

# Community Violence Exposure, Experiential Avoidance and Depression in Chinese Adolescents

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**Abstract:** This study aimed to investigate the link between community violence exposure, experiential avoidance and depression among Chinese adolescents. A total of 468 middle school students from China completed the Survey of Children's Exposure to Community Violence, Acceptance and Action Questionnaire-Second Edition (AAQ-II) and Children's Depression Inventory (CDI). The results suggested that the depression was positively correlated with the level of community violence exposure and experiential avoidance, and community violence exposure was positively correlated with experiential avoidance. Mediation analysis revealed that experiential avoidance partially mediated the association between exposure to community violence and depression. These results suggest that educators and parents can help adolescents prevent or reduce the happening of depression by reducing their risk of exposure to community violence and decreasing experiential avoidance.

**Keywords:** Exposure to community violence; experiential avoidance; depression

## 1 Introduction

Depression has become increasingly common among Chinese children and adolescents. National survey showed that the overall prevalence on depressive symptoms was 14.81% for the Chinese adolescents [1]. As one of the most common mental disorders, depression is associated with more chronic diseases, more gambling and alcohol problems, and increased peer relations difficulties [2–4]. Factors that influence depression have thus attracted more and more attention from researchers in recent decades. For example, some scholars found that greater attachment avoidance predicted an increase of depressive symptoms [5]. Others reported that higher family adaptability and cohesion can be protective against depressive symptoms [6], and greater depressive symptomology is associated with a specific negative bias in relation to the self [7].

Many researchers have argued that depression is related to the level of adversity that characterizes adolescents' environment. For example, there is some evidence that children reared in a family experiencing high levels of adverse life events are more likely to experience depression [8]. It was reported that residents of disadvantaged neighborhoods have significantly higher levels of depression than do residents of more advantaged neighborhoods [9]. As a form of adversity, community violence refers to interpersonal violence in the community that committed by strangers or acquaintances other than family members [10]. Exposure to community violence can be divided into two categories: directly experiencing violence (i.e., being a victim of community violence) and indirectly experiencing violence (i.e., witnessing community violence) [11]. Exposure to community violence is a risk factor for adolescents'



psychological problems. Several studies have demonstrated that higher levels of community violence exposure were associated with higher levels of depression among children and adolescents [12,13].

In addition to community violence exposure, another variable that has consistently been shown to have a positive association with depression is *experiential avoidance*. Experiential avoidance is defined as the unwillingness to remain in contact with unpleasant private experience (e.g., emotions, thoughts, and memories) and the action taken to change the aversive experiences or the situations that elicit them [14]. Experiential avoidance has been regarded as an important factor that may contribute to the etiology and maintenance of numerous psychopathological problems. Theorists proposed several potential pathways by which experiential avoidance might functionally contribute to psychopathology [14]. First, the deliberate avoidance strategies are usually verbal and involve the avoided item, so the use of these strategies can make the avoided item actually become more accessible and likely to affect further cognition and behavior. Secondly, our private experiences are often classically conditioned, and thus the verbal control strategies in experiential avoidance may be ineffective for managing these private events. Finally, the rigid and inflexible use of experiential avoidance may expend enormous time and energy, and it led to a severely constricted life. Indeed, a variety of scholars have demonstrated that experiential avoidance is positively correlated with a range of psychopathological problems. For example, it was reported that experiential avoidance was positively correlated with complicated grief [15]. Related to this finding, researchers found that experiential avoidance significantly predicted anxiety [16]. Thus, it is our view that it is not surprising that experiential avoidance significantly contributes to the prediction of depression [17,18].

Findings reported in research have shown that individuals who have adverse childhood experiences may be more likely to engage in avoidance strategies as an attempt to control or suppress internal experiences [19,20]. Experiential avoidance has also been suggested to be a mediator in the relationship between adverse childhood experiences and psychological symptoms. For example, researchers found that experiential avoidance may be a mediator between sexual victimization and depression and post-traumatic stress disorder [17]. Some scholars also reported that experiential avoidance partially mediated the effect of childhood abuse on depression symptoms [20]. In the developmental-ecological model of community violence exposure, theorists suggested that variables in five domains—community and neighborhood, family, relationships with parents and caregivers, relationships with peers, and personal characteristics—have both direct and indirect effects on risk for community violence exposure and on its effects on internalizing problems [21]. Previous research has showed that experiential avoidance may partially explain the association between community violence exposure and depression. Although some researchers have investigated the relationship between community violence exposure and depression and the mediating role of experiential avoidance in the association between adverse childhood experiences and depression [12,17], the samples tested consisted only of western students. Some studies found that there is cross-cultural variation in the prevalence and symptomatology of depression [22], and culture can be regarded as an important factor that might influence the choice of coping strategies [23]. Thus, it is unclear whether or not the previous findings can be generalized to more culturally diverse samples.

