

A Qualitative Investigation of Perceptions of Violence Risk Factors in Low-Income African American Children

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Conducted a qualitative investigation to identify the perceptions of risk factors for violence in a sample of inner-city African American youth. Using ethnographic analyses, themes emerging from these data included concerns about the reciprocity between drugs and violence, familial quality of life issues, gender differences in the experience of violence and risk for violence, community safety concerns, and fears about managing peer relationships specific to violence. These data are interpreted relative to the risk factors the violence prevention literature has identified among youth residing in urban environments. Findings are discussed in terms of their potential contribution to generating hypotheses for the development of theory and effective violence prevention practice.

Behavioral scientists have paid increasing attention to the identification of environmental phenomena that negatively affect the development of young people in the United States. These efforts draw their motivation from rising rates of teenage pregnancy, drug use, the victimization of and perpetration of violent acts by children and adolescents, and the proliferation of street gangs. With respect to violence, homicide is the second leading cause of death for persons 15 to 24 years of age and has been the leading cause of death for African Americans in this age group for over a decade (Hoyert, Kochanek, & Murphy, 1999). In addition, suicide is the third leading cause of death among adolescents and young adults (National Center for Health Statistics, 1997), and there is evidence that the frequency of suicide completions is increasing among African Americans. Beyond the loss of life, the cost of these phenomena including suicide attempts and other physically assaultive behavior are estimated to be in the billions of dollars each year due to disability, medical care, violence-related illness, and premature death (Miller, Cohen, & Rossman, 1993).

These observations, combined with increased rates of academic underachievement in some communities, the decrease in funding for education at all levels, and the continual shift from a blue-collar industrial economy to one increasingly defined by the necessity of

technological skills have created a desperate situation for many families and communities in this country (Wilson, 1987). The results are that an increasing number of youth, particularly poor youth, have a pessimistic perspective on their futures as they recognize these realities (McLoyd, 1998). This desperation may be manifested in aggressive and violent behavior in young people.

In the next section, we provide a brief review of risk factors that contribute to children and adolescents’ participation in and experience of violent and aggressive behaviors. The influence of these risk factors has the potential to compromise the physical, social, and psychological well-being of children and adolescents and the larger community. As such, they demand the attention of prevention scientists. The goal of this study was to examine African American youth’s perceptions about violence risk in view of the existing literature on risk factors. Specifically, an attempt was made to identify the most salient risk factors for aggressive and violent behavior in urban youth. Data from this study were utilized to develop a health promotion program for the agency in which these youth received social services.

Individual and Family Factors

A variety of individual and family factors have been demonstrated to put a child “at risk” for poor developmental outcomes (e.g., engaging in violence). These factors are particularly important during adolescence, a period of heightened susceptibility to risk as youth begin to transition to young adulthood. Individual risk

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factors include deficits in social and emotional competencies. For example, children who do not possess effective problem-solving and relationship skills are potentially at greater risk for becoming involved in aggressive behavior (Dodge & Frame, 1982; Maguin et al., 1995). Youth who develop beliefs and attitudes supportive of aggression are at particular risk for engaging in violent behavior (Guerra, Huesmann, & Hannish, 1995). Although there are a number of other individual factors that can put a child at risk for involvement in aggressive and violent behavior, there is some consensus in the prevention literature that early involvement in aggressive behavior is perhaps the strongest individual-level risk factor.

Maguin et al. (1995), for example, reported data showing that early involvement in aggressive behavior is associated with later involvement in violent behavior as measured by self-report and criminal convictions. Loeber and Stouthamer-Loeber (1998) suggested that children who engage in violent behavior at younger ages are more likely to persist in these behaviors than their peers who initiate aggressive behavior at older ages. Tolan and Gorman-Smith (1998), in a review of empirical studies on the development of serious and violent juvenile offenders, found early aggression and behavioral problems to be predictive of later aggressive behavior. The seriousness of the aggressive behavior youth engage in is also important to understanding future involvement in aggressive and violent behavior.

