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Mitigating Negative Consequences Of Community Violence Exposure: Perspectives From African American Youth

ABSTRACT The burden of community violence on young African Americans includes disproportionate rates of physical and mental health consequences. To develop appropriate and sustainable interventions that mitigate the negative consequences after violence exposure, it is critical to incorporate the lived experiences and perspectives of African American youth. We conducted five focus groups that collectively included thirty-nine African American youth living in income-disadvantaged urban neighborhoods in Kansas City, Missouri, to examine their experiences and perceptions of community violence and identify priorities to reduce the negative consequences of community violence. Youth-identified priorities included increasing proactive responses from multiple community sectors; reducing racial discrimination; and creating safe environments, including access to mental health care and other supportive services. Incorporating these findings into current policy and cross-sector initiatives offers a promising opportunity to improve the health and well-being of African American youth exposed to community violence.

Community violence is a pervasive, preventable public health problem with lifelong negative social (for example, crimes against property and crime victimization) and behavioral (such as violent behavior and sedentary lifestyle), mental health (for example, depression and anxiety), and physical health (such as obesity and sleeplessness) outcomes.^{1–8} Recent research indicates that youth's increased exposure to neighborhood violence, in particular, is directly related to increased risk of having multiple mental and physical health difficulties across a range of health dimensions (mental health, physical health, chronic health conditions, and developmental disorders).⁹ Compared to young people in other racial/ethnic groups, African American youth experience higher rates of violence-related injuries¹⁰ and homicide, with

homicide being the leading cause of death for this population.¹¹ Additionally, community violence has been associated with African American asthma disparities.¹² Outcomes associated with community violence exposure among African American youth include lower academic functioning, cognitive declines, increased psychological symptoms, peer difficulties, parent or family conflict, chronic health conditions, and future violence victimization or perpetration.^{1–4,13–15} Indeed, African American youth exposure to community violence continues to be an urgent public health problem in need of new approaches to improve health and well-being in the aftermath of violence.¹⁶

Recent calls for improving outcomes of youth exposed to violence emphasize building on strengths within individuals, families, and communities.¹⁷ Community violence research in-

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creasingly emphasizes ecological, cross-sectoral approaches that address social and environmental factors to improve the capacity of youth to adapt and function well despite experiencing extreme stress and adversity.^{18,19} For example, a study by Patrick Carter and colleagues found that a hospital-based intervention with skill training and linkage to community resources with injured youth (primarily African American) from high-risk communities reduced aggression and improved self-efficacy to avoid fighting.²⁰ However, few studies have evaluated intervention strategies that target multilevel, cross-sectoral social and environmental factors after violence exposure,^{21–23} and rarely have African American youths' perceptions been examined to understand what these strategies should entail.

We therefore conducted a qualitative study with African American youth who had been exposed to community violence (defined as intentional interpersonal violence in public places by people not intimately related to the victim)²⁴ to better understand the perceptions of African American youth regarding the social and structural factors that affect the experience of community violence and the resources available to address and mitigate that violence, and to identify cross-sectoral strategies to promote health and well-being that would be acceptable to African American youth and could be scaled up for greater impact. Furthermore, building on the increasing use of qualitative research in policy decision making,²⁵ through its focus groups, this study aimed to provide an opportunity to incorporate the lived experiences of African American youth who have been exposed to community violence in the development of policy and systems-level interventions to promote health.

Study Data And Methods

DATA COLLECTION AND ANALYSIS Focus-group participants were recruited from our community partner, Youth Ambassadors, a not-for-profit employment program for underserved youth in Kansas City, Missouri. The focus-group study coordinator attended Youth Ambassadors meetings and shared information about the study with youth. Information about the study was provided during these meetings, and recruitment flyers were posted in Youth Ambassadors offices. Selection criteria for participation included being ages 13–18, identifying oneself as African American, and reporting prior community violence exposure. Interested youth who met the inclusion criteria were invited to participate. Five focus groups were scheduled based on a convenient time for participants and were conducted in June 2018 in Youth Ambassadors offices

to ensure that participants were in a familiar, comfortable space. Focus-group discussions lasted for approximately 1.5 hours and were audiorecorded. To maintain confidentiality, participants used aliases during the discussions. Focus-group discussions were transcribed verbatim, with any identifying information removed.

