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ABSTRACT

This study examined the effects of exposure to violence on young children. A random sample of 236 Massachusetts 6th graders living in urban communities completed a quantitative survey on violence and its effects, including the Trauma Symptom Checklist for Children-A (Briere, 1996). It was found that almost 60 percent of the children reported that they had been the victims of a violent event, and that over half had actually heard gunshots at least once in the past year. Boys reported experiencing hearsay and victimization episodes of violence at higher frequencies than did girls, and reported a greater total number of episodes of violence per year than did girls. It was also found that Hispanics had slightly higher exposure rates to all forms of violent events, and Caucasians had slightly lower rates, than did Blacks. Exposure to violence influenced the reported distress and worry scores of the children, in that children exposed to higher numbers of violent episodes scored higher on measures of anxiety, depression, post-traumatic stress, dissociation, anger, and community safety than those with lower exposure. (MDM)

Community Violence and Young Children: A Survey of Massachusetts 6th Graders

Poster Presented at the Biennial Meeting of the Society for Research in Child Development
Washington, April 3, 1997
Pamela B. Miller

VIOLENT EXPERIENCES OF URBAN SIXTH GRADERS

Relatively high rates of exposure to violence have been noted in previous studies (Finkelhor & Dziuba-Leatherman, 1994; Lorion & Saltzman, 1993; Osofsky, et al., 1993).In this study, I examined exposure to violence and its effects on a random sample of 236 Massachusetts 6th graders living in urban communities. Sixth graders were randomly selected from urban school districts in high crime communities across Massachusetts by first inviting superintendents from these districts to participate in a survey of children's exposure to community violence. Principals from all public, Catholic, and private schools in these communities were then invited to participate (73% of whom agreed to be included in the study). Stratified by school type (public, Catholic, private), a random sample of 125 schools (randomly sampled with replacement) was selected, in proportion to the numbers of sixth grade children. Principals then selected a boy and a girl at random to complete a mail survey. This series of steps created a self-weighting random sample of 236 6th graders (mean age: 11.76).

Principals administered a quantitative survey to each selected child. In order to adequately assess a child's response to violence exposure, form, type, and frequency, as well as additional detailed information about violence episodes, were examined. The survey also included the Trauma Symptom Checklist for Children-A (Briere, 1996) as a measure of distress, a scale assessing worry about community safety, and demographic questions.

Analysis described the form, type, frequency, and other details of violent episodes that children experienced in their communities, the frequency and type of distress they reported, and how such exposure and distress varied by gender, race/ethnicity, or income and household configuration.

i. Form, Type, and Frequency of Exposure to Violence

I first asked: What is the form, type, and frequency of episodes of violence experienced? My survey results indicated that urban children experience twelve episodes of violence a year *in their communities* on average. Included are all forms and types of violence, whether they were episodes of hearsay, witnessing, or victimization. Over ninety per cent of the children had heard about a violent episode, and a similar percentage had actually witnessed violence, at least once during the past year. Almost sixty per cent of the children reported they had been victims of a violent event. In general, hearsay episodes were those most frequently reported, typically beatings and threats which occurred near home and school. Children did, however, also report high rates of witnessing beatings, and hearing gunshots in the neighborhood. Over half of this sample had actually heard gunshots, at least once during the past year.

These findings replicate earlier studies of younger children that suggested high levels of violence exposure in certain communities, such as inner city Washington and Chicago. However, in my study, although I sampled urban areas based on high overall crime rates, participating communities were not noted for their exceptional violence. Thus, my study demonstrates that in urban Massachusetts, children are indeed exposed to high levels of violence. Though many of the reported episodes involved hearsay events, high proportions of children also reported having witnessed violence or been victimized at least once during the past year.

Previous research has found that these patterns of exposure differ for boys and girls, that children from ethnic/racial minorities experience greater exposure to violence, and that household characteristics such as income, education, and single parenthood are associated with levels of exposure to violence. I also evaluated whether the patterns of high exposure that I found here differed by these same demographic features. Thus, my second question asked: Are there differences in form, type, and frequency of exposure by gender, ethnicity/race, or family status?

