“I WANT TO LIVE IN A NEIGHBORHOOD WHERE I’M NOT SCARED”:
THE MENTAL HEALTH IMPACT ON ADOLESCENTS EXPOSED TO ONGOING
COMMUNITY VIOLENCE

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Dedication

This work is dedicated to the life and memory of my grandfather, Michael Musilek, who instilled such love of family, our Czech culture, and the value of hard work in me. I have never met a gentler soul and he blessed me with a love that not even death could diminish. My most sincere hope is that he is smiling down on me and proud to see his granddaughter achieve the things he’d hoped for our family.

Miluji tě, Pappy.
Acknowledgements

“Each of you should use whatever gift you have received to serve others...” 1 Peter 4:10

I would not have finished this race without the support of:

All praises to God for this amazing opportunity and challenge. I constantly reflect on the manner in which You call me to serve others and I commit my life to continuing this work. I thank my family for their love and encouragement, specifically my parents – Joseph and Lisa Selip. I thank my committee, Dr. Kristal Moore Clemons, Dr. Lynda Beltz, and Dr. Tyler Ream, for their prompting questions and guidance. I am appreciative of the support from my classmates and friends, Tieren Scott and Erika Richardson – our monthly dinner dates and hilarious group chat served as a reminder to me that I was never alone in this process. I am forever indebted to the amazing young people who shared their stories with me as part of this research. I am honored to have been in the presence of such strength.

I thank my remarkable fiancé and best friend, Corey. You inspire me in every way. Of all of the blessings in my life, I treasure you most. Now that I have finished writing my dissertation, I can begin to write the most important words I will ever say – my vows. I can’t wait to spend forever with you and I love you.
Abstract

Statistically, high poverty communities (and those who live in these communities) experience higher rates of violence than middle and upper income communities (Nikula, Spatz Widom & Czaja, 2011). Repeated exposure to community violence impacts one’s perception of safety, which includes protection from elements, security, stability, order, and the freedom from fear (Maslow, 1943). This interpretative phenomenological analysis (IPA) study was conducted with the purpose of examining the lived experiences of six adolescents who have experienced trauma related to repeated exposure to community violence. Four themes emerged as the researcher analyzed the qualitative data regarding how participants made sense of their experiences. First, participants viewed safety in their community as complex, depending on numerous variables. Second, participants reported relationships with those close to them as critical in determining whether or not they communicated about their experiences of trauma. Third, participants’ exposure to chronic community violence had an impact on their perception of safety, specifically in regards to ongoing feelings of fear and worry. Finally, participants’ views of other people and the world in general were altered by chronic community violence and the trauma associated with witnessing it.

Keywords: trauma, violence, safety, community, adolescents, mental health
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Chapter One
Introduction

Statement of Problem and Significance

We live in a society where we tell children that through hard work and perseverance, they can achieve whatever they dream of in life. People bask in heartwarming stories of organizations within the community assisting youth in overcoming unstable or adverse circumstances. However, little focus and discussion have been given in regards to how organizations and schools are meeting the emotional needs of young people who are growing up in impoverished conditions in the United States, where violence and trauma is often a part of everyday life for those living in the community. For youth who face reoccurring acts of violence, the American dream can seem like a distant fairy tale plot. Watson (2015) recently interviewed scholar practitioner Jeff Duncan-Andre, who describes this notion of hope for a brighter future for many of today’s youth living in high poverty, high crime communities:

If there’s not a structural and institutional investment in acknowledging that inequality is real and impacts people’s lives, and a deliberate effort to counter inequality, then it’s false hope. To talk to a third-grade girl and tell her, “You can be anything you want, you can be the president of the United States.” Well, what evidence do we have of that? That’s the difference between critical hope and hokey hope. You better tell her (she’s) going to deal with all kinds of shit. That’s critical hope. It’s not an extinguishing of the flame. It’s saying let’s be honest
about the cost. Let’s be honest by saying that for you to become president, it’s a different road to walk (para. 16).

This gap between current reality and dreams of success is present in the lives of many youth in this nation. According to a recent US Census Bureau report, 21% of American children are growing up in poverty (DeNavas-Walt, Proctor, & Lee, U.S. Census Bureau, 2009). While hard work is certainly important, one needs skill and support to overcome both the social infrastructures that perpetuate poverty and, as this research addresses, the mental health and emotional risks that come with growing up in neighborhoods with high rates of violence and crime. A new focus must be on how the various organizations that work with children and adolescents should intentionally prioritize the mental health needs of youth in our communities who are experiencing negative emotional impacts of poverty, specifically in regards to exposure to repeated community violence.

The common assumption by many is that crime and trauma are associated with race and ethnicity. However, research indicates that violence and crime (and the trauma associated with it) is more connected with poverty than race (Peterson and Krivo, 2005). Peterson and Krivo (2005) found that poverty is a major contributor to crime and violence for all racial groups. This research highlights how youth are impacted by their lived experiences related to witnessing chronic community violence, as well as the importance of appropriate and urgent responses to assist adolescents in coping with their trauma in healthy ways. Within the context of the community, it is imperative that the schools and organizations that serve youth in high poverty areas make intentional and
research-based efforts to address the mental health needs related to the repeated traumas associated with growing up in high poverty, high crime communities.

Research shows that children who experience chronic stress and trauma can experience long-lasting brain damage that impacts future mental and physical health (Kim et al., 2013). During childhood, one’s brain is still developing rapidly, which makes it especially sensitive to high stress situations (Kim et al., 2013). Furthermore, the damage done to the brain by exposure to repeated trauma impacts the ability to cope with stress over time (Kim et al., 2013). This has lasting implications, not just on the childhood and adolescent development of youth, but also on the health of the individual as he or she develops into an adult. This leads to a consideration that must be explored. If the brain of an adolescent is malleable enough to be negatively impacted by the trauma associated with growing up in high poverty, high crime communities, what can be done to counteract this and assist in building resilience and healthy mental functioning in our adolescents? This research acknowledges that the first step in answering this question is to seek to understand how adolescents make sense of the ongoing community violence that he/she witnesses.

Research indicates that children and adolescents who grow up in impoverished homes are more likely than their middle to higher income peers to display symptoms of post-traumatic stress disorder (PTSD) (Nikulina, Widom, & Czaja, 2011). While many associate PTSD with war in foreign countries, there is mounting research that indicates that PTSD can be caused by events that tend to occur frequently in high poverty, high crime urban areas, such as experiencing community violence, witnessing community violence and/or homicide, seeing a dead body or body parts, and/or the loss of a loved
one through incarceration (Hornor, 2013). In fact, national data suggests that one in three urban youth display symptoms of PTSD, which is twice the rate of PTSD symptoms among soldiers returning from live combat (Wilson, 2015).

For youth whose chronic traumas result in PTSD, they are impacted mentally, emotionally, socially, and academically. PTSD has many characteristics, including: startling and repetitive disturbing recollections of traumatic event(s), continuing nightmares and difficulty sleeping, illusions, flashbacks, reenactments, physiological reactions, avoidance of activities, numbing of responsiveness, detachment from others, hyper-arousal, irritability, hypervigilance, etc. (Hornor, 2013). One can logically infer the manner in which these characteristics could impact the daily functioning for children and adolescents who experience them, which impacts development into adulthood. This information makes it clear that children and adolescents exposed to chronic trauma due to community violence have an increased risk of growing into adults who experience difficulty coping and functioning in ways that are healthy and appropriate for both themselves and for those around them.

Most research focuses on the academic needs of youth growing up in poverty, yet very little research exists in regards to their emotional and mental health needs. When addressing the urgent and dire academic needs of youth living in high poverty, high crime communities, we must see the connection between academic rigor and the basic needs of the youth (Wilson, 2015). While there is growing research and data on this topic, there is little practical information on how the emotional impact of these experiences impacts the day to day life of youth. Focusing solely on how to teach academic content blindly ignores the urgent need to respond to the emotional wounds that many of our youth carry
with them every day. To ignore this ignores the personhood and humanity of the individual.

The audience of this research extends to the various groups, organizations and agencies that provide support to adolescents within the community. This wide audience includes (but is not limited to) K-12 schools (public, private, and charter), higher education institutions, community recreation centers, department of social services, nonprofits, churches, before and after school programs, preschools, summer enrichment programs, and other organizations and agencies that play a significant role in the instruction and care of our youth, as well as the stakeholders who play a role in the development of educational and community policies.

**Political and Social Climate**

It would be an oversight to not highlight that the timing of this research falls in the midst of a volatile political and social climate, both on a national level and at a local level. Nationally, our country is still feeling the ripple effects from a tumultuous and divisive election. There were passionate debates between the presidential candidates (Taylor, 2016) and ongoing back and forth banter among public figures and working Americans about one candidate being “a racist and a bigot” (Milbank, 2015) and another of breaking numerous laws (Becker, 2015). From social media to news stories to signs in front yards, the heated debate was forefront in nearly every conversation. The results of the election did not alleviate the conflict. In fact, a recent poll found that the majority of Americans feel that our country continues to be deeply divided and more than half of the individuals surveyed report not approving of how democracy is being carried out in the United States (Agiesta, 2016).
On a local level, Charlotte is a large hub on the East coast between Atlanta and Washington DC. Those who live in the “Queen City” (as it’s called) know that it is a classic case of a tale of two cities. Charlotte is gaining a reputation as a growing banking city that seeks to be the destination for million dollar corporations and businesses. At the same time, in a recent analysis of where the fifty largest American cities rate in upward economic mobility, Charlotte ranked last (Deruy & Boschma, 2016). This analysis found that a child who is born and raised in the bottom fifth income level in Charlotte has only a four percent likelihood of rising to the top fifth income level (Deruy & Boschma, 2016).

Leandro vs. State was a critical case pertaining to education in the state of North Carolina. This lawsuit was filed in 1994 on behalf of the parents, children and school districts in five low income rural communities who stated that they were receiving an inadequate education (“Leandro v. State”, n.d.). The attorneys of the plaintiffs argued that the lack of an adequate education was the result of income, rather than race. Attorney Robert Tiller stated, “From the very beginning of this litigation, we presented these issues as problems that crossed racial lines. They broke down principally in terms of have versus have-nots, rather than blacks versus whites” (Almeida, 2004, p. 551). The court ruled that all children in the state of North Carolina have the constitutional right to “the opportunity to receive a sound basic education” (“Leandro v. State”, n.d.).

Within Charlotte, the divide of the have versus the have-nots is glaring. Over a quarter of Charlotte households make at least $100,000 a year yet another quarter of Charlotte children are living in poverty (Nichol, 2016). The U.S. News and World Report rated Charlotte as one of the top metro areas to live in the country (“100 Best Places to Live in the USA”, n.d.) yet overall crime is up nearly 12% with murders, robberies and
assaults on the rise (Vandergriff, 2016). Despite the research that diverse schools (in regards to race and socioeconomic status) produce higher test results, graduation rates and college attendance than schools with high rates of minorities and high rates of poverty, half of the schools in Charlotte-Mecklenburg County are segregated by race and one in three schools are segregated by poverty (Hames, 2016).

In recent months, Charlotte has been in a volatile state of unrest due to the outrage of a police officer shooting and killing Keith Scott, a Black man who was waiting at the bus stop to pick his child up from school (Gordon, Washburn, Alexander, & Clasen-Kelly, 2016). There has been great debate over whether or not Mr. Scott had a gun or a book in his hand when he was shot and the delayed release of police videos only contributed to the public outrage (Gordon, Washburn, Alexander, & Clasen-Kelly, 2016). In response to the killing of Mr. Scott, there were a series of protests that ranged from peaceful to violent (Domonoske, 2016). The violent protests resulted in the death of a protester, Governor McCrory declared a state of emergency and national attention highlighted the emotional response to the incident (Chan, 2016).

**Positionality**

This is a subject area that matters to me tremendously. I have dedicated my life to working with children and adolescents in low income, high poverty urban communities. I previously worked as both an elementary and middle school teacher. In my role as a classroom teacher, I continually found that when my students struggled emotionally as a result of what was going on in their communities (specifically around the issues of crime and violence), their learning capabilities and basic functioning were hindered significantly. Beyond that, I felt that it was unethical of me as an educator to not address
their emotional needs and to simply focus on the academic content that must be taught. Recognizing the tremendous gaps of emotional intervention and support in high poverty schools, I used my previous experience and education in mental health to transition into the role of a school counselor. While I enjoy the work that I do as a professional school counselor, I am constantly frustrated by my own limitations and the limited scope of my role.

I have an unbreakable will and unwavering commitment to our youth. I will do anything within my power (and search for resources with more power, if needed) to support students who are in need. However, I am limited as one person. I am currently a school counselor in a school that serves the highest area of crime within Charlotte. Additionally, one hundred percent of our students qualify for free breakfast and lunch (which is determined by a family’s overall income). For my school, and many schools like mine, we are directly impacted by what happens in the community surrounding us. For example, we both practice and experience school “lock down”. “Lock down” procedures consist of students and staff turning off the lights, locking the doors, sitting away from all windows and hiding silently in the classroom, to avoid the risk of potential harm within the actual school and/or surrounding area due to a possible threat. For many of the youth I serve, the potential for violence is something they are familiar with.

Students often seek counseling with me because of various acts of violence they have witnessed in their communities. I routinely have students come to me seeking comfort and support when their lives and the lives of their loved ones are personally impacted by violence. One of the most profound professional experiences I’ve had was providing crisis counseling to three siblings in school whose brother was murdered in a
local park. Their description of walking down the street with their mother to see if it was, in fact, their brother’s body lying in the park left me speechless and helpless. They each innocently asked me how they were supposed to come to school and “act like nothing happened”. The difficulty of helping children cope with violence that doesn’t make sense to me as an adult was, and continues to be, consuming and devastating.

