to the high 42
occurrence of overall violent incidents in communities. 43
In a 2007 national representative sample of youth in 44
grades 9–12, 35.5% reported being in a physical fight in 45
the 12 months preceding the survey while juveniles 46
accounted for 16% of all violent crime arrests in 2007 47
(Puzzanchera 2009). Also, more than 668,000 young 48
people of ages 10–24 were treated in emergency depart- 49
ments for injuries sustained from violence in 2007 50
(Centers for Disease Control and Prevention 2009). In 51
addition to causing injury and death, community vio- 52
lence can also reduce productivity, decrease property 53
values, and increase the demand for health and social 54
services. 55

Adolescence is a pivotal developmental period of 56
the life course where exposure to violence can lead to 57
long-term detrimental consequence. Garbarino (2001) 58
found that exposure to community violence has been 59
linked to undesirable developmental outcomes such as 60
mental health issues in the forms of posttraumatic 61
stress disorder (PTSD), increased depression and anx- 62
iety (Buckner et al. 2004), cognitive and academic 63
delays (Osofsky et al. 1993), decrements in IQ 64
and poor academic performance (Schwartz and 65
Gorman 2003), increased aggression (Brookmeyer 66
et al. 2005), social difficulties with school peers 67
(Schwartz and Proctor 2000), multiple adverse health 68
risk behaviors (Berenson et al. 2001), suicidal ideation 69
and behaviors (Berenson et al. 2001; Cleary 2003), and 70
subsequent homelessness in adulthood (van den Bree 71
et al. 2009). Furthermore, adolescents’ physical health 72
related issues such as higher basal diastolic blood pres- 73
sure, increased heart rate, and cortisol levels (Murali 74
and Chen 2005) are found to be related to their fre- 75
quency of exposure to community violence. 76

77 Additionally, Wright (2006) found a link between com-
78 munity violence and increased asthma morbidity.

79 **Theoretical Perspective on Youth** 80 **Violence and Victimization in the** 81 **Community**

82 With the recognition that community violence is a very
83 complex problem, multiply determined and variably
84 expressed, efforts have been made to capture the
85 range of contributing factors across various levels.
86 The ecological transactional model theory proposed
87 by Cicchetti and Lynch (1993) attempts to explain the
88 combined influence of community violence and child
89 maltreatment on child development. This perspective
90 suggests that ecological contexts consist of a number of
91 nested levels with varying degrees of proximity to the
92 individual. These levels of the environment interact
93 and transact with each other over time and determine
94 an individual's development and adaptation. The
95 *macrosystem* is the most distant from the individual
96 and consists of cultural beliefs and values that pervade
97 societal and family functioning. The *exosystem* includes
98 the neighborhood and community settings in which
99 the family and children live. The *microsystem* includes
100 the family dynamics that children and adults create and
101 experience. At the most proximate level to the individ-
102 ual is the *ontogenic*, which includes the individual and
103 his or her own individual developmental adaptation.
104 Cicchetti and Lynch (1993) proposed that environ-
105 mental context and children's functioning mutually
106 influence each other. Both facilitating and compensa-
107 tory risk factors for developmental adaptation are pre-
108 sent at each level of the ecological/transactional model.
109 These risk and resiliency factors influence both the
110 incidence of violence at other levels of the model and
111 the children's ongoing adaptation.

112 The ecological transactional model emphasizes the
113 influence of relevant elements at each level of the child's
114 ecology on his or her development over time. It com-
115 bines the theoretical principles from ecology and
116 developmental psychopathology. Ecology is contextually
117 based and developmental psychopathology is
118 individual-centered (Fig. 1).

119 *Macrosystem.* The *macrosystem* consists of norms,
120 values, and socially constructed popular culture, which
121 either foster or tolerate the act of violence. For instance,
122 it is common for media to demonstrate tolerance for
123 violence as means to solve interpersonal conflicts.

