



Protective Impact of Future Orientation Domains for African American Youth Exposed to Community Violence

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Abstract

For African American adolescents, exposure to community violence continues to be a persistent public health concern with a range of maladaptive mental health outcomes. Despite one's level of risk, there has been an increased focus on an individual's degree of resilience. Protective factors, like future orientation, may buffer against negative outcomes. Future orientation is a complex, multistage, and multidimensional phenomenon, and it has been broadly defined as a cognitive-motivational construct that allows one to set goals and plan for the future. We aimed to examine how domains of future orientation during mid-adolescence may moderate the relationship between early adolescent exposure to community violence and late adolescent outcomes. Data from the current study focused on a subset of 721 African American youth from the Longitudinal Studies of Child Abuse and Neglect. Moderation analyses indicated that family future orientation was a significant moderator for exposure to community violence and delinquent behaviors, while education and career future orientation was a significant moderator for exposure to community violence and defensive avoidance. The current study highlighted the importance of gaining a deeper understanding of youths' conceptualization of the future, as this can be a target of treatment to greatly impact outcomes.

Keywords Future orientation · Community violence · Trauma · Delinquency · African American adolescents

Highlights

- The LONGSCAN dataset was used to examine protective factors for African American youth exposed to community violence.
- Family future orientation is a protective factor against delinquent behaviors in the face of community violence exposure.
- Education and career future orientation buffers against defensive avoidance in the face of community violence exposure.
- Domains of future orientation should be explored in treatment for African American youth to promote positive outcomes.

Community violence exposure continues to be a concerning issue impacting the lives of African American adolescents (Sleet et al., 2011; Sheats et al., 2018). In particular, researchers have found that exposure has the greatest effects on adolescents compared to other age groups. According to the 2021 High School Youth Risk Behavior Survey, 29.3% of African American adolescents reported seeing someone get physically attacked, beaten, stabbed, or shot in their

neighborhood, compared to 14.8% of White adolescents (Centers for Disease Control and Prevention, 2021). Exposure to community violence is associated with a higher occurrence of physical and psychological dysfunctions, such as anxiety, depression, drug abuse, or other risky behaviors during adolescence (Romeo, 2013; Wright et al., 2017). Among late adolescents and young adults, exposure to community violence has been linked repeatedly to antisocial or delinquent behaviors (Overstreet, 2000; Faus et al., 2019) and psychological trauma symptoms (Rosenthal, 2000; Lee et al., 2020). This is concerning, as disparities in community violence exposure are also linked to disparities in violence-related injuries and death (David-Ferdon et al., 2016), possibly leading to a cycle of violence and trauma. In fact, between 2010 and 2020, homicide was the leading cause of death among

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African American adolescents and young adults aged 15–24 years, and it was the second leading cause of death among African American adolescents aged 10–14 years (Centers for Disease Control and Prevention, 2020). In general, African Americans experience 20.3 gun deaths per every 100,000 people, while White Americans experience 1.8 gun deaths per every 100,000 people (Giffords Law Center, 2023).

It is important to note that community violence exposure is shaped by other systemic factors, such as structural racism and disenfranchisement (Burrell et al., 2021). When viewed from a “violence-as-a-disease model”, community violence stems from causes that are both chronic (e.g., history of neighborhood deprivation, cultural normalization of violence in response to structural oppression) and acute (e.g., perceived slights and social group performance influences) (Ezell et al., 2023). These macro-, meso-, and microlevel factors function independently and interact with one another to perpetuate or prevent violence. While structural factors may take more time to change, it is important to assess individual-level strengths that youth may have. Indeed, increasing evidence has been found for potential protective factors that can reduce the likelihood of youth violence, as well as buffer against the negative impact of risk factors in youths’ lives (Ttofi et al., 2016).

A significant portion of African American youth show successful adaptation over time. Despite one’s level of risk for poor mental health outcomes, there has been an increased focus on an individual’s degree of resilience. Resilience has been described as a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar et al., 2000). Resilience differs from recovery, where normal functioning temporarily gives way to some degree of psychopathology before returning to pre-event levels (Bonanno, 2004). Based on the interplay between an individual’s level of risk and the existence of protective factors, outcomes may greatly differ. Notably, protective factors are characterized by the complex interplay of extrafamilial environmental processes (e.g., neighborhood, school, peer group, community groups, and community institutions), familial processes (e.g., family resources, parental characteristics, and parental behavior/parenting), self-system processes (e.g., competence, nurturing, connectedness, and social responsibility), and individual characteristics (e.g., self-beliefs, health, development, and cognition) (Resnick, 2000). This framework is important, as research has frequently failed to acknowledge the fortitude and strengths of African American youths’ perseverance despite enduring adverse circumstances (Nicolas et al., 2008).