As noted in prior studies (Esbensen & Huizinga, 1991; Richters & Martinez, 1993b), I found that boys experienced hearsay and victimization episodes of violence at higher frequencies than did girls. In addition, boys reported a greater total number of episodes of violence per year than did girls--on average, about three more events. The patterns of exposure by type of violent episode also differed, with boys, in general, experiencing beatings, threats, knifings, murders, and shootings at higher rates than did girls. Like others, I found that the greatest differences between boys and girls appears to be that boys had higher incidence of victimizations, in particular, beatings. Both boys and girls, however, heard gunshots in the neighborhood at the same rate.

Patterns of violence exposure--the form and type of violence episodes experienced--also differed for children from different racial/ethnic groups. Hispanics had slightly higher exposure rates to all forms of violent events and Caucasians had slightly lower rates than did Black children and those from "other" ethnic/racial groups. The frequency of the overall number of violent events that different ethnic/racial groups experienced during the past year varied markedly, with most Caucasian children exposed to less than 10 episodes of any form or type of violence overall, and Black, Asian/Native American/Other children typically exposed to far higher numbers of episodes. Twenty-five percent of Hispanic children had experienced over twenty episodes of violence during the past year. For all racial/ethnic groups, however, hearsay episodes accounted for about half of the total number of events experienced during the past year.

Children from different ethnic/racial groups had similar rates of exposure to beatings, threats, hearing gunshots, knifings, shootings, and murders. Among all groups, the frequency of exposure to some form of beating was highest, followed by exposure to some form of threat. The next most frequently occurring violence exposure for all racial/ethnic groups except Caucasians was "hearing gunshots in the neighborhood." Over 60% of Black, Hispanic, and "other" children had heard gunshots in their neighborhood at least once in the past year. Black children heard gunshots most frequently of all four groups, averaging almost 3 episodes during the past year.

Thus, while Caucasians experienced fewer episodes of violence than other racial/ethnic groups, Hispanics had the highest victimization rates. This finding contrasts with literature indicating that Blacks have the highest victimization rates (Hammond & Yung, 1994), although these findings are in keeping with recent data characterizing rates of violence as higher for ethnic/racial minorities than for Caucasians (LH Research, 1993; Singer, et al., 1995).

Previous literature indicates that children residing in 2-parent households experience fewer episodes of violence than do children in single parent households (Richters & Martinez, 1993b), and I confirmed these trends in my research. While over 60% of children living in 2-parent households experienced ten or fewer episodes of violence, 60% of children in "other" households experienced more than ten episodes during the past year. Children living in "other" household configurations also experienced each form of exposure--hearsay, witnessing, and victimization--at higher frequencies than did children living with both parents. Frequencies of exposure were most dissimilar for hearing gunshots in the neighborhood--42.2% of children in 2-parent households had heard gunshots at least once while 61.9% of children residing in "other" household configurations had heard them. I also found higher numbers of episodes of beatings, threats, knifings, and shootings for children not residing in 2-parent households.

Socioeconomic status was not significantly associated with most of the indices of violence exposure, although there is ample evidence in the literature that poorer families endure higher levels of exposure to violence (APA, 1993). Since families without two incomes tend to have greater incidence of poverty (CDF, 1996), my findings regarding disparities for children in two-parent versus other household configurations confirm the well-known evidence that poor families contend with crime more frequently than do other families (USDoJ, 1995).

Because violent episodes often involve relatives, peers, and acquaintances (Freeman, Mokros, & Poznanski, 1993; LH Research, 1993), I also examined children's familiarity with both the victims and perpetrators of violence. In order to assess adequately a child's response to exposure to violence, detailed information, such as whether or not injury was experienced by those involved in an episode of violence, and the location of violence, is also needed. I found that, for incidents involving beatings and threats, reported victims tended to be friends or schoolmates of the children, and that the majority of these types of events occurred at, or near, school. This pattern shifted, however, for more severe forms of violence such as knifings, murders, and shootings. In these cases the majority of victims were strangers. The relationship of the perpetrator to the child followed a similar pattern, in that perpetrators of beatings and threats were more likely to be known to the surveyed children. For more severe types of violence, strangers were identified most frequently as the perpetrator, and the most typical location reported for these events was "near home" and "other".

Rarely were parents or other relatives noted as the victim or perpetrator of any type or form of violence, and consequently, few episodes of violence were reported as having occurred at home. This finding is in contrast to a vast literature identifying school-age youth at high-risk for family violence (Finkelhor & Asdigian, 1995).

