



Self-Efficacy and Collective Efficacy as Moderators of the Psychological Consequences of Exposure of Palestinian Parents in Israel to Community Violence

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Abstract

This study examined the rates of exposure to community violence (ECV; that is, witnessing and directly experiencing violence) as well as the detrimental consequences of such exposure as reflected in posttraumatic stress symptoms (PTSS) and a decline in psychological well-being (PWB) among parents. In addition, the study examined whether self-efficacy and collective efficacy moderate these consequences. A self-administered questionnaire was filled out by a systematic random sample of 760 Palestinian parents in Israel. The findings indicate that most of them had witnessed such violence, and almost half of them had directly experienced such violence in their lifetime. The rates of ECV were higher for the fathers than the mothers. ECV was found to predict high levels of PTSS and low levels of PWB among parents. In addition, collective efficacy was found only to moderate the relationship between witnessing community violence and PTSS. There is a need to identify adults who are exposed to community violence, as well as to develop culturally adapted and sociopolitically sensitive therapeutic and preventive interventions and projects for provision of assistance following exposure to such violence.

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Keywords

witnessing community violence, experiencing community violence, psychological well-being, posttraumatic stress symptoms, self-efficacy, collective efficacy, Palestinian parents

Introduction

Community violence refers to interpersonal violent behavior in a community (Aisenberg & Ell, 2005; Guterman, Cameron, & Staller, 2000), which causes or threatens to cause injuries (e.g., assaults, chasing, use of cold weapons, gunfire; Guterman et al., 2000). Exposure to such violence relates to witnessing and experiencing various patterns of violence characterized by different levels of frequency and severity in various locations in the community (Lambert, Nylund-Gibson, Copeland-Linder, & Ialongo, 2010). Whereas numerous studies have examined the rates and consequences of exposure to community violence (ECV) among children and youth, only a few studies have dealt with exposure of adults to such violence (DeCou & Lynch, 2015). The current article will examine the consequences of ECV among Palestinian adults (parents), with emphasis on psychological well-being (PWB) and on posttraumatic stress symptoms (PTSS) following their exposure. In addition, the article deals with self-efficacy and collective efficacy as moderators in the association of ECV with high levels of PTSS and low levels of PWB.

Literature Review***The Rates of ECV Among Adults***

The few studies that have been conducted on the topic indicate that the rates of ECV are high among adults, and that this is particularly alarming (DeCou & Lynch, 2015). Among university students, findings have revealed that the rates of witnessing community violence (WCV) are higher than the rates of directly experiencing community violence (EVV): Approximately 93% to 97.5% of the students reported WCV, and 45% to 82% reported EVV at least once while they were attending college (Scarpa, Hurley, Shumate, & Haden, 2006). Most of the adults (88.8%) reported at least one kind of ECV (WCV or EVV), and approximately 65.4% reported direct exposure to such violence more than once in their lifetime (Fowler, Ahmed, Tompsett, Jozefowicz-Simbeni, & Toro, 2008). Among parents, more than half reported witnessing severe community violence, and approximately one fourth reported directly experiencing such violence (Kliewer & Zaharakis, 2013).

The Consequences of ECV Among Adults

The few studies on the responses of adults to ECV have revealed internalizing problems as reflected in posttraumatic stress disorder (PTSD) as well as in various symptoms of PTSS, such as fear, sadness, and depression (Mitchell, Lewin, Horn, Valentine,

& Sanders-Phillips, 2010; Shields et al., 2010). In addition, studies have revealed externalizing problems, including dangerous negative behaviors such as violence, aggression, failure to control anger, crime, and use of alcohol and drugs, as well as antisocial psychological disorder (Fowler et al., 2008; Schraft, Kosson, & McBride, 2013). Studies have also revealed that exposure of adults to community violence related with cognitive problems, as reflected in declining achievements and attention problems among college students (Scarpa, 2003), in addition to medical problems such as asthma (Apter et al., 2010). Exposure of parents to community violence correlated with psychological distress, which is manifested, among other symptoms, in parental depression, anxiety, PTSD symptoms, and stress (Al'Uqdah, 2010; Borre & Kliwer, 2014; Mitchell et al., 2010). In addition, such exposure associated with dysfunctional parental practices as well as negative parenting, which are manifested in psychological and physical aggression, lack of warmth, punitive and rigid behavior, and lack of patience with children (Zhang & Anderson, 2010). A relationship has been found between gender and the consequences of ECV although the relationship is not always consistent. Thus, findings have revealed higher levels of depression for women than for men (Shields et al., 2010), and that men engage in more aggressive behavior than women (Scarpa, 2003).

Exposure of adults to community violence has also been found to impair PWB (Banerjee, Rowley, & Johnson, 2014). Well-being is related to the creative and flexible thinking, prosocial behavior and social skills, good physical health, life satisfaction, achieving a balance between positive and negative affect and empathy, self-definition, personal maturity, independence, mastery and familiarity with one's environment, and life goals (Ryff, 2013). It is affected by demographic characteristics, personality attributes, family characteristics, employment and economic situation, and external events and factors (Ryff, 2013). The present article relates to the levels of PWB among adults as a factor that is predicted by the extent of their ECV. In addition, ECV is considered to be a traumatic event, and PTSD and its symptoms are considered to be some of the main consequences that can emerge following such exposure (Kennedy, Bybee, Sullivan, & Greeson, 2009). According to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association [APA], 2000), PTSD is a response triggered by exposure to a traumatic event outside of the range of regular human experiences. It includes three clusters of symptoms: reexperiencing, avoidance, and hyperarousal (APA, 2000). For a clinical diagnosis of PTSD, it is necessary to focus on the threatening event that caused panic, and all of the symptoms need to meet criteria established in the *DSM-IV-TR*. Because the sample of this study was drawn from the overall population, we will use the term posttraumatic stress symptoms (PTSS) in this article, which derives from the diagnosis of PTSD and describes some of its symptoms but does not require a clinical diagnosis of PTSD.

