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ORIGINAL PAPER

Help-Seeking and Internal Obstacles to Receiving Support in the Wake of Community Violence Exposure: The Case of Arab and Jewish Adolescents in Israel

Neil B. Guterman · Muhammad M. Haj-Yahia · Vanessa Vorhies · Leyla Ismayilova · Becky Leshem

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Abstract We examined help-seeking and internal obstacles to receiving psychosocial support in the wake of community violence exposure in a sample of 1,835 Arab and Jewish adolescents living in Israel. Paper and pencil surveys conducted in schools examined adolescents' personal victimization and witnessing of community violence in the past year, and then queried adolescents about their help-seeking after violence exposure. Our findings indicated widespread exposure to community violence, particularly for the Arab respondents. Only one in three Arab and one in four Jewish adolescents reported seeking help from anyone to cope with such experiences following their violence exposure, and only rarely did adolescents seek help from a mental health professional (one in twenty for Jewish and one in nine for Arab adolescents). Adolescents across both samples indicated a variety of internal obstacles that might explain their lack of seeking help to cope with violence exposure, including cognitive minimization of the event, deliberately maintaining the secrecy of the event, wishing to maintain their autonomy, and failing to believe in the efficacy of seeking help from others. Such findings shed light on the difficult challenges to providing professional support to adolescents when they are exposed to community violence, and suggest that such challenges, while varying to a degree across cultures, are also prevalent across cultures.

Keywords Adolescents · Community violence · Help-seeking · Mental health sequelae

N. B. Guterman (✉) · V. Vorhies
School of Social Service Administration, University of Chicago, 969 East 60th Street, Chicago, IL 60637, USA
e-mail: nguterman@uchicago.edu

M. M. Haj-Yahia
Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem, Mt. Scopus, 91905 Jerusalem, Israel

L. Ismayilova
Columbia University School of Social Work, 1255 Amsterdam Avenue, New York, NY 10027, USA

B. Leshem
Achva College, M.P. Shikmim, 79800 Ashkelon, Israel

Introduction

Adolescent exposure to community violence is a major public health problem affecting the physical and mental wellbeing of significant proportions of adolescents (Koop and Lundberg 1992). Although a complex phenomenon which has been assessed in divergent ways, community violence exposure minimally entails either direct victimization or eyewitnessing violent events in streets, schools, shops, playgrounds, or other community locales and can include various incidents, such as gang violence, rapes, shootings, knifings, beatings, or muggings (Guterman et al. 2000). The majority of studies of community violence exposure among adolescents conducted on convenience samples in US urban settings have documented a problem of widespread proportions. These studies have variously indicated that annually between 18 and 60% of adolescents report direct victimization (e.g. Margolin and Gordis 2000; Richters and Martinez 1993), and between 50 and 100% of adolescents report eyewitnessing significant acts of community violence (Buka et al. 2001; Margolin and Gordis 2000; Richters and Martinez 1993; Stein et al. 2003).

Available evidence on studies conducted outside urban centers in the US indicates that violence exposure risk,

although varying across settings, clearly transcends class, ethnicity, and geography, with the few studies including adolescents in suburban and rural US settings reporting significant, though somewhat lower proportions of annual violence exposure (Gladstein et al. 1992; O'Keefe and Sela-Amit 1997; Singer et al. 1995; Slovak and Singer 2002; Sullivan et al. 2004). Further, studies conducted outside the US indicate that the problem of community violence exposure also extends across national boundaries, with studies documenting significant rates of exposure. For example, in both Antwerp, Belgium and Arkangelsk, Russia, over 50% of surveyed adolescents reported eye-witnessing violence over the prior 2 years, almost a third of surveyed adolescents reported personally experiencing "moderate" (e.g. being threatened with serious harm, being beaten up or mugged) to "severe" (e.g. being attacked with a gun or knife, or being seriously wounded) violence (Vermeiren et al. 2003). Studies conducted in South Africa have also reported large majorities of youths exposed to community violence, with one study for example indicating 57% of respondents had witnessed shootings and knife attacks, and over a third of the sample had witnessed a murder (Shields et al. 2008). In Israel, two studies focusing solely on violence experienced on school grounds or en route to school reported that over 50% of adolescents had been the victims of bullying, harassment, and intimidation at least once in the prior year (Harel et al. 1997, 2002).

