



Original article

## The Effect of Direct and Indirect Exposure to Violence on Youth Survival Expectations

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 A B S T R A C T

**Purpose:** Research finds that adolescents gravely overestimate their risk of death and that these pessimistic attitudes correlate with risky behaviors undermining health and well-being; however, it remains unclear *why* adolescents have negative expectations about their survival. Because youth are most likely to be exposed to violence (as victims and/or witnesses), perhaps these experiences are key in undermining expectations about the future. We explored the effect of direct and indirect exposures to violence—across various contexts—on adolescents' survival expectations.

**Methods:** Using data from the National Longitudinal Study of Adolescent Health, we tested the effect of violent experiences: individual direct and vicarious violence, familial and relational violence, school violence, and community violence on adolescents' expectations of surviving to 35 years of age.

**Results:** Victims of childhood physical abuse were less likely to expect to survive to 35 years of age. Although not significant at the conventional  $p < .05$  level, violent victimization (being jumped, cut/stabbed, shot, or threatened with a weapon) and intimate partner violence were marginally associated with decreased survival expectations ( $p < .10$ ). School and community violence undermined expectations at the bivariate level, but became nonsignificant after adjustments for individual demographic characteristics.

**Conclusions:** Violent victimization in childhood and adolescence is a public health issue with both immediate and long-term consequences. Violence exposure severely compromises individuals' optimism about the future and places them at risk for behaviors that can further undermine well-being. Practitioners should be mindful of diminished survival expectations as a less overt consequence of exposure to violence.

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 IMPLICATIONS AND  
 CONTRIBUTION

Teens overestimate their risk of death, yet factors contributing to such pessimism have yet to be fully identified. Given the disproportionate concentration of violence among youth, this study highlights the effects of direct and indirect violence across contexts—individual, family, school, community—on adolescents' survival expectations.

Recent research suggests that teens make fairly accurate perceptions about future life experiences, such as educational or career outcomes, and marital or family formation events; however, there is one domain in which youth have been found to have notably inaccurate perceptions—teens in the United States greatly overestimate their risk of dying early [1–3]. Several

studies have linked this “unrealistic fatalism” to numerous risk behaviors and deficits in prosocial development [4]: fighting, weapon use, delinquency, unsafe sexual behavior, HIV/AIDS transmission, depression, low self-esteem, high school drop-out, unemployment, suicide attempts, cigarette use, and even fast food consumption [1,5–10]. Thus, such future discounting has far-reaching consequences for health and well-being.

Although researchers have documented the negative effects of perceived early death, one question remains relatively unexplored: what causes these pessimistic expectations? One likely

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factor is exposure to violence, which remains disproportionately concentrated among youth, particularly those disadvantaged by low socioeconomic status (SES) and neighborhood poverty (whose assessment of diminished survival may be a reflection of perceived structural/environmental risks). According to recent data from the National Survey of Children's Exposure to Violence, over 60% of adolescents (ages 12–17 years) experienced violence in the past year, 46% had been assaulted, 19% witnessed an assault in their community, 10% experienced child maltreatment (physical/emotional abuse, neglect), and approximately 6% had been sexually assaulted [11]. In the 2003 National Crime Victimization Survey, the violent victimization rate for youth ages 12–17 years was 78.3 per 1,000 persons (age  $\geq 12$  years); this declined to 37.7 in 2011 but increased significantly to 48.4 in 2012, making this age group the most likely to experience violent victimization [12]. Violent experiences tend to be multiple and cumulative [13]: youth exposed to one type of violence are at an increased risk of exposure to additional types of violence, and such “polyvictimization” is significantly more consequential to youths' well-being [14].

Prior studies in criminology highlight violent victimization as a disruptive force in adolescents' lives, with negative psychological and behavioral consequences, including higher risks of suicidal thoughts and actions [15], depressive symptoms [16–18], social anxiety [19], anger and aggression [20], and substance abuse [21]. Victims are at an increased risk of becoming offenders themselves [22,23], having contact with the criminal justice system [24], and experiencing subsequent victimization [25]. Even witnessing but not directly being victimized by violence—also called indirect, secondary, or vicarious victimization—has been linked to drug use and delinquency [26].

