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## Relationship Proximity to Victims of Witnessed Community Violence: Associations with Adolescent Internalizing and Externalizing Behaviors

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The high numbers of youth witnessing community violence, and the adverse emotional, behavioral, and physical health problems that may result, are significant public health concerns for adolescents between the ages of 15 and 24 (Centers for Disease Control and Prevention [CDC], 2006; U.S. Surgeon General, 2001). Rates of witnessing community violence far exceed the rates of victimization (Kennedy, 2008; Lambert, Ialongo, Boyd, & Cooley, 2005; Sheidow, Gorman-Smith, Tolan, & Henry, 2001; Weist, Acosta, & Youngstrom, 2001), and research has found that, on average, between 76% and 98% of adolescents have witnessed community violence at least once during their lifetime (Campbell & Schwarz, 1996; Gorman-Smith, Henry, & Tolan, 2004; Rosenthal, 2000). Of concern, a recent meta-analysis showed similar negative effects for youth witnessing and being victimized by community violence (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009), highlighting the importance of examining under what conditions youth's witnessing community violence results in emotional and behavioral difficulties. Youth's relationship to the victim of community violence may determine, in part, how they respond to witnessing community violence. Thus, the present study examines whether relationship proximity to the victim of witnessed community violence is important for understanding whether adolescents who have witnessed community violence experience internalizing and externalizing problems.

### Consequences of Witnessing Community Violence

Adolescents who witness community violence are at an increased risk for numerous mental health problems including internalizing behaviors such as anxious and depressive symptoms (Cooley-Quille, Boyd, Frantz, & Walsh, 2001; Fitzpatrick, Piko, Wright, & LaGory, 2005;

Rosario, Salzinger, Feldman, & Ng-Mak, 2008), symptoms of posttraumatic stress disorder (PTSD; Fehon, Grilo, & Lipschitz, 2001; Fitzpatrick & Boldizar, 1993), and low self-esteem (Lynch & Cicchetti, 1998). For example, research has found that among young children, witnessing community violence is associated with PTSD symptoms and somatic complaints such as difficulty sleeping and headaches (Bailey et al., 2005). Among urban adolescents, witnessing community violence has been linked with symptoms of anxiety, depression, and dissociation (Rosenthal, 2000; Youngstrom, Weist, & Albus, 2003), and some research indicates that associations between witnessing community violence and depressive and anxious symptoms are stronger for girls than for boys (Foster, Kuperminc, & Price, 2004; Fowler et al., 2009). It should be noted, however, that some research has not found increased internalizing problems in youth exposed to community violence (e.g., Cooley-Quille, Turner, & Beidel, 1995; Fitzpatrick, 1993; Singer, Anglin, Song, & Lunghofer, 1995), perhaps due to desensitization to violence exposure, habituation, or the perception that the expression of distress is less adaptive than acting out (Fowler et al., 2009; McCart et al., 2007).

Witnessing community violence also has been linked with aggressive behaviors (Gorman-Smith & Tolan, 1998; Halliday-Boykins & Graham, 2001; Purugganan, Stein, Silver, & Benenson, 2003), substance abuse (Kilpatrick et al., 2000), poor school performance, and dropping out of school (Lynch, 2003); in general, externalizing behaviors generally have demonstrated stronger associations with community violence exposure than internalizing problems (Fowler et al., 2009). Guerra, Huesmann, and Spindler (2003) found that witnessing community violence increased urban children's subsequent aggressive behaviors and their social cognitions supporting the use of aggression. Similarly, Schwartz and Proctor (2000) found that witnessing violence increased youth's perception that aggressive behaviors are an appropriate response to ambiguous peer behaviors (Schwartz & Proctor, 2000). Research generally has not found gender differences in associations between witnessing community violence and externalizing behaviors, although females who witness community violence more often report internalizing problems than males (Fowler et al., 2009).