Exosystem. The *exosystem* comprises the neighbor- 124
hood and interconnections among various social set- 125
tings, such as school, church, workplace, and peer 126
groups. Numerous sociological theories, including 127
contemporary criminology, attempt to locate causal 128
factors in structural deficits, such as poverty, or com- 129
munity-level risks that contribute to violence and vic- 130
timization. Structural theories, emphasizing 131
socioeconomic disadvantage, identify links to commu- 132
nity violence through subcultural variations in low SES 133
persons' attitudes toward violence and through mech- 134
anisms of social disorganization (Markowitz 2003). 135
This view is often used in explaining the higher 136
rates of violence most commonly occurring in 137
disadvantaged communities. 138

Microsystem. In the *microsystem*, family intimacy 139
and relationships, as well as various positive and neg- 140
ative family influences play critical roles in adolescents' 141
development. According to attachment theory (Bowlby 142
1969), as a consequence of inadequate bonding with 143
parents/primary caregivers, children could potentially 144
develop attachment disorders, and later, aggressive and 145
conduct disordered behaviors, which contribute to the 146
development of an antisocial personality (Levy and 147
Orlans 2000). Children with attachment problems evi- 148
dence poor impulse control, anger management issues, 149
and lack of empathy for the plight of others (Bowlby 150
1969). All these risk factors could contribute to later 151
adolescent violence perpetration in the community. 152

In addition, for adolescent victimization, family 153
systems theory attempts to explain how violence in 154
the community could drain the entire family's emo- 155
tional and physical resources, and thus, elevate tensions 156
and conflict among family members. On the other 157
hand, well-functioning families, together with positive 158
family relationship characteristics, would provide 159
protective effect against the adverse consequences of 160
victimization (Gorman-Smith et al. 2000). 161

Ontogenic system. Several theories are often 162
discussed to explain adolescents' physical, emotional, 163
and cognitive adaptations as consequences of exposure 164
to community violence. From the developmental psy- 165
chopathology perspective, the outcomes of exposure to 166
violence are determined by all the interactions between 167
the adaptation characteristics of individual adolescents 168
and the context in which that individual is exposed to 169
violence. Disruptions in development may include 170
long-term physical harm, cognitive and academic 171



172 delay, disruptive behaviors in classroom, and problem
173 with peers.

174 Exposure to violence in the community has been
175 found to be connected with adolescent subsequent
176 externalizing behaviors, aggression, and other behav-
177 ioral problems. Social learning theory (Bandura 1977)
178 clearly explains this mechanism such that adolescents
179 who observed or experienced violence would, in turn,
180 model violent behaviors. In this view, violent behavior
181 comes about as a result of the victimization experiences
182 of perpetrators, either in a longer developmental con-
183 text or as precipitating incidents. For example, a report
184 by the US Secret Service Report (Vossekuil et al. 2000)
185 found that being bullied at school was a risk factor for
186 future bullying and serious incidents of violence. They
187 found that three quarters of school shooters had experi-
188 enced bullying prior to committing acts of extreme
189 violence.

190 Trauma theory (De Bellis 2001), points out that
191 exposure to violence could have a great impact on
192 adolescents' physical health (Scarpa et al. 2008) and
193 psychological well-being. These effects can be of suffi-
194 cient severity that not only can adolescents develop
195 depressive, anxiety symptoms, and internalizing behav-
196 iors (Chen in press), but also, subsequent development
197 of adverse health behaviors such as PTSD, suicidal
198 ideation and behaviors, personality disorders, and
199 substance abuse (Cooley-Strickland et al. 2009).

200 Furthermore, the ecological transactional model
201 provides a broader theoretical context that supports
202 the risk and resilience perspective. The resiliency
203 framework suggests that adolescent vulnerability to
204 health-compromising outcomes is affected both by
205 nature and number of stressors as well as by the pres-
206 ence of protective factors that buffer the impact of
207 those stressors.

208 **Risk/Protective Factors for Violence** 209 **Perpetration and Victimization in** 210 **Community Environments**

211 In the discussion of youth violence and victimization in
212 the community, multiple predictors across various sys-
213 tems are salient. In contrast to youth violence victimi-
214 zation, the research on youth violence perpetration is
215 larger and more detailed in its specification of factors.
216 However, it is possible to identify similarities in risk
217 and protective factors for both victimization and
218 perpetration.

219 *Risk and Protective Factors in the Macrosystem (Soci-*
220 *etal Characteristics)*. At the macro level, the presenta-
221 tion of violence in popular culture (e.g., films, video
222 games) often conveys the use of violence as an accept-
223 able and often preferable means to settle problems. In
224 a report by the Surgeon General (2001), media violence
225 was suggested as one of the multiple contributing risk
226 factors for violent behaviors during later adolescence
227 stage or young adulthood (Department of Health and
228 Human Services 2001). Huesmann et al. (2003) con-
229 firmed the longitudinal connection between childhood
230 media-violence viewing and juvenile as well as adult
231 aggressive behaviors. Additionally, Boxer et al. (2009)
232 reported that violent media consumption during child-
233 hood and adolescence was predictive of individual vio-
234 lent behavior and general aggression. From the
235 standpoint of general social norms, the US manifests
236 ambivalence about the appropriateness of violence
237 with the glorification of violence in many forms
238 of entertainment contradicted by zero-tolerance
239 principles in place in many formal institutions.

