RELATION OF MENTAL HEALTH AND COMMUNITY VIOLENCE IN YOUTHS

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Abstract

The purpose of this work was to determine the relationship that exists between being a contextual witness of acts of violence in the environments closest to university students, such as the area they live in, the school they attend, and the recreational places they frequent. In order to achieve this purpose, a scale of witness of community violence was drawn up and validated, which was applied along with the list of symptoms (SCL 90-R) to 1,465 students in 6 states of the north and center of the Mexican republic. The results indicate that the students have witnessed first hand acts of violence in the area they live in, their places of recreation, and finally in their school. Likewise, significant relations were seen between witnessing violence and symptoms of somatization, phobias, anxiety, interpersonal sensitivity, obsessive compulsive behaviors, and traits of psychoticism. The foregoing leads one to believe that violence not only turn those who suffer it directly into victims, but it also takes a heavy toll on the mental health of the contextual witnesses.

Keywords: youth, community violence, contextual witness, mental health.

The World Health Organization (WHO, 1996) defines violence as, “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (p. 5). In this regard, through there are few classifications and none is very complete, the one that is most widely used is that proposed by Forge, Rosenberg & Mercy (1995), who propose three general categories.

1. Self-inflicted violence: includes suicidal behavior and self harm.
2. Collective violence: is subdivided into social violence (mass violence, terrorism, and collective acts of hatred, political violence (wars), and economic violence (group attacks in pursuit of economic gain).

3. Interpersonal violence: which has two subcategories. First, family or domestic violence, which is generally, though not always, produced in the home. Second, community violence, which refers to violence that is produced between people who are not related and may know each other or not and generally occurs outside of the home. Specifically, community violence encompasses all types of crime (assault, rape, robbery, kidnapping), though it may be a byproduct of different circumstances it is characterized by taking place in the environments that are closest to those who suffer it.

In particular, community violence in Mexico has risen at an alarming rate in the past few years, which is reflected in the results of the National Victimization and Public Perception Survey of 2011 (INEGI, 2012), which reports a total of 22,714,967 crimes committed in the country in 2010, with the dark figure (crimes where the preliminary investigation is not finished) totaling 20,897,336. The report shows 17,847,550 direct victims with a national rate of 23,956 per 100,000 inhabitants.

With regard to the foregoing, research in victimology has shown that different situations (accidents, natural disasters, and crimes) result in various victimization processes including the conditions, situations, factors, or circumstances (economic, political, social, psychological, and biological) that cause an interruption in people's lives and lead to suffering (Pearson, 2007). These processes do not affect only the direct victims; their effects also touch their families, friends, and community (Palacio, 2001). According to Echeburúa (2004), the following types of victims or affected people can also be differentiated:

a) Direct physical victims or primary affected people: these are the people directly affected by the aggression or traumatic event; this includes first-degree family members, including the partner.

b) Secondary or indirect victims: these are the people who are traumatized by the physical and sociocultural conditions after violence, who have been direct witnesses to the aggression and have been personally affected; this category includes family members and people close to the primary victims.

c) Indirect victims or contextual affected people: these are people who are traumatized by the physical and sociocultural conditions after violence, who have been indirect witnesses to the aggression, without being affected personally. This category includes people who have been psychologically affected by the severity of the events, without any direct losses or threats being involved.

Given its high incidence, community violence in our country at this time is considered as a daily part of life, a normal event with which we have learned to live and that only has an impact when a person is the direct victim or when, due to the magnitude and severity, it causes visible damage. We have not addressed the fact that this phenomenon has a double incidence, at the individual level as it affects quality of life and collectively due to its influence on the development of the community. The above is true because people who have been direct victims tell their experiences to others, which then expands the fear with a broad scope due to the vicarious development of this feeling that leads those in the community to recognize themselves as potential victims and thus they become indirect or contextual victims.

One of the most significant consequences of this contextual victimization understood as an indirect experience of criminal acts, such as, for example, hearing about violent acts committed in the neighborhood, schools, or places of recreation or witnessing these acts being committed against other people, is the reduction in the quality of life of the residents, since they have been forced to adopt attitudes ranging from not walking on the streets or going out at night in the area or neighborhood to allocating part of the household income to buying sophisticated security systems (Hijar, López & Blanco, 1997).

Though it is true that for most people living through a criminal experiences has several consequences related to anxiety, producing physical or psychological damage, for youth this experience is very harmful since it affects how they think, feel, and act in the future. In particular, exposure to community violence in youth has become a significant public health problem given the negative consequences in the different aspects of adolescent development and adjustment. In this regard, among the behavioral, emotional, and academic correlates are anxiety, depression, disruptive and violent behavior, drug use, truancy and academic failure (Cooley-Stricklan, Quille, Griffin, Stuart, Bradshaw & Furr-Holden, 2011).

The psychological states that occur with exposure to community violence are stress, defined as "the result of a unique relationship between the subject and the environment, which occurs when the environment is evaluated by the person as threatening or overwhelming their resources and therefore jeopardizing their welfare" (Lazarus and Folkman, 1986). This state is reflected in four primordial areas (Vianello, 2005):

a) Clinical characterization: predominance of motor restlessness or blocking of behavior, sustained alert state with organic symptoms, generalized body aches, eating and sleeping disorders, gastro-intestinal disorders and increased heart rate.

b) Experiential structure: predominantly fear, accompanied by distrust, restlessness, confusion, uncertainty, dysphoria, hopelessness, feelings of loneliness and loss of freedom.

c) Repercussion on psychic processes: selective influence of perception, memory and repetitive thoughts with content directly linked or likely to be linked to the situations experienced. Intrusive thoughts, problems with concentration and attention, as well as loss of self-esteem.

d) Repercussion on the personality: change to self-control, feeling of vulnerability that leads to reactions of anxiety and/or depression, concern for new attacks that require changes to behavior habits and changes to daily attitudes (school, family, recreation, etc.).