### **Relationship Proximity to the Victim of Community Violence**

It has been suggested that the negative effects of community violence exposure may vary according to proximity to the violent event (Fowler et al., 2009). A common conceptualization of proximity to community violence has been physical proximity, with community violence victimization, witnessing, and hearsay reflecting different degrees of physical proximity, ranging from the most proximal to the least. Another dimension along which to characterize community violence exposure and which may be important for understanding youth's responses to witnessing community violence is emotional proximity to the victim of violence. For example, violence against someone with whom there is a close personal connection may disrupt youth's social network, or social support may become less available (Ward, Flisher, Zisis, Muller, & Lombard, 2001), possibly increasing the risk of internalizing problems. Witnessing violence against a stranger does not pose this same threat to youth's social support system, and instead may be associated with youth aggressive and violent behaviors, particularly if perpetrators of community violence are rewarded for their behavior or are leaders in the peer group. In contrast to youth witnessing violence happening to familiar others, youth who witness community violence against strangers may consider the violence less likely to happen to them; with this perception of invulnerability, youth may be likely to engage in aggressive behavior with little concern that engaging in violence increases their risk of harm. Thus, the degree of emotional proximity or interpersonal connection to the victim of witnessed violence may partly determine the intensity and type of youth's response to witnessing community violence.

The limited available research examining the effects of relationship proximity of witnessing violence on youth behavioral reactions generally indicates that witnessing violence against a known person has a more negative impact than witnessing violence against a stranger. For example, in a sample of inner city youth in grades 9–12, Moses (1999) found that witnessing violence against family members was associated with depressive symptoms, but witnessing violence against strangers or friends was not. Similarly, among 5th and 6th graders, witnessing violence against someone known was positively associated with depressive symptoms (Richters & Martinez, 1993), but there was no significant association between witnessing community violence against a stranger and depression. Among a sample of South African high school students, witnessing violence against someone known and witnessing violence against a stranger were positively associated with PTSD and depressive symptoms, but only witnessing community violence against someone known was associated with anxiety symptoms (Ward et al., 2001). In contrast, one study showed no differences in behavioral reactions between 9- to 12-year-old youth who witnessed violence against a known person and those who witnessed violence against a stranger (Purugganan et al., 2003). Overall, these few studies do not give a consistent understanding of the effects of relationship proximity on youth adjustment and do not differentiate among known relationships such as family, close friends, and acquaintances.

Prior research suggests that the proximity of violence exposure is important for understanding youth's emotional and behavioral adjustment; however, much of the community violence literature has focused on physical proximity (e.g., witnessing vs. victimization) to the relative neglect of relationship proximity to violent events. In recognition that youth who witness community violence may respond differently to these exposures depending on their relationship with the victim of the violence, the present study examines whether relationship proximity to the victim distinguishes the psychosocial adjustment, specifically anxious, depressive, and aggressive behaviors, of youth who have witnessed community violence. It was hypothesized that witnessing community violence events against known individuals would be more strongly associated with anxious and depressive symptoms than witnessing community violence against strangers. Community violence against strangers was hypothesized to be more strongly associated with aggressive behavior than anxious and depressive symptoms. Gender differences in these associations also were examined. Prior research indicated gender differences in adolescents' reactivity to interpersonal stress, with females being more vulnerable to emotional distress, particularly depression (Rudolph, 2002; Shih, Eberhart, Hammen, & Brennan, 2006). Relatedly, the cost of caring hypothesis suggests that females are particularly sensitive to life events happening to individuals in their social network, and may be more likely to experience distress when adverse life events affect members of their social networks (Kessler, McLeod, & Wethington, 1985). Thus, it was hypothesized that associations between witnessing community violence against family members and friends and depressive symptoms would be stronger for females than for males.

## Method

### Participants

Data are drawn from a longitudinal randomized trial of two school-based preventive interventions whose immediate targets were aggressive and disruptive behavior (Ialongo, Werthamer et al., 1999). Researchers identified nine public elementary schools that (a) did not have programs or services similar to those to be evaluated, (b) were similar in demographic characteristics, and (c) had at least three first grade classrooms. The Superintendent of Schools invited these nine schools to learn about the assessments and interventions, and each school consented to participate. Using a randomized block design, three first grade classrooms in each of these nine elementary schools were randomly