My job description says that, due to the sheer number of students in need, my care is limited to short-term mental health support. However, I am constantly faced with the fact that students need much more than short-term care. The majority of the students I serve need consistent and on-going mental health support to help them make sense of what they experience in the community and to assist them in learning healthy coping strategies. I, logistically, cannot provide this and that is extremely frustrating to me. So I am left asking, how can the organizations and agencies within our community partner together to address these urgent needs?

I certainly have blind spots in regards to this issue. I have never worked in a high income, low crime area so I am limited in my experiences of the types of communities I have served. This impacts my biases and perspectives in that I have a mental image in my mind of what students do and do not experience trauma, which is certainly judgmental and ignorant on my part. Additionally, I am a Caucasian, middle class female, which certainly impacts my life experiences and how I view the world. It also impacts how others see me, including the participants of this study who were all racial minorities living in low income communities. I address these blind spots frequently by engaging in constant reflection and self-awareness. This helps me to acknowledge the limitations of my own knowledge and experiences.
Theoretical Framework

Within any given structure, the foundation is critical in the overall development and success of the final product. It is from this foundation that every component of a piece of work is built. While this concept can be applied to various situations and circumstances, it is extremely relevant when considering the planning, execution and analysis of research. In order to have a strong foundation in one’s research, the researcher must intentionally consider, select and adhere to an appropriate theoretical framework that supports and enhances their research topic and work. As Anfara and Mertz (2014) stated, the theoretical framework serves as a map that guides every aspect of research. Not only does the theoretical framework serve as a map to the researcher, but it also serves as a map to the audience, both scholar and practitioner. Additionally, it gives merit to the findings because it makes a case for the validity of the analysis.

This particular problem of practice focuses on the experiences of chronic trauma for adolescents who live in high poverty, high crime communities who have been exposed to repeated community violence. There has been a vast amount of research regarding the academic crisis of youth from high poverty, high crime communities. An undisputable amount of government statistics and academic research (Anakwenze & Zuberi, 2013; Lacour & Tissington, 2011; Wadsworth et. al.,2008) indicate that children and adolescents from these communities are underperforming their peers from middle to high income communities. A considerable amount of time and attention have been given to developing academic pedagogy strategies and techniques to address this performance gap. While this is certainly important and several effective practices have been identified, it is imperative that scholars and practitioners acknowledge the need for support that
extends beyond academic content and pedagogy alone. For an adolescent who is experiencing chronic trauma due to poverty and violence, he/she is in a true state of emotional crisis, which can have drastic implications on his or her mental well-being. For this reason, the theoretical framework that grounds this research is Maslow’s Hierarchy of Needs. This theory recognizes that it is critical for the basic and fundamental needs of an individual to be met before other social and cognitive levels can be achieved. Additionally, Maslow’s Hierarchy of Needs acknowledges the holistic experience and well-being of an individual, which is extremely important when considering an adolescent’s development and success.

In his original work, Maslow (1943) proposed that an individual has five basic needs that are to be met in a hierarchical order. In order for a particular stage of needs to be met, the prior stage must first be fulfilled. Maslow (1943) developed an original hierarchy of needs outlined in the following stages:

1) Biological and physical needs (which includes air, shelter, rest, food, beverage, warmth);
2) Safety needs (protection from elements, security, stability, order, the freedom from fear);
3) Love and belongingness needs (intimacy, relationships, affection);
4) Esteem needs (independence, achievement, respect towards self, respect from others);
5) Self-Actualization needs (problem solving, acceptance of facts, self-fulfillment).
Following his initial research, Maslow found that his work led him to a deeper understanding of the concept of true self-actualization. Maslow (1962) stated that the experience of self-actualization involves authentic and genuine joy and wonder that one feels when he/she experiences the world as it truly is. This experience is an ongoing and continuous journey for an individual that involves personal growth and personal awareness (Maslow, 1962). In separate work, Maslow (1968) began to explore the importance of one’s own mental health and emotional experience in the world. This work prompted Maslow to revisit his previous work and reconsider his original theory regarding the Hierarchy of Needs.

Maslow’s later work expanded on the original hierarchical model to include eight stages. The four original stages remained the same but there were changes to the fifth stage and the addition of three higher stages. The sixth and seventh stages were first added by Maslow (1970a). The eighth and final stage was added at a separate time (Maslow, 1970b) (see Appendix A for a visual of these eight stages). This completed and expanded model includes:

1) Biological and physical needs (which includes air, shelter, rest, food, beverage, warmth);

2) Safety needs (protection from elements, security, stability, order, the freedom from fear);

3) Love and belongingness needs (intimacy, relationships, affection);

4) Esteem needs (independence, achievement, respect towards self, respect from others);

5) Cognitive needs (knowledge acquisition, meaning, problem solving);

6) Competence needs (skill, mastery, achievement);

7) Belongingness and love needs (social relations, appreciation, intimacy);

8) Self-actualization needs (self-acceptance, self-fulfillment, creativity, self-expression, self-realization).
6) Aesthetic needs (appreciation of beauty, balance);

7) Self-Actualization needs (self-fulfillment, personal growth);

8) Transcendence needs (helping others to achieve their own experience of self-actualization).

There have been some contemporary research and advancements involving Maslow’s Hierarchy of Needs. Maslow (1991) explored the relationship between self-actualization and Taoism, stating that it is imperative that one’s own unique personhood be both accepted and honored in their process of self-actualization. While self-actualization is an important process for each individual, one should be given the opportunity and respect to “become healthy and effective in their own style” (Maslow, 1991, p. 104). Similarly, later research noted that the process of achieving self-actualization will likely look different depending on what is meaningful to the individual (Kenrick et. al., 2010). In a contemporary study that considered the experiences of 60,865 individuals from 123 different countries, Tay and Diener (2011) found that while human needs are universal, the order of needs may not always follow the particular sequential pattern that Maslow had originally described.

Statistically, high poverty neighborhoods experience a higher rate of criminal and violent behavior than middle to upper income communities (Nikula, Spatz Widom, & Czaja, 2011). When exposed to ongoing community violence and crime, there is a constant presence of the possibility of danger, which has the potential to interfere with and impede basic functioning (Kiser, 2007). When considering this with the lens of Maslow’s Hierarchy of Needs, it can be inferred that the experience of witnessing ongoing violence prohibits one from fulfilling their most fundamental needs, specifically
the need for safety. This unmet need interferes with the individual’s opportunity to
achieve the higher stages necessary for various types of success, whether it be
interpersonal relationships, intrapersonal relationship, academic performance, etc. While
academic success is certainly important for adolescents, this rests on the ability of the
individual to have healthy and stable cognitive functioning.

Duncan-Andrade described in an interview with Wilson (2015) how fundamental
needs going unmet impact knowledge acquisition in the classroom and how addressing
those fundamental needs assists in building positive relationships between adults and
youth:

People often ask me, what do you teach? What I say is, I teach children. English
literature is the vehicle through which they come to me, but I teach children.
Which means that if a child is hungry, I gotta figure out how to get them fed, and
I can’t prioritize Sonnet 22 over this child’s basic human needs. I also know if I
can meet that basic need then I’m exponentially more like to get them engaged in
a dialogue with me and their peers about Sonnet 22. I’ve always understood
intuitively that Maslow was right: I have to start at food, shelter, clothing, safety
and then I have to create a space that gives them a sense of love and belonging. I
have to have a curriculum and a pedagogy that bolsters that, and when I have
those three tiers stable, they will self-actualize. That’s what the research clearly
supports (para. 7).

The research being done in this study operates on the foundational knowledge that
when fundamental needs are not met, an individual encounters difficulty in progressing to
higher levels of cognitive and social functioning. When considering the expanded
hierarchy that Maslow (1970a) developed, cognitive needs are the fifth need, which indicates that there are four needs that must be met prior to it in order for one to fulfill his or her cognitive needs (including problem-solving and learning). Considering this, one can infer that experiences of repeated exposure to violence and crime impacts cognitive functioning/academic performance.

For youth who are exposed to ongoing community violence, safety can often be a persistent concern. The second stage of Maslow’s Hierarchy of Needs is safety, which includes protection from elements, security, stability, order, and the freedom from fear (Maslow, 1943). It is likely that adolescents who are repeatedly exposed to violence may feel less protected, secure, and stable, as well as a heightened feeling of fear than their peers, resulting in their safety needs not being met. With this in mind, this thesis explores how repeated exposure to violence interacts with the need for safety, as well as how it interacts with other areas of the child’s life (school, family relationships, peer relationships, etc.).

The lens of theory, in this case Maslow’s Hierarchy of needs, provides the opportunity “to travel into someone else’s mind and become able to perceive reality as that person does” (Anfara & Mertz, 2014, p. xiv). As Maslow (1991) noted, while individuals may experience similar circumstances and situations, they are unique in their personhood and may have different accounts and residual effects of their experiences. Providing the opportunity for open dialogue and narratives respects the inner core of the participant and the individual differences that will present themselves, which is a fundamental component of Maslow’s Hierarchy of Needs.
**Research Question**

Considering the data regarding the profound impact of ongoing community violence and its prevalence in high poverty communities, this study seeks to examine the following research question: how does ongoing exposure to community violence impact the mental health/emotional well-being of adolescents? It is important to note that what is defined as community can often be quite complex. Community can be described as small as the road a person lives on to as broad as the global society we live in. For the purposes of this research, community is considered the neighborhood in which a person lives and the surrounding area and points of interest, including parks, churches, schools, community agencies, businesses, etc.
Chapter Two

Literature Review

High rates of poverty and high rates of violence are found to be in correlation of one another (Nikula, Spatz Widom, & Czaja, 2011). Therefore when exploring the topic of community violence, one must also discuss poverty and its effects on those who it impacts. Poverty is a widespread social issue that has been the focus of many national debates, policy discussions, and research topics. According to data from 2009, 15.5 million children are living at or below the poverty level (Anthony, King, & Austin, 2011). Research states that the lives of children and adolescents who grow up in poverty are impacted in nearly every way – academically, socially, emotionally, and physically (Wade, Shea, Rubin, & Wood, 2014). Anakwenze and Zuberi (2013) noted that youth from low income backgrounds have significant deficits and challenges in the area of cognitive skills and educational achievement. More specifically, children and adolescents who come from high poverty neighborhoods consistently underperform their peers academically (Lacour & Tissington, 2011) and have a higher rate of grade retention (Wadsworth et. al., 2008). There is significant literature that indicates that living in poverty is associated with increased exposure to multiple traumatic events, such as “crime, gang activity, family violence, and victimization/incarceration, chronic illness, and/or death of a family member” (Kiser & Black, 2005, p. 727).

There is an abundance of data and information that provides powerful evidence that poverty (and the experiences that come with it, including increased exposure to community violence) has a drastic impact on individuals, families, communities and
society as a whole (Kiser & Black, 2005). There is often a question of where to begin to address the issue of poverty and community violence and cases can be made for various intervention targets and strategies. However, there is significant data to suggest that poverty and the negative experiences that are associated with it has the most profound impact on children and adolescents, as these are formative years developmentally in nearly every aspect of one’s growth and knowledge acquisition (DeCarlo Santiago, Wadsworth, & Stump, 2011).

The experiences lived by this particular group of children and adolescents vary from person to person depending on many factors – race, family of origin, community resources, parental education achievement, educational opportunities, etc. For the purposes of this literature review, information will focus on the experiences of youth living in urban communities with high rates of poverty and high rates of community violence and crime. The literature review is organized into the following sections: Prevalence and Impact of Exposure to Chronic Violence and Crime, Impact on Brain Development, General Mental Health Impact, Trauma Symptoms and Diagnoses, Access to Appropriate and Adequate Mental Health Care, Long Term Implications, and Components of Effective School and Agency Interventions (which is broken down into the subgroups of Culture and Immediate Response, Academic Curriculum, Staff Training, Relationships, Resilience, and Partnerships Among Organizations).

Themes in Foundational and Current Research
Prevalence and Impact of Exposure to Chronic Violence and Crime

Statistically, high poverty neighborhoods experience a higher rate of criminal and delinquent behavior than middle to upper income communities (Nikula, Spatz Widom, & Czaja, 2011). The occurrence of crime and violence has a drastic impact on the safety of those who live in the community. This is true not just for the actual safety of the individuals who live in the community, but also for the perceived safety by the members of the community. Anakwenze and Zuberi (2013) refer to this as the perception of neighborhood disorder.

Neighborhood crime and ongoing community violence can result in experiences of chronic trauma for the individuals in the neighborhood. Community violence is defined as “deliberate acts…intended to cause harm to a person or group (ex. physical assault, robbery, being threatened, shot or stabbed)” (Garo, 2013, p. 983). Experience and exposure to crime and violence can come in various forms, including seeing the act, hearing the act, or being the target and/or victim of an act (Gudino, 2013). High rates of crime and violence contribute to lower social control within the community, which creates conditions that foster ongoing violence (DeCarlo Santiago, Wadsworth, & Stump, 2011).

In research conducted in specific Chicago neighborhoods, Karp (2012) found that 50% of children reported witnessing gun violence. It is estimated that in all, 50%-96% of urban children are exposed to community violence (Gudino, 2013). While this particular statistic provides a wide range of affected youth, it is a fair assessment to say that even the lower end of that statistic (50%) is significant and cause for great concern. Exposure to repeated violence results in the experience of chronic trauma (Garbarino, 1993). For
adolescents who live in communities in which they are repeatedly exposed to chronic trauma, they begin to see trauma as a normal part of everyday life (Kiser, Medoff, & Black, 2010). This has a profound impact on nearly every aspect of an adolescent’s life and development.

**Impact on Brain Development**

When a child or adolescent views trauma as an inevitable part of life, they develop a fear of imminent threat to their well-being (Kiser, 2007). This anxiety has a significant and powerful impact on their brain development. Experiences of chronic trauma restructure a youth’s entire social map and cognitive understanding of the world and how he/she views interactions, safety, stability, and responses (Garbarino, 1993). When exposed to ongoing community violence, there is a constant presence of the possibility of danger, which has the potential to interfere with and impede basic functioning (Kiser, 2007).