Patterns of injury reflected who was victimized. For example, of those injured by beatings, higher percentages were identified as friends or schoolmates, though children often reported no one was injured following a beating. Similar to the trends identified above, strangers were more frequently identified as the injured party for knifings and shootings. The prevalence of injury to friends indicates grade-school children are contending with potential loss of relationship at an early age. And though strangers were most often identified as the victims of severe episodes of violence, some friends and relatives were also involved in these events as well.

For victim, perpetrator, injury and location, trends identified for the whole sample were similar when examined by gender, race/ethnicity, and household status characteristics. However, girls noted more parents as perpetrators than did boys, and therefore were more likely than boys to report episodes occurred at home. Boys reported more friends as perpetrators and more incidents at school than did girls. Patterns by ethnicity/race were quite similar, with the exception of knifing episodes for Hispanic children and those residing in homes without two parents (although these results may not be reliable, as few knifing events were actually reported). Children residing in households without two parents also noted more overall episodes involving friends and "other relatives" as victims, and friends and strangers as perpetrators, than did children residing with both parents.

Patterns of those injured also differed somewhat for demographic groups as compared to the entire sample or as found for girls versus boys. Thus, while Black children reported a high percentage of strangers were injured in shootings, children from "other" racial/ethnic groups reported high percentages of friends injured by shootings. This group of findings again indicates that for some children, those involved in violent episodes are well-known to them.

I also found distinctions among demographic groups in the reporting of the location of episodes. For example, Blacks reported that higher percentages of knifings, shootings, and murders occurred near home than did children from the other three racial/ethnic groups. Children in lower SES households indicated more parent victims, and equently, also noted more events occurring in the home, than did children in higher SES households. Overall,

about one-third (34%) of reported episodes occurred at or near school, supporting past research indicating children are especially prone to violence exposure in their school communities.

DISTRESS AND WORRY RELATED TO VIOLENCE EXPOSURE

Violence occurring both in the home and in the larger community can affect children's current functioning and have multiple consequences for subsequent development. I thus asked: What frequency and type of distress is experienced by urban 6th graders in Massachusetts? I also considered the question: Are there differences in the frequency and type of distress by gender, ethnicity/race or family status?

I focused my examination of effects of exposure to violence on measures of trauma, including symptoms of anxiety, depression, posttraumatic stress, dissociation, and anger. I also assessed worry about community safety.

i. Patterns of Distress and Worry for Children

While prior studies have linked child outcomes to acute episodes of violence, how young children's symptoms relate to multiple experiences with victimization, witnessing, or hearing about violent episodes is less well understood. My survey included the TSCC-A, a standardized distress measure assessing a broad continuum of intrusion, avoidance, anxiety and PTS symptoms, and a worry scale. Average scores for each of the standard scales from the TSCC-A were similar to those found for this instrument in normative samples of children. In addition, I found a limited range of reported scores on all trauma and worry scales.

Unlike distinctions noted for exposure to episodes of violence, few differences were noted on subscale scores between demographic groups and such differences were small. Primarily, girls tended to report higher scores on the depression and anxiety subscales than boys. Native American, Asian, and children from "other" racial/ethnic backgrounds tended to have higher scores than did children from the other three racial/ethnic groups. Socioeconomic status was negatively associated with worry scale scores, such that children from lower income households scored higher on this measure than did children from higher SES homes. Children who resided in households without 2-parents tended to have higher average distress scores, and in particular, their scores on the anger subscale of the TSCC-A were significantly higher. Overall, however, demographic factors predicted little of the variation in distress scale scores.

ii. Relationship Between Children's Levels of Distress and Severity of Exposure to Violence

My third major research question was: Are children's levels of distress related to the severity of their exposure to violence, and does this relationship differ by gender, ethnicity/race, or family status? I found that exposure to violence does influence reported distress and worry scores. Distinguishing characteristics appear to be the form, type, and frequency of exposure, such that children exposed to higher numbers of violent episodes had higher scores on all scales, and children exposed to more proximal hearsay and victimization episodes scored higher on these outcomes, with the exception of the worry scale. Children exposed to greater numbers and more proximal events of a combination of "more common" episodes of violence also scored higher on these 7 outcome measures. Thus, while being the victim of violence would be expected to contribute to distress characteristics, children who simply hear about violence also evidence symptoms of distress. There were few effects of witnessing violence.

