INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

NOTE TO USERS

Page(s) not included in the original manuscript are unavailable from the author or university. The manuscript was microfilmed as received.

35, 41,42,43,51,52

This reproduction is the best copy available.

UMI

**The Developmental Effects of Community Violence in a Canadian Sample of Children:
Do We Have a Problem**

by Juliana Pulford

A thesis submitted to the faculty of graduate studies and research
in partial fulfilment of the
requirements for the degree of
Master of Arts,
Department of Psychology

Carleton University
August, 2001

**National Library
of Canada**

**Acquisitions and
Bibliographic Services**

**395 Wellington Street
Ottawa ON K1A 0N4
Canada**

**Bibliothèque nationale
du Canada**

**Acquisitions et
services bibliographiques**

**395, rue Wellington
Ottawa ON K1A 0N4
Canada**

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-66847-9

Canada

The undersigned recommend to the
Faculty of Graduate Studies and Research
Acceptance of the thesis:

"The Developmental Effects of Community Violence in a Canadian Sample of Children:
Do We Have a Problem?"

submitted by

Juliana Pulford

in Partial fulfillment of the requirements for
the degree of Master of Arts

Chair

Thesis Supervisor

Carleton University
June, 2001

Abstract

The purpose of this study was to determine if there was an effect of exposure to community violence on distress and behavioural outcomes in a sample of youth. The sample consisted of 52 youth (32 boys, 20 girls) from 3 communities in the Greater Toronto Area (GTA). All 3 communities were recognized as having higher levels of community violence, and youth workers all identified their youth as at risk. Participants were asked to complete a battery of measures which resulted in scores for exposure to violence, distress, internalizing symptoms, and externalizing symptoms. Data was analysed using multiple regression in order to determine the effect of exposure on distress and the behavioural scores. Gender and community were included in order to measure distress over and above effects due to either of these variables. Results showed that exposure did not predict distress over and above gender and community, but that there was an interaction between gender and exposure. Further analysis showed that for girls only, exposure to violence did predict exposure over any effect of community. Exposure was not a significant predictor of internalizing or externalizing scores for boys or girls. Furthermore, no main effect for gender on either of the behavioural measures. Results are discussed in the context of the literature and what this means for Canadian communities.

Acknowledgements

This has been a long and arduous process, and there were times it felt more like a degree in perseverance and stamina than in psychology. However, it is those difficult moments that makes completing this all the more sweet.

I want to thank Tina Daniels whose patience in this process was amazing. I would also like to extend great thanks to my committee members, Rob Coplan, Tim Pychyl, and Katherine Kelly being flexible and supportive when it meant the most to me.

My family have been wonderful and supportive during this, their support and love held me in one piece when I felt like I was cracking in two. My mother's sage advice to "take a breath, and go get a cappuccino" will no doubt continue to serve me well.

I must thank my friends especially, Annie, Zenya, and Leiko, who rallied behind me and yet managed to avoid asking me how things were coming!! Megan Poole and Shawna Silver, as well as providing invaluable technical support, kept me sane.

Most importantly though, I must acknowledge and give huge thanks to Lester Green, Marnie Smith, and Sulita Henry for their willingness to get involved and take time for this study. The programmes they run at their respective centres provide direction and support for many children and youth, making their role in the community invaluable.

Finally, I need to recognize the youth who participated in this study. Their level of interest varied, and I know the questionnaires seemed a tad long and repetitive. In fact many did not complete the questionnaires, and that is why I truly appreciate and am indebted to those fifty two who did finish the study.

As for me, I wear my grey hairs with pride!

Table of Contents

Abstract	i
Acknowledgements	ii
Table of Contents	iii
List of Tables	v
List of Appendices	vi
Introduction	
Prevalence of Community Violence in the United States	1
Prevalence Witnessing and Experiencing Violence.....	3
Community Violence: Developmental Implications	5
Socioeconomic Status and Development	7
Impact of Community Violence on Cognitive Development	9
Community Violence and Pathways to Delinquency	13
Community Violence and Post Traumatic Stress Disorder	16
Community Violence and the Role of the Family	19
Intervention Strategies	22
Canadian Communities	24
Purpose	25
Summary and Hypothesis	25
Method	
Participants	26
Community Characteristics	27

Materials	27
Procedure	31
Results	33
Descriptives	33
Gender Differences	40
Age Differences	40
Community Differences	42
Testing the Hypothesis	44
Discussion	
Gender Issues	52
Community Issues	54
Age Issues	55
Limitations in the Study	55
Answering the Question: "Do we have a problem"?	57
Conclusion	58
References	59

List of Tables

Table 1. Frequency of Categories of Violence Occurring	35
Table 2. Location of Violence when Exposure was Witnessed	36
Table 3. Locations of Violence when Exposure was Direct	37
Table 4. Gender Means on Predictor and Outcome Variables	38
Table 5. Correlation Matrix of Exposure and Outcome Variables	39
Table 6. Correlations Between Age and Predictor and Outcome Variables	41
Table 7. Community Means on Predictor and Outcome Variables	43
Table 8. Multiple Regression Analysis Summary for Variables Predicting Distress	45
Table 9. Multiple Regression Analysis Summary for Variables Predicting Distress in Girls	47
Table 10. Multiple Regression Analysis Summary for Variables Predicting Distress in Boys	48
Table 11. Multiple Regression Analysis Summary for Variables Predicting Externalizing Symptoms	49
Table 12. Multiple Regression Analysis Summary for Variables Predicting Internalizing Symptoms	50

List of Appendices

Appendix A- Youth Self Report	65
Appendix B- Checklist of Children's Distress Symptoms: Self-report	68
Appendix C- Survey of Exposure to Community Violence: Self-report	71
Appendix D- Parental Consent Form for Child Participant	86
Appendix E- Letter of Explanation for Parents	87
Appendix F- Oral Introduction for Participants	88
Appendix G- Participant Consent Form	89
Appendix H- Debriefing Letter for Participants	90

The Developmental Effects of Community Violence in a Canadian Sample of Children: Do We Have a Problem?

Community violence as a psychological issue has gained considerable notice in the past fifteen years. Increasingly, research is being done to establish the degree to which exposure to violence within one's community has an impact on development and behaviour. Children and youth are the primary focus of this research, as it is their development that is most at stake. The psychological implications of violence in children's lives is discussed within the context of social and cognitive development, family functioning, pathways to delinquency, and Post Traumatic Stress Disorder (PTSD). The implications for Canadian communities are also discussed. Because the research in this area has been conducted almost exclusively in the United States, the review of the literature will focus largely on results from American communities. However, one of the underlying motivators for this study is to examine the degree to which this research is relevant in informing issues of community violence in Canada.

Prevalence of Community Violence in The United States

Studies have shown that the number of homicides per 100,000 in the U.S. African American population is 85, compared to a ratio of 11.2 per 100,000 for White Americans (Richters, 1993). For Black males between the ages of 15 and 24 years, the leading cause of death in the United States is homicide. In Washington D.C., which has traditionally had the highest per capita homicide rate on the continent, the 1990 murder rate set an all time record high in the district's history (Richters and Martinez, 1993). Mental health workers in communities where most of the violence takes place, have brought to the attention of their colleagues the detrimental effects that exposure to this chronic violence is having on the children

that grow up in these communities and who must develop skills to cope with the intimidation and fear they may be experiencing as a result. Many of these children are Black or Hispanic, and it is their communities that are being reflected in the much higher number of deaths due to homicide (Garbarino, Kostelny, & Dubrow, 1992).

As the extent of exposure became more evident, researchers began to refer to Post Traumatic Stress Disorder (PTSD) as the most relevant description of the symptoms being observed in children and youth who were being exposed to chronic violence. Although the notion of PTSD refers to stresses that are "outside the range of human experience" researchers have used its symptoms and diagnoses to help understand and treat children who experience chronic traumatic stress (Garbarino et. al., 1992). Specifically, PTSD may result from an event that creates stressors that are so extreme that the individual finds their usual coping skills to be inadequate in dealing with the trauma. Such events include war, rape, and extreme natural disasters such that an individual may believe that they or those around them are not going to live. Generally, the symptoms of PTSD have been an inability to sleep, nightmares, a constant rethinking of and dreaming of the event, fear of being alone, depression, anxiety, inability to concentrate and being easily bothered (American Psychological Association, 1993). Children were shown to experience PTSD in much the same way as adults in a pivotal study (Pynoos and Nader, 1987) which measured the incidence of PTSD in a group of elementary school children who had been exposed to sniper fire in their school yard, killing one student and wounding 13 others.

In their study into PTSD and children, Pynoos and Nader (1987) found that the children closest to the incident were most likely to exhibit signs of PTSD. Those children who had known

the victim also showed acute signs of traumatic response, as did those who had experienced other anxiety producing events in the year prior to the shooting. The researchers were able to show that exposure to stress following a traumatic event led to children having "symptoms of re-experiencing, numbing of responsiveness or reduced involvement with the outside world, and incident-specific new symptoms and behaviours, including signs of increased states of arousal". By demonstrating that children responded to violence and trauma in the same way as adults, the Pynoos and Nader study set the foundation for subsequent studies which focused on the effect of long term, chronic violence in a community and its effect on children. This was important because it had not yet been determined if long-term violence would result in the same effects as one traumatizing event.

Prevalence of Witnessing and Experiencing Violence

The first major study to examine the developmental consequences of chronic community violence on children was carried out by Richters and Martinez (1993). This study focused on elementary school children living in a Washington, D.C. district, and examined the effect of violence exposure on children. Both children and their parents filled out questionnaires that asked about the child's exposure to, and awareness of, violence and distress. The results of the study indicated that children were more likely to have witnessed a violent incident than to have been directly victimized. For example, 47% of the children in grades 1 and 2, and 31% of the children in grades 5 and 6, had witnessed a shooting. Upon being asked about direct victimization, 6% of the younger children, and 11% of the older children had been personally shot or shot at. When these figures were compared to the parent's reported awareness of the amount of violence their children witnessed, it was found that parents seemed to be unaware of

up to 50% of the violence to which their children were exposed. Furthermore, the majority of the witnessed events involved violence against a close friend or family member. With respect to the symptoms reported by the children, it was found that those symptoms most highly correlated with exposure to violence were *"difficult time avoiding fear"*, *"don't care about anything"*, *"afraid might not live long"*, *"hard time sleeping"*, *"depression and anxiety"*. These are all symptoms which are referred to in determining PTSD. All the children interviewed were more likely to exhibit symptoms of PTSD if they had seen guns or drugs in their homes. It was also noted by the researchers that the prevalence of family violence within their sample was 32% compared to a national incident rate in the United States of 6%. The compounded effect of within family violence has often been cited as one of the potential stressors that may reduce a child's ability to cope with external stressors (Richters & Martinez, 1993). That is, if violence is being presented both in the home and the community on a regular basis, an increased inability to cope may lead to a higher degree of maladaptive behaviour due to the absence of an alternate model of behaviour and communication within the home. Further examination of the role of family in coping with community violence is presented later.

Other studies have reported virtually identical results to those reported by Richters and Martinez (1993). Shakoor and Chalmers (1994), in their sample of 1000 African-American elementary and high school students, found that nearly three in four participants reported having witnessed at least one instance of someone being robbed, stabbed, shot, or killed. In one particular elementary school participating in the study, 85% of the children reported having witnessed at least one violent crime. Nearly half of the sample reported having been directly victimized in incidents ranging from being threatened with a gun or a knife to being robbed,

raped, or shot. Similar findings have been reported in studies focussed on Chicago's south side (Bell and Jenkins, 1993). In this particular study however, it was noted that over 50% of the shootings, stabbings, and murders that were witnessed by the children were against someone close to the child. Findings of distress were similar to those reported by Richters and Martinez, however it was also reported that girls were more likely to show signs of internalized distress, whereas boys were more likely to take part in high risk behaviour.

Because many of the sample populations in these studies are taken from schools, teachers are often called upon to comment on the situation from their perspective. Lorion and Saltzman (1993) reported that the teachers with whom they spoke often recounted scenarios where children were so afraid to leave the school and go home they would hide under their desks or plead not to have to take the school bus.

Clearly, research has shown that the prevalence of exposure to violence in some communities is not only very high, but also that it is more likely to be experienced by children. The following sections examine what effects such exposure may have on the development and behaviour of those children.

Community Violence: Developmental Implications

The importance of recognizing the effects that chronic violence has on children is not only important in terms of the implications for primary intervention, but also for understanding what preventative techniques can be used to stop these children from growing up to commit violent acts which will in turn affect the next generation. Studies have shown that weapon carrying in middle school inner city youth is related to the amount of violence to which youth have been both exposed and have committed (Webster, Gainer & Champion, 1993). However,

such "adaptive" behaviour itself may perpetuate the general feeling of violence within a community.