assigned to a control condition or one of two intervention conditions, each targeting aggressive or disruptive behavior and poor school achievement. The Family-School Partnership intervention sought to reduce aggressive and disruptive behavior and improve academic achievement by targeting parent discipline practices and parent-school communication; the Classroom-Centered intervention sought to reduce these behaviors through enhancement of classroom curricula and classroom behavior management practices. These interventions were provided over the first grade year only, following a pretest assessment in the early fall (see Ialongo, Werthamer et al., 1999 for detailed descriptions of the intervention conditions). Participants were followed through elementary, middle, and high school. Data for the present study were obtained at the 10th grade follow-up assessment. Of the 678 children who participated in the intervention trial in the fall of 1993, approximately 74% ( $n = 501$ ) had written parental consent, provided assent, and reported about their community violence exposure at the 10th grade assessment. These 501 children comprised the sample of interest, with 271 (54.1 %) males and 230 (45.9%) females. Approximately 87% of the current sample was African American ( $n = 438$ ) and approximately 13% was European American ( $n = 63$ ). As an indicator of low socioeconomic status, 50.3% of the current sample received free lunch or reduced lunches according to parent report. At the 10th grade assessment, the youth ranged in age from 15.11 to 17.22 years ( $M = 15.82$ ,  $SD = .38$ ). T-tests showed no differences between youth participating in the 10<sup>th</sup> grade follow up and the original sample in terms of age at entry into the study, first grade self-reports of anxiety or depressive symptoms, or teacher ratings of first grade externalizing problems ( $p > .05$ ). Chi-square tests showed no differences in gender, race, percentage receiving free or reduced lunches, or intervention condition between the 501 participants included in this study and the 177 in the original sample who did not provide data at the follow-up assessments ( $p > .05$ ). Descriptions of the measures and methods used to assess first grade variables may be found in Ialongo, Werthamer et al. (1999). This study was approved by the University's Institutional Review Board.

## Measures

**Demographic information and intervention status**—Information was collected regarding participants' age, gender, and receipt of free or reduced lunch. Intervention status (i.e., participation in an intervention or control condition during first grade) also was recorded.

**Exposure to community violence**—Community violence exposure was assessed using a modification of the Children's Report of Exposure to Violence (CREV; Cooley, Turner, & Beidel, 1995), a self-report instrument used to assess the frequency of exposure to community violence through witnessing, victimization, hearsay, and media. Only the witnessing subscale was used in the present study. Respondents indicated whether they had directly witnessed 10 violent events: killing, shooting, stabbing, beating, robbing, pulling a gun on someone, pulling a knife on someone, threatening to kill someone, threatening to beat someone, and chasing. The number of events witnessed was summed to create a community violence witnessing score. Youth who witnessed community violence also reported whether the event happened to a family member, close friend, acquaintance, or stranger. The CREV has shown to be reliable in African American youth (2-week test-retest reliability = .75 and internal consistency  $\alpha = .78$  for original CREV) and to be related to psychological well-being (Cooley et al., 1995).

**Depressive and anxious symptoms**—Depressive and anxious symptoms were assessed using the Baltimore How I Feel-Adolescent Version, Youth Report (BHIF-AY; Ialongo, Kellam, & Poduska, 1999), a 45-item, youth self-report measure of depressive and anxious symptoms. The BHIF was designed as a first-stage measure in a two-stage

epidemiologic investigation of the prevalence of child and adolescent mental disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., rev.; DSM-IV; American Psychiatric Association, 1994). Items were generated directly from DSM-IV criteria or drawn from existing child self-report measures, including the Children's Depression Inventory (Kovacs, 1983), the Depression Self-Rating Scale (Asarnow & Carlson, 1985), the Hopelessness Scale for Children (Kazdin, Rodgers, & Colbus, 1986), the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985), and the Spence Children's Anxiety Scale (Spence, 1997). Children reported about the frequency of depressive and anxious symptoms over the last 2 weeks on a 4-point scale 1 (*never*) to 4 (*most times*), recoded such that items are scored 0–3 with a score of 0 indicating no symptoms. Summary scores were created by summing across the 19 depression items to yield a Depression subscale score; the sum of the remaining 26 items constituted an Anxiety subscale score. Coefficient alpha for the depression and anxiety subscales in 10th grade were .87 and .81, respectively. In middle school, the BHIF Depression subscale was significantly associated with a diagnosis of Major Depressive Disorder on the Diagnostic Interview Schedule for Children IV (Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000), whereas middle school BHIF Anxiety subscale scores were significantly associated with a diagnosis of Generalized Anxiety Disorder on the Diagnostic Interview Schedule for Children IV.