Definitions of Future Orientation

A promising protective factor that is viewed as an important component of adolescents’ identity development is future

orientation (Johnson et al., 2014). Within the literature, future orientation has been conceptualized in a number of ways (e.g., time perspective, possible selves), and a number of models have been created to explain its mechanisms (Johnson et al., 2014). Future orientation is broadly defined as a cognitive-motivational construct that includes one’s thoughts, motivations, hopes, and feelings for setting one’s goals and plans for the future (Stoddard et al., 2011). Researchers have described future orientation as a complex, multistage, and multidimensional phenomenon that serves as the foundation for the development of one’s expectations and creation of personal meaning for future situations (McCabe & Barnett, 2000; Nurmi, 1991). Specific youth conceptions about the future may include prospective life course domains and existential domains (Seginer, 2008).

Certain prospective life course domains of future orientation have been found to be universal and common to adolescents growing up in several western countries as well as “transition to modernity” settings (Seginer, 2008). Some researchers have considered three domains of future orientation that are of particular concern for adolescents: higher education, work and career, and marriage and family (Seginer, 2008), but the importance of each of these domains may differ for different groups of youth and would benefit from further exploration (McCabe & Barnett, 2000; McWhirter & McWhirter, 2008). Some studies have assessed youths’ feelings about the different prospective life course domains of future orientation, but do not explore the direct impact of future orientation on other variables. Furthermore, although future orientation has been defined as a multidimensional construct, it is often assessed as a singular variable within the literature. Thus, less is known about how specific life course domains of future orientation may be related to exposure to community violence or other outcomes.

Importance of Future Orientation for African American Adolescents Exposed to Violence

While repeated and chronic exposure to uncontrollable stressors may lead to learned hopelessness (Abramson et al., 1989; Rose & Abramson, 1992), it is important to note that not all individuals who have encountered traumatic situations experience declines in levels of future orientation. Future orientation may be particularly important for urban youth raised in marginalized environments (McCabe & Barnett, 2000). In fact, future orientation has been described as a “cross-cutting violence prevention strategy” (Khetarpal et al., 2021). While prior research has focused on general populations (e.g., Khetarpal et al., 2021, Shetgiri et al., 2016), there is a pressing need to focus on the impact of future orientation on African American youth. Due to the

disproportionate social and economic costs of violence in African American communities (Sheats et al., 2018), it is imperative to find prevention and intervention strategies that can be used within treatment.

Higher levels of future orientation may be a source of resilience possessed by individuals who have undergone traumatic events (Bonanno, 2004). Many individuals who are exposed to loss or potentially traumatic events do not develop posttraumatic stress disorder (PTSD), and they continue to display positive emotional experiences or show transient functional disruptions (Bonanno, 2004). A meta-analysis demonstrated that positive expectancies (e.g., hope, self-efficacy, and optimism) predict post-trauma resilience and protect against PTSD symptoms (Gallagher et al., 2020). Traumatic events may be associated with different psychological outcomes based on one's level of future orientation. One study of diverse adolescents found that peer and familial emotional victimization was associated with more hopelessness and increased depressive symptoms for those with lower levels of future orientation (Hamilton et al., 2015). Another study indicated that lower future orientation rates were correlated with greater PTSD symptoms among African American girls in juvenile correctional facilities (Quinn et al., 2021). However, further research with African American youth is necessary.

There are a few studies that suggest a protective role for future orientation on the relationship between community violence and delinquency. Higher levels of future orientation has been found to be linked to lower rates of self-reported delinquency (So et al., 2016), and future orientation moderates the relationship between exposure to community violence and delinquent behaviors (So et al., 2015). Those with high positive future expectations were less likely to engage in delinquent behaviors and had lower levels of offending (Prince et al., 2016; Craig, 2019), while those with lower levels of future orientation had significantly higher levels of risky and deviant behaviors (Robbins & Bryan, 2004). Thus, positive future orientation may protect youth from risky and delinquent behavior by directing them to more positive and adaptive behaviors that will assist them in achieving their future goals. However, existing studies have been limited, as conceptualizations of future orientation have been broad and nonspecific. More generally, there has been an inadequate focus on community violence exposure.

