International Journal of Emergency Mental Health and Human Resilience, Vol.23, No.3, pp34-39 ©2021 OMICS International ISSN1522-4821

Differential Impact of Community Violence Victimization on Internalized and Externalized Youth Behavior

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AbSTRACT: *The present study aims to identify the impact of direct, indirect and contextual victimization of community violence on externalized and internalized behavior symptoms in young people. The participants were 1,500 students from four universities in northern and central Mexico participated in the study 988 were women and 512 men, with an average age of 20.8 years. Students responded to the HSCL-A questionnaire that measures internalizing and externalizing symptoms, the checklist of direct and indirect exposure to community violence, and the CVCV questionnaire that measures contextual victimization of community. The results indicate high rates of direct, indirect y contextual victimization as well as statistically significant differences between victims and non-victims. Linear regression by stepwise indicated that the three variables studied serve as predictor elements for the appearance of internalizing and externalizing symptoms.*

KEYWORDS: *Community Violence, Youth, Symptoms Internalizing, Symptoms Externalizing*

INTRODUCTION

Worldwide violence is considered a public health problem and a violation of human rights (Daviene & DalBosco, 2017) since it affects all sectors of the population and has consequences for the physical and psychological health of people. According to the World Health Organization (WHO, 2014) more than 1.3 million people die each year as a result of violence in any of its forms, and tens of thousands more are non-fatal victims of it.

For people aged 15 to 44, violence is the fourth leading cause of death worldwide (WHO, 2014), with young people being one of the most vulnerable populations. Young people, due to their evolutionary characteristics in their search for socialization and independence, spend more time outside the home and have access to a greater variety of environments, and they are more exposed to community violence of which they are often victims.

Community violence is a form of interpersonal violence that occurs between unrelated people who may or may not know each other and it usually occurs outside the home (Foege et al., 1995; WHO, 2002); an example of the above is exposure to firearms, knives, drugs and encompasses all types of crime such as assaults, rapes, robbery, kidnapping, and homicides (Kennedy & Ceballos, 2014). This type of violence is characterized by taking place in the environments closest to the people who suffer it.

Concerning the above, community violence in Mexico has increased at an alarming rate in recent years, which is reflected in the results of the 2019 National Survey of Victimization and Citizen Perception (National Institute of Statistics, Geography, and Information Technology, INEGI, 2020) which reported 23.3 million victims over 18 years of age with a national rate of 24,849 victims per 100,000 inhabitants. Given its high incidence, community violence in Mexico today is considered a daily occurrence, a routine event that people have learned to live with, and impacts them only when they are direct victims or when its magnitude and severity causes visible damages.

In particular, exposure to community violence in young people has become a significant public health problem given the negative consequences on the various aspects

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of adolescent development and adjustment. Research in this regard (Almeida et al., 2013) has shown that not only being a victim but also witnessing or hearing about violent events represents a risk factor for developing pathological symptoms. In this sense, studies regarding victimization indicate that proximity to violence is an important factor in determining the severity of the results for young people in such a way that more direct exposure to violence is related to more harmful results than are more indirect ways (seeing and hearing) about violence (Chen et al., 2017; Pierre et al., 2020; Taylor, 2016). Direct exposure refers to direct victimization that includes people who have personally experienced violence; indirect forms include two types of victimization: first, a secondary victimization that affects the victims' relatives or close friends, and second, contextual victims, those people who are affected by the violent conditions that surround them without having been directly affected (Echeburúa, 2004).

In this regard, Benetti et al., (2014) indicate that there are negative consequences of being exposed to community violence mainly seen in externalized conducts that consist of aggressive and antisocial behaviors, alcohol and substance abuse as ineffective ways for coping with an intolerable situation. Likewise, there are internalizing behaviors that are expressed through depressive symptoms, low energy, and motivation, as well as intrusive thoughts.

Ford et al., (2011) and Taylor et al.. (2016), found that community violence experienced in the first person increases the possibility of externalizing problems. Young people can respond to direct violence with maladaptive behaviors such as alcohol and substance abuse, risky sexual behaviors, self-destructive conducts, and aggressive behaviors (Cisler et al., 2012). Particularly young people who have experienced physical injuries as compared to those who have not experienced them have more anger issues (Dubé et al., 2018). Thompson et al. (2020) found an exception to the above that secondary victims reported a stronger association with problematic behaviors that contradicts previous studies; they justify it in the sense that young people from urban environments have fewer opportunities to speak with their parents about the events they witnessed, which makes it difficult for them to process the experience and therefore they externalize it.