**Aggressive behavior**—Aggressive behavior was measured using the aggressive/disruptive behavior subscale of the Teacher Observation of Classroom Adaptation-Revised (TOCA-R; Werthamer-Larsson, Kellam, & Wheeler, 1991), a brief measure of each child's adequacy of performance on the core tasks in the classroom as defined by the teacher. It is a structured interview administered by a trained member of the research staff. This interviewer records the teacher's ratings of the adequacy of each child's performance on a 6-point scale (*never true* to *always true*) in the following domains: accepting authority (aggressive behavior); social participation (shy or withdrawn behavior); self-regulation (impulsivity); motor control (hyperactivity); concentration (inattention); and peer likeability (rejection). A summary aggression score was created by taking the mean of the 5-item aggressive/disruptive subscale. Coefficient alpha for the aggressive/disruptive behavior subscale was .83 in 10th grade. In terms of predictive validity, in grades 1–5, the aggressive/disruptive behavior subscale significantly predicted adjudication for a violent crime in adolescence and a diagnosis of Antisocial Personality Disorder at age 19–20 in young adulthood (Petras, Chilcoat, Leaf, Ialongo, & Kellam, 2004; Schaeffer, Petras, Ialongo, Poduska, & Kellam, 2003).

## Results

### Descriptive Information

The majority of the sample ( $n = 384$ , 76.65%) reported witnessing at least one community violence event in 10th grade. Frequencies for witnessing each community violence event are presented in Table 1. Males reported witnessing someone being stabbed, beaten up, robbed, and having a knife pulled on them significantly more often than females, and the mean number of events males witnessed ( $M = 2.63$ ,  $SD = 2.39$ ) was significantly greater than the mean number of events females witnessed ( $M = 1.97$ ,  $SD = 1.98$ ,  $t = 3.36$ ,  $p < .01$ ). Consistent with prior research, adolescents who witnessed community violence in 10th grade reported more concurrent anxious symptoms ( $t = 3.21$ ,  $p < .01$ ) and depressive symptoms ( $t = 2.47$ ,  $p < .05$ ) than adolescents who did not witness community violence. However, adolescents who witnessed community violence and those who did not had similar teacher ratings of aggression ( $t = 1.23$ ,  $ns$ ). There was no effect of first grade intervention status on whether or not youth witnessed community violence in 10th grade.

Among youth who had witnessed community violence in 10<sup>th</sup> grade, 4.9% had witnessed community violence against a family member; 21.4% had witnessed community violence against a close friend; 50.3% witnessed community violence against an acquaintance; and 53.1% witnessed community violence against a stranger. Females were significantly more likely to witness community violence against an acquaintance ( $\chi^2 = 7.24, p < .01$ ), and males were significantly more likely to witness community violence against a stranger ( $\chi^2 = 16.55, p < .001$ ).

### **Associations between Relationship Proximity and Adolescents' Anxious, Depressive, and Aggressive Behaviors**

Regression analyses were performed to determine whether relationship proximity to the victim of community violence differentiated anxious, depressive, and aggressive behaviors among youth who witnessed community violence ( $n = 384$ ). For these analyses, each outcome was regressed on the four community violence variables that specified relationship proximity (i.e., witnessing community violence against a family member, close friend, acquaintance, or stranger). The main effects for these four variables and gender were entered first, followed by mean-deviated interactions between gender and the relationship proximity variables. Significant interactions were interpreted by examining the effects of the relationship proximity variables separately by gender. Intervention effects were controlled in each analysis.

#### **Anxiety Symptoms**

The regression of 10th grade anxiety symptoms on gender and the relationship proximity variables revealed a significant effect of gender with girls reporting more anxiety symptoms than boys, and witnessing community violence against a family member was significantly positively associated with anxiety symptoms ( $t = 2.28, p < .05$ ). The positive association between witnessing community violence against a close friend and anxiety symptoms was qualified by a significant interaction with gender ( $t = -1.98, p < .05$ ). Examination of this interaction revealed that the association between witnessing community violence against a close friend and anxiety was demonstrated for males ( $t = 3.76, p < .001$ ) but not for females ( $t = .19, ns$ ). In addition, there was a significant interaction between gender and witnessing community violence against an acquaintance ( $t = 2.13, p < .05$ ), such that the association between witnessing community violence against an acquaintance and anxiety symptoms was significant for females ( $t = 2.45, p < .05$ ) but not males ( $t = -.01, ns$ ).

