

## **Vulnerability to Violence: A Contextually-Sensitive, Developmental Perspective on African American Adolescents**

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*Spencer's Phenomenological Variant of Ecological Systems Theory (PVEST) is presented as a theoretical framework to analyze potential effects of being a victim or co-victim of a violent crime. Data are presented from a sample of African American adolescents residing in a Southeastern metropolitan area. Victims (n = 20) and non-victims (n = 332) are compared on their self-reporting of clinical symptoms normally associated with violent or traumatic experience during middle childhood and early adolescence. Results suggest that observed symptomatology*

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*may not be solely attributable to actual victimization. Discussion includes possible mechanisms by which factors such as cognitive developmental status, physical and social context, and previous victimization of the adolescent or a family member of the adolescent can influence symptomatology.*

Violence among youth in America is a major public health concern with multifaceted effects. Victimization itself can lead to injury or death, and co-victimization, the direct observation of perpetration of violence against another individual, can lead to severe psychological and emotional distress. The recent rampage of school shootings has brought increased attention to violence among adolescent youth. Among males aged 15–24 in the United States, the rates are currently approximately four to five times higher than those in most other industrialized nations (Fingerhut & Kleinman, 1990; Snyder & Sickmund, 1995). Metzbaum (1994) offers the shocking statistic that handguns alone have killed more American children within the past fifteen years than the total number of American soldiers who lost their lives in the Vietnam War. Moreover, the problem is particularly serious among African American youth; homicide has been the leading cause of death for Black youth aged 15–24 (Hamburg, 1998), and according to some estimates (Cohen & Swift, 1993), homicide rates among Black males in this age range are over ten times those of their White counterparts. Thus, researchers concerned with violence must pay particular attention to the challenges facing African American youth.

In order to understand the impact of violence on youth (and particularly African American youth), it is helpful to utilize a sound conceptual framework that takes into account the experiences of youth in context. Several issues must be considered to properly understand the complexity involved. Social context is central to understanding violence; for example, Cubbin, Pickle, and Fingerhut (2000) note the links between urbanization, socioeconomic conditions, and homicide. Issues of normative development must be considered, and these are particularly salient during adolescence, when physical, social, and psychological maturation occurs, often in rapid and noticeable fashion. For African American youth, issues of race and gender identity are especially important, as these may interact to create unique experiences of stress and dissonance (Spencer, 1995, 1999).

### **Spencer's (1995) Phenomenological Variant of Ecological Systems Theory (PVEST)**

Spencer's (1995) Phenomenological Variant of Ecological Systems Theory (PVEST) provides a comprehensive theoretical framework to integrate salient issues of context and development. In doing so, application of PVEST can help illuminate the relation between various factors and outcomes associated with direct and indirect effects of violence. PVEST integrates a phenomenological perspective with Bronfenbrenner's Ecological Systems Theory (1989), linking

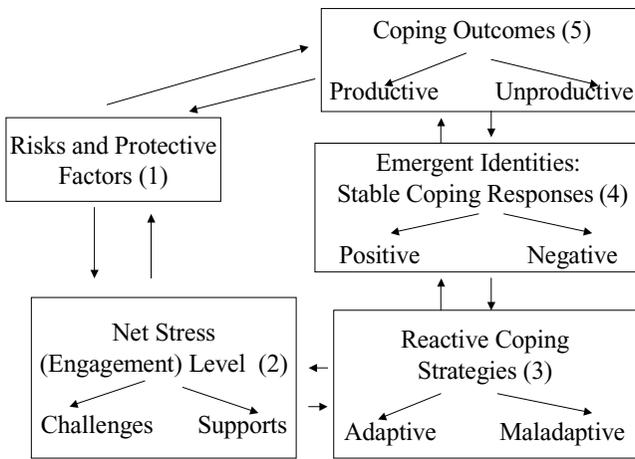


Fig. 1. Phenomenological Variant of Ecological Systems Theory (PVEST)

context with perception. In doing so, it captures the meaning-making processes underlying foundational identity development and outcomes (Spencer, 1995; Spencer, Dupree, & Hartmann 1997; Spencer, 1999). PVEST differs from ecological systems theory in that it is a process-oriented, development-emphasizing framework designed to describe individual life course development; in contrast, Bronfenbrenner’s model, while certainly developmentally-sensitive and relevant, explicitly describes context rather than development.

A systems theory, PVEST consists of five components linked by bi-directional processes (Figure 1); it is a cyclic, recursive model that describes identity development throughout the life course.