Current Study and Hypotheses

Based on a resilience framework (Luthar et al., 2000), the aim of the current study was to determine whether future orientation during mid-adolescence may moderate the relationship between early adolescent exposure to

community violence and late adolescent outcomes for African American youth. Given the research demonstrating the strong impact of exposure to violence and the formation of future orientation during this developmental time period, a more nuanced understanding of the longitudinal relationships of these variables for African American adolescents would provide further insight into potential treatment targets.

Hypothesis 1 predicted that future orientation at age 16 would moderate the relationship between exposure to community violence at age 14 and delinquency at age 18. Hypothesis 2 predicted that future orientation at age 16 would moderate the relationship between exposure to community violence at age 14 and trauma symptoms at age 18. For both hypotheses, higher levels of future orientation would confer stability in levels of symptoms over time, despite increasing risk for exposure to community violence (i.e., a protective-stabilizing effect; Luthar et al., 2000).

Method

The current study consisted of secondary data analyses of a publicly available archival dataset called the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), which is a consortium of research studies that was initiated in 1991 and concluded in 2012 supported by grants from the National Center on Child Abuse and Neglect (Runyan et al., 2014). The study was reviewed by university institutional review board. Informed consent was not required as this study utilized previously published, publicly accessible data for which informed consent had already been sought. The original study followed 1354 children from childhood to young adulthood at five data collection sites across the United States. There were five pooled cohort samples: three from urban areas in the East, Midwest, and Northwest, one from a suburban area in the Southwest, and one from the South (urban, suburban, and rural) within the United States. Additional information about the methods can be obtained from National Center on Child Abuse and Neglect.

Of note, the original aim was to use the LONGSCAN findings to provide a scientific basis for policy-making, program planning, and service delivery by understanding the factors that impact risk and consequences of maltreatment. Research has demonstrated that rates of maltreatment are higher among children who report higher levels of violence in their community (Lynch & Cicchetti, 1998; Overstreet & Braun, 2000). In turn, both maltreatment and community violence exposure are associated with worse psychosocial outcomes (Fowler et al., 2009). Because the current data was collected as a means of assessing risk for maltreatment, it is expected that the dataset will also represent children who are both at risk and not at risk for

exposure to community violence. While examining community violence exposure, it is also important to account for the effects of maltreatment exposure to avoid overestimation of the effects of exposure to community violence (Cecil et al., 2014). Given the prospective, longitudinal accounts of maltreatment and community violence, this dataset allowed for the examination of community violence exposure, while accounting for the effects of maltreatment risk.

To address the aim of the present study, a subset of 721 African American participants were included in the analyses. Among those participants, 47.2% identified as male, and 52.8% identified as female at baseline. A total of 36.2% were from the East, 18.2% from the Midwest, 7.2% from the Northwest, 21.2% from the South, and 17.2% from the Southwest.

Measures

Demographics

Information was collected on a variety of demographic variables, including data collection site, age, gender, and race.

Exposure to Community Violence

Exposure to community violence was assessed with a subset of items from the *History of Witnessed Violence* scale (Knight et al., 2010) delivered via an audio computer-assisted self-administered interview (ACASI) format. At 14 years of age, participants were asked whether they witnessed acts of violence over the last year on a four-point scale (“Never” to “More than 4 times”). Six items were utilized to create a composite score: “Seen someone arrested,” “Seen someone being slapped, kicked, hit with something, or beaten up,” “Seen someone pull a gun on another person,” “Seen someone pull a knife (or something like a knife) or razor on anyone,” “Seen someone get stabbed or cut with some type of weapon,” and “Seen someone get shot.” Cronbach’s alpha within the current sample was $\alpha = 0.76$.

Future Orientation

Future orientation at age 16 was assessed with the *Future Events Questionnaire* (Knight et al., 2010) with an ACASI format. Items were developed a priori and were informed by items used in the Add Health research project (Bearman et al., 1998). A total of ten items inquired about adolescents’ expectations regarding the likelihood of specific future events on a five-point visual scale (“Very Unlikely” to

“Very Likely”). Previous studies have confirmed the factor structure of the Future Events Questionnaire (Knight et al., 2010; Knight et al., 2014a), which included: Education and Career (e.g., “go to college,” “get the job you want”), Family (e.g., “get married,” “have children”), and Financial Stability (e.g., “get divorced,” “go on welfare sometime”). A composite score for each domain was calculated by the mean of the items that comprise of each factor. Cronbach’s alpha within the current sample was $\alpha = 0.73$, $\alpha = 0.70$, and $\alpha = 0.68$ for Education and Career, Family, and Financial Stability, respectively.