#### **Depressive Symptoms**

There were no significant interactions for the analysis with depressive symptoms. There was a significant main effect for gender, with girls reporting more depressive symptoms than boys. Witnessing community violence against a family member and witnessing community violence against a close friend were significantly positively associated with depressive symptoms ( $t = 3.05, p < .01$  and  $t = 3.18, p < .01$ , respectively). Witnessing community violence against an acquaintance was marginally associated with depressive symptoms ( $t = 1.81, p < .10$ ).

#### **Aggressive Behavior**

The regression of aggressive behavior on gender and the relationship proximity variables revealed a significant effect of gender: Teachers reported more aggressive behaviors for boys than girls. There was a marginal positive association between witnessing community violence against a close friend and aggressive behavior ( $t = 1.90, p < .10$ ). Witnessing community violence against an acquaintance was significantly positively associated with aggressive behavior ( $t = 2.38, p < .05$ ). In addition, there was a significant interaction

between gender and witnessing community violence against a family member ( $t = 2.22, p < .05$ ) and a marginally significant interaction between gender and witnessing community violence against a stranger ( $t = -1.89, p < .10$ ). Witnessing community violence against a family member was significantly associated with aggressive behavior for girls ( $t = 3.19, p < .01$ ), but not boys ( $t = .27, ns$ ). Witnessing community violence against a stranger was associated with aggressive behavior for boys ( $t = 2.75, p < .01$ ), but not girls ( $t = -.39, ns$ ).

## Discussion

It is increasingly recognized that the potential adverse effects of witnessing community violence may in some cases be similar to the effects of community violence victimization; therefore, there has been greater attention to the causes and consequences of witnessing community violence. The current study examined the effects of witnessing community violence on adolescent anxious, depressive, and aggressive behavior, and whether relationship proximity to the victim of violence distinguished the emotional and behavioral adjustment of those who had witnessed community violence. Consistent with prior research, adolescents who witnessed community violence were more likely to report internalizing problems than those who did not witness community violence. Although witnessing community violence did not differentiate adolescents in terms of their aggressive behavior, there was variability in aggressive behavior among youth who had witnessed community violence according to their relationship to the victim of the violence.

### Relationship Proximity and Adolescent Depressive, Anxious, and Aggressive Behaviors

Consistent with our hypotheses, witnessing violence against a family member and close friend was associated with greater depressive symptoms; in contrast, there were no associations between depressive symptoms and witnessing violence against an acquaintance or a stranger. Similarly, other studies have shown that depression is associated with witnessing violence against family members and friends (Martinez & Richters, 1993; Moses, 1999; Ward et al., 2001). It has been suggested that witnessing violence against close others may lead to depressive symptoms because of perceived (or actual) threats to one's social support network and the reduced availability of support from these individuals (e.g., Ward et al., 2001). In this study, witnessing violence against a family member or a friend was associated with depressive symptoms for males and females. While this finding is not in line with the cost of caring hypothesis that posits that females are more susceptible to depression because of events happening to significant others than are males (Kessler et al., 1985), it highlights the strong effect of witnessing violence on adolescents' moods. Future research should further explore gender differences in the associations between witnessed violence and depressive symptoms.

That witnessing community violence against family members, close friends, and acquaintances was associated with anxiety symptoms is consistent with research by Ward and colleagues (2001) who found that anxiety was associated with witnessing violence against a known person. Gender differences in these associations highlight the importance of considering the type of relationship, not simply whether or not an individual knows the victim of violence. For example, witnessing community violence against a close friend was associated with anxiety for males, but not females. Although not possible to be tested in these data, it may be that males' close friends are more likely to be involved in and victimized by community violence than females' close friends because of their involvement in delinquent or risky behaviors. In fact, Lambert and colleagues (2005) found that, after adjusting for internalizing problems and aggression, deviant peer affiliation was a significant predictor of witnessing community violence for males, but not for females. Along similar lines, males' witnessing violence against their close friends may increase their anxiety and fears, because they expect that they may find themselves in similar violent situations as their

friends. Thus, witnessing a close friend victimized may represent a threat for males which may not be present for females. Relatedly, Moses (1999) found that males were more likely to witness violence against a friend than females.