Self-Efficacy and Collective Efficacy

Studies have examined various protective factors such as personal, family, and social processes that mitigate ECV and its consequences (Shields et al., 2010). According to

this perspective, self-efficacy can be considered a protective factor that buffers the difficulties encountered in coping with stressful situations (Bandura, 1997). *Self-efficacy* refers to the belief in one's abilities to mobilize internal resources to successfully perform tasks and attain the desired outcomes. It is an outcome of a gradual and continuous learning process, in which the individual absorbs and collects information from four main sources (Bandura, 1997): previous successful achievements, vicarious experience through observation, verbal persuasion, and physiological arousal. High self-efficacy facilitates flexible and rapid recovery following exposure to toxic social environments, which include violence, drugs, poverty, economic distress, and trauma (Garbarino, Dubrow, Kostelny, & Pardo, 1992). It is considered to be one of the main factors that protect against posttraumatic experiences or against trauma itself (Benight & Bandura, 2004). In the context of ECV, high self-efficacy is a protective factor against internalizing problems following such exposure (Dupéré, Leventhal, & Vitaro, 2012; McMahan et al., 2012).

Collective self-efficacy in the neighborhood context is defined as a belief in social cohesion and as sharing expectations with neighborhood residents about intervention in the pursuit of a common goal or to solve a community problem (Sampson, Raudenbush, & Earls, 1997). Studies have revealed that collective efficacy correlated negatively with exposure to violence and crime rates in the neighborhood (Rukus & Warner, 2013; Wickes, Hipp, Sargeant, & Homel, 2013). Studies have also found that collective efficacy is related to the development of adaptive behavior and to increased resilience (Jain, Buka, Subramanian, & Molnar, 2012), as well as to the ability to protect against or mitigate the consequences of exposure (Browning, Gardner, Maimon, & Brooks-Gunn, 2014).

The present study examined the extent to which self-efficacy and collective efficacy moderate the association of ECV with PWB and PTSS among adults. In so doing, we controlled for several demographic characteristics (i.e., age, gender, education, family income) and exposure to violence in the family of origin among Palestinian parents in Israel. Exposure to violence in the family of origin was controlled here in light of findings indicating that people who are exposed to community violence have usually been exposed to violence in their families (Evans, Davies, & DiLillo, 2008). Moreover, findings have revealed that exposure to both types of violence yields similar consequences, as reflected in internalizing problems, externalizing problems, cognitive problems, and social problems (Evans et al., 2008). Therefore, the consequences of exposure to violence in the family of origin were controlled to measure the extent to which the consequences of ECV can be explained over and above the consequences of exposure to family violence.

Research Hypothesis and Questions

The main hypothesis tested in the study was as follows:

Hypothesis 1: The greater the rates of ECV (experiencing and witnessing) among Palestinian parents in Israel during the last year and during their lifetime, the higher their levels of PTSS and the lower their levels of PWB.

In addition, the following research questions were examined:

Research Question 1: To what extent parents' ECV significantly explain the variance in their levels of PTSS and PWB, over and above the variance that could be attributed to their age, gender, education, income, and exposure to violence in the family of origin?

Research Question 2: Will parents' self-efficacy and collective efficacy moderate the relationships between their ECV, on one hand, and their PTSS and PWB, on the other?

Method

The findings reported in the present article are from a broader study conducted among a systematic random sample of participants, which examined ECV among Palestinian parents in Israel and one of their adolescent children as well as the consequences of such exposure. We also examined risk factors and protective factors among the parents and their children. The sampling unit in the larger study was parent-child dyads. The participants in each dyad filled out questionnaires simultaneously but separately. Data were collected between November 2014 and December 2015. In this article, we will relate only to the questionnaires filled out by the parents, with specific emphasis on some of the relevant instruments.

Participant

The participants in the study were 760 parents: 453 mothers (59.6%) and 307 fathers (40.4%). The age range of the mothers was 34 to 60 years ($M = 42.75$, $SD = 5.42$), and the age range of the fathers was 35 to 65 years ($M = 47.63$, $SD = 6.22$). Most of the parents participating in the study were Muslim (84.4%), 7.8% were Christian, and the rest were Druze (7.8%). Most of the parents lived in Arab cities (47%), 10.8% lived in mixed Jewish-Arab cities, 40% lived in Arab villages, and only a small percentage lived in Bedouin areas (1.8%). Most of the parents lived in the Northern region (59.1%), whereas 35.1% lived in the Central region and the rest lived in the Southern region (5.8%). As for level of education, 2.2% had less than 6 year of schooling, 2.9% had completed elementary school, 13% had completed junior high school, 39% had completed high school, 10.6% had enrolled in an academic institution without receiving a degree, 21.6% had a BA degree, 9.7% had an MA degree, and 1% had a PhD degree. Hence, all participants are literate and had no problems of reading the questionnaire and answering all its questions. Regarding the size of the locality of residence, most of the participants lived in villages and cities with populations ranging from up to 2,000 residents to more than 50,000 residents. The average monthly income per family was NIS11,858.92 ($SD = 8,980.73$).

Instruments

The instruments used in this study were self-administered questionnaires. The questionnaires were culturally adapted. Some of them had already been translated into

Arabic and used in previous studies, and some of them were translated from English into Arabic for the purpose of this study, and then translated back into English again. Arab scholars specializing in social and behavioral sciences compared the original English version and the version that was translated from Arabic to ensure consistency in the translations. When the Arabic versions of the questionnaires were completed, a pretest was conducted among 60 parents to ensure that the language and structure of the instruments were clear, and to examine whether the participants felt any discomfort as a result of filling out the questionnaires. Final adaptation of the questionnaires to the sociocultural and sociopolitical context of Palestinian society in Israel was performed following two rounds of pretests, and following consultation with professional judges in the violence research and in the field of behavioral sciences in general.