Delinquent Behaviors

Late adolescent delinquent behaviors were measured with an adapted version of an instrument assessing delinquent and violent behavior in the Denver Youth Study (Huizinga et al., 1991). For the LONGSCAN data collection, follow-up items from the original measure were truncated to accommodate the ACASI delivery system, and wording for some items were slightly revised (Knight et al., 2014b). A total of 26 items probed the frequency of various theft offenses, assault offenses, status, and public disorder offenses, etc. in the last year. A composite delinquency total score at age 18 was derived by calculating the mean of all 26 items. Cronbach’s alpha within the current sample was $\alpha = 0.85$.

Trauma Symptoms

Late adolescent trauma symptoms were measured with the *Trauma Symptom Inventory (TSI)* (Briere, 1995). At age 18, a total of 100 items assessed the psychological effects of trauma through adult self-report using an ACASI delivery system. Participants were asked to rate the frequency of their symptoms on a four-point scale (“Never” to “Often”). According to the authors of the *TSI*, internal consistency of the clinical scales range from $\alpha = 0.84$ – 0.87 (Briere & Miller, 1997). The authors also report good convergent validity with PTSD status, with a specificity of 0.92 and a sensitivity of 0.91 (Briere & Miller, 1997). Within the post-traumatic stress category, clinical scales that reflect the intrusive and avoidant components of post-traumatic stress disorder and acute stress disorder (American Psychiatric Association, 1994; Marmion & Lundberg-Love, 2008) were used for this study. These clinical scales included Intrusive Experiences (i.e., 8 items such as nightmares, flashbacks, and intrusive thoughts), Defensive Avoidance (i.e., 8 items that reflect cognitive and behavioral post traumatic avoidance), and Dissociation (i.e., 9 items such as out-of-body experiences, depersonalization, and psychic numbing). Cronbach’s alpha within the current sample was $\alpha = 0.88$, $\alpha = 0.90$, and $\alpha = 0.85$ for Intrusive Experiences, Defensive Avoidance, and Dissociation, respectively.

Data Analysis

Data were examined for normality, and delinquent behaviors and dissociation were found to have non-normal distributions. Both variables were log transformed to approximate a normal distribution before conducting the following analyses. Descriptive and correlational analyses were conducted on all continuous variables with SPSS Version 24.0 (henceforth referred to as “SPSS”) (IBM Corp, 2016). Means, standard deviations, and correlations for study variables are presented in Table 1.

The PROCESS macro for SPSS (Hayes, 2013) was utilized for all moderation models. PROCESS can estimate a simple moderation model, and it also provides output options for visualizing and probing a significant interaction (Hayes, 2013). PROCESS also centers the predictor and moderator variables to aid in interpretation of the models. Each domain of future orientation was examined in separate models as a potential moderator in the relationship between exposure to community violence and outcomes. Gender, data collection site, and baseline risk for maltreatment were added as covariates to control for their effects. To reduce the risk of Type I error, a significance level of $p = 0.03$ was used.

Results

Hypothesis 1

To address Hypothesis 1, exposure to community violence was entered into the model as X , each domain of future orientation was entered into the model as M , and delinquency was entered as the outcome (Y). A total of 3 models were tested; Hypothesis 1 was partially supported and only one interaction model was found to be significant.

Family future orientation at age 16 was a significant moderator of the relationship between exposure to community violence at age 14 and delinquent behaviors at age 18, $b = -0.002$, $p = 0.03$, 95% CI $[-0.0038, -0.0002]$. The significant interaction was further probed with the pick-a-point approach (also referred to as simple slopes or spotlight analysis) in PROCESS, which examines the conditional effects of X on Y at the tenth, twenty-fifth, fiftieth, seventy-fifth, and ninetieth percentiles of the moderator (Fig. 1). Specifically, the relationship between exposure to community violence and delinquent behaviors was significant at the tenth ($b = 0.005$, $p = 0.0002$, 95% CI $[0.0025, 0.0079]$), twenty-fifth ($b = 0.004$, $p = 0.0002$, 95% CI $[0.0020, 0.0063]$), and fiftieth ($b = 0.002$, $p = 0.03$, 95% CI $[0.0002, 0.0041]$) percentiles of family future orientation. In other words, the two highest percentiles of family future orientation buffered against negative outcomes, as exposure to community violence was no longer significantly related to delinquent behaviors.

The model examining education and career future orientation as a moderator was not significant, but there were significant main effects of exposure to community violence, $b = 0.003$, $p = 0.002$, and education and career future orientation, $b = -0.01$, $p = 0.01$.

