The Role of Family Conflict in the Relation Between Exposure to Community Violence and Depressive Symptoms

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Exposure to Community Violence and Depressive Symptoms

BY

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Abstract

The current study examined the role of family conflict as a mediator in the relation between exposure to community violence and depressive symptoms, after controlling for non-violent life stressors. One hundred thirty-three early adolescents (ages 11-15 years) completed a demographics questionnaire, the Survey of Exposure to Community Violence, the 9-item conflict subscale of the Family Environment Scale, the Children's Depression Inventory, and the Life Events Checklist. Family conflict was not a significant mediator of the relation between exposure to community violence via victimization and depressive symptoms after controlling for non-violent negative life stressors. However, family conflict was a significant mediator of this relation when not controlling for non-violent negative life stressors. Future research should focus more attention on the role of negative life stressors. Clinical efforts should target youth who have recently experienced multiple negative life stressors rather than just those who have been victimized by community violence.

The Role of Family Conflict in the Relation Between Exposure to Community Violence and Depressive Symptoms

The violence that children and adolescents are exposed to has been described as an "epidemic" and one of the most critical threats to the health of children and adolescents in America (U.S. Surgeon General's Office, 2001). Despite a decrease in violence since its highest point in the early 1990s, the violence affecting today's youth continues to be extremely high according to public health officials (U.S. Surgeon General's Office, 2001). National estimates indicate that 20%-50% of children have been victims of violence with rates of witnessing violence consistently higher than that of victimization (Finkelhor & Dziuba-Leatherman, 1994; Stein, Jaycox, Kataoka, Rhodes, & Vestal, 2003). Some researchers have estimated that as many as 75%-90% of middle-school and high-school age adolescents have been exposed to community violence as either a witness or a victim (Overstreet & Mazza, 2003).

Community Violence Exposure among At-Risk Youth

Previous research has identified several risk-factors that are associated with increased exposure to community violence. For example, youth from low-income neighborhoods and families tend to have higher rates of exposure to community violence than youth from middle to upper class neighborhoods and families (Fitzpatrick, 1997; Fitzpatrick & Boldizar, 1993; Gladstein, Rusonis, & Heald, 1992; Moses, 1999; Overstreet, Dempsey, Graham, & Moely, 1999; Schubiner, Scott, & Tzelepis, 1993). Compared to youth from suburban communities, youth from urban

community are more likely to hear about, witness, and be victims of exposure to community violence (Campbell & Schwarz, 1996). Specifically, Campbell and Schwarz found that urban youth were at least 6 times more likely to have witnessed a murder or been caught in gun crossfire and 3 times more likely to have heard about a murder. Urban youth were also almost twice as likely to have been a witness or victim of robbery and slightly more likely to have heard about robberies. Ethnic minority youth are also at increased risk for exposure to community violence compared to Caucasian youth (Fitzpatrick & Boldizar, 1993; Gladstein et al., 1992; Selner-O'Hagan et al., 1998). Schwab-Stone et al. (1995) found that African American and Hispanic American/Latino students were approximately two times as likely to have witnessed a shooting or stabbing in the past year as were Caucasian students in the same school district. Anderson et al. (2001) found that African American children and adolescents had higher rates of being a victim of a school-related homicide than Caucasian children and adolescents. One study by Gladstein et al. (1992) contrasted the prevalence of exposure to community violence in a sample of predominately African American youth from low-income, urban communities with that of a sample of youth from a middle-to-upper class resort community and found more weapon-related exposure to community violence in the former sample. The low-income, urban, minority youth were more likely to have been a victim of a shooting, stabbing, or robbery (3-7% vs. 1-3%) and much more likely to have witnessed a shooting, stabbing, assault, or murder involving a weapon (25-43% vs. 1-13%). In addition, age has also been considered a risk-factor for exposure to community

violence. Several studies have found that rates of exposure to community violence are higher among older youth than younger children (Anderson et al., 2001; Richters & Martinez, 1993; Weist et al., 2001). Another study suggested that middle-school age youth may be more at risk for exposure to community violence than either grade-school or high-school aged youth (Schwab-Stone et al., 1995). In contrast, there is also some evidence that age may not be a significant predictor of exposure to community violence for youth living in high violence communities (Bell & Jenkins, 1993). Given these risk factors, this study seeks to examine the prevalence and impact of exposure to community violence specifically in a predominately ethnic minority sample of middle-school age youth from urban low-income environments.

Not only the prevalence but also the psychological impact of such exposure to community violence on children and adolescents warrants the need for continued study in this population. In a meta-analysis of recent studies, Wilson and Rosenthal (2003) found considerable evidence to support a positive relation between exposure to community violence and psychological distress among adolescents. Studies based on urban samples and predominately African American samples resulted in larger effect sizes. Higher levels of exposure to community violence have been associated with elevated internalizing symptoms of posttraumatic stress (Berman, Kurtines, Silverman, & Serafini, 1996; McCart et al., 2007; Overstreet & Braun, 2000), anxiety (Cooley-Quille, Boyd, Frantz, & Walsh, 2001; Ozer, 2005), and depression (Dempsey, 2002; Gorman-Smith & Tolan, 1998; Hagan & Foster, 2001; Singer, Anglin, Song, & Lunghofer, 1995). Increased exposure to community violence has

also been related to more externalizing problems (Cooley-Quille, Turner, & Beidel, 1995), delinquency (McCart et al., 2007), aggression (Ozer, 2005; Schwab-Stone et al., 1999), and substance use (Taylor & Kliewer, 2006) in adolescents. Considering that low-income, urban, minority youth are at a greater risk for exposure to community violence, they are also likely at greater risk for developing the emotional and behavioral difficulties associated with exposure to community violence. Thus, it is important to examine the relation between exposure to community violence and these negative outcomes particularly in this at-risk population.

Depressive Symptoms

Although a range of psychological distress outcomes have been investigated, depression has perhaps received less attention than posttraumatic stress and other anxiety disorders as reactions to exposure to community violence. However, several studies have demonstrated that higher levels of exposure to community violence were associated with increased levels of depression among children and adolescents, particularly among low-income, urban, minority youth. For example, Ozer and Weinstein (2004) found that greater exposure to community violence was related to more depressive symptoms in middle-school-aged, ethnic minority adolescents from urban public schools. Similarly, Fitzpatrick (1993) showed that community violence victimization was linked to higher rates of depressive symptoms in low-income, African-American children and adolescents. In a sample of low-income, predominately Hispanic American elementary-school-age children from urban communities, Ceballo, Ramirez, Hearn, and Maltese (2003) demonstrated that both

witnessing and being victimized by community violence were associated with greater levels of depressive symptoms and feelings of hopelessness. Hammack, Richards, Luo, Edlynn, and Roy (2004) found that elevated levels of exposure to community violence were linked to higher current and future depressive symptoms in African American middle-school-age youth from low-income, urban environments. Additionally, Gorman-Smith and Tolan (1998) determined that high amounts of exposure to community violence were related to increases in depression symptoms one year later among African American and Latino early adolescent boys from low-income, inner-city neighborhoods. Thus, there is substantial support for the connection between exposure to community violence and depressive symptoms in youth, particularly those ethnic minority youth from low-income, urban communities. In particular, some studies have shown stronger associations between victimization by community violence and depressive symptoms than witnessing community violence and depressive symptoms among these youth (Henrich, Schwab-Stone, Fanti, Jones, & Ruchkin, 2004; Ruchkin, Henrich, Jones, Vermeiren, & Schwab-Stone, 2007).

