CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

EXPLORING PARENT-CHILD AGREEMENT ON REPORTS OF EXPOSURE TO
COMMUNITY VIOLENCE: UTILIZING A LATENT PROFILE APPROACH

A thesis submitted in partial fulfillment of the requirements

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DEDICATION

This thesis is dedicated to my village. I thank my dearest parents, for their many sacrifices and enduring strength. I would like to thank my grandparents for their tireless support. I thank my precious niece Alicia for all of her light and motivation. Big thanks to my best friend Simer for consistently supporting me despite her own responsibilities. It takes a village and I thank my village for their continued support, guidance, and motivation.

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ABSTRACT

EXPLORING PARENT-CHILD AGREEMENT ON REPORTS OF EXPOSURE TO COMMUNITY VIOLENCE: UTILIZING A LATENT PROFILE APPROACH

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Exposure to community violence (ECV) has a number of negative implications for children including poor mental health functioning, impaired cognition, memory, learning, and school performance (Gardner, 1971; Edlynn, Miller, Gaylord-Harden, & Richards, 2008). Several factors including social support and maternal closeness have been found to mitigate these consequences following exposure (Jones, 2007; Ceballo et al., 2001). Conversely, discrepancies in child and parent reports of the child's exposure to community violence may exacerbate these adverse effects (Hill & Jones 1997). This study aimed to categorize dyads based on the agreement in reports of victimization and witnessed violence. Furthermore, this study aimed to identify any potential ethnic difference within these groups in addition to any subsequent mental health issues. This study utilized a resiliency framework in addition to an integrated conceptual model, which considers interpersonal and interdependent processes related to parent-child communication around ECV and its implications (Aisenberg & Ell, 2005; Fergus & Zimmerman, 2005).

A sample of 2,033 parent-child dyads (36.3% Black, 20.6% White, 3.0% American Indian, 1.2% Asian, .6% Pacific Island, 38.3% other) completed surveys

assessing the child's exposure to violence and mental health functioning. Data analyses included frequencies, mean imputation, latent profile analysis to identify and analyze groups based on the agreement of child's exposure and mental health functioning. Four profiles based on average exposure to violence emerged: Low Exposure, Moderate Exposure, High Exposure, and Severe Exposure. Ethnic differences among these profiles indicate ethnic minorities are more likely to belong to the Moderate Exposure, High Exposure, and Severe Exposure profiles and less likely to belong to the Low Exposure profile. Finally, there were differences among profiles based on mental health functioning. Specifically, parents were more likely to have differences in mental health reports based on severity of exposure to violence. Implications and future directions are discussed.

INTRODUCTION

Statement of the Problem

Exposure to community violence is characterized as witnessing, participating in, learning of, or being a direct victim of violence (Rosenberg & Fenley, 1992; Aisenberg, 2005; Kliewer et al., 2004). In 2002, the Center for Disease Control and Prevention indicated that 20-50% of U.S. children experience community violence (Center for Disease Control and Prevention, 2002). The prevalence of exposure to community violence is one that has been continuing, especially for youth in inner-city areas. According to Aisenberg (2005), 50%-90% of inner-city children report witnessing at least one act of community violence in their lifetime. Additionally, despite relentless efforts to decrease crime, youth between the ages of 12-19 remain the most vulnerable age group to be exposed to community violence (ECV) (Klaus & Rennison, 2002; Voisin, 2007). Specifically, Snyder and Sickmund (1999) found youth age 12-17 were twice as likely to be victims of violent crimes as compared to adults. While ECV is not exclusive to a particular ethnic group, the risk of exposure is partial toward low income, people of color within urban cities (Foy & Goguen, 1998; Hill & Madhere, 1996; Garbarino, Hammond, Mercy, & Young, 2004). Specifically, Native Americans, African Americans, and Latinx youth reported the highest rates of ECV as compared to white and Asian youth (Kilpatrick, Saunders, & Smith, 2003). Chronic violence exposure is highly prevalent among inner-city ethnic minority youth (Jones, 2007; Jenkins, 2001). Additionally, black youth are 112% more likely to be exposed to violence as compared to their white counterparts (Zimmerman & Messner, 2013) making this population especially vulnerable to its potential negative effects. Specifically, among African American youth

75-80% witness violence and 30-70% are victimized (Fitzpatrick & Boldizar, 1993; Margolin & Gordis, 2000). Furthermore, fatal and nonfatal violence victimization rates were higher among urban minority youth as compared to youth in rural and suburban areas (Snyder & Sickmund, 2006). Hence, exploring exposure to community violence within youth who are ethnic minorities residing in areas of high violence and crime still remains an important issue.

Dimensions of Exposure to Community Violence

Within the literature on exposure to community violence (ECV), research has indicated that there are two dimensions: victimization and witnessing (Aisenberg, 2005). Victimization has been described as the direct exposure to community violence including being “threatened, chased, beaten up, stabbed or shot” (Buka et al., 2001). Of a nationally representative survey, 20-25% of youth age 12-17 reported direct victimization with highest rates among urban male minorities (Kilpatrick, Resnick, & Saunders, 2000). Specifically, victimization among males was 50% greater than that of females between 1993-2003 (Snyder & Sickmund, 2006). Furthermore, victimization of black youth was 50% greater than white youth with Latinx victimization moderately below black youth rate of victimization (Snyder & Sickmund, 2006). Conversely, witnessing violence is the indirect experiences with violence encompassed by seeing, listening to, or learning of acts of community violence (Buka et al., 2001). Lorion and Saltzman (1993) found that 80% of middle school aged youth in a metropolitan school reported regularly hearing neighborhood gunfire with nearly 20% witnessing a homicide. Additionally, Kilpatrick and colleagues (2003) found gender differences in ECV where nearly 50% of boys in the nationally representative sample witnessed at least one act of community violence and

more than 30% of girls witnessed at least one act of community violence. It is well documented that both as a victim and or witness of violence there can be a number of adverse consequences.