Scientifically, the brain is still in a constant state of development during childhood and adolescence. This period is a time of both rapid brain development and behavior crystallization. This makes the brain even more vulnerable to trauma and can result in memory and information processing deficits that can be debilitating (Swick, Knopf, William, & Fields, 2013).

During adolescence, the frontal lobe of the brain (which controls impulses and responses) is developing (Goldner, Peters, Richards, & Pearce, 2011). For an adolescent who is repeatedly exposed to community violence, their brain is not able to develop impulse control and emotional/physical reactions in a healthy manner. Additionally, the body typically experiences physiological arousal when exposed to trauma. This response
combined with an increase in cortisol level (which occurs due to stress) has the potential
to produce adverse emotional reactions (Kennedy, Bybee, Sullivan & Greeson, 2010). In
all, the literature clearly indicates that experiences of chronic trauma during childhood
and adolescence can have a profound impact on brain development.

**General Mental Health Impact**

When an adolescent is exposed to trauma, initial distress is typical and is to be
expected (Kiser & Black, 2005). However, when an adolescent is repeatedly exposed to
community violence, there is an increased risk that he/she will display abnormal and
unhealthy mental health characteristics (Anakwenze & Zuberi, 2013). It is imperative to
note that the vast majority of children and adolescents who experience chronic trauma
due to repeated exposure to community violence do not display mental illness or adverse
mental health conditions. In fact, fewer than 20% of children exposed to multiple traumas
develop a psychiatric disorder (Kiser, Medoff, & Black, 2010). While this is far from the
majority, this number is certainly significant and higher than general population samples.

Multiple studies have found that youth who witness repeated violent acts
experience significant stress that impacts their ability to adapt and function in a healthy
manner (Kennedy, Bybee, Sullivan, & Greeson, 2010). Chronic stress also has an impact
on the physical health of youth. When an individual experiences chronic stress, it impacts
the immune system, making the individual more susceptible to physical viruses and
illnesses (Swick, Knopf, Williams & Fields, 2013). The stress associated with exposure
to repeated acts of community violence and crime can also create feelings of worry
(Kiser, 2007), anxiety and uncertainty (Wadsworth et. al., 2008). For many children who
experience repeated traumas from the age of zero to five years old, they enter school
already displaying indicators of chronic stress, which can impede their ability to focus and thrive in a school environment (Lieberman, Chu, Van Horn, & Harris, 2011). These challenges experienced as a young child have a direct impact on the development into adolescence and adulthood.

Mental health impairments can manifest internally or externally, depending on the specific traits of the youth (Gudino, 2013). Internal manifestations involve mental thoughts and processes that are not as easily visible to others. External manifestations can consist of outbursts, deviant behaviors, and actions that are more easily visible to others. Both types of manifestations can be indicative of psychological withdrawal, depression, and social disengagement, which are the result of repeatedly being exposed to trauma (Anakwenze & Zuberi, 2013). Youth and families who witness community violence often experience increased feelings of fear and anxiety that the world is unsafe, with the potential for harm being present at any time (“Community Violence”, 2016). There is data to suggest that youth who experience chronic trauma due to repeated exposure to violence and crime are more likely to have conduct disorders (Garo, 2013) and separation anxiety disorders (Lieberman, Chu, Van Horn, & Harris, 2011), however the majority of research focuses on Post-Traumatic Stress Symptoms (PTSS), Post-Traumatic Stress Disorder (PTSD), and Complex Trauma/Complex Post-Traumatic Stress Disorder (C-PTSD).

**Trauma Symptoms and Diagnoses**

There is clear evidence to suggest an association between exposure to community violence and feelings of anxiety and depression (DeCarlo Santiago, Wadsworth, & Stump, 2011). Chronic trauma can result in an adolescent feeling stressed, overwhelmed,
helpless, or that trauma is completely unavoidable (Wamser-Nanny & Vandenberg, 2013). These emotions, if intense enough, have the potential of resulting in the adolescent displaying Post-Traumatic Stress Symptoms (PTSS), which includes bouts of extreme anxiety, fear, and emotional distress (Kiser & Black, 2005).

PTSS, if untreated, has the potential of developing into Post-Traumatic Stress Disorder (PTSD) (Kiser & Black, 2005). PTSD is the result of an “exposure to a traumatic event that involves an actual or perceived threat to the physical integrity of an individual and others” (Wamser-Nanny & Vandenberg, 2013, p. 67). PTSD is often associated with depression and is linked to feelings of powerlessness and helplessness (Anakwenze & Zuberi, 2013). Anakwenze and Zuberi (2013) found that not only is trauma often under recognized in high poverty, high crime urban communities but PTSD if often underdiagnosed, resulting in the mental health needs of those experiencing PTSD frequently being unmet. The impact of adolescent PTSD due to chronic trauma is widespread and impacts more than the basic thought process of the individual. Youth who are diagnosed with PTSD experience lower rates of academic achievement and increased difficulty in overall functioning (Garo, 2013). This indicates that children and adolescents with PTSD have a significant academic, social, and emotional disadvantage from their peers.

Complex trauma and Complex Post-Traumatic Stress Disorder (C-PTSD) are emerging terms in mental health research. These terms are used to describe trauma that is extensive, repeated and inescapable, such as ongoing exposure to community violence and crime (Wamser-Nanny & Vandenberg, 2013). C-PTSD involves changes in consciousness, as well as changes in how one perceives him/her self including cognitive
distortions and how one assigns personal meaning in his/her life (Kiser, 2007). Behavior, impulses, and identity are all impacted by complex trauma and C-PTSD (Wamser-Nanny & Vandenberg, 2013). The research in this area is still developing but the most up-to-date information and data indicates that C-PTSD has a severe impact on the daily functioning of an individual in nearly every aspect of his/her life.

Access to Appropriate and Adequate Mental Health Care

It is important to note that symptoms differ tremendously from a diagnosis and one cannot assume that because symptoms are present that a diagnosis is warranted (Nikulina, Spatz Widom, & Czaja, 2011). When considering a potential mental illness diagnosis, individual factors must be considered (Gudino, 2013). Appropriate diagnoses can be made by mental health agencies and providers, but these services are often limited for families who are living in high poverty communities and have a lack of supplemental income.

While there are a variety of federally funded programs, due to funding and personnel limitations, these programs are often only able to meet the basic needs of many but not all of those who need assistance (Anthony, King, & Austin, 2011). There are also several social barriers that contribute to a lack of adequate mental health care for youth exposed to community violence. Due to the often tense relationships with formal authorities, citizens in high crime, high poverty communities may feel a lack of trust toward agencies and government departments (Peterson & Krivo, 2005). Additional barriers to access of adequate mental health care include social stigmas, language, culture, and lengthy and cumbersome application processes (Anthony, King, & Austin, 2011).
Long Term Implications

It is common knowledge that childhood experiences impact adult functioning and lifelong well-being. This has tremendous implications for children and adolescents growing up in high poverty, high crime urban communities. Research shows that youth who grow up in high poverty, high crime urban communities have an increased risk of academic failure (Goldner, Peters, Richards, & Pearce, 2011) and lower rates of high school graduation (Garo, 2013). These academic implications have a significant impact on future educational and career opportunities for adolescents.

Chronic trauma associated with exposure to ongoing community violence has the potential to impact the future behaviors and responses of adolescents as they development into adults. An adolescent can either develop a desensitization or a hypersensitivity to crime and violence (Garbarino, 1993). These responses towards crime and violence apply to both actual acts and perceived threats. Additionally, experiences of chronic trauma can lead to unhealthy risk taking and a reckless attitude towards one’s personal safety and the safety of others. (Garbarino, 1993).

Aggression and hyper aggression have been found to be long-term behavioral and emotional impacts of repeated exposure to crime and violence (Garbarino, 2013). When exposed to chronic community violence, an adolescent can develop the belief that violence is a necessary means to survival (Garo, 2013). When violence is viewed as necessary, it becomes an acceptable tool to use to respond to frustrations, disagreements, and negative emotions. This, factored in with various individual considerations, may play a role in the increased rates of delinquency and arrests for adolescents and adults who reside in high poverty, high crime urban communities (Garo, 2013).
There is an abundance of research on the long-term impact of chronic trauma in regards to mental health. Anakwenze and Zuberi (2013) noted that experiences of “concentrated urban poverty cultivates mental illness, while the resulting mental illness reinforces poverty” (p. 147). Frequent exposure to childhood stress and trauma associated with poverty is correlated with poorer emotional regulation and management in adulthood (Kim, et. al., 2013). Individuals with PTSD have an increased risk of suicide, depression and substance abuse (Anakwenze & Zuberi, 2013). Depression in childhood is related to higher rates of depression in adulthood (Kennedy, Bybee, Sullivan, & Greeson, 2010). Adults who were repeatedly exposed to trauma as a child have an “increased risk of functional impairments related to substance abuse, delinquency, suicidality, acts of self-destruction, chronic anger, unstable relationships, and dissociation” (Kiser, 2007, p. 213). There is clear evidence to suggest that the mental health concerns that can impact youth who experience trauma due to repeated exposure to community violence have significant implications for their mental health and basic life functioning as they develop into adults.

**Components of Effective Interventions**

While the literature creates a painfully grim image of the impact that chronic trauma has for youth exposed to repeated acts of community violence, there is also a considerable amount of research addressing appropriate interventions within the community. The cycle of poverty can be interrupted through “a comprehensive mental health care system that emphasizes prevention, reaches young people, crosses traditional health care provision boundaries and involves the entire community” (Anakwenze & Zuberi, 2013, p. 147). Schools play a crucial role in interventions, as students spend over
seven hours a day in their school setting. Students come to school needing their basic needs met. Often these basic needs are viewed as shelter, food and clothing. However, there is increasing evidence that indicates that emotional support is a basic need that must be met in order for one to achieve healthy functioning.

**Interventions: Culture and immediate response to trauma.** Organizations serve youth well when they create and foster a culture that has consistent and clear routines (Kennedy, Bybee, Sullivan, & Greeson, 2010). For many children and adolescents who are exposed to chronic trauma, there is a lack of stability in their lives. Schools have the particularly powerful potential of providing stability and serving as a safe haven for students and the community as a whole. Research states that the more time a student is in the school building and in their home, the less likely they are to be exposed to chronic violence and crime (Goldner, Peters, Richards, & Pearce, 2011). Schools have the powerful potential for being a protective barrier for the children and adolescents that they serve.

Interventions in schools and organizations must address the increased risk of mental health concerns for youth who are living in high poverty, high crime communities (Anakwenze & Zuberi, 2013). When an adolescent is exposed to violence and/or crime, he/she should receive counseling from a school counselor immediately after experiencing the traumatic event (Bonanno & Mancini, 2008). For many children and adolescents, their most immediate access to mental health care is the school counselor at the school in which he/she is enrolled. As previously mentioned, an emotional response immediately following trauma is to be expected and a quick response by a trained mental health professional is one of the best interventions to prevent long term negative impacts.
Counseling within a school setting should stress the instruction and reinforcement of health coping skills (DeCarlo Santiago, Wadsworth, & Stump, 2011). Furthermore, there should be consistent opportunities for the adolescent to express emotions in ways that are clear and authentic to their experiences (Lieberman, Chu, Van Horn, & Harris, 2011). Group therapy is also a helpful tool when working with youth exposed to chronic community violence and crime, as it provides the opportunity to discuss their feelings with peers who have experienced similar traumas (Karp, 2012).

**Interventions: Academic curriculum.** Teachers who deliver academic content also have the opportunity to intervene and support adolescents who are have witnessed repeated community violence. Teachers should seek opportunities to connect the content being taught with the true conditions that their students experience on a daily basis (Duncan-Andrade, 2009). It is impossible for any person to separate their experiences from how they learn and process information. Adolescents are no different. There is a deep sense of urgency surrounding the education of youth who grow up in high poverty communities because of the overwhelming data that shows their academic struggles (Duncan-Andrade, 2009). In order to truly make academic content relevant to adolescents, we must consider their lens and who they are as human beings. Duncan-Andrade (2009) stated “too many of us try to create classroom spaces that are safe from righteous rage or, worse, we design plans to weed out children who display it. The question we should be grappling with is not how to manage students with these emotions, but how to help students channel them” (p. 190). Effective classroom interventions provide the creativity for students to connect their experiences and emotions to their academic endeavors. Schools must recognize that an adolescent (just like any human
being) is a whole person and cannot be compartmentalized based on the setting that he/she is in (Duncan-Andrade, 2009).

**Interventions: Staff training.** All personnel who work with youth in high poverty, high crime communities should be trained and continuously developed professionally on topics related to the implications of chronic trauma. This professional development should not only focus on how trauma impacts a student’s academic progress, but should also inform personnel on the holistic impact it has on their life (Anakwenze & Zuberi, 2013). Staff should be trained and supported to look beyond the surface and recognize ways that trauma can often manifest in the behaviors of students (ex. anger, irritability, depression, etc.) (Karp, 2012). These behaviors, which can be viewed as disciplinary concerns, are often external manifestations of chronic trauma and must be viewed as an individual’s way of indicating that interventions and help are needed. School based interventions must recognize the long-term impact of a great education and must establish a safe and responsive school culture that recognizes that a quality education is associated with an increase of future resources and opportunities for youth (Bonanno & Mancini, 2008).

**Interventions: Relationships.** The most successful interventions involve deep and caring relationships (Duncan-Andrade, 2009). An adolescent must have safe and consistent relationships in and out of the home in order to have the best chance of overcoming the barriers associated with exposure to chronic violence and crime. All adults in the adolescent’s life must work cooperatively to provide cohesive wrap-around services in order to make sure the needs of the adolescent are being met. The goal of
every intervention should be to foster and strengthen the relationships between adolescents and the adults who care for them (Cousins, 2013).