In addition to the risk of significant medical consequences, including potential fatality, exposure to community violence has been linked with a wide array of mental health and psychosocial sequelae. Community violence exposure has been commonly linked with increased risk for fighting and violence perpetration (Bell and Jenkins 1993; Farrell and Bruce 1997; Fowler et al. 2009; Gorman-Smith and Tolan 1998; Schwartz and Proctor 2000), criminal involvement (Margolin and Gordis 2000; Widom 1989, 1998), heightened anxiety, depression, somatic complaints, and symptoms of posttraumatic stress disorder (PTSD) (Campbell and Schwarz 1996; Cooley-Quille et al. 2001; Dodge et al. 1997; Duckworth et al. 2000; Fitzpatrick et al. 2005; Foster et al. 2004; Gorman-Smith and Tolan 1998; Margolin and John 1997; Osofsky et al. 1993; Ozer and Weinstein 2004; Schwab-Stone et al. 1999; Singer et al. 1995), risky sexual behavior (Voisin 2003, 2005), greater use of illicit psychoactive substances (Browne and Finkelhor 1986; Kaplan et al. 1998; Margolin and Gordis 2000; Sanders-Phillips 1997), and cognitive and academic delays (Ratner et al. 2006; Schwab-Stone et al. 1999). Although it is difficult to draw direct causal connections between community violence exposure and such sequelae given that the majority of studies to date have employed cross-sectional designs, the available longitudinal examinations of community violence exposure and subsequent mental health concerns have isolated community violence exposure as a unique precursory predictor, most notably for increased aggression and antisocial behavior (Farrell and Bruce 1997; Gorman-Smith and Tolan 1998).

Despite the wide array of mental health and psychosocial sequelae associated with community violence exposure, evidence suggests that adolescents exposed to community violence face special obstacles to receiving appropriate psychosocial support in the wake of their violence exposure. For example, evidence from the US National Longitudinal Survey of Adolescent Health has indicated that adolescents exposed to serious acts of violence commonly occurring outside the home were less likely to receive mental health services subsequent to their victimization than adolescents not exposed to such violence (Guterman et al. 2002). Even when victimized adolescents receive mental health services, evidence further suggests that mental health clinicians often overlook exposure to violence when it occurs outside the home as a concern for treatment (in contrast to violence occurring within the family), and when clinicians are aware of such exposure, they often feel ill equipped to assist youths in coping with such experiences (Guterman and Cameron 1999). Thus, from the professional standpoint, significant obstacles appear to inhibit the provision of mental health support to adolescents in the wake of their community violence exposure.

Although explanatory models of service use and access, such as that developed by Andersen (1995) consider social structural factors, "predisposing" demographic factors such as age or gender, and symptomalogical and need factors, they do not well explicate the specific ways that experiences with violence and its aftermath may present unique barriers to receiving psychosocial support. Finkelhor et al. (2001) have posited that violence exposure in adolescence may serve to inhibit help-seeking and service use depending upon such factors as whether the violent incident is defined by victims and others involved as worthy of engaging professionals, developmental factors that may interact with violence exposure like a growing need for autonomy in adolescence, or emotional and attitudinal factors that may shape how adolescents reach out to others after exposure. Such a conceptualization underscores that engaging adolescents in psychosocial support after community violence exposure may be inhibited not only by professional and external structural obstacles, but also by a variety of internal obstacles. For example, although not well studied in its impact on help-seeking behavior for coping with violence exposure, it has been well documented that exposure to traumatic experiences may provoke cognitive distortions concerning the violent events such as minimization or amnesia (cf. van der Kolk and McFarlane 1996), which could obstruct the revealing of violence exposure to

concerned others. Similarly, qualitative evidence suggests that exposure to community violence, such as gang violence or rape, might provoke fear of further retribution, or personal trouble with authorities, if such experiences were revealed (Guterman and Cameron 1997).