While most distress scale scores were similar for different demographic groups, boys score lower than girls on both the anxiety and depression scales. When controlling for frequency of exposure to violence, children from homes with higher SES, and children from 2-parent homes had lower scores on the worry scale. When controlling for the proximity of exposure, children from lower SES homes and those who do not reside with two parents also had higher scores on the worry scale.

iii. Distress and Worry as Experienced by Children Who Were Interviewed

The purpose of the interview phase of my study was to examine in more depth the experiences with violence children reported, and learn from families in what ways they contend with violence in their communities. I asked: In what ways have family practices been affected by the child's exposure to violence, and how have family practices been modified in order to respond to the child's symptoms of distress?

Children who were interviewed were very explicit about how violence they had experienced affected both themselves and their parents. I found that all six preadolescent children conformed with little dissent to their caregivers' safety strategies. Interviewees described a diverse group of strategies, including monitoring, discussion, activities, and actions. The most common strategies used among the families included limiting activities occurring outside, checking-in on children by phone, "buddying" a child with someone else at all times, discussing issues about safety, and establishing appropriate safety routines and habits.

Parents were quite aware of their efforts to keep their children safe, though they were less revealing about how their children felt about violence in the neighborhood, perhaps because they typically underestimated the degree to which children were bothered by violent events or because they minimized the risks associated with exposure to community violence. I confirmed previous findings that caregivers were sometimes unable to acknowledge signs of distress in their children following exposure to violence (Taylor, et al., 1992).

DISCUSSION

I examined characteristics of violence exposure for children, and its consequences, focusing on preadolescents to help better document exposure to violence for this age group, as prior studies about community violence have primarily addressed teenagers (Callahan & Rivara, 1992; Jensen and Brownfield, 1986; Rosenberg, 1995). It appears that middle school children do experience high exposure to certain types of victimizations, and therefore are also at risk for hearing about and witnessing violence, particularly at school. I found positive relationships between levels of distress and the frequency and proximity of exposure.

Prior surveys have found that children in sixth and seventh grade have the highest levels of apprehension regarding both the risk of physical attack, and the fear of life threat. In Massachusetts, an annual Youth Risk Behavior Survey (MYRBS) is conducted among a randomly selected sample of 9th-12th graders (half of whom are from urban areas), but findings do not reveal what children encounter before entering high school. My survey indicates that eleven- and twelve-year-old children in lower grades are already contending with high levels of violent episodes at and near school. Past evidence indicates children are especially prone to violence exposure in their school communities, both because it is where they spend much of their time when out of the home and because the school environment has been cited (APA, 1993) as one especially conducive to violence (due in part both to large numbers of children in a relatively small amount of space--reducing the potential to avoid confrontations--and to the expectation of conformity and adherence to routine that can fuel negative affect). Such high incidence of violent events at and near school can affect children directly by disrupting their learning environment, even if they themselves are not directly involved in an event. Several children interviewed for my study described events at school in this manner. Yet, they also indicated that from their perspective, these events were seen as entertainment rather than disruption.

However, children exposed to unsafe and unsettling school communities may also be affected by concerns and worries that interfere with their ability to develop educational and social skills. In fact, the state-wide survey of high schoolers (YRBS) indicates that on any given day, 5% of children are afraid of going to school. I found that children who were exposed to more episodes of violence and who had heard about more proximal events worried more about the safety of their communities. It seems likely that children at greatest risk of dropping out of high school may be those who have had the least rewarding school experiences, including experiences related to exposure to violence.

I focused on gender because of gaps in the literature on gender and the effects of violence. In my survey, like previous researchers, I found that girls and boys witness, and are victimized by, different forms of violence (Bell & Jenkins, 1993; Fitzpatrick & Boldizar, 1993), and that boys experience greater actual numbers of violent events (though both boys and girls have similar rates of exposure to violence). Girls reported more episodes occurring at home, and more parents as perpetrators. Although women are the primary victims of domestic violence, my survey did not distinguish the gender of the perpetrator. My findings do support other evidence indicating males are at higher risk of violence out of their homes, in that boys experienced more victimizations than did girls.