Ecological-Transactional Model of Community Violence

This link between exposure to community violence and youth outcomes can be better understood by considering Cicchetti and Lynch's (1993) ecological-transactional model of community violence based on Bronfenbrenner's (1989) ecological systems theory. This model outlines four interacting ecologies (from most distal to most proximal to the child): 1) the macrosystem, which consists of cultural

values and beliefs; 2) the exosystem, which includes community systems; 3) the microsystem, which contains family, school, and peer systems; and 4) the ontogenic development of the child, which consists of individual factors. These systems and the elements within them interact and influence each other in ways that impact (moderate) and explain (mediate) the association between exposure to community violence (exosystem) and youth mental health (ontogenic development). Family environment factors (microsystem) have been of particular interest to researchers. Already several variables have been studied and found to moderate the relation between exposure to community violence and depressive symptoms including time with family (Hammack et al., 2004), social support (Kliewer, Lepore, Oskin, & Johnson, 1998; Ozer & Weinstein, 2004), daily support (Hammack et al., 2004), mother's presence in the home (Overstreet et al., 1999), maternal closeness (Hammack et al., 2004), and parental monitoring (Ceballo et al., 2003).

Lynch and Cicchetti (1998) suggested that being raised in chronically stressful environments such as those involving frequent community violence may contribute to depressive symptoms including feelings of helplessness, hopelessness, ineffectiveness, and low self-esteem. Community violence may also cause disturbances in the family system such as more authoritarian parenting practices, changes in parent-child interactions and communications, and increased family conflict. Family conflict may then lead children to feel less able to garner support from their family to cope with community violence, resulting in more feelings of helplessness and other depressive symptoms (Lynch & Cicchetti, 1998; Overstreet &

Mazza, 2003).

There have been relatively fewer studies of mediators, or mechanisms, of the influence of exposure to community violence on depressive symptoms. Nonetheless, family conflict has been found to mediate the relation between exposure to community violence and posttraumatic stress symptoms in inner-city, African American early adolescents (Overstreet & Braun, 2000). Investigators in this area have called for additional research on how family conflict mediates the impact of exposure to community violence on child and adolescent psychopathology (Cicchetti & Lynch, 1993). Specifically, Overstreet and Mazza (2003) emphasized that "it will be important for future research to examine whether family conflict mediates the relation between ECV [exposure to community violence] and other mental health outcomes, such as depression and aggressive behavior" (p. 73). This study specifically seeks to address this gap in the literature by examining the role of family conflict as a mediator in the relation between exposure to community violence and depressive symptoms (see Figure 1).

Family Conflict

Past research has already provided some support for the first two requirements to establish the proposed mediator model. First, the predictor variable, exposure to community violence, must be associated with the proposed mediator, family conflict. Cooley-Quille et al. (1995) found that children exposed to a great deal of community violence were also experiencing increased family conflict compared to children with low community violence exposure. This effect was maintained among adolescents

even after controlling for the effects of non-violent life stressors (Overstreet & Braun, 2000). As a second requirement, the proposed mediator, family conflict, must be associated with the dependent variable, depressive symptoms. In one previous study, Formoso, Gonzales, and Aiken (2000) demonstrated that elevated levels of family conflict were related to more depressive symptoms among a sample of ethnically diverse, urban, early adolescents. This finding has found continued support specifically among African American female adolescents (Constantine, 2006). The current study seeks to provide further evidence to support these findings as well as extend past research by evaluating the role of family conflict as a mediator in the relation between exposure to community violence and depressive symptoms in early adolescent youth. By evaluating the relations between exposure to community violence, family conflict, and depressive symptoms in one investigation, this study allows for the mediator role of family conflict to be empirically tested rather than only suggested by separate studies on the individual relationships between any two variables in the proposed model.

Non-violent Life Stressors

Youth exposed to high levels of community violence are also more likely to have experienced other stressful life events (Cooley-Quille et al., 2001; Gorman-Smith & Tolan, 1998). Research has also found that negative life events are related to increased depressive symptoms among early adolescents (Gorman-Smith & Tolan, 1998; Overstreet et al., 1999). Therefore, it is important to control for non-violent life stressors when examining the specific effects of exposure to community violence.

Several studies investigating the relation between community violence exposure and internalizing symptoms, such as anxiety and depression, have assessed and controlled for other stressful life events in their analyses (Kliewer et al., 1998; Overstreet & Braun, 2000; Overstreet et al., 1999). Consequently, this study considered the relationships between exposure to community violence via victimization, family conflict, and depressive symptoms only after controlling for youths' experience of non-violent negative life stressors.

Purpose

The present study investigated the role of family conflict as a mediator in the relation between exposure to community violence via victimization and depressive symptoms, after controlling for non-violent negative life stressors.

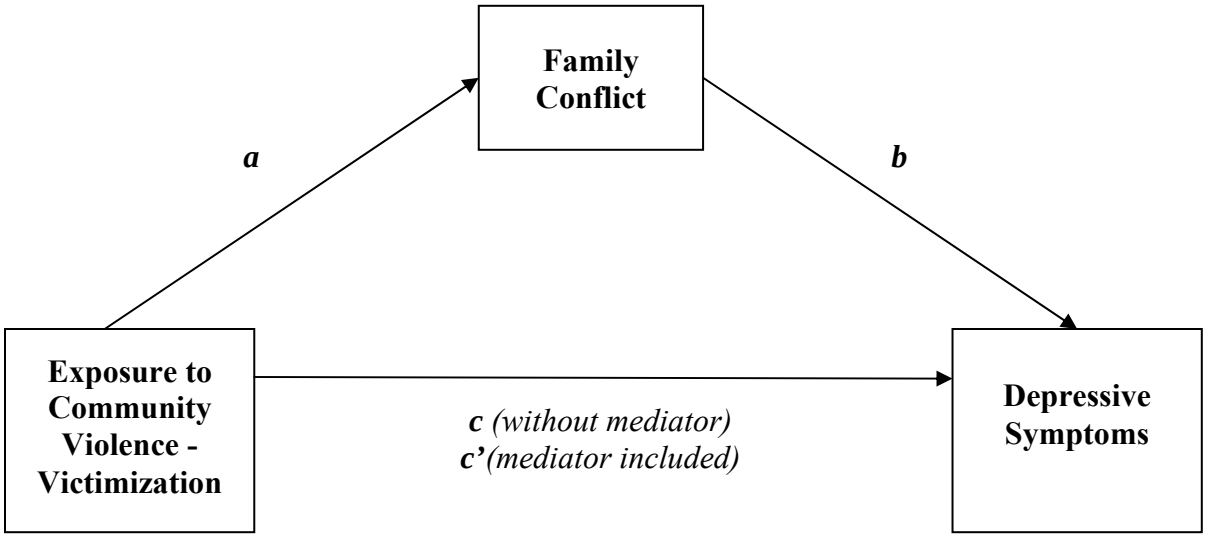
Hypotheses

The following four hypotheses were tested:

1. Adolescents' exposure to community violence via victimization positively predicts their level of depressive symptoms, after controlling for non-violent negative life stressors.
2. Adolescents' exposure to community violence via victimization positively predicts family conflict, after controlling for non-violent negative life stressors.
3. In turn, adolescents' family conflict positively predicts depressive symptoms, after controlling for exposure to community violence via victimization and non-violent negative life stressors.

4. Family conflict mediates the relation between adolescents' exposure to community violence via victimization and their depressive symptoms (see Figure 1), after controlling for non-violent negative life stressors.

Figure 1.



Method

Participants

Participants were youth (ages 11-15 years) who attended AileyCamp, a six-week day camp targeting at-risk youth from Kansas City public middle schools.[1] All campers (N = 177) were invited to participate. Only those children whose parents consented to their participation after being informed about the study were included in

[1] The violent crime rates for Kansas City, Missouri and Kansas City, Kansas were 3.05 and 1.81 times higher than the national rates, respectively, in 2006 (Bureau of Justice Statistics, 2009a, 2009b). An analysis of the neighborhoods of those 92 youth who attended pre-camp orientation revealed that 84% of the youth from Kansas City, Missouri and 51% of the youth from Kansas City, Kansas lived in neighborhoods with rates of crimes against persons that were higher than the city average in 2006 (University of Missouri, Kansas City, Center for Economic Information, n.d.).

the study for a total of 133, resulting in a 75.1% return rate.