The larger social context often plays a significant role in influencing the behavior of a child. As such, understanding the influence of a child's family and other adult caregivers is important. For example, Osofsky (1999), in a review of the impact on children exposed to domestic violence, discussed the potential of such experiences to retard or impair their social and emotional development. She discussed how exposure to and the witnessing of violence can create special risk for future violent offending and victimization. These assertions are supported by findings of a meta-analysis in which children exposed to family violence were found to exhibit more aggression and other forms of antisocial behavior than children who had not witnessed family violence (Edleson, 1999). This same study also reported that children who witnessed violence were more likely to exhibit depression and trauma symptoms.

Other family variables that influence a child's risk for aggressive behavior include poor parental supervision and the use of inconsistent discipline (cited in Elliot, Williams, & Hamburg, 1998; Loeber & Stouthamer-Loeber, 1986). For example, Hewlett and West (1998) reported survey findings that most acts of youth violence and antisocial behavior occur between the hours of 3:00 p.m. and 8:00 p.m., a time when many parents are at work. In addition, children who do not have a positive emotional relationship with care-

givers are at elevated risk for engaging in health compromising behaviors such as violence. Thornberry, Huzinga, and Loeber (1995) reported that over 40% of chronic violent offenders expressed that they had poor relationships with their parental caregivers. Relatedly, behavioral and mental health problems in parents (e.g., coming from a dysfunctional family, being involved in criminal activity, abusing substances) can increase the likelihood of negative outcomes in children (Cole & Cole, 1996).

Peer Influences

During adolescence, the influence of peers increases as youth seek to develop meaningful relationships with people outside their homes (Masten & Coatsworth, 1998). Although this process is important developmentally, the nature of the peer influence can be potentially problematic depending on the norms and values of the peer group. Negative peer influences play an important role in a variety of problem behaviors including substance abuse and aggressive behavior. Maguire and Pastore (1998) reported that 27% of male high school seniors in 1997 admitted to taking part in a fight that pitted their friends against another group. Loeber and Stouthamer-Loeber (1998) also discussed how an adolescent's risk for delinquency increases by associating with delinquent peers. Supporting this assertion, Jang (1999) reported data from the first five waves of the National Youth Survey showing that delinquent peers have their greatest impact on risk behavior during middle adolescence (with this influence declining after age 15). Thus, peers can create a context for the development of youth violence in adolescents—warranting the ongoing attention of prevention scientists (see also Dishion, McCord, & Poulin, 1999).

Environmental Influences

The environment or social ecology of a child plays a critical role in influencing the development of behavior and attitudes of a young person (Bronfenbrenner, 1979). Important environmental characteristics that influence youth violence include the economic stability and resources of the community. McLoyd (1998) described a number of risks to youth that reside in impoverished communities. In particular, she noted the impact of poverty on the socioemotional functioning, academic achievement, and risk behaviors (e.g., aggression) on affected youth. These observations are important given that 20% of those living in poverty are under the age 18 and African Americans represent 26% of those living in poverty, which is twice their representation in the general population (*Poverty in the United States*, 1999). Understanding such consider-

ations is important to effective prevention practice in general, but particularly for efforts geared toward those minority communities where poverty has had a disproportionate impact.

Parker and McCall (1999), looking at social and structural conditions on the homicide patterns of different racial groups, found a relation between homicide rates and the equity of economic opportunity among these demographic groups. In particular, differences in the economic realities that create risk for violent offending were found between African Americans and European Americans. The economic marginalization of the African American community influences the organization, cohesion, and isolation experienced within these communities. Menard (2000) reported data from the National Youth Survey in which violent victimization had a significant influence on traumatic stress, violent offending, substance abuse, and mental health difficulties and that such victimization occurred more frequently in poorer communities. Resource poor communities also tend to lack adequate medical, social, and mental health resources to respond to community problems (Reese, 1996). Further, chronic unemployment exacerbates problems such as youth violence as it erodes the community's economic and social base and its ability to combat violence and other problems (Wilson, 1996). Thus, the physical environment in which adolescents reside can have a dramatic influence on the manifestation of youth violence.

Firearm and Drug Influences

Firearms are a major risk factor for fatal violent victimization and perpetration among youth. Since the 1980s, 90% of the increase in youth homicides is due to the use of firearms (Centers for Disease Control and Prevention, 1994). Similarly, the recent decreases in youth homicides have paralleled a decrease in the use of firearms. Although rates of weapon carrying among youth have been decreasing for the last several years (Brenner, Simon, Krug, & Lowry, 1999), youth cite a number of reasons for carrying weapons, principal of which is the desire to defend oneself (Simon, Dent, & Sussman, 1997). Weapon carrying among youth tends to be most pronounced in inner-city communities where rates of violent victimization and crime are higher (Jenkins & Bell, 1994).