Demographic Background Questionnaire. The participants were asked to provide relevant demographic and background information: age, gender, education, religion, profession and employment, average monthly income in the family, place of residence, and region and size of residence.

ECV. This variable was examined on the basis of a revised version of the My Exposure to Violence scale (My ETV; Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998). The original English language questionnaire examined exposure to various types of violence (i.e., WCV and EVV). It consisted of 36 items that examined different types of violent incidents, their location, and their frequency (one time or recurrent). The instrument was intended for children and adults aged 9 to 24 years but can also be used among older populations. The questionnaire used in this study did not include items relating to sexual abuse or items relating to the participants' aggression because the definition of ECV in this study did not include the participants' violent behavior or exposure to accidents with casualties. The items relating to family violence or violence toward one family member were also eliminated from the questionnaire used in this study. The original version of the instrument was translated into Arabic and Hebrew by Haj-Yahia and Leshem (Haj-Yahia, Leshem, & Guterman, 2011).

Rates of ECV. This variable was measured on the basis of two scales: exposure during lifetime and exposure during the last year. *Exposure during lifetime* was examined on a 12-item scale. Participants were asked to indicate whether or not they had been exposed to community violence (CV) on a dichotomous scale: (1 = *yes*, 2 = *no*). The items in the questionnaire were divided into two subscales: (a) *WCV* during the lifetime (seven items) and (b) *EVV* during the lifetime (five items). *Exposure during the last year* related both to the extent (i.e., *yes/no*) and to the frequency of exposure during that year. To measure the frequency of exposure during the last year, a distinction was made between five levels of frequency. Participants were asked to choose the most appropriate response option from the following scale: 1 (*no exposure*), 2 (*one-time exposure*), 3 (*2-3 times*), 4 (*4-10 times*), and 5 (*over 10 times*) during the last year. The original responses were coded into values that reflect the number of times the participants had

been exposed to CV during the last year. The values were transcoded to the reflect rate of exposure closest to the median (Straus, 2004): 1 → 0, 2 → 1, 3 → 3, 4 → 7, 5 → 13. In that way, a value was derived for each item, which indicates the number of times the participant was exposed to the type of violence examined in the item during that year (Straus, 2004). One overall score was derived by calculating the sum of the scores on all of the items. The score ranged from 0 to 156 ($M = 9.64$, $SD = 11.46$) and indicates the number of times that each participant was exposed to all types of CV examined during the last year ($\alpha = .67$). The scale of responses was divided as follows: (a) the *frequency of WCV* during the last year ($\alpha = .59$) was measured on the basis of seven items, with overall scores ranging from 0 to 91 ($M = 9.11$, $SD = 10.09$) and (b) the *frequency of EVV* during the last year ($\alpha = .76$) was measured on the basis of five items, with overall scores ranging from 0 to 65 ($M = 0.54$, $SD = 2.83$). To measure the *extent of ECV during the last year*, we derived a dichotomous scale (0 = a response of "1" and 1 = responses from 1 to above). One score for overall rates was derived by computing the sum of the scores on all of the dichotomous items, with overall scores ranging from 0 to 12. This scale was divided into two subscales: *WCV* during the last year and *EVV* during the last year. This scale also measure other variables related to the location of the violent event, the relation with the victim, and the relation with the perpetrator of violence. In accordance with the main purpose of this article, we described here only the relevant parts that are related to the above-mentioned hypothesis and research questions.

PTSS. This variable was examined on the basis of the Crime-Related–Posttraumatic Stress Disorder Scale (CR-PTSD; Saunders, Arata, & Kilpatrick, 1990). The instrument is intended to measure crime-related PTSS and consists of 28 items. Participants were asked to indicate the extent to which each of the situations and feelings described in each item disturbed them during the past 2 months (e.g., "repeated unpleasant thoughts that won't leave your mind"). Responses were based on a 4-point Likert-type scale ranging from 0 (*never*) to 3 (*many times*). The Cronbach's alpha internal reliability of the scale used in the present study was .92 ($M = 0.80$, $SD = 0.56$).

PWB. This variable was examined on the basis of the Mental Health Inventory (MHI), which was developed by Veit and Ware (1983) to measure mental health. Veit and Ware proposed a three-level hierarchical model, which best explains the factorial structure of the instrument. Two factors were at the highest level: The first factor was *psychological distress*, and the second factor was *PWB*. The third factor was the general measure *mental health*. For the purposes of the present study, we chose a subscale that relates to well-being (*PWB*) and includes general positive affect (e.g., "felt calm and peaceful") as well as emotional ties (e.g., "love relations full, complete"). Participants were asked to rank their responses on a 6-point Likert-type scale ranging from 1 (*always*) to 6 (*never*). The Arabic language instrument used in this study consisted of 14 items, and the Cronbach's alpha internal consistency was .95 ($M = 4.42$, $SD = 0.94$).

Self-efficacy. This variable was measured on the basis of the New General Self-Efficacy Scale (NGSE), which developed by Chen and Gully (1997). The instrument

aimed to examine general self-efficacy, and included eight items (e.g., “I will be able to achieve most of the goals that I have set for myself”). Responses were based on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The Cronbach’s alpha internal reliability of the Arabic language scale used in this study was .82 ($M = 3.76$, $SD = 0.66$).

Collective efficacy. This variable was measured on the basis of a scale developed by Sampson et al. (1997), which included two subscales. The first subscale measured social cohesion and trust among neighbors, and consisted of five items (e.g., “People in this neighborhood can be trusted”; $\alpha = .53$). The second subscale measured informal social control as well as willingness to intervene on behalf of the common good, and consisted of five items relating to the expectation that neighbors will intervene in certain situations (e.g., “You can count on adults in this neighborhood to watch out that children are safe and don’t get into trouble”; $\alpha = .82$). Participants were asked to rank their responses on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). In the present study, two items from the original instrument relating to negative characteristics were eliminated, and the Cronbach’s alpha internal reliability of the Arabic language subscale used in this study was .87 ($M = 3.44$, $SD = 0.77$).

