

The Relation of Parenting Practices to Youth Internalizing Symptoms Following Community Violence Exposure

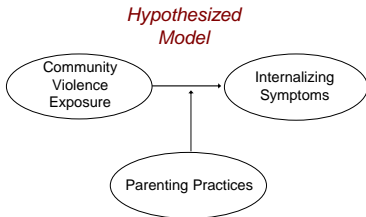
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Background

- Research consistently has revealed the damaging consequences of children's repeated exposure to community violence.
- Youth who are exposed to community violence report experiencing internalizing symptoms, externalizing symptoms, and academic difficulties at higher rates than youth who do not report exposure to community violence.
- The wide range of negative outcomes makes it clear that additional research is vital in order to learn which pathways contribute to these effects and how they can be altered.
- Parenting practices are important factors to consider in relation to youths' adjustment to violence exposure. Ceballos and colleagues (2003) reported that parental monitoring following community violence exposure was an important indicator of other psychological outcomes.



Hypotheses

- Community violence exposure (CVE) and parenting practices will independently predict youth internalizing symptomatology.
- Parenting practices will serve as protective influences by moderating the relation between CVE and internalizing symptoms.

Methods

Participants

- 5th & 8th grade boys and girls (N = 348).
- 92% African American
- Mean age = 12.1 years (SD = 1.6, range 9-16).
- Recruited from moderate- to high-violence areas of Richmond, Virginia

Methods – Cont'd

Variables

- **Community Violence Exposure:** Assessed using the 10-item victimization subscale of the Survey of Children's Exposure to Violence (Richters & Saltzman, 1990). This assesses the frequency a child has been victimized by different forms of violence and violence-related activities within their community. Respondents indicate on a scale from 0 (*never*) to 4 (*almost every day*) how often they had been victimized in their lifetime.
- **Parenting Practices:** Measured using Kerr & Stattin's (2000) 24-item scale which assesses youth's views of parents' knowledge, disclosure to parents, parental solicitation, and parental control.
- **Anxiety symptoms:** Measured using the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds and Richmond, 1978). The RCMAS is a 37-item questionnaire that yields information related to anxious symptomatology.
- **Depressive symptoms:** Measured using the Child Depression Inventory (CDI; Kovacs), a 27-item scale that assess self-reported key symptoms of depression.
- **PTSD symptoms:** Measured using the PTS subscale of the Trauma Symptom Checklist for Children (TCCS; Briere, 1996). Each item is rated on a 4-point scale with 0 indicating "never" and 3 indicating "almost all of the time."

Results

Victimization

- Youth reported a mean of 2 (SD = 2.06) victimization events in their lifetime. Most frequently endorsed events:
 - "slapped, punched, or hit by someone," M = 1.65, SD = 2.12.
 - "threatened with serious physical harm," M = 0.51, SD = 1.17.
 - "chased by gangs or older kids," M = 0.44, SD = 1.18.

Internalizing Symptom Levels

- PTSD Symptoms: M = 7.57, SD = 5.90, Range 0 – 28.
- Depression Symptoms: M = 8.96, SD = 7.12, Range 0-43.
- Anxiety Symptoms: M = 7.52, SD = 6.08, Range 0-28.

Parenting Practices

- Parental Knowledge: M = 37.90, SD = 6.06, Range 17 – 45.
- Child Disclosure: M = 19.71, SD = 4.53, Range 5 – 25.
- Parental Solicitation: M = 16.31, SD = 5.14, Range 5 – 25.
- Parental Control: M = 22.51, SD = 3.61, Range 5 – 25.

Table 1. PTSD Symptoms Levels from Victimizations, Parenting Practices, & Controls

	β at Step	β at Final Step
Step 1		
Age	-.13*	-.19***
Gender	.01	.13**
Step 2		
Victimization	.47***	.44**
Step 3		
Parental Knowledge	-.21**	-.21**
Child Disclosure	.05	.05
Parental Solicitation	.01	.01
Parental Control	-.01	-.01
Step 4		
Victimization X Parental Knowledge		.05

* p < .05, ** p < .01, *** p < .001; F(8, 339) = 14.19, p < .001, R² = .255

Results – Cont'd

Table 2. Depression Symptoms Levels from Victimizations, Parenting Practices, & Controls

	β at Step	β at Final Step
Step 1		
Age	.06	-.04
Gender	-.01	.12*
Step 2		
Victimization	.41***	.33***
Step 3		
Parental Knowledge	-.18**	-.19**
Child Disclosure	-.08	-.08
Parental Solicitation	-.07	-.07
Parental Control	-.05	-.05
Step 4		
Victimization X Parental Knowledge		.04

* p < .05, ** p < .01, *** p < .001; F(8, 340) = 13.79, p < .001, R² = .25

Table 3. Anxiety Symptoms Levels from Victimizations, Parenting Practices, & Controls

	β at Step	β at Final Step
Step 1		
Age	-.17**	-.24***
Gender	.04	.14**
Step 2		
Victimization	.40***	.36***
Step 3		
Parental Knowledge	-.05	-.051**
Child Disclosure	-.16*	.17
Parental Solicitation	-.03	-.02
Parental Control	.03	.03
Step 4		
Victimization X Child Disclosure		.07

* p < .05, ** p < .01, *** p < .001; F(8, 339) = 11.86, p < .001, R² = .22

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Discussion

- The regression models predicting youth PTSD symptoms, depressive symptoms, and general anxiety symptoms were significant. Victimization predicted adjustment in all models.
- For the regression models examining symptoms of PTSD and depression, parental knowledge was a significant predictor of youth symptom levels after controlling for age, gender, and victimization.
 - Youth who reported higher levels of parental knowledge reported experiencing fewer symptoms of PTSD and depression than youth who reported lower levels of parental knowledge.
- However, the regression model examining general symptoms of anxiety did not indicate that parental knowledge was related to symptom levels and, instead, suggested that child disclosure to the parent predicted symptoms levels of general anxiety.
 - Children who reported greater levels of disclosure to their parents experienced lower levels of general anxiety.
- Significant interactions between victimization and parenting practices were not found, suggesting that parental knowledge and child disclosure may serve as protective factors at all levels of victimization.
- The current study confirms and extends the earlier findings of Kerr and Stattin (2000) who showed that higher levels of parental knowledge are related to better child adjustment.
 - They specifically examined external maladjustment (i.e. delinquency, school problems, and poor teacher relations) internal maladjustment (i.e. depressed mood, low self-esteem, and failure expectations), friends' characteristics (i.e. hang out on the streets and have been caught by police), and family discord (bad mother and father relations) (Kerr & Stattin, 2000).
- The current study adds to the literature general anxiety and PTSD symptoms as an additional area of child adjustment related to parental knowledge and violence exposure as a domain in which parental knowledge can improve child outcomes.

Conclusion

- The identification of parental knowledge as factor associated with youth internalizing symptoms following violence exposure has important implications.
- Higher levels of parental knowledge can buffer youth from the negative consequences of violence exposure and, therefore, serves as an important protective factor for youth.
- Prevention programs can target parenting skills as a means of improving outcomes for urban adolescents exposed to community violence.

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