Illicit drugs are often present during acts of violence and delinquency and have been described as a risk factor for a number of health-compromising behaviors (Osgood, 1995). Despite the apparent influence of drugs on violent behavior, previous research has not been able to establish a causal relation between drug use and violence (Osgood, 1995; Watters, Reinerman, & Fagan, 1985). A difficulty in clearly understanding the impact of drug use on violent behavior is found in

the fact that aggressive behavior often proceeds the use of illicit drugs. Osgood and others have suggested that the relation between drug use and violence is moderately strong and often the by-product of shared influence of deviant behavior rather than a causal relation (see also Goldstein, 1985).

Although this review has been summative rather than exhaustive, there are other more extensive reviews of risk factors for youth violence (e.g., Dahlberg, 1998) that examine the influence of broader contextual factors such as the school environment and society in general. Critical to understanding the risk literature is understanding the varying developmental influences of different risk factors. Specifically, although some risk factors can have an influence throughout the developmental life of a child, some have a greater influence during particular periods of child and adolescent development. For example, individual and family risk factors may have a greater influence earlier in a child's life, whereas peer influences may become more important during preadolescence and adolescence. The risk factors reviewed here likely have a reciprocal influence on one another as described by Bandura's (1997) principal of reciprocal determinism. Practically, many of these risk factors operate simultaneously to influence risk for violent behavior. For example, poverty has not been established as a causal factor for youth violence although violence has had a disproportionate impact on poor communities. Similarly, although families serve a number of protective functions for youth, many of the most predictive risk factors for youth violence have their origin in families.

In response to these and other risk factors, numerous prevention and intervention programs have been developed but unfortunately have had minimal impact in producing sustained deterrents to youth violence (Tolan & Guerra, 1994). One explanation for the lack of effectiveness is the underappreciation of the multiple influences compromising the lives of young people (e.g., unemployment, quality of education and housing, family dysfunction). For example, helping young people develop conflict management skills without addressing the effects of their witnessing violence is problematic (Jenkins & Bell, 1994). The general consensus of the prevention literature is that many prevention programs have metaphorically placed bandages on infected sores without treating the root cause of the infection. If at-risk children and adolescents are to have positive developmental outcomes, then holistic, ecological approaches reflected in multilevel prevention programs are critical (Bronfenbrenner, 1979; Kazdin, 1993; McLoyd, 1998).

Equally important to a holistic approach is to understand the extent to which youth actually perceive previously identified risk and protective factors as such in their lives. For example, do children know that associating with gang members can put them at risk for being

a victim or perpetrator of violence? Do youth perceive any individual ability to affect the escalation of interpersonal conflict in communities with disproportionate levels of violence? The answers to these questions may influence the extent to which interventions aimed at changing peer associations or teaching coping and decision-making skills are successful. If a child believes that aggression and violence are important components of gaining peer respect, then conflict avoidance tactics may be viewed with skepticism. As such, it is important for violence prevention researchers to understand the beliefs and perceptions of their target populations to maximize the benefit of interventions. Human ecology theory stresses the importance of understanding youth in context, which is offered as a critical component of effective prevention by Lerner (1995) and others (see also Bronfenbrenner, 1979).

The processes influencing the life experiences of many children and adolescents living in inner-city communities are complex. Many of the assumptions that have guided prevention efforts thus far have not adequately taken these complexities into consideration. The importance of contextual prevention and intervention has been discussed at length (Koss-Chioino & Vargas, 1992; Lerner, 1995; Lewis, Lewis, Daniels, & D'Andrea, 1998). The goal of such interventions is to design services that meet the identified needs of the participating community. Arguments for utilizing such approaches include the importance of cultural and contextual appropriateness and participant investment in service delivery.