Exposure to violence in the family of origin. This variable was measured on the basis of the 36-item Conflict Tactics Scale–2 (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The instrument measures the conflict resolution tactics in the family, and includes five subscales: Negotiation, Verbal (psychological) Aggression, Physical Assault, Sexual Coercion, and Consequences of Violence (injury). For the purpose of the present study, two subscales were chosen: Physical Assault (seven items; $\alpha = .80$) and Psychological Aggression (10 items; $\alpha = .92$). Participants were asked to indicate for each item the number of times they had personally experienced violence in their families, from parents or siblings, during their lifetime (e.g., “threatened to hit you or throw something at you”). Responses were based on a 6-point Likert-type scale ranging from 1 (*never*) to 6 (*more than 20 times*). The Cronbach’s alpha reliability of the Arabic version of both the Psychological Aggression and for Physical Assault subscales used in the study was .93 ($M = 26.71$, $SD = 11.04$).

Procedures

The study was conducted after receiving approval from the ethics committee of the Paul Baerwald School of Social Work and Social Welfare at the Hebrew University of Jerusalem. It was difficult to obtain a fully random sample as there was not access to a list of Palestinian parents who live in Israel. Participants were recruited from various regions in Israel (e.g., the Galilee, the Triangle Region, and the Negev), from localities of different sizes, from all three religions in the Palestinian society (i.e., Muslim, Christian, and Druze), and from urban, rural, and Bedouin localities. Every locality was divided into three main regions: central, intermediate (between center and periphery), and peripheral. In each of these regions, at least one main street was chosen for

sampling. Research assistants randomly selected one building on a given street, and they began sampling on that street. Only one parent per family was recruited.

An informed consent form was signed by each parent who agreed to participate in the study. The participant parent either filled out the questionnaire at that time, which was collected together with the informed consent form in a sealed envelope, or the research assistant scheduled another time to return to collect these two documents, that is, the filled out questionnaire and form. After obtaining a completed questionnaire, the research assistant sampled the next building 10 houses down the same street. If no parent in that building consented to participate, the research assistant moved on to the next building. To increase the rate of fathers' participation, some of the sampling was carried out during evenings and weekends. The response rate was 63%. The parent selected to participate in the study was asked to fill out the questionnaire, and the assistant assured him or her to maintain complete privacy and confidentiality.

Statistical Analysis

Statistical analysis was conducted using the SPSS program. Univariate analyses were conducted to describe the sample (frequencies, means, and standard deviations) as well as to calculate the rates of parents' exposure to different types of community violence at various times and places. Analyses of distributions, frequencies, means, and standard deviations were conducted for the independent variables (ECV; Table 1), dependent variables (PTSS and PWB), and for the moderating variables (self-efficacy and collective efficacy), as well as for the control variables (age, gender, income, education, and exposure to violence in the family of origin).

Bivariate analysis was conducted by testing Pearson's correlations between the independent variables and the rest of the research variables to obtain preliminary and general data relating to the research hypotheses (Table 2). Independent sample *t* tests were conducted to examine differences in the extent of ECV during the last year and during the last year and during the lifetime by gender; multivariate analyses were conducted to test the research hypotheses as predictors of the consequences (i.e., PTSS and PWB) of parental ECV. Hierarchical linear multivariate regressions were conducted to examine the relative contribution of the independent variables (WCV and EVV) as well as the contribution of the moderating variables (self-efficacy and collective efficacy) to predicting the dependent variables (parents' PTSS and PWB). The control variables (age, gender, income, education, and exposure to violence in the family of origin) were entered into the regression model in the first step; the independent variables (WCV and EVV) were entered in the second step; the moderating variables were entered in the third step; and the interactions between the independent and moderating variables were entered in the fourth step (Table 3).

We examined whether participant's gender moderates the relationships between their ECV (both WCV and EVV), on one hand, and PTSS and PWB, on the other. The results showed nonsignificant interactions between ECV and gender (WCV: $\beta = .01$, $p = .740$; EVV: $\beta = -.03$, $p = .415$) on PTSS. Furthermore, nonsignificant interactions were found between ECV and gender (WCV: $\beta = .005$, $p = .880$; EVV: $\beta = -.008$, $p = .826$) on PWB. Consequently, we treated gender as a control variable.

Table 1. Means and Standard Deviations of Frequency of ECV Among Palestinian Parents During the Last Year, by Gender (Wilcoxon–Mann–Whitney).

Type of violence	Fathers <i>n</i> = 307		Mothers <i>n</i> = 453		<i>Z</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Witnessing frequency					
Chasing	1.59	2.61	1.88	3.46	-0.76
Beating	1.20	2.17	1.77	3.11	-1.82
Hearing gunshots	4.89	5.01	3.91	4.86	-3.10*
Assault with weapon	0.77	1.83	0.79	1.80	-0.74
Assault with firearms	0.42	1.74	0.24	1.09	-1.04
Injury by firearms	0.35	1.69	0.15	1.095	-1.48
Violent death	0.18	1.06	0.18	1.06	-0.41
Total witnessing	9.40	9.69	8.91	10.36	-1.51
Personal experience frequency					
Chasing	0.09	0.451	0.16	0.740	-1.18
Beating	0.19	1.09	0.27	1.32	-1.84
Assault with weapon	0.07	0.34	0.12	0.98	-1.18
Assault with firearms	0.02	0.18	0.05	0.69	-0.12
Injury by firearms	0.02	0.19	0.03	0.61	-0.90
Total personal experience	0.39	1.56	0.64	3.44	-0.35