The model examining financial stability future orientation as a moderator was not significant, but there was a significant main effect of exposure to community violence, $b = 0.003$, $p = 0.004$.

Hypothesis 2

To address Hypothesis 2, one outcome was tested at one time with each of the three clinical scales within the post-traumatic stress category on the *TSI*: Intrusive Experiences, Defensive Avoidance, and Dissociation. Exposure to community violence was entered in the model as X , each

Table 1 Means, standard deviations, and Pearson’s correlations among the study variables

	Mean	S.D.	1	2	3	4	5	6	7	8
1. ECV at age 14	3.33	3.39								
2. Education/career FO at age 16	4.13	0.76	-0.01							
3. Financial stability FO at age 16	2.43	0.77	0.11*	-0.15***						
4. Family FO at age 16	3.69	1.02	0.01	0.22***	0.13**					
5. Delinquent behaviors at age 18	0.03	0.05	0.15***	-0.16***	0.10*	0.05				
6. Intrusive experiences at age 18	48.48	10.04	0.10 ^a	-0.11*	0.09	0.15***	0.33***			
7. Defensive avoidance at age 18	49.70	10.35	0.12*	-0.09	0.09	0.11*	0.28***	0.82***		
8. Dissociation at age 18	1.67	0.08	0.04	-0.10	0.04	0.09	0.38***	0.72***	0.68***	

Log transformed terms are presented for delinquent behaviors and dissociation

ECV exposure to community violence; FO future orientation

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

^aTrending

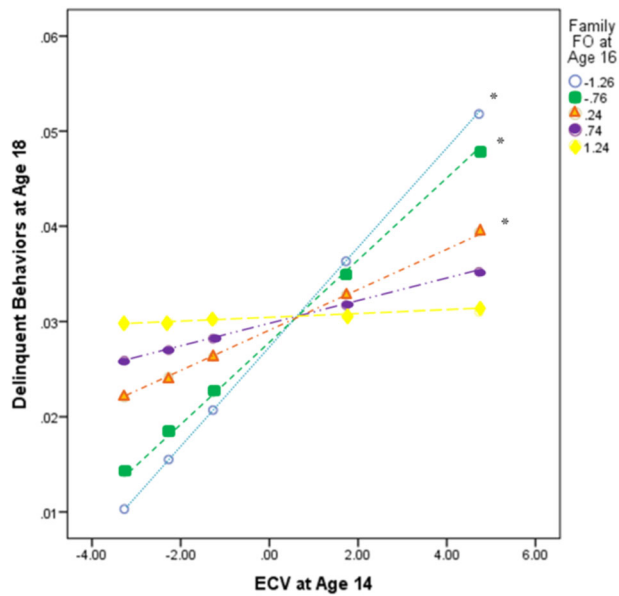


Fig. 1 Simple slope analyses depicting the relationship between exposure to community violence (ECV) at age 14 and delinquent behaviors at age 18 at varying percentiles of family future orientation (FO) at age 16

domain of future orientation was entered into the model as *M*, and each of the subscales of interest on the *TSI* at age 18 was entered as outcomes. A total of 9 models were tested.

Hypothesis 2: defensive avoidance as an outcome

Hypothesis 2 was partially supported and only one interaction model was found to be significant. Specifically, education and career future orientation was a significant moderator in the relationship between exposure to community violence and defensive avoidance, $b = -0.45$, $p = 0.01$, 95% CI $[-0.7991, -0.0986]$. Based on the pick-a-point approach, the relationship between exposure to community violence and defensive avoidance was significant at the tenth ($b = 0.85$, $p = 0.0001$, 95% CI $[0.4258, 1.2739]$), twenty-fifth ($b = 0.63$, $p = 0.0003$, 95% CI $[0.2911, 0.9597]$), and fiftieth ($b = 0.40$, $p = 0.02$, 95% CI $[0.0770, 0.7250]$) percentiles of education and career future orientation (Fig. 2). Thus, the two highest percentiles of education and career future orientation buffered against negative outcomes, as exposure to community violence was no longer significantly related to defensive avoidance.

The exposure to community violence and financial stability future orientation interaction was not significant, but there was a significant main effect of exposure to community violence, $b = 0.47$, $p = 0.005$.

The exposure to community violence and family future orientation interaction was not significant, but there were significant main effects of exposure to community violence, $b = 0.48$, $p = 0.004$, and family future orientation, $b = 1.23$, $p = 0.03$.