Garbarino, in his work with inner city children in Chicago, has reported that children living in inner city communities, if asked what they want to be when they grow up, will often respond " *If I grow up.....*" (Garbarino, Dubrow, Kostelny & Pardo, 1992). In another set of interviews with inner city children, Garbarino et al. (1991) reported that all children interviewed reported witnessing a murder before the age of five. This constant exposure to, and preoccupation with violence may be compounded by poverty, family disruption and community disintegration (Garbarino et al., 1992). It has been observed that while children recognize the role of gangs and drugs in the violence they endure, they also often have a family member who is involved in one or both, and who themselves offer a sense of security and safety (Garbarino et al., 1992). Very often the resolution of this conflict contributes to the child's identification with the aggressor; one of the factors cited by Garbarino in what perpetrates the cycle of violence in these communities. By joining a gang or owning a gun, these children, as they become adolescents, gain what they feel is power, respect, and control over an otherwise terrifying and uncontrollable environment. Youth workers who face the issues of community violence have presented the issue of weapons as an example of how little trust children have in adults to protect them from the violence around them. They contend that when programs are in place that can assure children that there is no need for fear, the desire to carry a weapon will also be reduced (Canada, 1995).

Garbarino and his colleagues have outlined the developmental implications of violence based on cohort (Garbarino et al, 1992). Preschool children tend to express their distress with

regressive symptoms such as enuresis, decreased verbalization, and clinging behaviour. School age children display more aggression combined with an increase of inhibition. They also develop somatic complaints, cognitive distortions and learning difficulties. Adolescent responses to community violence are characterized by a premature loss of childhood innocence which inherently creates a situation wherein the adolescent feels required to become more "adult". Pynoos and Eth (1985) referred to this as a sort of "premature closure on identity formation". Adolescents are also likely to respond to community violence with "acting out and self destructive behaviours, such as substance abuse, delinquent behaviour, promiscuity, life threatening re-enactments and other aggressive acts" (Garbarino et al., 1992). Jenkins and Bell (1997) suggest a similar concern regarding problems of comorbidity in children and adolescents when a traumatic experience is not sensitively addressed. They contend that the event can take root within the personality and foster the development of additional problems such as substance abuse, eating disorders, depression, suicidal behaviour and impairment of school performance.

Socioeconomic Status & Development

Socioeconomic status (SES) has been argued to be one of the mediating variables that can allow for certain risk factors to present themselves. Although the research has failed to identify it as a significant predictor of delinquency, Robins (1978) has suggested that it plays a crucial role in the maintenance of other risk factors. Although firm in the belief that SES does not put a child at risk for antisocial behaviour or delinquency, Robins contends that impoverished mothers are at a heightened risk for undernourishment and malnutrition during their pregnancy. Postnatally, they continue to be at risk for factors associated with poverty such as continued malnutrition, depression and higher levels of parenting stress. More recent research may suggest

that SES plays a more active role in the development of behavioural issues and delinquency in later childhood. In a study which assessed the risk factors for behavioural dysfunction, including maltreatment, SES, physical health problems, cognitive ability, and quality of the parent-child interaction, it was reported that SES was the factor most related to behavioural dysfunction (Herrenkohl, Herrenkohl, Rupert, Egolf, & Lutz, 1995). These authors connected the strength of the SES construct in affecting such elements as quality of education and resources to parents to help facilitate development. What was a more unique finding though, was that the lower the SES of the family, the more difficult it became to distinguish between the effects of SES and the effects of maltreatment to the point that differences between abusive and non-abusive families among the lowest SES families in the study were not observable.

Jaffe, Wolfe, and Wilson (1991) have suggested that in order to sustain significant damage from an abusive environment, it is only necessary that the child *witness* violence. This understanding of how domestic violence impacts on children is important not only in how we address the issue of community violence, but also on the implications it has for peer relations and perhaps for resiliency to stressors in the future. A recent study by Schwartz, Dodge, Pettit, & Bates (1997) examined the differences between aggressive children who were also victims of bullying and aggressive children who were not victimized. It was found that though both groups had been exposed to violence while among adults thereby predisposing them for aggressive behaviour, only the direct experience of violence served to incline a child toward both aggressive behaviour *and* peer victimization. It was also noted that both groups of boys tended to come from lower socioeconomic background as opposed to a third group who were of a normative sample with respect to aggression and victimization.

For a comprehensive overview of how these various elements combine to form a particular developmental pathway, it is useful to look at the research of Rubin, Lemare, and Lollis (1990). This research attempts to define the various developmental pathways resulting in internalizing behaviours or externalizing behaviours. It combines the influence of *socioecological conditions* (such as financial resources, employment status, and living conditions) with the *personal-social conditions of the parents* (eg. mental health, social support) and the *personal belief system of the parent*. If the baby is fussy or difficult to manage and the mother is anxious and without support then a negative cycle of behaviour is set into motion wherein the mother is less nurturing and responsive to the baby. This type of mother-child relationship has been shown to result in insecure, avoidant and hostile toddlers at 12-18 months (Rubin et al., 1990). Such babies often do not cry or show affect when left alone in a novel situation, and are generally less responsive to prosocial overtures. Interestingly enough, mothers with difficult babies who have emotional and social supports are not at risk for developing this relationship even if their SES is low.

Impact of Community Violence on Cognitive Development

It has been suggested that the cognitive handicaps experienced by certain delinquents operate by slowing down their learning of not only academic skills but also of prosocial behaviour and empathy skills (Loeber, 1990). This process is very similar to one outlined by Dodge and Frame (1982) in their research of social cognitive deficits and aggression, wherein aggressive boys are more likely to attribute hostile intent to the actions of their peers. Such a biased attribution process in turn makes them respond in a more hostile and aggressive nature to ambiguous stimuli. The result of these behaviours can be poor peer relations that can in turn

effect their academic achievement and begin a well defined path to more serious behaviour.

In an attempt to link these early risk factors with the compounded effect of community violence, researchers measured the level of cognitive impulsivity of both delinquents and non delinquents from either an "advantaged" neighbourhood (higher SES, low levels of community violence) or a "disadvantaged" neighbourhood (low SES, higher levels of community violence) (White, Moffitt, & Silva, 1994). As may be expected they found that cognitive impulsivity scores were higher for delinquent boys than non-delinquent boys regardless of neighbourhood, but that on average, cognitive impulsivity scores were worse and delinquency higher for delinquent boys from the disadvantaged neighbourhood. In order to further test the interaction between environment and aggression, they looked at the whether the non-impulsive boys from each community differed on delinquency. Results showed that non-impulsive boys from the disadvantaged neighbourhood had average delinquency scores but that none of the non-impulsive boys from the advantaged community reported any experience with delinquency. A recent study which examined the role of social and cognitive processes in children's adjustment to community violence hypothesized that violence exposure can lead to the development of intrusive thinking (a symptom of PTSD), which in turn puts the individual at risk for depressive and anxious symptoms (Kliewer, Lepore, Oskin, & Johnson, 1998). These researchers posit that intrusive thoughts are a result of a cognitive struggle to assimilate stressful events into their schemas about the world. The study tested the hypothesis that these intrusive thoughts were in fact mediating associations between violence exposure and internalizing symptoms of anxiety and depression. Furthermore, it was submitted that those children who felt they were unable to discuss their emotions and fears with supportive adults would be more likely to develop symptoms of anxiety

and depression as a result of this lack of support. The opportunity to discuss a traumatic event would allow children to begin making sense of their experience cognitively as well as provide coping strategies. The results of this research found that intrusive thinking partially mediated the association between exposure to violence (witnessed or direct) and internalizing symptoms. More specifically, children with high levels of exposure to violence and low levels of support showed higher levels of intrusive thinking. These findings were in support of Lepore's (1997b) social-cognitive processing model of adjustment to trauma which predicates that social constraints on discussion and disclosure may interfere with cognitively based coping skills such as emotional expression and contemplation or reevaluation of traumatic events.

Other research has examined if the level of certain social and cognitive skills can predict delinquent behaviour. Dykeman, Daehlin, Doyle, and Snow Flamer (1996), used impulsivity, empathy, and locus of control as predictor variables for school based violence. All three variables were significantly correlated with violence and in combination they accounted for 23% of the variance in school based violent behaviour. Such results are important in our understanding of how to address the issue of aggression and delinquency in our children and youth, but are not as helpful in determining prevention. The mechanism behind breakdowns in cognitive processing and ability are still crucial factors that can not be pinned on any one thing. Even Dodge and Frame (1982) question the likelihood of a deficit or a developmental lag. Instead they present the possibility that there is a preceding cognitive process that contributes to the attributional bias of aggressive boys.

Much of children's development, especially prosocial development, progresses out of their interaction with peers and their early exploration of their environment. When this

environment is atrophied due to fear and intimidation, it makes impotent this process of growth. The inability to trust is further fostered by the “maladaptive” parenting techniques that while adaptive for the environment in which they live, ultimately impede constructive and productive play and development. By so restricting a child's environment, the climate of violence also serves to reduce the range of social and intellectual experiences offered (Errante, 1997). Osofsky (1993) has suggested that the generation of intense negative emotions as a result of chronic fear and violence interferes with the usual course of development of emotional regulation. Pynoos (1993) has suggested that these negative affective experiences may influence the preschool task of differentiating affective states and the capacity for school aged children to elaborate on their affective expressions. When these negative experiences are combined with a lack of parental comprehension as to the extent of their child's exposure there can occur an amplification of the impairment of the emotional aspects of empathy (Cohen & Strayer, 1996). This amplification can result from a family environment in which emotions are not a focus of discussion and cognitive processing and in which children are given more opportunity to model aggression than empathy. It has been suggested that these disruptions in the normal course of development at such crucial ages lead to disruptions in the development of empathy and other prosocial behaviours (Osofsky, 1995). Cooley-Quille, Turner, and Beidel (1995) demonstrated that exposure to high levels of community violence was related to externalizing behaviours, and to emotional and conduct problems. These behaviours have been implicated in other research as forming part of a pattern wherein the development of conscience is impaired (Kochanska, Murray, Coy, 1997). These authors suggest that inhibitory or effortful control contributes to conscience development in childhood. They found that children high on inhibitory control were

also well internalized. Furthermore, it has been suggested that children who are dispositionally well regulated (e.g. adept in inhibiting responses) are better able than other children to attend to social dynamics and others' needs, as well as to regulate negative emotional reactions that interfere with socially competent and prosocial functioning (Eisenberg, Fabes, Karbon, Murphy, Wosinski, Polazzi, Carlo, & Juhnke, 1996).

Also of value is research that has been generated from countries experiencing violence through war. In one particular study in Israeli, Bedouin and Palestinian children living in the Left Bank, it was found that these children were not able "decenter" and hold constant their moral reasoning when presented with dilemmas that pertained directly to their personal lives under conditions of war (Elbedour, Baker, & Charlesworth, 1997). These authors concluded that children who face real-life moral conflicts appear to be less likely to adhere to moral principals compatible with highest standards if the circumstances were to pit these standards against actual conflicting demands involving self-interest. If exposure to violence at an early age is effectively damaging a child's cognitive ability to develop the social skills necessary to interact with peers prosocially, then certainly this gives researchers and community workers an indication as to where we might start in averting or repairing this damage.

Community Violence and Pathways to Delinquency

The issue of community violence is inextricably tied to our ideas around youth violence and juvenile delinquency; to many they are one and the same thing. Although such a direct link is debatable, the quality of community functioning *has* become an important component within models of delinquency. As researchers attempt to develop a comprehensive risk assessment for delinquency, the role of community has emerged as an important element in the model. The

Personal, Interpersonal and Community-Reinforcement (PIC-R) perspective on criminal conduct (Andrews, 1982a) draws on a variety of components in an individual's life while acknowledging that the interaction of these components may vary depending on the circumstances. The individual's response to an immediate situation will be informed by "the personal, interpersonal, and community factors that are responsible for the development, maintenance and modification of these contingencies" (Andrews & Bonta, 1994). What is of importance in this evaluation of the pathway to delinquency is the element of legitimization that is given to the circumstances which children and youth must learn to negotiate in their daily lives.

Loeber (1990) theorised that there are two distinct developmental pathways; one that may lead to violent offenses and one that leads to non-violent offenses. He defined the pathway leading to violent behaviour as probably consisting of the following nine elements: (1) onset of conduct problems in preschool years (2) aggressive *and* concealing problem behaviours (3) more hyperactive, impulsive and attention problems (4) poor social skills (5) poor peer relationships (6) academic problems (7) high innovation (8) low remission and (9) more likely to be male. Alternately he defines the pathway to what he calls a non-aggressive outcome to be typified by the following eight elements: (1) onset in late childhood or early to middle adolescence (2) mostly non-aggressive conduct disorders (3) no appreciable hyperactivity, impulsivity or attention problems (4) capable of social skills (5) association with deviant peers (6) low innovation rate (7) higher remission for delinquency (8) and a higher proportion of girls than are found in the violent pathway. In distinguishing between these two pathways, Loeber provides a solid base from which to address the risk factors inherent in his definitions. Such a distinction is certainly important in determining what type of offender one is dealing with, how likely it is that

they will refined, and, perhaps most importantly what type of intervention or treatment they should receive. In order to build a model of how these risk factors interact together to result in some form of delinquency, Loeber refers to what he terms "stacking".