An a priori power analysis was conducted based on the results of previous studies that have investigated the relation between exposure to community violence via victimization, family conflict, and depressive symptoms in children and adolescents. The median effect size for each path of the proposed model was converted to an f^2 statistic (ranging from 0.05 to 0.19), which was used to calculate necessary sample size according to the statistical power analysis program *G-Power 3.0* given a power of at least .80 at the .05 significance level (Faul, Erdfelder, Lang, & Buchner, 2007). The most conservative estimate of the three estimated sample sizes indicated that 159 participants would be necessary for the analyses in the present study.

Measures

Demographics. The child demographics questionnaire (Appendix A) asked for the following information about the child: gender, age, ethnicity, previous years at camp, grade in school, actual academic grades, ideal academic grades, and health status.

Exposure to Community Violence. The Survey of Exposure to Community Violence (SECV; Richters & Saltzman, 1990; Appendix C) assessed how frequently the children have been victimized by, witnessed, or only heard about 20 types of violence and violence-related behaviors in their community within the past year (Kliewer, 2006; Kliewer et al., 2004; Overstreet & Braun, 2000; Taylor & Kliewer, 2006; Wilson, Kliewer, Teasley, Plybon, & Sica, 2002). The SECV consists of 52

items: 14 items for being victimized, 22 items for witnessing, and 16 items for hearing about violence. The answer choices for each item are displayed on a 9-point scale from "never" (1) to "almost everyday" (9). The analyses used the summed score of 13 victimization items; the item referring to victimization by family violence was not included to avoid overlap with the family conflict measure in the present study. Thus, the summed scores can range from 13 to 117 with higher scores indicating more exposure to community violence via victimization. The SECV was originally designed as an interview for children ages 6 to 10 years of age but this measure and a slightly modified (i.e., self-report, frequency only) version of this measure have also been used with middle-school age children up to age 15 (Kliewer et al., 2004; Overstreet & Braun, 2000; Taylor & Kliewer, 2006). The slightly modified version was used in the current study. The SECV has been used in several other previous studies (Kliewer et al., 1998; Richters & Martinez, 1993) and has demonstrated test-retest reliability of $r = .81$ (Richters & Martinez, 1993). It has also established internal consistency of $\alpha = .83$ among African American middle-school-age youth (Overstreet & Braun, 2000). In the present sample, the internal consistency of the 13-victimization scale used in the primary analysis and the total SECV were acceptable ($\alpha = .72$ and $\alpha = .94$, respectively).

Family Conflict. The 9-item conflict subscale of the Family Environment Scale (FES; Moos & Moos, 1994) was used to measure the level of conflict within the children's families (Cecil & Matson, 2006; Cooley-Quille et al., 1995; Overstreet & Braun, 2000). Item responses (True/False) produced raw scores that were converted

to standard scores (M = 50, SD = 10). Standard scores can range from 33 to 80 with higher scores indicating greater levels of expressed conflict within the family. The conflict subscale has demonstrated adequate internal consistency (α = .75; Moos & Moos, 1994) in the standardization sample as well as in specifically adolescent (α = .72; Boyd, Gullone, Needleman, & Burt, 1997) and African American middle-school-age populations (α = .68; Overstreet & Braun, 2000). This subscale has also established good test-retest reliability (r = .85) over two-month period (Moos & Moos, 1994). In the current study's sample, the conflict subscale had an internal consistency of .63, which is lower than those found in previous research.

Depressive Symptoms. The Children's Depression Inventory (CDI; Kovacs, 1985) was used to measure the level of children's depressive symptoms within the past two weeks (Fitzpatrick, 1993; Formoso et al., 2000; Hammack et al., 2004; Kliewer et al., 2004; Kliewer et al., 1998; Reinemann & Ellison, 2004). The CDI consists of 27 items assessing thoughts, feelings, and behaviors related to depression. Children indicated their responses to each item on a 3-point scale with scores of 0 to 2. Total raw scores were converted to standard scores (M = 50, SD = 10), which can range from 34 to 100 with higher scores indicating greater severity of depressive symptoms. The CDI is the most commonly used and well-known self-report measure for children's depressive symptoms in both research and clinical settings (Craighead, Curry, & Ilardi, 1995; Steele et al., 2006). Several studies have shown the CDI to have good psychometrics, including internal consistency (α = .83 to .89; Kovacs, 1983; Ollendick & Yule, 1990; Smucker, Craighead, Craighead, & Green, 1986),

test-retest reliability (r = .74 to .83) over a 3-week period (Kaslow, Rehm, & Siegel, 1984; Meyer, Dyck, & Pertrinack, 1989; Smucker et al., 1986), and convergent validity with other measures of internalizing symptoms (r = .65) and self-esteem (r = -.59; Kovacs, 1985). The CDI has also been frequently used in research on samples similar to the one that will be used in the present study. Specifically, the CDI was used with ethnic minority, mainly African American, youth from low-income/inner-city communities in several studies (Fitzpatrick, 1993; Formoso et al., 2000; Hammack et al., 2004; Kliewer et al., 2004; Kliewer et al., 1998; Reinemann & Ellison, 2004). The internal consistency of the CDI in these samples has also been demonstrated as adequate, ranging from .81 to .88 (Fitzpatrick, 1993; Formoso et al., 2000; Kliewer et al., 2004; Kliewer et al., 1998). Similarly, the CDI had an internal consistency of .84 in the current sample.

Non-violent Life Stressors. The Life Events Checklist (LEC; Johnson & McCutcheon, 1980; Appendix B) assessed recent stressful, non-violent life events (Carothers, Borkowski, & Whitman, 2006; Jackson, Kim, & Delap, 2007; Overstreet & Braun, 2000; Reinemann & Ellison, 2004). The LEC consists of 46 items including both positive and negative life events. Children were asked to indicate if each event has occurred within the past year and, if so, whether the event was positive ("good") or negative ("bad") for them. While the original measure also asked children to rate the impact of each event, only the total number of negative life events was used in the analyses of this study. Compared to simple count scores, differentially weighted scores demonstrate decreased internal consistency reliability (Lei & Skinner, 1980)

and test-retest reliability over a two-month period (Brand & Johnson, 1982). Weighted scores have also not been found to increase predictive validity (Johnson & McCutcheon, 1980). In addition, scores of negative life events have been much more predictive of adjustment outcomes than positive life events (Greene, Walker, Hickson, & Thompson, 1985; Johnson & McCutcheon, 1980; Turner & Wheaton, 1995). Possible scores can range from 0 to 46 with higher scores indicating higher levels of non-violent, stressful negative life events. The LEC was developed specifically for adolescents and previous research supports its use with children and adolescents (Brand & Johnson, 1982; Goodman, Brumley, Schwartz, & Purcell, 1993; Greene et al., 1985; Johnson & McCutcheon, 1980). The LEC has demonstrated adequate test-retest reliability ($r = .72$, $p < .001$) after two months (Brand & Johnson, 1982) as well as good internal consistency ($\alpha = .70$) and predictive validity for depressive symptoms ($r = .72$, $p < .001$) in populations of African American youth from inner-city settings (Overstreet et al., 1999). In the current study, four items were not endorsed by any participant as a negative life stressor; therefore, these four items did not contribute any variability to the scores. The internal consistency calculated on the remaining 43 items was .80.