240 *Risk and Protective Factors in Exosystem (Contextual*
241 *Characteristics)*. Residence location is one of the key
242 contextual factors when discussing adolescent exposure
243 to community violence. High concentration of poor
244 residents and diminished economic opportunities
245 increase the risk of youth violence perpetration and
246 victimization. Adolescents from densely populated
247 urban disadvantaged neighborhoods are exposed to
248 violence at a higher rate than those living in less disad-
249 vantaged contexts (Chauhan and Reppucci 2009;
250 Gibson et al. 2009). Moreover, they exhibit higher
251 rates of emotional distress and PTSD as a result of
252 exposure to violence in these communities. Depending
253 on the individual neighborhood context, community
254 resources such as "Boys and Girls Clubs," churches,
255 libraries, and youth services within neighborhoods
256 may serve as a protective factor against victimization
257 (Gibson et al. 2009).

258 *Risk and Protective Factors in Microsystem (Family*
259 *Characteristics)*. While dysfunctional, low socioeco-
260 nomic status families can increase the risks of
261 adolescent victimization (Grant et al. 2005; Stein et al.
262 2003; Hanson et al. 2006), families with high levels of
263 intimacy, positive parent-child relationship, and
264 adequate parental monitoring could reduce the risk of
265 youth victimization and violence perpetration
266 (Lambert et al. 2005; Gorman-Smith et al. 2004).



267 Esbensen et al. (1999) analyzed the Denver Youth
268 Survey and found that family context, particularly fam-
269 ily involvement, parental monitoring, and attachment
270 to parents mediate adolescent victimization. Using data
271 from the National Longitudinal Study of Adolescent
272 Health (Add Health), Schreck and Fisher (2004)
273 revealed in their study that the strongest family-related
274 predictors of violence victimization are family climate
275 and parental connectedness with their children. Also,
276 from the same data set, Brookmeyer, Fanti, and
277 Henrich (2006) discovered that parent-child connect-
278 edness could buffer adolescents from the effects of
279 victimization on subsequent violent behavior.

280 *Risk and Protective Factors in Ontogenic System*
281 (*Adolescent Individual Characteristics*). A number of
282 adolescent individual characteristics such as male gen-
283 der (Chan et al. 2004; Kennedy 2008), ethnic-minority
284 status, and greater age (Voisin et al. 2007; Weist et al.
285 2001) are associated with greater risk of serious victim-
286 ization and perpetration. Likewise, among the personal
287 attributes of the adolescent that might be expected to
288 elevate risk for exposure to community violence are
289 their respective own risk-taking behaviors, cognition,
290 as well as academic functioning. Involvement in violent
291 behaviors and affiliation with delinquent peers
292 increase the risk of witnessing community violence
293 (Halliday-Boykins and Graham 2001), and prior delin-
294 quent involvement increase the risk of victimization
295 (Gibson et al. 2009).

296 In addition, aggressive behaviors during childhood
297 (Boyd et al. 2003), antisocial beliefs and attitudes, his-
298 tory of violence involvement (Resnick et al. 2004),
299 nonviolent delinquency (Chan et al. 2004), increased
300 life stress (Weist et al. 2001), and substance abuse
301 (Mulvey et al. 2006) all increase risk for youth violence.
302 There is some evidence that low self-control not only
303 increases the risk for delinquency trajectories (Jennings
304 et al. 2010), but also exposure to community violence
305 (Gibson et al. 2009). In their study using longitudinal
306 data from Gang Resistance Education and Training
307 (G.R.E.A.T.) project, Jennings and others found that
308 there is significant overlap between victims of physical
309 violence and offenders over time, and that certain
310 covariates including low self-control significantly
311 discriminate victim and offender adolescent groups.

312 Furthermore, dangerously violent adolescents
313 reported higher levels of exposure to violence and vic-
314 timization than did matched-controls. Among them,

females were more likely to score in the clinical range of
depression, anxiety, posttraumatic stress, anger, and
dissociation than were control females and violent
males; they also had significantly higher levels of
suicide potential (Flannery et al. 2001).