Loeber's concept of "stacking" refers to the hypothesized maximum developmental sequence of stacking of problem behaviours in hyperactive and inattentive children. He begins with the possibility of neurological impairment as a result of exposure to neurotoxins in utero, low birth weight, and maternal drug and alcohol use. These neurological impairments may lead to hyperactivity and attention problems which can either lead directly to academic problems and subsequent delinquency (with or without deviant peers), or the hyperactivity can lead to oppositional behaviour. If the behaviour begins early enough it may set up a pattern of negative responses between the child and the caregiver that influence the child's later attempts to socialize with peers. If the child has come to adopt aggressive responses as a result of their family interactions or, as was demonstrated earlier, as a result of their exposure to community violence then this may lead not only to poor social skills but to cognitive issues and attributional biases. As was previously mentioned, community violence has effectively been shown to impede the development of prosocial skills that would include empathy and non aggressive responses to frustrations. Whether a result of their poor social skills or their tendency to attribute hostile intentions to their peers behaviours towards them, these children are now at risk for having peer problems which places them at a further risk for delinquency.

All of the risk factors mentioned thus far rarely operate alone, and Loeber's worst case scenario, while extreme, does testify to the potential cumulative effect. In fact, research has suggested that there *is* a cumulative process whereby being exposed to three risk factors puts an

individual at more risk than exposure to just one or two (Masten and Garmezy, 1985). The importance of understanding the roles and significance of various risk factors and risk pathways in a child's development are important not only in our understanding of crime and delinquency, they are crucial components to a larger issue surrounding prevention and intervention.

Community Violence and Post Traumatic Stress Disorder: Clinical outcomes of exposure

By establishing that children responded to acute stress in a qualitatively similar manner as adults, Pynoos and Nader (1988) provided a foundation for research into the developmental repercussions of exposure to violence. Although the DSM III criteria for a diagnosis of post Traumatic Stress Disorder (PTSD) requires that the symptoms occur as a group (APA, 1987); a child's reaction to stress may give rise to any one or combination of these behaviours (Errante, 1997). The group of behaviours which combine to form clinical PTSD are as follows: recurrent and intrusive recollections of the event; numbing of responsiveness to or reduced involvement with the external world; feelings of detachment or estrangement from others; hyper-alertness or exaggerated startle response; sleep disturbance; memory impairment or trouble concentrating; avoidance of activities that arouse recollection of the traumatic event; and intensification of symptoms by exposure to events that symbolize or resemble the traumatic event (APA, 1987). Studies of children exposed to a shooting proposed that PTSD was more likely to be associated with the emotional state that the child remembers having in response to the event than due to their actual proximity to the shooting. It was suggested that these emotional states mediated the formation of "malignant" memories which lead to PTSD symptoms, implying that intervention could be made more effective if the emotional state immediately following an incident, as well as proximity, were taken into consideration (Schwartz & Kowalski, 1991).

PTSD has also been cited in much of the literature around child witnesses to domestic violence. Wolfe, Jaffe, and Wilson, (1990) classify childrens' responses to witnessing domestic violence as trauma responses and maintain that many of the long-term outcomes may be far removed from the initial event but are nonetheless PTSD-related. They note outcomes such as juvenile violence, running away from home, and extreme oppositional behaviour. Similar outcomes have been noted in studies which suggest that being exposed to violence in one context can have crossover effects with respect to victimization as well as perpetration of violence (Malik. Sorenson, & Aneshensel, 1997). Other authors have attempted to address community violence by utilizing developmental maps that have been created to understand a child's response to alternate forms of trauma. Putnam and Trickett (1993), suggest that there are valuable similarities between childhood sexual abuse and community violence with respect to the impact on the child. They suggest that in both situations the child is living in an environment where they are exposed continually to current or potential traumatizers with "attendant stress and anxiety". In order to avoid traumatization the child must develop a pattern of behaviours including vigilance and active escape mechanisms. However, these "adaptive" behaviours may also limit involvement in activities of interest and enjoyment.

Taking into consideration the increased stress resulting from a violent environment, Parson (1994), developed a separate version of the clinical requirements for PTSD in order to take into account the added dimensions of race, and socio-economic status usually relevant to the communities in question. His model, which he terms Urban Violence Traumatic Stress Response Syndrome (U-VTS), presents the developmental implications of chronic violence in an integrated clinical-psychotherapy paradigm. According to Parson, the loss of self resulting in what he terms

"death immersion" often aids in the dissociation process that many children employ in order to avoid the traumatic stimuli to which they are constantly exposed. This concept of death immersion is very similar to the pathological adaptations to violence that are described by Garbarino et al. (1992), wherein a general desensitization to threat and consequences of violence manifest in an almost addictive pursuit of opportunities for risk taking and confrontation with danger. Parson contends that such behaviour reflects a learned helplessness on the part of the child. He states, "The sense of powerlessness over the traumatizing environment creates within the child a sense of insecurity and an experienced sense of impotence. Chronic feelings of impotence harm the child's sense of self, which turns to a compensatory feeling of omnipotence to cope. With this sense of omnipotence, the child feels and behaves as if nothing can affect him or her, that the self is impregnable against further hurt and feelings of vulnerability" The inevitable implications of this are that it makes little sense to be careful for oneself or even others if physical harm or death are perceived as inevitable (Parson, 1994).

Kilpatrick and Williams (1998), in a study which attempted to determine the variables which may mediate the relationship between witnessing domestic violence and PTSD symptoms in children found that none of the variables (including age, gender, locus of control, self-blame, perception of threat, active versus palliative coping style, maternal mental health and elements of the violence witnessed such as intensity, frequency, and amount of time lapsed since last episode) had an impact on the PTSD . These authors suggested that all domestic violence has the potential to induce trauma in the child witness regardless of intensity or frequency and that this trauma is chronic with long-term implications even if after the state of crisis has been reduced.

Community Violence and The Role of the Family

Although the role of the family has never been ignored in the literature around community violence, one of the criticisms of past research is that it has failed to make a comprehensive link or distinction between the differential roles of the family and the community in this context. Although family demographics were used to provide contextual information for many of the studies, it has been unclear the extent to which family acts as a protective factor in dealing with community violence. Furthermore, there is the issue of how much family violence will compound exposure to violence in the community. A recent study by Gorman-Smith and Tolan (1998) addressed this question of the interaction between family and the community, in the context of other stressors such as family dysfunction, poverty, and racism. These researchers found that exposure to community violence could not be predicted from family relationship and parenting characteristics. They suggest that for urban youth there may be other factors, such as peer influences, that play a more significant role in placing the individual at risk for exposure to violence. As has been reported in previous research, they found that exposure to community violence relates to aggressive behaviour and anxiety or depressive symptoms. In terms of the role of the family, results indicated that even well organized families are not able to provide effective resistance to the effects of community violence on aggressive outcomes in youth. However, when anxiety and depression were evaluated it was reported that these symptoms were significantly related to exposure to violence among youth with families reporting low levels of cohesion. These results suggest that family support and cohesiveness are important factors in protecting from depression or anxiety for youth who are exposed to community violence. They also presented the idea that community violence is somehow qualitatively different than other life stressors as it relates to aggression and that beyond addressing familial and peer components

of the issue, there are implications unique to this type of exposure. This premise is supported by Kliewer, Lepore, Oskin, and Johnson (1998) who found that the relation between exposure to violence and psychological symptoms was "robust" over and above stress due to life events and the association between maternal education with psychological well-being.

Research has already established that family can play a role in delinquent behaviour in youth. In a sample of inner city African-American adolescents (Gorman-Smith, Tolan, Zelli, & Huesmann, 1996) found that family functioning and parenting practices were each independent factors in contributing to a model of delinquency in this sample. Specifically they found poor parental monitoring, poor discipline, and a general lack of family cohesion were all factors related to delinquency. However, the question of family as it relates to community violence is further addressed by a study which focussed on stress and anxiety responses in children exposed to violence (Hill, Levermore, Twaite & Jones, 1996). Results indicated that (1) Trait anxiety was positively correlated with exposure to violence and negatively correlated to social support, whereas state anxiety was negatively correlated with family social support; (2) Problem behaviours were negatively correlated with family social support and income; and (3) even after controlling for income and social support, exposure to violence still accounted for unique variance in trait anxiety and problem behaviour. The authors of this study propose that although parents and peers are an important source of support and should be considered when designing intervention programs, attention to the underlying socio-political causes of community violence must be a priority in order to actually reduce the levels of exposure.

Such a connection between family and community in the development of a child can be found rooted in the ecological model developed by Bronfenbrenner (1979). An ecological

perspective on development focuses on the interaction of the child with the micro systems in his or her life (family, peers) and the macro systems (socio-economic status, societal values, institutions). Although the child may not have immediate contact with the "less immediate" forces which constitute a macro system, these elements are all interconnected to the quality of the child's life. The importance of the ecological approach in community violence is that it allows for the impact of forces on a child's life with which the child may never actually come in contact. As pointed out by Garbarino and his colleagues (1992) children living in dangerous neighbourhoods may not come in direct contact with the people acting in violence; but they are affected by it through the feelings of fear and intimidation they may feel on their street or at school. Furthermore, the same elements which cause children fear and intimidation may also be impacting on their parents ability to provide care and support.

When we concern ourselves with the issue of community violence, we can not just isolate the specific incidence of crime and violence in these communities. If we recall the way the ecological model works, it becomes evident that poverty and parental stress must also be addressed if we are to understand the larger context in which this exposure to violence occurs. Richters and Martinez (1993) found that when parents were asked to report on the level of violence they felt their children were being exposed to, they grossly underestimated the exposure. More recent research in this area has found similar results. In a sample of 96 male and female 4th-6th graders in Washington DC., more than 75% of these children indicated they had been witness to community violence, ranging from homicides to general gang violence (Hill and Jones, 1997). However, almost half of the mothers denied that their children had been exposed to any violence. Further analysis of these results indicated that those children whose mothers

denied the exposure were less likely to experience social support from their peers. It was proposed that a mother's lack of awareness may place the child at further risk by preventing adult-child interactions that could be supportive or reassuring.

Often in community where there exists high levels of violence, parents are forced to impose restrictions on their children's mobility. These restrictions, though adaptive to the violent environment, also impose limits on a child's ability to explore and evaluate their environment on their own. Many parents in these communities engage in more punitive parenting styles in an effort to protect their children (Garbarino et al. 1992). However, the point has been made that by adopting such parenting practices, adults are reinforcing the notion that "authority and power can be exercised only through force and aggression" (Errante, 1997). When authoritarian parenting practices are employed, research has indicated that because they do not allow children the opportunity to make their own choices, this form of discipline may actually promote involvement with antisocial peer groups (Brown in Errante, 1997).

Intervention Strategies

As has become evident from this review of the current literature, the studies documenting the effects of the magnitude and effect of chronic violence invariably report the same results. Regardless of the city or the neighbourhood, inner city communities reap the same detrimental effects everywhere. The often cited comparisons to "war zones" and "battle grounds" do not stray far from the brutal reality of the majority of children forced to grow up in these hostile environments. One of the issues which consistently fails to be incorporated into intervention programs, although it is well documented in the literature, is the fact that one "cannot save children without saving families, and you cannot save families without rebuilding

communities" (Canada, 1995). We see this relationship mapped out clearly in many of the models of delinquency and criminogenic factors in an individual's life and yet the implementation of interventions which address all the elements of delinquency or antisocial behaviour (such as family and peers) is still conspicuously lacking. Borduin et al. (1995) established that multi-systemic therapy (which involves the family) was more effective than individual therapy in improving key family correlates of antisocial behaviour and in ameliorating adjustment problems in individual family members in a sample of juvenile offenders. Furthermore, after four years it was found that the multi-systemic therapy was more effective than individual therapy in preventing future criminal behaviour and violent offending.

What is important for any intervention, is that there is an understanding of that community. If community violence is not an element that we need concern ourselves with in terms of developmental consequences then we can instead turn our efforts at intervention towards those components that are instrumental. Research has shown us that targeting high risk interventions at low risk youth can have the opposite effect and backfire (Hoge and Andrews, 1996). Therefore, interventions are effective only to the extent to which they address the need and responsivity characteristics of the youth. What this indicates is that before providing community based initiatives which employ intervention strategies, it is vital that we have an understanding as to what risk factors are amenable to change (need factor) and what style of interaction is best suited to those youth (responsivity factor). For a more in depth review of the theoretical background to assessing youth at risk see Hoge and Andrews (1996).