Despite this anecdotal evidence, we are unaware of prior studies that have attempted to document the degree and nature of potential internal obstacles that adolescents may face in reaching out for support from potential helpers (both professional and informal) after they have been exposed to community violence. Without support, adolescents face coping with such potentially devastating experiences on their own. Thus, knowledge about help-seeking and obstacles to help-seeking in the wake of community violence exposure may potentially provide clues to better engaging and supporting adolescents contending with such difficult experiences.

Given this, we set out to examine the following questions in the present study:

1. How frequently and from whom do adolescents seek help after an experience with community violence? How frequently do adolescents seek help after such violence exposure from professionals providing mental health support?
2. When adolescents seek help from others to cope with their experiences of community violence, how frequently do those potential informants "refer" adolescents to a mental health professional?
3. When adolescents do not seek help from others in the wake of community violence exposure, what reasons do they provide for not seeking help from others? What are the most salient internal obstacles to receiving support from both professionals and non-professionals alike?

Given that the large majority of studies of adolescents' exposure to community violence have enrolled respondents in US urban settings, we further set out to broaden the comparative picture across national and ethnic contexts by examining these questions in both Arab and Jewish adolescents living in Israel.

Methods

Sample

Participants in the study included 1,835 Arab and Jewish junior and senior high school students in the Israeli National Education System. To maximize sample representativeness, Jewish communities for the sample were selected according to population size, geographic location, and socio-economic strata as per data released by the Central Bureau of Statistics (2003). Arab communities were selected according to population size, geographic location, and religious heterogeneity (Muslim, Christian, Druze), but were not sampled according to different socio-economic strata given that almost all Arab communities in Israel belong to the two lowest socio-economic strata, as defined by the Israeli Central Bureau of Statistics. To minimize bias resulting from exposure to political violence, we opted not to sample Jewish and Arab adolescents from confrontation-line communities where residents may most commonly be exposed to incidents of political and military violence. In total, participants lived in ten communities: five Jewish, four Arab, and one mixed Arab–Jewish community.

In each community sampled, one high-school and one junior high school were selected to participate in the study. Schools were selected within communities by first soliciting study involvement from the largest school in each community. If school administrators declined participation in the study, the next largest school on the community's list of educational institutions was approached for participation. After agreement was obtained from school administrators and staff, the researchers visited 2–3 classrooms in each grade, from ninth to twelfth, and explained the study to the students. In addition, explanatory notes and assent forms were distributed to students in their first language (either Arabic or Hebrew), as well as consent forms for students to carry home to parents. Both parents and students were asked to read and then sign consent and assent forms to permit their children's participation in the study. Of those recruited into the study, 80% of parents and adolescents agreed to study participation.

The final sample, described in Table 1, included 1,835 participants, of which 858 were Arab and 977 were Jewish. In both samples, the majority of study participants were female. The Arab subsample was approximately one half year older on average than the Jewish sample, with almost all Arab participants studying in grades 10–12, in contrast to the Jewish sample, which was represented by almost one quarter in the 9th grade. Jewish parents (both mothers and fathers) had completed significantly greater years of formal education than Arab parents. Further, Arab respondents lived in homes with density (persons per room) almost twice that of Jewish respondents (a central indicator of socio-economic status in Israel, cf. Resh 1987).

Study Procedures

Questionnaires were initially developed and translated from English to Arabic and Hebrew, and assessed for the suitability, clarity, and relevance for an adolescent population by five Arabic and Hebrew fluent researchers with specializations in violence exposure, families, and adolescents in the fields of sociology, psychology, social work, and education. Measures were then back-translated into