Exposure to violence and the consequences of such exposure have generally been found to be associated with gender, though in my survey it appears that the effects of exposure were similar for boys and girls when they experienced similar types and frequencies of events. Because boys are more apt to display behavioral manifestations of distress, and because I had no measure of such actions, I cannot conclude that girls and boys exhibited distress differently. However, the finding that girls score higher on measures of anxiety and depression was replicated, as was the related finding, that girls worry more when exposed to high frequencies of violence. Since girls are more apt to express anxiety verbally, and to report a greater number of symptoms, my findings may simply be a reflection of these tendencies (Fitzpatrick & Boldizar, 1993; Greenbaum, Erlich, & Toubiana, 1993; Silverman, LaGreca, & Wasserstein, 1995).

I focused on race because random samples rarely include children from all racial ethnic groups. Gaps in the literature about violence exposure and its effects for different racial/ethnic groups include: lack of distinction between witnessing and being the victim of violence, and between type and proximity of exposure; and lack of comparisons of effects among different ethnic groups (Hammond & Young, 1994). While I did find some differences among children from four ethnic/racial groups, these groups were broadly defined, and I had a relatively small sample of Hispanic children and few Asians. While race/ethnicity was not associated with distress characteristics, I did find distinctions about the amount and type of violence children from different racial/ethnic groups experience. Black, Hispanic, and children from "other" racial/ethnic groups heard gunshots in their neighborhoods at high rates, which might reflect the preponderance of minorities residing in neighborhoods with high violence exposure. Irrespective of race, violence is found more frequently among poorer families (APA, 1993; McCloyd, 1990), and, in this country, poverty continues to be a persistent problem among ethnic/racial minority households. Thus, the link between ethnic/racial groups and violence rates may be a function of poverty.

Prior examination of exposure to violence and perpetration of violence has found links between the two occurrences. For example, for adolescent African-American children, past research indicates self-reported violent behavior has been associated with community exposure to violence and victimization, and witnessing family conflict.

Thus, higher exposure to violence at such early ages, regardless of cause, may lay the foundation for later behaviors that are self-destructive.

While SES was not a good predictor of violence and its effects, children in lower SES households had higher worry scale scores. Also, some evidence existed that household composition was actually a proxy for income. Given the job and school attainment information I obtained, it would be difficult to answer the question of whether or not children with less educated parents were exposed to more violence than those of more educated parents, although this finding too would probably be confounded with residence.

I included measures of relationship with victims and perpetrators in my survey because the effects of violence exposure may be greater when episodes involve familiar persons and because children often know the victim of an injury or death (Bell & Jenkins, 1991; Nader, Pynoos, Fairbanks & Frederick, 1990; Schwarz & Kowalski, 1991). Findings about familiarity with victim and perpetrator are confounded by the proximity of the violence and the disruption of child's the care routines. My interviews indicated that the effects of exposure to violence in the home and the community often result in disruption of care routines for children. It is not clear if some of the effects of exposure to violence are actually a consequence of such family disruptions (i.e., loss of loved ones, difficulty getting to work or school, etc). Such disruptions are not well understood, particularly when parents must support their children through incidents of violence that may include loss of familiar figures, while simultaneously contending with their own grief or anxiety. Caregivers who were interviewed spoke quite eloquently about their own feelings regarding community violence.

Familiarity and location are also confounded because of the likelihood that violence in more familiar locales may also involve persons known to the child (Greenbaum, Erlich & Toubiana, 1993; Pynoos & Nader, 1989; Pynoos, Sorenson & Steinberg, 1993; Terr, 1991). I found that distress was associated with more proximal episodes of violence, even when these episodes were hearsay events. However, I could not distinguish among the various measures of proximity (victim, perpetrator, location, injury).

I examined the frequency of violent events in order to assess the impact of cumulative and dual victimization (as victim and witness). Neither how children react to violence to self and others, nor how these responses are mediated by such factors as previous exposure to violence are well understood (Finkelhor, 1995; Garbarino, Kostelny & Dubrow, 1991; Richters, 1993). I did find that, in and of itself, frequency of violence exposure was associated with higher distress scores, supporting earlier reports linking higher frequencies of exposure to violence to greater distress (Fitzpatrick & Boldizar, 1993, and others). Witnessing violence has previously been linked to specific outcomes (Freeman et al., 1993), and I found trends that witnessing was associated with anger. Curiously, frequency and proximity of witnessing events had minimal affects on distress and worry. Perhaps, because many of the events witnessed involved fighting, children had grown to view such episodes as routine. Some evidence for this was found during interviews, wherein several children described that fights were not only common, but somewhat entertaining. In addition, children indicated fewer injuries due to fights.