In Canada, the Participate and Learn Skills (PALS) community project which took place in Ottawa, indicated that early intervention with at risk children and youth can be both

constructive and cost effective. This project involved 2 public housing projects; one of which was given a number of activities in which children and youth could engage and the other was left to act as a control site. During the 32 months of the intervention, researchers reported 75% fewer police charges laid against juveniles at the PAL site versus the comparison site. There were also improvements in school behaviour and self esteem, although these differences were not found to be statistically significant. A cost-benefit analysis indicated that the savings derived from reduced vandalism, police time and fire costs greatly exceeded the cost of the program (Department of Justice, 1998).

Canadian Communities

With respect to crime in Canada, the National Crime Prevention Council stated in 1997 that youth make up 10% of the population and account for 22% of all offenders reported by police. In 1995, the Solicitor General's office reported that 23% of those accused in violent crimes in 1990 were between 12-15 years of age. These statistics do not necessarily indicate that youth crime is on the rise as many would have us believe. However, they do illustrate the fact that youth violence and crimes committed by youth are becoming a focal point in Canada's social awareness. Although there is debate around the contention that youth related violence is on the rise, even those who do not subscribe to this view admit that youth violence has become more severe in degrees of harm inflicted. This increase in severity may account for a 1995 report on school-based violence by the Solicitor General states " a survey of 700 schools in Ontario found that only 67% of school administrators felt as safe at school as they did five years age".

As the issue of youth violence becomes more prevalent in the minds of Canadians, it is necessary to examine all possible components of this expanding issue. If in fact, there are

communities which are having an adverse effect on the development of children, then we are in the enviable position to intervene sooner rather than later.

Purpose

The destructive effects of exposure to community violence are well established in the American literature. The potential for exposure to violence to have an impact is great as it can affect development in many different ways.

The purpose of this study is to examine the effects of community violence as it exists in a Canadian sample, and to determine if the youth in those communities are being affected by experiencing increased distress and/or behavioural problems. Although the levels of violence are significantly lower than the American cities found in the literature (e.g. New York, Chicago, and Washington), it is important that we know what effect, if any, violence in a Canadian community is having on its youth.

Summary and Hypotheses

The review of the literature has shown that when exposed to chronic violence within the community, children and adolescents can experience elevated levels of distress (Pynoos & Nader, 1988; Richters & Martinez, 1993; Garbarino et. al., 1992) and may exhibit symptoms of externalizing or internalizing problems (Richters and Martinez, 1993; Putnam & Trickett, 1993; Schwartz et. al., 1997) . Therefore, past research would support the use of distress and internalizing or externalizing problems in assessing whether exposure to violence is negatively impacting on children and adolescents. Furthermore, there is research in the community violence literature to suggest that a gender difference exists on behavioural problems such that girls are more likely to exhibit internalizing behaviours and boys externalizing behaviours in the

event of high stress or trauma related to exposure (Richters & Martinez, 1993).

Hypothesis

It was hypothesized that exposure to violence and gender would predict distress and behavioural problems such that youth in this study would report higher levels of distress and internalizing and externalizing problems as a result of higher levels of exposure to violence in their communities and that being female would predict internalizing behaviour and being male would predict externalizing behaviour.

Method

Participants

Participants were 52 children and youth between 12 years of age and 18 years of age from one of 3 communities in the Greater Toronto Area (GAT). In order to be included in the study participants had to provide parental consent and hand in a completed questionnaire. The mean age of participants was 15 years. The mean age for girls was 16 years and the mean age for boys was 15 years.

Participants were not selected randomly from within the communities, as they were asked to participate because they took part in after school programs at local community and youth centres which were contacted for the purposes of finding participants. For purposes of anonymity communities are referred to as community A, B, or C.

Participants from community A were regulars at an after school program through the local Boys and Girls Club. Community B and community C both had participants who were regulars at their respective and local community centres. Ethnic backgrounds were varied and representative of different racial groups.

Community Characteristics

The three communities included in this study were from various areas of Toronto, a large Canadian city. Community A is located in downtown Toronto; Community B is in East York; and Community C is an area in North Toronto. All three communities are commonly known to have issues around violence such that children and youth from these communities are considered at risk. Furthermore, the researcher had work experience in community A and as a resident of Toronto was keenly aware of the other communities as being areas of high crime.

Data for crime and violence for specific communities is not collected as a matter of public record. Though police departments keep statistics, this information is not made available. However, all the program coordinators at the community centres identified their communities as having higher than average levels of violence, and all considered the youth they worked with to be potentially at risk.

Materials

The Youth Self-Report: 11-18.

The Youth Self-Report (YSR): 11-18 (Achenbach, 1991), is a standardized clinical measure which evaluates the potential for internalizing or externalizing behaviours (see appendix A). It is not meant to be a diagnostic tool, but rather as an aid to evaluate where an individual may be experiencing problems.

The YSR consists of 8 scales: (1) Withdrawn, (2) Somatic Complaints, (3) Anxious/Depressed, (4) Social Problems, (5) Thought Problems, (6) Attention Problems, (7) Delinquent Behaviour, (8) Aggressive Behaviour. Respondents are asked to respond to questions by marking 0 (*not true*), 1 (*somewhat or sometimes true*), or 2 (*very true or often true*). Scores

for internalizing behaviour are derived by summing the scores from scales 1 (score range=0-14), 2 (score range=0-18), and 3 (score range=0-32). Internalizing scores could range from 0 to 62. Scores for externalizing behaviour are derived by summing the scores on scales 7 (score range=0-22) and 8 (score range=0-38). Externalizing scores could range from 0 to 60. The scores for internalizing or externalizing can then be converted into a t-score which will indicate how the individual rates when compared to the population norms for their gender on this construct. Cut-off scores are provided to classify individuals as having normal levels of the behaviours ($t=0-59$), borderline clinical levels ($t=60-63$) or clinical levels ($t=64-100$).

Items 18 ("I deliberately try to hurt or kill myself") and 91 ("I think about killing myself") were omitted from the questionnaire in order to avoid the consequences of disclosure of suicidal tendencies. A question regarding ethnicity was included in the questionnaire however, participants took issue with this item and requested it be removed. In accordance with their wishes this item was omitted and not be reported.

Reliability

Reliability refers to agreement between repeated assessments when the phenomena being assessed are expected to remain constant. Reliability for the YSR was tested by having participants complete the measure three times: the initial completion, 7-days later, and 7 months later. The scores on each completed YSR were then correlated to see if any significant changes had occurred in how it was answered. If answers differed greatly from one test to the next, it might indicate that the measure was not consistent in its measure of the constructs. For raw scores on the YSR problem scales, the mean r s were .65 for 11-14 year olds, and .83 for 15-18 year olds. All the Pearson r s were significantly correlated at $p < .05$. T-tests were run to see if

there were differences between the test and retest scores. Results showed no significant difference.

The third test in establishing validity was done 7 months later and was consistent overall with previous results at 7 days. For problem scales in the 11-14 year olds $r = .49$, and for 15-18 year olds $r = .69$. Five comparisons showed significant decreases in mean scores, however this was fewer than the 9 differences expected by chance alone.

Content Validity

Content validity refers to whether an instrument's content includes what it intends to measure. For the YSR, content validity was tested by comparing the scores of adolescents who were from a non-referred sample to the scores of adolescents who had been referred for mental health services. Comparison of these scores showed that those in the non-referred group scored significantly lower on the problem scales than did those in the referred group.

The Checklist of Children's Distress Symptoms Self-Report Version.

This measure was developed by Richters and Martinez (1990) to measure the amount and type of violence to which the respondent is being exposed. It is a 28 item Likert-type scale which asks respondents to indicate if they have ever experienced (*never, seldom, once in a while, a lot of the time, most of the time*) the feeling or behaviour referred to in the questions (see appendix B). Items address a number of issues including affective, cognitive, and behavioural responses to trauma (ie. *How often do you worry about being safe?; How often do you have a hard time getting to sleep or staying asleep at night?; How often do you get really scared, sad, mad, upset or in a very bad mood?*). For the purposes of this study responses were quantitatively coded such that never =0, seldom=1, some of the time=2, a lot of the time=3, and most of the time=4.

Level of distress is measured by the summing the scores on each item to give an overall distress raw score which could range from 0 to 112. Scores are averaged out to provide a distress score which reflects never being distressed (0) to being distressed most of the time (4).

Reliability and Validity of CCDS

This measure was developed by Richters and Martinez (1990a) using diagnostic criteria from the DSM III. Although there are no specific tests for reliability or validity reported, scores on this measure were shown to be significantly related to scores on the Child Depression Inventory (CDI) (Kovaks, 1985). The CDI is a widely used measure of children's self-reported depressive symptoms. Children's composite symptom scores based on the CCDS were significantly related to their CDI scores, $r = .49$, $P < .01$ (Richters and Martinez, 1993). This would suggest that the CCDS has good construct validity.

Survey of Exposure to Community Violence.

This measure was developed by Richters and Martinez (1990) to determine to what types of violence children and youth were being exposed, how often and where (see appendix C). Respondents are asked to report on whether they have witnessed or directly experienced 12 different types of violence: *Being Chased, Drug Activity, Serious Accidents, Forced Entry, Arrests, Threats, Slapping, Hitting or Punching, Beatings, Carrying Guns and Knives, Knife Attacks, Hearing Gunshots*. For the purposes of this study participants were asked to report how often they witnessed and directly experienced violence (*never, 1 time, 2 times, 3 or 4 times, 5 or 6 times, 7 or 8 times, at least once a month, at least once a week, almost everyday*). The measure was scored by coding the responses quantitatively such that 0=never and 8=almost everyday. They did not have to respond to questions about the last time a specific type of violence occurred

or if and how they knew any person involved. Total scores on this measure can range from 0 (no exposure) to 192 (exposure on every type almost everyday). Mean scores were calculated to give a score between 0 (never exposed) to 8 (exposed everyday).

The measure was further modified by removing the last 5 categories of violence (shootings, rapes, dead bodies, suicides, and killings). All but rape were removed because it was felt that they were less relevant in a Canadian community. Previous research by this author in Regent Park showed these items to be consistently responded to as never happening (Pulford, 1994) and were therefore considered to be inappropriate representations of exposure to violence for these communities. Rape was not included due to the age range of the participants and the ethical obligation to report any sexual misconduct inflicted on a minor. Also, it was made very clear to participants that only incidents that occurred outside the home and in the community be reported thereby avoiding issues of disclosure of family violence.

Reliability and Validity of Survey of Exposure to Community Violence

No analysis as to the reliability or validity of this measure have been conducted. However, as this measure is meant to determine what types of violence are being experienced by the respondent, and does not measure a separate construct, it can be assumed to have good face validity as a measure of frequency and type of exposure. Furthermore, it is the primary measure used by Richters and Martinez in their research to establish levels and types of violence exposure.

Procedure

Youth program coordinators at the Regent Park Canes Boys and Girls Club, Driftwood Community Centre, and West Scarborough Community were contacted and asked if they would

allow their program participants to take part in a study examining the effect of exposure to community violence on youth. All three coordinators agreed to the proposal and set time aside for the researcher to come into their programs and introduce herself and the project to the potential participants. Participants were asked to provide parental consent (see appendix D) if they wished to participate. The parental consent forms came with a letter of explanation to inform parents as to the nature and purpose of the study (see appendix E).

Program coordinators at each of the community centres collected the parental consent forms and reminded the youth in their programs to bring them back. A date was then set for the researcher to return and have the participating youth complete the questionnaire which consisted of the three measures detailed above. Data were collected at each of the centres on different days depending on when the participants would be available.

At each community centre, data was collected in the same manner. Participants were given an oral explanation of the research (see appendix F). Anyone not wishing to participate was left leave without penalization. Those who remained were asked to read and sign a consent (see appendix G). In order to reduce any effect of levels of writing and reading comprehension, the questions were read out loud by the researcher. Participants were told not to put their names anywhere on the questionnaire and due to the nature of the questions, some of which were self-incriminating for criminal behaviour (drug use and sales), the guarantee of confidentiality was stressed. The questionnaires were coded to indicate community. Participants were asked to provide their age and gender on the first page of the questionnaire booklet they received.

Completion of the questionnaire took approximately 1 hour. Following completion of the questionnaire, participants were debriefed and told they would be revisited upon completion of

the study to provide an overview of the results. Participants were then given pizza and drinks to show appreciation (prior knowledge of the snack was suggested by coordinators as a helpful incentive to participate). Participants were also given a thank you letter which included the number for the Kids Help Line in the event they felt distress over any element of the procedure or any questions posed on the questionnaire (see appendix H). Participants were informed that they could discuss any issues with their respective coordinators who all knew how to contact the researcher if need be.