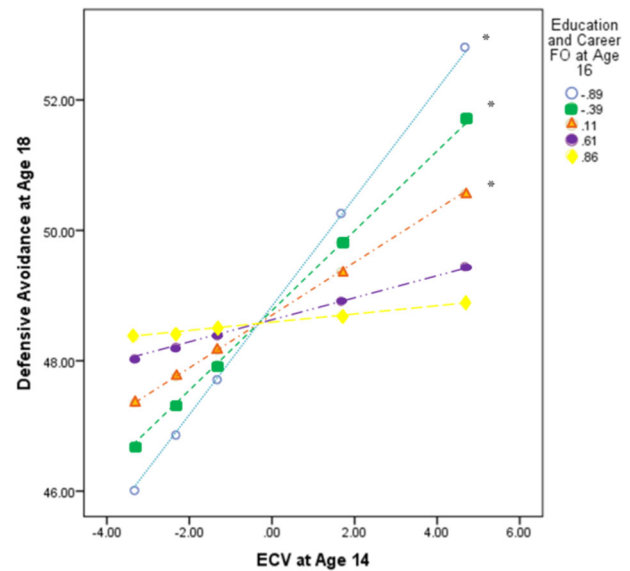


Fig. 2 Simple slope analyses depicting the relationship between exposure to community violence (ECV) at age 14 and defensive avoidance at age 18 at varying percentiles of education and career future orientation (FO) at age 16

Hypothesis 2: intrusive experiences as an outcome

The interaction between exposure to community violence and education and career future orientation was not significant, but there was a significant main effect of exposure to community violence, $b = 0.33$, $p = 0.03$.

The interaction between exposure to community violence and financial stability future orientation was not significant and there were no significant main effects.

The exposure to community violence and family future orientation interaction was not significant, but there were significant main effects of exposure to community violence, $b = 0.33$, $p = 0.04$, and family future orientation, $b = 1.36$, $p = 0.01$.

Hypothesis 2: dissociation as an outcome

There were no significant interactions nor main effects in the prediction of dissociation.

Discussion

Despite systemic factors that may impact African American youth, understanding individual-level resiliency and protective factors (Luthar et al., 2000) may provide specific treatment targets for youth exposed to community violence. Future orientation was examined as a source of resilience displayed by individuals who have undergone traumatic events, rather than a byproduct of traumatic events. Both

hypotheses were partially supported by the moderation models conducted in the present study.

For Hypothesis 1, findings revealed a protective effect of family future orientation at age 16 in the prediction of delinquent behaviors at age 18. Specifically, analyses revealed that family future orientation demonstrated a protective-stabilizing effect on the relationship between exposure to community violence at age 14 and delinquent behaviors at age 18 (Luthar et al., 2000). At high levels of family future orientation, levels of delinquent behaviors were stable despite increasing levels of exposure to community violence. On the other hand, at low levels of family future orientation, there was a significant positive relationship between exposure to community violence and delinquent behaviors. In fact, the positive relationship between exposure to community violence and delinquent behaviors was the strongest at the lowest percentile for family future orientation.

The family future orientation domain included items that assessed the individual's belief in the likelihood of having children and getting married. This suggests that positive expectations in these areas decrease the likelihood of engaging in delinquent behaviors in the face of exposure to community violence. A great deal of research has demonstrated the importance of friendships (e.g., Helsen et al., 2000) and romantic relationships (e.g., Collins, 2003) during late adolescence, and this study shows that positive thoughts and feelings towards future intimate social relationships may be especially important to youth exposed to exposure to community violence. Likewise, research has demonstrated that average and high levels of parental support (i.e., defined as the emotional climate, parental involvement, and parental supervision) buffers against the impact of witnessing exposure to community violence on delinquent behaviors (Brookmeyer et al., 2005). Thus, it is possible that youth who possess strong relationships with their families are better able to envision a positive future family life. To extend beyond previous research (e.g., Oyserman et al., 2004, Stoddard et al., 2011), it appears that youth who expect a future within their family life for themselves engage in fewer delinquent behaviors than if they could not expect such a future.

However, in contrast to Hypothesis 1, education and career future orientation and financial stability future orientation were not protective in the relationship between exposure to community violence and delinquent behaviors. Education and career future orientation included positive feelings towards the likelihood of graduating high school, going to college, and obtaining a preferred future job. Financial stability future orientation consisted of thoughts about the likelihood of events that may impact future stability, such as having children prior to marriage, getting a divorce, going on welfare, and becoming unemployed. The

lack of significant findings is interesting, as studies of school engagement trajectories have shown that youth who experience more positive pathways for behavioral and emotional engagement in school tend to have better grades, are less depressed, and are less likely to be involved in delinquency (Li & Lerner, 2011). Other studies have demonstrated associations between future orientation (i.e., defined as one's tendency to focus attention on the future) and perceptions of education usefulness, which is in turn associated with valuing academic work and positive academic outcomes (Brown & Jones, 2004).

