

Living Healthy in Philadelphia: The Role of Family for Youth in Violent Environments

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BACKGROUND & PURPOSE

- West/Southwest Philadelphia (W/SW) has high violence rates which affect youth and pose substantial challenges for healthy development
- The role of the family is crucial for youth and its potential to be protective and aid healthy development in environments of violence warrants further investigation
- We tested the hypothesis that healthy family functioning serves to enhance youth's self-esteem and to decrease the use of confrontational coping in neighborhoods with pervasive community violence

METHODS

- Cross-sectional study design with 110 youth (ages 10-16 years) recruited from community settings and recreation centers in W/SW Philadelphia
- A paper and pen survey with standardized questions was administered to assess participants' community violence exposure (CVE), family functioning, peer self-esteem, school self-esteem, and use of confrontational coping
- Data were analyzed using percentages, means (\pm standard deviations, SD), and multinomial least-squares regression and 95% confidence intervals (CI)

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RESULTS

- During summer 2008, 110 youth participated in the study
- Ages ranged from 10 to 16 years (mean 13), 54% were female, and 98% were African American
- Community Violence Exposure (CVE)**¹ (scale 0-96): hearing about, witnessing, or being victim of community violence
 - mean **23.1** (± 12.47 , range 0 to 60)
 - over 97% reported some type of CVE, with 35% reporting disproportionately high CVE (score ≥ 32)
- Family Functioning**² (scale 1-4): assessment of the overall health/pathology of the family
 - mean **1.95** (± 0.53 , range 1 to 3.92); 54% reported healthy family function (score ≤ 2)
- Self-esteem**³ (scale 1-4): assessment of self-worth in the domains of peers and school
 - mean **3.15** (± 0.54 , range 1.7 to 4), for Peer Self-esteem
 - mean **3.12** (± 0.69 , range 1.0 to 4), for School Self-esteem
- Confrontational Coping**⁴ (scale 0-5): assessment of coping with CVE through confrontational behaviors (eg, carry weapon, stare someone down)
 - mean **1.19** (± 0.69 , range 0 to 5)

Healthier family functioning was associated with significantly ($p < 0.05$) **higher levels of school and peer self-esteem** and significantly **less use of confrontational coping**, controlling for age, gender, & CVE.

Participants' mean levels of self-esteem and coping (predicted) based on having healthy or unhealthy family function

	Healthy FF (95%CI)	Unhealthy FF (95%CI)
Peer Self-esteem	3.4 (3.37-3.51)	2.9 (2.84-2.97)
School Self-esteem	3.5 (3.41-3.53)	2.8 (2.76-2.90)
Confrontational Coping	0.8 (0.60-0.97)	1.5 (1.27-1.71)

All differences significant at $p < 0.05$

CONCLUSIONS

- Findings suggest that the role of the family can be a protective factor for youth growing up in environments of pervasive community violence
- In efforts towards preventing youth violence and augmenting healthy development, the family can be a point of intervention
- The results of this survey were intended to inform a larger, CDC-funded intervention trial based in W/SW Philadelphia to accomplish primary prevention of violence in cohorts of 10-14 year olds
- Consistent with these findings, both youth and parents/caregivers are being targeted in this ongoing primary prevention intervention.

INSTRUMENTS

¹ Cooley, Turner & Beidel. Assessing community violence: the Children's Report of Exposure to Violence. J Am Acad Child Adolesc Psychiatry 1995;34(2):201-6.

² Epstein, Baldwin & Bishop. The McMaster Family Assessment Device. J Marital Fam Ther 1983;9:171-80.

³ Hare. The HARE general and area specific (school, peer, and home) self-esteem scale. Unpublished manuscript, Department of Sociology SUNY Stony Brook, Stony Brook NY 1985.

⁴ Rosario, Salzinger, Feldman & Ng-Ma. Community violence exposure and delinquent behaviors among youth: the moderating role of coping. J Community Psychol 2003;31(5):489-512.