Program staff were there throughout to help with any questions or discipline problems which arose. Despite the intention to have questionnaires filled out in an orderly and structured way, the length and perceived redundancy of the measures resulted in many participants expressing frustration or loss of interest. Often this resulted in disruptions which affected the general environment and the concentration of other participants.

Although about 120 parental consent forms were given out, only 74 youth brought them back. Furthermore, following completion of the questionnaires, it was found that only 52 were properly completed. Questionnaires were considered incomplete if none of the questions had been answered (6 questionnaires), none of the measures were completed (9 questionnaires), or if the responses were clearly a result of erratic or random guessing (7 questionnaires).

Results

Descriptives

All participants had witnessed or directly experienced at least one of the violent scenarios in the exposure measure. On average participants reported witnessing ($M = 40$) more often than direct experience ($M = 30$) and all categories of violence showed higher rates of

witnessing than of direct exposure (see Table 1). Thirty seven participants reported hearing gunshots at least once, and 13 of those reported hearing them at least 7 or 8 times. Drug deals and drug use were also commonly reported incidents with all but 5 participants witnessing use, and 42 reporting watching deals occur.

Location of incidents was limited to either school or home. Except for drug deals, participants reported witnessing incidents at school ($M = 21.2$) more than at home ($M = 12.6$), and it should be noted that in the case of witnessing drug deals at school there was a difference of only 1 report (see Table 2). The same pattern is found in reports of direct exposure.

Participants were more likely to report an incident occurring at school ($M = 12.1$) than at home ($M = 19.8$). The only exception were reports of gunshots, with 15 of the participants reporting hearing them at school and 16 reporting hearing them while in or near their home (see Table 3).

The mean age for participants was 15 years. The mean age for girls ($M = 16$) was higher than that of boys ($M = 15$). The average rate of exposure to each type of violence was 2.5 times for both boys ($M = 2.49$, $SD = 1.12$) and girls ($M = 2.56$, $SD = 1.36$). Further analysis showed no significant difference between genders on exposure ($F(1,50) = .037$, ns; $R^2 = .001$) (see Table 4).

Direct and witnessed exposure were highly correlated with each other ($r = .916$, $p < .01$) allowing for use of total scores as the measure of exposure. Total exposure was also related to overall distress ($r = .287$, $p < .05$) (see Table 5). For boys, total exposure was correlated only with direct exposure ($r = .858$, $p < .01$) and witnessed exposure ($r = .905$, $p < .01$) but not with any other variables. For girls, total exposure was related to both direct exposure ($r = .957$, $p < .01$) and witnessed exposure ($r = .905$, $p < .01$).

NOTE TO USERS

Page(s) not included in the original manuscript are unavailable from the author or university. The manuscript was microfilmed as received.

35

This reproduction is the best copy available.

UMI

Table 2

Location of Violence when Exposure was Witnessed

Violent Incident	Location of Incident		
	In or Near Home	In or Near School	Both Home and School
Witnessed Exposure			
Being Chased (n = 44)	23% (10)	59% (26)	18% (8)
Drug Use (n = 47)	32% (15)	49% (23)	19% (9)
Drug Deals (n = 42)	41% (17)	38% (16)	21% (9)
Accident (n = 40)	28% (11)	60% (24)	12% (5)
Arrests (n = 47)	38% (18)	45% (21)	17% (8)
Threats (n = 39)	31% (12)	51% (20)	18% (7)
Slaps/ Hits/ Punches (n = 45)	33% (15)	47% (21)	20% (9)
Beatings (n = 41)	22% (9)	61% (25)	17% (7)
Weapons (n = 36)	22% (8)	58% (21)	19% (7)
Knife Attack (n = 31)	35% (11)	48% (15)	17% (5)

Table 3

Locations of Violence when Exposure was Direct

Violent Incident	Location of Incident		
	In or Near Home	In or Near School	Both Home and School
Direct Exposure			
Being Chased (n = 26)	38% (10)	50% (13)	11% (3)
Drug Use (n = 44)	30% (13)	48% (21)	22% (10)
Drug Deals (n = 37)	30% (11)	51% (19)	19% (7)
Accident (n = 27)	30% (8)	48% (13)	22% (6)
Arrests (n = 30)	40% (12)	53% (16)	7% (2)
Threats (n = 31)	26% (8)	42% (13)	32% (10)
Slapped/ Hit/ Punched (n = 34)	24% (8)	59% (20)	17% (6)
Beaten Up (n = 28)	18% (5)	68% (19)	14% (4)
Weapon (n = 36)	22% (8)	58% (21)	20% (7)
Heard Gunshot (n = 36)	44% (16)	42% (15)	14% (5)
Knife Attack (n = 20)	25% (5)	60% (12)	15% (3)

Table 4

Gender Means on Predictor and Outcome Variables

Variable	Boys		Girls	
	N= 32		N = 30	
	M	SD	M	SD
Total Exposure	2.5	1.2	2.6	1.36
Overall Distress	1.6	.53	1.92	.67
Externalizing	62.4	10.73	59	11.49
Internalizing	58.8	10.4	53.6	11.7

Table 5

Correlation Matrix of Exposure and Outcome Variables

Scales	1	2	3	4	5
1. Total Exposure					
2. Witnessed Exposure	.916*				
3. Direct Exposure	.904**	.916*			
4. Overall Distress	.287*	.274	.339*		
5. Externalizing Behaviour	.199	.247	.086	.021	
6. Internalizing Behaviour	.142	.140	.114	.197	.746**

* $p < .05$ ** $p < .01$ $N = 52$

.01) and witnessed exposure ($r = .947, p < .01$), but also to overall distress ($r = .664, p < .01$).

As with boys, girls' exposure was not related to either behavioural scores.

Gender Differences

Analysis also showed that boys ($M = 1.57, SD = .53$) and girls ($M = 1.92, SD = .67$) also differed on overall distress ($F(1,49) = 4.35, p < .05; R^2 = .081$). However, the means indicate that boys and girls both experienced distress between *seldom* and *once in a while*. Girls reported externalizing scores within the normal range ($M = 59, SD = 11.49$) while boys scores were within the borderline clinical range ($M = 62.38, SD = 10.73$). However, there was no difference between genders on this measure ($F(1,50) = 1.15, ns; R^2 = .081$). Both boys ($M = 58.84, SD = 10.40$) and girls ($M = 53.75, SD = 11.67$) reported normal levels of internalizing symptoms. The genders did not differ on this measure ($F(1,50) = 2.69, ns; R^2 = .051$).

Correlations for both boys and girls showed that internalizing and externalizing scores were not related to exposure. Girls distress was correlated to both internalizing ($r = .641, p < .01$) and externalizing ($r = .463, p < .05$), whereas boys distress was correlated with internalizing symptoms only ($r = .426, p < .05$). Internalizing and externalizing scores were highly correlated with each other for both boys ($r = .776, p < .01$) and girls ($r = .693, p < .01$).

Age Differences

Age was negatively correlated with total exposure ($r = -.344, p < .05$) indicating that as participants age increased their amount of exposure decreased. A similar relationship was found between age and direct exposure ($r = -.336, p < .05$) (see Table 6). Younger (12 years - 14 years) and older (15 years - 17 years) participants did not differ on any of the predictor or outcome variables.

NOTE TO USERS

Page(s) not included in the original manuscript are unavailable from the author or university. The manuscript was microfilmed as received.

41 - 43

This reproduction is the best copy available.

UMI

Community C ($M = 62.71$, $SD = 12.9$); $F(2,48) = 1.39$, ns; $R^2 = .055$). However, it should be noted that both communities A and C reported mean scores in the borderline clinical range (60 - 63).

Testing the Hypothesis

A multiple regression analysis was used to test the hypothesis that higher levels of exposure to violence will predict higher levels of distress and behavioural problems in a sample of youth. Gender was entered on the first block, followed by community, exposure to violence and an interaction between gender and exposure on separate blocks (see Table 8). The interaction term between gender and exposure was created using standardized z- scores and then multiplying the two variables.

Gender on its own significantly predicted distress ($F(1,49) = 4.35$, $p < .05$; $R^2 = .081$), accounting for 8% of the variance in distress scores. Community was very close to reaching significance over and above gender ($F_{\text{change}}(1,48) = 3.97$, $p = .052$; $R^2 = .152$) which would suggest it is accounting for 7% of the variance in distress over and above that explained by gender. When exposure to violence was entered on the third block following gender and community, the F change was not significant ($F_{\text{change}}(1,47) = 2.17$, ns; $R^2 = .189$). This result indicates that exposure to violence does not account for a significant amount of variance in distress scores after accounting for variance attributed to the gender of the participant and the community in which they live. This is consistent with the simple correlations which showed that only for girls was exposure related to distress. To examine if an interaction between gender and exposure was contributing to distress, an interaction term was included in the analysis and was

Table 8

Multiple Regression Analysis Summary for Variables Predicting Distress

Regression	Variables Included (df1, df2)	Step	R	R ²	R ² change	β
	Gender (1,49)	1	.285	.081	.081	-.285*
	Community (1,48)	2	.390	.152	.070	-.269*
	Exposure (1,47)	3	.435	.189	.037	.258
	Interaction (1,46)	4	.538	.289	.100	-.322*

* p < .05

found significant ($F_{\text{change}}(1,46) = 6.45, p < .05; R^2 = .538$). The R^2 change statistic showed that this interaction accounted for an additional 10% of the variance in distress scores.

To further examine the interaction between gender and exposure, a multiple regression was done separately for boys and girls with community entered first, followed by exposure to violence on a separate block. Results were significant for girls ($F(2,17) = 7.183, p < .01; R^2 = .458$) (see Table 9). Furthermore, examination of the F_{change} statistic showed that for girls exposure to violence was significant over and above community ($F_{\text{change}}(1,17) = 4.632, p < .05; R^2 \text{ change} = .148$). For boys, the same regression analysis was not significant ($F(2, 28) = .009, ns; R^2 = .025$) (see Table 10). These results show that exposure to violence significantly explains variance in distress over and above community for girls but not for boys.

Further analysis was done to examine the effect of exposure to violence on the behavioural outcomes. Gender was entered first, followed by community, exposure to violence, and the interaction between gender and exposure on separate blocks. Results showed that variance was not significantly explained by this model for externalizing scores ($F(4,47) = 1.34, ns, R^2 = .102$) (see Table 11) or internalizing scores ($F(4,47) = 1.25, ns; R^2 = .096$) (see Table 12).

Table 9

Multiple Regression Analysis Summary for Variables Predicting Distress in Girls

Regression	Variables Included (df1, df2)	Step	R	R ²	R ² change	β
	Community (1, 18)	1	.557	.310	.310	-.557*
	Exposure (1, 17)	2	.677	.458	.148	.536*

* $p < .05$

Table 10

Multiple Regression Analysis Summary for Variables Predicting Distress in Boys

Regression	Variables Included (df1, df2)	Step	R	R ²	R ² change	β
	Community (1, 29)	1	.003	.000	.000	.003 ns
	Exposure (1, 28)	2	.025	.001	.001	.032 ns

Table 11

Multiple Regression Analysis Summary for Variables Predicting Externalizing Symptoms

Regression	Variables Included (df1, df2)	Step	R	R ²	R ² change	β
	Gender (1,50)	1	.219	.048	.048	-.219 ns
	Community (1,49)	2	.310	.096	.049	-.222 ns
	Exposure (1,48)	3	.318	.101	.005	.089 ns
	Interaction (1,47)	4	.320	.102	.001	.035 ns

Table 12

Multiple Regression Analysis Summary for Variables Predicting Internalizing Symptoms

Regression	Variables Included (df1, df2)	Step	R	R ²	R ² change	β
	Gender (1,50)	1	.131	.017	.017	-.131 ns
	Community (1,49)	2	.231	.053	.036	-.192 ns
	Exposure (1, 48)	3	.234	.055	.001	.050 ns
	Interaction (1,47)	4	.310	.096	.042	-.208 ns

NOTE TO USERS

Page(s) not included in the original manuscript are unavailable from the author or university. The manuscript was microfilmed as received.

51 - 52

This reproduction is the best copy available.

UMI[®]

symptoms than girls, though not significant.

Examination of the simple correlations presents quite a different pattern of behaviour in response to distress than is usually reported for girls and boys in the literature. Exposure for girls was related to distress but not to the internalizing or externalizing scores. However, distress was related to both internalizing and externalizing scores indicating that while exposure is not having a direct effect on behaviour, it is a factor in creating distress, which is in turn affecting behaviour. Distress may be acting as a mediating variable between girls exposure and their behavioural outcomes.

