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The Importance of Family to Youth Living in Violent Communities

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Abstract

The purpose of this study was to investigate family functioning in the relationship between community violence exposure and 1) self-esteem and 2) confrontational coping in a sample of urban youth. Adhering to the tenets of community based participatory research, academic and community partners collaborated on a cross-sectional study with 110 community dwelling urban youth, ages 10–16 living in a city located in the Northeastern United States. As part of a larger survey, this analysis included selected items on lifetime community violence exposure, family functioning, self-esteem and use of confrontational coping strategies in response to community violence. Over 90% of the youth reported some type of lifetime community violence exposure. Controlling for age and gender, older youth and those with healthier family functioning had higher self-esteem; community violence exposure was not associated with self-esteem. Healthier family functioning was associated with decreased use of confrontational coping, though increasing amounts of community violence exposure was still associated with increased confrontational coping. Family can be protective in violent environments. Results from this study directly informed an intervention aimed at youth violence prevention. This study highlights how psychiatric and mental health nurses may be able to address the complex interplay of factors for youth living in violent environments.

Keywords

Community violence; coping; family; self-esteem; youth

Growing up in violent environments interferes with youth development and contributes to health inequities (Council on Community Pediatrics & Committee on Native American Child Health, 2010). Consistent literature identifies the relationship between community violence exposure (CVE) and internalizing and externalizing symptoms in urban youth (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009). Community violence does not affect all urban youth equally, however, and the factors that are protective and aid in healthy development warrant further investigation. Psychiatric and mental health nurses working with youth in areas of pervasive violence may be able to address the complex interplay of factors that can affect psychosocial development. We examined key areas of contextual risks and assets in relation to positive and negative youth outcomes. Little is known about the role of the family in relation to youth outcomes such as self-esteem and confrontational coping in the context of CVE. Addressing the contextual interplay of risks (CVE) and assets (family functioning) for both positive (self-esteem) and negative (confrontational coping) outcomes for youth in violent environments can elucidate a more nuanced understanding of development and how to tailor interventions for at-risk youth.

Methods

This study adheres to the tenets of a community based participatory research model as part of the Philadelphia Collaborative Violence Prevention Center (PCVPC). The PCVPC is an Urban Partnership Academic Center of Excellence funded by the Centers for Disease Control and Prevention which brings together academic and community partners to design, implement, and evaluate programs to enhance the resiliency of communities affected by violence (Philadelphia Collaborative Violence Prevention Center, n.d.). Three neighborhoods in West/Southwest

Philadelphia were the focus of the PCVPC because of the high crime rates, high youth homicide rates, and high numbers of juvenile arrests for drug-related offenses. These neighborhoods are predominately low-income and African American. As part of a larger cross-sectional study design examining assets and stressor in youth, a convenience sample of 110 youth was recruited from community settings and recreation centers in West/Southwest Philadelphia. The analysis presented here focuses on survey items for CVE, family functioning, self-esteem, and confrontational coping. Parental consent and youth assent were obtained. Youth responded to a paper and pen survey. The results of the larger study were intended to inform a larger primary prevention intervention trial within the PCVPC to reduce youth violence. Consistent with community based participatory research, academic and community partners collaborated every phase of the research design. The Institutional Review Board at the University of Pennsylvania approved this study.

Community Violence Exposure

CVE was assessed using the Children's Report of Exposure to Violence (Cooley, Turner, & Beidel, 1995). Fourteen questions using a five-point Likert scale on lifetime exposure to witnessing community violence and victimization by violence in the community were included (possible range: 0–54).

Family Functioning

The 12-item (4-point Likert Scale) General Functioning scale of the McMaster Family Assessment Device (FAD) was used to assess perception of six dimensions of family functioning: problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control (possible range: 1–4) (Epstein, Baldwin, & Bishop, 1983). Lower scores indicate healthier functioning. In our study, youth self-defined family.

Self-Esteem

The Hare Area-Specific Self-Esteem Scale is a 10-item (4-point Likert Scale) questionnaire that measures youths' feelings about their worth and importance among peers, as students, and as family members (Shoemaker, 1980). Scores on peer, student, and family self-esteem are averaged together for a total score on general self-esteem (possible range 1–4).