The first component, *risk contributors*, consists of factors that may predispose individuals for adverse outcomes such as violence or associated psychosocial stressors. For urban minority youth, risks include socioeconomic conditions such as poverty, socio-cultural expectations such as race and sex role stereotypes, and socio-historical processes including racial subordination and discrimination—all of which can be associated with violence and pose threats to healthy development. The risks, of course, may be offset by *protective factors* (e.g., cultural capital). Self-appraisal is a key factor in identity, and how minority youth view themselves depends on their perceptions of these conditions, expectations, and processes.

*Net stress engagement*, the second component of PVEST, refers to the actual net experience of situations that challenge one’s psychosocial identity and well-being, and the supports that are present to help cope with these challenges. These are essentially risk contributors that are actually encountered and manifested in everyday life and may be offset or balanced by available supports. For example, experiences of discrimination, violence, and negative feedback are salient stressors

for minority youth, and positive adult supports can help mitigate experiences of stress. In response to stress, *reactive coping methods* are employed to resolve dissonance-producing situations. Reactive coping responses include strategies to solve problems that can lead to either adaptive or maladaptive solutions.

As coping strategies are employed, self-appraisal continues, and those strategies yielding desirable results for the ego are preserved. Accordingly, they become stable coping responses, and, coupled together, yield *emergent identities*, the fourth component of PVEST. Emergent identities define how individuals view themselves within and between their various contextual experiences. The combination of cultural/ethnic identity, sex role understanding, and self- and peer appraisal all contribute to and define one's identity. Particularly during adulthood, one's work and parental roles also contribute to identity processes in significant ways. Identity lays the foundation for future perception and behavior, yielding adverse or productive *life-stage, specific coping outcomes*, the final component of PVEST. Productive outcomes include good health, positive relationships, and high self-esteem, while adverse outcomes include poor health, incarceration, and self-destructive behavior.

The PVEST framework recycles and recurses through the lifespan as individuals balance new risks against protective factors, engage new stress levels, are given challenges potentially offset by supporters, try different coping strategies, and redefine how they and others view themselves. With regard to violence, the use of PVEST can, for example, (a) help elucidate mechanisms that may link exposure to violence at one life stage and aggressive behavior in another, and (b) facilitate identification of relevant interventions that may prevent intermittent maladaptive coping and mitigate negative outcomes.

### **Vulnerability to Violence: Impact on Psychological Well-Being**

From a PVEST perspective, race and socioeconomic status are risk factors for exposure to violence. Both direct and indirect experiences with violence constitute stress engagement. Research findings suggest that in some communities, children and adolescents may be exposed to some form of violence on a regular basis (e.g., Bell & Jenkins, 1991; Gladstein, Rusonis, & Heald, 1992). For example, Shakoor and Chalmers (1991) found that close to 75 percent of African American youth surveyed in Chicago schools had been "co-victimized," directly witnessing the perpetration of serious violence (e.g., shooting, stabbing) on another person. According to a study done by Fitzpatrick and Boldizar (1993), nearly 85 percent of their non-clinical sample of African American youth (7–18 years of age) had witnessed at least one act of violence, and for more than 43 percent the witnessed violent act was murder.

Case studies of youth who have experienced problems linked to a violent experience indicate that a single violent experience may not have lasting effects.

However, chronic violence or cumulative experiences with violence may have far reaching effects on the psychological and cognitive development of adolescents (Gladstein et al., 1992). Garbarino, Dubrow, Kostelny, and Padro (1992) suggest that continuous exposure to violence does not desensitize children to its effects. Rather, it seems to “increase their susceptibility to developmental harm and post-traumatic stress” (Garbarino et al., 1992, p. 49). Co-victimization can lead to post-traumatic stress disorder (PTSD), and exposure to violence has been linked to perpetration of violence (DuRant, Cadenhead, Pendergrast, Slavens, & Linder, 1994). Specifically, Martinez and Richters (1993) found that witnesses of violence often reported symptoms such as anxiety, intrusive thoughts, depression, and sleep problems. Fitzpatrick and Boldizar (1993) also reported that, on average, their participants presented five PTSD symptoms, with only a very small number of participants being entirely symptom-free. More generally, co-victimization has been linked to both internalizing and externalizing symptomatology in children, with the former being the more prevalent response cluster (Kliewer, Johnson & Oskin, 1997). Garbarino et al. (1992) likens these symptoms displayed by co-victims to those seen in survivors of war.

### **Vulnerability to Violence: Impact on Cognitive Development**

If experience with violence has developmental implications, age-specific developmental tasks would be affected. In general terms, one example of such a task is the development of abstract thought and hypothetical reasoning. More specifically, relationships among responses to violence, abstract thought, and hypothetical reasoning may be best understood with respect to attention. Attention plays a central role in memory and learning, and adolescents who have been exposed to violence may be affected in ways that influence their ability to pay attention or to focus their attention on task-relevant information (Wine, 1982).

For example, as a result of experience with violence, adolescents may become more sensitive to the threat of violence. Frieze, Hymer and Greenberg (1987) suggest that the reason for this perceived loss of security is that it becomes easier to envision oneself in a vulnerable position after having been victimized. Unfortunately, reports of the effects of experience with violence on adolescents have been more clinical in conceptualization (e.g., Gardner, 1971; Pynoos & Nader, 1990). Thus, most of the available literature reports the observable relations between reported violent experiences and observed symptoms. While often insightful, they offer little description of the cognitive mechanisms that must underlie the cognitive functioning they seek to explain. Clinical observations have revealed such themes in response to exposures to violence as fear of aggression directed at one's self (Bell & Jenkins, 1991; Dyson, 1989; Gardner, 1971; Pynoos & Nader, 1988) and a fear of not being able to control one's impulse to counter-aggress (Gardner, 1971). When considered in terms of attention and distraction, such responses can serve

as distracters to the learning process. After exposure to violence, an adolescent may concentrate too much on his or her willingness, ability, and need to respond aggressively to perceived threats. Such adolescents may consequently become pre-occupied by feelings of self-consciousness, fear, anger, or guilt, and consequently have trouble paying attention to school-relevant information (Overstreet & Braun, 1999).

May (1986) further suggests that adolescents may develop a perceptual bias based upon past violent experiences. She conducted a study with secondary school males concerned with perception of violence among more and less violent males. May presented them with six pairs of experimental slides. One pair was a neutral scene, while the other was a violent one. The pairs were shown tachistoscopically for 0.5 seconds, which was short enough to keep the subjects from actually focusing on either one of the slides, but long enough for them to see both of the slides separately. May found that boys with a history of violent or aggressive behavior reported more violence in the tachistoscopic presentation. May argues that these results represent a perceptual bias as opposed to a response bias. The boys did not perceive violence in neutral slides; they were simply more sensitive to the violent slides. She further offers that since past research reveals that perceptual biases can be learned, "chronic exposure to violent acts or interpersonal violence educates selective attention to violent cues" (May, 1986, p. 25). A possible explanation is that as victimized youth become more selectively attentive to violent cues, they will become less attentive to other cues (e.g., school-relevant material and discussion, social cues during interpersonal interactions) or cope in ways that decrease maximum fit with school values (Spencer, 1999). Indeed, studies have shown (Osofsky, Wewers, Hann, & Fick, 1993; Shakoor & Chalmers, 1991) that survivors of community violence often suffer cognitive and academic delays. This may be due to attentional difficulties.

Additionally, adolescent victims may display certain symptoms that are representative of PTSD (Overstreet, 2000). However, relatively few display the complete constellation of symptoms associated with PTSD that would identify them as requiring clinical attention. When symptoms representative of PTSD are recognized in children and youth, attention is drawn to endemic problems in a community. However, what is potentially misleading about a diagnosis such as PTSD is that most accounts of the phenomena are based on children and youth who have obviously been affected strongly enough by an identifiable experience that they need clinical attention. When an identifiable experience is assumed to be the origin of the symptomatology, there is less emphasis placed on individual vulnerability. A more appropriate focus might be an examination of issues related to individual vulnerability as opposed to the incidents that expose this vulnerability (i.e., experience with violence).

To give an example, *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (American Psychiatric Association, 1980) criterion states that

PTSD can be characterized by the re-experiencing of previous trauma. It offers also that a predisposing factor for PTSD is pre-existing psychopathology. Both assertions are acknowledgments of pre-existing vulnerability, but they also both assume pathology. Conversely, vulnerability may be understood also by comparing PTSD symptomatology with cognitive changes that are normatively associated with adolescence, as understood in the context of social and cultural factors. For example, adolescent thought may be marked by an increased sensitivity to the implicit relationships among the activities that occur within one's community, one's immediate experience, and the actual physical make-up of the community (including oneself and other people). The ability to think more abstractly and hypothetically also affords adolescents the opportunity to become more vulnerable to their own unchecked anxiety, imagination (e.g., personal fable, imaginary audience), reasoning, and increased introspection (Irwin & Millstein, 1986). This can lead to inordinate self-focused attention, drawing away from other tasks (e.g., school). Thus, increased sensitivity to violence may detract from these important activities.

### **Vulnerability to Violence: Examining Normative Adolescent Development in Context**

While an understanding of adolescent cognitive development alone may give insight into those adolescent-specific manifestations of distress (e.g., Schonert-Reichl & Beaudoin, 1998) that are a response to an identifiable experience with violence, it does not help one to understand the influence of the contexts which adolescents develop in and try to make meaning of. Violence does not occur in a vacuum. There are correlates of violence including conditions that offer the opportunity for violence or threat of physical harm (i.e., inappropriate sexual activity, run-down housing, overcrowding, illegal drug activity, poverty), "communal" coping mechanisms (e.g., peers or family members carry weapons, hang around kids who get in trouble a lot), as well as individual coping strategies (e.g., carrying a weapon). These correlates of violence may lead to the same distress symptoms that have been attributed to violence.

Correlates of violence that contribute to adolescents' social and physical context may actually inhibit aspects of development. For example, the physical characteristics of a community—possible correlates of violence—can have an effect on intellectual development. In a study of the characteristics of effective schools, Edmonds (1986) found four sets of correlates, one of which deals directly with the context. Effective schools were operationally defined as those schools in which the proportion of low-income students demonstrating academic mastery is close to being identical to the proportion of middle class students showing academic mastery.

Edmonds found that effective schools are relatively cleaner, relatively safer, relatively more orderly, and relatively quieter. Disorderliness, noise, and concerns

about safety are correlates of violence that can serve as stressful distracters that can divide learners' attention to the point that learning is inhibited. Consequently, intellectual development is inhibited.

Edmonds's (1986) findings suggest that an important factor influencing learning is the degree of adaptation one has to make in a context where conditions are so stressful that they are distracting. More importantly, researchers become better analysts when recognizing that although isolated and cumulative experiences of violence may provide easily identifiable points of reference, acts of violence may be the catalyst and not the origin of the observed symptomatology in children and adolescents that develop in violent contexts.

Behavioral expressions that are associated with violence (sometimes mistakenly) should also be considered in context. Stevenson (1997) describes how African American youth are "missed" and "dissed" by mainstream American society, and how this treatment in conjunction with neighborhood factors relates to African American youth becoming "pissed" while trying to manage their anger. Black youth are "missed" as stereotypical media-based images distort the meanings of their social and affective displays—usually in negative terms. Hence, these unique cultural displays are devalued and viewed with insolence—"dissed." In conjunction with these misrepresentations, many Black youth reside in high-risk contexts where anger display may be an appropriate coping mechanism (Cunningham, 1999). Anger may indeed become a form of competence for social and emotional viability in certain high risk contexts. Hence, misrepresentation, disrespect, and hazardous contextual factors interact in creating the anger of Black youth (i.e., "pissed").

In conducting this study, Stevenson (1997) used Spencer's PVEST model to identify and investigate the risks and stressors that contribute to different coping methods involved in anger expression or suppression. Stevenson's (1997) findings indicated that fear of adverse outcomes may diminish expressions of anger, although not feelings of anger. However, his data also indicated that this relation might not hold in high-risk contexts, where situations may necessitate mitigation of fear and display of anger. Both the expression and suppression of anger have many health risks that may be related to violence.

### **Current Study**

With the aforementioned concerns in mind, this study was designed to identify preexisting risk factors or patterns of vulnerability in addressing the effects of experience with violence. The research questions are as follows:

- (1) Is there a statistically significant difference in the self-reports of symptoms associated with PTSD by adolescents who report having been a victim of assault or some other violent crime compared to adolescents who have not

- reported being victimized? If so, are the differences in self-report predicted by self-report of those symptoms prior to being victimized?
- (2) Is there consistency in the symptomology of adolescents who report having been a victim or assault or some other violent crime?

### *Methods*

*Participants.* The students in this study were drawn from a sample of 562 African American male ( $N = 394$ ) and female ( $N = 168$ ) adolescents from a Southeastern metropolitan area. The students were participants in the first author's six-year longitudinal study, Promotion of Academic Competence (PAC) Project. The data reported were collected during the 1989–1990 and 1990–1991 academic years. Students were in the sixth, seventh, and eighth grades in the initial year of data collection. However, due to high retention rates for African Americans in the school districts from which the students were drawn, the participants' ages ranged from eleven to fifteen. The students were originally enrolled in four middle schools in the same Southeastern metropolitan area. Three of the four schools have populations that are over ninety percent African American, with over sixty percent in the fourth school. From parent-reported family income information, it was determined that fifty-eight percent of the subjects' families met federal poverty guidelines (for a family size of four, the criterion for poverty was an annual family income of \$13,950 or less).

A subset of students was drawn from this sample. Students were selected to be in one of two comparison groups, victims or non-victims, based on two criteria. The victim group consisted of students (17 males and 3 females) who reported having been personally victimized in the second year of data collection, but who did not report victimization of self or a family member during the first year of data collection ( $n = 20$ ). The non-victim group (214 males and 118 females) consisted of students who did not report having been victimized in the second year; nor did they report victimization of self or a family member in the first year of data collection ( $n = 332$ ).

*Procedures.* As part of the PAC sample, each student was seen in small groups at their respective schools. They completed survey instruments over the course of three sessions. During the small group sessions, the majority of the testers were the same race as the participants. All testers were well-trained graduate students, undergraduates, or other adults who were hired specifically as adolescent interviewers. The adolescents were also engaged in one-on-one interviews that were conducted by interviewers of the same race and gender.

*Instruments.* The Stressful Life Events Report (Newcomb, Huba, & Bentler, 1981) is a list of thirty-nine positive and negative events that the student may

have experienced in the past year. The respondent indicates whether he or she has experienced any of these events. If so, the respondent also rates the perceived impact of the event from very bad (−3) to very good (+3). Sixteen additional items were added to the survey to reflect incidences considered possible sources of stress for PAC project participants. The items were indications of occurrences in urban environments such as witnessing violent acts in the neighborhood or having personal knowledge of someone who was a victim of a violent act (Spencer, 1989). Two items from this instrument were selected for use in this study: “I was assaulted or the victim of some other violent crime” and “A family member was assaulted or the victim of some other violent crime.” Data were collected using the Stressful Life Events Report in years 01 and 02.

Youth Self-Report (Achenbach, 1991) is a measure designed to obtain self-reports of clinical symptoms as well as competencies. The measure contains one hundred and nineteen behaviors to which the child indicates whether or not they are characteristic of his or her self. Thirteen items were selected for use in this study: “I can’t keep my mind off certain thoughts,” “I daydream a lot,” “I am afraid of going to school,” “I am afraid I might do something bad,” “I act without stopping to think,” “I like to be alone,” “I have nightmares,” “I feel too guilty,” “I am self-conscious or easily embarrassed,” “I am suspicious,” “I have trouble sleeping,” “I am unhappy, sad, or depressed,” and “I keep from getting involved with others.” This subset of thirteen symptoms represents clinical symptoms associated with experience with violence (i.e., PTSD symptoms). The possible responses are 0 = Not at all true, 1 = Somewhat true, and 2 = Very true. Data were collected using the Youth Self-Report in years 01 and 02.

*Data analysis.* Analyses of covariance (ANCOVAs) were used to compare differences in symptoms among victims and non-victims in year 02. Symptoms reported in year 01 were used as covariates to control for any prior differences in self-report of the symptoms of interest. A primary assumption underlying the use of ANCOVA is that the variable used as a covariate (e.g., self-report for “I like to be alone” in year 01) is significantly correlated with the dependent variable in the analysis (e.g., self-report for “I like to be alone” in year 02). Accordingly, if the covariate variable and dependent variable are not significantly correlated, then the ANCOVA is not appropriate. Correlations were computed for each pair of the thirteen selected symptoms for years 01 and 02 for the entire sample (i.e., victims and non-victims). If appropriate, two by two ( $2 \times 2$ ) ANCOVAs were conducted to compare victims and non-victims by gender on their reporting of each of the selected symptoms from the Youth Self-Report during the second year of study. Their self-reports for each symptom in the first year were used as a covariate. The analysis of covariance requires that the slope of the covariate by independent variable be the same for all levels of the independent variable. In order to test that assumption, ANCOVAs were first run including an interaction term, victim status

by self-report of the symptom in year 01. If the self-reporting of the symptom in year 02 was significantly different for the levels of the interaction term, then there was no further analysis for that symptom.

### Results

The results indicated statistically significant correlations ( $p < .05$ ) for each pair of self-reports for each symptom except for “I like to be alone” and “I keep from getting involved with others.”

The preliminary ANCOVAs, including the interaction term and the victim status by self-report of symptom in year 01, indicated that self-reports in year 02 were significantly different based on the interaction term for “I have nightmares” and “I have trouble sleeping.” Accordingly, no additional analyses were conducted for those symptoms.

The final ANCOVAs indicated that when self-reporting of the symptom in year 01 is used as a covariate, there are significant differences between victims and non-victims for the following symptoms: “I can’t keep my mind off certain thoughts” ( $F(3, 328) = 4.67, p < .05$ ), “I am afraid of going to school” ( $F(3, 339) = 4.92, p < .05$ ), “I act without stopping to think” ( $F(3, 337) = 4.87, p < .05$ ), “I am self-conscious or easily embarrassed” ( $F(3, 335) = 6.65, p < .05$ ), and “I am suspicious” ( $F(3, 328) = 4.63, p < .01$ ). Differences in degrees of freedom reflect missing data for specific items. The numbers of subjects in each analysis are as follows (NV = non-victims, V = victims): “I can’t get my mind off certain thoughts” ( $n_{NV} = 322, n_V = 19$ ), “I am afraid of going to school” ( $n_{NV} = 326, n_V = 20$ ), “I act without stopping to think” ( $n_{NV} = 325, n_V = 20$ ), “I am self-conscious or easily embarrassed” ( $n_{NV} = 324, n_V = 19$ ), and “I am suspicious” ( $n_{NV} = 321, n_V = 18$ ).

Students who reported having been victimized in year 02 were more likely to report these symptoms than non-victims. Students’ self-reports for “I am afraid I might do something bad,” “I feel guilty” and “I am unhappy, sad or depressed” in year 02 were predicted by students’ self-reports for the same symptom in year 01. However, there were no differences based on victimization. Students’ self-reports for “I daydream a lot” were predicted by their self-report in year 01 and gender. Females reported daydreaming more often than males. Again, there was no difference based on victimization.

The symptom profiles in Table 1 were created based on students’ self-reports. The profiles show the different manifestations of symptoms for the twenty students who reported having been victimized in year 02. The number of symptoms—reported by these students—ranges from 0 to 11. There is no one symptom that appears in each profile. However, there are four symptoms that over 50 percent of the victims report experiencing including: “I can’t get my mind off certain thoughts” (55 percent), “I daydream a lot” (65 percent), “I act without stopping to think” (60 percent), and “I like to be alone” (65 percent).

**Table 1.** Symptom Profiles (Based on Self-Report) of Students Who Reported Being Victimized in Year 01

Females	
Subject 1	daydream a lot; afraid might do something bad; act without stopping to think; like to be alone; self-conscious or easily embarrassed
Subject 2	daydream a lot; afraid might do something bad; like to be alone; have nightmares
Subject 3	can't get mind off certain thoughts; daydream a lot; afraid of going to school; afraid might do something bad; like to be alone; have nightmares; self-conscious or easily embarrassed; have trouble sleeping; unhappy, sad, or depressed; keep from getting involved with others
Males	
Subject 4	no symptoms
Subject 5	can't get mind off certain thoughts; afraid might do something bad; act without stopping to think; like to be alone; self-conscious or easily embarrassed
Subject 6	can't get mind off certain thoughts; like to be alone; self-conscious or easily embarrassed; suspicious; unhappy, sad or depressed; keep from getting involved with others
Subject 7	can't get mind off certain thoughts; daydream a lot; afraid might do something bad; act without stopping to think; like to be alone; have nightmares; self-conscious or easily embarrassed; suspicious
Subject 8	daydream a lot; like to be alone; feel too guilty; self-conscious or easily embarrassed; suspicious
Subject 9	can't get mind off certain thoughts; daydream a lot; act without stopping to think; have nightmares; keep from getting involved with others
Subject 10	can't get mind off certain thoughts
Subject 11	can't get mind off certain thoughts; daydream a lot; afraid of going to school; afraid might do something bad; act without stopping to think; like to be alone; have nightmares; feel too guilty; self-conscious or easily embarrassed; suspicious; have trouble sleeping; unhappy, sad, or depressed; keep from getting involved with others
Subject 12	can't get mind off certain thoughts; daydream a lot; afraid of going to school; afraid might do something bad; act without stopping to think; like to be alone; have nightmares; feel too guilty; self-conscious or easily embarrassed; suspicious; have trouble sleeping; unhappy, sad, or depressed; keep from getting involved with others
Subject 13	daydream a lot; afraid might do something bad; act without stopping to think; like to be alone; have nightmares; unhappy, sad, or depressed; keep from getting involved with others
Subject 14	can't get mind off certain thoughts; daydream a lot; afraid of going to school; afraid might do something bad; act without stopping to think; like to be alone; have nightmares; feel too guilty; self-conscious or easily embarrassed; suspicious; unhappy, sad, or depressed; keep from getting involved with others
Subject 15	act without stopping to think; have nightmares; self-conscious or easily embarrassed; have trouble sleeping; keep from getting involved with others
Subject 16	can't get mind off certain thoughts; act without stopping to think; like to be alone; suspicious
Subject 17	daydream a lot; afraid of going to school; act without stopping to think; like to be alone; feel too guilty; self-conscious or easily embarrassed; suspicious; have trouble sleeping; unhappy, sad or depressed; keep from getting involved with others
Subject 18	can't get mind off certain thoughts; daydream a lot; afraid might do something bad; have nightmares; self-conscious or easily embarrassed; unhappy, sad or depressed; keep from getting involved with others
Subject 19	afraid might do something bad; act without stopping to think; have nightmares; suspicious
Subject 20	daydream a lot; afraid of going to school; afraid might do something bad; have nightmares

## Discussion

This study used Spencer's (1995) PVEST model to determine whether the self-reports of adolescents who have been victimized indicate preexisting risk or vulnerability related to symptoms associated with post-traumatic stress disorder. Results suggested that "I like to be alone" was the only symptom that was predicted solely by having been victimized. Self-report in year 01 was not a significant predictor. Thus, withdrawal or social isolation is probably experienced as a result of the reported victimization.

Results also suggested that, when self-reports of the same symptoms in year 01 were taken into account, adolescent victims were still more likely to report five out of thirteen selected symptoms ("I can't keep my mind off certain thoughts," "I am afraid of going to school," "I act without stopping to think," "I am self-conscious or easily embarrassed," and "I am suspicious"). Within the PVEST framework, impulsivity (acting without stopping to think), distractibility (can't get mind off certain thoughts, self-conscious, or easily embarrassed), anxiety (afraid of going to school), and inability to trust (suspicious) can be seen as preexisting risk factors. Experiencing these symptoms prior to their reported victimization in year 02 may indicate a greater vulnerability to those particular distress responses. Thus, victimization may not have led to the reported symptoms but rather aggravated them. Reporting such symptoms prior to victimization does not necessarily indicate innate vulnerability or biological differences in the temperament of the students. Rather, it suggests that they might have had other experiences that have not been identified yet which still have had an impact on their psychological well-being.

Students' self-reports for "I am afraid I might do something bad," "I feel guilty," and "I am unhappy, sad, or depressed" in year 02 were predicted solely by students' self-reports for the same symptom in year 01. Students' self-report of "I daydream a lot" was predicted by their self-report in year 01 and by gender. These findings suggest that, even if the adolescent victims had reported those symptoms, victimization did not lead to those symptoms.

These findings suggest that it may be more appropriate to consider the responses to experiences with violence in a broader context. That is, responses to experiences with violence may be influenced by prior behavior and experiences. Furthermore, it may be inappropriate to attribute reported cognitive and behavioral problems to a single experience—adolescents may be experiencing multiple stressors over time. Thus, one may observe diverse responses to experience with violence. As our victim profiles indicate, two different adolescents may display four symptoms after reporting an experience with violence but they may each report a different constellation of symptoms and, thus, actually manifest a different perception and response to the experience with violence. Each response to being victimized may have its basis in different preexisting risk factors (i.e., likes to be alone, self-conscious or easily embarrassed). Responses to being victimized may

be related also to the developmental status of the student. For example, analyses revealed that adolescents who had experienced violence were more likely to report adult-like responses to trauma such as detachment (i.e., likes to be alone) as well as the adolescent-specific response of self-consciousness (i.e., self-consciousness or easily embarrassed).

From a policy perspective, this study has two major implications. First, and most importantly, public funding should allow mental health support and services to be available to students without requiring a diagnosis for a particular disorder. There should be non-stigmatizing opportunities for students to talk about and receive support to respond in constructive ways to their experiences with violence and other life stressors. This is especially salient because the majority of the students did not report being victimized and were not identified from a population of students receiving counseling or other mental health services for experience with violence. Rather, they were drawn from a more general population of adolescents from four middle schools in an urban Southeastern city. The self-reported victims, in particular, may have experienced PTSD-like responses to violence or other stressors yet may not have received any support because the problem behavior was not identified as such for any number of reasons (e.g., the behavior was not believed to be associated with experience with violence, the behavior was observed or experienced before the experience with violence, particular symptoms associated with experience with violence may also be experienced by a peer who has not been victimized).

Second, in terms of broader implications of the PVEST perspective on vulnerability to violence, future prevention and intervention programs for adolescents should incorporate issues that are more salient during adolescence. As adolescents experiment with potential adult roles, coping strategies and identity constructs can influence outcomes such as school engagement and achievement (Cunningham, 2001). For example, each of the symptoms that were predicted by experience with violence was related to focus of attention. Attention is a necessary function of learning. Feelings of fear, distraction or self-consciousness in response to experiences with violence can interfere with normative learning processes. In a society where African American males, in particular, are perceived as violent, and exposure to violence is prevalent for these youth, it is important to promote adaptive coping skills and positive identity formation. This can only be accomplished by devising developmentally and contextually sensitive interventions.