For their part, Fowler et al. (2009), Heleniak et al. (2017); Lambert et al. (2012) found that indirect exposure is associated with higher levels of internalizing problems, including symptoms of depression and anxiety. As such Gallub et al. (2019) found a high prevalence of symptoms of post-traumatic stress and depression in secondary victims. Concerning the latter, it is observed that young people can become insensitive or repress these symptoms since expressing these can increase the probability of direct victimization (Cassidy et al., 2005; Gaylord-Harden NK, & Dickson, 2016).

At a general level, the studies focused on direct to indirect victimization, and little is known about how community violence is related to the mental health of young people regardless of these two types of victimization (Cuartas et al., 2019). The foregoing is important since it is known that learning about a violent act or simply living in a violent area (contextual victimization) impacts mental health (Sharkey, 2014), especially because it implies exposure to repeated, continuous traumatic and ongoing situations, which is considered type III trauma (American Psychiatric Association, 2013) since it can develop in one of three broad contexts: (1) ongoing conflict and war context (s), (2) displacement due to persecution or conflict and xenophobia, or (3) living in communities with chronic violence (Eagle et al., 2012). According to Cole et al. (2020) living in a community where there is continued potential for danger leads young people to experience their transition to independence with a general distress level that may persist as they make decisions and seek to become increasingly independent at work and in life. Thus, although indirectly it is inferred that contextual victimization is related to internalized symptoms.

This is why the present study aims to identify the impact of direct, indirect and contextual victimization of community violence on externalized and internalized behavior symptoms in young people.

METHOD

PARTICIPANTS: 1,500 students from four universities in northern and central Mexico participated in the study 988 were women and 512 men, with an average age of 20.8 years. All the participants were volunteer students from various careers and four Mexican universities located in four Mexican states considered violent; all of them were Mexican, Spanish-speakers, and of various socioeconomic levels (high level 7.2%, medium-high level 14%, medium level emerging 53.8% and low level 25%)

INSTRUMENTS: Adaptation of the HSCL-A scale (Mels & Trías, 2014)

It is a Likert-type scale with four response options ranging from "never" to "always", with 36 items that are grouped into three factors called externalizing factors (e.g., you get angry quickly), depression (ex., you start to cry easily), anxiety (e.g., you feel restless, you are unable to stand still). The scale has a 33.4% explained variance and Alpha .92 for the scale as a whole.

Direct and indirect victimization checklist (Ruiz, 2007).

There are two checklists with dichotomous options of "yes" or "no", the list of direct victimization consists of 15

items (e.g., physical aggression or threats) and the indirect victimization list consists of 17 items (e.g., homicide of a relative or close acquaintance).

Contextual Victimization Questionnaire (VCVC) (Gurrola et al., 2018)

It is a Likert-type scale with five response options ranging from "never" to "very frequent", with 25 items that are grouped into four factors called the general contextual victimization factor (ex., I have heard that in places where I usually have fun, someone has been shot), contextual victimization in the neighborhood (e.g., I have heard that in my neighborhood someone has been kidnapped), contextual victimization in recreational areas (e.g., I have seen how they have wounded a person (s) with weapons in the places I go often) and contextual victimization at school (e.g., I have heard that at my school someone has been stabbed). The scale has a 39.1% explained variance and Alpha .92 for the scale as a whole, the confirmation factor analysis shows adequate indices of goodness of fit.

ANALYSIS OF DATA

Statistical analyses were performed using the SPSS statistical package version 26.0. First, a t-test was performed to measure the differences and their effect size between the groups that have been victims and non-victims in the variables of externalized behaviors, depression, and anxiety.

Finally, a linear step-by-step regression was carried out to estimate the weight and direction of the independent variables (direct victimization, indirect victimization, and contextual victimization), when symptoms of anxiety, depression, and externalized behaviors appear in young victims of community violence.

RESULTS

The main results indicate that all the participants in the study have suffered some type of victimization by community violence; direct victims report having experienced an average of 2.4 (SD 2.4) crimes, indirect victims report an average of 6 (SD 4.1) crimes, and contextual victims report an average of 8.6 (SD 1.4) crimes.

