

Community Violence Exposure and Internalizing and Externalizing Behaviors Among Hmong Americans

Greg M. Kim-Ju, Zachary T. Goodman, and Susan Her
California State University, Sacramento

Individuals in communities who are exposed to violence are at a greater risk for internalizing and externalizing the effects of violence. This study investigated protective and risk factors in relation to community violence exposure (CVE) and violent behaviors in a sample of Hmong American young adults. Specifically, this study investigated the moderating roles of ethnic identity, parental support, and gender in the relationship between CVE and internalizing and externalizing behaviors in 184 Hmong American young adults between the ages of 18 and 30 years. Results showed that participants reporting higher CVE also reported higher internalizing symptoms and externalizing behaviors. Furthermore, results demonstrated that ethnic identity, gender, and parental support moderated the relationship between CVE and internalizing and externalizing behaviors in our Hmong American participants. Implications for research on Asian Americans and Hmong Americans and community-based research approaches are discussed.

What is the public significance of this article?

This study highlights cultural and supportive factors critical in reducing negative emotions in Hmong young adults, arguing for the expansion of support systems available to ethnic minorities. Moreover, these findings demonstrate the critical role of parental support and appreciation of one's culture in reducing the deleterious effects of community violence on Hmong young adults.

Keywords: community violence exposure, ethnic identity, internalizing/externalizing behaviors, Hmong Americans

Although violence rates such as murders, homicides, robberies, and aggravated assaults have slowly declined since the mid-1990s, the United States ranks as one of the highest among high-income countries belonging to the Organization for Economic Co-Operation and Development (Grinshteyn & Hemenway, 2016). Furthermore, researchers have noted a rise in violence with specific segments of society, including low socioeconomic, urban communities (Maffini & Kim-Ju, 2016). Among ethnic minority youth, violence rates have also increased, with studies showing that they are disproportionately affected by community violence (Cooley-Quille, Boyd, Frantz, & Walsh, 2001). In addition, homicide is the leading and second leading cause of death for African Americans and for Latinos, respectively, between the ages of 10 and 24 years (Centers for Disease Control and Prevention, 2016). As such, community violence exposure (CVE) continues to be a public health issue that threatens youth development (World Health Organization, 2002), with the U.S. Department of Health and Human Services (2013) identifying violence-related morbidity

and mortality as a goal to address in its Healthy People 2020. However, there is limited research on Asian Americans and violence, especially on Hmong Americans who reside in more urban areas of the United States. This study examines the moderating roles of ethnic identity (EI), parental support (PS), and gender with CVE and internalizing and externalizing behaviors among Hmong young adults.

Community Violence Exposure

CVE refers to violence experienced by community members as victims or witnesses in and outside of their homes and schools as well as their surrounding neighborhoods (Scarpa, 2003). Data from the Federal Bureau of Investigation (FBI) show that violent crime rates increased by 3.9% from 2014, with 21 of the 41 states sampled by the FBI and six of the top 24 cities (241 sampled) in the United States seeing increases in these rates (FBI, 2016). In 2015, for example, murder and manslaughter increased by nearly 11% from the previous year, with roughly half occurring in the cities of Chicago, Illinois; Baltimore, Maryland; and Washington, District of Columbia. In addition, nearly 66% of the violent crimes in the United States were aggravated assaults, 27% involved robbery, and 8% included rape (Grawert & Cullen, 2015). As research has demonstrated, violence in the community can affect all age groups, with nearly 58% of children surveyed in 2011 reporting exposure to one of the five types of violence (physical assault, sexual victimization, maltreatment, property victimization, and

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Greg M. Kim-Ju, Zachary T. Goodman, and Susan Her, Department of Psychology, California State University, Sacramento.

Correspondence concerning this article should be addressed to Greg M. Kim-Ju, Department of Psychology, California State University, 6000 J Street, Sacramento, CA 95819. E-mail: kimju@csus.edu

witnessing violence) the year before being surveyed (Finkelhor, Turner, Shattuck, Hamby, & Kracke, 2015). Of those sampled, nearly half reported experiencing more than one type of direct or witnessed victimization, an increase of nearly 10% from 2008 (Finkelhor et al., 2015). Nearly 70% of adolescents are exposed to community violence in their lifetime (Listenbee et al., 2012). Additionally, 76% to 82% of young adults experience victimization and 93% to 96% witness violence directly (Itani, Fischer, & Chu, 2017; Scarpa, 2003).

Asian Americans

There is limited research on Asian Americans in general and especially on Asian American subgroups (Maffini & Kim-Ju, 2016) in the community violence literature. Although Asian Americans have been portrayed as the model minority, an image that characterizes them as a "hardworking, successful, and law-abiding ethnic minority" (Chao, Chiu, & Lee, 2010, p. 44), a review of the literature shows uneven experiences with violence by subgroup. For example, Asian Americans were more likely to be arrested for specific criminal offenses such as robbery and vandalism than other racial groups and were more likely to be gang members if they had previous behavioral problems in school (Tsunokai, 2005). Furthermore, Southeast Asians are overrepresented in juvenile detention and psychological services (Ho, 2008). Other studies have shown differences between East Asian and Southeast Asian groups in violence rates, with the latter often not faring as well across a number of dimensions (Ho, 2008; Mayeda, Hishinuma, Nishimura, Garcia-Santiago, & Mark, 2006). In addition, studies have indicated that Asian Americans tend to downplay the severity of their mental health needs (Kim & Zane, 2016) and underuse psychological services relative to other ethnic minorities (Kearney, Draper, & Barón, 2005), suggesting a potential undercount in violence and mental health rates. Given these disparities in violence and mental health rates as well as the use of psychological services, there is a need for more nuanced investigations into Asian American subgroups.