Note. Due to nonnormal distribution, especially regarding exposure to incidents of low frequency, the Wilcoxon–Mann–Whitney test was used to examine the significance of gender related differences in the frequency of exposure to the different incidents of violence. ECV = exposure to community violence.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Results

The findings reveal much higher levels of WCV (92.6%) than EVV (44.4%) among the parents during the lifetime. The rates of WCV were significantly higher for fathers than for mothers (94.8% vs. 91.2%, respectively): $\chi^2 = 29.74$, $p < .001$. In addition, the rates of EVV during the lifetime were significantly higher for fathers than for mothers (54.9% vs. 38.1%, respectively): $\chi^2 = 30.49$, $p < .001$. Overall, the type of violence reported by the highest percentage of parents was hearing gunshots (78.4%): 81.5% for fathers versus 76.3% for mothers. In addition, the type of violence witnessed by the highest percentage of parents was beating (70.1%): 72.2% for fathers versus 68.7% for mothers. The type of violence most frequently experienced by parents was beating (36.8%): 41.8% for fathers versus 33.4% for mothers.

The findings also reveal that the frequencies of WCV during the preceding year were higher than the frequencies of EVV (83.2% vs. 12.5%, respectively). Overall, hearing gunshots was the most frequent type of exposure to violence among the parents during that period (65.4%): 70.7% for fathers versus 61.8% for mothers ($\chi^2 = 6.36$, $p < .05$). The most frequent types of violence witnessed by parents were chasing

Table 2. Bivariate Analysis—Pearson's *r* Between Posttraumatic Stress Symptoms, Psychological Well-Being, Exposure to Community Violence, Demographic Factors, Self-Efficacy, and Collective Efficacy (*N* = 673-760).

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. AGE														
2. GEN	.38***													
3. INC	.09**	.06												
4. EDU	-.01	-.05	.41***											
5. FVC	.05	.01	.01	-.12**										
6. PTSS	-.14***	-.02	-.09*	-.12***	.38***									
7. PWB	-.03	-.05	.09	.23***	-.35***	-.48***								
8. GSE	.04	-.05	.18***	.33**	-.24***	-.36***	.49***							
9. COE	-.03	-.03	.02	.02	-.13***	-.19***	.33***	.25***						
10. LSW	.18***	.11**	.03	-.02	.25***	.23***	-.16***	-.06	-.08*					
11. LSE	.19***	.14***	-.04	-.14**	.42***	.25***	-.25***	-.11***	-.05	.42***				
12. LYW	.03	-.03	-.06	-.06	.22***	.23***	-.16***	-.11***	-.05	.71***	.32***			
13. LYE	-.02	-.04	-.10**	-.14***	.24	.25	-.22***	-.16***	-.02	.24***	.54***	.35**		
14. WIT	.11**	.04	-.01	-.05	.25***	.25**	-.18***	-.09**	-.07**	.92***	.40***	.92***	.323**	
15. EXP	.12**	.08	-.07*	-.16***	.39***	.28***	-.27***	-.15***	-.24	.40***	.93***	.38***	.81***	.42**

Note. AGE = parent age; GEN = gender; INC = average of income; EDU = parents' level of education; FVC = exposure to violence in the family of origin; PTSS = posttraumatic stress symptoms; PWB = psychological well-being; GSE = self-efficacy; COE = collective efficacy; LSW = lifetime witnessing; LSE = lifetime personal experience; LYW = last year witnessing; LYE = last year personal experience; WIT = last year and lifetime witnessing; EXP = last year and lifetime personal experience.

p* < .05. *p* < .01. ****p* < .001.

Table 3. Hierarchical Multiple Regression Analysis for PTSS and PWB (*n* = 662).

Model		PTSS				PWB					
		B	β	p <	R ²	B	β	p <	R ²		
1	Gender	-.21	-.19	.001	.199***	.05	.02	.523	.149***		
	Age	.02	.04	.322		-.05	-.06	.158			
	Parents' level of education	-.02	-.04	.279		.18	.19	.000			
	Income	-.04	-.07	.077		.01	.01	.707			
	Exposure to family violence	.22	.40	.001		-.29	-.31	.000			
	ΔR ²	.199***				.149***					
2	Gender	-.25	-.22	.001	.241***	.09	.05	.238	.169***		
	Age	.02	.04	.353		-.05	-.05	.191			
	Parents' level of education	-.01	-.02	.535		.16	.18	.000			
	Income	-.03	-.06	.123		.01	.01	.867			
	Exposure to family violence	.17	.31	.001		-.22	-.24	.000			
	Witnessing community violence	.07	.12	.001		-.04	-.05	.233			
	Experiencing community violence	.08	.15	.001		-.13	-.14	.001			
	ΔR ²	.042***				.022***					
3	Gender	-.22	-.20	.000	.306***	.02	.01	.776	.344***		
	Age	.01	.01	.790		-.01	-.01	.739			
	Parents' level of education	.02	.04	.265		.07	.08	.032			
	Income	-.02	-.04	.248		-.02	-.02	.553			
	Exposure to family violence	.14	.26	.000		-.15	-.16	.000			
	Witnessing community violence	.06	.11	.003		-.02	-.02	.642			
	Experiencing community violence	.08	.14	.000		-.13	-.14	.000			
	Self-efficacy	-.14	-.25	.000		.33	.36	.000			
	Collective efficacy	-.05	-.08	.016		.18	.20	.000			
	ΔR ²	.065***				.175***					
4	Gender	-.21	-.19	.000	.319***	.02	.01	.799	.346***		
	Age	.01	.01	.830		.00	.00	.962			
	Parents' level of education	.02	.04	.263		.07	.08	.039			
	Income	-.02	-.04	.305		-.02	-.02	.541			
	Exposure to family violence	.14	.25	.000		-.15	-.16	.000			
	Witnessing community violence	.06	.11	.003		-.01	-.01	.708			
	Experiencing community violence	.08	.15	.000		-.15	-.16	.000			
	self-efficacy	-.14	-.25	.000		.34	.37	.000			
	Collective efficacy	-.05	-.09	.007		.18	.19	.001			
	Witnessing Community Violence × Self-Efficacy	.02	.03	.387		-.05	-.06	.122			
	Experiencing Community Violence × Self-Efficacy	.00	.01	.878		-.04	-.05	.210			
	Witnessing Community Violence × Collective Efficacy	-.07	-.12	.001		.02	.02	.617			
	Experiencing Community Violence × Collective Efficacy	.01	.01	.917		.02	.02	.522			
	ΔR ²	.013				.007					

Note. PTSS = posttraumatic stress symptoms; PWB = psychological well-being.

p* < .05. *p* < .01. ****p* < .001.