Regarding the differences between victims and non-victims and the variables of psychopathological symptoms, the following was found. Regarding anxiety, a statistically significant difference was found t (1504) = 5.48, p <.001, where the group of direct victims reported a higher mean (M = 6.62, SD = 4.52) than those people who had not been direct victims of community violence (M = 4.20, SD = 4.05). The size of the effect was d = .55 which indicates that the difference is moderate. Regarding indirect victimization, a statistically significant difference was also found t (1505) = 4.74, p <.001, where the group of indirect victims reported a higher mean (M = 5.43, SD = 4.42) than the people who they had not been indirect victims (M = 3.63, SD = 4.35). The effect size was d = .48 indicating a moderate difference. Lastly, regarding contextual victimization, a statistically significant difference t (1504) = 6.05 was found. P <.001, where the group of contextual victims reported a higher mean (M = 5.65, SD = 4.59) than those who were not contextual victims (M = 4.06, SD = 3.69). The effect size was d = .36 indicating a moderate difference.

Regarding depression, a statistically significant difference was found t (1504) = 5.73, p <.001, where the group of direct victims reported a higher mean (M = 7.37, SD = 6.08) than those people who had not been direct victims (M = 5.37, SD = 5.41). The effect size was d = .48 which indicates that the difference is moderate. Regarding indirect victimization, a statistically significant difference was found t (1505) = 5.33, p <.001, where indirect victims showed a higher mean (M = 7.12, SD = 5.96) than people who had not been victims indirect (M = 4.40, SD = 5.38). The effect size was d = .46 indicating a moderate difference. Finally, regarding contextual victimization, a statistically significant difference was found t (1504) = 7.11, p <.001, where the group of contextual victims reported a higher mean (M = 7.47, SD = 6.17) than those people who are not contextual victims (M = 4.98, SD = 4.88). The effect size was d = .45 indicating a moderate difference.

Regarding externalized behaviors, a statistically significant difference was found t (1504) = 4.88, p <.001, where the group of direct victims showed a higher mean ratio (M = 4.44, SD = 3.79) than the people who had not been direct victims (M = 3.36, SD = 3.67). The effect size was d = .29 indicating a small difference. Regarding indirect victimization, a statistically significant difference was also found t (1505) = 2.12, p = .034, where the group of indirect victims showed a higher mean (M = 4.23, SD = 3.73) than the people who had not been indirect victims (M = 3.54, SD = 4.25). The effect size was d = .18 indicating a small difference. Finally, regarding contextual victimization, a statistically significant difference was found t (1504) = 7.05, p <.001, where the group of contextual victims reported a higher mean (M = 4.55, SD = 3.98) than those people who are not contextual victims (M = 2.98, SD = 2.80). The effect size was d = .37 indicating a moderate difference.

The models resulting from regression by successive steps of the predictor variables for developing anxiety indicate that the first model of contextual victimization, indirect victimization, and direct victimization explains 23.1% of the study phenomenon (Tables 1 and 2). It was found that there is no multicollinearity among the variables; the residuals are normally distributed and do not correlate with predictor variables

4. Predictor variables: (Constant), contextual victimization, indirect victimization, direct victimization

Regarding the models resulting from regression by successive steps of the predictor variables for developing depression indicate that the second model of contextual victimization and indirect victimization explains 22.1% of the study phenomenon (Tables 3 and 4). It was found that there is no multicollinearity among the variables; the residuals are normally distributed and do not correlate with predictor variables

a. Predictor variables: (Constant), contextual victimization, indirect victimization, direct victimization

b. Predictor variables: (Constant), indirect victimization, contextual victimization.

Regarding the models resulting from step-by-step regression of the predictor variables for developing externalized behaviors indicate that the second model of contextual victimization and direct victimization explains 29.4% of the study phenomenon (Tables 5 and 6) . It was found that there is no multicollinearity among the variables; the residuals are normally distributed and do not correlate with predictor variables

a. Predictor variables: (Constant), contextual victimization, indirect victimization, directs victimization

b. Predictor variables: (Constant), direct victimization, contextual victimization.

Table 1.

Prediction models for developing psycho-pathological symptoms.