Table 1 Sample demographics

	Full sample ($N = 1835$)	Arab ($N = 858$)	Jewish ($N = 977$)	
Fathers education (%)				
Less than high school	19.6	31.9	8.1	$\chi^2 = 194.66$***
Completed high school or part of it	32.5	33.2	31.9	
Some college	18.1	15.8	20.3	
College degree or higher	29.7	19.1	39.8	
Religion (%)				
Muslim	42.8	91.8	0	$\chi^2 = 1830.00$***
Christian	3.8	8.2	0	
Jewish	53.4	0	100	
Gender (%)				
Male	44.9	42.1	45.5	$\chi^2 = 2.19$
Female	55.1	57.9	54.5	
Grade (%)				
9th Grade	17.1	0.1	31.9	$\chi^2 = 335.22$***
10th Grade	31.3	34.3	28.6	
11th Grade	30.3	38.4	23.2	
12th Grade	21.3	27.1	16.3	
	Mean (SD)	Mean (SD)	Mean (SD)	
Housing density				
Number of rooms in home	4.69 (1.80)	5.19 (2.38)	4.25 (0.83)	$t = 10.97$***
Number of persons in home	4.61 (2.49)	6.59 (2.12)	2.85 (1.06)	$t = 46.66$***
Housing density (persons per room)	1.04 (0.62)	1.44 (0.62)	0.69 (0.34)	$t = 31.09$***
Age	16.23 (1.05)	16.50 (0.90)	15.99 (1.11)	$t = 10.73$**

English by an independent expert in translation, pilot tested among adolescents, and refined for improved clarity.

Students were asked to complete individual questionnaires in their first language in their classrooms privately and anonymously. Questionnaire completion took place during a school period lasting less than 1 h. Questionnaires were paper and pencil assessments, and were collected immediately upon completion by a project researcher who maintained the privacy of responses throughout. Once questionnaires were collected, the data were then entered into an electronic data file, and error checked against responses and for logical inconsistencies.

Measures

Socio-demographic information obtained on questionnaires included: respondent's age, gender, religion, population size of community, and parents' education levels.

Exposure to Community Violence

An adapted version of the My Exposure to Violence Scale (My ETV) (Selner-O'Hagan et al. 1998) was used to measure lifetime and prior-year exposure to community violence. The original English version has reported satisfactory psychometric properties with adolescent samples (Selner-O'Hagan et al. 1998) and consists of items that examine exposure to different types of violence experienced as victims or eyewitnesses. Questions were worded to specifically exclude violent events occurring in the home and study respondents were directed by researchers during administration to exclude incidents of political or military violence or acts of terrorism. As requested by one IRB, and in consultation with the five professional expert researchers, specific items probing sexual violence, accidents, and the most severe aggression (e.g. witnessing a dead body) were removed.

Barriers to Help-Seeking in the Wake of Violence

After completing the adapted My ETV, respondents were next requested to recall the most recent incident of violence they may have been exposed to, either witnessed or personally experienced, and then asked a series of questions about whether and whom they may have sought support from "to help you deal with your feelings or thoughts"

about this most recent violent experience. Respondents skipped these questions if they indicated no recent violence exposure. If they were exposed to violence and indicated they did seek out help, they were asked to whom they turned for help, and a series of questions about the responses they received to their help-seeking from the support source, including whether the person(s) they talked with recommended they speak with a mental health professional "such as a psychologist, psychiatrist, or social worker to help you deal with your feelings or thoughts about this experience." If they indicated they did not seek out help from anyone following their violence exposure, they were then asked to complete a series of yes/no questions indicating which (if any) of sixteen possible reasons they had for not seeking help in the wake of their violence exposure. Given the lack of existing measures to examine help-seeking barriers after violence exposure, the list of barriers to help-seeking was developed by our research team, adapting from and augmenting a set of categories identified in a comprehensive literature review on general adolescent barriers to help-seeking (Kuhl et al. 1997). Respondents were queried about such barriers as cognitive minimization ("I didn't think what happened was very important,"), autonomy needs ("I didn't need help from anyone else"), confidentiality ("I didn't want anyone to know what happened"), fear of negative consequences ("I thought if I told someone I would get into trouble"), knowledge of resources ("I didn't know whom to turn to"), and alienation ("I didn't think anyone would understand my feelings"), each of which were identified in prior empirical studies as common barriers to adolescent help-seeking behavior (Kuhl et al. 1997). We augmented this list with additional possible internal barriers suggested by the first author's earlier qualitative studies of adolescents' community violence exposure (Guterman and Cameron 1997, 1999).

For the present set of analyses, given the exploratory nature of this study, we present descriptive frequencies and comparisons across ethnic/national groups of violence exposure, rates of help-seeking and barriers to help-seeking, along with chi-square tests of significance.