Schools must consistently look for opportunities to increase parent/family involvement in the student’s education (Goldner, Peters, Richards, & Pearce, 2011). Not only should there be an intentional effort to involve families in educational matters, but schools should also seek to engage families in the student’s overall well-being (Anakwenze & Zuberi, 2013) and strengthen family relationships (Wade, Shea, Rubin, & Wood, 2014). The most effective schools and organizations create opportunities for youth to develop and cultivate warm and supportive attachments with their parent/guardian (Kennedy, Bybee, Sullivan, & Greeson, 2010). These attachments provide safety and consistency, which are key for all adolescents but has particular implications for adolescents who experience chronic trauma (Swick, Knopf, Williams, and Fields, 2013). Additionally, it is imperative that families be taught the appropriate strategies for recognizing and responding to trauma, as the family is often the first to know that an adolescent has witnessed community violence (Kiser, Medoff, & Black, 2010).

**Interventions: Resilience.** A foundational aspect of interventions must be fostering resilience in children and adolescents (Bonanno & Mancini, 2008). The majority of youth show a tremendous amount of resilience and do not experience drastic effects of chronic violence (Kiser & Black, 2005). However, data consistently shows that youth who are exposed to chronic violence need increased support to develop their innate resilience (Bonanno & Mancini, 2008). Resiliency is a characteristic that consists of strengths that serve as protective factors that assist individuals in overcoming adverse
conditions (Zolkoski & Bullock, 2012). Individuals who display resiliency are able to thrive in spite of negative challenges and circumstances (Zolkoski & Bullock, 2012).

Schools and organizations who work with youth who have experienced chronic trauma must view resilience as a fundamental human characteristic that is present in every human being (Bonanno & Mancini, 2008). Resilience should not be viewed as something that some individuals do not possess, but rather as an innate characteristic that is present and can be fostered in every individual (Bonanno & Mancini, 2008). Effective interventions target the fostering of resilience in systematic and intentional ways. Zolkoski and Bullock (2012) stated that there are five attributes that children and adolescents who show resilience display: social competence, problem solving skills, critical consciousness, autonomy, and a sense of purpose. Culture, instruction, and daily reinforcements must intentionally create and foster opportunities to develop these five attributes in order to cultivate resilience in adolescents (Zolkoski & Bullock, 2012).

**Interventions: Partnerships among organizations.** Schools are logistically unable to meet every single need of the youth they serve. However, there are countless organizations and agencies within the community that can provide resources to families when a school does not have the means or ability to do so. It is necessary for school staff to have clear referral procedures so that families in need can be provided with accurate and prompt information. Housing is a tremendous concern for families living in high poverty, high crime areas. Research shows that if a family is able to move out of a high crime neighborhood, this significantly decreases experiences and negative impacts associated with chronic trauma (DeCarlo Santiago, Wadsworth, & Stump, 2011). This
provides supporting evidence for organizations within the community to build and maintain strong partnerships that can address the housing and shelter needs of families.

It is also critical that schools and mental health agencies have strong partnerships (Karp, 2012). These partnerships should be developed and maintained in order to decrease barriers and increase opportunities for mental healthcare access for both the adolescent and the family (Anakwenze & Zuberi, 2013). Due to the ratio of school counselors to students within a school, it is unrealistic to think that a school counselor can meet all of the emotional needs of any given student population. This highlights the need for strong partnerships between schools and mental health agencies. There is a growing movement to develop school based mental health partnerships between schools and specific community counseling/therapy agencies (Anakwenze & Zuberi, 2013). School based mental health partnerships involve a close working relationship between an agency that is located at or near a school. The school and agency work as a team to ensure that the mental health needs of families and students are being met. This partnership creates a bridge between agencies and families, which increases mental health care access and reduces barriers to proper care (Anakwenze & Zuberi, 2013). Additionally, these partnerships ensure that appropriate assessments are being completed when there is a mental health crisis or a mental illness present (Bonanno & Mancini, 2008).

For many families, there is a deep connection to their religious group or community gathering location. Community organizations can use partnerships with these outside entities to reinforce the message to families that mental health is a critical aspect of personal well-being and that mental health care is available (Anakwenze & Zuberi, 2013). These partnerships can have a significant impact on reducing the social stigma

**Summation**

The correlation between living in high poverty urban areas and the increased frequency of witnessing violence and crime is clear (Kiser & Black, 2005). As the income gap continues to widen, more and more children and adolescents will continue to be exposed to community violence and crime (Cousins, 2013). There is a vast amount of research that provides evidence that youth who experience chronic trauma display adverse reactions and are significantly disadvantaged from their peers. There is also clear research and data that interventions can be effective and that adolescents must be given the support and skills to cultivate their resiliency so that they are able to be successful, despite experiences of trauma. In order for there to be a change in the social injustices related to poverty and violence, children and adolescents from these communities must be empowered to overcome their current circumstance and create lasting change in their own lives and the lives others.
Chapter Three

Research Design

Methodology

This particular problem of practice explored the experiences of adolescents who have been exposed to ongoing community violence while living in high poverty, high crime areas. There is a vast amount of research and literature regarding the disparities in education, income opportunities, career opportunities, physical health, and exposure to violence and crime within these particular communities. However, there is much less data and information regarding the emotional impact that the lived experiences of repeated exposure to violence has on youth as they grow, develop, and interact within their various environments. The purpose of this interpretative phenomenological analysis (IPA) study was to explore this particular phenomenon within the context of urban youth living in high poverty, high crime communities in Charlotte, North Carolina.

This research sought to answer the following question: how does ongoing exposure to community violence impact the mental health / emotional well-being of adolescents? This research focused on how each adolescent participant made sense of the violence they have witnessed and what these repeated exposures mean to them. With this goal and focus in mind, the IPA approach was the ideal methodology, as it focuses on the experiences of the individual and what those experiences mean to him/her.

There are two key foundational components of the IPA method. The first centers on phenomenology, which is an individual’s unique and personal perception regarding a specific experience (Smith, 1996). The focus of phenomenology is not simply the nature
of the event that was experienced, but the context in which the person experienced the particular event(s). This specific focus on the lived experience of an individual is central to phenomenology (Smith, 2011). The second component of the IPA method is symbolic interactionism, which involves the researcher using the data to interpret meaning within the context of social interactions. Symbolic interactionism is rooted in the belief that personal meaning or sense-making can only be understood through the process of interpreting and analyzing the data that has been collected (Smith, 1996).

The IPA method goes beyond a basic description and provides the opportunity to explore the world and experiences from the viewpoint of the participant. In order to do this, it is vital to examine the dynamic context in which each human being exists in this world (Larkin, Watts, & Clifton, 2006). Human beings are not separate from their environments, nor are their environments totally separate from one another. Because of this, a researcher conducting IPA research must acknowledge that human beings are undeniably intertwined with the world in which they inhibit (Larkin, Watts, & Clifton, 2006).

Similarly, this complex dynamic applies to the actual work of IPA. In many cases, the researcher is not choosing to look at one consideration rather than another. In fact, the researcher is strategically looking at all components of the individual’s lived experience. Smith (2011) states that it is impossible to separate an experience from what the experience means to the individual. Both of these components go hand-in-hand when considering the life of a human being because both capture the full picture of humanity in this regard. Furthermore, it would be oversight to simply explore the meaning that one
has assigned to a particular experience without also examining the process in which the individual has gone through in order to make sense of it (Brocki & Wearden, 2006).

While it is complex and dynamic in nature, IPA provides the opportunity to give a voice to participants regarding their lives, experiences, thoughts, feelings, and contexts. The IPA method operates on the foundational belief that each individual is impacted by his/her experiences in a very personal manner. Most importantly, the IPA method was developed to produce valuable data and research, while operating under the belief that each individual should be treated with empowered dignity in which his/her personhood is honored.

**Research Tradition and Rationale: Qualitative Research Method**

The aim of this research was to study the human experience of adolescents exposed to repeated acts of community violence. As such, it was approached through a qualitative method. Qualitative research explores the specific lived experiences of a small, concentrated sample of individuals (Creswell, 2012). In this type of research, data is gathered through personal narratives that provide the opportunity for the researcher to look beyond the face value of a social phenomenon to consider the context (and in this particular research, also the impact) of the issue being studied (Creswell, 2012).

It is imperative to reiterate that this particular research sought to examine how individuals understand and make meaning of their life experiences. With this being said, the qualitative method is appropriate for investigating complex issues, such as how individuals make meaning of what they have experienced and how they see the world in light of their experiences. Through the use of open-ended interview questions, the
qualitative method provides the opportunity for participants to share their experiences in their own words and manner (Creswell, 2012).

**Participants**

Qualitative research requires a significant amount of participation and access from the individuals within the research sample due to the personal vulnerability and emotional risk of sharing their narratives (Creswell, 2012). This is one of the primary reasons that the sample sizes of qualitative studies are relatively small. A total of six adolescent participants, ranging in ages of 13-17 years old, participated in the study. Other than age, the criteria for participation included consent from the parent/guardian and participant, as well as experiences of repeated exposure to community violence.

**Recruitment and Access**

Qualitative research explores a concentrated perspective (Creswell, 2012). Considering this, participants were recruited from a community fitness organization in Charlotte, North Carolina that serves adolescents who live in high poverty, high crime communities during the after-school hours. After receiving permission from the community organization, I obtained consent from the parents/guardians of the participating adolescents. Comprehensive information was provided to the parents/guardians so that they were well informed of all relevant aspects of the study and they had the opportunity to opt in if they chose to do so. Parent/guardian consent was required (Appendix B), as well as consent from the adolescent participant (Appendix C) to indicate his/her willingness to participate in the interview. The parent/guardian consent form was made available in Spanish for families whose primary language is Spanish.
Through partnership with the community organization, I conducted interviews in the organization’s building during after school hours. Interviews took place in a private room within the community organization with an additional adult witness present. While parent/guardian and participant consent was obtained prior to the interviews, I began each interview by affirming the participant’s willingness to participate and informing the participant that he/she may elect to pause or terminate the interview at any given time. Once the interviews and interview transcriptions were completed, I provided an opportunity for each participant and his/her parent/guardian to individually review the transcript to confirm its validity. This procedure is referred to as member checking and provides the opportunity for participants to contribute to the validity of the data that is analyzed and presented (Creswell & Miller, 2000).

**Data Collection**

Data was collected through individual interviews between the participants and I. In order to gain a well-rounded understanding of how the participant makes sense of his/her experiences of ongoing community violence, the Community Climate Interview Survey (CCIS) (Appendix E) was developed to provide insight into various aspects of the participant’s life. The categories addressed in the CCIS include: General Community Climate Input, Specific Occurrences of Community Violence, Emotional Distress Related to Community Violence, Behavioral Changes, and Relationships. While these various categories were developed to guide the collection of comprehensive information on the experiences of the participant, throughout the interview each participant had the opportunity to share additional information that he/she found meaningful regarding his/her experiences with ongoing community violence and its impact on his/her life.
It is worth noting that while this tool asked several questions related to traits of PTSD, it was not intended nor was it used as a diagnostic tool to determine the occurrence of any diagnosable mental health conditions, including PTSD.

**Data Analysis**

IPA research seeks to explain, rather than prove a specific truth (Smith, 2004). With this in mind, I analyzed and interpreted data with an open mind without preconceived notions or personal feelings. Brocki and Wearden (2006) highlight that in order for data to be accurately analyzed, the researcher must maintain a constant internal process of self-reflection to ensure that their positionality is not negatively impacting the interpretation of the data. Smith (1996) states that the research process is “both dependent on, and complicated by, the researcher’s own conceptions, which are required in order to make sense of that other personal world through a process of interpretative activity” (pg. 264). In addition to self-reflection and self-awareness, the researcher must maintain flexibility, as unexpected patterns and themes often emerge during the data analysis process (Smith, 2004).

When analyzing the data, there are differing preferences regarding the process of interpreting. In fact, the literature states that it would be inappropriate to dictate a certain interpretation process that must be used as part of the IPA process (Brocki & Wearden, 2006). For example, some researchers code by pulling out common themes that they notice in the data. Others first connect the data to previous literature and theory. The method of analyzing is personal to the researcher and must be one that fits his/her own personal style. In this particular study, I opted to code by reading each transcript and identifying common themes that emerged throughout the data prior to connecting the data.
to theory and pre-existing research. Smith (2011) states that there is plenty of opportunity for growth and adaptation with the IPA interpretive process, particularly as researchers gain both confidence and professional/academic experience.

Another important consideration when analyzing data is to analyze with the goal of identifying patterns of meaning that are significant to the data collected (Larkin, Watts, & Clifton, 2006). This does not necessarily mean that the patterns are found through identifying the words or phrases that are repeated the most by the participant. Rather, the researcher must pay special attention to the emotional reaction that the participant has regarding certain aspects of his/her experiences. Through conversation, the participant can directly and indirectly provide evidence regarding the emotional attachments and emotional responses that he/she has towards certain aspects of his/her life (Larkin, Watts, & Clifton, 2006).

Findings of IPA research are presented in a thematic format (Larkin, Watts, & Clifton, 2006). Patterns in the data were extracted to identify significant trends and themes. As with any qualitative research, the IPA method acknowledges that each individual is unique in his/her feelings and experiences. That being said, the themes help to tie the data together to bring about key discussion points and suggestions for application to practice, as well as possible areas of future research.

**Ethical Considerations and Protection of Human Subjects**

The ethical research principles and the guidelines of the Northeastern University Institutional Review Board (IRB) were upheld throughout the entire planning, execution, interpreting, and presentation process of this study. There was no contact with potential participants or any sort of data collection until written approval from the IRB was
obtained. Once IRB approval was received, parent/guardian consent (Appendix B) and participant consent (Appendix C) were obtained. I did not make contact with participants until after parent/guardian consent was obtained. Not only were parent/guardian and participant consent obtained prior to the interviews, but each interview began with me obtaining verbal affirmation from the participant of his/her willingness to take part in the study. Participation in the study was entirely voluntary and participants had the freedom to withdraw from the study at any given point.