Current Approaches in Dealing with Community Violence for Adolescents

Although the top priorities for adolescent victims of
violence are the provision of appropriate healthcare
and mental health services (Zun and Rosen 2003),
much attention given to victimized adolescents is
often limited to the treatment of their physical injuries.
Large proportions of victimized adolescents who experi-
ence emotional distress do not receive help from any
mental health professional as most of them lack the
knowledge about, or pathways to, mental health ser-
vices (Guteman et al. 2003). This problem is exacer-
bated by parents greatly underestimating their
children's exposure to violence and the subsequent
psychological distress (Ceballo, et al. 2001). In the
same study, Ceballo and others discovered that better
mother-children communication and agreement on
the level of exposure is significantly associated with
lower PTSD and internalizing behaviors. Hence, it is
recommended that mental health professionals should
promote interaction between children and their
parents, eliminating communication barriers that
might prevent early detection of mental illness and
subsequent violent behaviors.

Psychotherapy, group counseling, and other ser-
vices that provide support to victims of violence and
their families have been widely adopted as the primary
treatment model (Carlson 2005; Sieger et al. 2004;
Wall and Levy 2005). These evidence-based interven-
tion efforts focus on the enhancement of various cop-
ing strategies such as proactive coping, and engage in
self-esteem enhancing activities of victims and positive
reappraisal of events, sometimes with family members,
after they have experienced these traumatic events
(Aisenberg and Ell 2005; Brady et al. 2008; Kliwer
et al. 2006; Kliwer et al. 2004). Brady et al. (2008)
found that exposure to community violence was not
associated with violent behavior over time among those
adolescents who have good coping skills. Adolescents
considered as coping effectively would attempt to
negotiate with others instead of being aggressive,
engaged in sports, arranged to relocate to nonviolent



362 neighborhood, and most importantly of all, cultivate
363 strong self-esteem.

364 Important to the discussion of interventions in
365 community violence, is the recognition that the major-
366 ity of effort has been placed on the *prevention* of vio-
367 lence. The development of key strategies of violence
368 prevention is guided by the focus on reducing, or better
369 still, eliminating risks, and enhancing protective factors
370 against violence in the social environment – the com-
371 munity settings of adolescents. Recent studies (Zeldin
372 2004; Griffith et al. 2008) call attention to the need to
373 leverage community mobilization and capacity build-
374 ing as a critical approach to creating violence preven-
375 tion programs. Also important are those strategies that
376 focus on increasing self-control, motivation, effective
377 social cognitive problem-solving, and conflict resolu-
378 tion skills of adolescents themselves so as to lower the
379 possibility that they would exhibit violent behaviors
380 and reduce the risk of victimization.

381 The 5-year CDC Multisite Violence Prevention Pro-
382 ject (Multisite Violence Prevention Project 2004) is
383 a major violence prevention project that was
384 codeveloped by four major universities nationwide
385 and has incorporated the violence prevention strategies
386 mentioned earlier. Building on the Great Schools and
387 Families Program, it comprises three distinctive pro-
388 grams that could either be a universal intervention or
389 a targeted intervention. First, with a universal
390 approach, the GREAT Student Program assists students
391 from the sixth grade to develop social, emotional, and
392 cognitive skills to handle conflicts and enact prosocial
393 behaviors. Likewise, the GREAT Teacher Program aims
394 to empower teachers of these children to facilitate
395 problem resolution behaviors and prevent aggressive
396 behaviors of their students. On the other hand,
397 narrowing to a targeted approach, the GREAT Families
398 Program, which is limited to those who had been
399 identified as high-risk adolescents, intends to improve
400 parenting, problem-solving, and communication skills
401 of their parents.

402 In addition, using organizational empowerment
403 theory and emphasizing community-level interven-
404 tions, the Michigan's Youth Violence Prevention Center
405 attempts to prevent youth violence by employing
406 a community mobilization strategy and collaborative
407 partnerships among various organizational structures
408 (Griffith et al. 2008). Examples of other notable pre-
409 vention programs are available in *Best Practices of Youth*

Violence Prevention: A Sourcebook for Community 410
Action published by Centers for Disease Control and 411
Prevention (2002), *American Journal of Preventive* 412
Medicine (2008) special issues on violence prevention, 413
and the review by Herrenkohl (2003). 414

415 **Limitations of Current Understanding** 416 **of Community Violence and Future** 417 **Research Direction**

418 Controversies continue about the operational defini-
419 tion and measurement of community violence such
420 that effective evaluation and comparison of findings
421 across studies could be very challenging (Guterman
422 et al. 2000; Trickett et al. 2003). For example, there
423 are disagreements about how to consider “threatening
424 acts,” which do not inflict physical injury but possible
425 emotional distress violence. Also, various researchers
426 have different opinions about whether incidents such
427 as sexual victimization, hearing or witnessing violent
428 events, substance abuse, and others should be included
429 in the measurement of exposure to community vio-
430 lence of their studies. Hence, it is recommended that
431 future research should explicitly state their operational
432 definition and measurement of utilization, and aim to
433 identify different modes of victimization – being
434 a victim, witnessing the violent act, or hearing about
435 the violent event – and their effect on adolescent health
436 outcomes.