Results

Table 2 reports percentages of Arab and Jewish adolescents' reporting at least one encounter with twelve specific types of community violence exposure in the past year. Overall, both Arab and Jewish adolescents in this sample commonly reported experiencing community violence, with 92.5% of Jewish adolescents and 87% of Arab adolescents having witnessed one or more acts of community violence in the past year, and 51.7% of Arab adolescents and 38.6% of Jewish adolescents having personally experienced at least one type of community violence during the prior year. Arab adolescents reported significantly higher exposure rates to community violence than Jewish adolescents across 10 of the 12 personally experienced and witnessed forms of violence, with especially higher exposure rates for the most severe forms of violence exposure: personally attacked with bat, stick, knife (2.4 times greater exposure rate), witnessing murder (3.0 times greater exposure rates), being shot at but not hit (5 times greater exposure rate), being shot at and wounded (6.3 times greater exposure rate).

Table 2 Community violence exposure in prior year type by ethnicity/nationality ($N = 1{,}835$)

	Arab %	Jewish %	χ^2
Personal victimization			
Chased	29.2	19.3	23.527**
Hit, slapped, punched or beaten	34.4	29.1	5.367*
Attacked with bat, stick, knife	15.6	6.4	39.475**
Shot at, but not hit	6.9	1.3	38.188**
Shot at and wounded	4.4	0.7	23.326**
Witnessed violence			
Chased	70.1	72.5	1.059
Hit, slapped, punched or beaten	63.2	87.0	133.676**
Attacked with bat, stick, knife	52.3	35.2	42.715**
Heard gunfire nearby	62.8	35.6	128.223**
Shot at, but not hit	21.4	5.4	103.493**
Shot at and wounded	13.8	5.0	42.519**
Killed as a result of violence (shot, stabbed, beaten)	16.1	5.4	55.595**

* $p < .05$, ** $p < .001$

As presented in Table 3, of those adolescents who indicated exposure to one or more forms of community violence exposure in the past year, 33.2% of Arab adolescents and 24.3% of Jewish adolescents indicated that they had sought out someone to help them deal with their feelings or thoughts after their most recent prior experience with community violence, with a significantly higher proportion of Arab adolescents than Jewish adolescents seeking help from others ($\chi^2 = 15.38$, $df = 1$, $p < .001$). When asked whom they sought help from in the wake of their violence exposure, both Arab and Jewish adolescents most frequently turned to friends in the wake of violence exposure (24.0% Arab vs. 16.9% Jewish, $\chi^2 = 14.361$, $df = 1$, $p < .001$). and next most frequently turned to family members, such as siblings and extended family (22.6% Arab vs. 14.6% Jewish, $\chi^2 = 19.375$, $df = 1$, $p < .001$) and parents (21.4% Arab vs. 15.1% Jewish, $\chi^2 = 12.223$, $df = 1$, $p < .001$). In the wake of their community violence exposure, Arab adolescents turned for

Table 3 Percent of adolescents seeking help from others after community violence exposure

Sought help from whom?	Arab %	Jewish %	χ^2
Sought help from someone	33.2	24.3	15.38***
Friend	24.0	16.9	14.361***
Sibling, aunt, uncle, cousin, or other relative	22.6	14.6	19.375***
Parent	21.4	15.1	12.223***
Acquaintance or stranger	14.3	5.8	37.231***
Mental health professional	11.5	4.1	36.160***
Youth group or religious leader	10.0	3.5	32.001***
Teacher	9.2	2.7	40.962***
Medical professional	8.7	2.1	40.037***

Note: Respondents could opt for more than one source from whom they sought help

* $p < .05$, ** $p < .001$, *** $p < .0001$

help 2–4 times more frequently than Jewish adolescents from acquaintances or strangers, youth group or religious leaders, teachers and medical professionals (see Table 3).