The combination of symptoms of these four areas normally make up two types of clinical conditions in contextual victims (Flannery, Singer, Van Dulmen, Kretschmar & Belliston, 2006):

1. Internalized symptoms: symptoms of post-traumatic stress, anxiety, depression, dissociation, and anger.
2. Externalized behavior problems: behavior disorders with manifestations of disruptive and violent behavior, primarily at school.

The above shows how exposure to violence can affect the development of youth. However, the research is recent and is from foreign countries, and this type of research is just getting underway in Mexico. It is as a result of the above that the purpose of this work is to identify the relation between exposure to community violence and mental health in young university students.

Method

Participants

1,465 university students from 6 states of the center and north of the Mexican Republic, with an average age of 20 years, participated in the study.

Instruments

Scale of exposure to community violence (Gurrola, 2014).

It consists of 73 reagents on a Likert-type scale with five response options ranging from "never" to "very frequently". The instrument measures direct witnessing, which implies having first-hand knowledge of acts of violence against other people, indirect witnessing,

including hearing or being informed by other people of the occurrence of acts of violence, exposure in the neighborhood, in school, and in recreational places. The properties reported for the population of Mexico were 45.53 percent of explained variance and a Cronbach alpha coefficient of 0.97 for the total instrument.

Symptom Checklist- 90 R (Derogatis & Cleary, 1977)

It consists of 90 questions on a Likert-type scale with five response options ranging from "not at all" to "very or extremely". The instrument measures symptoms of somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobias, paranoid ideation, and psychoticism. The properties reported for the Hispanic population were 41 percent explained variation and a Crombach alpha coefficient of 0.90 for the total instrument.

Data analysis

The data were captured by the program SPSS 21 and, in order to determine the relation between exposure to community violence and mental health, the Pearson product-moment correlation (Pearson's r) was used.

Results

As shown in table 1, witnessing acts of violence is positively related to symptoms of obsession-compulsion, interpersonal sensitivity, anxiety, phobias, and psychoticism. For its part, witnessing indirect contextual violence is positively related to symptoms of somatization, obsession-compulsion, and interpersonal sensitivity. Lastly, being a contextual witness of violence in the neighborhood, school, and places of recreation are positively related to symptoms of obsession-compulsion and interpersonal sensitivity.

Table 1. Relation between Mental Health and Type of Witnessing of Community Violence

	Direct Witness	Indirect Witness	Witness of Violence in the Neighborhood	Witness of Violence in the School	Witness of Violence in Places of Recreation
Mental Health Scales					
Somatization		.336*			
Obsession-Compulsion	.699*	.807*	.778*	.651*	.786*
Interpersonal Sensitivity	.754*	.847*	.676*	.657*	.791*
Anxiety	.325*				
Phobias	.373*				
Psychoticism	.373*				

- Level of significance = .000

Discussion and Conclusions

The results obtained in this study indicate that it is not necessary to suffer personally events such as robbery, rape, shooting, or physical aggression, but merely being a contextual witness to these crimes can be as traumatic as living through them.

It was found that exposure to the different environments of community violence has in common the manifestation of strong relations with symptoms of interpersonal sensitivity and obsession-compulsion, which impacts the experiential structure and psychic processes mentioned by Vianello (2006). The above is based on fear and is to be expected since the contextual witnesses acquire it vicariously and start to distrust their peers and be obsessed with preserving their safety.

In addition to the symptoms above, young people who were indirect contextual witnesses reported symptoms related to somatization, which is in agreement with what was

found by Bailey et al. (2005) and are manifested through the perception of bodily dysfunctions and other symptoms with a strong mediation of the central nervous system, as described by Vianello (2006) in the clinical characterization.

For their part, youth who have witnessed acts of violence report a greater number of symptoms that affect their mental health. The symptoms that differentiate them from the other areas of exposure to community violence are anxiety, phobias, and psychoticism, which are related to post-traumatic stress, since, according to Fowler, Tompsett, Braciszewski, Jaques-Tiura and Baltes (2009), exposure to community violence is a form of trauma. For Fairbrook (2013), post-traumatic stress is a condition that is manifested through intrusive thoughts, somatic symptoms, anxiety, or feelings of apprehension and avoiding specific people, places, or objects, which was all reported by the youth who participated in the study. Specifically, avoiding people is related to psychoticism as measured by the mental health instrument used since it is about assessing a continuum that ranges from an isolated lifestyle to psychotic conducts (Derogatis and Cleary, 1977).

We can conclude that exposure to community violence is related, to different degrees, to the manifestation of internalizing symptoms and direct victimization is not the only form of violence that impacts youth. In this regard, violence is shown to be a phenomenon of broad consequences and its impact on contextual witnesses is not fully understood.

The above makes it necessary to mention the limitations of this study, since variables were not taken into account that may mediate the appearance of symptoms, such as accumulated exposure, proximity of the exposure, perception of violence, and gender of the participants. This is the outline for the implications for future research.

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