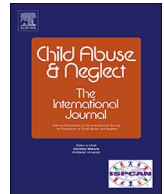


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## Research article

# Internalizing and externalizing symptoms among Palestinian adolescents from Israel as consequences of their exposure to community violence: Are they moderated by their self-efficacy and collective efficacy?

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## ABSTRACT

This article presents the findings of a study that examined the rates and the consequences of exposure to community violence (ECV) as reflected in witnessing and experiencing such violence, among Palestinian adolescents from Israel. In particular, it examined the extent to which these adolescents exhibit high levels of internalizing and externalizing symptoms as consequences of such exposure, and the extent to which self-efficacy and collective efficacy moderate these consequences. A systematic random sample of 760 Palestinian adolescents in Israel (320 boys, and 440 girls) filled out a self-administered questionnaire. The results show that most of the adolescents had witnessed community violence during the last year and during lifetime, and more than one third had directly experienced such violence during their lifetime compared with 19.6% during the last year. Boys were exposed to community violence more often than girls. Moreover, participants' ECV predicted high levels of externalizing and internalizing symptoms. Hierarchical regression analysis revealed that collective efficacy moderated the correlation between experiencing community violence and internalizing symptoms, whereas self-efficacy moderated the correlation between witnessing community violence and externalizing symptoms. There is a need for providing support for youth from close adults as well as from formal and informal resources in the community before and after their ECV.

## 1. Introduction

Community violence is an interpersonal form of violent behavior which takes place in the community setting (e.g., the street, the school, the neighborhood, and public spaces; [Buka, Stichick, Birdthisle, & Earls, 2001](#)), and is intended to harm or threatens to harm another person or group (e.g., being chased, beaten up, stabbed, or hearing gunshots; [Guterman, Cameron, & Staller, 2000](#)). Two different patterns of exposure to community violence (ECV) are usually examined: direct exposure, i.e., personal experience with community violence (PCV), and indirect exposure, i.e., witnessing community violence (WCV). They usually occur in different types of violence and abuse (i.e., psychological abuse, physical violence, sexual assault, attacks against property), in different frequencies and severities, and in various places in the community ([Buka et al., 2001](#); [Haj-Yahia, Leshem, & Guterman, 2011](#); [Lambert, Nylund-Gibson, Copeland-Linder, & Ialongo, 2010](#)).

Studies have been conducted on the rates and the effects of ECV among children and adolescents. Results have revealed that not

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all adolescents are vulnerable or show adaptation problems after ECV, and some adolescents show positive adaptation after ECV due to the presence of protective factors (Spano, Vazsonyi, & Bolland, 2009). Further to these findings, the current article examines the rates and the consequences of ECV among Palestinian adolescents in Israel, with emphasis on internalizing and externalizing symptoms following their exposure. Additionally, the article examines the extent to which self-efficacy and collective efficacy could be protective factors against those effects.

## 2. Literature review

### 2.1. The rates of ECV among adolescents

Research has shown that the rates of ECV among children and adolescents is alarmingly high. In the United States, adolescents' ECV (both witnessing and experiencing) during their life time ranges from 42% to 93% (Jain & Cohen, 2013), and ECV at least once during the last 12 months ranges from 77% to 90% (Kaynak, Lepore, & Kliewer, 2011). In Europe, the rates of ECV are lower than in the United States, but they are still not negligible. A study conducted in three countries (Belgium, Russia, and the USA), revealed that the rates of witnessing simple violence and mild personal victimization were similar across the countries. American adolescents reported the highest rates of witnessing severe violence (53.8%) and severe personal victimization (17.8%), whereas Russian adolescents reported the lowest rates of ECV (Vermeiren, Schwab-Stone, Deboutte, Leckman, & Ruchkin, 2003). In South Africa, most of the youth (77%–92%) reported ECV. More than half (57%) reported they had witnessed shootings and assaults with knives. More than one third reported witnessing murder (Shields, Nadasen, & Pierce, 2008).