Each community is unique with respect to the cultural characteristics of its members, including race, ethnicity, socioeconomic status, gender, family structure, and age group. Each community also possesses unique strengths and needs. In the same way that no one type of psychotherapy works for every client, no one type of community or school-based intervention will work well in every community. Kazdin (1993) argued that responding to cultural differences in working with adolescents is critical to improving our service delivery. Furthermore, Reiss and Price (1996) argued that successful programs are maintained in communities only when they are owned and supported by community members. Therefore, in addition to "customizing" approaches to working with specific populations and communities, the process of eliciting input prior to planning and implementation is critical to participant investment in prevention programs.

Lerner (1995) argued that the key to encouraging participant commitment and designing culturally appropriate interventions is to understand "development-in-context." In this approach, one begins by soliciting the perceptions of the social ecology in which participants live from the participants themselves. Although survey research may allow for a quantitative picture of the relation between risk protective factors and risk be-

havior like youth violence, the qualitative aspects of these phenomena are equally important for a number of reasons. A qualitative description affords researchers insights into how specific risk factors may interact within the community of interest. Furthermore, giving voice to the perceptions and perspectives of participants is an important aspect of validating their experiences and establishing preintervention relationships that are linked to subsequent investment in prevention programming. Thus, the process of understanding person-in-context descriptive information may be important to designing prevention programs that are culturally and ecologically appropriate, or accurate, or both and have face validity for the participants (Lerner, 1995; Vera, Reese, Paikoff, & Jarrett, 1996).

Project Goals

This study was conducted in collaboration with a social service agency serving inner-city children and their families. The primary goal of this study was to gain subjective understanding of the perceptions of participants about factors in their community that had the potential to compromise their physical, social, and psychological well-being.

An ethnographic approach utilizing focus groups was implemented to explore participants' perceptions of risk factors for violence. This was done to identify concerns important to participants so that appropriate hypotheses could be generated for future prevention research with youth in this community and similar populations. Specifically, this study was the first step in the development of a prevention program for youth served by this agency, consistent with the purposes of exploratory qualitative research (Hoshmond, 1989). The participating community-based organization is situated in a low-income neighborhood that provides a variety of child, adult, and family-oriented services geared toward improving the quality of life of community residents.

Method

Participants

The research participants in this study were 15 male and 35 female African American youth ranging in age from 8 to 12 years (median age was 10 years old). Participants self-selected for this study through their participation in a 6-week summer camp. Additionally, all participants resided in the immediate neighborhood surrounding the social service agency involved. Census tract data characterized the target community as a low-income neighborhood in a medium-sized Mid-

western city with inadequate health resources for its members.

A number of participants had previously been identified as at-risk based on school and agency reports, and some had attended prevention workshops focused on risk behaviors at the agency throughout the school year. Of the 80 participants enrolled in the agency summer camp, 50 participated in the focus groups. Prior to participating in the focus groups, informed consent for participation in them was obtained from each participant and their parent or guardian. No incentives were offered to participants or their guardians for participation. Additionally, it is important to note at the outset that it is unclear how representative these participants were of other youth in the community. Their involvement with this agency would suggest some differences with their peers who do not participate in community-sponsored activities.

Procedures

Participants were divided into three single-sex focus groups consisting of approximately 15 participants. Each group participated in a guided interview that lasted approximately 1½ hr and consisted of 16 open-ended questions designed to assess the participants' perceptions of risk factors in their community. Interview items were selected from an original pool of 50 questions based on their ability to solicit data specific to the goals of the project and their relevance to the risk literature. To facilitate participants' comfort and openness, each focus group was led by two same-sex facilitators who were either psychologists or doctoral students in psychology. The focus groups were audiotaped and videotaped for transcription purposes.

Analysis

The tapes were transcribed and analyzed ethnographically so that emergent themes in participants' responses could be identified and categorized as appropriate. The primary goal of the analyses was to establish conceptually related cluster matrices for interpretation (Miles & Huberman, 1984). Such matrices provide a method of organizing data in a manner that important themes emerge. The raw data transcriptions were initially analyzed independently by two doctoral-level students in psychology with backgrounds in prevention and qualitative research to establish a baseline for the themes identified. An interrater reliability coefficient of $r = .85$ was calculated to determine the level of consistency in the themes identified between the raters.