One of the key considerations in qualitative research is the power imbalance that can influence the interview process during qualitative data collection (Creswell, 2012). As such, I made appropriate and best efforts to establish a safe and nonjudgmental interview environment through both verbal and nonverbal communication with each participant. Additionally, special attention and intentional consideration was given to building rapport with each participant in order to establish trust and reiterate the priority of confidentiality. Questions regarding confidentiality were answered in entirety to make certain that each participant was aware of how confidentiality was protected and to establish a climate where participants were more likely to feel a reasonable level of trust in sharing information with me. In order to ensure safety of the both myself and the participant, an adult witness was present for each interview. The adult witness signed a confidentiality agreement (Appendix D) and did not engage in any of the questions or conversation between the participants and I.

I, as the researcher, made intentional efforts to adhere to practices to maintain participant confidentiality. All participants’ identities were kept confidential through the use of pseudonyms. Additionally, the community organization from which the sample
was taken was not identified at any point. Personnel within the community organization were not informed of which adolescents comprised of the study sample. All data and information collected was securely stored in a password protected computer account, including audio files that were labeled with participant’s order of interviews (ex. Participant 1, Participant 2, etc.). Any physical copies of documents were scanned and saved into a password protected computer account. Upon completion of the study, all data was appropriately and thoroughly destroyed. During all stages of the research process, I adhered to ethical guidelines and incorporated procedures to minimize risks and discomforts to the participants.
Chapter Four

Results

Participants

This research included a sample size of six adolescent participants ranging in ages of 13-17 years old. Two participants were African American females who live on the west side of Charlotte. Four of the participants were Hispanic males, three of whom live in central Charlotte and one who lives on the south side of Charlotte. Not only did participants come from various high poverty, high crime communities in the Charlotte metro area, but they also attended various public schools in the city.

“Shelly”

Shelly is an African-American female who is currently fifteen years old. She is a sophomore and attends a local magnet high school in her community that focuses on specific career interests. She and her family live on the west side of Charlotte and have lived there for almost five years. Shelly doesn’t have a favorite thing about her community but reports that her least favorite thing is the residents who live there:

I feel like when I first moved (into my community) everything was fine. It was a nice, quiet neighborhood. But, um, they changed, um, management…and they began to let, you know, people pay less money and then more, you know, people from the hood would come into the neighborhood and just trash it and play loud music.
“Daniel”

Daniel is a Hispanic male who is currently fourteen years old. He is in the eighth grade and attends a local magnet middle school with a specific focus on language and diversity. His school is located in his community. He and his family live in central Charlotte and have lived there for the past six years. Daniel’s favorite thing about his community is that he feels like he and his family are safe there. He says: “My favorite thing is that no one, like, bothers us. Like, we don’t get random people just coming up in our house or walking in our yard.” Daniel’s least favorite thing about his community is the violence that occurs.

“Ishmael”

Ishmael is a Hispanic male who is currently twelve years old. He is in the sixth grade and attends a local magnet middle school with a specific focus on language and diversity. His school is located in his community. He and his family live in central Charlotte and have lived there for the past four to five years. Ishmael’s favorite thing about his community is that he feels safe playing outside with his family. His least favorite things about his community are the violence and gun shots.

“Carlos”

Carlos is a Hispanic male who is currently sixteen years old. He is a junior at a non-magnet, traditional high school that is located in his community. He and his family live in central Charlotte and have lived there his entire life. Carlos’ favorite thing about his community is that he finds it to be quiet. His least favorite things about his community is that he doesn’t feel that he has any friends in the immediate vicinity of his home.
\textit{“Richard”}

Richard is a Hispanic male who is currently sixteen years old. He is a junior at a non-magnet, traditional high school that is located in his community. He and his family live on the south side of Charlotte and have lived there for the past three years. Richard says that his favorite thing about his community is the people in it. His least favorite thing about his community is that he wishes people would help others out when they are in need.

\textit{“Nicole”}

Nicole is an African-American female who is currently seventeen years old. She is a senior at a local charter high school that is located in her community. She and her family live on the west side of Charlotte and have lived there for the past five years. Nicole’s favorite thing about her community is that she finds the people who live there to be very friendly. Her least favorite thing about her community is how close the homes are to one another.

\textbf{Data Trends}

\textbf{Overall Beliefs About Safety Within the Community}

Whether or not their community is safe was not a simple “yes” or “no” for participants. Repeatedly, participants stated that the issue of safety within the community is complex and relies on several different variables. This is similar to what Anakwenze and Zuberi (2013) described as the perception of neighborhood disorder. For several of the participants, safety depends on time of day and time of year. When asked about safety in his community, Ishmael stated, “I would (say) …it depends, like, what time of the year it is. Like, sometimes it’s safe and sometimes it’s not”. Daniel said that in his community,
“it can get kinda violent at night”. Carlos echoed this sentiment saying, “… at night I wouldn’t say it’s safe but during the day time, I’d say it’s pretty safe.”

What was even more common among participants was the notion that their close community (the street they live on) was safe but their safety was threatened by external variables, be it individuals who don’t live in the community or the streets that surround the street they live on. Shelly described what this looks like in her community:

…When it’s winter, it’s fine because no one comes outside. But in the summer, it’s kind of, like, hood, I guess you could say…There’s a lot of people who come inside of the neighborhood that don’t live there and they do a lot of unnecessary stuff…

Nicole voiced a similar perspective on how she views safety within her community:

…It’s okay. It’s sometimey…sometimes it can be bad (and) sometimes it can be good. (It depends on) the people in our neighborhood ‘cause some people, they don’t live there. They just come out there…It should be a gated community…so the extras won’t come and disturb the peace.

When speaking about safety in his neighborhood, Daniel said “I don’t live on that violent street. I live, like, on the calmer kind of area”. Ishmael described his community as varying in safety depending on the road a person lives on:

…There’s different parts. Like, in my neighborhood, like, where my house (is), there’s, like, a road and, like, not that much (crime) but some houses get robbed in front of ours. But, like, the street behind us, where my aunt used to live, there’s a lot of shootings and dangerous people.
Carlos viewed the immediate area surrounding his home as a recent safe haven in the midst of an unsafe area:

...I mean, my neighborhood is fine. It’s, like, the (area) around (it that is not safe)...I wish the crime rates would go down. (My neighborhood is) peaceful. It’s not in a good area but the neighborhood is... it’s alright. (The area has) crime, drugs and stuff...I mean, a lot happened back then, like, shootings around my neighborhood but recently, I...I don’t know.

Throughout the interviews, participants described in various terms and manners the idea that their street, specific neighborhood and/or close neighbors are not dangerous. From their perspectives, danger exists as an external threat that impacts their experiences of safety within their neighborhood. In fact, many participants voiced a feeling of pride and allegiance toward their specific neighborhood and used terms to describe the close proximity in which their home is as “peaceful”, “friendly”, “quiet”, and “safe”.

**Fear/Worry as Pervasive Emotions**

Kiser (2007) stated that when an adolescent is exposed to repeated acts of community violence and crime, he/she feels the constant presence of danger. Throughout the interviews, the idea of worry and fear were reoccurring concerns expressed by participants. Every participant stated that they were more likely to be fearful and/or worried when in the exact location that the violence occurs (i.e. more like to worry about physical assaults in school while they are at school). Some voiced fear that violence will continue in their community and some voiced worry that violence can occur at any time without notice. Shelly shared that in her community, “you (can) never (be) completely sure what might happen to you”. As Ishmael described, “I think, cause...like, ‘oh it
happened once (so) it will happen twice or three times’.” Daniel reported that he feels especially fearful around people when they seem upset because he is unsure of how they will react: “I see what (violent) people will do if you bother them or mess with them”.

When discussing what would make her community better, Shelly paused for a moment and then said:

This really sucks to say but I wish they would raise the amount of money you have to pay to stay (in my neighborhood), which would kick those people (perpetrating crime) out. (This) is sad but I want to live in a neighborhood where I’m not scared to go outside at night and we don’t have to lock our doors and do all the stuff to protect ourselves because we’re scared of what might happen.

Kiser (2007) explained that repeated exposure to community violence can lead to a developed fear of imminent threat to one’s well-being. For Daniel, he reported fearing for his safety when walking along a certain street in his neighborhood. He typically avoids this particular street but gives a warning to his family when he is going outside:

…I just tell them I’m not gonna walk through (that area)...just in case anything happens...they would know where to search for (me) if something does happen to me.

The stress associated with exposure to repeated acts of community violence and crime often creates feels of uncertainty (Wadsworth et. al., 2008). Not only was worry regarding personal safety and protection of family important, but there was worry and uncertainty expressed about how peers who don’t live in the community react or would react if they knew about the violence that occurs. Ishmael described how he worries
about how those close to him would respond if he spoke openly with them about the ongoing community violence that he has witnessed:

I tell my friends about it and…sometimes they worry and, like, they’re scared if they go to my house or something…It’s like, I only tell my friends, like, ‘oh there were gun shots’. I don’t tell them that I worry about my house or it happening again (because) if my friends want to come to my house, I want them to feel safe…If I act worried, my parents or my friends will be worried, like, not (wanting) to come to my house. My mom would be worried, like, for my safety.

**Thoughts on Safety**

While there were several statements made by each participant about the fear and worry they feel as a result of witnessing ongoing community violence, there were also numerous comments made that conveyed that, for the most part, they feel safe within their community. Kiser, Medoff, and Black (2010) found that for adolescents who live in neighborhoods in which they are exposed to repeated community violence / trauma, they begin to believe that this is a normal occurrence. This seemed to be true for many of the participants. While there were some participants who shared that they may try avoid certain areas within their community or that some sort of authority restricts access to certain areas immediately after a violent act has occurred, every participant stated that their repeated exposure to community violence does not alter where they go in their community. Richard shared how “when I walk the streets, I feel safe. I feel, like, I could be walking by myself with no worries”. When Daniel was asked to explain how he feels both fear and safety in his community, he said “(I feel safe) ‘cause I can defend myself.”
Ishmael described an innocent oblivion to the violence within his community, saying “(when I am) playing outside (I feel like) nothing bad will happen. Like…me and my brother can (just) enjoy ourselves”. It is a powerful statement considering the next topic he discusses is the violence and gun shots that are reoccurring events in his community. There was a similar paradox when in the same sentence, Carlos acknowledged the prevalence of crime and violence in his community while then describing it as “quiet (and) peaceful”.

There was a prevalent theme regarding the survival skill of minding one’s own business within the community and that being a strategy of safety for participants. The phrases “it has nothing to do with me”, “minding my own business” and “it’s not my business” were echoed in the interviews when participants were describing their reactions to repeated exposure to community violence and their feelings of maintaining personal safety within their community. Daniel described this by saying, “I mean, we don’t get involved with any people who are into problems so I feel like they won’t do anything to us”. Richard said that when it comes to the possibility of violence within his community, “if I don’t know the person or, like, it has nothing to do with me, I just stay outside of the problem”.

Types of Community Violence Witnessed

The three most common types of repeated community violence witnessed were larceny, gun violence, and physical assaults. None of the participants reported any exposure to community violence involving knives nor had any participants seen a dead body in their community. In regards to larceny, 33% of participants reported that both their home/property had been broken into (or attempted to be broken into) and that a
neighbor’s home had also been broken into. In each narrative, the participant stated that they were more impacted by the larceny committed in their neighbor’s home because they believed it was a more significant crime. Ishmael shared his experience:

    My house was robbed and then…like a month or two (later) the house in front of us…was robbed, as well…(but) I suppose it was worse because they had, like, the dogs and helicopters (out searching). We saw (the burglars) take a whole bag (from the neighbor’s house) but (from) us, they only (stole) one thing.

In regards to physical violence, 83% of participants reported seeing various acts of physical assault within their community. Shelly described how she locked herself inside of her house when a physical assault was occurring just steps outside of her front door:

    The neighbors that stay on the right of me (were involved in an assault). (My neighbor) had some of her family members come (over to her house) and they (all) knew some other girls that lived in my neighborhood and they didn’t like each other so they were all outside and they were fighting and…yeah…it was really bad.

Other participants shared their experiences with physical assaults in their school. Carlos believed that many of the reasons his peers fight in school are insignificant:

    Like, in school, people will talk. (For example, if) somebody steps on your shoes (and) somebody takes it to the heart and their like “oh, now you have to fight me” instead of just dusting off their shoe and just minding their business. Their just, like, “now you stepped on my shoe and now we gotta fight”.

Richard recalled a similar experience that happened recently in his school:
People just got violent. (They) just started yelling at each other and then one of them (said) something hurtful to the other person. The other person (got) mad and (couldn’t) handle it so they start(ed) fighting with them.

Of the participants interviewed, 83% reported repeated exposure to community violence involving firearms. Shelly reflected on the most recent exposure to gun violence she experienced:

It was really loud. Um…everyone was in the neighborhood (and) we were having, like, family night. So we just all, you know, laid down on the floor until my mom told us to get up. It was pretty scary because it was close to our house. You could hear it.

Daniel also reported hearing gun fire right outside of his front door the month prior. He described this experience saying, “it was…late and night (and) I was playing and then (I heard) a car coming by and then (I heard), like, I think three, four gunshots and then a car squealing…going away.”

Carlos shared several experiences related to gun violence that have had a profound impact on him. He described hearing a gun shot in his community and later finding out that what he heard a gunshot fired by a young child who had found a gun in the community and accidentally shot himself in the face. Carlos stated that this young boy died as a result of the accidental gunshot. He also described taking the garbage outside of his house and witnessing gunfire in the park located right across the street from where he lives:
…I hear, like, a “boom!” Like, a gun shot and then I see, like, a flash. And then my dad (pulled me inside and) closed the door and said “don’t go outside” and my stepmom looked out the window and she said she saw someone running (away).