While I could not examine chronic exposure in my survey, since children were asked to note only past-year events, I was able to examine the consequences of repeated trauma for the children who were interviewed. Two of the girls in the interview study had been exposed to multiple violent events, involving both persons known to them and strangers. Two of the boys had experienced parental deaths, in addition to having been exposed to multiple episodes of violence in the community. These children were very forthcoming about their feelings, addressing such issues as fear, daydreaming, preoccupation with the event, and concern that similar incidents were likely to occur again. All acknowledged behavioral adaptations to the violence. In addition, these four children were uniformly leading active and rich lives. They and their caregivers described an array of involvement in community affairs, though certainly their outings and activities were highly structured and often highly planned. Thus, in some ways, those children who had experienced the most trauma also could be considered somewhat typical of urban youth, in that they were invested in school, friends, family, and were active in age-appropriate organizations.

Still, interviewed parents reported that children were withdrawn or kept indoors more than they would prefer. Parents, however, also appeared to minimize some of the threat to their children, and more frequently, left unacknowledged the emotional aftermath of exposure to violence. While family members could state some signs of distress in their children, they often negated these acknowledgements by quickly adding that the problem had passed, that everyone was fine now, or that the child simply no longer spoke about it. While these comments could well be a product of the interview format (limited to one visit only), they might also indicate parental denial of chronic and disturbing symptoms that could improve if addressed. Other forms of denial may also function as a coping mechanism. I found that almost 8% of the surveyed children, primarily boys, met the criteria for underresponding on the TSCC-A, indicating that some children may themselves be unable to acknowledge their thoughts and feelings, many of which are reflective of distress symptoms.

While my findings about the overall functioning of the children interviewed allow for optimism, I have no additional information about the majority of children surveyed, nor am I aware of the adaptations of the high-violence cases selected for interviews who remained unavailable. Thus, as others have noted, it is also "likely that experiencing violence repeatedly over the years may be devastating to the social and emotional development of young children, who learn, from what they see, that violence is a usual and acceptable way to respond to other people"

(Osofsky & Fenichel, p.8).

Through this study, I was unable to resolve several issues, among them design concerns about sampling and instrumentation, obtaining results on chronic trauma as well as resiliency, incidence of family violence, and impact of community resources on the effects of exposure to violence.

The limitations of my study design mirror earlier problems with other research on children's exposure to violence. Racial information was limited, as not only were there small numbers of Asians and Hispanics in this sample, but they were not identified as unique cultural groups (e.g., Cubans, Laotians). The same holds true for Blacks, since African-Americans and recent immigrants who considered themselves Black were grouped together.

Despite my finding that on some basic measures, districts and schools that accepted participation were comparable to those that refused, the sample I obtained may not be representative of urban sixth graders because of several response biases, such as 1) when superintendents at the district level refused participation, an entire community of schools became ineligible for inclusion; 2) at the school level, communities were inconsistently sampled due to the refusal of individual principals to involve students; 3) at the individual level, principals could have inadvertently compromised the random selection procedure by choosing students they believed would complete the survey most expediently; and 4) while I devised sampling procedures to ensure that children with a heightened experience of violence entered my sample, it is possible that children most affected by trauma were no longer in school, even by the sixth grade.

The limitations of the self-report method also apply in this case, and results were wholly dependent on a child's ability to complete the measures honestly and accurately. Since one symptom of distress is avoidance, a child might have denied symptoms by skipping items, or may not have been capable of even recognizing distress. The distress measure did not account for the timing of the development of distress symptoms, nor was I able to include additional, objective measures of the childrens' symptoms, including a measure of the consequences of these symptoms and behavioral correlates of such distress.

While interviewees revealed longstanding difficulties with exposure to violence, my survey could in no way discern the onset and timing of either violent episodes or attendant distress. I also primarily measured traumatic symptoms, not positive coping strategies. Though I was able to determine effective strategies used by families who were interviewed, I did not evaluate children's strengths in the face of exposure to violence, nor did I explore the havens of safety children adaptively create for themselves, or which their communities provide.

Finally, perhaps because the survey was characterized as being about community violence, I acquired little information about exposure to familial violence among sixth graders. Children could report relatives as perpetrators and victims, and could note the location of an event being at their own or at a relative's home, but I did not specifically ask about violence in the home (i.e., physical punishment, fights among parents). Alternatively, children might not actually characterize the events experienced at home as violent, or if so, they might be unwilling to report them, even in confidence. Another possibility is that even when randomly chosen to participate, parents needed to consent to their child's survey involvement, and those experiencing violence in the home may have been less likely to do so.