Procedure

This study was part of a larger data collection project that recruited AileyCamp youth and their parents to participate; the current study used only those data from the measures completed by children at the beginning of camp. (Other measures taken during this period included the Behavior Assessment System for

Children (2nd edition) Self-Report (BASC-2; Reynolds & Kamphaus, 2004)). A recruitment flyer was sent out with other AileyCamp informational materials prior to camp. During the camp orientation meetings, campers' parents were informed of the study in more detail and asked to complete the consent form (Appendix D). Those parents who do not attend a camp orientation meeting had the opportunity to complete the consent form at the AileyCamp office when they came to register their child for camp. The principal investigator then collected those consent forms from the AileyCamp office prior to the beginning of camp. On the first day of camp, groups of 20 children were brought into a large classroom to meet with the principal investigator and/or research assistants. Those children whose parents consented for them to participate were informed of the study and asked to give their verbal assent (Appendix E). Those children who assented then completed the study measures. All measures were read aloud to the children to prevent any impact of a child's reading difficulty on their responses. Families that participated received a $10 gift card for completing pre-camp measures and two tickets to the Ailey Dance Theater performance for completing post-camp measures. This study was reviewed and approved by the Human Subjects Committee of the University of Kansas.

Missing Data

Across all variables included in the present study, there was a small amount of data missing (2.24%) due to a few skipped items by some participants. To allow for more accurate, less biased, estimations of population parameters, multiple data imputation was conducted using the expectation–maximization (EM) imputation

algorithm in PRELIS (Lisrel 8.8; Jöreskog & Sörbom, 2008; Graham, Cumsille, & Elek-Fisk, 2003). The data set including imputed values was used for all analyses, except the demographic analyses.

Data Analyses

Data analyses included descriptive statistics and correlational analyses of demographic and study variables. To test the direct and indirect effects of the proposed mediational model as presented in Figure 1, this study used the bias-corrected bootstrapping method developed by Preacher and Hayes (2004, 2008) and recommended by Fritz and MacKinnon (2007). Compared to the commonly used Baron and Kenny (1986) method, the Preacher and Hayes method has several advantages in that it tests all paths of the model at the same time rather than through a series of separate regression analyses, does not require a normal sampling distribution of the indirect effect, and decreases the likelihood of Type I error (Preacher & Hayes, 2004). In addition, Fritz and MacKinnon (2007) found this bias-corrected bootstrapping procedure to be the most powerful test of mediation. This technique uses sampling with replacement to estimate the indirect effect and produce a 95% confidence interval for the indirect effect. If the confidence interval does not include 0, then the conclusion is that the indirect effect is significant at $p < .05$. For this study, depressive symptoms was entered as the dependent variable, exposure to community violence via victimization was entered as the predictor variable, family conflict was entered as the proposed mediator, and non-violent negative life stressors was entered as the control variable in the SPSS macro (see www.quantpsy.org) created by

Preacher and Hayes (2008) using 5,000 bootstrap resamples and bias corrected and accelerated intervals. Table 2 presents the results of these analyses.

Results

Youth Demographics

Participants were 133 youth. Participating youth ranged in age from 11 to 15 (M = 12.5 years, SD = .09) and were 87.2% female. The ethnicity of these youth was 63.2% African American, 15.8% Biracial/Multiracial (86.0% of which were African American along with other ethnicities), 7.5% Hispanic, 7.5% Caucasian, 1.5% Native American, and 4.5% other ethnicity.

Preliminary Analyses

Table 1 summarizes the means, standard deviations, and bivariate correlations for exposure to community violence via victimization, family conflict, depressive symptoms, and non-violent negative life stressors. As expected, each of these variables was significantly correlated with each of the others.

Table 1

Means, Standard Deviations, and Bivariate Correlations among Exposure to Community Violence – Victimization, Family Conflict, Depressive Symptoms, and Non-violent Negative Life Stressors Variables

	M	SD	1	2	3	4
1. Exposure to Community Violence – Victimization	19.4	7.2	--			
2. Family Conflict	51.9	11.3	.282**	--		
3. Depressive Symptoms	47.3	9.3	.272**	.301**	--	
4. Non-violent Negative Life Stressors	5.5	4.4	.336**	.450**	.339**	--

Note. $^{**}p < .01$.

Test of the Hypothesized Model

In support of the first hypothesis, it was found that adolescents' exposure to community violence via victimization positively predicted their level of depressive symptoms after controlling for non-violence negative life stressors (*c* path). In addition, this relation was no longer significant after including family conflict as a mediator (*c'* path). However, support was not found for the second and third hypotheses. Specifically, after controlling for non-violent negative life stressors, the associations between exposure to community violence via victimization and family conflict (*a* path) and between family conflict and depressive symptoms (*b* path) can only be considered trends in the hypothesized directions as they did not reach

significance. Moreover, the fourth hypothesis that family conflict mediates the relation between adolescents' exposure to community violence via victimization and their depressive symptoms (see Figure 1), after controlling for non-violent negative life stressors was not supported. The test of indirect effects (*ab* path) produced confidence intervals that contained zero at the 95% level (i.e., LL CI = -.0048; UL CI = .1107), indicating that family conflict was not a significant mediator in the hypothesized model.[2]

[2] Some items in the measure of non-violent negative life stressors were very similar to those in the exposure to community violence measure (e.g., Have you been put in jail?") and the family conflict measure (e.g., "Have you been arguing more with your parents?"). Therefore, this analysis was rerun without these items. The results were the same (LL CI = -.0002; UL CI =.1314).

Table 2

Results of the Test of Hypothesized Mediational Model

Path	β	*B*	*SE*	*p*	95% CIs for Indirect Effect Lower	Upper	R^2
Single Mediator Model: Family Conflict							.16
Victimization-Family Conflict (*a* path)	.148	.23	.13	.075			
Family Conflict-Depressive Symptoms (*b* path)	.161	.13	.07	.081			
Total Effect Victimization-Depressive Symptoms (*c* path)	.178	.23	.11	.041			
Direct Effect Victimization-Depressive Symptoms (*c′* path)	.155	.20	.11	.076			
Life Events-Depressive Symptoms (partial effect)	.215	.45	.20	.022			
Indirect Effect (*ab* path)					-.0048	.1107	

Note. Confidence intervals not including zero indicate a statistically significant indirect effect at $p < .05$.

Post Hoc Power Analysis

Given that this study did not find a significant effect for mediation and was 26 participants short of the sample size recommended by the a priori power analysis, a post hoc power analysis was conducted to calculate the actual power of this study to detect the hypothesized effect. Again, using the statistical power analysis program *G-Power 3.0*, post hoc power was calculated based on a .05 significance level, a sample size of 133 participants, and the population effect size parameters calculated in the a

prior power analysis (f^2 ranging from 0.05 to 0.19; Faul et al., 2007). The most conservative of the three power estimates was .72, indicating that this study came close to the standard .80 power. Also, according to Fritz and MacKinnon's (2007) estimates of sample sizes needed for .80 power, the current study had a sample size sufficient to detect medium to large effects and may have only missed small effects.

Exploratory Analyses

Subsequent to the main analyses, several exploratory analyses were conducted. As seen in Table 1, exposure to community violence via victimization, family conflict, and depressive symptoms were each most strongly correlated with non-violent negative life stressors. Because it is possible that controlling for non-violent negative life stressors did not leave enough additional shared variance to be explained, an exploratory analysis evaluated the hypothesized mediational model without controlling for non-violent negative life events. Unlike the original analysis, this test of mediation produced confidence intervals that did not contain zero at the 95% level (i.e., LL CI = .0136; UL CI = .1956), indicating that family conflict was a significant mediator in this model.