Psychosocial Impact of Community Violence Exposure

Children's behavioral difficulties are often categorized as internalizing behaviors (e.g. depressive, anxious, suicidal behaviors) and or externalizing behaviors (e.g. aggressive and oppositional behaviors) (Angold et al., 1999). Externalizing and internalizing behaviors have been well documented among both children and youth exposed to violence (Brady et al., 2008; Scarpa, 2003; Zinzow et al., 2009, Schwab-Stone et al., 1999, Singer et al., 1999). According to the National Survey of Adolescents (2003), of the sample of 4,023 youth, 15-30% of youth that reported direct victimization demonstrated internalizing behaviors and 25-50% of youth as reported externalizing behaviors. Similarly, utilizing U.S. Census data from 1976-2003, Synder and Sickmund (2006), found 11-20% of youth witnesses of violence demonstrate internalizing behaviors while 17-32% reported externalizing behaviors.

Externalizing Behaviors and Exposure to Community Violence

As noted, there is a direct relationship between exposure to community violence (ECV) and externalizing behaviors (Schwab-Stone et al., 1999; Horn & Trickett, 1998; Calvete & Orue, 2011). One such behavior that has shown to have a strong association with exposure to community violence is aggression. Extensive research has examined the way in which aggression related to community violence (Fitzpatrick & Boldizar, 1993; Martinez & Richters, 1993). Specifically, ECV has been associated with increased rates of aggression among children (Brady et al., 2008). Additionally, Singer et al.,

(1999) found among children age 8-13 ECV predicted violent behaviors. Moreover, the relationship between ECV and aggression has been found within ethnic minority samples. In particular, among ethnic minority males, research has demonstrated that both dimensions of ECV, witnessing and victimization, are linked to higher rates of violent behavior (Brady et al., 2008). For example, Brady and colleagues (2008) found that higher rates of ECV were related to aggressive behaviors. Furthermore, among an ethnically diverse sample of college students, aggression was positively predicted by ECV (Scarpa, 2001). Specifically, within the Scarpa (2001) study, results indicate that 476 ethnic minority college students reported higher levels of aggression. Similarly, reports of witnessing community violence served as a predictor of criminal activity among youth (Eitle & Turner, 2002). These studies demonstrate the ways in which ECV can influence various forms of aggression among youth.

Internalizing Behaviors and Exposure to Community Violence

Research has also established a significant link between ECV and internalizing behaviors such as depressive symptomology (Zinzow et al., 2009). Moreover, ethnic minority adolescents with higher rates of ECV also report more internalizing symptoms (Grant et al., 2005; Chen, 2010). Specifically, research has shown that African American youth exposed to community violence report increased depressive symptoms (Overstreet & Braun, 1999). Likewise, Zinzow and colleagues (2009) found victimization was significantly associated with increased reports of depressive episodes among ethnic minority youth. Lastly, research has also found that the increase in depressive symptomology was related to not only victimization but also the witnessing of community violence (Paxton et al., 2004). These studies exemplify the substantial

relationship established between ECV and internalizing symptomology in youth.

Fortunately, not every child exposed to community violence experiences the subsequent psychological sequelae. It is important, however, to develop an understanding of what mechanisms are protective in this context. Research has identified buffers for the relationship of ECV and negative psychosocial adjustment such as maternal warmth and acceptance (Bailey et al., 2006). Additionally, secure attachment with a parental figure can also serve as a buffer to ECV (Engle, Castle, & Menon, 1996). Parental support, adult mentoring, and family cohesion have also been found to serve a protective role in ECV (Fergus & Zimmerman, 2005). Furthermore, research has examined the influence of parental behaviors on youth ECV. A study of urban African American youth parental behaviors and attitudes toward violence influenced youth externalizing behaviors (Hurd, Zimmerman, & Reischl, 2011). Considering the role of communication and parent-child discrepancies in reports of violence exposure may have a contrary effect on this relationship. Finally, research is scarce in the context of the parent-child agreement as related to ECV consequences (Aisenberg & Mennen, 2000).

Parent-Child Discrepancies of Reports on Exposure to Community Violence

Parent-child discrepancies occur when both parties provide contradictory reports of an event. These discrepancies across many domains of a child's life can have a number of psychosocial implications. Hill and colleagues (1997) first demonstrated the prevalence of parent-child discrepancies over the child's community violence exposure among preschool ages children. Specifically, this study found that among a sample of 51 children age 9-12, 75% of children reported witnessing some form of ECV, however only approximately half of the parent reports agreed with these claims (Hill et al., 1997).

Following this initial investigation, several studies have also examined ECV and parental awareness.

Subsequently, research in the violence exposure context suggests that parents' underreporting of child violence exposure may result from the deficiency of parental knowledge or awareness of youths' violence exposure (Ceballo et al., 2001; Richters & Martinez, 1993). For example, Ceballo et al., (2001) found that in comparing reports of ECV among mothers and their children, mothers significantly underreported child's ECV and subsequent psychological distressed. Thus, if parents are unaware of children's actual violence exposure, they are limited in their ability to support the child through a potentially detrimental experience.

These parent-child discrepancies can be attributed to a number of factors including conflicting work and school schedules, economic pressures, amount of children, and parent-child relationship characteristics. Unique to the community violence context is the extent to which violence occurs in impoverished neighborhoods (Schwab-Stone et al., 1999; Richters & Martinez, 1993). For instance, in a sample of 51 minority children between the ages of 9 and 13 who were residing in inner-city Maryland, many parents reported their child had no exposure to community violence yet only 15% of children provided equivalent reports (Hill and Jones, 1997). Martinez and Richters (1993) similarly found that parents typically underestimated the extent to which their child was exposed to community violence and the subsequent emotional distress related to such exposure. In their study, family cohesion was directly correlated to the child's ability to cope with ECV (Martinez & Richters, 1993).