(46.1%), 49.2% for fathers versus 43.9% for mothers, and beating (46.1%), 43.3% for fathers versus 47.9% for mothers. However, these differences between fathers and mothers were not significant ($\chi^2 = 1.54, ns$). The most frequent type of violence

experienced by parents was beating (7.8%): 5.5% for fathers versus 9.3% for mothers ($\chi^2 = 3.56, p < .05$).

To examine differences between fathers and mothers in the rates of exposure to violence over the last year, Wilcoxon–Mann–Whitney tests were conducted. The findings in Table 1 reveal no significant differences in the rates of exposure to violence among mothers and fathers, except for hearing gunshots: The rates of this type of violence were higher for fathers than for mothers: M (fathers) = 4.89, $SD = 5.01$; M (mothers) = 3.91, $SD = 4.86$; $Z = -3.10$; $p < .01$.

The t tests for independent samples were conducted, and the findings revealed that mothers showed significantly higher levels of PTSS than fathers: $t(690.27) = 3.94, p < .001$; M (mothers) = 0.87, $SD = 0.58$; M (fathers) = 0.71, $SD = 0.5$. Whereas no significant difference in average of PWB was founded between fathers and mothers, $t(751) = 0.861, p = ns$.

The data on correlations presented in Table 2 reveal a strong and significant positive correlation between WCV during the last year and WCV during the lifetime ($r = .71, p < .001$). In addition, a significant positive correlation was found between EVV during the last year and EVV during the lifetime ($r = .54, p < .001$). Examination of these correlations shows a potential problem of multicollinearity. To solve that problem, we combined the first two independent variables into one independent variable, that is, total WCV, and the other two independent variables were also combined into one independent variable, that is, total EVV. The data indicate that total WCV correlated positively and significantly with PTSS levels ($r = .25, p < .001$), and it correlated negatively and significantly with the parents' PWB ($r = -.18, p < .001$). EVV correlated positively and significantly with PTSS ($r = .28, p < .001$), and the correlation between EVV and the parents' PWB was negative ($r = -.27, p < .001$). Thus, high levels of ECV (WCV and EVV) were related to high levels of parents' PTSS and low levels of parents' PWB. PTSS correlated negatively with self-efficacy ($r = -.36, p < .001$) as well as with collective efficacy ($r = -.19, p < .001$). In contrast, PWB correlated positively with self-efficacy ($r = .49, p < .001$) as well as with collective efficacy ($r = .33, p < .001$).

The hierarchical regression model for predicting parents' PTSS (Table 3) was found to be significant: $F(9, 652) = 31.95, p < .001$. According to the model, 31.9% of the variance in PTSS among parents was explained by all of the research variables. In the first step of the regression, gender and exposure to violence in the family of origin contributed significantly to parent PTSS: $\beta = -.19, p < .001$ and $\beta = .25, p < .001$, respectively. That is, being a mother and exposed to violence in the family of origin correlated with higher levels of PTSS. Moreover, in the second and third steps of the regression, the two independent variables (WCV and EVV) predicted levels of PTSS ($\beta = .11, p < .001$, and $\beta = .15, p < .001$, respectively) and the two moderating variables (self-efficacy and collective efficacy) were significant predictors of PTSS ($\beta = -.25, p < .001$, and $\beta = -.09, p < .001$, respectively), over and above the background variables and the independent variables entered in the previous steps. Finally, in the fourth step, the interaction between collective efficacy and witnessing violence was found to contribute significantly to PTSS: Parent collective efficacy moderated the correlation between WCV and PTSS (see Figure 1).

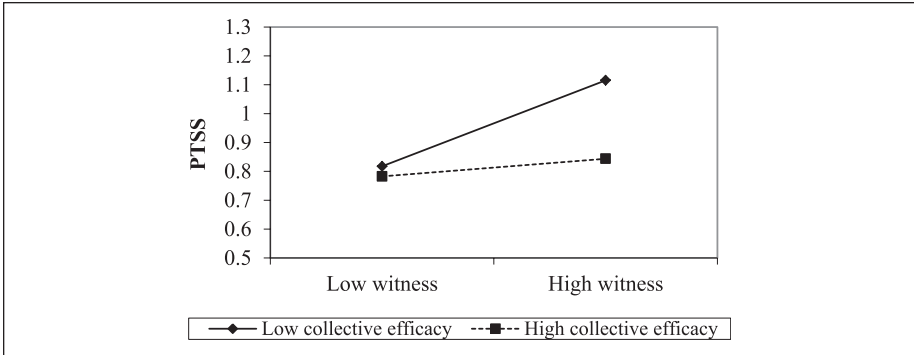


Figure 1. Parent collective efficacy as a moderator between witnessing community violence and PTSS.

Note. PTSS = posttraumatic stress symptoms.

Simple slopes analysis (Aiken & West, 1991) shows that the slope for low-level parent collective efficacy was significant ($b = 0.152, t = 5.56, p < .001$). That is, PTSS was higher among parents who had witnessed high levels of community violence. In contrast, the slope for high-level parent collective efficacy was not significant ($b = 0.031, t = 1.14, p = .253$). That is, when parents' collective efficacy was low, witnessing violence correlated strongly with high levels of PTSS.