For the boys in this sample, the relationships between exposure, distress, and the behavioural scores was quite different than for girls. Boys exposure was not related to distress or the internalizing and externalizing scores. However, boys distress was related to internalizing symptoms suggesting that in this sample boys responded to distress with more withdrawn behaviour. Due to the lack of a relationship between exposure and the behaviour variables, distress can not be considered a mediating variable between exposure and behaviour for boys in this sample. Richters and Martinez (1993) reported opposite effects, such that boys in their sample were more likely to act out and girls more likely to withdraw. It is interesting to note that the distress for boys, unlike girls, is not resulting in part from exposure to violence. It is possible that the boys who scored high on the distress measure were having a very different experience than their female counterparts.

School was reported more often than home as the location of violence. Participants reported being beaten up at school 68% of the time as opposed to 18% reporting it in or near their homes. Being slapped, hit or punched was two times more likely to occur at school.

Unfortunatley, this study was not set up to examine the interaction between community violence and school violence, but as previously stated, future research would do well to examine a possible relationship or interaction between these two constructs. In the community violence literature, school is always included as an element of community. This makes sense in many ways, but examination of possible differences between school violence and other violence may be a step in narrowing down how not only community violence, but school violence, affects youth. In this particular study, experiences at school may have been a contributing factor to the differences between boys and girls on behaviour scores. It would be interesting to know if boys were more withdrawn as a result of experiences at school such as bullying behaviour or general intimidation.

There were no gender differences on either internalizing or externalizing scores which is counter to what might be expected. When exposure was entered into the regression following gender and community it was not a significant predictor of distress, or any behavioural problems. However, the interaction between gender and exposure was significant over and above gender, community, and exposure indicating that distress levels will vary according to gender and level of exposure. The subsequent regressions done separately for each gender show that girls differed significantly from boys in the effect of exposure to violence distress over and above community. Together, community and exposure significantly accounted for 67% of the variance in distress for girls. For girls, exposure on its own accounted for 16% of distress. This reflects the difference in the simple correlations which showed distress as being related to exposure for girls but not for boys.

Research on gender and aggression (Crick and Grotpeter, 1995) has suggested that girls

who act out aggressively to the point that they are on par with their male peers, are in fact more deviant than a male counterpart. Because the social norms for girls do not include aggressive behaviour, Crick and Grotpeter propose that girls with high levels of aggression are more distressed than boys who show comparative levels of externalizing behaviour. This would be consistent with the findings here, which show girls as significantly higher than boys on the distress measure. It would be consistent with the research of Crick and Grotpeter, to posit that the high level of externalizing behaviours for girls in this sample is due to their higher levels of distress.

Community Issues

The fact that Community C reported more exposure to violence, and yet there were no community differences on any of the outcome measures, can be interpreted in a number of ways. It is possible that whatever community services are being made available in community C are compensating for the higher rate of exposure. It is more probable though, that the community differences on exposure are not big enough to account for a corresponding increase on scores of distress and behavioural problems. It is also possible that there is a ceiling effect for exposure such that after a certain level, distress does not increase but stays constant.

Age Issues

One of the similarities between this sample and an American sample can be found in the trends on exposure based on age. Richters and Martinez (1990) reported that 47% of their participants in grades 1 and 2 had witnessed a shooting, compared to the previously noted 31% of the older children. This sample showed a similar trend on overall exposure, with total and direct exposure decreasing as age increased. Although this trend is counter-intuitive, this study

had no age differences on any of the measures, and age was not related to any other variables.

Though Garbarino and colleagues have proposed that different age cohorts respond differently to chronic violence (Garbarino et. al., 1992) no effect for age was found here. However, the small sample size may be compounded by the fact that the study was not really set up to address age differences, and the range and subsequent age groups formed by the mean split were not distinct enough from each other to reflect a true age difference based on cohort. Richters and Martinez reported only the frequency scores for each age group they defined, but reported no analyses that would compare the groups on outcome measures. Certainly, it makes intuitive sense that age would be a factor in responses to chronic violence, and probably that is why in much of the research includes age as an element to be considered. However, no one has yet examined age as a primary variable in a study on community violence.

Limitations in the Study

The small sample size in this study most definitely requires us to limit any generalizations to any communities other than the ones included in the study. Furthermore, there were unequal sample sizes between communities, which can effect the error variance. However, examination of the Levene's Test for homogeneity of variance consistently showed that this was not being violated, meaning that the data should be robust to any effect of unequal samples. Nevertheless, a study such as this would benefit greatly from a larger sample size.

The exclusive use of self-report measures is another cause for concern. Richters and Martinez used information from parents and teachers, and this certainly gives a more complete picture. The desire to brag about, or over report exposure was an issue that became evident when examining responses, with some participants reporting they were arrested everyday, or

experienced a knife attack on a weekly basis. Such responses contributed to the reduced sample size, as these questionnaires had to be omitted both for their outlier status and their fundamental implausability.

Self-report is just as much a consideration in the distress measures, and having corresponding information about a participant from a parent or teacher would give a more comprehensive picture of psychological functioning.

Another issue that came up in the data collection, was maintaining the attention and concentration of the participants. Although program coordinators were on hand the whole time data was being collected, there were consistent disruptions and frequent protestations about the length of time it took to fill out the questionnaires. As well, the nature of the questions was a common issue with items being referred to often as "stupid" or "boring". Certainly the repetitiveness of the questions was draining for participants. This puts the researcher in a difficult position, as a variety of measures is preferred with respect to information and analysis on the issues. However, length of time needed to complete the questionnaires is a definite factor to be considered with this particular population.

Answering the Question: A Do we have a problem≡?

The results of this study indicate that for this sample of youth, girls are more likely to respond with distress to exposure to community violence. Both genders had high levels of internalizing and externalizing behaviours which were not related to exposure but to distress. If we consider the question of whether community violence is as big an issue in Canada as the United States, the answer based on these results would be that it is not. However, while these results do not point exclusively to exposure to violence in the community as the main cause for

concern, they do suggest that the youth in these communities are distressed and reacting to distress with high levels of internalizing and externalizing behaviours. In this context we do have a problem. Youth living in communities with higher levels of violence are being asked to cope with high levels of stress. Although there were no significant differences, the externalizing and internalizing scores for both boys and girls were either close to or within the borderline clinical range. Schools are clearly a more violent environment than anywhere else, and if home and neighbourhood are also stressful or violent environments, then this leaves few places where a young person can go to feel safe and secure.

There are many youth programs operating in these communities, however resources must address the needs of the whole community not just their youth. Obviously, the ideal intervention would work to reduce the level of violence in the communities. Failing that, community programs will have to continue working with their youth and providing support and strategies for dealing with any problems that arise through chronic exposure. It is clear for this population, that any intervention would want to focus on girls as more at risk from exposure than boys.

Conclusion

Finally, what is important is that we do not accept an American standard for what is considered an issue. There are opportunities to address youth issues now, before they become more systemic and expected. There is no reason to accept the premise that because someone grows up in a certain community, we should expect them to have problems. Addressing the factors that contribute to community violence go beyond the reaches of just youth issues, it requires that we agree upon certain standards for all communities and commit ourselves to placing high priority to those who do not have the same access to society's safety nets.

References

- Achenbach, T. M. (1991). The Youth Self-Report: 11-18 Journal of Consulting and Clinical Psychology, 46 (3), 478-488.
- American Psychiatric Association. (1993). Diagnostic and Statistical Manual of Mental Disorders (3rd ed.). Washington, D.C: American Psychiatric Association.
- Andrews, D.A, & Bonta, J. (1994). The general personality and social psychological approach: a personal, interpersonal and community-reinforcement perspective. In E.S. Boyne (Ed.), The Psychology of Criminal Conduct (pp. 109-124). Anderson Publishing Co.
- Attar, B. K., Guerra, N. G., & Tolan, P. H. (1994). Neighbourhood disadvantage, stressful life events, and adjustment in urban elementary-school children. Journal of Clinical Child Psychology, 23, 391-400.
- Bell, C.C. & Jenkins, E.J. (1993). Community violence and children on chicago's southside. Psychiatry, 56, 46-54
- Bell, C.C., & Jenkins, E.J. (1997). Exposure and response to community violence. In J.D. Osofsky (Ed.), Children in a Violent Society (pp. 9-32). The Guilford Press.
- Borduin, C.M., Mann, B.J., Cone, L.T., Henggeler, S.W., Fucci, B.R., Blaske, D.M., & Williams, R.A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. Journal of Consulting and Clinical Psychology, 63(4), 569-578.
- Brooks-Gunn, J., Duncan, G.J., Klebanov, P.K., & Sealand, N. (1993). Do neighborhoods influence child and adolescent development? American Journal of Sociology, 99(2), 353-395.
- Bronfenbrenner, V. (1977). Toward an experimental ecology of human development.

American Psychologist, 32, 513-531.

Canada, G. (1995). Fist, Stick, Knife, Gun: A Personal History of Violence in America. Beacon Press.

Cohen, D. & Strayer, J. (1996). Empathy in conduct disordered and comparison youth. Developmental Psychology, 32(6), 988-998.

Cooley, M.R., Turner, S.M., & Beidel, D.C. (1995). Assessing community violence: The children's report of exposure to community violence. Journal of the American Academy of Child and Adolescent Psychiatry, 34(2), 201-208.

Dodge, K.A., & Framw, C.L. (1982). Social cognitive biases and deficits in aggressive boys. Child Development, 52, 620-635.

Dykeman, C., Daehlin, W., Doyle, S., & Snow Flamer, H. (1996). Psychological predictors of school based violence: implications for school counsellors. The School Counsellor, 44, 35-47.

Eisenberg, N., Fabes, R.A., Karbon, M., Murphy, B.C., Wosinski, M., Polazzi, L., Carlo, G., & Juhnke, C. (1996). The relations of children's dispositional prosocial behaviour to emotionality, regulation, and social functioning. Child Development, 67, 974-992.

Elbedour, S., Baker, A.M., & Charlesworth, W.R. (1997). The impact of political violence on moral reasoning in children. Child Abuse and Neglect, 21(11), 1053-1066.

Errante, A. (1997). Close to home: comparative perspectives on childhood and community violence. American Journal of Education, 105, 355-401.

Fergusson, D.M. & Horwood, L.J. (1998). Exposure to intraparental violence in childhood and psychosocial adjustment in young adulthood. Child Abuse and Neglect, 22(5), 339-357.

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). Children in Danger: Coping

with the Consequences of Community Violence. Jossey-Bass Publishers; San Francisco.

Gorman-Smith, D. & Tolan, P. (1998). The role of exposure to community violence and developmental problems among inner-city youth. Development and Psychopathology, 10, 101-116.

Gorman-Smith, D., Tolan, P., & Zelli, A. (1996). The relation of family functioning to violence among inner-city minority youths. Journal of Family Psychology, 10(2), 115-129.

Hastings, T.L., & Kelly, M. (1997). Development and validation of the screen for adolescent violence exposure (SAVE). Journal of Abnormal Child Psychology, 25(6), 511-520.

Herrenkohl, E.C., Herrenkohl, R.C., Rupert, L.J., Egolf, B.P., & Lutz, G. (1995). Risk factors for behavioural dysfunction: the relative impact of maltreatment, SES, physical health problems, cognitive ability, and quality of parent-child interaction. Child Abuse and Neglect, 19(2), 191-203.

Hill, H.M., & Jones, L.P. (1997). Children's and parents' perceptions of children's exposure to violence in urban neighborhoods. Journal of the National Medical Association, 89(4), 270-275.

Hoge, R.D., & Andrews, D.A. (1996). Assessing the Youthful Offender. Forensic Psychiatry and Psychology Library, Plenum Press.

Jaffe, P.G., Wolfe, D.A., & Wilson, S.K. (1990). Children of Battered Women. Sage Publications.

Janus, M., Archambault, F.X., Brown, S.W., & Welsh, L.A. (1995). Physical abuse in canadian runaway adolescents. Child Abuse and Neglect, 19(4), 433-447.

Kilpatrick, K.L. & Williams, L.M. (1998). Potential mediators of post-traumatic stress disorder in child witnesses to domestic violence. Child Abuse and Neglect, 22(4), 319-330.

Kliewer, W., Lepore, S., Oskin, D., & Johnson, P.D. (1998). The role of social and

cognitive processes in children's adjustment to community violence. Journal of Consulting and Clinical Psychology, 66, 199-209.

Kochanska, G., Murray, K., & Coy, K.C. (1997). Inhibitory control as a contributor to conscience in childhood: from toddler to early school age. Child Development, 68(2), 263-277.

Kopp, C.B. (1983). Risk factors in development. In P.H. Mussen (Ed.). Handbook of Child Psychology (4th ed., Vol 2), Infancy and developmental psychology. (pp. 1080-1181). New York: Wiley.

Loeber, R. (1990). Developmental risk factors of juvenile antisocial behaviour and delinquency. Clinical Psychology Review, 10, 1-41.

Lorion, R.P., & Saltzman, W. (1993). Children's exposure to community violence: following a path from concern to research to action. Psychiatry, 56, 55-65.