Parent-child discrepancies across many areas of research have found negative

outcomes of such discrepancies, however, research is equivocal in terms of the magnitude and impact of discrepancies. Some research has found that in clinical settings discrepancies in child mental health reports are related to significantly more severe outcomes directly proportionate to discrepant reports (De Los Reyes et al. 2011; Ferdinand et al. 2004). Incongruence in reporting in a clinical setting not only serve as a marker of communication concerns but can also serve as a barrier to treatment (Breland-Nobel & Weller, 2012) and this phenomenon may also apply in the violence exposure context. The literature on parent-child discrepancies in clinical contexts suggests several reasons for the incongruence in reports, which may provide a framework of understanding in the violence context as well. Weisz and colleagues (1988), identify culture and ethnicity as predictors of parent-child discrepancies (Weisz et al. 1988). Similarly, despite minimal research in this area, there may be more discord in minority families than in their nonminority counterparts, which suggests there may be a unique vulnerability for families of color (Weisz et al. 1988). Provided that elements like maternal closeness and acceptance are important in mitigating the impact of community violence exposure, it is imperative to explore parent-child discrepancies on violence exposure to understand its role in the psychosocial implications for children exposed to community violence.

Preliminary research on discrepancies of parent-child reports child violence exposure establishes that these discrepancies do exist and can have deleterious consequences for children (De Los Reyes et al. 2011; Ferdinand et al. 2004). Similarly, it has been well established that community violence exposure alone can have a number of detrimental effects on youth (Brady et al., 2008; Scarpa, 2003; Zinzow et al., 2009). It is

important now to identify ways in which at-risk communities can intervene and ameliorate the psychological sequelae associated with community violence exposure. Research has demonstrated that parent-child discrepancies in clinical and violence contexts are more likely to affect families of color (Weisz et al. 1988). These same families are most at risk as they are more likely to live in impoverished areas characterized by violence (Garbarino, Hammond, Mercy, & Young, 2004).

Theoretical Framework

To best understand the ways in which parent-child relationships operate in the context of community violence an integrated conceptual model may best facilitate a comprehensive understanding. The integrated conceptual model takes an ecological approach in understanding ECV implications related to interpersonal and interdependent processes between parent and child communication around ECV. The integrated conceptual model demonstrated that ECV may deplete parent resources creating stress for the parent and impairing the parents' ability to remain emotionally responsive and aware of child's needs (Planos, Zayas, & Busch-Rossnagel, 1997). As such this depletion of resources may subsequently affect the child's ability to cope with ECV. Furthermore, the integrated conceptual model considers the dynamic nature the child's environment may have on psychosocial outcomes related to ECV (Aisenberg & Ell, 2005).

Additionally, the use of Phenomenological Variant of Ecological Systems Theory (PVEST) lends a process-oriented and systems explanatory framework to examine outcomes related to ECV (Spencer et al., 2008). The PVEST takes into consideration how certain factors such as risk contributors (e.g., race, SES) is related to stress engagement (e.g., neighborhood dangers) which may lead to adverse outcomes or maladaptive coping

mechanisms (Spencer et al., 1997). Additionally, the PVEST allows for consideration of how negative experiences can still result in positive outcomes among youth (Spencer et al., 2008). For example, in utilizing PVEST, one can begin to explain how exposure to community violence is related to adverse outcomes such as detrimental mental health outcomes (Spencer et al., 1997). As such repeated violence exposure among youth can be unpacked and analyzed as individual-context interaction to identify protective factors.

A recently developed framework, The Discrepancies in Victimization Implicate Developmental Effects (DiVIDE) model outlines the way in which parent-child discrepancies of victimization specifically can lead to negative outcomes. DiVIDE suggests that discrepancies could result from a combination of minimal youth disclosure and parental oblivion to the youths' ECV. These discrepancies then result in diminished social support and coping resources and as a result can adversely affect youth psychosocial outcomes (Goodman, De Los Reyes, & Bradshaw, 2010). This framework may lend guidance to explaining variations in dyads that result from analysis.

Current Study

This study sought to extend the research on exposure to community violence (ECV) by exploring relationships that had not been thoroughly explored. Specifically, previous research has not examined whether there are specific profiles that exist with regards to agreement on both child and parent reports of exposure to community violence. This study examined the effects of parent-child discrepancies on an already potentially detrimental experience of ECV among children, both witnessing and victimization. Secondly, there is a dearth of literature examining whether there are both gender and racial/ethnic differences with regards to exposure to community violence. The

previous literature has not explored this topic in multi-ethnic samples that are inclusive of all ethnicities in one sample (Richters & Martinez, 1993). The work has primarily focused on ethnic minority populations as those who reside in areas of high violence and low income tend to consist of primarily ethnic minorities (Hill & Jones, 1999; Singer, Anglin, Song, & Lunghofer, 1995). Moreover, it would benefit the literature on ECV to understand how these profiles may relate to mental health. In particular, exploring whether there are group differences in reports of both internalizing and externalizing behaviors. This study examined these relationships within the existing data from the Project on Human Development in Chicago Neighborhoods (PHDCN), which is comprised of 2,033 parent-child dyads. Ultimately, this research provides direction for future research to explore the role of family dynamics and their influence on experiences of ECV.

Specific Aims

To investigate discrepancies in parent and child reports of child exposure to community violence among multiethnic families two specific aims are proposed.

Aim 1. To explore the extent to which different profiles exist within parent-child agreement regarding community violence exposure via a latent profile approach (LPA).

1a. Utilizing both subscales of victimization and witnessing within both parent and child reports, the resulting classes will include a complete agreement class, a moderate agreement class, a complete disagreement class, and a moderate disagreement class.

1b. The disagreement classes will consist of more ethnic minorities as compared

to the agreement classes.

Aim 2. To examine the relationship between profiles of exposure to community violence and mental health.

2a. Youth within the disagreement classes will demonstrate increased internalizing behaviors.