Results

The focus group questions addressed the following areas: future orientation and career interests, identification of environmental and familial impediments to life goals and well-being, social interests and activities, reasons youth become involved in health compromising and violent behaviors, and the identification of factors that might minimize risk. Additional questions focused on the role of adults and community institutions in addressing health-risk factors in the community. The results of these data were organized to reflect the major themes identified by participants and are presented as individual, family, and community or environmental risk factors.

Individual-Level Perceptions

Participants reflected interests in a variety of careers, including being teachers, doctors, entertainers, and professional athletes. Male participants were most interested in being professional athletes followed by an interest in medical careers. For female participants, careers as professional entertainers were popular with secondary interests in law and medicine. Participants also indicated a desire to get married and have a family.

Individually, participants identified a number of attitudes and beliefs they perceived as linked to their overall well-being and involvement in aggressive or violent behavior. Specifically, having a positive view of and feeling about themselves as well as positive relationships with family members and peers were viewed as important to achieving their goals and avoiding risk situations. In addition, there was considerable discussion about the importance of taking the initiative in seeking out community resources such as the church and other health promoting programs. A number of participants viewed having a commitment to positive life goals or activities such as school and religion as important to having a positive future. As one female participant explained

If you did something like have kids at an early age you won't be successful as easily, and if you know, you go to prison or jail you know, you won't be able to get your education, so you won't meet your goal. If you do something bad and have to go to jail, you'll have a record and it's going to determine if you're going to college or not.

One notable gender difference was that female participants espoused the need to be focused and invested in academic success, whereas male participants did not.

Peer Factors

Gender differences continued to be observed in discussions of the risk factors associated with different

peer groups in their community (see Table 1). For example, boys perceived aggression and the violent resolution of conflict as being positively reinforced by some of their male peers. In particular, issues of what it meant to be masculine (i.e., being a “man”) were associated with aggression. Walking away from confrontations or escalating situations was not viewed positively by boys due to concerns about being perceived as “weak” and consequently being teased or bullied by peers. Girls did not discuss such a phenomenon.

Peer pressure to affiliate with gangs was another theme identified by both boys and girls. Both discussed different coping styles in dealing with this pressure. Some boys reported joining gangs due to direct coercion and serious concerns about their physical safety if they refused. One male participant explained

As long as gangs do all that drugs and violence, if they ask you, to recruit you, and you try to like say no, you don’t want to be in their gang, they might start like doing something to your house, busting windows or threatening you.

Another participant seconded this notion with

When they recruit you and you say no, I don’t want to be in your gang, they might think it’s because you want to be in another gang and get like real scared that you are gonna do something to them, so they shoot at you. Then you know what? You’re in a war.

Gang membership was seen as a life commitment due to the consequences for trying to leave. Specifically, a number of male participants shared accounts of physical harm coming to youth who attempted to get out of a gang, reporting that some of their peers moved out of the neighborhood to avoid such possibilities.

Conversely, female participants discussed what they viewed as the protective features of gang affiliation. One female participant suggested, “Sometimes they join because of pressure but other times they think that the gangs will support them and stuff, like, they will get love and security from the gang members.” An-

other female participant added, “The ladies have it different, they are like something to have sex with and to get in they have to do it with everyone and everything. But for the men, they just get beat up.” Of interest, affiliating with gangs was seen as a way to avoid concerns about sexual violence in the form of sexual assaults. Specifically, by having an association with a gang, there was a perception by many female participants that they would receive a certain amount of protection from people considered to be dangerous in the community. The discussion of these issues resonated a willingness to trade one type of potential violence (i.e., the violence associated with gang activity) for the avoidance of another type violence they feared more (i.e., sexual assault).

Family Factors

Most respondents’ concerns about families focused on their families’ abilities and availability to help them deal with issues of community violence. For example, participants discussed how multiple stressors (e.g., poverty, having multiple jobs) affected parents’ responsiveness to youth. Due to some of these stressors, neglect and physical abuse were concerns that a number of participants identified. Some participants also discussed parental drug use and addiction and its impact on the availability of parents physically and emotionally. The effectiveness of certain parental practices also emerged as a concern for some participants. In particular, participants shared experiences in which communication with and emotional acceptance by their parents was experienced as limited or conditional. Probes indicated that for some participants, limited emotional support and attention from parents sometimes resulted in participants seeking greater attention from their peers. One female participant, in discussing why peer attention was sometimes overly important, noted “Like you looking for something, like love or support that you don’t get at home.” Generally, participants expressed that positive family relationships were important to managing peer pressure.