437 Another major gap in the literature is the inade-
438 quacy of the incisive study of protective factors that
439 could potentially shield adolescents from victimization
440 in the exosystem. This could hinder the formulation of
441 effective intervention programs that address adoles-
442 cents' risk in the community context. Worse yet, little
443 is known about community violence in rural areas
444 although nearly 42% of the US population lives in
445 areas where population is less than 200,000 (Federal
446 Highway Administration 2004). Much of the current
447 studies related to community violence are based on
448 studies in inner-city, urbanized neighborhoods. It is
449 hoped that by better understanding these populations,
450 healthcare professionals and policy makers can better
451 implement universal interventions across a wider
452 population.

453 Despite important progress, much research needs
454 to be done. Few studies (e.g., Dillenburger et al. 2008)
455 explore the effectiveness and evaluate the outcomes of
456 various interventions and treatment services for

457 victims of violence. Such research would be essential to
 458 creating better quality and cost-effective interventions
 459 in the future and better address the pressing problem of
 460 community violence.

461 Cross-References

- 462 ▶ Intervention
- 463 ▶ Perpetration
- 464 ▶ Risk and Protective Factors
- 465 ▶ Victimization
- 466 ▶ Violence

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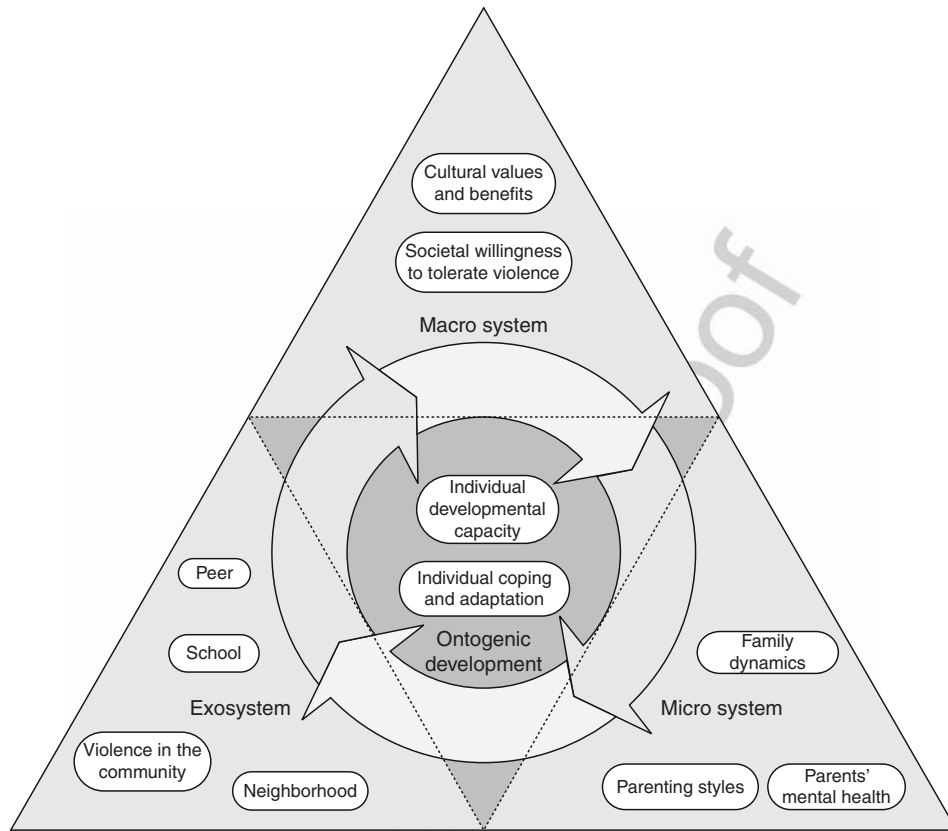
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Community Violence. Fig. 1 An ecological transactional perspective on adolescent's exposure to community violence