2b. Youth within the disagreement classes will demonstrate increased externalizing behaviors.

2c. Disagreement classes will demonstrate more disagreement among psychosocial reports within the CBCL and YSR.

Method

Sample

The sample for this study is based on secondary data analysis utilizing Project on Human Development in Chicago Neighborhoods (PHDCN). This study analyzed families who resided in a total of 80 neighborhoods in Chicago. Data were drawn from wave 2 when the children were between the ages of 10-15. This data was collected between 1997 and 2000. The data from the study includes both parent reports and youth reports on specific study variables. The full sample for this study was 6,266 children and their parents. However, for the variables of interest, the final sample was 2,033. Of the sample, 678 adult participants identified as African American, 385 participants identified as White, 23 participants identified as Asian American, 56 participants identified as Native American, 11 participants identified as Pacific Islander, and 716 participants identified as Other. Of the child sample, 629 youth participants identified as African American, 284 participants identified as White, 22 participants identified as Asian American, 6 participants identified as Native American, 2 participants identified as Pacific Islander, and 10 participants identified as Other. For this study, we included one primary caregiver with each youth in the sample. The total number of parent-child dyads analyzed was 2,033.

Procedure

This study utilized data from the Project on Human Development in Chicago Neighborhoods (PHDCN) a longitudinal cohort study. PHDCN collected a total of two waves of data between 1995 and 2000 collecting data from both youth and primary caregivers. A total of 80 Chicago neighborhoods were sampled across race and socioeconomic status to identify factors such as individual, family, peer and

environmental influences on youth adjustment. The PHDCN collected data in two waves between 1994-2000. Following a Community Survey (1994-1995) Wave 1 (1994-1997) and Wave 2 (1997-2000) consisted of face-to-face interviews. The Community Survey utilized census data in order to develop a probability sample of 8,000 families among 343 neighborhoods in Chicago. M-Plus was utilized to establish the profiles and SPSS was utilized to explore group differences via Chi-Square analysis and MANOVA.

Measures

MY ECV. Exposure to Community Violence was assessed by *My Exposure to Violence (My Exposure to Violence; Buka et al. 1996)* from Wave 2. Both child and parent report on the child's exposure to 18 violent events in the community either as a witness and or victim. Within the scale, the two subscales of witnessing and victimization are included. Each subscale queried for the presence of event as well as the frequency of event. Presence of event was determined by "Yes=1" and "No=0". The frequency was determined using a scale of "Never=0, Once=1, More than once=2". The witnessing subscale consisted of 12 items. Sample items include: "Number of times found a dead body" and "Number of times saw someone shot". The victimization subscale included 6 items. These items included "Number of times hit/beaten" and "Number of times attacked with a weapon". Each scale distinguishes between lifetime ECV and familial violence exposure as well as exposure within the last year. *My Exposure to Community Violence* exhibited strong internal consistency as the Cronbach's alpha for the parent report was 0.79 and the youth report 0.84.

Witnessing

The witnessing subscale is comprised of 12 items. These items captured the

child's indirect violence exposure such as learning of or seeing someone else victimized. Parents were asked "How many times has your child witnessed..." and children were asked, "How many times have you witnessed..." : someone shoved, kicked, or punched; someone chased; someone attacked with a weapon, witnessed a shooting, etc. Frequency was captured using a four-point scale (0=never, 1=once, 2=2-3 times, 3=4-10 times, 4= 4 or more times). The witnessing subscale demonstrated strong internal consistency as the Cronbach's alpha for the parent report was 0.76 and the youth report was 0.80

Victimization

The victimization subscale is comprised of 6 items. These items captured the child's direct exposure to violence. Parents and children were provided equivalent prompts to explore victimization. Parents were asked, "How many times has your child..." and children were asked "How many times have you...": been shoved, kicked, or punched, chased, attacked with a weapon, shot at, etc. The frequency was captured using a four-point scale (0=never, 1=once, 2=2-3 times, 3=4-10 times, 4= 4 or more times). Additionally, the victimization subscale also exhibited good internal consistency as the Cronbach's alpha for the parent report was 0.63 and the youth report was 0.64.

ASEBA. The Achenbach System of Empirically Based Assessment assessed mental health functioning within this study. Both the Child Behavior Checklist (CBCL) and the Youth Self-Report (YSR) were utilized. The CBCL utilizes parent reports of child's behavior via a three-point syndrome scale (0= Not True, 1= somewhat or sometimes true, 2=Very true or often true). Similarly, the YSR is the youths' subjective reports of mental health functioning via a three-point syndrome scale (0= Not True, 1= somewhat or sometimes true, 2=Very true or often true). This measure demonstrated

strong internal consistency as the Cronbach's alpha for the parent report was 0.94 and the youth report was 0.91. For this particular study, both the internalizing subscale and externalizing behaviors subscale were utilized.

Internalizing Behaviors

Within the internalizing scale, there are a total of 37 items. 4 subscales directly measured internalizing behaviors: Anxious/depressed, Withdrawn, Somatic complaints and thought problems. YSR parallel's the CBCL syndrome domains however; this is presented in the first person in which the youth 11-18 reports on own behavior. The internalizing subscale exhibited strong internal consistency as the Cronbach's alpha for the parent report was 0.88 and the youth report was 0.86.

Of the 8 total domains assessed, 4 subscales assessing internalizing behaviors are utilized in this study: Anxious Depressed, Withdrawn Depressed, Somatic Complaints, and Thought Problems. The Anxious Depressed subscale consisted of 14 items. Sample items from this subscale include "Fears certain animals, situations or places" and "Feels too guilty". The subscale of Withdrawn Depressed was comprised of 9 items. Sample items are "There is very little he/she enjoys" and "Would rather be alone than with others". The third subscale is known as Somatic Complaints which is made up of 9 items and includes sample items such as, "Feels dizzy or lightheaded" and "Overtired without good reason". The final subscale of Thought Problems consists of 7 items. The sample items for this subscale include, "Can't get his/her mind off certain thoughts; obsessions" and "Deliberately harms self or attempts suicide".