Community Factors

There were several community risk factors that participants identified. One included the relation between drug trafficking, its economic role in the community, and gangs. As one 12-year-old boy shared, “Like people who sell drugs, they can’t just sell drugs, they’ve got to be in the gang too and you can’t just be in the gang without selling drugs.” In a practical way, many participants saw gangs as being connected to the economic activity of the community, albeit illegal activity. Overall, participants seemed to contextualize drugs as a by-product of

Table 1. Influences for Engaging in Risk Behaviors Associated With Violence

	Girls	Boys
Absence of Emotional Support From Parents	X	X
Fear of Sexual Assault	X	
Fear of Physical Assault	X	X
Peer Acceptance and Reinforcement of Risk Behaviors	X	X

Note: An X reflects an idea identified and endorsed by male or female participants, or both.

poverty that existed in the community and the unemployment or underemployment of its residents.

Community safety was a concern for a number of participants who viewed the police as being ineffective in keeping them safe and combating gangs. As one participant lamented, “Why can’t the police just take away all the bad people, the gangbangers?” Added another participant, “... and there is nothing you can do about it because the police are scared of them too.” Similarly, schools were viewed as not doing enough to help keep youth safe. For example, school buildings were considered safer than parks, thus participants expressed a desire for schools to remain open beyond the school day for social and recreational purposes. As one female participant summarized, “With all these gangs we can’t have fun anywhere, and we can hardly even go anywhere anymore.”

Last, youth recognized the lack of community cohesion and organization as a risk factor for community crime and violence. A number of participants talked about the need for residents to work together and identified Neighborhood Watch programs as an example of something residents could do to improve community safety and cohesion.

Protective Factors and Strategies

Participants identified a number of ideas as having the potential to help reduce risk for youth violence. These are presented in Table 2. For example, male and female participants discussed learning to avoid “trouble” in the form of specific locales, such as parks or corners, where there is a history of violence as well as people with reputations for aggression and violence. One male participant stated, “You have to stay away from those bad people and the people who hang out.” Another respondent followed-up with, “Yeah, stay

away from the wrong people, like the people who always start trouble and everything out on the street.”

They also noted that the ability to go to adults for help, specifically parents, was important. They qualified this by saying that adults who were “nonjudgmental” were most desired as supports. One male participant suggested, “Parents should watch out for what their kids do and make time to help their kids.” Another participant added, “Like you have to be able to go to your Mom and ask for help like, I need condoms, without her saying what, you are not having sex,” noting the challenge that parents often face of providing appropriate support and leadership.

Community collaborations, such as community policing and neighborhood watch programs were also seen as important strategies to promote safety among community residents and to combat crime. Participants expressed a desire for schools and churches to be more active in providing kids with “something to do” so that there was less unstructured time in their lives. Related to this idea was the role that effective adult supervision serves as an important aspect of safety.

Finally, taking personal responsibility for avoiding and managing risk situations was viewed as important in the discussion of “staying focused” or keeping one’s “eye on the prize” relative to the day-to-day decisions impacting their lives. Participants repeatedly echoed the importance of keeping a positive vision of their future as being important to their success and well-being.

Discussion

Data from this study highlight the sophisticated fund of knowledge these participants have about the reciprocity that exists between risk factors (e.g., violence and drugs), social conditions, and their well-being. These findings challenge the myopic foci of many violence prevention programs. For example, many prevention programs address either violence or drugs, whereas the experiences of these youth suggest these factors are interrelated and often tied to economic issues in the community. As one female participant reflected, gangs in her community do not exist in isolation of drugs and vice versa. These types of observations were shared by a number of participants and are important to understand in the development of prevention programs. For example, underlying much of the activity of street gangs are economic issues influenced by the poverty existing in this and similar communities that have been further exacerbated by disproportionate levels of unemployment and underemployment (McLoyd, 1998). Concretely, the influence of these processes may manifest itself through drug use and various forms of interpersonal violence (e.g., domestic, youth) among community residents. Assumptions guiding prevention theory and practices must reflect the interplay of violence, the pres-

Table 2. *Ideas Identified as Possible Strategies for Managing Violence Risk*

	Girls	Boys
Emotional Support and Acceptance From Parents	X	X
Effective Communication With Peers and Adults		X
Effective Coping Skills (e.g. Knowing How to Avoid Risk Situations)		X
The Elimination of Gangs and the Availability of Drugs	X	X
Involvement in Church and Other Structured Social Activities	X	
Pursuit of Academic Success	X	
Better Parent and Adult Supervision		

Note: An X reflects an idea identified and endorsed by male or female participants, or both.

ence of drugs, and other indicators of quality of life in the community (e.g., poverty).