The purpose of our research was to explore the relationship between community violence exposure and depression in Chinese adolescents, and to test the effect of experiential avoidance as a mediator in this relationship. On the basis of previous evidence regarding the associations between community violence exposure, experiential avoidance, and depression, we proposed the following hypothesis:

**Hypothesis 1:** Community violence exposure will be positively associated with experiential avoidance and depression of adolescents.

**Hypothesis 2:** Experiential avoidance will be positively correlated with depression of adolescents.

**Hypothesis 3:** Experiential avoidance will mediate the association between community violence and depression of adolescents.

## 2 Method

### 2.1 Participants and Procedure

Participants were 460 Chinese adolescents (36.7% male and 63.3% female) who were pupils at two middle schools in Wuhan, China. Participants' age ranged from 12 to 17 years ( $M = 14.76$ ,  $SD = 1.23$ ). The Institutional Review Board of South-Central University for Nationalities approved the research protocol and participants were informed that they could withdraw from the study at any time. Sight data collectors informed the students of the purpose of the study. After participants had each filled in an informed consent form, they were asked to respond anonymously to a series of paper-and-pencil scale items to assess their exposure to community violence, experiential avoidance, and depression. It took between 8 and 12 minutes for the students to complete all the scales in a classroom environment.

### 2.2 Measures

**Survey of Children's Exposure to Community Violence.** We used the Chinese version of the Survey of Children's Exposure to Community violence to assess participants' frequency of community violence exposure. The original version of the scale includes 26 items (e.g., "Slapped, hit, or punched.") that are rated on a 5-point scale (0 = *never* to 4 = *almost every day*) [24]. The Survey of Children's Exposure to Community violence consists of being directly victimized by community violence (16 items) and being witness to community violence (10 items). A higher score indicates that participants have more community violence exposure. The Chinese version of the Survey of Children's Exposure to Community violence, which we used in the current study, includes 26 items, and it had a reported Cronbach's  $\alpha$  of 0.94 [25]. The Cronbach's  $\alpha$  was 0.80 in the current study.

**Acceptance and Action Questionnaire-Second Edition (AAQ-II).** We employed the AAQ-II to measure participants' experiential avoidance [26]. The AAQ-II consists of 7 items (e.g., "I'm afraid of my feelings.") that are rated on a 7-point scale (1 = *never* to 7 = *always*). Higher scores imply greater tendencies to make negative evaluations of private events, unwillingness to remain in contact with aversive private experience, and the inability to take action to alter the aversive experiences. In Chinese adolescents, this scale has been shown to have satisfactory reliability and validity [27]. The Cronbach's  $\alpha$  was 0.83 in the current study.

**Children's Depression Inventory (CDI).** We measured depression using the Chinese version of the CDI [28]. The CDI is one of the most frequently used research measures of depression in adolescents and consists of 27 items, each evaluating a symptom of depression or related affect [28]. All items are presented as three statements of varying symptom severity. The Chinese version of the CDI has been shown to have good reliability and validity [29]. The Cronbach's  $\alpha$  was 0.79 in the current study.

### 2.3 Data Analysis

All data were processed using SPSS version 23.0. First, we conducted Pearson correlation analyses to describe the relationships between community violence exposure, experiential avoidance, and depression. Second, we used Preacher and Hayes' SPSS bootstrap macro program to test mediation [30]. In our study, depression was entered as the dependent variable, community violence exposure as the predictor variable, and experiential avoidance as the proposed mediator in the SPSS macro, in which we used 5,000 bootstrap resamples via the accelerated and bias-corrected method.