Approval for this study was granted by the Institutional Review Board at Children's Mercy, Kansas City, Missouri.

MEASURES Participants completed demographic questionnaires that included questions about race/ethnicity, socioeconomic status, current living situation, number of adverse childhood experiences, and academic functioning. Focus-group questions assessed four primary domains: youth experiences and perceptions of community violence, barriers and facilitators to getting support after community violence exposure, experiences and perceptions of resilience, and strategies that could be implemented to support youth exposed to community violence.

ANALYTIC METHODS Descriptive statistics were used to summarize demographic survey data. The means and standard deviations for continuous variables and percentages for categorical variables were calculated. Focus-group transcripts were analyzed using an iterative thematic approach.²⁶ Inductive codes were generated through open coding, with the first, third, and fifth authors reading through all of the transcripts and labeling recurring concepts that were relevant to the research questions. Open coding continued until saturation of codes was reached (that is, when no new concepts were identified). All inductive codes were given a working definition, and inclusion and exclusion criteria for each code were indicated. Once this codebook was developed, the first and third authors coded the focus-group transcripts. To enhance the validity of the qualitative analysis, the analysts coded the transcripts separately and then met weekly to compare their coding. During coding comparison meetings, the analysts resolved all coding disagreements through discussion, enhancing their consensus on code definitions and the inclusion and exclusion criteria for each code. Codes were then bundled into major themes based on discussions between the two analysts and were shared with youth from Youth Ambassadors during a member-checking process that involved the first author presenting the focus-group data and initial data interpretation during meetings of the study's community advisory board to ensure proper interpretation.

Qualitative analyses were conducted in Atlas.ti, version 8.0.

LIMITATIONS Although focus groups were an appropriate method for gathering rich informa-

tion on youth perceptions and opinions of community violence, the use of this qualitative strategy had limitations. First, the goal of focus groups is not to gather in-depth information on each participant's personal story but to understand group norms and dynamics pertaining to a particular topic, such as community violence. Therefore, the depth of individual information was limited, compared to information gleaned from a one-on-one interview.

Second, participants may have felt uncomfortable sharing opinions that contrasted with those of the group, which potentially limited the range of responses and led to a false sense of consensus.

Third, participants were engaged with Youth Ambassadors, an urban youth employment organization that primarily serves African American youth from low-resource communities who experience recurring violence. Therefore, our results might not be generalizable to all African American youth.

Study Results

PARTICIPANTS' CHARACTERISTICS Collectively, the five focus groups had thirty-nine participants, with a mean age of 15.8 years (standard deviation: 1.2) (see online appendix exhibit 1).²⁷ All of the participants identified themselves as non-Hispanic, 94.7 percent identified themselves as black or African American alone, and 5.3 percent identified themselves as being of more than one race. Participants were in grades 8–12, with 52.6 percent in grade 10 or 11. They had an average grade point average of 3.2 (SD: 0.6) and had been suspended from school an average of 2.4 times (SD: 5.0). The majority reported living with one parent (65.8 percent) and having a household income during the past twelve months of \$40,000 or less (68.4 percent), with 39.5 percent reporting a household income of less than \$20,000. The majority (71.1 percent) also reported having had four or more adverse childhood experiences.

STRUCTURAL FACTORS Two themes related to participants' experiences of structural factors emerged from the focus-group discussions: inadequate responses to community violence and racial discrimination. Additionally, participants frequently discussed recommended intervention strategies to address their experience of these structural factors. These recommendations primarily focused on promoting safety, improving access to resources, and reducing racial discrimination.

The two experiential themes and participant-recommended intervention strategies are described below.

► **EXPERIENCES OF INADEQUATE RESPONSES TO COMMUNITY VIOLENCE:** During focus-group discussions, participants consistently expressed the view that multiple sectors, particularly law enforcement and schools, failed to take appropriate action to address violence experienced by African American youth (exhibit 1). Participants described the deadly consequences of inadequate law enforcement responses to community violence: "At first, police don't even be there on time. A little boy died because...the police canceled or hung up the phone. Like, they don't get there early enough." These perceptions also led to a lack of confidence that law enforcement would be responsive to their needs.