In addition, I did not include any measures of neighborhood conditions, such as crime rate, home ownership levels, or community resources when predicting exposure to violence. For example, although I had a measure of overall community crime rate, I did not assess neighborhood crime rates. I was also unable to evaluate the presumably positive effects of children's involvement with structured programs and the availability of other adult mentors and friends.

Figure 1: High exposure to violent episodes, at least one time (n=236)

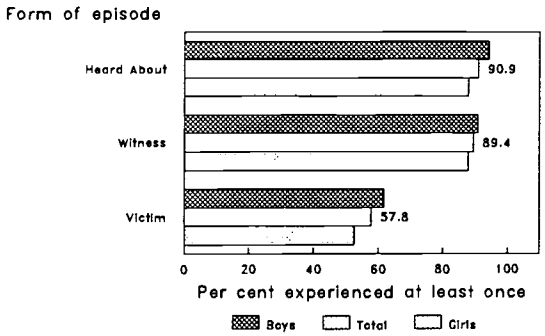


Figure 2: Total number of episodes of exposure to violence for the total sample

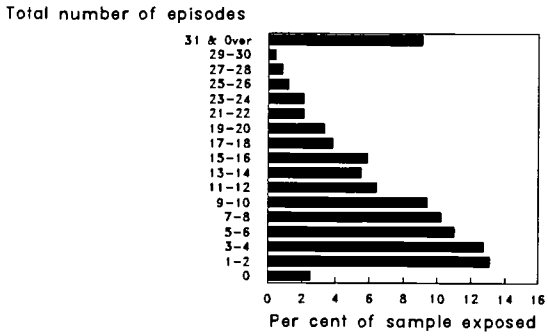
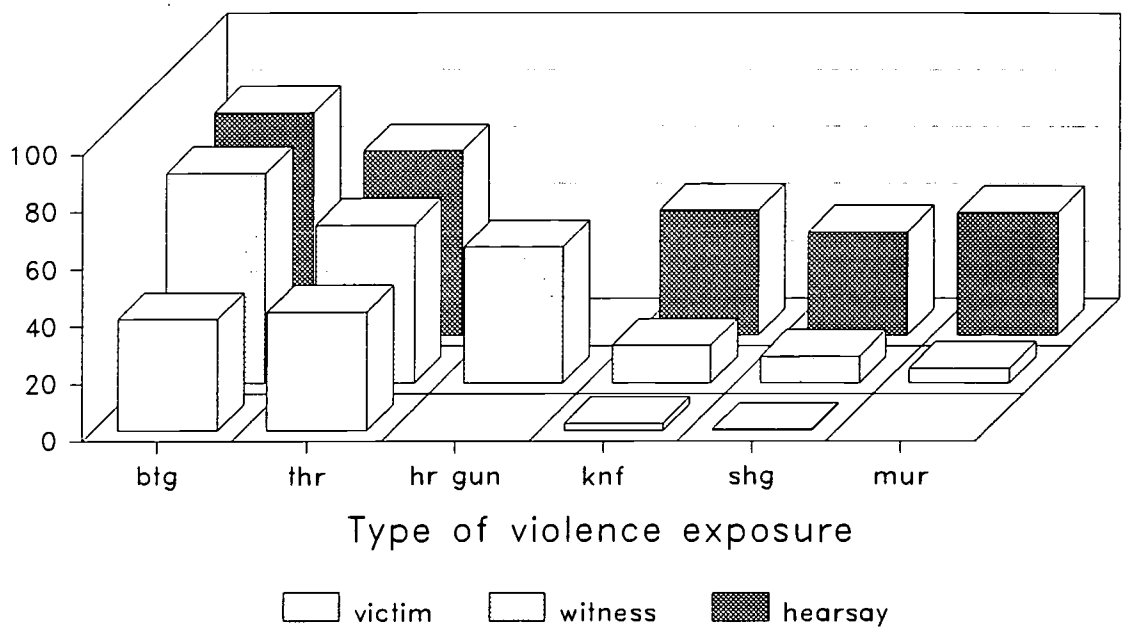


Figure 3 Percentage of the total sample experiencing violence by form & type of exposure



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