Because this study was part of a larger project that included the BASC-2 self-report, the opportunity was available to test whether these findings would remain the same when using a different measure of depressive symptoms. Using the BASC-2 Depression subscale instead of the CDI, the hypothesized mediational model was again tested both with and without controlling for non-violent negative life stressors. Replicating the previous findings in this study, these analyses produced confidence

intervals that contained zero at the 95% level (i.e., LL CI = -.0084; UL CI = .1233) when controlling for non-violent negative life stressors but did not contain zero when not controlling for non-violent negative life stressors (i.e., LL CI = .0256; UL CI = .2237). These exploratory analyses demonstrated a robust finding that family conflict was not a significant mediator of the relation between exposure to community violence via victimization and depressive symptoms only after controlling for non-violent negative life stressors.[3,4]

Discussion

The prevalence and impact of exposure to community violence and associated psychological symptoms on the lives of youth, particularly those living in urban low-income environments, demonstrate the need for continued investigations into and refinement of the theories, practices, and policies related to youth's exposure to community violence. The current study serves as a step in this much needed direction by examining the role of family conflict as a possible mediator in the relation between exposure to community violence via victimization and depressive symptoms. As expected given past research, this study found that exposure to community violence via victimization positively predicted depressive symptoms, after controlling for non-violent negative life stressors, among a sample of urban, predominately ethnic minority, middle-school age youth. However, according to the results of this study,

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[3] Exposure to community violence including being victimized, witnessing, and hearing about violence might be thought to be a better test of the proposed mediator model than victimization alone. However, these analyses also produced confidence intervals that contained zero at the 95% level (i.e., LL CI = -.0003; UL CI = .0048) when controlling for non-violent negative life stressors but did not contain zero when not controlling for non-violent negative life stressors (i.e., LL CI = .0052; UL CI = .0381).

[4] Family conflict might also be thought to function as a moderator in this model. However, support for a moderator model was not found in this study (p = .180).

family conflict did not mediate this relationship. After controlling for non-violent negative life stressors, exposure to community violence via victimization did not predict family conflict and family conflict did not predict depressive symptoms. Therefore, the hypothesized model was not supported.

Several possible reasons for this non-significant finding were considered. First, the possibility that faulty measures may have contributed to the obtained results was reviewed. If the measures used in this study were inappropriate for accurately evaluating the intended constructs in this population of youth, it could be possible that the current study was not an accurate test of the hypothesized mediator model and the mediated effect might be support if other measures were used. Each of the measures used in this study has been used with similar samples in other studies to measure the same constructs measured in this study (Formoso et al., 2000; Hammack et al., 2004; Overstreet & Braun, 2000; Taylor & Kliewer, 2006; Ruchkin et al., 2007). Previous research has established adequate psychometrics for each measure (Boyd et al., 1997; Brand & Johnson, 1982; Fitzpatrick, 1993; Formoso et al., 2000; Kovacs, 1985; Moos & Moos, 1994; Overstreet & Braun, 2000; Overstreet et al., 1999; Richters & Martinez, 1993; Smucker et al., 1986). In addition, in the current study's sample, the three of the four primary measures (SECV, CDI, and LEC) demonstrated adequate internal reliability. However, the FES-conflict subscale demonstrated only moderate internal reliability in the current sample, which may have resulted in inaccurate estimates of the direct and indirect paths involving family conflict. Therefore, it is possible that the mediator model may have been supported if a more reliable measure

had been used.

The current study's focus on a limited age group of early adolescents could allow for the possibility that the hypothesized mediator model may be present for other age groups even though it was not supported among these middle-school-age youth. Previous studies have examined the relation of exposure to community violence and family conflict among young children (Farver, Xu, Eppe, Fernandez, & Schwartz, 2005), middle-school-age youth (Christiansen & Evans, 2005; Overstreet & Braun, 2000), and older youth (DuRant, Cadenhead, Pendergrast, Slavens, & Linder 1994). However, these studies were different from the current study in multiple ways (reporter, ethnicity, and definition of exposure to community violence) preventing comparisons between findings and conclusions regarding the role of age in this relationship. Previous research on the relationship between family conflict and depressive symptoms has produced large variability in results but no consistent findings by age. Correlations ranged for .25 (Meyerson, Long, Miranda, & Marx, 2002) to .57 (Herman, Ostrander, & Tucker, 2007). However, similar correlations were found for elementary school children (r = .42; Dumka, Roosa, & Jackson, 1997), middle school youth (r = .40; Formoso et al., 2000), and high school juniors and seniors (r = .43; Constantine, 2006). Thus, the research suggests that this relationship does not vary significantly by age. In regards to the relation of exposure to community violence via victimization and depressive symptoms, the current study produced a correlation similar to that of previous studies of middle school and high school adolescents (r = .25; Rosario, Salzinger, Feldman, & Ng-Mak, 2008; r = .259;

McGee, 2003) and within the range of previous studies of college-age adolescents (16-20 year olds) which ranged from .17 to .31 (Rosenthal, 2000; Rosenthal & Hutton, 2001). No comparable studies of younger children could be found. Therefore, there is no evidence about this relationship that would indicate that the mediator relation would be significantly different in an older or younger sample. Overall, it does not seem that age would influence the likelihood of finding support for family conflict as a mediator of the relation of exposure to community violence via victimization and depressive symptoms. Thus, the results of this study would likely generalize to other ages of children and adolescents.

Because the current sample was largely female, one might also question whether the mediator model would have been supported in a sample of boys rather than mainly girls. Some research has found that the correlation between exposure to community violence via victimization and depressive symptoms was higher for middle school boys than for middle school girls (Hammack et al., 2004). However, other research has shown a higher correlation between exposure to community violence via victimization and depressive symptoms among middle school girls than middle school boys (Ruchkin & Henrich, 2007). Given this mixed evidence, it is unlikely that there is a substantial difference between girls and boys in the amount of shared variability to be mediated by family conflict. In addition, the relationship between family conflict and depressive symptoms has not been described in terms of gender in the previous literature. Therefore, it is uncertain whether there might be a gender difference in this relationship that would impact the likelihood of finding a

mediator relationship among boys versus girls. On the other hand, one study found a slightly higher correlation between exposure to community violence via victimization and family conflict among middle school girls than middle school boys (Christiansen & Evans, 2005). This would suggest that, if anything, the mediator relationship would be more likely to be found among girls than boys.

The variability among scores was also examined to determine if perhaps the current sample was more homogeneous than those in previous research given that lower variability could have decreased the chance of finding significant relationships between variables. The standard deviations for the non-violent negative life stressors (*SD* = 4.4) and family conflict scores (*SD* = 11.3) were very similar to those in past studies (respectively, *SD* = 4.52-4.63, Reinemann & Ellison, 2004; Warren, Jackson, & Sifers, 2009; *SD* = 11.7, Overstreet & Braun, 2000). The standard deviation for depressive symptoms (SD = 6.31, based on raw scores) fell within the range of those from prior findings (*SD* = 5.5-7.71; Durant et al., 1994; Formoso et al., 2000; Hammack et al., 2004; Overstreet et al., 1999). Previous studies of exposure to community violence via victimization have each used slightly different numbers of items preventing direct comparisons for this variable. Thus, there were no substantial differences in score variability that would have contributed to the non-significant findings of this study.