Only a few studies have examined this topic in the Middle East. A study conducted in Israel revealed that more than one third of the Jewish adolescents experienced victimization, and almost all of them witnessed community violence during the last 12 months (Guterman, Haj-Yahia, Vorhies, Ismayilova, & Leshem, 2010). Furthermore, two thirds of the Arab adolescents in Israel reported PCV, whereas almost all of them witnessed such events in the community (WCV) during their lifetime (Haj-Yahia et al., 2011). In the West Bank and East Jerusalem, the majority of the Palestinian youth (87.4%) reported WCV and 72.8% reported PCV during their lifetime (Haj-Yahia, Leshem, & Guterman, 2013). The percentages of exposure to this violence were found to correlate with gender and age (Leshem, Haj-Yahia, & Guterman, 2016), although there are differences between the results of various studies on that topic.

### 2.2. The consequences of ECV among adolescents

The consequences of ECV vary, with the major effects being externalizing and internalizing symptoms (Bradshaw, Goldweber, & Garbarino, 2013; Shields et al., 2010). Internalizing symptoms include internal distress symptoms such as anxiety (Kennedy, Bybee, Sullivan, & Greeson, 2009), symptoms of post-traumatic stress disorder (Leshem et al., 2016), and depression or symptoms of depression (Garrido, Culhane, Raviv, & Taussing, 2010). Although a correlation has been found between ECV and internalizing symptoms is less clear, and researchers have reported low positive correlations between ECV and internalizing symptoms (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Balthes, 2009).

Externalizing symptoms include aggression and interpersonal behavior problems and anti-social behavior (Schraft, Kosson, & McBride, 2013), delinquency (Chen, Voisin, & Jacobson, 2013), crime and weapon possession (Patchin, Huebner, McCluskey, Varano, & Bynum, 2006), substance abuse of drugs and alcohol (Fagan, Wright, & Pinchevsky, 2014; Vermeiren et al., 2003), risky sexual behavior (Voison, Hotton, & Neilands, 2014), and mental disorders (Schraft et al., 2013).

Findings have indicated that the consequences of ECV correlate with gender, age, the type of exposure (witnessing versus experiencing) and its severity (Vorhies et al., 2011). However, these correlations are inconsistent. A stronger correlation between ECV and externalizing symptoms such as delinquent and deviant behavior has been found among boys (Hardaway, 2009), whereas a stronger correlation between ECV and internalizing symptoms such as depression, anxiety, PTSD, and dissociation symptoms has been found among girls (Lambert, Boyd, Cammack, & Ialongo, 2012). In contrast, Farrell and Bruce (1997) indicated that ECV correlated with violent behavior only among girls. However, gender and type of exposure could play a more significant role when age is considered. Older youth tend to report being witnesses and victims of violence more than younger youth (Buka et al., 2001; Finkelhor, Ormrod, Turner, & Hamby, 2009). Young children tend to show more internalizing symptoms, whereas older children and adolescents tend to show more externalizing symptoms and adaptation problems as a result of ECV (Fowler et al., 2009). Other study has found no significant differences in the effects of ECV by gender, with similar levels of internalizing and externalizing symptoms among boys and girls after such exposure (Schwab-Stone, Koposov, Vermeiren, & Ruchkin, 2013). Personal experience with community violence predicted higher PTSD levels than witnessing community violence. Additionally, personal victimization disrupted emotional regulation more than witnessing or hearing about such violence (Fowler et al., 2009).

In line with other studies, such variables (i.e., income, grades, or parent education) were treated in this study as covariate variables due to their associations with exposure to violence (Haj-Yahia & Bargal, 2014; Vorhies-Klodnick, Guterman, Haj-Yahia, & Leshem, 2014).

### 2.3. Self-efficacy and collective efficacy

Various protective factors such as personal, family, and social processes that mitigate ECV and its consequences have been examined (Bandura, 1997; Shields et al., 2010). One of these factors is self-efficacy, which might buffer the difficulties encountered in coping with stressful situations (Bandura, 1997). In the current study, Bandura (1997) conceptualization of self-efficacy at the

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