Mackie, R. (1998, September 8). Schools are more violent: poll. The Globe and Mail, p. A6.

Malik, S., Sorenson, S.B., & Aneshensel, C.S. (1997). Community violence and dating violence among adolescents: perpetration and victimization. Journal of Adolescent Health, 21, 291-302.

Masten, A.S., & Garmezy, N. (1985). Risk, vulnerability, and protective factors in developmental psychopathology. Child Development, 55, 97-111.

Osofsky, J.D. (1995). The effects of exposure to violence on young children. American Psychologist, 9, 782-788.

Osofsky, J.D. (Ed). (1997). Children in a Violent Society. The Guilford Press.

Ottawa-Carleton Area Police-Community Council. (1997). Partnership in Action, Ministry

of the Solicitor General and Correctional Services.

Parson, R. (1994). Countertransference in the Treatment of PTSD. Inner-city children of trauma: urban violence traumatic stress response syndrome (U-VTS) and therapists' response. pp. 151-178. The Guilford Press.

Putnam, F.W., & Trickett, P.K. (1993). Child sexual abuse: a model of chronic trauma. Psychiatry, 56, 82-95.

Pynoos, R.S., & Eth, S. (1985). Witness to violence: the child interview. Journal of the American Academy of Child Psychiatry, 25, 306-319.

Pynoos, R.S., & Nader, K. (1989). Children's memory and proximity to violence. Journal of the American Academy of Child and Adolescent Psychiatry, 28(2), 226-241.

Pynoos, R.S., Frederick, C., Nader, K., Arroyo, W., Steinberg, A., Eth, S., Nunez, F., & Fairbanks, L. (1987). Life threat and posttraumatic stress in school-age children. Archives of General Psychiatry, 44, 1057-1063.

Richters, J.E. & Martinez, P. (1990a). Checklist of child distress symptoms: self report. National Institute of Mental Health.

Richters, J.E. (1993). Community violence and children's development: toward a research agenda for the 1990s. Psychiatry, 56, 3-7.

Richters, J.E., & Martinez, P. (1993). The NIMH community violence project: I. children as victims of and witnesses to violence. Psychiatry, 56, 8-21.

Richters, J.E., & Martinez, P. (1993). The NIHM community violence project: II. children's distress symptoms associated with violence exposure. Psychiatry, 56, 22-35.

Robins, L. (1978). Sturdy childhood predictors of adult antisocial behaviour: replications

form longitudinal studies. Psychological Medicine, 8, 611-622.

Rubin, K. H., LeMare, L. J. & Lollis, S. (1990). Social withdrawal in childhood: developmental pathways to peer rejection. In Asher, S & Coie, J. *Children's Status in the Peer Group*. New York: Cambridge. 217-248.

Schwart, E.D., Kowalski, J.M. (1991). Malignant memories: PTSD in children and adults after a school shooting. Journal of the American Academy of Child and Adolescent Psychiatry, 30(6), 936-944.

Schwartz, D., Dodge, K.A., Pettit, G.S., & Bates, J.E. (1997). The early socialization of aggressive victims of bullying. Child Development, 68(4), 665-675.

Shakoor, B.H., & Chalmers, D. (1991). Co-victimization of african- american children who witness violence and the theoretical implications of its effects on their cognitive, emotional, and behavioural development. Journal of the National Medical Association, 83(8), 233-238.

Solicitor General. (1995). Report on School-Based Violence Prevention in Canada.

Stark, E. (1993). The myth of black violence. Social Work, 38(4), 485-490.

Statistics Canada, (1996). Canadian Crime Statistics. Government of Canada.

Webster, D.W., Gainer, P.S., & Champion, H.R. (1993). Weapon carrying among inner-city junior high school students: defensive behaviour vs aggressive delinquency. American Journal of Public Health, 83(11), 1604-1608.

White, J.L., Moffitt, T.E., Earls, F., Robins, L., & Silva, P.A. (1990). How early can we tell?: predictors of childhood conduct disorder and adolescent delinquency. Criminology, 28(4), 507-527.

Appendix A

YOUTH SELF-REPORT FOR AGES 11–18

For office use only
ID #*Please Print*

YOUR FULL NAME			FIRST		MIDDLE		LAST		PARENTS' USUAL TYPE OF WORK , even if not working now (<i>Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.</i>) FATHER'S TYPE OF WORK: _____ MOTHER'S TYPE OF WORK: _____ Please fill out this form to reflect <i>your</i> views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4.
YOUR SEX		YOUR AGE		ETHNIC GROUP OR RACE					
☐ Boy ☐ Girl									
TODAY'S DATE				YOUR BIRTHDATE					
Mo. _____ Date _____ Yr. _____				Mo. _____ Date _____ Yr. _____					
GRADE IN SCHOOL _____		IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK:							
NOT ATTENDING SCHOOL ☐									

Please Print

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 1. I act too young for my age
 0 1 2 2. I have an allergy (describe): _____

- 0 1 2 3. I argue a lot
 0 1 2 4. I have asthma
 0 1 2 5. I act like the opposite sex
 0 1 2 6. I like animals
 0 1 2 7. I brag
 0 1 2 8. I have trouble concentrating or paying attention
 0 1 2 9. I can't get my mind off certain thoughts (describe): _____

- 0 1 2 10. I have trouble sitting still
 0 1 2 11. I'm too dependent on adults
 0 1 2 12. I feel lonely
 0 1 2 13. I feel confused or in a fog
 0 1 2 14. I cry a lot
 0 1 2 15. I am pretty honest
 0 1 2 16. I am mean to others
 0 1 2 17. I daydream a lot
 0 1 2 18. I deliberately try to hurt or kill myself
 0 1 2 19. I try to get a lot of attention
 0 1 2 20. I destroy my own things
 0 1 2 21. I destroy things belonging to others
 0 1 2 22. I disobey my parents
 0 1 2 23. I disobey at school
 0 1 2 24. I don't eat as well as I should
 0 1 2 25. I don't get along with other kids
 0 1 2 26. I don't feel guilty after doing something I shouldn't
 0 1 2 27. I am jealous of others
 0 1 2 28. I am willing to help others when they need help
 0 1 2 29. I am afraid of certain animals, situations, or places, other than school (describe): _____

- 0 1 2 30. I am afraid of going to school
 0 1 2 31. I am afraid I might think or do something bad
 0 1 2 32. I feel that I have to be perfect
 0 1 2 33. I feel that no one loves me
 0 1 2 34. I feel that others are out to get me
 0 1 2 35. I feel worthless or inferior
 0 1 2 36. I accidentally get hurt a lot
 0 1 2 37. I get in many fights
 0 1 2 38. I get teased a lot
 0 1 2 39. I hang around with kids who get in trouble

- 0 1 2 40. I hear sounds or voices that other people think aren't there (describe): _____

- 0 1 2 41. I act without stopping to think
 0 1 2 42. I would rather be alone than with others
 0 1 2 43. I lie or cheat
 0 1 2 44. I bite my fingernails
 0 1 2 45. I am nervous or tense
 0 1 2 46. Parts of my body twitch or make nervous movements (describe): _____

- 0 1 2 47. I have nightmares
 0 1 2 48. I am not liked by other kids
 0 1 2 49. I can do certain things better than most kids
 0 1 2 50. I am too fearful or anxious
 0 1 2 51. I feel dizzy
 0 1 2 52. I feel too guilty
 0 1 2 53. I eat too much
 0 1 2 54. I feel overtired
 0 1 2 55. I am overweight
 56. Physical problems *without known medical cause*:
 0 1 2 a. Aches or pains (*not* stomach or headaches)
 0 1 2 b. Headaches
 0 1 2 c. Nausea, feel sick
 0 1 2 d. Problems with eyes (*not* if corrected by glasses) (describe): _____

- 0 1 2 e. Rashes or other skin problems
 0 1 2 f. Stomachaches or cramps
 0 1 2 g. Vomiting, throwing up
 0 1 2 h. Other (describe): _____

- 0 1 2 57. I physically attack people
 0 1 2 58. I pick my skin or other parts of my body (describe): _____

- 0 1 2 59. I can be pretty friendly
 0 1 2 60. I like to try new things
 0 1 2 61. My school work is poor
 0 1 2 62. I am poorly coordinated or clumsy
 0 1 2 63. I would rather be with older kids than with my friends

0 = Not True			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	64. I would rather be with younger kids than with kids my own age					
0	1	2	65. I refuse to talk					
0	1	2	66. I repeat certain acts over and over (describe): _____					

0	1	2	67. I run away from home					
0	1	2	68. I scream a lot					
0	1	2	69. I am secretive or keep things to myself					
0	1	2	70. I see things that other people think aren't there (describe): _____					

0	1	2	71. I am self-conscious or easily embarrassed					
0	1	2	72. I set fires					
0	1	2	73. I can work well with my hands					
0	1	2	74. I show off or clown					
0	1	2	75. I am shy					
0	1	2	76. I sleep less than most kids					
0	1	2	77. I sleep more than most kids during day and/or night (describe): _____					

0	1	2	78. I have a good imagination					
0	1	2	79. I have a speech problem (describe): _____					

0	1	2	80. I stand up for my rights					
0	1	2	81. I steal at home					
0	1	2	82. I steal from places other than home					
0	1	2	83. I store up things I don't need (describe): _____					

0	1	2	84. I do things other people think are strange (describe): _____					

0	1	2	85. I have thoughts that other people would think are strange (describe): _____					

0	1	2	86. I am stubborn					
0	1	2	87. My moods or feelings change suddenly					
0	1	2	88. I enjoy being with other people					
0	1	2	89. I am suspicious					
0	1	2	90. I swear or use dirty language					
0	1	2	91. I think about killing myself					
0	1	2	92. I like to make others laugh					
0	1	2	93. I talk too much					
0	1	2	94. I tease others a lot					
0	1	2	95. I have a hot temper					
0	1	2	96. I think about sex too much					
0	1	2	97. I threaten to hurt people					
0	1	2	98. I like to help others					
0	1	2	99. I am too concerned about being neat or clean					
0	1	2	100. I have trouble sleeping (describe): _____					

0	1	2	101. I cut classes or skip school					
0	1	2	102. I don't have much energy					
0	1	2	103. I am unhappy, sad, or depressed					
0	1	2	104. I am louder than other kids					
0	1	2	105. I use alcohol or drugs for nonmedical purposes (describe): _____					

0	1	2	106. I try to be fair to others					
0	1	2	107. I enjoy a good joke					
0	1	2	108. I like to take life easy					
0	1	2	109. I try to help other people when I can					
0	1	2	110. I wish I were of the opposite sex					
0	1	2	111. I keep from getting involved with others					
0	1	2	112. I worry a lot					

Appendix B

Checklist of Children's Distress Symptoms: Self Report Version

How I feel

The following questions concern your feelings and behaviours during the past six months.

Please answer each question to the best of your knowledge.

1. How often do you have trouble paying attention or keeping your mind on things (for example school work) even when you try very hard to pay attention?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

2. How often do you daydream at home or in class?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

3. How often do you not feel like doing things that you used to like to do (like hobbies, or games, or spending time with friends)?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

4. How often do you just not care about anything, even things you used to care about?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

5. How often do you worry about being safe?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

6. How often do you watch things around you really closely in order to protect yourself from something bad happening?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

7. How often do you try very hard not to think about something bad or frightening that happened to you?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

8. How often do you have a hard time getting to sleep or staying asleep at night?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

9. How often do you feel really jumpy or scared when you hear loud noises, or when someone comes up from behind?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

10. How often do you keep remembering something upsetting, or have thoughts that kept going through your mind about something upsetting-even when you don't want to think about it or remember it?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

11. How often do you have bad dreams or nightmares?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

12. How often have you been to places, seen people, or heard things that reminded you of something bad that happened in the past?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

13. How often do you get really scared, sad, mad, upset, or in a very bad mood?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

14. How often do certain people, places, or things remind you of something bad that happened?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

15. How often do you avoid or try not to go places or do things that remind you of something bad that happened in the past?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

16. How often do you have a difficult time trying not to get scared, mad, sad, or upset about something that happened in the past?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

17. How often do you feel really lonely, or like you don't fit in at all, even when there are other people around?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

18. How often do you feel that nobody cares about you or that you can't love other people?

- (a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

19. How often are you unable to feel upset (scared, sad or mad) even when something bad happens?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
20. How often are you unable to laugh or feel happy, even when something really good or funny happens?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
21. How often do you feel really nervous, scared, or afraid?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
22. How often do little things bother you or make you angry, even things that don't seem to bother other people or make them angry?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
23. How often do little things bother you--things that don't seem to bother other people?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
24. How often do you feel that you might not live very long?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
25. How often do you feel that you might not have a very happy life?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
26. How often do you feel that something bad or frightening from the past is happening all over again?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
27. Sometimes when people feel like something from the past is happening all over again it seems so real to them that they can actually see pictures of what happened in their mind, or hear sounds, or smell or feel parts of what happened even when there is nothing really there. How often does this happen to you?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time
28. How often are you unable to remember something frightening from the past even when you try really hard?
(a) never (b) seldom (c) once in a while (d) a lot of the time (e) most of the time

Appendix C

Survey of Exposure to Community Violence

Listed below are various kinds of violence and things related to violence that you may have experienced, seen, or heard about. For each question circle the letter that best describes your experience. **DO NOT INCLUDE IN YOUR ANSWERS THINGS YOU MAY HAVE SEEN OR HEARD ABOUT ONLY ON TV, RADIO, THE NEWS, OR IN THE MOVIES.**

Do not write your name anywhere on this form. This is a confidential survey. No one will know that these are your answers.