## 3 Results

### 3.1 Descriptive Statistics

The prevalence of each community violence events experienced by the sample in the past 12 months is indicated in Tab. 1. As shown in Tab. 1, witnessing community violence was reported more frequently than direct victimization, and the most commonly reported community violence exposure in the past 12 months was physically assault between neighbors.

**Table 1:** Percentage of adolescents' reporting specific forms of community violence exposure

Type of violence	%
Seen someone slapped, hit, or punched	50.2
Seen someone arrested or picked up	28.0
Heard gunfire outside when in or near home	1.7
Seen someone carrying gun or knife (not police, military, or security guard)	29.1
Seen someone chased by gangs or older kids	25.0
Seen someone beaten up or mugged	27.4
Slapped, hit, or punched	7.4
Seen someone threatened with serious physical harm	14.8
Seen a person seriously wounded after violence	22.2
Seen someone using or selling drugs	4.6
Seen people asked to sell or distribute illegal drugs	1.1
Seen someone shot	0.2
Chased by gangs or older kids	4.1
Other situations where you were frightened or feared you would be hurt or die	32.0
Seen a dead body in the community (not at a funeral)	2.8
Seen someone attacked with a knife	9.3
Seen someone breaking into a house	10.7
Seen someone killed	1.1
Threatened with serious physical harm	0.7
Asked to use illegal drugs	5.0
Home broken into when away	0.2
Asked to sell or distribute illegal drugs	1.7
Beaten up or mugged	2.6
Home when someone tried to break in	1.1
Attacked with a knife	0
Shot with a gun	

Descriptive statistics for all study variables are presented in Tab. 2. An analysis of variance indicated that there were no significant differences between males and females on experiential avoidance ( $p = 0.14$ ) and depression ( $p = 0.82$ ), but males reported more community violence exposure than females ( $t = 4.44$ ,  $p = 0.00$ ).

**Table 2:** Means and standard deviations of study variables (N = 460)

Variable	Range	Mean	SD
Community violence exposure	0–26	3.62	4.30
Experiential avoidance	7–48	19.80	8.31
Depression	29–77	42.67	7.03

### 3.2 Relationship among the Variables

The correlation coefficients for community violence exposure, experiential avoidance, and depression are presented in Tab. 3. The results of correlation analysis showed that community violence exposure was positively correlated with experiential avoidance and with depression. That is, the higher the score on community violence exposure, the greater both the experiential avoidance and depression. Likewise, experiential avoidance was positively correlated with depression, that is, the greater the experiential avoidance, the greater the depression. Thus, Hypotheses 1 and 2 were supported.

**Table 3:** Descriptive statistics and correlations of study variables

	1	2	3
1. community violence exposure	1		
2. experiential avoidance	0.22**	1	
3. depression	0.20**	0.54**	1

Note. \*\*  $p < 0.01$ .

### 3.3 Mediating Effect of Experiential Avoidance in the Relationship between Community Violence Exposure and Depression

We employed the bootstrapping approach recommended by Preacher et al. to test the mediating effect of experiential avoidance in the relationship between community violence exposure and depression [30]. For this method one uses sampling with replacement to estimate the indirect effect and produce a 95% confidence interval (CI) for the indirect effect. If the CI interval does not include zero, the indirect effect is considered to be significant at  $p < 0.05$ .

**Table 4:** Results of the test of hypothesized mediational model

Path	$\beta$	$B$	$SE$	$p$	CIs for indirect effect	
					Lower	Upper
Community violence exposure- experiential avoidance ( $a$ path)	0.222	0.430	0.088	0.000		
Experiential avoidance-depression ( $b$ path)	0.541	0.457	0.033	0.000		
Total effect ( $c$ path)	0.199	0.325	0.075	0.000		
Direct effect ( $c'$ path)	0.080	0.132	0.066	0.004		
Indirect effect ( $ab$ path)					0.1103	0.2810

Confidence intervals not including zero indicate a statistically significant indirect effect at  $p < 0.01$ .

Tab. 4 presents the results of the test of the hypothesized mediational model. Results of the bootstrap analysis revealed that the partially mediating effect of experiential avoidance ( $ab$  path) was significantly different from zero at  $p < 0.05$  with an unstandardized mediating effect = 0.1932, 95% CI = [0.1103, 0.2810]. The size of the mediating effect accounted for  $0.1932 \div (0.1932 + 0.1316) = 59.48\%$  of all the effects. Therefore, experiential avoidance was a partial mediator in the relationship between community violence exposure and depression, partially supporting Hypothesis 3.