Confrontational Coping

Coping with Community Violence Exposure was used to assess how youth cope behaviorally with CVE (Rosario, Salzinger, Feldman, & Ng-Mak, 2003). Yes/no questions (n=5) assessing confrontational coping strategies (e.g. carry a weapon) were used in analysis.

Data were analyzed using descriptive statistics, means and standard deviations (SD), bivariate correlations, and multinomial least-squares regression.

Results

The sample had an average age of 13.1 (sd 1.97), was 46% male, and was 96% African American. Table 1 reports descriptive statistics of key study variables.

Over 90% of the youth reported some type of CVE (victimization and/or witnessing) in their lifetime. In bivariate relationships, increased CVE was associated with: lower self-esteem ($r = -.22$, $p = .03$); increased use of confrontational coping ($r = .49$, $p < .001$); and unhealthy family functioning ($r = .29$, $p < .01$). Healthy family functioning was associated with: increased self-esteem ($r = -.72$, $p < .001$); and decreased use of confrontational coping ($r = .35$, $p < .001$). Table 2 reports the regression models for self-esteem (Model 1) and confrontational coping (Model 2).

In Model 1, controlling for age and gender, older youth and those with healthier family functioning had higher self-esteem ($F = 30.11$, $p < .001$). CVE was no longer associated with self-esteem. In Model 2, healthier family functioning was associated with decreased use of confrontational coping, though increasing amounts of CVE was still associated with increased confrontational coping ($F = 13.25$, $p < .001$).

Discussion

Results in our sample of predominately African American youth living in environments of pervasive violence indicate that family matters. Family acts as a protective factor for self-esteem for youth exposed to increasing community violence: healthier family functioning was associated with better self-esteem. Although healthy family functioning was associated with decreased confrontational coping, CVE held greater relative importance. Confrontational coping strategies used in response to CVE such as carrying a weapon or joining a gang can be ineffective and perpetuate the cycle of violence (Rosario, Salzinger, Feldman, & Ng-Mak, 2008). Youth describe ways in which they use strategies for safety in violent communities, and honing in on healthy ways to deal with CVE is needed (Teitelman,

et al., 2010). Further research is warranted to determine how to work with youth to use more positive coping strategies in response to CVE. Limitations with this analysis include the cross-sectional design and convenience sampling which affect the generalizability of results.

Examining both positive and negative domains of youth development in relationship to CVE is critical to understanding how youth are doing well while living in violent environments and provides essential information for the development of programs aimed at youth development. Psychiatric and mental health nurses working with youth exposed to varying levels of violence have the opportunity to capitalize on assets that augment healthy development. Intervening in the pathways to promote healthy self-esteem and coping skills in response to CVE is challenging yet critical. Consistent with the findings from our study, the youth violence prevention intervention trial with the PCVPC has a problem-solving, anger management component, as well as a leadership component for youth ages 10–14 (Leff, et al., 2010). Family is a point of intervention in this program, bringing in an important asset that can help augment healthy behaviors. The sustainability of violence programs is a critical goal of the PCVPC, and as such, targeting family as an asset for youth in violent environments can help to facilitate healthy outcomes in youth development that can be long-term and have a lasting impact.

The findings of this study also inform the practice of psychiatric and mental health nurses. Youth between the ages of 10–16 years are undergoing major developmental changes and when coupled with living within communities of pervasive violence, the challenges can be exacerbated. Although peer pressure assumes increasing importance as youth age, our findings reinforce that healthy (functional) families are important for healthy youth. Thus, the holistic focus of nurses on youth as members of family systems rather than a focus on the individual youth is time and effort well-spent.

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Table 1

Descriptive Statistics for CVE, Family functioning, Self-esteem and Confrontational Coping

Variable	Mean (sd)	Range	Cronbach alpha
CVE (witnessing and/or victimization)	7.07 (6.13)	0–33	.85
Family Functioning	1.95 (.53)	1–3.92	.85
Self-Esteem	3.19 (.54)	1.6–4	.84
Confrontational Coping	1.19 (1.50)	0–5	.76

Table 2

Results for Regression Models for Self-Esteem and Confrontational Coping

	Model 1: Self-Esteem	Model 2: Confrontational Coping
	β	β
Age	.18*	.09
Gender	.13	-.01
CVE (witnessing and/or victimization)	.05	.51*
Family Functioning	-.68*	.19*
R ²	.56	.36

Standardized betas are reported,

*
p<.05