Participants also described school responses to violence and mental health concerns as limited, ineffective, and not responsive to concerns brought forward by youth: "They have these signs all around school, 'No bullying. No bullying.' ...We telling y'all these kids—some of these kids are suicidal, and you all not doing nothing about it." Furthermore, participants commented that school personnel do not understand the complex nature of community violence or the potential consequences of disclosing experiences of violence. They explained that this lack of understanding resulted in many youth perceiving school staff as untrustworthy.

Additionally, participants described a lack of trust in the community when it came to responding to community violence: "People usually trust only their family, because in a community—communities don't really have that type of bond to be able to trust their neighbors when something happens." Participants attributed this lack of trust and cohesion to a lack of investment in and concern about safety in their neighborhoods. When asked to describe their community,

EXHIBIT 1

Structural factors themes and subthemes that emerged in focus groups conducted with African American youth exposed to community violence in Kansas City, Missouri

Theme	Relevant sector	Number of focus groups ^a
INADEQUATE RESPONSES TO COMMUNITY VIOLENCE		
Inadequate law enforcement responses	Law enforcement	5
Inadequate school responses	School	5
Lack of trust among neighbors	Community	5
Lack of investment in community safety	Community	5
Lack of support and mental health resources	Mental health care	5
EXPERIENCES OF RACIAL DISCRIMINATION		
Exposure to police violence and profiling	Law enforcement	5
Discrimination from school personnel	School	5

SOURCE Authors' analysis of information from focus groups. **NOTE** A fuller version of this exhibit is in appendix 2 (see note 27 in text). ^aGroups where the theme was discussed by participants.

participants used a range of descriptions that included “quiet” and “chill,” but they predominantly used negative words and descriptions such as “divided,” “violent,” and “isolated.” Participants often described these negative attributes as the result of systemic issues: “I feel like this is our kind of setup, because if you go to like one of them rich neighborhoods, you rarely see liquor stores and stuff, but when you drive around here, you see a liquor store every time you turn the corner.” Participants were keenly aware of risks due to structural factors in their communities and felt that addressing those factors required a systemic response.

Based on inadequate responses from various community sectors and a lack of trust and cohesion, participants reported that they tried to solve their problems themselves and ultimately got punished for it: “So it’s just like—then they see why we get suspended, because we take matters into our own hands because [schools are] doing nothing.” Youth also described how a lack of resources within their schools and communities resulted in difficulties coping: “We really don’t have no places that can help.... It’s always like somebody that’s going to die in the beginning of the school year...everybody going to be depressed about it, and everybody really ain’t going to know how to cope about it.” There was a general consensus that a more proactive response from adults and multiple sectors was needed to effectively respond to community violence affecting African American youth.

► **EXPERIENCES OF RACIAL DISCRIMINATION:** Participants described frequent experiences with racism and how these experiences interfered with their receiving support after community violence exposure (exhibit 1). They spoke specifically about pervasive exposure to the trauma of police violence: “There’s not a law that says it’s OK to kill a black man in a car, but we see all these white cops killing black men, and it’s OK.”

Participants also explained how stereotypes of black youth resulted in experiences of being profiled and misjudged by law enforcement: “And that kind of irritates me when I want to go somewhere and the police is just all up on me—like trying to see what I’m doing.... I just came to chill and have a good time like everybody else is doing. And I’m the one that’s getting stopped, and I’m the one that’s getting questioned, and I don’t even have nothing to do with it.” In addition to law enforcement, youth experienced racial discrimination at school: “So, the white principal, she took my backpack, and she went through it. For what? I don’t know. I was the only black kid in the class that day. And so she looked in my backpack.” Participants stated that these experiences of racism were frequent and painful and reinforced the feeling among African American youth that adults and society do not understand or care about them.