The interpretation of these data suggest that many of the perceptions of participants are consistent with risk factors identified in the youth prevention literature. For example, participants acknowledged individual risk factors such as a poor self-concept and decision making as well as the absence of a positive future orientation. They also identified the ability of peers to influence behaviors, particularly in the absence of positive and supportive family relationships. Community characteristics such as poverty, the presence of drugs, and gang presence were also viewed as risk factors for youth.

The challenges these youth faced in trying to avoid violence were compelling. For example, participants described how hard it was to de-escalate violent confrontations without “losing face.” Many participants, especially boys, perceived that if someone wanted to fight, removing oneself amicably from the situation was very difficult given concerns about social rejection and future victimization. These findings underscore the difficulty of designing prevention programs that are accepted by the youth and in fact help them better respond to situations they encounter in their daily lives (e.g., teaching avoidance of aggression in all circumstances may not have face validity with some youth).

The discussion of youth gangs and their impact on participants’ quality of life was linked to a variety of stressors that influenced risk for aggressive and violent behavior. One disturbing observation involved the finding that youth often felt pressure to make choices that essentially traded one risk status for another. For example, gang affiliation was seen as one way of “buying” oneself protection from other perpetrators of violence in the community, although it was not considered a “best practice.” Such findings attest to the limited options many youth perceive as being available to them in managing risk situations that exist in their community, highlighting respondents’ concerns about personal safety. Such a finding should serve as a wake-up call to public officials and adults within the community to develop policies and practices that keep children, literally, out of the line of fire. More importantly, however, it may assist prevention researchers in more accurately understanding why some young people feel they “have” to join gangs. It is interesting, given that gangs typically have some connection to drug trafficking and the economic needs of this community, that none of our respondents discussed gang membership as providing economic advantages hypothesized elsewhere as a reason some youth join gangs.

These analyses also revealed important gender differences. For example, there may be different coping and decision-making skills that boys and girls need in order to successfully manage potentially violent situations (Loeber & Stouthamer-Loeber, 1998). Certainly,

these data suggest that boys and girls have different perceptions of the risks associated with certain behaviors and peer group affiliations. The examination of gender differences in violence prevention research has been limited, yet there is increasing evidence that gender plays a role in the experiences of young people and health risk. For example, Jenkins and Bell (1994) reported that male and female adolescents respond differently to witnessing violence. In their study, male adolescents were more inclined to engage in behaviors they defined as self-protective, such as carrying a weapon, whereas female adolescents were more likely to report depressive symptoms as a result of witnessing violence. In our study, there were clear gender differences that identified why girls and boys get involved in gangs, how they cope with peer pressure, their experience of and concerns about violence (physical assault vs. sexual), and perceptions about the importance of academic success to positive life outcomes.

The issues of peer pressure and social acceptance or support were also important for these youth. Their responses suggest that most prosocial support comes from the adults in their lives and that nonviolence was not socially accepted by some of their peers. Specifically, male participants talked about how acts of delinquency were encouraged and reinforced by some youth in their community. It appears, however, that the youth who encourage these behaviors may be a small minority (i.e., gangs and bullies) who wield disproportionate influence via coercive or violent methods. This finding helps to explain why many youth reported avoiding parks in the community and only sought out recreational activities in structured, safe institutions such as the agency in which this study was conducted. These responses may also assist in clarifying previous hypotheses about why some youth join gangs. The need for social support and acceptance as well as concerns about personal safety may draw a young person toward a gang, in spite of other negative perceptions of the gang.