Research studies in criminology have demonstrated that the absence of job opportunities and the high concentration of traditionally low-paying service sector employment in their communities increase the likelihood of adolescents engaging in delinquent behavior (Bellair et al., 2003). Further, adolescents' educational and career exploration shift frequently and change in complexity during late adolescence and emerging adulthood (Malanchuk et al., 2010). As such their future orientation at age 16 may demonstrate a time-limited effect that does not necessarily buffer against delinquent behaviors at age 18. These areas should be further explored to determine whether specific aspects of education and career future orientation or financial stability future orientation may be helpful for youth exposed to violence.

For Hypothesis 2, analyses revealed a protective-stabilizing effect of education and career future orientation on the relationship between exposure to community violence and defensive avoidance symptom of PTSD (Luthar et al., 2000). Thus, while education and career future orientation was not protective against the development of delinquent behaviors, it was protective against the development of defensive avoidance in the face of exposure to community violence. At high levels of education and career future orientation, levels of defensive avoidance were stable despite increasing levels of exposure to community violence. On the other hand, at low levels of education and career future orientation, there was a significant positive relationship between exposure to community violence and defensive avoidance. The positive relationship between exposure to community violence and defensive avoidance was the strongest at the lowest percentile for education and career future orientation. This suggests that when adolescents have positive thoughts about their ability to finish school and obtain a job in the future, this decreases the likelihood of experiencing defensive avoidance in the face of exposure to community violence.

This relationship may be explained by a greater sense of coping efficacy, which is defined as an individual's subjective evaluation regarding whether or not their coping efforts were successful in meeting their goals within a specific stressful situation (Aldwin & Revenson, 1987).

Youth who believe that they will have positive future educational or career experiences and are making progress towards these goals may have a greater sense of coping efficacy, and therefore they may be less likely to exhibit behavioral or cognitive avoidance of traumatic stressors. Furthermore, it is possible that individuals with high levels of education and career future orientation also possess high levels of personal control (Pulkkinen & Ronka, 1994). In other words, those with a generally positive life orientation have both a greater sense of control over subjectively important areas of personal development and have more optimistic expectations of the future. In turn, this sense of control buffers against symptoms of defensive avoidance. Indeed, prior research has demonstrated that levels of present control (i.e., defined as control over the recovery process) is significantly related to decreased PTSD symptoms among sexual assault victims and bereaved individuals (Frazier et al., 2004). Likewise, among adolescents faced with exposure to community violence, high levels of education and career future orientation may also be linked to higher levels of personal control, which may allow them to better manage potential symptoms of defensive avoidance as a result of exposure to community violence.

However, financial stability and family future orientation were not protective against symptoms of defensive avoidance. Furthermore, none of the prospective life course domains of future orientation were protective against symptoms of intrusive experiences or dissociation. It is possible that these two symptoms of PTSD are more involuntary and outside of an individual's control, so they are less responsive to protective factors or coping strategies in which youth are attempting to engage. Future studies would benefit from a direct comparison of these domains of future orientation among community samples of individuals exposed to community violence versus clinical samples of individuals exposed to community violence.

Limitations and Strengths

In light of the significant findings, this study has some limitations. While exposure to community violence was assessed with several established measures that have been used in other studies (e.g., Knight et al., 2010), victimization was not directly examined. By focusing on witnessing community violence, the unique impact of different types of exposure to community violence cannot be distinguished (Kliewer et al., 1998). Although prior studies have not concretely established whether there are reliable and valid differences between witnessing violence and victimization, factor analytic studies have shown the existence of unique categories of exposure to community violence (Overstreet, 2000). Direct exposure can be broken down into firsthand experience of a traumatic event or witnessing a traumatic

event as it occurs to another person, while indirect exposure describes instances when someone is exposed to trauma through other sources (i.e., their profession) (May & Wisco, 2016). Both direct and indirect exposure can lead to PTSD or behavioral dysfunction, while proximity to the event increases risk of PTSD for direct exposure (May & Wisco, 2016; DaViera & Roy, 2020). While beyond the scope of the aims of this study, more research needs to be conducted to determine whether these distinctive categories of exposure to community violence lead to different developmental outcomes.