Most salient for the present study, Arab adolescents directly sought help from a mental health professional (psychologist, social worker, psychiatrist, school counselor) at a rate approximately two and a half times more frequently than Jewish adolescents (11.5% Arab vs. 4.1% Jewish adolescents, $\chi^2 = 36.160$, $df = 1$, $p < .001$). Consistent with this, Arab adolescents reported that others recommended they speak with a mental health professional at a rate 44% more frequently than Jewish adolescents (24.2% Arab vs. 16.8% Jewish adolescents, $\chi^2 = 3.72$, $df = 1$, $p = .054$). Taking the sample as a whole, approximately one in five adolescents was recommended by others to speak with a mental health professional, and approximately one ten adolescents sought help from a mental health professional after their most recent exposure to community violence, with higher absolute rates of help-seeking from mental health professionals by Arab adolescents.

Examining reasons for not seeking help from others in the wake of community violence exposure, both Arab and Jewish adolescents identified a wide variety of internal obstacles, which differed significantly across ethnic/nationality on all items. Arab adolescents most frequently noted that they "thought their feelings would go away" by not turning to someone for help (66.3% Arab vs. 23.3% for Jewish adolescents, $\chi^2 = 222.11$, $df = 1$, $p < .0001$), or that they "did not want others to know what happened" and "did not want others to know that it bothered them" (60.6% Arab vs. 25.1% for Jewish adolescents, $\chi^2 = 153.82$, $df = 1$, $p < .0001$; and 60.8% Arab vs. 26.9% Jewish adolescents, $\chi^2 = 139.04$, $df = 1$, $p < .0001$). In contrast, Jewish adolescents most frequently noted that they felt they "did not need help from anyone else" (69.1% Jewish vs. 54.9% Arab adolescents, $\chi^2 = 25.49$, $df = 1$, $p < .0001$) and they "did not think what happened was very important" (54.8% Jewish vs. 48.9% Arab adolescents, $\chi^2 = 4.18$, $df = 1$, $p < .05$). Overall, Arab adolescents more frequently endorsed internal obstacles than Jewish adolescents, with over half responding "yes" to seven different obstacles (in contrast to only two items endorsed by more than half the Jewish respondents), including: "I didn't need help from anyone else", "I thought doing other things would help more than seeking help from someone", "I didn't think anyone would understand my feelings," and "It was too hard to talk about." Least endorsed obstacles across Arab and Jewish subsamples included believing that others would think the respondent was weak by talking about it, believing family members would be upset, not being taken seriously, or fear of getting in trouble by telling someone (Table 4).

Discussion

Given the well documented mental health needs of adolescents exposed to community violence, we set out to examine internal barriers to help-seeking in the wake of community violence exposure in an cross-cultural sample. Consistent with studies conducted in urban samples in the US or in other Western nations, our study examining Arab and Jewish adolescents in Israel documented very high exposure rates to community violence: nine out of ten Arab and Jewish adolescents had witnessed community violence within the past year; over half of the Arab adolescents and almost 40% of the Jewish adolescents stated they had been personally victimized in the prior year. Troublingly, substantial proportions of both samples were assaulted with some type of weapon (bat, stick, knife, gun) or had witnessed such assaults, with Arab adolescents reporting personal victimization rates on the most severe forms of violence exposure 2–6 times higher than Jewish adolescents.

Once exposed to violence outside the home, our findings indicate that Arab and Jewish Israeli adolescents rarely seek out help from mental health professionals to cope with such experiences, and rates of help-seeking from mental health professionals differed significantly across ethnic/national groups, with about one in nine Arab adolescents and about one in twenty Jewish adolescents directly seeking help from mental health professionals after their violence exposure. Although the very large majorities of adolescents across both ethnic/national groups did not seek help from anyone to cope with their exposure to violence (only one in three Arab and only one in four Jewish), when

Table 4 Reasons for not seeking help after community violence exposure ($N = 1,207$)