RECOMMENDED INTERVENTION STRATEGIES

While participants consistently described inadequate responses to community violence and the pervasiveness of racial discrimination that they experienced, they also recommended specific action steps that could address these barriers. In particular, they highlighted opportunities for multiple sectors to work together to be more accountable to African American youth exposed to community violence. They highlighted a general need for concrete action: “We all know like that violence and racism and colorism is happening, but if something was actually put into plan—like for people to come together...we actually need people who are actually motivated to try to fix it.” They provided several concrete actions and recommendations (exhibit 2).

Participants described the need for access to mental health resources and safe spaces to process their experiences of community violence. One explained the overall importance of access to trained professionals to support youth after

EXHIBIT 2

Actions to promote health and well-being among African American youth exposed to community violence recommended in focus groups conducted with members of that population in Kansas City, Missouri

Recommended action	Relevant sector	Number of focus groups ^a
Mitigate racism and discrimination across all sectors	All sectors	5
Promote an increase in accessible mental health resources in the community	Mental health care	4
Increase schools’ responsiveness to bullying and violence	Schools	5
Increase churches’ capacity to respond to mental health needs	Churches	1
Invest in neighborhoods and build community infrastructure	Community	5
Hold police and law enforcement accountable	Law enforcement	5

SOURCE Authors’ analysis of information from focus groups. **NOTE** A fuller version of this exhibit is in appendix 3 (see note 27 in text). ^aGroups where the recommendation was proposed by participants.

Youth in this study recognized the important role of police in promoting community safety.

community violence exposure: “I think there should be like stuff in place for people...things that are either noninvasive or just a place you can go to talk to people, where people have been trained to deal with that kind of stuff.” Another participant discussion centered on improving schools’ current responses to mental health needs: “If a kid’s really depressed, they should have a little after-school [program]—not like detention, but they should have like a little structure to work with them.” Overall, participants expressed a need for more accessible mental health resources throughout the community and emphasized integrating these resources into important community institutions such as schools and churches: “We do need, like, some place where kids can go. A church—they’ll tell you like to pray about it, like pray about what happened. It will get better. And that’s all that’s said. But it’s not talking about, like, put it in action, like what can happen to actually make it get better.”

Ultimately, safety was a key priority for participants: “I want more people to feel safe.” Participants wanted greater investment in neighborhoods and community infrastructure, so they could feel safe and engage with other members of their communities: “I think community violence happens because kids—some have nothing to do and everything costs, our community centers and stuff, so they go outside and do stuff with people that they shouldn’t be around.” Participants were also distrustful of law enforcement and believed that police created an unsafe environment. Because of this, participants felt that law enforcement officials should be held accountable for their actions: “I think there could be a community organization that audits the police, right? Because right now, [law enforcement officials] are the people who choose whether or not the police need to be brought up on charges. I think there should be a community organization that really looks at this stuff.”

Discussion

This study explored the perspectives of African American youth on community violence and their recommendations to mitigate the negative impact of community violence. A key theme that resonated throughout the focus groups was the need for a more proactive response from adults and community sectors to support the health and well-being of African American youth exposed to community violence. In particular, police and educators were named as key figures who do not respond appropriately to African American youth exposed to community violence. These findings are particularly poignant, especially as studies continue to report slow or no responses from police to reported crimes²⁸ and a lack of confidence and trust in police because of cumulative experiences of racial discrimination.²⁹ Still, youth in this study expressed interest in building relationships with police and recognized the important role of police in promoting community safety, which is consistent with previous studies that illustrate this nuanced perception among African American youth.^{30,31}

Our study findings also demonstrate youth concerns regarding unmet mental health needs in the aftermath of experiencing community violence. Recent studies have found increased risk of depression and suicide among African American children compared to white children.^{32,33} Studies have also found elevated rates of post-traumatic stress disorder³⁴ and worse prognosis of that disorder among African Americans through adulthood.³⁵ Taken together, this suggests a critical need for timely mental health services to be available to youth and their families, especially after exposure to community violence. Participants clearly recognized that their community was missing critical resources to address coping with community violence, such as mental health services, and noted that they would use these services. Future research is needed to determine how to provide scalable, culturally responsive mental health services for youth living in communities with high levels of community violence. Current initiatives such as the Urban Youth Trauma Center—a treatment service adaptation center funded by the Substance Abuse and Mental Health Services Administration—are evaluating and disseminating culturally responsive, trauma-informed interventions for youth exposed to community violence.³⁶ Furthermore, there is a growing evidence base that highlights contextual, community, and environmental targets for intervention such as family support, school engagement, neighborhood safety, and linkage to care.³⁷