This study was modeled after research by Overstreet and Braun (2000), which found that family conflict mediated the relationship between exposure to community violence and post-traumatic stress symptoms after controlling for non-violent

negative life stressors in a group of ethnic minority middle-school-aged urban youth. Unlike the Overstreet and Braun study, the current investigation did not find support for family conflict as a mediator when using depressive symptoms as the outcome variable. One possible reason for this difference in results could be that exposure to community violence is more strongly related to post-traumatic stress symptoms than to depressive symptoms. Post-traumatic stress necessarily requires some sort of trauma to have been experienced (American Psychiatric Association, 2000). Exposure to community violence is one such traumatic experience that has been shown to trigger post-traumatic stress symptoms (American Academy of Child and Adolescent Psychiatry, 1998). Unlike post-traumatic stress symptoms, the development of depressive symptoms is not necessarily triggered by a traumatic experience, but rather can occur after any of a variety of psychosocial stressors (American Psychiatric Association, 2000). Exposure to community violence has been found to be more strongly related to post-traumatic stress symptoms than depressive symptoms among early adolescents (Ozer & Weinstein, 2004). While multiple life stressors increase children's risk of developing post-traumatic stress symptoms (American Academy of Child and Adolescent Psychiatry, 1998), stressful life events have been found to be significantly more frequent in children, particularly females, with depressive symptoms compared to those with anxiety symptoms (Williamson, Birmaher, Dahl, & Ryan, 2005). Therefore, it is possible that the current study did not find results similar to the Overstreet and Braun study partially because the control variable, negative life stressors, was more strongly related to depressive symptoms than

posttraumatic stress symptoms, whereas the independent variable, exposure to community violence, was more strongly related to posttraumatic stress symptoms than depressive symptoms.

In addition, depressive symptoms may be more strongly related to general negative life stressors than to exposure to community violence more specifically. Some authors have explained depressive symptoms in youth as resulting in part from negative life stressors (Compas, Grant, & Ey, 1994). As mentioned early, youth's exposure to community violence has been found to be significantly related to their experiences of other negative life stressors (Cooley-Quille et al., 2001; Gorman-Smith & Tolan, 1998). For this reason, previous studies of community violence exposure and the current study have controlled for non-violent negative life stressors in order to assess the specific contribution of exposure to community violence on youth psychological distress. When non-violent negative life stressors were included as a control variable in the current study, the results of the mediator analysis were non-significant. However, when non-violent negative life stressors were not included as a control variable, family conflict was shown to be a significant mediator of the relationship between exposure to community violence via victimization and depressive symptoms. This finding was also replicated when using a different measure of depressive symptoms. Non-violent negative life stressors were the most highly correlated predictor of depressive symptoms. Therefore, in the current study, the control variable, non-violent negative life stressors, explained so much of the variability in the mediator model that there was not enough uniquely shared

variability (2.1%) between exposure to community violence via victimization and depressive symptoms to be explained by family conflict.

In keeping with the tradition of most (53%) studies of mediation (Maxwell & Cole, 2007), this study utilized a cross-sectional design. While the process of mediation involves change over time, cross-sectional analyses do not actually provide time for the independent variable to cause the dependent variable or to cause the mediator, or the mediator to cause the dependent variable. Instead, cross-sectional analyses assume causation among variables measured at the same time. Consequently, the results can be considerable over-estimates or under-estimates of the longitudinal mediation effects (Maxwell & Cole, 2007). Therefore, it is possible that the findings of the current study could have been significantly different if longitudinal analyses had been employed.

Limitations

Several limitations of this study should be noted. First, the relatively low reliability of the measure of family conflict in this study may have produced inaccurate estimates of the role of family conflict in the hypothesized model. Therefore, the mediator model may be supported if a more reliable measure of family conflict was used. Second, girls far outnumbered boys in this sample to the extent that comparisons between genders could not be made and the findings cannot be said to generalize to boys. However, previous research on the role of gender in the relations between study variables suggests that, if anything, the mediator relationship would be even less likely to be found among a sample of boys. Third, due to the cross-sectional

nature of this study, the hypothesized temporal sequence of study variables was assumed, but not directly examined. Therefore, it is possible that the relations between variables may be altered if analyzed longitudinally; thereby, producing different results. Fourth, all study variables were measured via youth self-report questionnaires. Therefore, it is possible that shared method variance may have resulted in an inflated estimate of the association between variables. Fifth, data collection was conducted on the first day of a six-week summer camp and the novelty of day may have influenced the accuracy of adolescents' responses. However, it is unknown to what extent, if any, the timing of data collection impacted the findings of this study.

Implications for Future Research and Practice

Despite these limitations, this study provided evidence that depressive symptoms in early adolescents are better explained by negative life stressors in general than by experiences of community violence victimization more specifically. Those youth who have experience community violence victimization are also likely to have experienced several other negative life stressors, which are associated with greater risk for family conflict and depressive symptoms. Future research regarding depressive symptoms in early adolescents should focus increasing attention on the role of negative life stressors. In addition, the hypothesized mediator model should be reevaluated in future research utilizing a more reliable measure of family conflict as well as longitudinal methods, measuring all variables across three time points, to determine the temporal sequence and possible causal processes involved in this

model. Intervention and prevention programs geared towards youth depressive symptoms should target those youth who have recently experienced several negative life stressors rather than merely those who have experienced community violence or obvious trauma. While family conflict did not significantly mediate the relation between exposure to community violence via victimization and depressive symptoms after controlling for non-violent negative life stressors, family conflict was a significant mediator of this relation when not controlling for non-violent negative life stressors. Therefore, clinical efforts should also seek to prevent or reduce conflict in families of youth experiencing multiple negative life stressors.

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Appendix A

Child Demographics Questionnaire

1. **I am a :**
    a. Female
    b. Male

2. **I am _____ years old.**

3. **My race/ethnicity is (Select one or more responses):**
    a. Asian
    b. American Indian or Alaska Native
    c. Black or African American
    d. Hispanic or Latin
    e. Native Hawaiian or other Pacific Islander
    f. White or Caucasian
    g. Other_____

4. **Have you been to AileyCamp before?**
    a. Yes, in _____ (what year?)
    b. No

5. **I was in the _____ grade last year**:
    a. 5th grade or lower
    b. 6th grade
    c. 7th grade
    d. 8th grade
    e. 9th grade
    f. 10th or higher

6. **In school, my grades are:**
    a. Mostly A's
    b. Mostly B's
    c. Mostly C's
    d. Mostly D's
    e. Mostly F's

7. **I would like my grades to be:**
    a. Mostly A's
    b. Mostly B's
    c. Mostly C's
    d. Mostly D's
    e. Mostly F's

8. **I would describe my health as:**
    a. Excellent
    b. Very good

c. Good
d. Fair
e. Poor

Appendix B

Life Events Checklist

This is a list of things that sometimes happen to people. Circle one answer for each question.

If it did not happen to you in the past year, circle **No**.
If it did happen to you in the past year and was a good event, circle **Good.**
If it did happen to you in the past year and was a bad event, circle **Bad**.

In the **PAST YEAR**, …	No, it did not happen.	Yes, it was GOOD.	Yes, it was BAD.
1. Have you moved to a new home?	No	Good	Bad
2. Do you have a new brother or sister?	No	Good	Bad
3. Have you changed to a new school?	No	Good	Bad
4. Has any family member been seriously ill or injured?	No	Good	Bad
5. Have your parents gotten divorced?	No	Good	Bad
6. Have your parents been arguing more?	No	Good	Bad
7. Has your mother or father lost his/her job?	No	Good	Bad
8. Has a family member died?	No	Good	Bad
9. Have your parents separated?	No	Good	Bad
10. Has a close friend died?	No	Good	Bad
11. Has either parent been away from home more?	No	Good	Bad
12. Has a brother or sister left home?	No	Good	Bad
13. Has a close friend been seriously ill or injured?	No	Good	Bad
14. Has one of your parents gotten into trouble with the law?	No	Good	Bad
15. Has one of your parents gotten a new job?	No	Good	Bad
16. Do you have a new stepmother or stepfather?	No	Good	Bad
17. Has one of your parents gone to jail?	No	Good	Bad