	Arab % $n = 645$	Jewish % $n = 562$	χ^2
I thought that by not talking about it, my feelings would go away	66.3	23.3	222.11***
I didn't want anyone to know it bothered me	60.8	26.9	139.04***
I didn't want anyone to know what happened	60.6	25.1	153.82***
I didn't need help from anyone else	54.9	69.1	25.49***
I thought doing other things would help more than seeking help from someone	53.8	29.5	72.09***
I didn't think anyone would understand my feelings	50.9	18.2	139.98***
It was too hard to talk about	50.4	22.9	95.80***
I didn't think what happened was very important	48.9	54.8	4.18*
Talking to someone about it wouldn't help or change anything	49.7	38.0	16.46***
If I told someone they might not keep it a secret	49.7	22.5	94.71***
I didn't know who to turn to	41.7	19.4	69.33***
I was too embarrassed to tell someone	41.3	19.5	65.88***
I thought if I told someone I would get in trouble	44.0	14.5	123.32***
I didn't think anyone would take me seriously	40.3	18.5	67.07***
If I told someone, my family would be upset	39.2	13.4	100.34***
I thought people would think I was weak by talking about the event	37.5	12.3	98.70***

* $p < .05$, ** $p < .001$, *** $p < .0001$

help was sought, friends were the most commonly sought out helpers, rather than adult authority figures such as parents who might serve to mediate access to professional psychosocial assistance (cf. Kopiec et al. 2004). Parents and family members were sought out for help less frequently than friends, followed by acquaintances/strangers, and then professionals of all kinds, including mental health, teaching, or medical professionals. Consistent with earlier clinical studies indicating that mental health clinicians do not often know about young clients' experiences with violence outside the home (Guterman and Cameron 1999), the present study indicates that professionals entrusted with protecting and supporting adolescents around difficult psychosocial experiences such as violent victimization are among the least likely to be sought out for help when these experiences occur. Taken together, such findings raise an ongoing substantial concern about the potential for mental health professionals to provide support for adolescents exposed to community violence given how shrouded such experiences are from professionals and even from potentially concerned adults who might facilitate mental health service engagement.

Examining differences across ethnic/national groups, the more frequent and severe violence exposure rates among Arab adolescents may in part explain the significantly higher help-seeking rates observed among this group, and may also explain why Jewish adolescents more commonly stated that they did not seek help because the incident they experienced was "not very important" or that they did not believe they need help from others. Although analyses presented here cannot directly confirm this, this pattern of findings suggests that help may have been more commonly sought when adolescents were exposed to the most severe kinds of violence. The response patterns however, also clearly suggest that cognitive minimization (cf. Phelps et al. 2002) is a compelling explanation for a lack of help-seeking in the wake of violence exposure as well. Both samples, and especially Arab adolescents commonly endorsed reasons such as "I thought by not talking about it, my feelings would go away", or "I didn't think what happened was very important" as well as "it was too hard to talk about" and "I thought doing other things would help more than seeking help from someone".

In addition to cognitive minimization, it appears that adolescents, and again particularly among the Arab subsample, often deliberately wished to keep their violence exposure confidential or secret (Kuhl et al. 1997) even if they were troubled by the experience, as two of the most common responses endorsed by this sample were "I didn't want anyone to know it bothered me" (60.8%), and "I didn't want anyone to know what happened" (60.6%), as well as "if I told someone they might not keep in a secret," which was endorsed by half of the Arab adolescents. Consistent with common barriers to adolescent help-seeking

identified by Kuhl et al. (1997), it also appears that autonomy needs were also significantly at play in shaping barriers to help-seeking, given the highly endorsed "I didn't need help from anyone else" (most commonly endorsed item by the Jewish adolescents, and fourth most commonly endorsed item by Arab adolescents), as well as "I thought doing other things would help more than seeking help from someone" (endorsed by over half of the Arab adolescents, and almost one-third of the Jewish adolescents). To a lesser but still significant degree, many adolescents, particularly Arab adolescents, did not appear to hold a belief in the efficacy or usefulness of seeking help from someone else (cf. Kuhl et al. 1997). For example, over half of the Arab adolescents and about one in five Jewish adolescents stated they did not think anyone would understand their feelings, and that it was "too hard to talk about". Similarly, almost half of the Arab adolescents and over one-third of the Jewish adolescents straightforwardly stated that "talking to someone about it wouldn't help or change anything".

Least commonly identified barriers to help-seeking in this study across both samples appeared to be embarrassment ("I was too embarrassed to tell someone," or "I thought people would think I was weak by talking about the event") or a fear of negative consequences if they sought help from someone ("I thought if I told someone I would get into trouble", or "If I told someone, my family would be upset").