Externalizing Behaviors

Externalizing behaviors among the children were measured using the Child

Behavior Checklist and the Youth Self-Report. The CBCL utilizes parent reports of child's behavior via a three-point syndrome scale (0= Not True, 1= somewhat or sometimes true, 2=Very true or often true). Within the externalizing scale, there are a total of 33 items. Of the 8 total domains assessed, 3 measure externalizing behaviors including: Social Problems ("Clings to adults or too dependent", "Complains of loneliness", "Doesn't get along with other kids"), Rule Breaking Behaviors ("Drinks Alcohol without the parent's approval", "Doesn't seem to feel guilty after misbehaving"), and Aggressive Behavior ("Argues a lot", "Cruelty, bullying, or meanness to others"). YSR parallel's the CBCL syndrome domains however; this is presented in the first person in which the youth 11-18 reports on own behavior. The CBCL and YSR demonstrate strong validity and reliability among clinical and non-clinical populations (Achenbach, 1991a, 1991b). Specifically, this sample demonstrated strong internal consistency as the Cronbach's alpha for the parent report was 0.90 and the youth report was 0.84.

Of the 8 total domains assessed, 3 measure externalizing behaviors including Social Problems, Rule Breaking Behaviors, and Aggressive Behaviors. The Social Problems subscale consisted of 8 items. Sample items from this subscale include "Clings to adults or too dependent", "Complains of loneliness", and "Doesn't get along with other kids". The Rule Breaking Behaviors subscale was comprised of 13 items. Sample items are "Drinks Alcohol without the parent's approval" and "Doesn't seem to feel guilty after misbehaving". The third subscale of Aggressive Behavior consisted of 20 items. Samples of this subscale include "Argues a lot" and "Cruelty, bullying, or meanness to others".

Results

Data Screening

The data were screened to ensure the data was prepared for analysis. Initial descriptive revealed there was missing data. Since all variables of interest exceed the recommended 5% or less as outlined by Tabchnick and Fidell (2007), Little's MCAR (missing completely at random) test was conducted. Little's MCAR indicated the data were not missing at random ($\chi^2 = 318.25$; $df = 194$; $p < .001$). As such multiple imputation was utilized.

The data was also screened for univariate and multivariate outliers. Several univariate outliers were identified in eight variables: ECV Witness Parent Report, ECV Witness Youth Report, Externalizing Parent Report, Externalizing Youth Report, Internalizing Parent Report, Internalizing Youth Report, Total CBCL, Total YSR. Standardized scores exceeding the recommended ± 3.29 indicate outliers within the respective variable; this is likely to occur in large samples (Tabachnick & Fidell, 2007). All values are withheld as measures of mental health and violence exposure are expected to have variability since few participants would have high values. Additionally, the sample of interest includes those with both minimal and high values of violence exposure and mental health issues. Mahalanobis Distance identified 45 cases exceeding the chi-square test statistic of 29.588 ($df = 10$, $p < .001$), suggesting 2% of the cases are multivariate outliers. These outliers, however, are a part of the sample of interest and are withheld for analysis.

Table 1
Means, Standard Deviations, and Missing Data

Variable (Respondent)	N	Mean	Std. Deviation	Missing
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				Count	Percent
ECV Witness (Parent)	1696	2.74	8.38	337	16.6
ECV Witness (Youth)	1865	5.58	3.28	168	8.3
ECV Victimization (Parent)	1880	0.94	1.23	153	7.5
ECV Victimization (Youth)	1886	1.45	1.59	147	7.2
Internalizing Problems (Parent)	1700	9.17	8.12	333	16.4
Internalizing Problems (Youth)	1709	11.57	7.43	324	15.9
Externalizing Problems (Parent)	1700	7.79	6.89	333	16.4
Externalizing Problems (Youth)	1709	8.35	5.46	324	15.9
Total Mental Health (Parent)	1700	22.46	17.56	333	16.4
Total Mental Health (Youth)	1709	25.14	14.24	324	15.9
Total	2033				

Note: The number and percentage of missing cases

Table 2

Means, Standard Deviations, and Missing Data After Imputation

Variable (Respondent)	N	Mean	Std. Deviation	Missing	
				Count	Percent
1. ECV Witness (Parent)	1978	3.65	2.90	55	2.7
2. ECV Witness (Youth)	1912	5.55	3.28	121	6.0
3. ECV Victimization (Parent)	1981	0.99	1.28	52	2.6
4. ECV Victimization (Youth)	1912	1.46	1.59	121	6.0
5. Internalizing Problems (Parent)	2033	9.17	7.43	0	0
6. Internalizing Problems (Youth)	2033	11.57	7.43	0	0
7. Externalizing Problems (Parent)	2033	7.78	6.30	0	0
8. Externalizing Problems (Youth)	2033	8.35	5.00	0	0
9. Total Mental Health (Parent)	2033	22.47	16.09	0	0

10. Total Mental Health (Youth)	2033	25.14	13.05	0	0
Total	2033				

Note: The number and percentage of missing cases

Preliminary Analyses

The preliminary analyses reveal general discordance between parents and youth on all variables of interest. Parents on average reported lower rates of victimization and witnessing as compared to their children. Additionally, parents reported better mental health functioning as compared to youth reports of their own mental health. Specifically, the parents' average report of the youths witnessed violent events was 2.77 while a youth report of their own witnessed violent events was 5.55. The average of parent reports of youths direct victimization was .99 while youth reports of their own victimization was 1.46. The average parent report of the youths internalizing problems was 9.17 while the youths' report of their own internalizing problems was 11.57. The average parent report of the youths externalizing problems was 7.79 while the youths' report of their own externalizing problems was 8.35. Additionally, the parents' average of the youths' overall mental health functioning was 22.47 while the youths' average of their own overall mental health functioning was 25.14 (see Table 2).