Given the connection between adolescents' survival expectations and problem behaviors, there remains a critical need for scholars to identify the factors that undermine expected survival. Adolescence is a critical developmental period that is both transitional and foundational, involving numerous choices [27] that set the stage for adulthood [9,28]. Beginning to think about the future—in terms of goals, aspirations, expectations, and so forth—is a key developmental task during adolescence, particularly as youth approach the transition to adulthood [29,30]. Experiences of violence during adolescence can disrupt the orderliness and timing of this transition, propelling adolescents “...toward experiences that challenge norms about childhood and adolescence” [31] as stages in the life course that are innocent and free from adult responsibilities, roles, and burdens. The violation of such age norms disrupts development and undermines one's sense of safety, control, and future expectations [32].

One recent study [3] found that neighborhood disadvantage, mental and physical health issues, and individual experiences of “street” violence all undermined adolescents' survival expectations. The present study builds on this research, as well as recent work examining exposure to violence and survival expectations among urban African-Americans [33], by investigating violent experiences in-depth and across contexts. We ask (1) how does violence exposure across different contexts—individual, familial and relational, school, and community—affect adolescent survival expectations? And (2) are direct experiences (e.g., victimization) more consequential than indirect/vicarious experiences (e.g., witnessing violence)? We hypothesize that violent experiences both more proximate (e.g., individual vs. community violence) and more recent (e.g., past year vs. childhood experiences) will be the most detrimental to adolescent survival

expectations. Given the many contexts in which youth can be and are exposed to violence, we extend past research [3,4,8] by exploring different types of violent experiences *simultaneously*. Findings from this study may have implications for the content and scope of youth violence prevention and intervention programs and youth physical and mental health screening more broadly, as we discuss in the following.

## Methods

We used data from the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative sample of adolescents in schools, grades 7 through 12, in 1995 [34]. The sampling frame included 80 representative high schools and associated middle schools, stratified by region, urbanicity, school type, size, and racial/ethnic composition. A core sample of 20,745 adolescents was randomly selected from school rosters for in-home interviews. One year later (1996), respondents were surveyed again (wave II;  $n = 14,738$ ), and approximately 6 years later (2001–2002), participants were reinterviewed (wave III;  $n = 15,197$ ). Respondents' home addresses at each wave were geocoded and contextual (e.g., census) data appended. Our analyses used data from waves I, II, and III. For inclusion in the analytic sample, respondents must have participated in both the wave I and the wave III interviews and have a valid sample weight ( $n = 14,300$ ).

## Measures

*Dependent variable.* *Survival expectations* were measured at wave III via respondents' assessment of the likelihood that they will “survive to age 35 years.” Response options were (1) almost no chance; (2) some chance, but probably not; (3) a 50–50 chance; (4) a good chance, and; (5) almost certain. Consistent with prior research using this measure, [1,3,8] we dichotomized it into 1 = a good chance or almost certain and 0 = all other categories.

*Focal independent variables.* Direct and indirect violence Adolescents may experience violence as victims and/or observers. *Violent victimization* measured respondents' reports of how often in the past 12 months (1) “someone had pulled a knife or gun” on them; (2) “someone cut or stabbed” them; (3) “someone shot” them; or (4) they “were jumped.” *Witnessing violence* was the past-year frequency that respondents reported having “seen someone shot or stabbed.” Original response options for the items comprising both measures were “never,” “once,” and “more than once.” Given the low prevalence of each item, we created dummy indicators for any experience of violent victimization (= 1) or witnessing violence (= 1). Because individuals who engage in violent behavior may select themselves into situations that exacerbate their risk of being victims and/or witnesses of violence (and this propensity toward violent behavior may have an independent effect on survival expectations), we also controlled for *violent perpetration*, an indicator of the past-year involvement in seven types of violent behavior, such as physically harming someone, carrying/threatening/using a weapon, and group fighting. Original options ranged from 0 = never to 3 = five or more times; however, because very few respondents reported multiple occurrences or engaging in more than one type of violence, we created a dichotomous indicator for any perpetration across the seven items (= 1). All three measures were drawn from the wave I interview.

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