**Most Significant Exposures to Repeated Community Violence**

The group of participants were split in half regarding which type of repeated community violence has had the biggest impact on how they feel about safety. Of the 50% that identified physical assault as most impactful, there was a deeper discussion regarding the vastly different terms of *fighting* versus *getting jumped*. Richard, who shared that he becomes angry when he sees someone get jumped, explained the difference between the two types of physical assault:

A fight is one versus one. I mean, it’s fair. It’s a fair fight. If you wanna fight, I don’t agree with fighting, but if you want to fight someone, it has to be fair. When they jump someone, they can’t defend themselves most of the time…Most of the time, it’s just ‘cause of stupid things, you know, teenagers do. Some would say trash talk about this other person and then…(they) just feel this person’s gonna be a problem (and) this many people are going to jump this person (to keep him/her from being a problem).

Carlos described how upset it makes him when he witnesses someone getting jumped at school:

I hear, like, people talk. They’re, like, “oh, I’m gonna fight him and then I have my friends with me. We’re gonna jump him”…(People) will jump you instead of making it, like, one-on-one. They will just jump you…When it’s a fight, like, it’s a fight. Like, I see that as nothing. But when it’s jumping, it’s…like, they hurt the
person, like, bad. Like, that’s just wrong…It’s sad that it’s, like, six people against one person. Like, that guy can’t even defend himself and he has, like, no chance.

In regards to the 50% of participants that report gun violence having the most significant impact on how they feel about safety, they reported a hatred and fear of guns. Daniel said that because of his experiences with gun violence, anytime he hears “people screaming at each other across the street”, he worries that the gun fire will start.

For several participants, gun violence had the strongest impact because it involved members of their family being in danger. Shelly recalled a life changing experience when she and her family witnessed gun violence several years ago:

I hate guns because, uh, when I lived in South Carolina, there was this guy and he was on drugs and…his daughter actually went to school with my sister. And he said he didn’t want to live (anymore) so…he went to the court house and, you know, on Saturday everyone does all of their shopping and stuff and me, my mom, my sister and my uncle were all (there) and he…he…was aiming the gun in every direction and my mom almost got shot. So that’s why I don’t really like guns that much.

Ishmael shared that he also had a frightening experience with gun violence that involved a family member being in danger. He recalled this incident, saying “where my aunt used to live near us, the house next to it…I guess, like, they got in trouble with another…another family and so they, like, they shot that house (right next to my aunt’s house)”.
Communicating and Not Communicating About Experiences

Many participants expressed an unwillingness to communicate with others about their repeated exposures to community violence and how what they have witnessed impacts them. 67% of participants interviewed said that they make an intentional effort to try to disguise that their experiences have a negative effect on them. Nicole explained this in very direct terms saying, “I don’t like everyone knowing my business so I try to keep everything to myself”. Shelly shared that other than telling her mother how she feels, she doesn’t tell anyone else because she doesn’t want their pity:

I don’t know…I just try not to think about it because (I) don’t want other people to feel, you know, sympathy for (me). (I) don’t want to, you know, come off as, like, (I) need sympathy…like (I’m) a charity or something.

Many participants shared that they don’t communicate about their lived experiences because they don’t want to appear vulnerable to others. Shelly described this as “putting yourself on blast” and that she is generally distrustful of others: “I need to know you. I need to scope you out before I just start telling you stuff”. Richard reported a similar perspective saying, “I don’t really tell people what I think…I keep my feelings and everything to myself (because) I’m not, like, an open person”.

For Daniel, his unwillingness to talk about his experiences and reactions to witnessing repeated acts of community violence is rooted in fear of retaliation:

I don’t want someone to go telling someone (else) in my neighborhood that I hear those (acts of violence and crime)…I don’t tell people because then I feel like I can get hurt (if they know I talk about it).
While participants reported many instances when they don’t disclose their experiences and how it impacts them, they also reported that there are certain people who they do disclose this information to. 50% of participants repeatedly mentioned throughout their interviews that they talk openly with a parent about the violence they have witnessed, how it impacts them and what they think about it.

Duncan-Andrade (2009) stressed the importance of deep and caring relationships in the lives of adolescents who have experienced barriers associated with poverty, community violence and crime. The participants each shared the value they find in authentic and supportive relationships with various people in their lives. When asked to share what traits their trusted family member(s) and/or friend(s) possess that causes them to feel comfortable confiding in them, participants repeatedly discussed the importance of loyalty, length of friendship, and feeling as though that person has wisdom and life experience to offer them (as summarized in Table 4.1). Shelly described her reason for have unwavering trust she has in her mother: “She’s been through a lot, so if she could help me and guide me through life and help me avoid unnecessary stuff…I mean…that’s what I appreciate”.

**Table 4.1 Who Participants are Most Likely to Confide in and Why**

<table>
<thead>
<tr>
<th></th>
<th>Traits of trusted peer(s)</th>
<th>Traits of trusted family member(s)</th>
<th>Who participant reported they are most likely to trust to confide in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelly</td>
<td>n/a</td>
<td>Good listener (parent)</td>
<td>Parent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Understanding (parent)</td>
<td></td>
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<td></td>
<td></td>
<td>Wisdom (parent)</td>
<td></td>
</tr>
<tr>
<td>Daniel</td>
<td>Length of friendship (friend)</td>
<td>Mutual sharing of secrets (sibling)</td>
<td>Sibling</td>
</tr>
<tr>
<td>Ishmael</td>
<td>Length of friendship (friend)</td>
<td>Feeling privacy will be protected (parents)</td>
<td>Peer</td>
</tr>
</tbody>
</table>
Carlos

- Doesn’t share secrets (friend and girlfriend)
- Wisdom (friend and girlfriend)

Wisdom (parent)
- Being a “good person” (parent)

Parent

Richard

- Length of friendship (friend)

Nonjudgmental (parent)
- Understanding (parent)
- Wisdom (parent)

Parent

Nicole

- Loyalty (friend)

Loyalty (sibling)
- Doesn’t share secrets (sibling)
- Similar age (sibling)

Sibling

The Significance of Family

In every participant interview, participants stressed the trust and value they place in various members of their family. Kennedy, Bybee, Sullivan, and Greeson (2010) highlighted the importance of youth developing warm and supportive attachments with their parent(s)/guardian(s). When asked who in their home they trusted the most to talk about their feelings, 67% of participants named one or both parents and 33% of participants named a sibling. As summarized in Table 4.1, when each participant was asked to name the individual who they trust most to share their feelings with (regardless of the manner in which they know and interact with that person), 83% of participants named a family member who lives in their home.

Daniel voiced a desire and feeling of obligation to protect his family because he values them, saying “(I) told them to, like, be careful when they are outside”. Richard repeatedly referenced the extremely close bond that he feels with his mother and when
asked what he trusts most about her, he paused for a moment and then simply answered, “Everything”.

Shelly became emotional when describing how her family responded when they recently heard gun fire outside of their house: “we just wanted each other to be safe”. She went on to describe how she feels closer with her family as a result of repeated exposure to community violence: “Oh…I feel (more) close with my family because we never know, like, what could happen so if one of us does die (from violence), you know, we can heal each other and be fine.”

Swick, Knopf, Williams and Fields (2013) stated that healthy and supportive relationships with parents/guardians serve as a source of safety and consistency for adolescents who have experienced chronic trauma. Nicole shared her increased feelings of closeness with her family after witnessing chronic community violence and her desire for her family to remain stable, even in the midst of chaos:

(I feel) closer (with my family)…because I don’t like when people fight, especially within my family. I don’t like when people fall apart. I like us to be close and we can talk about anything.

**Connection Between Ongoing Community Violence and Social and Political Issues**

As mentioned in chapter one of this thesis, it would be negligent to not acknowledge the volatile social and political climate during the time that this research took place, both within our country and within Charlotte. Several times in the interviews participants mentioned the connection they see between the community violence that they have witnessed and what they believed to be unjust political and social situations that plague the nation and their communities. Richard explained how he believes racism has a
drastic impact on injustices taking place within his community and the world as a whole. He reflected on his thoughts: “Society, I think it’s…it’s messed up. I see a lot of racism”. When asked for an example of the racism he sees and how it impacts his community, he firmly responded “Donald Trump”.

Nicole shared how repeated exposure to community violence alters how she sees social justice within her community. She discussed how she worries that the same violence she is seeing in her community is happening in other places: “…’cause you just hear in our world, like, all of these things are happening, like, riots and people fighting in different areas of the world, so…I don’t know…”.

Shelly was passionate about how she believes the violence she has repeatedly witnessed in her community is connected with larger social issues. She described how she worries about guns not only with people who live in her community, but also with the police officers who are entrusted to protect the community:

This whole, like, Black Lives Matter, thing. It upset me because…uh…these police officers…I feel like, if you’re so scared to do your job then maybe this isn’t the job for you. Because firefighters, they walk into fires and you don’t see them making excuses about their safety so I just feel like this whole gun violence thing (between civilians and police officers) should stop.

Shelly went on to share disappointment in regards to the violence within her community when considering the historical fight for equal rights that many African-Americans have sacrificed for:

I feel like a lot of the old people (in my community)…they see the youth and they’re like “Dang. Like, what did we even…Like, everything we did was in
vain” when they see how the youth acts. And then the parents of these kids (in my community), they act the exact same way (that their children act). So it’s, like, really sad…In my neighborhood, there’s a lot of black people and I’m very pro-black, so I’m all about empowering black people to get us back to, at least, like, us being united and it’s really sad because…some people aren’t even willing to try. Like, even in Uptown (Charlotte) and the riots. Like, some people went to riot. It wasn’t about the peaceful protests. So it really sucks. Like, I want the black community to come together for us to be one so we can be on the same page so that if something does happen to us that’s traumatic, then we can be able to heal as a community. But it’s just…it’s really sad how, you know, people don’t even try. I just pray that we could begin to heal, because it’s not fair that we just keep blaming white people for our problems (in our community)...There’s things within the black community that we need to work on…Things are happening and we just need to learn and heal…

School

Lieberman, Chu, Van Horn and Harris (2011) found that repeated traumas and the chronic stress associated with it can impede young children’s ability to focus and thrive in the school environment. Many of the participants indicated that repeated exposure to community violence has had an impact on their daily functioning while in school. 33% of the participants stated that they have noticed that they “zone out” more in class since witnessing the most recent incident of community violence. Carlos described this by saying, “sometimes I try to do work and I just put my head down. I don’t care. I do care, but it’s just, like, when I’m in class, I zone out completely.” Nicole echoed this sentiment
explaining, “I don’t know. I be in another world so I will just stare off into space and my head is somewhere else.”

Richard described how difficult it is to go to class and learn right after seeing violence in his school:

I’m just walking to my classes and then I see someone getting jumped and then I’ve gotta go to (my) classes…I know what’s going on and (I feel) like I want to do something about it, but then that gets me in trouble so…I calm myself and then I think about (whether) it’s actually gonna be worth me getting into a lot of trouble… I see security and when I see them, (I tell myself) they’re going (to handle it) so I just keep walking.

It is worth noting that most of the participants who described experiencing difficulties concentrating or excessive worry in school were the same participants that stated that they have been most impacted by witnessing violence in schools as opposed to violence in other community settings. For the participants who did not identify witnessing physical assaults in school as their most significant experience of community violence, they did not report any difficulties concentrating in class or excessive worry while in school. This is certainly not meant to be a generalized finding, but it is data that is worth noting.

When asked to share who they trust most at school to talk about their feelings and reactions in regards to witnessing community violence, 83% of participants identified a peer (friend or significant other). Participants generally felt most comfortable talking with friends who they have had long friendships with and who they felt they could trust to both keep their secrets, and share their own secrets in return. The one participant who did not identify trusting a peer the most at school said that she doesn’t trust anyone at school.
No participant identified an adult, be it a teacher, coach, school counselor, school social worker, or administrator as the person they trust most to talk with at school about their experiences.

**Physical and Emotional Manifestation of Feelings**

Gudino (2013) stated that the impact of trauma can manifest internally or externally, depending on the specific traits of the adolescent. Numerous participants reported heightened negative emotions as a result of repeated exposure to community violence. Kennedy, Bybee, Sullivan and Greeson (2010) stated that for youth who experience repeated trauma, the physiological arousal combined with an increased cortisol level can potentially produce adverse emotional reactions. Several participants stated that they have experienced an increased level of anger as a result of witnessing ongoing community violence. Carlos was one of the participants who said he has noticed this change in himself:

> The littlest things aggravate me. I have a bad temper and, like, I don’t know. Like, I just get mad and feeling like hitting something…I start getting all sweaty, my palms start itching. I start to turn red. I clinch my fists. And I’m just…like, super quiet and I just start breathing heavy.

Anakwenze and Zuberi (2013) discussed how the impact of trauma can manifest through withdrawal, depression and social disengagement. Both female participants reported increased levels of sadness. When Shelly was describing how her behavior has changed as a result of witnessing ongoing community violence, she admitted “I cry all of the time…Sometimes for no reason. Like, I just…I don’t know (why I cry)…I’m about to cry right now.” Nicole said that while she doesn’t cry, she recognizes that she feels an
increase of sadness and disengagement from those around her: “I became more quiet (as a result of witnessing ongoing community violence). I don’t like talking a lot or anything. I just keep everything to myself”.

Of the participants interviewed, 67% reported experiencing negative physical reactions as a result of repeated exposure to community violence. Several reported feeling increased heart rate. Daniel stated that when he thinks about the violence he has witnessed, “my heart starts to (beat) a little bit faster”.