Correlations

Correlations were also conducted to observe the bivariate association between the variables of interest (see Table 3). Most bivariate relationships demonstrated strong correlations with the exceptions of some relationships between what parents reported their child had experienced. Specifically, parent reports of the youth violence exposure through witnessing did not correlate with the child reports of youth victimization, the

parent report of the youth's internalizing problems, the youth's self report of internalizing problems, the youth's self report of externalizing problems, and the youth's self report of their total mental health issues. Additionally, the parent reports of the youth's direct victimization did not correlate significantly with the youth self-report of their internalizing problems. These initial correlations support the development of the relationships between the reports within the dyads. However, given the large sample size this could be inflating the correlations between the variables (Tabachnick & Fidell, 2007). The highest significant correlations only appear exclusively within parent reports on variables or youth reports on variables whereas parent and youth reports reflect lower overall correlations.

Table 3

Bivariate Correlations Utilizing Mean Reports of ECV

Variable	1	2	3	4	5	6	7	8	9	10
1.ECV- Witnessing (PR)	1	-	-	-	-	-	-	-	-	-
2.ECV-Witnessing (YR)	0.44**	1	-	-	-	-	-	-	-	-
3.ECV-Victimization (PR)	0.55**	0.33**	1	-	-	-	-	-	-	-
4.ECV-Victimization(YR)	0.31**	0.61**	0.41**	1	-	-	-	-	-	-
5.Internalizing (PR)	0.15**	0.08**	0.21**	0.11**	1	-	-	-	-	-
6.Internalizing (YR)	0.04	0.21**	0.04	0.22**	0.21**	1	-	-	-	-
7.Externalizing (PR)	0.27**	0.19**	0.30**	0.20**	0.65**	0.14**	1	-	-	-
8.Externalizing (YR)	0.16**	0.43**	0.23**	0.44**	0.20**	0.52**	0.31**	1	-	-
9.Total (PR)	0.23**	0.15**	0.28**	0.17**	0.91**	0.20**	0.89**	0.28**	1	-
10.Total (YR)	0.11**	0.34**	0.15**	0.36**	0.24**	0.90**	0.25**	0.82**	0.28**	1

** , Correlation sig at 0.01 level. Correlation sig at 0.05 level. YR= Youth Response. PR= Parent Response.

Aim 1.

Hypothesis 1a. Latent profile analyses were conducted to establish best-defined classes within the population, addressing hypothesis 1a. Mplus was utilized to evaluate 2-6 class profiles. Table 4 consists of Akaike information criterion (AIC, Akaike, 1974), Bayesian information criterion (BIC, Schwarz, 1978), Lo-Mendell-Rubin adjusted likelihood ratio test (LMRT, Lo, Mendell, & Rubin, 2001), in addition to entropy as these measures were utilized in the evaluation of the best fitting model. After comparing these models, the four profile model was selected. For this model, the entropy of 0.895 closest to 1 indicated that 90% of subjects were accurately organized into the four profiles (Ramaswamy, Desabro, Reibstein, & Robinson, 1993). Additionally, the four-profile model resulted in the most significant and the lowest LMRT of 825.128 $p < 0.01$. This value additionally validates that the four-profile model was significantly superior to the model with one less profile. In contrast, the five profile model LMRT p -value of $p < 0.11$ suggests that it was not a significantly better fit than the four profile model. The AIC and BIC were both analyzed and the five profile model and six profile model both had lower values suggesting good model fits. However, given the evaluation of entropy and LMRT were considerably stronger, this led to the selection of the four-profile model as this model had the lowest and most significant LMRT and the highest entropy. The four profiles included: severe exposure with the greatest mean reports of exposure within both witnessing and victimization ($n = 121$), high exposure with the second greatest mean reports of exposure within both witnessing and victimization ($n = 257$), moderate exposure with the lower average reports of victimization and witnessing ($n = 650$), and low exposure with the lowest average levels of exposure both victimization and

witnessing ($n= 839$). See Figure 1.

Table 4
Fit Statistics for Potential LPA Models

	AIC	BIC	LMRT (p value)	Entropy
2 class	-9915.047	-9842.067	3338.203 (0.01)	0.898
3 class	-11449.293	-1134.2448	1504.720 (0.01)	0.877
4 class	-12286.096	-12156.978	825.128 (0.01)	0.895
5 class	-12802.201	-12645.014	512.639 (0.11)	0.879
6 class	-13155.359	-12970.103	353.863 (0.06)	0.885

Note: AIC= Akaike Information Criterion; BIC = Bayesian Information Criterion; LCA= latent class analysis

Row bolded selected as the best-fitting model.

Figure 1

Hypothesis 1b. Since hypothesis 1a did not yield profiles organized by disagreement between respondents, a Chi-Square was conducted to examine the role of ethnicity within

the levels of severity of violence exposure instead. The Chi-Square test evaluated the ethnic composition of each of the four profiles. This revealed a significant difference among the groups by ethnicity ($\chi^2 = 273.820$; $p < .0001$; $df = 15$)

Additionally, crosstabulations identify specific differences between each of the four profiles. Specifically, the Low Exposure profile contained fewer Native Americans and Blacks than expected while this profile was comprised of more Asians, Pacific Islanders, Whites, and Others. The Moderate Exposure profile included fewer Native Americans, Asians, and Others while simultaneously containing more Blacks and Whites than expected. Interestingly, the High Exposure profile contained fewer Asians, Whites, and Others, however, this profile was comprised of more Blacks than expected based on the data. Finally, the Severe Exposure profile contained fewer Whites and Others but included more Blacks and Native Americans.