Participants also discussed the limitations and challenges of their current support systems in promoting prosocial behaviors and attitudes. In particular, participants’ reflections on their need for emotional support and unconditional acceptance require the attention of prevention researchers and practitioners. This is particularly important in light of previous research noting the negative impact of parental rejection on a child’s behavior (Henggeler, Melton, & Smith, 1992). For example, programs that promote an active role for peer groups and caregivers in preventing risk behavior might be important to improving the effectiveness of prevention and health promotion programs. Such initiatives are more viable, as participants did not identify their primary peer groups as being problematic, but rather influential negative groups (e.g., gangs) in the community.

The reflections on prevention efforts by participants are of great interest. It is reasonable for children to expect to be protected from the dangers in their community and society just as our respondents desired. Adults were viewed as central to the success of young people, yet the perceptions of these children suggested schools, the church, and their caregivers have been absolved of their responsibility to safeguard youth. In particular, participants expressed concerns about the singular focus on youth reflected in many prevention programs. Participants felt that prevention efforts should expand their focus to include community risk factors (e.g., economic stability, housing, educational and safety issues) and include the persons and institutions responsible for the ecology of the community. These responses reflect what recent evaluations of prevention programs have found. Specifically, interventions that require parental involvement, teacher training in health promotion, minimization of exposure to violent media, and contribution to the development of resources within the community tend to be more effective (Kazdin, 1993; Tolan & Guerra, 1994). In addition, there is evidence that prevention efforts focused exclusively on youth in isolation of their caregivers are less effective and desirable than those that include parents and other caregivers (Reese, Vera, Simon, & Ikeda, 2000).

Although the results of comprehensive evaluations of prevention programs are presently being produced, they point to what these children seemingly already know. Adults and institutions responsible for caring for children must be involved in efforts to reduce threats to the well-being of young people. Furthermore, these data also speak to the prevention needs of some parents (drug use, child neglect); effective prevention programs must be responsive to the prevention needs of caregivers as well as youth. Prevention programs that promote collaborative relations between schools, churches, social service agencies, and community residents can be important in alleviating the isolation that some residents experience while simultaneously creating important prevention partnerships. Additional research is needed that explores the attitudes and behaviors of parents, teachers, and other caregivers and their influence on children's behavior.

Earlier we indicated that these focus groups were conducted as a first step in developing a violence prevention program for urban, low-income African American youth involved with this agency. Taking the best of what is known about preventing youth violence, there are several important points derived from these data that would have to be a part of any successful prevention program implemented with these youth. First, attention would have to be given to the different ways in which violence risk affects male and female youth. Second, it would be problematic and unduly reductionistic to consider violence prevention without

incorporating a perspective that acknowledges the multidimensional risks (e.g., economic issues, drugs) for violence. Third, participants viewed individual-level interventions as less effective than multilevel (i.e., family, school) interventions. Fourth, it will be important for programs with these youth to enhance participants' sense of personal efficacy to manage risk situations. Although not exhaustive, these data help inform the goals of prevention science by incorporating the unique viewpoints of our participants.

Although these data provide important insights into the perceptions of our participants about risk factors for violence, there are several limitations to this study. One is that these findings have limited generalizability, although this is an acknowledged difficulty with qualitative research. In addition, although our participants had previously been identified as being at risk, their perceptions may not be representative of other youth in the community not involved with the services offered by this agency. Indeed, despite their risk status, participants' involvement with this agency suggest they may be somewhat atypical when compared to their peers given the needs and lack of resources in this community. It is also important for future ethnographic research of this type to explicitly examine what youth perceive and experience as protective factors in their lives. Last, with respect to the observed gender differences, it would have been interesting to query youth about their perceptions of opposite sex risk factors. Potentially, such data advance our understanding of gender differences and the need for violence prevention programs to be sensitive to such differences.

The perspective and "lived experience" of young people is an important consideration to meaningful and effective violence prevention research and practice. This perspective, however, has not been fully embraced by prevention researchers and practitioners, and as a result, opportunities for valuable collaborations between prevention scientists and their stakeholders are lost. The consequences for these missed opportunities include the underdevelopment of young lives and the billions of dollars spent annually on counseling, adjudication, and health care. The future of effective violence prevention must not only include proven strategies but be informed by an understanding of the needs and perspectives of young people if programs are to be optimally responsive and inclusive.

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