18.	Has there been a change in how much money your parents have?	No	Good	Bad
19.	Have you had trouble with a brother or sister?	No	Good	Bad
20.	Have you gotten any awards for good grades?	No	Good	Bad
21.	Have you joined a new club?	No	Good	Bad
22.	Have you lost a close friend?	No	Good	Bad
23.	Have you been arguing less with your parents?	No	Good	Bad
24.	Have you been in special education classes (resource room, class for kids with learning or behavior problems)?	No	Good	Bad
25.	Have you had a problem obeying rules?	No	Good	Bad
26.	Have you gotten new glasses or braces?	No	Good	Bad
27.	Have you had learning problems in school?	No	Good	Bad
28.	Have you had a new boyfriend/girlfriend?	No	Good	Bad
29.	Have you repeated a grade in school?	No	Good	Bad
30.	Have you been arguing more with your parents?	No	Good	Bad
31.	Do you have any difficulty saying words, or do other people have a hard time understanding what you say?	No	Good	Bad
32.	Have you gotten into trouble with the police?	No	Good	Bad
33.	Have you been seriously ill or injured?	No	Good	Bad
34.	Have you broken up with a boyfriend/girlfriend?	No	Good	Bad
35.	Have you made up with a boyfriend/girlfriend?	No	Good	Bad
36.	Have you had trouble with a teacher?	No	Good	Bad
37.	Have you been put in a foster home?	No	Good	Bad
38.	Do you have a hearing problem?	No	Good	Bad
39.	Have you tried out for a sport but didn't make it?	No	Good	Bad

40.	Have you been suspended from school?	No	Good	Bad
41.	Have you made failing grades on your report card?	No	Good	Bad
42.	Have you tried out for a sports team and made it?	No	Good	Bad
43.	Have you had any trouble with classmates?	No	Good	Bad
44.	Have you gotten any awards for playing sports?	No	Good	Bad
45.	Have you been put in jail?	No	Good	Bad
46.	Are there any other events that we haven't talked about? _____	No	Good	Bad
47.	Are there any other events that we haven't talked about? _____	No	Good	Bad

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.

1. How many times have you *yourself* been chased by gangs or other older kids?

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 Every Day

2. How many times have you *seen someone else* get chased by gangs or older kids?

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 Every Day

3. How many times have you *only heard about* someone being chased by gangs or older kids?

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 Every Day

4. How many times have you *seen other people* using or selling illegal drugs?

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 Every Day

5. How many times have you *yourself* actually been asked to get involved in any aspect of selling or distributing illegal drugs?

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 Every Day

6. How many times have you *yourself* actually been asked to use illegal drugs?

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 Every Day

7. How many times have you *seen someone else* being asked to get involved in any aspect of selling or distributing illegal drugs?

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 Every Day

8. How many times have you *only heard about* someone being asked to get involved in any aspect of selling or distributing illegal drugs?

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 Every Day

9. How many times have you *yourself* actually been in a serious accident where you thought that you or someone else would get hurt very badly or die?

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 Every Day

10. 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?

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 Every Day

11. How many times have you *only heard about* someone having a serious accident where you thought that the person would get hurt very badly or die?

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 Every Day

12. How many times have you *yourself* actually been at home when someone has broken into or tried to force their way into your home?

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 Every Day

13. How many times has your house been broken into when you *weren't* home?

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 Every Day

14. How many times have you seen someone trying to force their way into *someone else's* house or apartment?

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 Every Day

15. How many times have you *only heard about* someone trying to force their way into somebody else's house or apartment?

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 Every Day

16. How many times have you *yourself* actually been pick-up, arrested, or taken away by the police?

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 Every Day

17. How many times have you *seen someone else* being pick-up, arrested, or taken away by the police?

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 Every Day

18. How many times have you *only heard about* someone else picked-up, arrested, or taken away by the police?

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 Every Day

19. How many times have you *yourself* actually been threatened with serious physical harm by someone?

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 Every Day

20. How many times have you *seen someone else* being threatened with serious physical harm?

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 Every Day

21. How many times have you *only heard about* someone else being threatened with serious physical harm?

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 Every Day

22. How many times have you *yourself* actually been slapped, punched, or hit by someone, who was a member of your family?

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 Every Day

23. How many times have you *yourself* actually been slapped, punched, or hit by someone, who was not a member of your family?

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 Every Day

24. How many times have you *seen someone else* being slapped, punched, or hit *by a member of their family*?

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 Every Day

25. How many times have you *only heard about* someone else being slapped, punched, or hit *by a member of their family*?

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 Every Day

26. How many times have you *seen another person* getting slapped, punched, or hit by someone who was *not* a member of their family?

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 Every Day

27. How many times have you *only heard about* someone else getting slapped, punched, or hit by someone who was *not* a member of their family?

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 Every Day

28. How many times have you *yourself* actually been beaten up or mugged?

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 Every Day

29. How many times have you *seen someone else* getting beaten up or mugged?

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 Every Day

30. How many times have you *only heard about* someone else being beaten up or mugged?

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 Every Day

31. How many times have you *yourself* actually been sexually assaulted, molested, or raped?

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 Every Day

32. How many times have you *seen someone else* being sexually assaulted, molested, or raped?

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 Every Day

33. How many times have you *only heard about* someone being sexually assaulted, molested, or raped?

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 Every Day

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

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 Every Day

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

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 Every Day

36. How many times have you *yourself* heard the sound of gunfire *outside* when you were in or near your home?

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 Every Day

37. How many times have you *yourself* heard the sound of gunfire *outside* when you were in or near your school building?

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 Every Day

38. How many times have you seen or heard a gun fired *in your home*?

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 Every Day

39. How many times have you *actually seen* a seriously wounded person after an incident of 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 Every Day

40. How many times have you *only heard about* a person seriously wounded after an incident of 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 Every Day

41. How many times have you *yourself* actually been attacked or stabbed with a knife?

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 Every Day

42. How many times have you *seen someone else* being attacked or stabbed with a knife?

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 Every Day

43. How many times have you *only heard about* someone else being attacked or stabbed with a knife?

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 Every Day

44. How many times have you *yourself* actually been shot with a gun?

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 Every Day

45. How many times have you *seen someone else* get shot with a gun?

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 Every Day

46. How many times have you *only heard about* someone else getting shot with a gun?

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 Every Day

47. How many times have you *actually seen* a dead person somewhere in the community? (do not include wakes or funerals)

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 Every Day

48. How many times have you *only heard about* a dead body somewhere in the community? (do not include wakes or funerals)

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 Every Day

49. How many times have you *actually seen* someone committing suicide?

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 Every Day

50. How many times have you *only heard about* someone committing suicide?

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 Every Day

51. How many times have you *actually seen* someone being killed by another person?

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 Every Day

52. How many times have you *only heard about* someone being killed by another person?

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 Every Day

Appendix D

Consent Form

AileyCamp Evaluation 2008

Camp Evaluation Permission Slip and Consent Form

A research team for the Department of Clinical Child Psychology at the University of Kansas is doing a study at AileyCamp. The University of Kansas wants to protect people who take part in research. The following information should help you decide whether you want to take part in this study. You can also decide whether you want your child to take part. You may choose not to take part in the study, but your child can still attend AileyCamp. Even if you agree to participate, you and your child are free to quit the study at any time. Deciding to quit the study or deciding not to take part in the study will not change the services that AileyCamp provides to you and your child. These decisions will not affect your relationship with AileyCamp or with the University of Kansas.

What is the purpose of this study? The reason for this study is to evaluate whether AileyCamp is meeting its goals of enhancing the psychological well-being, self-discipline, and critical thinking skills in high-risk youth. The information will also be used by psychologists to learn more about families' experiences of support, resources, and stress and children's ability to cope with the stressful events in their lives.