Table 5.
Crosstabulation of Profiles by Ethnicity

Profile		Native American	Asian	Black	Pacific Islander	White	Other
Low Exposure	Count	23.0	19.0	157.0	7.0	189.0	444.0
	Expected Count	25.2	10.3	304.7	4.9	172.6	321.3
	Residual	-2.2	8.7	-147.7	2.1	16.4	122.7
Moderate Exposure	Count	16.0	3.0	290.0	2.0	144.0	195.0
	Expected Count	19.5	8.0	236.0	3.8	133.7	248.9
	Residual	-3.5	-5.0	54.0	-1.8	10.3	-53.9
High Exposure	Count	9.0	0.0	161.0	1.0	32.0	54.0
	Expected Count	7.7	3.2	93.3	1.5	52.9	98.4
	Residual	1.3	-3.2	67.7	-0.5	-20.9	-44.4
Severe	Count	8.0	1.0	70.0	1.0	19.0	22.0

Exposure							
	Expected Count	3.6	1.5	43.0	0.7	24.9	46.3
	Residual	4.4	-0.5	26.1	0.3	-5.9	-24.3

Aim 2.

Hypothesis 2a & 2b. Again, since the profiles were organized by severity of exposure as compared to disagreement, a Multiple Analysis of Variance (MANOVA) was used to determine whether each profile predicted reports of youth internalization, addressing hypothesis 2a; and whether each profile predicted reports of youth externalization, addressing hypothesis 2b.

There was a statistically significant difference between reports of mental health functioning depending on level of violence exposure when accounting for ethnicity, (Wilk's $\Lambda = .967$, $p < 0.01$). See Table 6.

The between-subjects effects showed significant effects for four mental health indicators. Specifically, differences among profiles by Parent Report of Internalizing, Externalizing, and Total CBCL in addition to Youth Report of Externalizing were all statistically significant. The remaining two indicators, Youth Report of Internalizing and Youth Total YSR were not significantly different among profiles. See Table 7.

Post-Hoc analyses were utilized to identify the differences in mental health functioning by profile. For Parent Reports of Externalizing, all profiles were significantly different from one another. Specifically, Low Exposure had the lowest reports of externalizing behaviors, Moderate Exposure more reports of externalizing behaviors, High Exposure significantly more, and Severe Exposure with the highest reports of externalizing behaviors. Youth Reports of Externalizing were similar to that of

Parent Reports of Externalizing; however, the High Exposure and Severe Exposure profiles were not significantly different in Youth Reports of externalizing behaviors. Similarly, Parent Reports of Internalizing had several significant differences between profiles in which Low Exposure had the lowest reports, Moderate Exposure significantly more internalizing reports, and Severe Exposure with the most reports of internalizing. However, there was no significant difference in Parent internalizing reports between Moderate Exposure and High Exposure profiles. Finally, for Parent CBCL Total there was no significant difference in CBCL Totals between the Moderate Exposure profile and the High Exposure profile. There were significant differences among the other profiles in which the Low Exposure profile had the lowest CBCL reports, Moderate Exposure has significantly more, and Severe Exposure had the highest reports.

Table 6
Multivariate Analysis of Variance Among Profiles

Effect	Value	F	Sig
Pillai's Trace	.034	3.478	0.01
Wilks' Lambda	.967	3.499	0.01
Hotelling's Trace	.034	3.519	0.01
Roy's Largest Root	.029	8.924	0.01

Design: Intercept + Profile + Ethnicity

Table 7
Test of Between-Subjects Effects Profile by Mental Health Reports

Source	DV	df	SS	MS	F	p
Profile	Parent Externalizing	3	1195.657	398.552	10.915	0.001
	Youth Externalizing	3	341.812	113.937	4.755	0.003

Parent Internalizing	3	586.651	195.550	3.697	0.011
Youth Internalizing	3	124.158	41.386	.756	0.519
Parent Total	3	4637.607	1545.869	6.360	0.001
Youth Total	3	471.218	157.073	.945	0.418

Hypothesis 2c. Since hypothesis 1a did not yield groups based on agreement but rather exposure, no further analysis was conducted to explore mental health outcomes among disagreement groups.

Discussion

The current study sought to develop an understanding of differences in parent-child communication regarding youth exposure to community violence and its potential implications on mental health outcomes. Utilizing LPA, this study identifies four profiles and explored differences among parent-child dyads and also examined ethnic differences among groups.

Differences among Profiles

Against the original hypothesis in aim 1, profiles emerged in relation to levels of exposure instead of the hypothesized profiles of agreement. This is likely due to the salience of exposure to violence. Thus the LPA drew upon exposure to violence instead of how much respondents agreed on the measures. The profiles, however, do reveal different variations of reports between parents and children contingent on which level of exposure the dyad belongs to. Consistent with the literature, there were difference among parent reports and child reports of the youths' exposure to violence in both witnessing and victimization (Hill et al., 1997).

The dyads belonging to the severe exposure profile demonstrated discrepant reports on both victimization and witnessing. Parents of youth in this group reported greater average levels of victimization than the mean youth reports. Additionally, parents in this group also reported their child experienced greater levels of witnessed violence as compared to the youth self report of witnessed violence.

Dyads within the high exposure profile indicated a similar trend. While the mean levels of violence exposure were lower, parallel to the severe exposure profile parents reported greater average levels of witnessing and victimization as compared to the youth

reports. These two profiles did reflect the greatest difference between parent and child reports of exposure.

The dyads of the moderate level of exposure profile demonstrated fewer discrepancies as compared to the high and severe exposure groups. However, parent reports of victimization were still greater than the average level of youth reports of victimization. Parent reports of youth witnessing, however, were slightly lower than youth self-reports of witnessing.