The hierarchical regression for predicting parents' PWB (Table 3) was found to be significant: $F(9, 656) = 39.71, p < .001$. The findings indicate that 34.6% of the variance in PWB was explained by the research variables. In the first step, education and exposure to violence in the family of origin were found to be significant predictors of PWB ($\beta = .08, p < .05$, and $\beta = -.16, p < .001$, respectively). That is, a high level of education and low level of exposure to violence in the family of origin correlated with high PWB. In addition, in the second step, the independent variable EVV was found to be a significant predictor of parent PWB ($\beta = -.16, p < .001$). In the third step, the two moderating variables (self-efficacy and collective efficacy) significantly predicted parent PWB over and above the background variables ($\beta = .37, p < .001$, and $\beta = .19, p < .001$, respectively): Low levels of EVV and high levels of self-efficacy and collective efficacy were associated with high levels of PWB among parents. Finally, in the fourth step, the analyses of the interactions between the extent of parents' ECV (WCV and EVV), on one hand, and self-efficacy and collective efficacy, on the other, did not significantly predict parent PWB (See Table 3).

Discussion

The study examined the rates of ECV among Palestinian parents in Israel, as well as various psychological consequences of such exposure (i.e., high levels of PTSS and low levels of PWB). In addition, we examined whether self-efficacy and collective efficacy moderate the relationship between ECV and its consequences. The findings

indicate that a high percentage of Palestinian parents in Israel had been exposed to community violence. Most of them had witnessed violence, and almost half of them had experienced violence. The most prevalent types of violence witnessed and experienced by the participants were hearing gunshots and beating, respectively. The rates and patterns of ECV found in this study are consistent with the results of similar studies conducted throughout the world (Banerjee et al., 2014; Haj-Yahia, Leshem, & Guterman, 2013; Scarpa et al., 2006; Shields et al., 2010).

The findings of this study revealed that the rates of ECV over the lifetime were significantly higher for fathers than for mothers. However, with regard to ECV during the last year, the prevalence of hearing gunshots was higher for fathers than for mothers whereas the experience of beating was more prevalent for mothers than for fathers. The difference between fathers and mothers in the rate of ECV was consistent with the findings of previous studies conducted among different populations (Haj-Yahia et al., 2011; Lambert et al., 2010). These differences in the rates of ECV can be explained on the basis of the routine activities theory (Cohen & Felson, 1979) and lifestyle theory (Hindelang, Gottfredson, & Garofalo, 1978). According to these theories, the rates of ECV are related to the individual's lifestyle and routine activities in terms of his or her work and preferences for spending time. Specifically, ECV is related to the personal choices of individuals such as place of residence, social activities, and other factors that are indicative of lifestyle and can cause a person to be a victim of violence (Hindelang et al., 1978). The choice of lifestyle develops in light of functional expectations, cultural norms, and aspirations toward status, which are related to demographic variables. Fathers are expected to work outside of the home and to fulfill family and social obligations (Haj-Yahia, Musleh, & Haj-Yahia, 2002). Therefore, they spend a lot of time in the community and have intensive contact with people in the neighborhood. As such, the chances that they will be exposed to violent events in the neighborhood are greater (Haj-Yahia et al., 2011). In contrast, mothers are expected to be at home and fulfill obligations and roles related to the family and household (Haj-Yahia et al., 2002). Hence, the finding that mothers reported higher rates of experiencing beating during the last year might be attributed to the similarity between incidents of ECV and domestic violence, as well as to the blurring of boundaries between these types of incidents (Kennedy et al., 2009). In particular, the nuclear family and the extended family in Arab societies are characterized by a lifestyle based on close relationships among members of nuclear families and extended families (Haj-Yahia et al., 2002).

The finding of the current study revealed that when the rates of ECV were high, the parents reported high levels of PTSS. This finding is consistent with the results of a previous study, which found that among various populations, ECV was related to the emergence of psychological symptoms, including PTSS (Al'Uqdah, 2010). In addition, the findings of the present study revealed that levels of PTSS following ECV are higher among mothers than fathers. This finding is also consistent with the results of studies that revealed that the relationship between ECV and internalizing symptoms was stronger for adolescent girls than it was for adolescent boys (Shields et al., 2010), and that levels of PTSS were higher for adolescent girls than for adolescent boys

(Leshem, Haj-Yahia, & Guterman, 2015). A possible explanation for this finding is related to the differences in the socialization processes of boys and girls regarding masculinity and feminine: instrumental, active behavior, and lower fears characterized boys, and the opposite, that is, fear as well as passive and avoidant behavior, characterized girls (Gavranidou & Rosner, 2003). This is possible particularly in contexts such as Arab societies, where traditional gender norms prevail (Haj-Yahia et al., 2002). It is more acceptable for women to display weakness and to express their distress, as compared with men (Gavranidou & Rosner, 2003). In contrast to women, men in these societies are discouraged from expressing their feelings, and therefore show less tendency to express sadness and helplessness (Padgett, 1997).

The moderation hypothesis, which argues that self-efficacy and collective efficacy moderate the relationship between the rates of ECV and the emergence of PTSS symptoms, was partially confirmed. The findings indicate that parents who had witnessed great rates of community violence were less likely to report PTSS when their levels of collective efficacy were high. This finding is consistent with a meta-analysis of 28 studies that revealed that high levels of self-efficacy are consistently related to low levels of psychological distress and PTSS (Luszczynska, Benight, & Cieslak, 2009). However, self-efficacy and collective efficacy are not protective factors for the emergence of PTSS after experiencing violence. One possible explanation is that witnessing violence can be considered to be a mild form of exposure whereas experiencing violence can be considered to be much more severe (Scarpa et al., 2006). As a protective factor, collective efficacy includes neighborhood cohesion, informal social control, or a combination of the two but it does not moderate the consequences of severe ECV. The contribution of collective efficacy is reflected in strengthening resilience among family and peers who have been exposed to violence for extended periods in early adulthood (Jain et al., 2012).