Model	R	R squared	Δ R2	p
1	.409	.231	.231	< .001

Table 2.

Prediction β model values of the prediction model for developing anxiety symptoms.

	Beta	t	sig
Constant	.	5.970	< .001
Direct victimization	.266	2.282	.024
Indirect victimization	.280	2.800	.005
Contextual victimization	.360	6.028	< .001

Table 3.

Prediction models for the development of psycho-pathological symptoms.

Model	R	R squared	Δ R2	p
1	.342	.188	.188	< .001
2	.393	.221	.033	< .001

Table 4.

Prediction model β values of the prediction model for developing depression symptoms.

	Beta	t	sig
Constant		6.369	< .001
Indirect victimization	.256	6.011	< .001
Contextual victimization	.224	4.767	< .011

Table 5.

Prediction models for developing externalized behaviors.

Model	R	R squared	Δ R2	p
1	.473	.274	.274	< .001
2	.502	.294	.020	< .001

Table 6.

Prediction model β values for developing externalized behaviors.

	Beta	t	sig
Constant		2.921	.004
Direct victimization	.211	9.314	< .001
Contextual victimization	.441	4.306	< .001

DISCUSSION

The high prevalence of victimization due to community violence highlights the seriousness of the problem, confirming the idea that it is currently a public health problem, even more so because the victims are young people make us think about generations where violence is seen as something normal or that affects their mental health. Likewise, anxiety, depression, and externalized behaviors marks the difference between victims and non-victims of community violence, and Pérez et al., mention this (2016) in view that community violence affects the mental health of young people. This problem, combined with the high prevalence of community violence, constitute the public health problem mentioned by Daviene and DalBosco (2017).

Regarding the variables that explain anxiety, the results indicate that three types of victimization (direct, indirect and contextual) are present, which contradicts what was reported by Ford et al. (2011), Taylor et al. (2016) and Thompson et al. (2020) since they associate direct and indirect victimization with externalized behavior and not with anxiety. This may be explained by the fact that contextual victimization appears in the model, which according to Cole et al. (2020) being aware of living and developing in dangerous areas generates a high level of anguish in young people. In addition, the continuous stress of living with and hearing that crimes are being committed in nearby environments with the consequent risk of being a direct victim increases emotional reactivity and emotional regulation mechanisms, which is why young people may develop internalized symptoms (Heleniak, 2017).

Regarding the model that helps to explain depression in young victims of community violence, it was found that secondary victimization is present, which coincides with what was found by Gallub et al. (2019) and Heleniak et al. (2017) in fact, Javdani et al. (2014) tend to attribute the appearance of these symptoms to people whose family members have suffered violence, putting a name and a face to direct victims can give rise to feelings of helplessness while breaking the typical sense of invulnerability of young people, which contributes to the onset of depressive symptoms. Contextual victimization is also present, which coincides with Cole et al. (2020), the latter being a chronic and generalized phenomenon that can cause strong feelings of insecurity and hopelessness (Kennedy and Ceballos, 2014), which in the long run leads to the appearance of depressive symptoms.

Finally, with regard to externalized behaviors, it was found that direct victimization and contextual victimization contribute to explaining said behaviors according to Ford et al. (2011) and Taylor et al. (2016). These types of victimization appear to activate certain cognitive and emotional mechanisms that can trigger reactive and proactive aggression (Chaux et al., 2012). Reactive violence as a form of self-defense against real violence or as a response to hostile intentions attributed to others and proactive violence by desensitizing daily violence, learning violent models of daily interaction, or as a manifestation of learning that these behaviors help them to achieve certain goals.

The main limitation of the present study is related to the type of study since, because it is a cross-sectional study, it only accounts for the symptoms of young people at this time and does not account for the possible evolution of the symptoms as a longitudinal study would. There is some evidence that the symptoms associated with community violence go through changes during the transition from childhood to adolescence and from adolescence to youth (Ford et al., 2011), however, what happens with these symptoms during the transition from youth to adulthood is not known.

The results suggest that public policies in the area of violence should consider exposure to violence as an important aspect that should be part of prevention and intervention, and to preserve mental health in society.

ACKNOWLEDGMENTS

This work was funded by the Professional Teaching Development Program of The Secretariat of Public Education, Mexico.

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