Similarly, while the current study included baseline risk for maltreatment in the models as a covariate, history of maltreatment (e.g., type, severity, frequency) was not otherwise explicitly addressed. Youth who experience both maltreatment and community violence may exhibit unique outcomes due to the effects of this complex trauma exposure. More research would be beneficial to tease apart the impact of family-based and community-based violence exposure.

Additionally, only a subset of African American youth was included. As such, results may not be applicable to youth from other racial or ethnic groups. Nevertheless, given the high rates of exposure to community violence and related stressors among African American youth and families, it is important to gain a clearer understanding of factors that may buffer against the negative effects of exposure to community violence. Further, because the measures were conducted via self-report or ACASI format in the presence of a trained interviewer, shared method variance cannot be completely ruled out.

Data for LONGSCAN was collected between 1991 and 2012, which represents a specific cohort of individuals from that generation. Given significant events and political movements in recent years (e.g., Black Lives Matter, COVID-19 pandemic), this data may not be representative of all generations of youth in the United States. Nevertheless, community violence exposure continues to be a significant stressor for Americans; overall gun homicides have increased since 2012 and increased 35% between 2019 and 2022 specifically (Larbi et al., 2022). Despite these limitations, this study has several strengths. Rather than a single PTSD score, several trauma symptoms were examined, including defensive avoidance, intrusive experiences, and dissociation, as separate outcomes. Many children and adolescents faced with complex trauma experience symptoms that may be different than those that categorize a DSM-5 PTSD diagnosis (Redican et al., 2022). Thus, in order to get a deeper understanding of the full impact of exposure to community violence, it is important to examine its relationship with different categories of trauma symptoms.

To our knowledge, this was one of the first studies to examine the prospective life course domains of future orientation as it relates to exposure to community violence

and outcomes. The study also benefits from a longitudinal design to examine these variables across middle childhood to late adolescence. Moreover, instead of measuring retrospective accounts of all of these variables, an existing dataset that collected data from a group of African American youth and their families annually from age 8 years to 18 years was utilized. Thus, this may reduce certain biases due to inaccurate accounts of one's history in primarily retrospective studies.

Research and Clinical Implications

Importantly, results suggest that future orientation as it relates to community violence may be a complex, but important area of research. Although prior research has displayed a strong positive association between exposure to community violence and delinquent behaviors, the present study indicated that positive future orientation may be protective in the face of increased exposure to community violence. More investigation is needed to determine why this may be occurring and how specific contextual factors are contributing to the findings in the present study. Furthermore, it would be beneficial to examine other positive youth development factors, such as self-esteem, self-efficacy, and self-worth in relation to the prospective life course domains of future orientation, as well as in relation to these types of trauma symptoms. Additionally, future research should further tease apart nuances in how these different prospective life course domains of future orientation impact other developmental outcomes as well (e.g., depressive symptoms, anxiety symptoms, etc.).

Furthermore, results indicated that some prospective life course domains of future orientation are protective, but they are not all effective in preventing the development of delinquent behavior or trauma symptoms. Both individual- and social-level contexts are important when considering prevention and intervention efforts among African American children and adolescents. Simply teaching all youth a single group of techniques to cope with exposure to community violence does not necessarily help everyone in the same way. Additionally, there may be certain cognitive schemas that influence whether intervention or prevention programs are able to influence the daily lives of youth who witness or are victims of violence in their community. Within the existing literature, there are some programs that have been used to enhance youth's future orientation (e.g., Hope Project from Purtell & McLoyd, 2013; Career Club from Walsh, 2008). However, more recent research on interventions has been limited; further research should determine their utility for African American youth exposed to community violence. Finally, to promote longer-term, sustainable change for this community, it will be important to create more proactive responses from a community and

structural level. For example, African American youth themselves have identified the need for increased access to mental health care, safe spaces to process experiences of community violence, greater investment in community infrastructure, and improved relationships with law enforcement and schools (Woods-Jaeger et al., 2019).

Data Availability

The data that support the findings of this study are publicly available through the National Data Archive on Child Abuse and Neglect. <https://doi.org/10.34681/CXPJ-5M96>.

Compliance with Ethical Standards

Conflict of Interest The author has no relevant financial or non-financial conflict of interest to disclose. This study was completed as part of the author's dissertation project at Loyola University Chicago.

Ethics Approval The study complied with APA ethical principles and was reviewed by the Loyola University Chicago institutional review board and determined to be exempt due to secondary data analyses.

Informed Consent Informed consent was not required as this study utilized previously published, publicly accessible data for which informed consent had already been sought.

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