Given the paucity of prior work on adolescent help-seeking in the wake of violence, these findings suggest the contours of the most common internal obstacles adolescents face in help-seeking, although they may not comprehensively array all significant internal obstacles. Our measure of obstacles to help-seeking, although derived from a comprehensive review of prior empirical work (Kuhl et al. 1997) has not been psychometrically assessed, and may contain both biases and gaps in assessing help-seeking barriers. Further, such obstacles may be multi-faceted, multiply determined or overlap, and our preliminary efforts to identify empirically discrete factors from these items (not shown) indicate that such obstacles do not neatly array along a set of separate orthogonal factors. Another important limitation of the present analyses is that we have not yet examined how help-seeking and associated obstacles may vary along types and degrees of violence exposure or characteristics of the victim, such as their gender, age or symptomalogical profile.

Despite these limitations, the patterns reported here clearly reveal that a substantial array of internal barriers to help-seeking are present when adolescents from differing ethnic and national backgrounds experience violence in community settings. Most prominently observed in the present study, adolescents' cognitive minimization may derive from a normative avoidance or denial response to an overwhelming experience, commonly identified in studies of post-traumatic responses to violence exposure (e.g. Van der Kolk and McFarlane 1996). However, while cognitive minimization may serve in a psychologically protective fashion in an immediate sense, it may dually serve as a hindrance to receiving needed support to help cope with the effects of such experiences. Paradoxically, this study points out that mental health professionals, trained to help victims address avoidance and minimization in therapeutically productive ways, may likely never encounter most victims of community violence, as the minimization itself appears as a key inhibitory factor in adolescents' engagement with such services. Significant additional internal layers of obstacles complicate the potential for professional engagement around adolescents' victimization outside the home, given the identified needs for autonomy, and the frequently observed belief in the lack of efficacy in reaching out for help for such experiences in the first place.

One clue to address the layers of obstacles in providing adolescents helpful support in the wake of violence exposure is suggested by our findings that adolescents exposed to violence most frequently turned to friends for help, even more commonly than to family members. As earlier work has suggested, violence exposure when it occurs outside the home (in contrast to family violence) is often not defined as a problem worthy of mental health service attention (Finkelhor et al. 2001; Guterman and Cameron 1999). The lack of salience of community violence as a problem worthy of professional attention may shape how both professionals as well as informal helpers, such as friends and family, respond when adolescents divulge their experiences with violence exposure. To the degree that the salience of the problem and its need for attention can be increased for both professionals and concerned others, such may hold the potential for action to be taken once these experiences become revealed to others. Given the well documented detriment of such experiences to psychosocial well being and functioning, informal helpers, and especially peers, can be educated about the importance of intervening and seeking out the help of concerned professionals when they learn of such experiences from their peers. While prior work on victimization has noted that concerned adults, such as parents, are often mediators or linking persons to engaging violence exposed adolescents and children in mental health services (cf. Kopiec et al. 2004), peers may be even better positioned as mediators to engaging professional help, suggesting the need to raise the consciousness of peers (for example, through schools) about violent victimization, and how professional support may help friends.

As our study has documented consistent with earlier studies, the problem of exposure to violence outside the

home, while perhaps differing in extent and severity across contexts, is one of significant proportions across ethnic, national and geographic boundaries (Vermeiren et al. 2003; Harel et al. 2002; Shields et al. 2008). Our findings underscore that community violence exposure is a significant problem that continues to be sorely overlooked and under-addressed, particularly in light of the wide array of externalizing, internalizing, cognitive, and academic sequelae as a result. Now documented as prevalent across a number of nations, the consequences of community violence exposure clearly ripple beyond victims and witnesses to family, peers, and wider community contexts. It remains clear that mental health professionals must continue to assiduously develop better assessment and intervention responses to address the problem. Even more so, however, the overwhelming number of exposed adolescents who do not receive any professional assistance suggest that a broader public health set of strategies are necessary to raise awareness of the problem, its consequences and the acute need to address it in order to mitigate further damage to the wide social fabric.

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