**Impact on How Others are Viewed**

A common theme among participants was how their repeated exposure to community violence resulted in them feeling distrustful of others and unsure of what harm others are capable of. When speaking about recent break ins into her neighbor’s home, Shelly said she worries:

…If they broke into (a) house…you’re not safe because they could break into (a) house again and if they were bold enough to break into (someone’s) house, it probably won’t matter if you’re there (when they break into a house). They’ll probably hurt you…it can happen to anyone. It happens when you least expect it so I’m not…I’m not gonna say that it’s not gonna happen to me because it probably (will).

Wamser-Nanny and Vandenberg (2013) stated that for many adolescents who have experienced chronic trauma, there becomes a belief that trauma is completely unavoidable. Carlos described how he is constantly unsure of when a potentially violent incident will occur and with whom because of the violence that he has witnessed. He noted how this has impacted how he interacts with his peers:
I don’t know. I mean, people fight over nothing. Like, I was walking the other day and somebody just gave me a mean look and I just looked back at them, like, “I don’t know you. Why are you giving me a mean look?” And it happened to me (again) today, as well. I was walking to school and somebody was giving me a mean look and I was, like, “whatever”.

Nicole described how she is distrustful of the people in her community: “(because) you never know what might happen and those people are crazy…you never know what people are thinking…you don’t know what people are capable of”. Shelly shared a similar feeling of distrust, explaining how she is cautious of those around her in all areas of the community and at all times:

We just have to be careful when we go outside. Like, even when I walk to the bus stop, there was a car outside and my mom had to give me mace because you never know what could happen.

Participants also discussed how their exposures to community violence have had an impact on how they view their friendships with their peers in their community. Daniel commented that even when he thinks he knows someone, he doesn’t feel like he is able to totally trust them because “they can seem all calm and nice but if you do something to them, they can go, like, crazy”.

Richard explained that witnessing repeated community violence makes him rethink the environments he puts himself in: “you gotta be careful what you do and who you hang out with”. Carlos shared a similar impact:

(I think about) the people that I hang around with. I’d say that…that’s, like, the targeted group that people (want to) fight - the people that I hang out with. I know
a lot of them fight. And then…when a group fight can happen and I’m just standing around minding my business and (then) I get attacked (because I’m with my friends).

**Impact on Worldview**

Youth and families who witness community violence often experience increased feelings of fear and anxiety that the world is unsafe, with the potential for harm present at any time (“Community Violence”, 2016). Repeated exposure to community violence had a significant impact on how participants in this research reported seeing the world and their place in it. 83% of participants reported that their repeated exposures to community violence have had a negative impact on how they view the world. Shelly described feeling scared of the world “all of the time”. She elaborated on her fear of the world:

I mean, the fact that…people think it’s okay to kill other people. People think it’s okay to do anything that’s against the law when those laws are set in place to prevent certain things (from happening). It’s, like…that’s scary!

Daniel admitted that his experience with community violence has left him fearful of the world: “…it just shows (what) people are capable of and (that) they don’t care about what they do or their actions”. Carlos shared similar fears saying he feels as though “people are messed up”. Richard said he didn’t necessarily feel like the world is a scary place, but that it is “dangerous” and “you’ve gotta be careful what you do”.

**Summation**

The results and findings of this research emerged throughout patterns within the data. These themes and patterns resulted in a more comprehensive knowledge of how participants made sense of their lived experiences regarding repeated exposure to
violence within their community. It is the wish of the researcher that this study will result in a greater understanding of how ongoing community violence impacts the emotional well-being of our youth and more effective efforts will be made to address their emotional needs so that they may reach their greatest physical, academic, social and emotional potential.

Additionally, the desired outcome is for this information to be shared with all stakeholders who impact the lives of our youth – community agencies, public service organizations, housing officials, government and political officials, churches, schools, athletic groups, local businesses and those within the home. The youth of our nation do not exist in isolation but are impacted by the various settings they exist in and the various individuals who dwell within each setting. In order for our youth to receive the greatest support, it is crucial that all of these individuals and entities work together with a common understanding of the strengths of our youth, the challenges they face, and best practices for meeting their critical needs.
This research provided the opportunity to see the full scope of humanity in individual youth who endure suffering and trauma on a regular basis (Wilson, 2015). The goal of this IPA study was to answer the following research question: how does ongoing exposure to community violence impact the mental health / emotional well-being of adolescents? Through confidential, open-ended individual interviews, this research study provided the opportunity for adolescents who live in high poverty, high crime communities to share their experiences, including how they made sense of their experiences. Using the theoretical framework of Maslow’s Hierarchy of Needs, interviews were analyzed to determine how the participant’s experiences of witnessing chronic community violence impacted their various needs being met.

The open-ended interview questions guided the conversation to cover specific areas while still allowing the opportunity for participants to share additional information that they felt to be relevant in regards to their lived experiences. Participants gave detailed accounts of the various acts of chronic community violence they have witnessed, how they see those experiences, how those experiences have impacted their lives, and the role that their relationships with others have served in dealing with the residual effects of their lived experiences.

The goal of this chapter is to make sense of the findings presented in Chapter 4 of this text. The chapter includes major themes that emerged through data analysis and
provides recommendations for practice and future research based on the findings, previous literature presented, and theoretical framework.

**Emerging Themes**

Four predominant themes emerged as the qualitative data was analyzed. First, the concept of perceived community safety was a complex subject for participants. Second, relationships with those close to them played a critical role in whether participants communicated about their experiences and how they choose to do so. Third, exposure to chronic community violence had an impact one’s need for safety. Finally, repeatedly witnessing community violence tended to have an impact on how one sees others and the world in general.

**Safety as a Complex Concept**

In general, participants reported that “safety” in their community depends on various factors. Several of the variables that contributed to whether or not their community could be described as safe were the time of day, the time of year, what particular road a person is on, what specific people are in the community at that time, etc. Also, while participants described their community as unsafe at times, they also shared at various points in their interviews that they feel safe within their community. All of the participants in the research have lived in their communities for at least three years and it is possible that because the adolescents have lived in their communities for a significant amount of time, they may consider the community violence that takes place as a normal occurrence (Kiser, Medoff, & Black, 2010), which could result in them perceiving their community as safe.
The Value of Relationships

Repeatedly in the interviews, participants highlighted the value they find in meaningful relationships with individuals who they trust to confide in regarding their experiences of witnessing ongoing community violence and the impact it has on their lived experiences. Nearly every participant in this study reported feeling most comfortable speaking openly with a parent or a sibling. This finding highlights the literature on the significance of strong family systems and family relationships and its ability to serve as a protective barrier to adolescents who have experienced trauma in regards to community violence (Cousins, 2013).

In addition to strong relationships with family members, participants repeatedly identified their peers as a source of support for them. Despite the various adults who work as supportive figures for the youth in the community, participants stated that they were most likely to confide in their peers regarding their lived experiences of witnessing ongoing community violence. This finding stresses the importance of peer relationships for adolescents in general, as well as the importance of peer relationships when determining how to best provide support for adolescents who have experienced trauma.

Repeated Exposure to Community Violence Impacts One’s Need for Safety

The use of theory, in this case Maslow’s Hierarchy of Needs, provided the opportunity to “travel into someone else’s mind and become able to perceive reality as that person does” (Anfara & Mertz, 2014, p. xiv). Maslow (1943) described the need for safety as the second fundamental need to well-being and stated that when this need is not met, it impacts other areas of one’s life. Through the qualitative data gathered, there was an obvious theme of fear and worry among the participants in regards to safety.
While participants reported that they were most likely to worry in the location where they had witnessed the most impactful acts of chronic community violence, they also stated that their worry extended into other environments they go into. They reported feeling fear and worry about their personal safety and the safety of their loved ones. They reported an increased level of fear and worry that the possibility of a violent act is always present. This finding was congruent with the literature that states that for adolescents exposed to trauma, there is a belief that the potential for harm is present at any time (“Community Violence”, 2016).

**Worldview and View of Others**

Through the data collected, it was evident that repeated exposure to community violence impacted how participants view the world and those around them. Garbarino (1993) stated that the anxiety related to trauma can restructure one’s entire social map and cognitive understanding of how one views the world and those in it. Repeatedly in interviews, participants described believing that the world is a scary and/or dangerous place.

Furthermore, participants shared that they have a difficult time trusting and being vulnerable to others because of a fear of not knowing what harm that other person is capable of. This fear did not apply to only strangers, but also to the people that they knew within their community. For many of the participants, there was a pervasive worry that even a seemingly nice person could not be completely trusted because he/she could alter their behavior without warning and without reason.
Recommendations for Practice

Just as the community is full of dynamic, individual environments, those who live in the communities are impacted by all of those environments. As such, the most effective form of intervention and support involves building a strong partnership with the community among schools, organizations/agencies, and families. Zolkoski and Bullock (2012) described resiliency as a protective barrier to the negative effects of trauma. The partnerships between these various community entities should be built and maintained with the goal of building resilience (not reliance) within the members of the community who have experienced trauma, both adults and youth. In regards to supporting adolescents exposed to chronic community violence, effective interventions must place a heavy emphasis on family and peers.

Enlist and Empower the Family

As Cousins (2013) stated, the goal of every intervention should be to foster and strengthen the relationships between the adolescents and the adults who care for them and to strengthen family relationships (Wade, Shea, Rubin & Woods, 2014). The most effective interventions seek to engage the parent / family in the youth’s overall well-being (Anakwenze & Zuberi, 2013). Agency and school interventions should seek to leverage the influential position a parent/guardian plays in an adolescent’s life. In doing this, not only are the adults who care for the youth provided healthy strategies for supporting their child(ren) with trauma, but they are also provided healthy coping skills to both deal with their own traumatic experiences.

Potential ideas include parent / family information sessions and workshops at schools, churches, libraries, community centers, etc. that serve areas with high rates of
community violence and trauma. Additionally, it would be beneficial to host these events immediately following an act of community violence to provide critical and timely support to families, as well as to explain what ongoing physical and emotional care looks like and where to find appropriate support. Providing this information creates both an awareness of the impact of trauma and a knowledge of resources within the community that can assist the family in coping with their experiences in a healthy and appropriate manner. Through this type of intervention, families would be empowered to respond appropriately to trauma beyond the time frame of the information session, which would contribute to a family culture of resilience.

Utilize and Leverage Peer Support

Successful interventions are built with the understanding of the power of deep and caring relationships (Duncan-Andrade, 2009). Throughout the interviews, participants highlighted the meaningful relationships that they have with their peers. Therefore, effective interventions should include opportunities to utilize and leverage peer support. Small group counseling and/or peer support meetings would provide the opportunity for adolescents to both support one another, while also being provided information and strategies from an appropriately trained adult.

As Maslow (1991) stated, individuals may experience similar situations, but their unique personhood impacts their perspective and the meaning they assign to these experiences. Therefore, these groups must emphasize the importance of open dialogue among peers and sharing of lived experiences through personal narratives. It cannot be stressed enough that these groups should provide adequate and ample opportunities for adolescents to both share their personal experiences and listen to the experiences of their
peers. This recommendation is congruent with the finding from Karp (2012) that adolescents benefit from group therapy where they have the space and time to share their feelings with peers who have experienced similar traumas. Additionally, the group should be facilitated by a trained mental health professional who is able to recognize that trauma can manifest internally or externally (Gudino, 2013) and provide the appropriate therapeutic support that the group participants need. Appropriate coping strategies that are relevant and helpful to the adolescents should be both instructed and practiced within this group in a manner that empowers the adolescents to use them beyond the timeframe of the group sessions.

**Areas of Future Research**

This topic is one that is critical for our communities and should continue to be researched. An area to explore in future research includes evaluations of the effectiveness of small group counseling / peer support groups to identify what components of this format are most effective in responding to the trauma of adolescents exposed to ongoing community violence. Another area to investigate is what systems schools and agencies can put in place to effectively encourage youth to seek out the support of appropriate adults within the community to assist in dealing with trauma. Another area of research to be explored is an IPA study of how adults who are exposed to ongoing community violence make sense of their lived experiences, as the research completed in this current IPA study highlighted the significance of parents / family in the lives of adolescents and one could hypothesize that the adults within the community are facing their own experiences of trauma.
Limitations

While this research provided valuable data that will contribute to scholar and practitioner work, there are several limitations to be noted. The first is that given the small sample size of this qualitative research, findings are to be understood as trends and not overall generalizations. The second limitation is the lack of racial and gender diversity. The four males who participated in the study were Hispanic and the two females who participated in the study were African-American. Therefore, there was no representation of African-American males, Hispanic females, or other racial groups.

While I discussed confidentiality and intentionally sought to establish rapport with every participant, the data gathered was self-reported by the participants themselves. As with any self-reported data, it is impossible to independently verify that the information provided is totally accurate. Within this particular methodology, it is always possible that participants may have provided inaccurate information either by accident or by choice.

In some ways, the tool itself was a limitation of this study. After completing the interviews and analyzing the data, it became evident that there could have been additional questions included in the measure to gather more comprehensive information. Examples of this would include specific questions about relationships with teachers, counselors, coaches, religious figures, etc. The questions provided were meant to be open-ended and, as a result, specific information about supportive (or unsupportive) adults in these roles were not included in the data collection.
Conclusion

This IPA study was conducted via interviews with six adolescents who have experienced trauma related to repeated exposure to community violence. Four themes emerged as the researcher analyzed the qualitative data regarding how participants made sense of their experiences. First, participants viewed safety in their community as complex, depending on numerous variables. Second, participants reported relationships with those close to them as critical and these relationships determined whether or not they communicated about their experiences of trauma. Third, participants’ exposure to chronic community violence had an impact on one’s need for safety, specifically in regards to ongoing feelings of fear and worry. Finally, participants’ views of other people and the world in general were altered by chronic community violence and the trauma associated with witnessing it.