Being Chased

1a. How many times have you **yourself** been chased by gangs or individuals? (Circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

1b. When was the last time you were chased? (Circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

1c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

2a. How many times have you **seen someone else** get chased by gangs or individuals?(circle one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

2b. When was the last time you saw someone being chased? (circle one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

2c. Where did you see this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

3a. How many times have you **heard about** someone get chased by gangs or individuals? (circle one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

3b. When was the last time you heard about someone being chased? (circle one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

3c. Where were they chased? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Drug Activity

4a. How many times have you **seen other people** using or selling illegal drugs? (circle one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

4b. When was the last time you saw this? (circle one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

4c. Where did you see this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

5a. How many times have you **yourself** been asked to get involved in any aspect of selling or distributing illegal drugs? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

5b. When was the last time this happened? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

5c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

6a. How many times have you **yourself** been asked to use illegal drugs? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

6b. When was the last time this happened? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

6c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

7a . How many times have you seen someone else selling or distributing illegal drugs? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

7b. When was the last time you saw this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

7c. Where did you see this happen? (circle only one)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

8a. How many times have you only **heard about** someone else being asked to get involved in any part of selling or distributing illegal drugs? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

8b. When was the last time you heard about this? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

8c. Where did you hear about this? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Serious Accidents

9a. How many times have you yourself actually been in a serious accident where you thought that you or someone else would get hurt badly or die? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

9b. When was the last time this happened? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

9c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

10a. How many times have you **seen someone else** have a serious accident where you thought that the person would get hurt very badly or die? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

10b. When was the last time you saw this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

10c. Where did you see this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

11a. How many times have you only heard about someone else being in an accident where you thought they might be very badly hurt or might die? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

11b. When was the last time you heard about something like this? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

11c. Where did you hear about this? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Forced Entry

12a. How many times have you **yourself** been at home when someone has broken into or tried to force their way into your home? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

12b. When was the last time this happened? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

13a. How many times has your house been broken into when you were not home? (circle one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

13b. When was the last time this happened? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

14a. How many times have you **seen someone** trying to force their way into someone else's house or apartment? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

14b. When was the last time you saw this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

15a. How many times have you heard about someone trying to force their way into someone's house or apartment? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

15b. When was the last time you heard about this happening? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

Arrests

16a. How many times have you yourself been picked-up, arrested, or taken away by the police? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

16b. When was the last time this happened? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

16c. Where were you when this happened? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

17a. How many times have you seen someone else being picked-up, arrested, or taken away by the police? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

17b. When was the last time you saw this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

17c. Where were you when this happened? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

18a. How many times have you heard about someone being picked-up, arrested, or taken away by the police? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

18b. When was the last time you heard about this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

18c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Threats

19a. How many times have you **yourself** been threatened with serious physical harm by someone? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

19b. When was the last time this happened to you? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

19c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

20a. How many times have you **seen someone** else being threatened with serious physical harm? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

20b. When was the last time you saw this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

20c. Where were you when you saw this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

21a. How many times have you **heard** about someone being threatened with serious physical harm? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

21b. When was the last time you heard about this happening? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

21c. Where did this threat take place? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Slapping, Hitting, and Punching

22a. How many times have you **yourself** actually been slapped, punched, or hit by someone who was **not** a member of your family? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

22b. When was the last time this happened to you? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

22c. Where were you when this happened? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

23a. How many times have you **seen someone** else being slapped, punched, or hit by someone who was **not** a member of their family? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

23b. When was the last time you saw this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

23c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

24a. How many times have you **heard about** someone being slapped, punched, or hit by someone who was **not** a member of their family? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

24b. When was the last time you heard about this happening? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

24c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Beatings

25a. How many times have you **yourself** been beaten up? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

25b. When was the last time this happened to you? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

25c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

26a. How many times have you **seen** someone being beaten up? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

26b. When was the last time you saw this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

26c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

27a. How many times have you **heard about** someone being beaten up? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

27b. When was the last time you heard about this happening? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

27c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Carrying Guns and Knives

28a. How many times have you seen someone carrying or holding a gun or knife? (do not include police, military, or security officers) (circle only one).

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

28b. When was the last time you saw this happen? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

28c. Where were you when you saw this? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

29a. How many times have you **heard about** someone carrying a gun or a knife? (do not include police, military, or security officers) (circle only one).

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

29b. When was the last time you heard about this? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

29c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Gun Shots

30a. How many times have you heard gun shots fired? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

30b. When was the last time you heard gun shots fired? (circle only one)

Community Violence and Development

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

30c. Where were you when you heard gun shots fired? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

31a. How many times have you yourself been attacked or stabbed with a knife? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

31b. When was the last time this happened to you? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

31c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

32a. How many times have you seen somebody attacked or stabbed with a knife? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

32b. When was the last time you saw this happen?

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

32c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

33a. How many times have you heard about someone being stabbed or attacked with a knife? (circle only one)

(a) never	(d) 3 or 4 times	(g) at least once a month
(b) 1 time	(e) 5 or 6 times	(h) at least once a week
(c) 2 times	(f) 7 or 8 times	(i) almost every day

33b. When was the last time you heard about this happening? (circle only one)

(a) a week ago	(d) about 6 months ago	(g) between 1 and 2 years ago
(b) a month ago	(e) about 9 months ago	(h) between 3 and 5 years ago
(c) 3 months ago	(f) about a year ago	(i) more than 5 years ago

33c. Where did this happen? (circle one or more)

(a) near home	(c) near school	(e) other
(b) in the home	(d) in school	

Appendix D

Parental Consent Form For Child Participation

The Effects of Community Violence on Children and Youth Participation Consent Form

Juliana Pulford
Carleton University

I understand that I am being asked to give permission for my child to participate in a study which is being conducted by Juliana Pulford under the supervision of Dr. Tina Daniels of the Psychology Department of Carleton University.

I understand that the proposed length of my child's participation is about 1 hour.

I understand that my child will be asked questions about events he/she has witnessed or experienced which may have been traumatic.

I understand that participation is voluntary and that I may refuse to allow my child to participate in this research.

I understand that my child does not have to answer any question she/he dislikes or is uncomfortable with. Also, my child may withdraw from the study at any point without penalty.

I understand that all information provided to the researcher is strictly confidential and that my child will not be identified in any publication, discussion, or conference presentations related to this research.

I understand that the questionnaires will be completed in a community centre where my child participates in activities.

I understand that I have the right to have all of my questions or concerns about this study answered to my satisfaction.

I understand that I will receive feedback on the overall results of the research by means of a written summary. I can also contact the researcher by phone if I would prefer to speak with her in person.

I acknowledge receiving a copy of this informed consent.

I ☐ give consent for my child _____ to take part in this study.

I ☐ do not give consent for my child _____ to take part in this study.

Parent Signature

Appendix E

Letter of Explanation for Parents

The Effect of Community Violence on Children and Youth

Juliana Pulford
Carleton University

Dear Parent or Guardian,

My name is Juliana Pulford and I am currently working on a Masters thesis under the supervision of Dr. Tina Daniels. The topic of my research is the effect of community violence on children and youth; specifically behaviours and feelings that might mean a child is very upset or effected by something. In order to carry out my research I need your assistance. I will be asking your child to participate by answering some questions. This is possible only with your consent and approval. If you allow your child to participate he/she will be asked to consent to answer a series of questions regarding violence exposure in your community and possible reactions to that exposure. The first survey is a measure of exposure to, and awareness of, violence; the second survey asks about various incidents or crimes you may have heard about, witnessed, or experienced. A third questionnaire will ask questions about how your child thinks about him/herself and others, as well as any habits or persistent feelings they may experience on a regular basis. Please note that none of the questions relate to issues within the family. This research is interested only in occurrences outside of the home.

If you do choose to allow your child to participate it is important that you know that all of his/her responses are completely confidential. No one, not even myself will be able to tell who answered the questionnaire.

Participation is completely voluntary, no one is required to participate. If you do participate and then decide you wish to withdraw from the study you may do this without any penalization.

Any questions or comments you may have are more than welcome; I would enjoy any feedback you may have to give about any aspect of this project.

If you have any ethical concerns or questions about this project please feel free to contact Dr. M. Gick (Chair, Department of Psychology Ethics Committee, (613)520-2600, ext. 2664) or Dr. K. Matheson (Chair, Department of Psychology, (613) 520-2600, ext.2648)

You may also contact myself or my advisor, Dr. T. Daniels , at (613)520-2600, ext 2686.

Due to the long distance cost of calling Ottawa, please feel free to contact the program coordinator at the community centre who will relay any questions or concerns to me.

Name of Program Coordinator:

Phone Number:

Appendix F

Oral Introduction For Participants

My name is Juliana, I'm a student at Carleton University in Ottawa and I would like to ask you some questions. I am interested in knowing what your experiences in your neighbourhood are like. The kinds of things you see, hear about or have happen to you on a regular basis. The reason I am interested in these things is because I would like to know how your experiences make you feel. If there are any questions please ask me and if there is anything you don't want to answer you don't have to. If you decide not to finish all the questions that is also fine.

Some of the questions are quite personal so I want you to know that all of your answers are confidential so no one will know what you say. Not your parents, friends or teachers. My teacher and I will be the only people who see your answers but since I am not going to put your name on your answers even I won't really be able to know which answers are yours.

Because this is not a test there are no right or wrong answers. I just want to know about your experiences and what your feelings are about them.

This will take about 1hr in total so I really appreciate your taking the time.

Because I am based in Ottawa and calling me would be long distance, please feel free to voice any concerns you may have to your youth program coordinator who I will be in constant contact with.

I am also going to give you the number for the Kids Help Phone so that if you feel you need to talk to someone or need support you will have this service available to you.

Thank you very much.

Appendix G

Participant Consent Form

The Effects of Community Violence on Children and Youth
Participation Consent Form

Juliana Pulford
Carleton University

I understand that I am being asked to participate in a research study which is being conducted by Juliana Pulford under the supervision of Dr. Tina Daniels of the Psychology Department of Carleton University.

I understand that the proposed length of my participation is approximately 45 minutes.

I understand that the following risks are involved in participation: I may be made aware of distress symptoms that I am experiencing due to exposure to violence. I understand that I am free to contact the investigator at the telephone number listed below if I have any questions

I understand that my participation is voluntary and that I may refuse to participate in this study without penalty to me or my child. I may omit the answer to any question.

I understand that my research records will be kept confidential and that I will not be identified in any publication, discussion, or conference presentations related to this research. If quotations are to be used for publications or paper presentations, the researcher will obtain my specific consent to use those quotes.

I understand that I have a right to have all questions about the study to be answered by the researcher or the research advisor in sufficient detail to clearly understand the answer.

I understand that I will receive feedback on the overall results of this research by means of a written summary. I can also contact the researcher by phone if I would prefer to speak with her in person.

If I have any questions about the research, the procedures employed, my rights, or any other research related concerns I may contact the investigator or her supervisor.

I acknowledge receiving a copy of this informed consent.

Participant's name
Investigator's name
Supervisor's name:

Participant's signature	Date
Investigator's signature	Date
Dr. Tina Daniels, 520-2600 Ext. 2686	

Appendix H

Debriefing Letter for Participants

The Effect of Community Violence on Children and Youth

Juliana Pulford
Carleton University

Thank you once again for choosing to participate in this project. Your participation has meant a lot to me.

Today you have answered some difficult questions about what you have experienced and what you feel. I know that some of these were personal and I want to say again that all of your responses are confidential and your name is not anywhere on your papers.

You might feel you need to talk to someone about some of the things you have had to think about today. I am going to give you the number for the Children's Help Line where you can call anytime and talk to someone. The call is free. Also, the youth workers for your program are available to talk about any feelings you might have that you want to talk about.

If you need to contact me please tell the youth worker who will then relay the message to me. In this way you can avoid a long distance charge.

I will return once this project is finished to present and discuss the results. I look forward to seeing you all then.

Thank you again,

Juliana

Children's Help Line: 1-800-668-6868
Juliana in Ottawa: (613) 520-2600 ext.2686