Finally, dyads belonging to the lowest average exposure profile also reported greater victimization than youth self reports of victimization. Interestingly, within this dyad, youth reported greater witnessed violence as compared to parent reports. This was the only group in which parents greatly underreported youth witnessed violence exposure. Thus there is a unique difference within this profile as compared to the other three profiles with greater average reports of exposure. Most research focuses on higher levels of exposure so it is unclear as to why this difference appeared only among the low exposure profile. However, this is consistent with previous research in which parents have been found to underestimate the extent to which their children have witnessed violence (Howard, Cross, Li, & Huang, 1999). Parent underestimation of the youth's exposure to violence has been associated with less parental monitoring, lower family involvement, and lack of open communication (Howard et al., 1999). However, this does not explain the idiosyncrasy of underestimation in the Low Exposure profile. Instead, it may be attributed to parental assumptions of low general violence rates in the community in addition to characteristics such as lack of open communication. These parents may assume that since they are generally exposed to lower rates of violence that discussing

what the youth have witnessed may not be of importance. Furthermore, the parents may be unaware of the types of events the youth has witnessed. Some literature suggests that this underestimation can also be attributed to parental repression or avoidance in dealing with the challenging nature of their child being exposed to violence (Ceballo et al., 2001). This however would not explain the overestimation of youth victimization in this profile. Finally, youth may be overstating their experiences and or withhold this information from their parents (Hill et al., 1997).

Additionally, hypothesis 1b was partially supported. There were ethnic differences among the profiles. This is consistent with the literature considering the profile parameters were mean levels of violence exposure. Ethnic minorities are at greater risk of violence exposure as they are more likely to live in low-income areas characterized by crime (Foy & Goguen, 1998; Hill & Madhere, 1996). These individuals likely fall into the Severe Exposure and High Exposure categories while White and Asian counterparts are more likely to experience lower rates of violence.

Mental Health and Community Violence Exposure Profiles

Analyses in aim 2 revealed that there were statistically significant differences between reports of mental health functioning depending on level of violence exposure. Specifically, the significant differences among profiles were found on parent reports of internalizing behaviors, externalizing behaviors, total CBCL and the youth externalizing self-report.

For Parent Reports of Externalizing, all profiles were significantly different from one another. Specifically, Low Exposure had the lowest reports of externalizing behaviors, Moderate Exposure more reports of externalizing behaviors, High Exposure

significantly more, and Severe Exposure with the highest reports of externalizing behaviors. This is consistent with the literature as the severity of exposure increases parent reports of youth externalizing reports also increase (Calvete & Orue, 2011).

Youth reports of externalizing were similar to the parent reports of externalizing; however, the High Exposure and Severe Exposure profiles were not significantly different in youth reports of externalizing behaviors. It is interesting to note that this distinction between the High Exposure and Severe Exposure is not present in the parent report. On average, in this sample parents reported lower rates of externalizing behaviors as compared to the youth self-report. This may help account for this difference. Additionally, the parents may be missing a piece of the child's behavior since the youth externalizing behaviors do not differ in the higher levels of exposure.

Parent reports of internalizing behaviors had several significant differences between profiles in which Low Exposure had the lowest reports, Moderate Exposure significantly more internalizing reports, and Severe Exposure with the most reports of internalizing. There was no significant difference in parent internalizing reports between Moderate Exposure and High Exposure profiles. Interestingly, this difference between these profiles is present for parent report of externalizing behaviors. Parents are more likely to identify externalizing behaviors as compared to internalizing behaviors that typically require youth disclosure (Kolko & Kazdin, 1993).

Limitations

There are several salient limitations within the current study. First, the data collection was completed between 1995-2001. While violence exposure remains a prominent issue, the social contexts in which exposure occurs have changed especially in

the age of social media. Additionally, the context in which the exposure occurs is not examined within this data. The measures were quantitative which may miss some important contextual components that may help inform how and why discordance occurs within the dyads. The sample was restricted to Chicago neighborhoods, which limits the generalizability of these findings. Furthermore, the sample lacked ethnic diversity and including the experiences of more diverse populations could help with generalizability. The data included missing data, which led to data imputation. While mean imputation is widely used and validated it would be beneficial to have information from all respondents. Finally, all measures were self-report measures. While this is an important method for data collection there are concerns raised in regards to validity of responses. Within research, it is acknowledged the self-report can lead to participants responding in a way that may seem socially desirable to the researcher. Additionally, these interviews were conducted face to face and some of the information like mental health and violence exposure may be viewed as intimate information leading to skewed responses contingent of rapport between the interviewer and the participants.

Implications

This study is the first to identify four profiles based on average levels of exposure in a large sample. This study demonstrates the saliency of the severity of violence exposure even with the presence of discordant reports between parents and children. To date research has not explored violence exposure in this way looking at the varying levels of exposure. Additionally, this study validates previous research indicating ethnic differences among youth exposed to violence. This study, like many others, substantiates that ethnic minority youth are disproportionately exposed to higher levels of violence

(Kilpatrick, Resnick, & Saunders, 2000). This study also explored mental health differences within these varying levels of profiles. This study has found that youth reports on the YSR and internalizing subscale do not differ based on how much violence exposure the youth has reported. Conversely, parent reports of youth mental health functioning do appear to relate to how much exposure the parent believes the child has had. This is important to consider as previous research has found that parents typically underreport on the child's mental health functioning even in the face of trauma (Kolko & Kazdin, 1993).

Future Directions

Future studies should include longitudinal designs covering longer spans of time to explore how these things change over time and outcomes related to discrepancies or lack thereof. Additionally, these studies should include more diverse populations. For example, examining violence exposure reports from parents and children across the country may help inform the various experiences and identify areas that may require the most attention. Future directions should also include wider age ranges, as research has shown that children as young as 5 years of age are exposed to violence.

Future studies should include more opportunity to uncover more contextual information regarding violence exposure. For example, studies should include exposure via social media as youth are constantly exposed to social media and its impact related to violence exposure and parental communication has not been well explored. Additionally, it might be beneficial for future studies to include more neighborhood factors to gain an understanding of how certain structural or conceptual factors (e.g., neighborhood cohesion, social control) may be also combined to understanding how they are related to

mental health in communities of color. Finally, future directions should also begin to develop resources and interventions to share and disseminate in the community, to clinicians, teachers, and churches in order to support families that may be experiencing the negative compounding experiences.

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