The hypothesis regarding the relationship between the rates of ECV among parents and low PWB among Palestinian parents was confirmed. Parents who had been exposed to high levels of community violence reported lower levels of PWB. This finding is consistent with the results of a study conducted by Banerjee et al. (2014), which revealed a decline in PWB among adults who had been exposed to community violence. However, the findings of this study did not reveal significant gender differences in PWB following ECV. This might be attributed to other external factors that may have influenced the participants' well-being (Diener, Suh, Lucas, & Smith, 1999), such as everyday worries and daily hassles, which can impair the parental functioning of fathers as well as mothers.

The hypothesis relating to self-efficacy and collective efficacy as moderators of the relationship between ECV and low PWB among parents was not confirmed. Evidently, self-efficacy cannot protect against damage to PWB following ECV. This suggests that ECV is an ongoing trauma that endangers the parent's well-being at the personal, spousal, and family levels (Aisenberg & Ell, 2005). ECV also has detrimental implications for self-efficacy, which is based on motivation to meet the demands of the environment and on the ability to make effective decisions (Benight & Cieslak, 2011). In addition, ECV adversely affects the parents' faith in their ability to influence what happens

around them and take action to change the situation. Bandura (1997) assumed that recurrent failures in performing specific tasks have a profound detrimental impact that can persist for a long period. Parents coping with ongoing ECV feel that they have failed to stop the situation, and this can adversely affect their self-efficacy (Dupéré et al., 2012). It is also possible that changes in normal developmental stages further affect the responses of individuals to community violence. When the children are growing up, parents face numerous challenges related to the stage of adolescence. Coping with these challenges can change their sense of self-efficacy, which is a dynamic cognitive process (Bandura, 1997). Therefore, it is important to examine self-efficacy in relation to a specific domain (e.g., parental self-efficacy during the stage of adolescence), as well as in relation to specific parental tasks (e.g., self-efficacy in supervising the activities of the children at the home and outside of the home). In future research, it is also important to examine collective efficacy in specific areas such as in the nuclear and extended families as well as at the neighborhood level. Finally, it would be worthwhile to examine factors such as social support and family support, as well as ethnic socialization and ethnonational socialization, which can protect against the detrimental consequences of ECV (Banerjee et al., 2014; Scarpa et al., 2006).

Contributions and Limitations of the Study, and Implications for Future Research

The present research is a pioneer study, which examined the rates of ECV and some of its consequences among Palestinian parents in Israel. In addition, the study contributes to enhancing understanding of self-efficacy and collective efficacy as factors that moderate the consequences of ECV. Most of the existing research on ECV and its consequences has been conducted among clinical samples that are known to have been exposed to community violence. In contrast, the present study was conducted among a systematic random sample of the overall population, which includes parents who have not been exposed to community violence as well as parents who have been exposed to different rates and patterns of community violence at various levels of frequency and severity. In addition, this sample enabled us to reach a heterogeneous population of parents in terms of age, gender, level of education, socioeconomic status, place of residence, and religious affiliation.

Before concluding, several limitations of the study need to be mentioned. First, it was based on a cross-sectional survey design and examined correlations between the variables, so that there is no way of establishing causal relationships between ECV and mental health effects. Hence, it is important to conduct longitudinal studies to examine the development of the consequences of ECV over time. Second, the study questionnaire was based on retrospective reports that, by nature, can be affected by memory distortions. That is, over time, the parents can view and interpret violent events differently than they did at the time they occurred. In addition, because the participants had to recall past events to fill out the questionnaire, there is a potential for forgetting or suppression that can lead to erroneous reporting (Haj-Yahia et al., 2013). Third, the participants were only asked to report on exposure to physical violence, and they were

not asked to report on other types of abuse and violence such as verbal, sexual, emotional, economic, or political abuse. Therefore, we could not determine the extent and consequences of all dimensions of this problem. Fourth, even though the instrument that examined ECV was culturally adapted, and even though it has been used in previous studies conducted in Arab societies, it did not relate to the sociocultural and sociopolitical contexts in which such violence occurs. Therefore, it is important that future studies relate to such contexts in which Palestinian parents in Israel are exposed to community violence. Data collection that combines quantitative and qualitative research methods could contribute to understanding of ECV in Arab societies from the perspective of the different social, cultural, political, and economic contexts. Fifth, general self-efficacy was examined as a protective factor because it is broad and multifaceted. In future studies, it would be worthwhile to examine specific aspects of self-efficacy such as parental self-efficacy or self-efficacy in performing specific tasks such as “coping self-efficacy,” which have an immediate and long-term impact on the extent of distress following a traumatic event (Benight & Bandura, 2004).

Sixth, although the response rate was 63%, there is a possibility that those with a higher rate of ECV might have preferred not to participate in the study due to their fear of remembering their experience of ECV. Another option, those with higher levels of self-efficacy may have been dealing with ECV on their own, and for that, they decided not to take part in the current study. Seventh, low values of Cronbach’s alpha for WCV and EVV measures related to “My ETV” scale could be due to the small number and diversity of violence type included in these measures.

Regarding the practical implications of the study, the findings highlight the high levels of ECV among Palestinian parents in Israel. In light of this situation, there is a need to identify adults who are exposed to community violence as well as to develop culturally adapted and sociopolitically sensitive therapeutic and preventive interventions and projects for provision of assistance following exposure to such violence. Moreover, it is vital to increase awareness of the problem, its prevalence, and its consequences among policy makers and decision makers in Israel. In particular, this can be helpful in designing preventive programs for the Arab population, and in allocating resources for programs to reduce the rates of ECV and victims vulnerable of such violence.

Authors’ Note

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