Based on prior research (e.g., Ward et al., 2001), it was expected that violence against a stranger would be associated with greater aggressive behavior and more strongly associated with aggressive behavior than anxious and depressive symptoms. Witnessing community violence against strangers was associated with increased aggression for males. In addition, witnessing community violence against a friend or acquaintance was associated with increased aggressive behavior for males and females, and witnessing violence against a family member was associated with increased aggression for females. As mentioned above, aggressive responses to witnessing community violence may be due to perceived threat in a situation in which the witness may also be at risk of becoming a victim. Youth may have displayed greater aggression because an aggressive response may be a protective mechanism to address a threat to known others. In fact, qualitative and quantitative research has found that for some youth, aggressive behavior is perceived as an adaptive strategy to combat the threat of violence and prevent victimization by violence (Anderson, 1999; Brezina, Agnew, & Cullen, 2004). In fact, adolescent aggressive behavior has been found to reduce the association between community violence exposure and depression (Latzman & Swisher, 2005). However, other research shows that aggressive behavior increases subsequent community violence exposure (e.g., Boyd, Cooley, Lambert, & Ialongo, 2003; Lambert et al., 2005; Salzinger, Ng-Mak, Feldman, Kam, & Rosario, 2006).

### Implications

These results suggest that assessments of adolescent community violence exposure must consider the relational context of these experiences to best understand the psychological adjustment of adolescents who have been exposed to or are at risk of exposure to community violence. Interventions can use information about relationship proximity to the victim of witnessed violence to assist youth in processing violent events. This is particularly important because youth's relationship to the victim may affect how they interpret violent events in regards to their own safety and vulnerability. In addition, their relationship to the victim may also affect how youth handle similar situations in the future. A second implication is that interventions for youth exposed to violence must address the effects of exposure on multiple possible youth outcomes, including internalizing and externalizing symptoms. The Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) demonstrated significant reductions in anxiety and depressive symptoms for children exposed to community violence (Stein et al, 2003); however, existing interventions focusing on community violence exposure have not targeted externalizing symptoms (Cooley & Lambert, 2006). Interventions aimed at community violence exposed youth can assist them in finding positive ways to handle the range of negative emotions they may experience as a result of witnessing violence and identifying appropriate ways to express these emotions and behaviors that will not lead them into interpersonal and social difficulties, some of which may increase their risk for additional exposure to community violence.

### Strengths, Limitations and Future Directions

These findings highlight the significance of witnessing community violence for adolescents' internalizing and externalizing behaviors and suggest that relationship proximity to the victim of community violence is one factor that may distinguish whether and the degree to which youth who witness community violence experience emotional and behavioral difficulties. These findings give clear support that there may be more negative and co-occurring symptoms when youth witness community violence against a family member or friend as has been argued by Lynch (2003) and Osofsky (1995). Increasing public awareness



about the adverse consequences of youth witnessing community violence and the significance of relationship proximity for youth outcomes can lead to larger community level interventions aimed to address this widespread problem.

These study strengths should be considered in the context of some limitations. While the use of a community sample of urban, African American youth is a strength, it is important to note that these study results can be generalized only to youth from similar racial, socioeconomic, and geographic backgrounds. Although the sample size was large, only a small number of adolescents witnessed violence against a family member during the past year. This may have limited the power to detect associations between witnessing violence against a family member and the outcomes and interactions with gender. Regarding measurement, the range of types of community violence exposure assessed may partly explain why the majority of adolescents reported witnessing at least one type of community violence. That half of the sample witnessed a beating suggests that it is a commonplace occurrence in the lives of urban adolescents. Nonetheless, although many community violence measures combine common violent events with more serious ones (e.g., witnessing a killing), this strategy masks information about the type of violence witnessed, and the type of event may be important for understanding youth adjustment. Also, this study assessed community violence exposure via adolescents' reports, and therefore may be subject to problems related to the use of self-report measures. However, prior research suggests that adolescents may be better equipped to report about their own experiences with community violence than others, and research generally shows low correspondence between parent and youth reports of youth community violence exposure, with parents reporting their children have had significantly less community violence exposures than the violence exposure reported by their children (e.g., Ceballo, Dahl, Aretakis, & Ramirez, 2001; Richters & Martinez, 1993). Also related to measurement, adolescents reported about their depressive and anxious symptoms, while teachers reported about adolescents' aggressive behavior; therefore, differential results for these study outcomes may be partly because of the use of different informants. Future research should include multiple informants to address this possibility.