Experiences of racial discrimination were also discussed extensively among youth. Participants

recounted numerous experiences of racial discrimination in both community and school settings and how these acts were painful, especially as participants tried to cope with trauma from violence exposure. Studies continue to report the negative outcomes of ongoing racial microaggressions among African Americans and their contribution to a weathering effect on that population's health and well-being, including chronic diseases (for example, hypertension)³⁸ and mental health outcomes.³⁹ However, more studies are needed on how racial microaggressions interact with exposure to community violence to influence immediate and long-term health among African American youth, especially as reports persist of racial profiling of African American youth and disproportionate rates of their removal from the classroom and school suspensions.^{40,41}

Lastly, our youth participants provided several recommendations to promote well-being after community violence exposure with direct policy implications. For instance, they suggested integrating mental health services into after-school programs and school settings to provide accessible opportunities for youth to talk with professionals about their problems. Trauma-informed school-based mental health programs such as the Cognitive Behavioral Intervention for Trauma in Schools have been successfully disseminated in schools across the country, including in Baltimore, Maryland; Los Angeles, California; Madison, Wisconsin; and New Orleans, Louisiana.⁴² Critical factors for the successful implementation and sustainability of such school-based mental health services include leadership support, funding, and community partnerships.⁴² Leveraging existing school safety initiatives and related funding may be a promising way to support this recommendation. Furthermore, our findings support legislation such as the Mental Health in Schools Act, first introduced in Congress in 2015, that aims to increase access to school-based mental health services and supports.⁴³ They also highlight the importance of ensuring that policy initiatives focused on promoting healthy schools⁴⁴ include specific provisions for supporting students and their families in dealing with community violence.

Study participants also commented on the need for safe places to go to help mitigate their experiences with community violence. They suggested having clean parks and safe neighborhoods with healthy vegetation, instead of a dense concentration of liquor stores. This is consistent with research indicating that residential segregation, lack of investment in neighborhoods (including in green and play spaces), and lack of gun control policies contribute to violence

Participants commented on the need for safe places to go to help mitigate their experiences with community violence.

inequities that urban African American youth experience.^{45,46} Policies that support investing in these neighborhood features and ending generations of structural racism are needed to reduce cycles of violence and subsequent health inequities.⁴⁷ Studies have provided evidence of returns on investment from such policies. For instance, neighborhood improvements such as greening (for example, planting flowers, trees, and edible plants), building remediation (that is, repairing existing structures), and promoting neighborhood connectedness have been found to reduce violence and are associated with improved health outcomes and overall quality of life—especially in low-resource communities.^{48–50}

Program and policy recommendations supported by findings from this study require cross-sector collaboration for effective implementation. The blended expertise of multiple sectors discussed during the focus groups (law enforcement, schools, mental health care, and churches) is needed to effectively implement identified recommendations. For example, partnerships between schools, police, and mental health care providers are needed to most effectively implement trauma-informed responses to African American youth exposed to community violence. Current studies suggest that this approach may have promise.⁵¹ Furthermore, police partnering with churches to implement community-building activities in African American neighborhoods presents a unique opportunity to build trust and positive relationships.

Conclusion

This study's findings highlight the perceived need among urban African American youth exposed to community violence for policy-level interventions to promote their health and well-being. Potential policy actions to address the experiences and recommendations of youth in our study include increasing resources for men-

tal health services in nontraditional settings; mandating training in the law enforcement and school sectors to reduce racial bias and discrimination; and creating community investment initiatives that bring more resources into urban neighborhoods and enforce restrictions on negative influences, such as liquor stores. Future research on the development and implementation of policies that address the important

and underappreciated perspectives of urban African American youth exposed to community violence is needed. Our study findings highlight the need for interventions to address perceived deficits in current institutional responses to African American youth exposed to community violence and provide useful information grounded in the lived experience of these youth to guide the development of these interventions. ■

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