## 4 Discussion

In developmental-ecological model of exposure to community violence, theorists suggested that community violence exposure can change children's personal characteristics such as experiential avoidance, and then increase their risks of internalizing problems [21]. Although researchers have verified that community violence exposure is positively associated with avoidant coping and depression [13,31], Chinese and Western adolescents are different in the prevalence of depression and the choice of coping strategies, and whether or not the previous findings could be generalized to more culturally diverse samples required further research.

As hypothesized, we found that depression was positively associated with community violence exposure and experiential avoidance of our participant group of Chinese adolescents. That is, those adolescents who had more direct and indirect exposure to community violence had higher level of depression than their peers did. These results are consistent with those of previous studies conducted with

adolescents in Western culture [12,13]. Our findings show that parents and educators in China can prevent and reduce the probability of adolescent depression by reducing their risk of exposure to community violence and decreasing children's experiential avoidance, which extends the findings of previous work.

Our results also indicated that the community violence exposure of the adolescents were positively correlated with their experiential avoidance, which, in turn, was positively associated with their depression. This is consistent with findings from previous research regarding the relationship between adverse childhood experiences and experiential avoidance [17,32], and between experiential avoidance and depression [33]. Our findings suggested that community violence exposure increase the level of experiential avoidance and depression.

The finding we found most important in our study was that the adolescents' experiential avoidance partially mediated the relationship between their community violence exposure and their depression. In other words, those adolescents who exposed to more community violence had a higher level of experiential avoidance, which, in turn, was associated with increased depression. Our findings support the developmental-ecological model of Salzinger et al. [21], who proposed that personal characteristics may be mediators or moderators in the association between community violence exposure and internalizing problems. Thus, community violence exposure not only directly influenced the depression of the adolescents in our study, but also indirectly influenced their depression by increasing their experiential avoidance. The partial mediating effects we found also indicated that, in addition to experiential avoidance, other factors (e.g., self-control and self-efficacy) may mediate the effect of community violence exposure on depression. Accordingly, future researchers could explore other underlying factors that mediate this relationship.

This study has some limitations. First, we employed a cross-sectional approach to investigate the relationships of the selected variables, which precludes the ability to make cause-effect interpretations. Previous researchers have found that males with depressive symptoms were at increased risk for witnessing community violence [34]. Cross-sectional association between community violence exposure and depression in part reflects the impact of depression on exposure to community violence, so it is not possible to infer from our results that community violence exposure influences depression or that depression influences community violence exposure. Future researchers should conduct longitudinal-sectional studies to clarify the causal relationship between community violence exposure and depression.

Second, the data concerning community violence exposure, experiential avoidance, and depression were collected exclusively via self-report measures. Because of the tendency to present themselves in the best possible light in self-reports, participants' answers might have been affected by social desirability bias, which can lead to spurious and misleading conclusions. To gain more reliable results, future researchers could use multiple methods for collecting data (e.g., peer reports and parent reports). Finally, we did not assess factors likely to be correlated with both adolescents' community violence exposure and depression; thus, we could not exclude the influence of confounding factors. As past researchers have found, family conflict and family violence increased risk for community violence exposure [35]; thus, family characteristics are critical factors affecting depression [36]. Accordingly, it can be inferred that the relationships among community violence exposure, experiential avoidance, and depression may reflect the impact of other correlated factors, such as family conflict and family violence. Future researchers should give attention to potential covariates that may impact community violence exposure and depression.

Despite these limitations, our results offer insight into the underlying mechanism of experiential avoidance in the relationship between community violence exposure and depression in Chinese adolescents. The findings provide parents and educators with some valuable advice on prevention and intervention of adolescent depression. Parents and educators should take the responsibility to keep adolescent away from community violence by developing safe spaces for leisure and interaction and guiding their children to resolve interpersonal conflicts. Furthermore, parents and educators should employ interventions aimed at decreasing experiential avoidance, which may be particularly beneficial for individuals with higher depression. For example, teachers should teach adolescents to give up attempts to control or avoid thoughts and emotions, and instead to observe inner experiences nonjudgmentally and

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