While the focus on witnessing community violence is a strength of this study, it is important to note that other types of violence exposure (e.g., victimization) may influence the association between witnessing community violence and youth adjustment. Thus, it might be possible that the associations observed here are partly because of the effects of direct victimization by community violence among those who witnessed community violence. Future research should examine the effects of witnessing community violence while adjusting for other possibly co-occurring types of violence exposure. Although assessment of information about the victim of witnessed violence is a strength, future research also should examine adolescents' relationship to the perpetrator of the witnessed violence to obtain a more complete and accurate assessment of the adolescents' experience of community violence exposure (Suglia, Ryan, & Wright, 2008). In addition, youth may show a wide range of responses to witnessing community violence, including positive adaptation. Future research should examine the effects of community violence exposure on psychosocial adjustment more broadly and consider when mild symptoms of some clinical behaviors (e.g., anxiety) may be normative and adaptive. For example, being vigilant of one's surroundings may be protective in some contexts and not a clinically significant indicator of anxiety (Boyd et al., 2003; Lambert et al., 2005). Finally, qualitative research will be useful to clarify some of the findings obtained in this research and to inform best strategies for prevention and intervention for community violence exposed youth. Future research should employ mixed methods in order to develop and refine appropriate measurement of relationship proximity in community violence exposure and understand youth adaptation in response to such exposure.

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**Table 1**

## Percent of Sample Witnessing Community Violence Events

<b>Event Witnessed</b>	<b>Total Sample</b>	<b>Males</b>	<b>Females</b>
Killing	5.6%	7.0%	3.9%
Shooting	8.4%	9.6%	7.0%
<b>Stabbing</b>	17.0%	20.7%	12.6%
<b>Beating</b>	58.1%	62.7%	52.6%
<b>Robbing</b>	11.0%	17.0%	3.9%
<b>Pulling a gun on someone</b>	13.4%	16.6%	9.6%
Pulling a knife on someone	21.6%	23.6%	19.1%
Threatening to kill someone	21.8%	24.0%	19.1%
Threatening to beat someone	49.7%	52.2%	47.0%
<b>Chasing</b>	26.5%	29.9%	22.6%

*Note.* Significant differences between males and females are indicated in bold.

*N* = 501.

Regression of Anxious and Depressive Symptoms and Aggressive Behavior on Relationship Proximity for Witnessed Community Violence Events

Table 2

	Anxious Symptoms		Depressive Symptoms		Aggressive Behavior	
	B	t-test	B	t-test	B	t-test
Intervention Status	.07	1.61	.04	.99	-.09	-2.02*
Gender	.16	3.41**	.25	5.45***	-.20	-4.12**
Family Member	.10	2.28*	.14	3.05**	.11	2.39*
Close Friend	.12	2.61**	.14	3.18**	.09	1.90 <sup>+</sup>
Acquaintance	.08	1.90 <sup>+</sup>	.08	1.81 <sup>+</sup>	.11	2.38*
Stranger	.06	1.23	.06	1.23	.08	1.73 <sup>+</sup>
Gender × Family Member	.00	-.02	.04	.82	.11	2.22*
Gender × Close Friend	-.09	-1.98*	-.07	-1.55	-.02	-.42
Gender × Acquaintance	.10	2.13*	.05	1.09	.00	-.18
Gender × Stranger	-.07	-1.57	-.06	1.29	-.09	-1.89 <sup>+</sup>

Note.

<sup>+</sup>  $p < .10$ .

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .