Who, What, When, and Where? Toward a Dimensional Conceptualization of Community Violence Exposure

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A plethora of research on the psychological consequences of community violence exposure among youth has conceptualized and measured community violence as a single, homogenous construct that indiscriminately gives rise to a wide range of outcomes. However, it is increasingly recognized that community violence exposure is comprised of many disparate characteristics. Thus, a more dimensional theoretical approach to the study of community violence exposure is proposed; such an approach will more precisely clarify how community violence exposure is differentially associated with specific outcomes. In particular, the dimensions of type, severity, physical proximity, relational proximity (familiarity with the persons involved), and chronicity of community violence exposure are suggested as potential moderating factors that may each, individually and in interaction, differentially impact youths’ well-being. In order to account for greater contextual complexity in children’s experiences of community violence, several recommendations for new methodological approaches and research directions are proposed and discussed. Such a theoretical shift is critical to advance our understanding of the processes underlying the links between community violence exposure and youth outcomes, as well as to inform more targeted and effective interventions for youth exposed to community violence.

Keywords: community violence exposure, urban youth, dimensions, youth well-being, trauma

Community violence exposure (CVE) threatens the lives and well-being of children and adolescents throughout the United States. Although there are inconsistencies in what exactly constitutes CVE, it is generally defined and measured by researchers as instances of interpersonal harm or threats of harm within one’s neighborhood or community, and excludes related constructs such as domestic violence, physical maltreatment, sexual abuse, peer bullying, and media and video game violence. In national probability samples that include youth living in nonurban neighborhoods, 38% reported witnessing community violence (Turner, Finkelhor, & Ormrod, 2006; Zinzow et al., 2009). In addition to witnessing violence in their communities, well over half of urban youth in many studies have been directly victimized (Aisenberg, Ayón, & Orozco-Figueroa, 2008; Lamberty, Nylund-Gibson, Copeland-Linder, & Ialongo, 2010). Although some findings suggest that boys experience more CVE than do girls (Menard & Huizinga, 2001; Selner-O’Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998), others have found that girls and boys are exposed to community violence at equal rates (e.g., Aisenberg et al., 2008; Lamberty et al., 2010), especially when considering sexual assaults and threats (Turner et al., 2006). In short, children and adolescents in the United States—particularly poor, racial minority, urban youth (Gibson et al., 2009; Stein et al., 2003)—are exposed to community violence at alarmingly high rates.

Given the scope of youth CVE, it represents an important area of study for psychology researchers seeking to understand its effects on youth well-being. However, we propose that the current state of CVE research is in need of methodological and theoretical improvements to most accurately study this salient topic and advance the field. Toward that end, we first briefly review the links between CVE and youth psychological well-being as they are currently understood. Next, we introduce our proposal for a dimensional approach to the study of CVE by first formulating the general limitations to current theoretical approaches and then drawing on examples from related literatures that have embraced similar theoretical shifts. We then outline the most prominent definitional and measurement issues in the CVE literature, and subsequently offer specific recommendations to address these methodological limitations. Finally, we conclude by proposing a dimensional theoretical framework for CVE research, highlighting various “dimensions” or characteristics of CVE that may modify its impact on youth and detailing strategies to incorporate these dimensions into the study of CVE. Specifically, we address the dimensions of violence type, severity, physical proximity, relational proximity (familiarity with the persons involved), and chronicity.

CVE and Psychological Outcomes

A wealth of research has shown that CVE is associated with a range of negative psychological outcomes among youth (see Cooley-Strickland et al., 2009; Fowler, Tompsett, Braciszewski,
Jacques-Tiura, & Baltes, 2009; and Lynch, 2003, for reviews). For instance, results from a number of cross-sectional (e.g., Ceballo, Ramirez, Hearn, & Maltese, 2003; Shahinfar, Fox, & Leavitt, 2000; Turner et al., 2006; Zinzow et al., 2009) and longitudinal (e.g., Kennedy, Bybee, Sullivan, & Greene, 2010; Lambert et al., 2010) studies suggest that exposure to community violence is associated with symptoms of depression, controlling for a range of covariates. Anxiety symptoms, such as generalized anxiety, separation anxiety, and specific phobias, comprise another commonly cited correlate of youth CVE (Cooley-Quille, Boyd, Frantz, & Walsh, 2001; Horowitz, McKay, & Marshall, 2005). Perhaps the most frequently observed outcomes of CVE among youth are posttraumatic stress disorder (PTSD) and posttraumatic stress symptoms (PTSS; Aisenberg et al., 2008; Allwood & Bell, 2008; Cooley-Quille et al., 2001; Denson, Marshall, Schell, & Jaycox, 2007; Scarpa, Hurley, Shumate, & Haden, 2006; Zinzow et al., 2009), characterized in DSM-5 by the following diagnostic criteria (American Psychiatric Association, 2013): exposure to real or threatened death, injury, or sexual violence (Criterion A); persistent reexperiencing of the event via intrusive thoughts or images (e.g., flashbacks; Criterion B); persistent avoidance of reminders of the event (Criterion C); negative alterations in cognition and mood (e.g., inability to recall key aspects of the traumatic event; persistent feelings of fear or shame; Criterion D); and alterations in arousal and reactivity (e.g., hypervigilance; exaggerated startle response; Criterion E). In fact, in a meta-analysis of 114 studies, the relation between CVE and PTSS yielded a stronger effect size than its association with internalizing and externalizing symptoms (Fowler et al., 2009). Thus, PTSD appears to be an especially pernicious consequence of CVE.

In addition to these emotional problems, many youth exposed to community violence tend to develop externalizing behavior problems, such as aggression and delinquency (Allwood & Bell, 2008; Scarpa et al., 2006; Turner et al., 2006). Although many studies, including the meta-analysis by Fowler, Tompsett, Braciszewski, Jacques-Tiura, and Baltes (2009), have found CVE to be most strongly linked with PTSD, others—all with adolescent samples—have found stronger associations for externalizing problems than for internalizing symptoms (Jenkins & Bell, 1994; Kliwer, Lepore, Oskin, & Johnson, 1998). This has led some theorists to speculate that as they grow accustomed to CVE over time, some youth become emotionally desensitized while adapting normative beliefs about violence as a legitimate response to conflict (Ng-Mak, Salzinger, Feldman, & Stueve, 2004). This theory is especially relevant for youth who increase both their exposure to and commission of violence through their involvement in gangs, which cultivate group norms that encourage and even require violence perpetration (Taylor, Peterson, Esbensen, & Freng, 2007). The bidirectional relations between CVE and youth aggression therefore complicate estimating the causal impact of CVE on externalizing behaviors.

Although beyond the scope of this article, it is important to note that CVE is associated with a range of additional short- and long-term outcomes, many of which likely interact with the psychological outcomes discussed here. For instance, youth who experience CVE tend to exhibit poor academic performance, cognitive difficulties, grade retention, and a number of risk behaviors, including teenage childbearing, substance abuse, and school dropout (Foster & Brooks-Gunn, 2009). Thus, we encourage CVE researchers to extend the notions explored here to these related and equally important youth outcomes. Furthermore, despite the negative consequences often associated with youth CVE, many studies have identified subgroups of resilient children and adolescents who do not experience significant ramifications to their well-being despite experiencing high levels of CVE (Luthar & Goldstein, 2004). Identifying patterns of resilience and protective factors can be especially informative for interventions targeting youth exposed to community violence, making it an essential objective for CVE researchers.

**Toward a Dimensional Theoretical Approach to CVE**

These findings illustrate that CVE, when conceptualized as a very general construct, is associated with a wide range of outcomes among youth. Two interesting points stem from this observation. First, it is likely that many youth manifest comorbid psychopathology in response to CVE rather than a single constellation of symptoms, representing a range of outcomes within the individual. Such comorbidity may signal particularly severe problems among youth who have been exposed to very high levels of CVE, or it may represent the normative pattern within the risky context of urban violence exposure (Cooley-Strickland et al., 2009). Second, it is also likely that the experience of CVE results in a range of outcomes between individuals, with youth experiencing distinct symptoms in response to CVE. This latter reasoning underlies strain theory, which posits that CVE is a general social strain, much like any other stressor one may encounter, yielding various nonspecific outcomes among individuals (Agnew, 1985; Horn & Trickett, 1998). As Trickett, Durán, and Horn (2003) note, many violence exposure researchers implicitly test models based on strain theory by examining the mental health correlates of a single, combined measure of youths’ exposure to different types of community violence. In other words, most researchers treat CVE as a general, composite stressor that yields many nonspecific effects. However, this theoretical framework may not be the most accurate or comprehensive way to determine how CVE gives rise to such a diverse array of mental health and socioemotional outcomes among youth. Instead, it may be the case that various contextual factors that characterize CVE are differentially related to distinct patterns of outcomes—factors such as the type and severity of violence, one’s physical proximity to violence, and the chronicity or persistence of CVE over time (Feerick & Prinz, 2003; Fowler et al., 2009; Shahinfar et al., 2000). In light of these numerous factors that make each instance of CVE unique, it becomes clear that CVE is a decidedly heterogeneous construct comprised of many various phenomena rather than a single, homologous composite. Thus, more detailed study of the various characteristics or dimensions of CVE may lead to a more systematic understanding of exactly how CVE is related to various outcomes while adding clarity to specific relations between the characteristics of CVE and an array of different outcomes (Margolin, 2005). Such enhanced knowledge has the potential to more effectively inform interventions designed to ameliorate the impact of CVE. By understanding what it is about CVE that predicts a given outcome, psychologists can tailor their efforts to more accurately target specific outcomes based on youths’ specific experiences with CVE. Therefore, we contend that future studies examining the impact of CVE on youths’ well-being must depart from a general strain theory approach and engage in
more detailed explorations of the differential impact of various dimensions of CVE.

**Integration With Related Literatures on Child Maltreatment and Trauma**

Incorporating theoretical approaches from related literatures can help advance our understanding of the differential effects of CVE. Measures of CVE typically exclude instances of domestic violence and maltreatment, yet child maltreatment may share conceptual similarities with community violence, most notably the experiences of witnessing and experiencing physical harm. Moreover, community and family violence are generally related to similar outcomes overall, including depression, anxiety, PTSD, aggressive behavior, and academic and cognitive difficulties (Margolin & Gordis, 2004). A more nuanced, multidimensional approach has been widely adopted in the child maltreatment literature (Trickett, Durán, & Horn, 2003). In one study, researchers measured child maltreatment along several dimensions, inquiring not only about the frequency of abuse, but also about the nature of the maltreatment, the specific acts involved, and the degree of injury caused, permitting a more substantive view of how maltreatment severity related to a range of other factors (Sprang, Clark, & Bass, 2005). Perhaps more compelling, researchers have found that separate dimensions of child maltreatment—type, severity, chronicity, and age at first report—had differential effects on a range of socioemotional outcomes (English et al., 2005). For instance, chronicity and severity were most strongly related to social adjustment, and age was an important predictor for multiple outcomes: Children who were older at the onset of maltreatment reported worse depression and PTSD, whereas younger children exhibited worse externalizing behavior and adaptive functioning. The conceptualization of child maltreatment as a complex, multidimensional construct has thus led to a better understanding of the ways in which various characteristics of maltreatment singly and jointly impact children’s development and well-being (Trickett et al., 2003). Nonetheless, CVE research remains relatively uninformed by the work accomplished in the maltreatment field.

Similarly, the general trauma literature overlaps considerably with research on CVE, as PTSD consistently emerges as one of the most robust outcomes of CVE. In fact, experiencing community violence represents one type of traumatic experience that gives rise to PTSD, alongside other events such as accidents, wars, and natural disasters (Horowitz et al., 2005). Thus, the trauma field tends to focus on a wide range of traumatic events that give rise to a specific outcome (posttraumatic stress symptoms) whereas the CVE literature focuses on a specific potentially traumatic event (CVE) that gives rise to a range of outcomes. However, even the trauma literature has shifted toward understanding the multifaceted consequences of chronic trauma and “toxic stress” with the notion of “complex trauma,” characterized not only by conventional PTSD symptoms but also externalizing problems and risk-taking behaviors (Schmid, Petermann, & Fegert, 2013). This line of research mirrors the CVE literature even more closely. Clearly these fields share common core elements and would therefore benefit from an integration of the two literatures. For example, the framework guiding much of the trauma literature postulates that the distress caused by a given event is a function of a combination of various dimensions associated with traumatic events—the very theoretical shift that is needed in the CVE literature (Green, 1993). In line with this theoretical approach, the trauma literature highlights the differential effects of various dimensions of traumatic events (Galea et al., 2002; Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002; see Galea, Nandi, & Vlahov, 2005 for a review). One study, for instance, revealed that mental health outcomes among young women differed by the type of traumas they had experienced (e.g., traumatic bereavement, sexual assault, physical assault). Moreover, experiencing chronic and ongoing trauma was associated with worse psychological symptoms than more isolated traumatic experiences (Krupnick et al., 2004). These findings in the trauma literature suggest that similar phenomena likely exist in the context of CVE.

Although more sophisticated theoretical approaches have been taken in these closely related fields, the CVE literature has yet to integrate important findings from investigations on maltreatment and trauma. However, such coordination across specializations could more efficiently advance the field and enhance our understanding of precisely how CVE operates in relation to youths’ well-being.

**Issues of Definition and Measurement**

Pervasive methodological problems of precisely conceptualizing, defining, and measuring CVE present another impediment to progress in CVE research (Trickett et al., 2003). One of the primary measurement issues is the wide range of definitions used for CVE and the methods for measuring it. As a result, researchers lack a common definition and understanding of CVE, hindering comparisons across studies (Feerick & Prinz, 2003; Guterman, Cameron, & Staller, 2000; Margolin, 2005). Even the types of events that are considered instances of CVE are vastly inconsistent among measures (Selner-O’Hagan et al., 1998). Although CVE measures tend to have some overlap in their items (e.g., seeing someone shot), many types of CVE are only sporadically included in CVE scales (e.g., being threatened with violence). Interestingly, sexual assault is rarely measured as a form of CVE. Because females are significantly more likely to be sexually assaulted than their male counterparts, this exclusion may substantially alter the observed effects of CVE among girls (e.g., Turner et al., 2006). Some measures include both witnessing violence and personal victimization, whereas others focus on only one type. Thus, the specific elements that comprise “community violence exposure” must be more clearly defined across studies attempting to measure its impact on psychological well-being.

CVE researchers must not only improve our definitions of what CVE is, but also make clear what it is not, especially in light of seemingly related constructs such as media and video game violence. Indeed, we would likely do well to also make clear the distinction between these constructs. Media and video game violence were once thought to be associated with a range of negative youth outcomes; however, more recent and rigorous examinations of the evidence indicate that these links are not as robust as and perhaps qualitatively different than those characterizing youth CVE (Fergusson, 2013). Although high profile cases in the media such as school shootings are undoubtedly distressing to the public at large in many ways, conflating the potential effects of this type of violence exposure on youth well-being may tend to detract from a focus on the more pressing societal issues surrounding CVE.
Like the wide variability in defining CVE, little consistency is found in researchers’ assessment of the frequency of children’s exposure to community violence. Although most measures tap respondents’ frequency of exposure to various incidents of community violence, some measure frequency of CVE within the past month, year, or 2 years, and others ask about lifetime frequency. Each of these types of instruments has its merits depending upon the research question under investigation. However, in most cases, authors have not explicitly stated their theoretical reasons for measuring one frequency scale versus another, leaving the literature somewhat disjointed with incomparable measures of CVE frequency.

In addition, the way in which CVE frequency counts are coded and categorized differs among studies. Whereas some researchers use a truly continuous scale to measure frequency, with a numerical response for each item representing the number of occasions on which the respondent was exposed to a given event, others somewhat arbitrarily categorize responses into an ordinal scale. For example, ordinal categories may be defined as no exposure to the given event (0); one to two exposures in the past year (1); three to five exposures (2); six to nine exposures (3); and 10 or more exposures (4; Brookmeyer, Henrich, & Schwab-Stone, 2005). Still others recode qualitative response options (e.g., none, once in a while, and almost every day) into an ordinal scale. These various coding schemes make direct comparisons of CVE across studies nearly impossible. Even within a study, the ordinal coding scheme may not necessarily reflect true variability among participants in their levels of exposure. In the first ordinal scale example, someone who has experienced a given event 50 times would receive the same score as someone who had experienced it 10 times. When scores across many items are summed, participants with the same score may, in fact, have rather distinct frequencies of CVE.

Another limitation in the measurement of CVE frequency is the untested assumption, inherent in many ordinal measurement scales, that identical point differentials between responses represent truly commensurate differences in the construct being measured. For example, in assessing CVE frequency, it may not necessarily be the case that on a scale ranging from no exposure (0) to exposed every day (8), an increase from no exposure (0) to exposed once (1) is proportionally the same as an increase from exposed once a week (7) to exposed every day (8; Selner-O’Hagan et al., 1998). However, aside from statistical convenience, there is no justification for presupposing equally weighted intervals between ordinal scale points in this way.

One of the most problematic issues is the fact that the theoretical conceptualization of CVE as a general, homogenous stressor is manifested in the methods used to define and measure it. In other words, the construct of CVE is often measured as a composite index of one’s overall “level” of CVE in general—without regard to the various dimensions and types of CVE and without a theoretical basis to guide this conceptualization (Selner-O’Hagan et al., 1998; Suglia, Ryan, & Wright, 2008; Trickett et al., 2003). Most researchers simply sum respondents’ scores on heterogeneous items of CVE (e.g., seeing someone shot, seeing someone stabbed, hearing gunshots, etc.), yielding one overall value ostensibly representing each participant’s level of CVE. Implicit in these studies, then, is the untested assumption that there is an underlying linear effect of one’s varying experiences of different types of CVE. However, in line with item response theory (Embretson & Reise, 2000), this assumption overlooks the likelihood that all events within the scale are not equally severe or influential. For example, being the victim of a stabbing may not have the same incremental impact on a person’s well-being as hearing gunshots in the neighborhood; however, using an unweighted, linear scale reflects the assumption that it does. The appropriateness of this assumption is further called into question when considering how participants’ individual characteristics, such as age or developmental level, may interact with the dimensions of CVE. In most studies, it is “implicitly assumed that in one child, the stress of rape at age 8 adds to the stress of being beaten up at age 10 and witnessing a robbery at age 14, whereas in another child, the stress of being beaten up at age 9 adds to the stress of witnessing a drug deal at age 12 and being stabbed at age 16. Each child in this example would get a score of 3 in an unweighted linear composite measure” (Trickett et al., 2003, p. 231). By additively combining these disparate items into one value, the differential impact of identical events at distinct developmental levels as well as the differences in the severity of various events are ignored. In the end, inaccurate conceptions of youths’ CVE and potentially invalid conclusions about the effects of CVE on children’s well-being are drawn.

Lastly, a long-standing reliance on standard survey methodology has further limited our knowledge about CVE and the specification of different dimensions that may be associated with children’s experiences of community violence. Virtually all of the research in this area has measured CVE retrospectively, inquiring about violent events within the past year or over a child’s entire lifetime (Margolin et al., 2009), even in studies that are prospective and longitudinal. Such measurement approaches are inevitably subject to biases and recall errors (Schwarz, 2007), even more so given the traumatic nature of violence exposure. Additionally, such retrospective recounting naturally limits the knowledge that can be gained about the characteristics associated with past experiences of CVE. More specifically, retrospective accounts of violent events may become less or even more traumatic in their recounting over time. Certain consequences, such as difficulty sleeping or concentrating in school, may be temporally proximal to the event—occurring for days after a violent incident—but then lessen over time. With retrospective measures, researchers are thus unable to evaluate short-term variations in the impact of exposure to community violence or the characteristics of a violent event associated with differences in well-being. Further, relying solely on retrospective measures of CVE precludes the identification of symptom onset, particularly PTSD, which may occur at any point after a potentially traumatic event, as well as fluctuations in these symptoms over time. In addition to the limitations inherent in retrospective measurement of CVE, studies that rely on single informants to assess both CVE and outcomes may additionally suffer from the limitations due to shared method variance, such as artificially inflated correlations (Baumrind, Larzelere, & Cowan, 2002).

To summarize, measurement issues in the field CVE research include (a) the absence of a common, shared definition for CVE; (b) the variability in counting and coding of CVE frequency; (c) the common use of ordinal scales that may not accurately reflect meaningful differences between individuals’ experiences and assume that equally weighted intervals represent truly proportionate differences in experiences; (d) a general reliance on composite indexes of CVE analytically used as unweighted linear scales; (e)
the widely unquestioned use of survey methods that retrospectively ask children about traumatic incidents; and (f) the lack of theoretical propositions to guide measurement decisions.

Recommendations to Address Measurement Issues

Notably, the National Institutes of Health has cited progress in defining and measuring CVE as a critical goal for the study of youth’s exposure to violence (Price & Maholmes, 2009); we offer the following recommendations as initial steps contributing to this important goal.

First, a more standard definition of CVE and a set of criteria for what sorts of phenomena constitute CVE must be established and used consistently among researchers so that findings can be directly compared and theories can be more efficiently developed. In recognition of CVE as a complex, multifaceted construct, some scholars have recommended that researchers conceptualize CVE as a latent construct, comprised of multiple different, yet related, subtypes (Fowler et al., 2009). Vermeiren, Schwab-Stone, Deboutte, Leckman, and Ruchkin (2003) factor analyzed a scale of overall CVE frequency and found that items on the scale that measured witnessing comprised a separate factor of CVE from those that measured direct victimization. Moreover, within victimization, two separate factors emerged based on the severity of the violent event. Although this approach can be useful in empirically identifying distinct dimensions within a given CVE measure, factor analysis is only helpful to the extent that a measure inquires about the information of interest in the first place. Thus, detailed, comprehensive CVE measures with standard frequency assessments should be developed. Moreover, inquiring about the frequency of sexual harassment and assault that occur in neighborhoods cannot be overlooked, as this is a likely form of violence experienced by female adolescents in particular. Proposals for definitions based on comprehensive reviews of the literature, a working group of researchers and practitioners in the field, as well as focus groups with youth who can identify violent events that are troublesome and salient to them would be fruitful methods for attaining this goal.

Further, more attention must be given to the scaling employed in enhanced CVE measures. Researchers should carefully consider and make explicit the assumptions about CVE that such scaling may reflect. Some investigators propose creating scales comprised of multiple dimensions of CVE by assigning weights to each item response based not only on the frequency of exposure, but also the severity, location, and respondent’s relationships with the individuals involved (Kindlon, Wright, Raudenbush, & Earls, 1996; Suglia et al., 2008). This type of Rasch modeling involves constructing a continuous measure from a set of dichotomous questions that are presumed to reflect various dimensions of a single underlying latent construct (Suglia et al., 2008). Employing a weighted model more accurately reflects the assumption that some instances of CVE may impact a child’s mental health differently or to a greater extent than others.

However, the assignment of item weights can be subjective, based on one’s a priori hypothesis that seeing a murder, for example, is more detrimental to youths’ well-being than another event, regardless of potentially interacting factors such as child characteristics (Trickett et al., 2003). In other words, in creating a weighted scale to measure the consequences of exposure to violence, one must specify item weights according to how one predicts factors like violence severity will impact the very consequences of CVE that one intends to measure. Moreover, additional dimensions beyond severity must also be captured in CVE measures. Therefore, even complex scaling such as Rasch models may not accurately capture the various components of CVE (Trickett et al., 2003). Nonetheless, given the potential utility of item weighting, we discuss potential methods for doing so below.

Future work ought to reach beyond standard retrospective surveys to use newer and innovative methods, such as daily diaries and experience sampling methods (ESM), with youth exposed to community violence. Several scholars have successfully used such methods to investigate the links between different types of activity involvement and varying amounts of violence exposure (Goldner, Peters, Richards, & Pearce, 2011; Richards et al., 2004; Sweeney, Goldner, & Richards, 2011). While reducing retrospection bias, these methods can provide new, unique, and detailed data about the temporal associations between youth’s exposure to violent events, indicators of psychological functioning, and a host of dimensions that accompany violent incidents such as severity and proximity to violence, one’s subjective sense of danger, prior relationships with victims or perpetrators, and the presence of an adult during the incident.

Ultimately, narrow conceptualizations of CVE have resulted in poor specification and measurement of CVE, particularly the various dimensions that characterize children’s experiences of CVE. Most important, we recommend that researchers adapt a more multidimensional theoretical approach in studying and advancing our understanding of CVE. What follows next is a discussion of several dimensions associated with CVE that we offer for serious consideration in the implementation of future research and work in this field.

Dimensions of CVE

Although careful attention to issues of definition and measurement are warranted, it is equally important for scholars to “unpack” the various dimensions associated with CVE and to assess how these may interact to impact youths’ well-being. Toward this aim, we propose several dimensions of CVE for consideration in the future development of research questions, methodological approaches, and research designs. This set of specific dimensions reflects a departure from the unstated strain theory that commonly underlies the extant work on CVE, treating CVE as a single homogeneous construct that indiscriminately gives rise to a range of sequelae. Instead, we assume that these various characteristics of CVE may interact and have unique, differential impacts on several psychological outcomes. Moreover, these dimensions of CVE may, in turn, interact with person-level characteristics among youth that may moderate their impact, such as gender, age, race/ethnicity, family process variables, and social support. In fact, they may contribute not only to varying degrees of outcomes, but also to the quality of the manifestation of such symptoms. Hence, we examine the following dimensions of CVE: type, severity, physical proximity, relational proximity, and chronicity.

Type of Violence

As with child maltreatment, violence may take numerous forms. Perpetrators may threaten an individual’s belongings or his or her
life, inflict physical or emotional harm, or use verbal coercion, physical force, or weapons. As previously discussed, it is likely that different types of violence uniquely affect youth. For instance, in a national sample, six different types of peer victimization each had distinct effects on children’s trauma symptoms, with physical assault and emotional victimization most strongly associated with PTSD symptoms (Turner, Finkelhor, Hamby, Shattuck, & Ormrod, 2011). Further, it is conceivable that distinct experiences with violence may lead to differential outcomes via distinct causal pathways. Indeed, some trauma researchers have explored the characteristics unique to certain types of trauma that moderate their outcomes. Krupnick and colleagues (2004) found that among college students, sexual assault was most strongly related to PTSD and other anxiety disorders, physical assault was uniquely related to family conflict, and individuals who experienced both types of traumas were most likely to experience depression and substance abuse. Within the traumatic bereavement literature, researchers have noted that youth who experience the anticipated loss of a loved one due to prolonged illness develop greater PTSD than youth whose caregivers experience a sudden natural death (Kaplow, Howell, & Layne, 2014). Likewise, maltreatment researchers have found that different types of abuse give rise to distinct outcomes. For instance, among different types of abuse in one study, neglect was linked to both internalizing and externalizing symptoms, sexual abuse to depression, and physical abuse to depression, social adjustment, and adaptive functioning (English et al., 2005). Thus, in the context of community violence, the type of violence is likely to impact the extent or type of symptoms youth experience.

Victimization Versus Witnessing Versus Hearing About Community Violence

To date, the majority of research classifies CVE into two categories of personal victimization or witnessing violence. This distinction in types of violence is perhaps the most explored dimension of CVE. In fact, some researchers have attributed the somewhat varied findings of CVE’s impact on psychological well-being to the differential effects of witnessing violence versus experiencing direct victimization (Horowitz et al., 2005). Indeed, factor analyses of CVE items demonstrate that victimization and witnessing are conceptually separate forms of CVE (van Dulmen, Bellison, Flannery, & Singer, 2008; Vermeiren et al., 2003), which represent distinct degrees of exposure. Among the studies that have investigated the differential impact of these constructs, some authors have reported that victimization is more strongly associated with all psychological outcomes than witnessing (e.g., Brennan et al., 2007; Fowler et al., 2009), whereas others have found the opposite to be true (Flannery, Wester, & Singer, 2004). On the other hand, some researchers have concluded that witnessing is linked specifically to internalizing symptoms, and victimization is more strongly linked to externalizing behaviors (Shahinfar et al., 2000). Still others have found no significant differences in the specific outcomes that victimization and witnessing predict (Aizenberg et al., 2008).

With some exceptions (e.g., Brennan et al., 2007; Scarpa et al., 2006), most studies neglect the possible impact of a third category of exposure: hearing about community violence. However, one study found that simply hearing about violence in one’s neighbor-
investigating the impact of the proximity of CVE on youths’ has gone relatively unexplored in the CVE literature. Nonetheless, one’s resulting PTSD symptoms (e.g., physical closeness to a traumatic event determines the severity of insured or analyzed in most prior studies (English et al., 2005)). Therefore, CVE severity may best be evaluated in concert with other potentially moderating variables that may change the magnitude or quality of its impact on a given child.

These limitations notwithstanding, some evidence suggests that exposure to more violent events places youth at greater risk for developing PTSD. First, the trauma literature has established a clear link between the severity of a disaster, accident, or other trauma and an individual’s risk for developing PTSD (e.g., Silver et al., 2002; see Galea et al., 2005 for a review). In the CVE literature, a cross-sectional study of low-income middle school students revealed that the most severe event a child had experienced explained a larger portion of the variance in PTSD than frequency of exposure and one’s relationship to the victim (Aisenberg et al., 2008). It may seem self-evident that more severe violence exposure would yield more severe symptoms; however, more detailed data demonstrate that “severity” is a somewhat subjective measure. The violent events that are considered most severe or extreme by one individual may be considered less so by another, underscoring the importance of considering one’s subjective experience of distress in diagnosing PTSD. In the study described above, for example, nearly three quarters of participants who met diagnostic criteria for clinical PTSD had witnessed a homicide, an incident of CVE that the authors deemed most severe. Interestingly, however, this event was not reported by most participants as the most bothersome one (Aisenberg et al., 2008). This finding also underscores the possibility that more apparently severe instances of CVE give rise to PTSD symptoms that are distinct in quality from those linked to less severe CVE. For example, youth who experience the most “severe” CVE may have more prominent dissociative and avoidance symptoms as opposed to those that may be more directly apparent to youth, such as intrusive thoughts and increased arousal. In sum, although some researchers have attempted to classify the “severity” of CVE based on how much physical or emotional harm they are known to cause, others have noted the importance of tapping participants’ subjective judgments about which types of CVE are most severe.

Physical Proximity to Witnessed Violence

Contextual factors involved in youths’ CVE, such as one’s physical proximity to a violent incident, have not been well measured or analyzed in most prior studies (Selner-O’Hagan et al., 1998). The trauma literature has established that an individual’s physical closeness to a traumatic event determines the severity of one’s resulting PTSD symptoms (e.g., Galea et al., 2002; see Galea, Nandi, & Vlahov, 2005 for a review), but this phenomenon has gone relatively unexplored in the CVE literature. Nonetheless, investigating the impact of the proximity of CVE on youths’ well-being has been cited as a research priority (Guterman et al., 2000; Horowitz et al., 2005; Suglia et al., 2008). One of the only known studies to specifically address this question was a natural experiment in which children experienced a fatal sniper attack on their school playground, resulting in the deaths of several classmates and teachers. The researchers evaluated the association between children’s physical proximity to the attack and their ensuing PTSD symptoms. The results clearly demonstrated that the closer children were to the shooting, the more severe their PTSD symptoms were a month later, with children who were actually on the playground at the time of the shooting experiencing the highest levels of PTSD (Pynoos, Frederick, Nader, & Arroyo, 1987).

To extrapolate from this finding, perhaps the location of violent events to which a child is exposed moderates its effects on his or her well-being as well. For example, violence experienced very close to a youth’s home may foster a greater sense of insecurity than violence experienced in a distant section of the neighborhood, and therefore prompt more (or different) maladaptive emotional responses. Framed another way, perhaps limiting one’s CVE to certain locales of the neighborhood distant from one’s daily routes serves as a protective factor, fostering resilience amid CVE. In the case of CVE, then, the “closeness” to the violence may be experienced by its relative proximity to a child’s “home base,” or most frequently traversed areas, such as at home and school. In a similar vein, Zinzow and colleagues (2009) found that in a nationally representative sample, youth had higher rates of PTSD and depression when they witnessed violence near their homes as opposed to elsewhere. Moreover, the results of a confirmatory factor analysis of a CVE measure indicated that exposure to violence in the neighborhood, in the school, and at home comprise three empirically distinct types of exposure (van Dulmen et al., 2008). Thus, the context in which youth are exposed to violence and their physical proximity to the violent events they witness may significantly moderate the impact of CVE. Given that individuals more frequently report CVE near their homes than anywhere else in their communities (Scarpa et al., 2006), it is imperative to assess the specific impact of proximity of exposure and its distinct locations on youths’ well-being.

Relational Proximity to Perpetrator and Victim

Some researchers postulate that an individual’s “relational proximity” to violence, or familiarity with the persons involved, is a potentially important factor in the emotional intensity with which youth respond to witnessed violence (Feerick & Prinz, 2003; Guterman et al., 2000). Because children often know the victims of crime in their communities, it is conceivable that children will experience secondary trauma or vicarious victimization via their relationship with a friend or family member who has been victimized (Bell & Jenkins, 1993; Jenkins & Bell, 1994). Indeed, several studies that have taken this factor into account have found that children experience more psychosocial consequences when they witness violence against a family member than to a stranger (Zinzow et al., 2009; see Lynch, 2003, for review). In the study conducted amid the aftermath of a school shooting, students experienced more PTSD symptoms when they knew one of the victims well (Pynoos et al., 1987). Similarly, Lambert, Boyd, Cammack, and Falongo (2012) found that African American adolescents who witnessed community violence against a family
youths’ well-being. Such an approach has the potential to improve the effectiveness of interventions for children traumatized by community violence. The question of how the long-term chronicity of CVE affects youths’ well-being is a salient one, because most youth in urban areas are exposed to chronic and cumulative community violence over their lifetimes (Aisenberg et al., 2008; Kennedy et al., 2010; Menard & Huizinga, 2001). Research to date suggests that CVE is linked to youths’ psychological well-being via a dose-response mechanism, such that as experiences of violence exposure accumulate over time, more severe psychological symptoms develop (e.g., Kennedy et al., 2010), referred to as the “cumulative effects” model of CVE (Lynch, 2003). The cumulative effect of CVE appears to apply to a range of outcomes. For instance, in nationally representative samples, a greater number of exposures over time was associated with more PTSD, depression, and aggression (Turner et al., 2006; Zinzow et al., 2009). Even when accounting for the interactive effects of violence severity and familiarity by means of a Rasch model, researchers have found more cumulative, chronic CVE to be an important predictor of youths’ outcomes (Suglia et al., 2008).

In addition to this cumulative effects model, however, discrete single instances of CVE may have unique effects on one or more psychological outcomes that are distinct from the effects of chronic CVE. For example, drawing from the theory postulated by Horowitz and colleagues (2005), acute instances of CVE may mirror more classic examples of trauma, whereas chronic CVE may reflect a unique stressor that may not solely prompt PTSD symptoms. In line with this hypothesis, the results of a meta-analysis indicated that more recent exposure to community violence, regardless of lifetime exposure, had a stronger effect on youths’ PTSD than did overall lifetime exposure; however, the degree of chronic lifetime exposure was more strongly related to externalizing behaviors (Fowler et al., 2009). This finding raises the issue of the potential confounding effect of age or developmental level on the effect of CVE chronicity on youths’ outcomes. Although more chronic, long-term exposure may appear to be related to more or different outcomes than less chronic exposure, an alternative explanation may be that older children and adolescents (who have been exposed to more community violence over time than younger children) are differentially impacted due to their developmental level rather than the chronic nature of the exposure per se. For instance, younger children tend to respond to CVE with internalizing symptoms more so than older youth, who respond more often with externalizing behaviors (Flannery et al., 2004; Foster & Brooks-Gunn, 2009; Kennedy et al., 2010). This pattern may result from young children’s limited cognitive abilities and coping skills (Fowler et al., 2009). On the other hand, perhaps both chronicity and age play separate yet equally important roles in moderating the impact of CVE. Thus, more research is needed to parse out the effects of the chronicity of CVE and age/developmental level.

One theory that may account for differential outcomes of chronic versus acute CVE is that youth become desensitized to CVE over time, leading to emotional numbing. Over time, desensitization would account for a weaker association between CVE and emotional symptoms, such as PTSD and depression, but a stronger link between CVE and aggressive behaviors, indicating a greater acceptance of the use of violence as a normative problem solving strategy (Ng-Mak et al., 2004). Several findings support

Chronicity of Violence Exposure

The impact of CVE on youths’ well-being becomes even more complex when considering the chronicity, or persistence, of violence exposure over time. For example, victimization may not always be more distressing to individuals than witnessing; witnessing many events incessantly over time may have a greater (or different) impact than one isolated experience of victimization. This reasoning highlights the need for more systematic research to determine how chronic experiences of CVE longitudinally are associated with psychological outcomes, and how this pattern of exposure may be differentially related to outcomes from more acute or one-time exposure (Feerick & Prinz, 2003; Foster & Brooks-Gunn, 2009). For instance, Horowitz, McKay, and Marshall (2005) advance the theory that the ongoing and cumulative nature of CVE itself may serve as a singular stressor, distinct from any single, isolated trauma. Therefore, a chronic pattern of CVE may need to be evaluated as a unique construct that impacts

member or close friend experienced significantly more depressive symptoms than those who witnessed violence against a stranger. Having social ties with a perpetrator of witnessed violence may influence its impact on youths’ well-being as well. Interestingly, no studies could be identified investigating the impact of familiarity with perpetrators of community violence, although in a sample of young adults, the most commonly reported perpetrators of community violence were nonfamily members (Scarpa et al., 2006). Similarly, we know relatively little about the impact of community violence when adolescents and their peer groups are the perpetrators of violence themselves, such as through gang involvement. CVE places adolescents at risk for gang involvement, often as a means to gain protection, and subsequent gang involvement in turn increases adolescents’ CVE via gang-related activities (DeLisi, Barnes, Beaver, & Gibson, 2009; Taylor et al., 2007). However, the impact of CVE is likely different for youth who perpetrate the violence or know the perpetrators as fellow or rival gang members than for youth who may know the perpetrator but are not involved in the commission of the violence. Thus, further research is needed to examine differential outcomes depending on one’s familiarity with the victims and perpetrators of witnessed violence, and whether gang involvement further moderates these outcomes.

A separate issue concerns victims’ familiarity with the perpetrators of violence. When youth are directly victimized in their communities, the degree to which they know the perpetrators likely affects their experiences in different ways from youth who know the perpetrators of violence toward others that they witness. Although this factor has gone relatively unexplored in the CVE literature, findings from the child maltreatment and trauma literatures provide some direction. For instance, children who are victimized by family members and familiar acquaintances tend to suffer more deleterious outcomes than those who are victimized by strangers, perhaps due in part to the additional layer of attachment to the perpetrators of violence. When youth are directly victimized in their communities, the degree of chronic lifetime exposure was more strongly related to youths’ PTSD than did overall lifetime exposure; however, the degree of chronic lifetime exposure was more strongly related to externalizing behaviors (Fowler et al., 2009). This finding raises the issue of the potential confounding effect of age or developmental level on the effect of CVE chronicity on youths’ outcomes.

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the desensitization model and thus provide evidence for the notion that chronic and acute CVE are differentially related to psychological outcomes. For instance, several studies of adolescent CVE have demonstrated stronger associations with aggression than internalizing symptoms (Jenkins & Bell, 1994; Kliewer et al., 1998), and others have even revealed a negative association between CVE and depression (Fitzpatrick, 1993). These findings may reflect a desensitization process resulting in emotional symptoms among younger children, which diminish and evolve into aggression among older youth who have experienced more persistent CVE (e.g., Ng-Mak et al., 2004).

More direct tests of the desensitization model have revealed quadratic associations between CVE and internalizing symptoms over time, such that as lifetime exposure increases, internalizing symptoms increase to a point, then begin to decrease at very high levels of exposure. At the same time, positive linear associations have emerged between CVE and externalizing problems (McCart et al., 2007; Mrug, Loosier, & Windle, 2008). Biological evidence has shown that youth exposed to chronic community violence also experience physiological desensitization such as lower resting heart rates and basal cortisol levels (Aiyer, Heinze, Miller, Stoddard, & Zimmerman, 2014; Cooley-Quille et al., 2001; Kliewer, 2006; Scarpa, Tanaka, & Haden, 2008), which may be linked to the process of emotional numbing (Cooley-Quille et al., 2001) and dissociative symptoms (Mrug et al., 2008). These findings suggest that the chronicity of CVE impacts the nature or quality as well as the extent of PTSD symptoms. Despite this preliminary data, more investigations of the desensitization model of CVE are needed, particularly to determine whether these patterns reflect “pathologic adaptation” to violence exposure or rather a form of emotional resilience that develops over time (Foster & Brooks-Gunn, 2009; Ng-Mak et al., 2004). It would also be fruitful to explore the interacting effects of gender in this proposed process, as females tend to experience more emotional symptoms and less behavioral problems in response to CVE than males (Fowler et al., 2009).

As with the consideration of the differential effects of victimization versus witnessing, one concern with investigating the differential impacts of chronic versus isolated CVE is that most youth living in urban neighborhoods have indeed experienced unremitting CVE throughout their lifetimes. Although persistent and cumulative CVE is most common among urban youth, a minority do in fact experience more isolated, acutely severe instances of CVE (Suglia et al., 2008). Selner-O’Hagan, Kindlon, Buka, Raudenbush, and Earls (1998) identified a subset of youth, comprising approximately 5% of a sample of Chicago youth, that fit an “acute” pattern of CVE—that is, a low overall frequency of cumulative violence exposure and a relative absence of the least severe forms of CVE, but one or just a few isolated exposures to the most severe forms. Thus, it may be important to examine how these youth are uniquely affected by more acute exposure. Moreover, many youth do not live in urban “hot spots” of community violence, and an understanding of the ways in which isolated instances of violence exposure may affect their well-being is no less critical. Similarly, although youth in less populated and rural areas experience much less CVE than urban youth, they may be less equipped to cope with interpersonal violence in their communities when it does occur due to more limited community resources. Perhaps unlike chronic exposure, isolated exposure in the absence of more pervasive violence functions more similarly to the isolated events and disasters that are commonly studied in the trauma literature as precursors to PTSD. As a corollary to the desensitization theory, then, isolated CVE may be more emotionally jarring to youth who have not become desensitized to chronic violence and therefore experience it as sudden, unpredictable, and more traumatizing.

Another factor related to CVE chronicity is that of recency of exposure. In other words, both among youth who experience an “acute” pattern of CVE and those who experience chronic CVE, does more recent exposure yield more severe (or different) psychological outcomes? The results of several studies suggest that more recent exposure is indeed linked to worse outcomes for youth than more temporally distal exposure, including aggression (Spano, Rivera, & Bolland, 2006) and PTSD (Aisenberg et al., 2008). These results mirror findings in the trauma literature, with more recent exposure to traumatic incidents prompting a much higher risk of PTSD (e.g., Ehrg & Quack, 2010; see Galea et al., 2005 for a review), supporting the hypothesis that acute CVE may closely parallel more general isolated traumas.

Suggestions for a Dimensional Approach to CVE

Research

In order to advance the field beyond identifying associations between general levels of CVE and outcomes toward a more comprehensive understanding of the systematic relations among the various dimensions of CVE and diverse outcomes, several recommendations are proposed. First, to appropriately test more nuanced theories about CVE and the ways in which its various dimensions may differentially impact youth well-being, measures of CVE must include those dimensions, assessing the types, severity, proximity, and chronicity of exposure. The detailed CVE measure used in the Project on Human Development in Chicago Neighborhoods may serve as a helpful foundation from which to build (Brennan et al., 2007). Second, statistical models that more closely reflect the complexities of the differential impact of CVE are needed. For example, differential effects of CVE dimensions should be explored in interaction with one another rather than in isolation, as each dimension of CVE may take on different meanings for individuals depending on what other factors may be at work. Additionally, statistical models should not be limited to linear effects, but rather nonlinear structures should also be explored. This procedure may reveal otherwise unobservable patterns in the relations between CVE and distinct outcomes, such as quadratic trends in youths’ PTSD symptoms over time, unveiling a process of desensitization. Moreover, the use of spline functions could not only more precisely capture the curvilinear structure of the relations between CVE and well-being, but also delineate any critical thresholds or cut points that might exist, where linear associations begin to level off. Third, findings from related literatures that have incorporated a more dimensional approach, such as work on maltreatment and trauma, should be integrated into developing theories of CVE. Such coordination will facilitate more efficient theory development and a more accurate interpretation of findings. Finally, although beyond the scope of this review, additional person-level variables and community-level factors need to be examined in interaction with the dimensions of CVE described here to obtain a complete picture of how CVE differentially impacts youths’ well-being. Demographic factors, such as gender and age, are clearly important. For instance, gender may be par-
ticularly important in examining links between relational proximity to CVE and psychological well-being. Additional individual characteristics that may either exacerbate the consequences of CVE or promote resilience include parent–child cohesion and communication, gang involvement, social support, and beliefs about violence. In particular, youths’ race/ethnicity and cultural mediators should be carefully investigated, because racial/ethnic minority youth are disproportionately exposed to community violence (e.g., Aisenberg et al., 2008). In line with the ecological-transactional model, a consideration of the mediating and moderating roles of community-level structural factors, such as poverty, housing density, family size, and involvement of law enforcement, is also essential to provide a comprehensive understanding of the impact of youth CVE (Foster & Brooks-Gunn, 2009; Lynch & Cicchetti, 1998). Toward this aim, CVE researchers should assess such contextual variables and employ multilevel modeling techniques to analyze the impact of person-level community violence that occurs within different environmental contexts. In addition to these general recommendations for a more dimensional approach to the study of CVE, we offer the following dimension-specific guidelines.

Type

The inconsistency in the literature regarding the differential effects of types of CVE highlights the need for improvements that will more precisely disentangle these effects. First, rather than the bundling all types of CVE into two distinct categories of personal victimization and witnessing violence, researchers should consider different classifications and types of violence exposure, including hearing about community violence. Second, conflicting results across studies regarding the differential impact of CVE type on well-being may reflect the moderating effects of demographic factors that distinguish different samples, such as age, ethnicity, and gender. For instance, researchers should test whether different types of CVE have different meanings for youth at different points in their development. Third, assessing the occurrence of sexual assault as a form of CVE is clearly an important consideration for future research. Finally, when researchers measure only one outcome, it is impossible to observe the differential effects of victimization and witnessing within a single sample. Thus, future studies should measure a range of both internalizing and externalizing outcomes alongside positive outcomes (e.g., prosocial behavior, self-efficacy, community engagement) in an effort to produce more nuanced and balanced knowledge about the relations between specific types of CVE and various outcomes.

Severity

Addressing the experiential complexity of youth’s exposure to community violence requires accounting for far more than frequency of exposure; researchers must find ways to assess the intensity and severity of different types of violent events. Utilizing Rasch models in order to weight items according to severity is one potential strategy. In this approach, severity may be classified by an event’s effects on an individual’s well-being or by a more standard set of criteria, such as the level of injury experienced by the victim. However, accounting for the subjective nature of an event’s severity is another important approach. In a survey of specific experiences with CVE, for example, each violent event can be paired with a question that asks, “How upsetting and distressing was this event to you?” Alternatively, expanding on the mixed methods approach undertaken by Aisenberg, Ayón, and Orozco-Figueroa (2008), participants can be asked to list the top three “worst” events of those they endorsed. Although none of these options represents a perfect approach, the range of strategies emphasizes the importance of addressing the complexity of violence severity when investigating the impact of CVE.

Physical Proximity, Relational Proximity, and Chronicity

Following trends in the trauma literature, the constructs of physical and relational proximity, chronicity, and recency should be included as potentially important dimensions of CVE in future investigations. Despite general agreement about the importance of these characteristics in understanding CVE, few studies have given them adequate consideration. The physical proximity of violence may be assessed as closeness to a child or to a child’s home, school, or another location of importance to the child (e.g., a church or relative’s home). Additionally, studies should include detailed assessments of children’s social familiarity with the perpetrators and victims of violence while paying careful attention to ethical issues and the need to prioritize participants’ safety above all other goals. Researchers should also consider the interacting effects of youth gang involvement on CVE, violence perpetration, and well-being. Drawing on methods employed in the criminology literature, we recommend the use of propensity score matching and related statistical techniques that disentangle these bidirectional effects (DeLisi et al., 2009).

Despite the advantages of experience sampling and daily diary methods for assessing factors like physical and relational proximity, they are less informative about patterns of chronicity over time; in other words, they are better able to capture the depth rather than the breadth of experiences of CVE. Therefore, longitudinal methods that assess CVE at multiple time points are required in order to assess the effects of chronicity and recency of CVE, as well as to examine the effects of chronicity in comparison with the effects of developmental growth and age. To overcome the limitations inherent in retrospective survey measures of CVE, perhaps future researchers could combine experiencing sampling and longitudinal methods by collecting weekly or monthly diary data over the course of a multiyear prospective study. Though time- and resource-intensive, this procedure would provide a more reliable estimate of exposure across the longitudinal study, as participants would be required to recall events from a shorter period of time in the very recent past rather than an entire year or more.

Conclusion

In light of the findings presented here, we encourage an increased recognition among theorists, researchers, and practitioners of the need for a more dimensional approach to the study of CVE and youth outcomes. Toward that end, several recommendations have been proposed. On the whole, the field of CVE would benefit from the use of more varied methodological approaches and the development of more nuanced theories about how different dimensions of CVE may be distinctly related to specific psychological
and socioemotional outcomes among youth. In this article, we have proposed several characteristics, or dimensions, of CVE as starting points for such theories, including the type, severity, proximity, and chronicity of community violence exposure. Certainly additional dimensions of CVE may moderate its impact, and these should be identified and incorporated into studies as well. Much work is needed in order to develop a more complete understanding of the differential effects of CVE on youths’ well-being. Greater collaboration between researchers and practitioners who work intensively with children exposed to violence will help advance our understanding of CVE. It is not enough to know that being exposed to high levels of community violence, in general, results in a wide range of psychological and socioemotional outcomes. Instead, we must gain a better sense of how its various dimensions—who, what, when, and where—are distinctly related to particular outcomes. This future work will expand the knowledge base in the CVE field, and perhaps most important, will contribute to more effective and targeted interventions for youth.

References


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