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The life-span developmental perspective extends the study of development across the course of life by conceptualizing the basic process of development as relational in character, that is, as involving associations between the developing individual and his or her complex and changing social and physical context, or ecology. The broadest level of this ecology is history. As explained above with regard to family diversity and family policy, embedding change within a historical context provides a temporal perspective to the study of a phenomenon. Linking the changes that characterize lifespan indi The effects of domestic violence on children play a tremendous role on the well-being and developmental growth of children witnessing the event. Children who witness domestic violence in the home often believe that they are to blame, live in a constant state of fear, and are 15 times more likely to be victims of child abuse. Close observation during an interaction can alert providers to the need for further investigation and intervention, such as dysfunctions in the physical, behavioral, emotional For African American adolescents in urban communities, exposure to community violence has a significant influence on daily life and impinges negatively upon optimal development (Kuther & Wallace, 2003). The Impact of Exposure to Violence on Aggressive and Delinquent Behavior.Â The majority of research on African American youth exposed to high levels of stress utilizes the approach (active) coping versus avoidant coping model to examine adaptiveness of coping strategies (Dempsey, FUTURE ORIENTATION 6. Overstreet, & Moely, 2000; Edlynn, Gaylord-Harden, Richards, & Miller, 2008; Grant et al., 2000).Â As such, it is necessary to identify positive developmental assets that are particularly protective for youth exposed

Date Received: Award Number: Developmental Antecedents of Violence Against Women: A Longitudinal Perspective Jacquelyn W. White ; Paige Hall Smith 187775 May 2001. 98-WT-VX-0032. This report has not been published by the U.S. Department of Justice. 63 CHAPTER 6 Results: Women's vulnerability to sexual assault from adolescence to young adulthood (excerpted from Journal of Adolescent Health, Dec, 2000). 73 CHAPTER 7 Results: Predictors of sexual revictimization. 79 CHAPTER 8 Results: A Longitudinal Perspective on Women's Risk Perceptions for Sexual Assault (excerpted from White, Smith & Humphrey, in press in M. Martinez (Ed.) Proceedings of the International Society for Research on Aggression, London: Kluwer Academic/Plenum Publishing). African-American adolescent males' perceptions of their community resources and constraints: A longitudinal analysis. Journal of Community Psychology, 27, 569-588. Cvencek, D., Nasir, N. I. S., Connor, K., Wischnia, S., & Meltzoff, A. N. (2014). Vulnerability to violence: A contextually-sensitive, developmental perspective on African American adolescents. Journal of Social Issues, 59, 33-49. Spencer, M. B., Dupree, D., & Hartmann, T. (1997). However, American adolescents are becoming less physically active, particularly African American females. Previous literature shows that adolescent females report higher levels of mental health challenges than their male counterparts. The results indicate that physical activity is an effective buffer against increased anxiety symptomatology. In addition, the results present this population as resilient rather than at risk for developing vulnerability to mental health challenges. Keywords: Physical activity; Rural environment; Anxiety; African American adolescents; Females. Introduction. The be... Vulnerability to Violence: A Contextually-Sensitive, Developmental Perspective on African American Adolescents, 59 JOURNAL OF SOCIAL ISSUES 33 (with Margaret Beale Spencer et al.) Contributions, Controversies, and Criticisms: In Memory of John U. Ogbu (1939- 2003), 2 PERSPECTIVES ON URBAN EDUCATION (online) (with Raymond Gunn). Racial Identity, Adolescent Development, and Academic Achievement among Black Youth, in MINORITY STATUS, OPPOSITIONAL CULTURE, AND SCHOOLING 222 (John U. Ogbu ed.) (with Margaret Beale Spencer). Background: Intimate Partner Violence (IPV), also known as domestic violence, spousal abuse, and relationship violence, among other names, is becoming a widely recognized social and public health problem. Theory and practice suggest it is vital that the issue be addressed comprehensively in both the healthcare and socio-legal contexts. Theoretical perspectives underlying inquiries into the nature and etiology of the IPV phenomenon are of fundamental importance in promoting our understanding of how to prevent, reduce, or eliminate the problem. In order to integrate various aspects of knowledge about the phenomenon, it is important to consider and evaluate the approaches to IPV currently prevalent in the field. Objectives: The present article aims to provide a critical overview of...