What is it like to take part in the study? Both parents (or guardians) and campers can participate in this study. AileyCamp has special times for parents (or guardians) to participate during Parent/Camper Orientation and AileyCamp Wrap-up. AileyCampers can fill out surveys at special times during camp. If you or your child do not wish to fill out the surveys, your child will participate in regularly scheduled AileyCamp activities for the same amount of time.

What will I need to do? Parents (or guardians) will be asked to fill out three surveys at the beginning of camp and three surveys at the end of camp. Each set of surveys takes about 35 minutes to complete. These surveys will ask questions about:

- Whether your family has enough resources (such as time, money, energy, jobs) to meet your needs.
- The help your family gets from family, friends, and professionals (such as teachers and social workers).
- The amount of stress that you experience as a parent.
- Your satisfaction with AileyCamp.

The first set of surveys will be included in your registration packet from camp. You can return this consent form and the survey forms during Parent/Camper Orientation. The second set of surveys can be filled out at AileyCamp Wrap-up.

What will my child need to do? Your child will also be asked to complete eleven surveys at the beginning of camp and during the last days of camp. The surveys for children take about 90 minutes to complete. These surveys will ask your child

questions about their:

- Knowledge about and experiences with drugs (cocaine, marijuana), dating relationships (sexual activity), violence (physical and sexual abuse, use of weapons) in their home, neighborhood, and school, and other life events (witnessing suicide or murder, thinking about committing suicide, changing schools or homes).
- Different relationships with family, friends, and other adults in their lives (sexual and physical abuse, violence).
- Abilities to understand and express how they feel.
- Feelings (such as sadness), relationships with others, and possible behavioral problems.
- Satisfaction with AileyCamp.

Are there risks to participating? No risks are expected to result from this study. However, some of the questions may make you or your child feel uncomfortable. If any of the questions do make you or your child feel uncomfortable, you and your child do not have to answer them. You may also quit the study at any time. After answering these questions, you or your child might feel uncomfortable and want to talk with a counselor or support person. If that happens, you will be given a list of contacts who can help.

Will my child and I benefit from participating? You or your child will probably not benefit directly from taking part in this study. However, we hope that this study can help AileyCamp improve. Your answers may lead to a better AileyCamp for future campers. In addition, you and your child will help psychologists at the University of Kansas learn more about how children and families feel and behave.

Is there payment for participating? Each family who completes the surveys at the beginning of camp and at the end of camp will receive a token of appreciation to pay them for their time. If you and your child both take part in this study and complete the beginning set of surveys, you (the parent or guardian) will receive a $10 gift card. If you and your child both complete the last set of surveys, you (the parent or guardian) will receive 2 tickets to the Ailey Dance Theater performance. To choose this option, check box #1 on the last page.

Will the information my child and I provide remain private? Participation in this study is completely confidential (private). This means that your name and your child's name will not be used in any way. Your name and your child's name will not be kept with the information you provide or with the results of this study. All records will be kept in a locked office at the University of Kansas. The researchers will use a study number instead of your name and the papers with your name will be destroyed. All identifying information (like your name) will be removed and replaced with a number before the surveys are scored or reviewed. Because your answers are confidential, no one will be told how you or your child answered the questions. No

information will be given to your family, the AileyCamp staff, or the legal authorities. Even if some answers relate to illegal activities (such as drug use), the information will be kept private.

Who decides if my child or I participate? You, the parent (or guardian), will decide whether you and your child take part in the study. You are not required to participate in this study or to allow your child to participate. You may refuse to take part or refuse to allow your child to take part in the study. Your decision will not affect any services you or your child are receiving now (or may receive in the future) from AileyCamp and the University of Kansas. However, if you refuse to sign this consent form, you and your child cannot participate in this study.

How long does my consent to participate last? If you grant permission on this date to participate, your consent remains in effect indefinitely. In other words, the researchers can use your information for research as long as you do not cancel your consent (see below). When you check boxes 1-3 and sign this form, you give permission for the use and disclosure of your and/or your child's answers for purposes of this study at any time in the future.

What if I decide to quit the study or cancel this consent? You may quit the study or withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use information collected about you, in writing, at any time by sending your written request to Rochelle James (address below). If you cancel permission to use your information, the researchers will stop collecting additional information about you. However, the research team may use information that was gathered before they received your cancellation, as described above.

What if I have questions about this study? You can contact:

Rochelle James, M.A.
Principal Investigator
Clinical Child Psyc Dept.
2010 Dole Human Dev.
University of Kansas University
(785) 864-4226

Michael Roberts, Ph.D., ABBP
Faculty Supervisor
Clinical Child Psyc Dept.
2010 Dole Human Dev.
University of Kansas University
(785) 864-3580

If you have any questions about your rights as a research participant you may contact the Human Subjects Committee Lawrence Campus (HSCL) office at (785) 864-7429 or (785) 864-7385 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email dhann@ku.edu or mdenning@ku.edu.

KEEP THIS SECTION FOR YOUR RECORDS. IF YOU WISH TO PARTICIPATE, SEPARATE THESE PAGES FROM THE LAST PAGE. RETURN THE ENVELOPE WITH THE LAST PAGE STILL ATTACHED TO THE AILEY CAMP STAFF.

AileyCamp Evaluation 2008

HSCL #17154

PARTICIPANT CERTIFICATION:

Please check only ONE box:

1. ☐ **YES—my child and I will both participate in this study**. I agree to take part in this study as a research participant and I give permission for my child to participate in this study as a research participant.

2. ☐ **My child will participate, but I don't want to participate**. I give permission for my child to participate in this study as a research participant, but I do not agree to take part in this study as a research participant.

3. ☐ **I will participate, but I don't want my child to participate**. I agree to take part in this study as a research participant, but I do not give permission for my child to participate in this study as a research participant.

4. ☐ **NO—Neither my child nor I will participate in this study**. I do not agree to take part in this study as a research participant and I do not give permission for my child to participate in this study as a research participant.

Please check just ONE of the boxes above. Sign and print your name. Then tear off this page and return it with the envelope to the AileyCamp staff. Keep the other pages for your records.

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had about this study and the use and disclosure of information about me and my child for the study.

By my signature, I affirm that I am at least 18 years old, that I am my child's legal guardian, and that I have received a copy of this Consent and Authorization form.

_____ _____

Print Your Name Print Your Child's Name

_____ _____

Your Signature Date

Appendix E

Assent Statement

Hi, our names are (Rochelle James, Lauren Drerup, Mary Wilson). We will be here at AileyCamp today and on the last day of camp collecting some information. We would like to ask you some questions today in order to help us better understand how kids your age think, feel, and act. Your answers will help us to learn more about kids at the AileyCamp and to help plan future activities for AileyCamp. The information will also help doctors better understand kids in general.

The questions we are going to ask you are on these forms (will show the study measures). You will read the questions and choose the answers you think are best for yourself. We will not look at what you are writing or the answer you are circling. Your answers will also be kept private from everyone here at AileyCamp. This means that you should not look at anyone else's paper and no one is allowed to look at your paper while we are doing this activity. It should take us about 90 minutes to go through these questions. So that other people don't know your answers or anything about you, we will not put your name or other personal information on these forms. Your answers will not be shared with your parents, AileyCamp, or anyone else. If you have any questions, you can stop and ask me at any time.

You can decide not to talk with us today and that will be okay with everyone, including your parents and the staff members at AileyCamp. Even if you decide to participate, you can stop at any time and that will be okay too. Also, if you feel sad or upset while answering the questions, you can talk to someone about how you are feeling, like a staff member or counselor at AileyCamp or one of us. Also, if you have questions about this after we leave, you can reach us by calling (785) 864-4226. You can also call the University of Kansas Human Subjects Protection Office at (785) 864-7429 if you have any concerns about the forms. If you choose not to participate, your staff member has another activity for you.

Do you want to participate?