Recommendations for practice include focusing on building strong partnerships between the various organizational entities that make up a community (schools, agencies, and families). These partnerships should focus on building and sustaining resilience in families and youth. There should be an emphasis placed on enlisting and empowering the families, as well as utilizing and leveraging positive peer support. While there were limitations to this study, it provides notable data to contribute to the scholar / practitioner discussion related to community violence and adolescent development. Furthermore, this study provided information relevant to future research, which is necessary in order to meet the immense emotional needs of our communities.
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Appendix A
Maslow’s Hierarchy of Needs

Hierarchy of Needs (1990’s) Eight Stage Model
based on Maslow’s Hierarchy of Needs

Transcendence
helping others to self-actualize

Self-actualization
personal growth, self-fulfillment

Aesthetic needs
beauty, balance, form, etc

Cognitive needs
knowledge, meaning, self-awareness

Esteem needs
achievement, status, responsibility, reputation

Belongingness and Love needs
family, affection, relationships, work group, etc

Safety needs
protection, security, order, law, limits, stability, etc

Biological and Physiological needs
basic life needs - air, food, drink, shelter, warmth, sex, sleep, etc.

© 2002 alan chapman Based on Maslow’s Hierarchy of Needs www.businessballs.com
Appendix B

Parent/Guardian Consent for Research Participation

Northeastern University, Department of Education
Name of Investigator(s): Principal Investigator- Dr. Kristal Moore-Clemons, Student Investigator- Meleah Selip
Title: Mental Health Impact on Adolescents Exposed to Ongoing Community Violence

Informed Consent to Participate in a Research Study
We are inviting your child to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep.

Purpose of the Study
If you agree, your child will be asked to participate in a research study about the impact of ongoing community violence. The purpose of this study is to examine how adolescents make meaning of their experiences regarding community violence.

What is my child going to be asked to do?
If you allow your child to participate in this study, they will be asked to verbally share their experiences of community violence and what these experiences mean to them. Your child will be interviewed individually once and then provided a follow up opportunity to review the written transcript of the interview. There will be four to five other children in this study. These children will never interact with each other in regards to this study. There will be an adult witness with the researcher at all times. He/she has signed a confidentiality agreement.
NOTE: Your child will be audio recorded. No one other than the researcher will hear the audio recording and once the study is complete, the audio recordings will be destroyed.

Where will this take place and how long will it take?
This interview will take place at (name of community organization) and will last one hour. Within one month, I will return to (name of community organization) to allow you and your child the opportunity to read the interview transcript.

What are the risks involved in this study?
There are potential risks involved in this study, as your child will be discussing highly emotional issues. My sole capacity in this study is as a student researcher. If your child has an emotional response, the interview will immediately be terminated. You will be notified and provided with referral information for local therapeutic agencies within the Charlotte/Mecklenburg area.
What are the possible benefits of this study?
Your child will receive no direct benefit from this study. It is also possible that he/she may experience potential benefits from the opportunity to speak about his/her experiences in an open and honest manner. This can result in him/her feeling relief and enlightenment from being able to discuss his/her experiences. The information gathered from this study will benefit society in that it will provide information on the impact of community violence. Also, the data could potentially provide some direction in how our society can best meet the needs of all of our children.

Can my child stop participation in this study?
Your child’s participation in this research is completely voluntary. He/she does not have to participate if you or he/she do not want to and he/she can refuse to answer any questions. Even if he/she begins the study, he/she may quit at any time without penalty.

Will my child or I be paid for participation?
Neither you or your child will be paid for participation.

Will it cost me anything to participate?
There will be no cost to you or your child for participation in this study.

How will your child’s privacy and confidentiality be protected if s/he participates in this research study?
Your child’s privacy and the confidentiality of his/her data will be protected throughout the study. The only individuals who will know that your child is participating in this study are the researcher and the adult witness. Interviews will take place at (name of community organization) in a closed off room with the researcher, the adult witness, and your child. Audio recordings will be stored on a password-protected device and will be destroyed when the study is complete. Additionally, your child’s actual name will not be used at any point in the research, as each participant will be given a pseudonym or code name to protect his/her identity. No reports of publications will use information that can identify your child in any way as being part of this project. In rare instances, authorized people may request to see research information about your child and other people in this study. This is done only to be sure that the research is done properly. We would only permit people who are authorized by organizations such as the Northeastern University Institutional Review Board to see this information.

Who to contact with questions about the study?
If you have any questions about this study, please feel free to contact the person mainly responsible for this research, Meleah Selip at selip.m@husky.neu.edu. You can also contact the Principal Investigator, Dr. Clemons-Moore at k.clemons@neu.edu.

Who can I contact about my child’s rights as a participant?
If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email n.regina@neu.edu. You may call anonymously if you wish.

**Signature**
I agree to have my child take part in this research.

_________________________  ____________________________
Signature of person (parent) agreeing to take part  Date

_________________________  ____________________________
Printed name of person above  Phone number

_________________________  ____________________________
Signature of person who explained the study to the person above  Date

_________________________
Printed name of person above
Appendix C

Participant Consent for Research Participation

**What is it?** A study to explore the impact that ongoing community violence has on youth.

**Who is doing it?** My name is Meleah Selip. I am currently completing my doctorate degree at Northeastern University. I have worked as a teacher and a counselor.

**Who else is it?** I will be interviewing a total of five or six participants.

**What do I have to do?** You, an adult witness, and I will meet individually at (community organization). No one else will know we are meeting, including the other participants who are participating in the study. I will ask you some questions and you will tell me your thoughts and experiences. There is no right or wrong answer, I just want to hear what you think. Because I want to remember exactly what you say, I will audio record our conversation. No one else will hear it and when I am finished with my study, I will destroy it.

I will let you pick a code name or pseudonym so that there is no way anyone can know who you are. Once we are done, I will listen to our conversation and type a document of our conversation that reads like a script. I will follow up with you a few weeks after our interview to give you the chance to read over the transcript to make sure you agree with what was typed.

**What if I get upset during the interview?** Because of the topic we will be discussing, it is possible that you may become upset during the interview. If this happens, we will immediately end the interview. I will provide you and your parent with referral information for local therapeutic agencies that you may be interested in contacting.

**Do I get something?** Unfortunately, no. However, the information you share will be used to look at ways that people like me and people in our society can help our youth and our communities. We don’t know how to help if we don’t hear what you think!

**Do I have to do it?** You absolutely do not have to participate. You can decide at any time that you do not want to participate anymore.

**What if I have questions first?** If you have any questions about this study, please feel free to contact the person mainly responsible for this research, Meleah Selip at selip.m@husky.neu.edu. You can also contact the Principal Investigator, Dr. Clemons-Moore at k.clemons@neu.edu.

**Who can I contact about my rights as a participant?** If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email n.regina@neu.edu. You may call anonymously if you wish.
Signature
I agree to take part in this research.

_________________________________________  _____________
Signature of person agreeing to take part  Date

_________________________________________
Printed name of person above

_________________________________________
Signature of person who explained the study to the person above  Date

_________________________________________
Printed name of person above
Appendix D

Confidentiality Agreement for Adult Witness

Purpose of the Study. The purpose of this study is to examine how adolescents make meaning of their experiences regarding community violence.

Purpose of your role and confidentiality. You will be serving as a witness for the individual interviews of this research study. In this role, you will be physically and emotionally present throughout the entire interview process. During this interview, you will not engage in any of the questions or conversation. Because you are present during the interviews, you will be privy to private information shared by participants. You will not disclose or discuss any information with any individual, including the student researcher (Meleah Selip).
You will also transport participants to and from the room where the interviews will be conducting. You will do so in a manner that protects and ensures the privacy of the participant and will not disclose to any other parties the context of the conversations related to the interview.

What if I have questions? If you have any questions about this study, please feel free to contact the person mainly responsible for this research, Meleah Selip at selip.m@husky.neu.edu. You can also contact the Principal Investigator, Dr. Clemons-Moore at k.clemmons@neu.edu.

Who can I contact if I have concerns regarding the research? If you have any concerns regarding any of the practices that you see related to the research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email n.regina@neu.edu. You may call anonymously if you wish.

Signature
I agree to serve as the adult witness to this research and to abide by the confidentiality agreement outlined above.

_________________________________________ _______________________
Signature of adult witness Date

_________________________________________
Printed name of person above

_________________________________________ _______________________
Signature of student researcher Date

_________________________________________
Printed name of person above
Appendix E

Community Climate Interview Survey

Part A: General Community Climate Input
How long have you lived in your community/neighborhood?

How would you describe your community/neighborhood?

What are some of your favorite things to do in your community/neighborhood?

What is your favorite thing about your community/neighborhood?

What is your least favorite thing about your community/neighborhood?

What do you think the people who live in your community/neighborhood think about your community/neighborhood?

What do you think the people who do not live in your community/neighborhood think about your community/neighborhood?

What do you wish would improve about your community/neighborhood?

If someone described your community as “safe”, what would be your response and why?

If someone described your community as “unsafe”, what would be your response and why?

Part B: Specific Occurrences of Community Violence
Have you ever seen someone steal something in your community/neighborhood?
   If yes – please describe.
   Did you know the victim?
   Did you know perpetrator?
   How many times have you seen this happen?
   When was the last time this happened?
   Do you feel safe from this happening to you?
   Does this affect where you go?

Have you ever seen a physical fight in your community/neighborhood?
   If yes – please describe.
   Did you know the victim?
   Did you know perpetrator?
   How many times have you seen this happen?
   When was the last time this happened?
Do you feel safe from this happening to you?
Does this affect where you go?

Have you ever seen a dead body in your community/neighborhood?
   If yes – please describe.
   Did you know the victim?
   Did you know perpetrator? (if applicable)
   How many times have you seen this happen?
   When was the last time this happened?
   Do you feel safe from this happening to you?
   Does this affect where you go?

Have you ever heard a gunshot in your community/neighborhood?
   If yes – please describe.
   Did you know the victim?
   Did you know perpetrator? (if applicable)
   How many times have you seen this happen?
   When was the last time this happened?
   Do you feel safe from this happening to you?
   Does this affect where you go?

Have you ever seen someone aim and/or shoot a gun at someone in your community/neighborhood?
   If yes – please describe.
   Did you know the victim?
   Did you know perpetrator? (if applicable)
   How many times have you seen this happen?
   When was the last time this happened?
   Do you feel safe from this happening to you?
   Does this affect where you go?

Have you ever seen someone use a knife to hurt a person or property in your community/neighborhood?
   If yes – please describe.
   Did you know the victim?
   Did you know perpetrator?
   How many times have you seen this happen?
   When was the last time this happened?
   Do you feel safe from this happening to you?
   Does this affect where you go?

Part C: Emotional Distress Related to Community Violence
(From the list of violent acts the participant indicates they have seen, ask them to identify the one that had the strongest impact on his/her thoughts regarding safety. The following questions should be answered with this particular act in mind)
How often do you think about this experience?

How likely are you to think about your experiences in school? At home? In your neighborhood?

In regards to this experience, do you have upsetting thoughts or pictures that pop into your head when you don’t want them to?
   If yes – please describe.
   If yes – how often does this happen?
   If yes – when was the last time this happened?
   If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Do you ever have nightmares about your experiences?
   If yes – please describe.
   If yes – how often does this happen?
   If yes – when was the last time this happened?
   If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Do you ever see and/or hear something and feel like this experience may happen again?
   If yes – please describe.
   If yes – how often does this happen?
   If yes – when was the last time this happened?
   If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Do you ever feel scared, angry, sad or confused when you remember what happened?
   If yes – please describe.
   If yes – how often does this happen?
   If yes – when was the last time this happened?
   If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Sometimes when people think about negative experiences, they feel discomfort in their body (sweating, heart beating fast, stomach ache, headache, etc.). Does this ever happen to you?
   If yes – please describe.
   If yes – how often does this happen?
   If yes – when was the last time this happened?
   If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Do you try to act like what happened doesn’t bother you?
   If yes – please describe.
If yes – how often does this happen?
If yes – when was the last time this happened?
If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Are there certain places or areas you avoid because it reminds you of your experiences?
If yes – please describe.
If yes – how often does this happen?
If yes – when was the last time this happened?
If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Does this experience impact how you view yourself? (ex. I can’t do anything right)
If yes – please describe.
If yes – how often does this happen?
If yes – when was the last time this happened?
If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Does this experience impact how you view other people? (ex. all people are bad)
If yes – please describe.
If yes – how often does this happen?
If yes – when was the last time this happened?
If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Does this experience impact how you view the world? (ex. the world is a scary place)
If yes – please describe.
If yes – how often does this happen?
If yes – when was the last time this happened?
If yes – have you told anyone? If so, why that person? If not, what caused you to keep this to yourself?

Part D: Behavioral Changes
Instruct participant to consider his/her behaviors since the last time they experienced the negative experience they identified in Part C (ex. if participant said hearing gun shots impacted her the most negatively and reports last hearing a gunshot three weeks ago, ask her to consider her behavior in the last three weeks)

Have you noticed any changes in your anger?
If yes – please describe.

Have you noticed that you are less interested in doing things you enjoy? (refer to question 3 in Part A).
If yes – please describe.
Have you noticed any changes in how close you feel with your family and/or friends?
(this can be more distant or an increased closeness)
   If yes – please describe.

Have you noticed any trouble having good feelings (like happiness) or enjoying yourself?
   If yes – please describe.

Have you noticed that you become angry more easily (yelling, hitting, throwing, etc.)?
   If yes – please describe.

Have you noticed that you become sad more easily (crying, quiet, etc.)?
   If yes – please describe.

Have you noticed that you become frightened more easily (jumping at noise, scared to be
   alone, checking to see who’s around you, etc.)?
   If yes – please describe.

Have you noticed that you have a harder time paying attention in class (zoning out)?
   If yes – please describe.

**Part E: Relationships**
Who at home or in your neighborhood do you trust most to talk about your feelings?
   What do you trust about him/her?

Who in your school do you trust most to talk about your feelings?
   What do you trust about him/her?

Of all of the people in your life, whom do you trust most to talk about your feelings?
   What makes this person be the individual you trust the most?