Hmong Americans are among Southeast Asian refugees who began to immigrate to the United States in the 1970s, leaving their homes and their countries because of war-related events. The Hmong have a history of trauma related to invasions and war, including the Secret War, and associated oppression and persecution (Quincy, 2000). As the Hmong immigrated to the United States, they faced multiple challenges, including efforts to cope with their war-related trauma while making cultural adjustments to their new environments. Furthermore, Hmong American families face acculturation challenges in which parents maintain more traditional Hmong practices and children adopt more mainstream American practices, suggesting that PS can play a critical role in children's well-being (Bahrassa, Juan, & Lee, 2013). The effects from trauma and oppression as well as acculturation adjustments may be related to health disparities experienced by Hmong Americans compared with other Asian American and ethnic groups. For example, studies have shown that Hmong Americans have higher rates of mental health issues, domestic violence, and crime compared with other Asian American groups and that they tend to underuse mental health and domestic violence services (Lee & Chang, 2013).

CVE and Consequences

Research has demonstrated relationships between CVE and several outcome variables, including personal victimization and internalizing and externalizing behaviors (Ho, 2008). In particular, CVE has been associated with negative outcomes for adolescents in which CVE puts them at risk for distress-related symptoms and behavioral problems (Farver, Xu, Eppe, Fernandez, & Schwartz, 2005). Compounding this matter is the increased risk for aggression, delinquent behaviors, and violence as they transition into adulthood (Haden & Scarpa, 2008). Thus, with greater CVE and the risk of negative outcomes, the consequences of violence have become a growing concern for researchers investigating community welfare.

Internalizing symptoms are associated with poor psychological well-being, including depression, anxiety, and poor prosocial skills (Clark, Rodgers, Caldwell, Power, & Stansfeld, 2007). Poor psychological well-being in childhood can persist into adulthood, leading to anxiety disorders (Clark et al., 2007), and repeated CVE may cause children to feel unsafe and exacerbate their symptoms as they age (Sieger, Rojas-Vilches, McKinney, & Renk, 2004).

In investigating recurring real-life exposure to direct victimization and witnessing violence against others, researchers have found recurring CVE to be related to psychological trauma symptoms, including anger, anxiety, depression, and dissociation, in late adolescence (Fitzpatrick, Piko, Wright, & LaGory, 2005; Rosenthal, 2000). Furthermore, research has shown a connection between higher levels of CVE and lower self-worth among adolescents, which, in turn, can increase internalized symptoms (Copeland-Linder, Lambert, & Jalongo, 2010).

In theoretical models of externalizing behaviors, CVE is considered to be the primary risk factor of externalization, with this relationship being associated with outcomes such as delinquency, substance abuse, and aggression (Liu, 2004). Research shows that adolescents' risk of engaging in externalizing behaviors increases with repeated CVE from peers and relatives (Zinzow et al., 2009). That is, when participants observed friends, neighbors, or relatives modeling risky behavior, it increased their likelihood to engage in similar behavior. It also appears that there is a link between CVE through victimization and greater future aggression and violence (Wilkinson & Carr, 2008). Although CVE has clearly been associated with negative psychological well-being and externalizing behaviors more generally, there is a lack of research on at-risk populations such as Hmong Americans who have historically experienced trauma from war-related events and may experience CVE at high rates in their communities in the United States.

Protective Factors in Relation to Violence

A body of literature on violence has identified a number of risk and protective factors related to increasing or buffering violent behaviors. In theorizing the importance of appropriate settings and relationships shaping negative experiences, Sampson and Laub (2005) found that people with strong social bonds with role models tend to be less engaged in violence, whereas those who have weaker social bonds tend to persist in crime and violence across the life span. For ethnic minorities, this theory suggests that a positive relationship with and social support from their culture of origin and ethnic community may serve to expand opportunities to develop a positive EI and establish social support to limit the

impact of violence. In this section, we examine PS, EI, and gender based on extant research that demonstrates the moderating roles of these constructs independently but not collectively.

Parental Support

Social support, defined broadly as the psychological and material resources embedded in a social network that may benefit the individual in dealing with stressful events (Cohen, 2004), can serve as a buffer against exposure to political and community violence (Betancourt et al., 2015). Within the literature, perceived social support, which refers to the belief that the individual will have assistance from others, has been shown to be a better predictor than actual received support when that individual knows others can be trusted (Scarpa, Haden, & Hurley, 2006). This social support, which can be from parents, extended family, and peers, shapes coping mechanisms that then buffer the relationship between stress and health. For the purposes of this study, we examine PS as a specific form of social support.

Research has generally demonstrated that positive relationships with adults, especially parents, can reduce the impact of stressful events, whereas negative relationships with adults can lead to adverse psychological and social effects. For example, when parents are available and encourage their children to talk about trauma related to victimization, children, adolescents, and young adults cope better with the effects of violence (Harter-Saunders, Rine, Wiczorek, & Nochajski, 2012; McCart et al., 2007). When individuals lack PS, they tend to have more negative thoughts and are more vulnerable to stressors (Overstreet & Dempsey, 1999). Research on support from parents and families has indicated that greater support is associated with less aggression and externalizing symptoms (Kramer-Kuhn & Farrell, 2016). Although research on CVE has shown that positive parental involvement in children's lives is related to less behavioral problems (e.g., physical violence) and witnessing of and victimization by violence (Hardaway, Sterrett-Hong, Larkby, & Cornelius, 2016; Massarwi, 2017), there is little attention to Asian Americans in this literature. For our study, we anticipated that PS would serve to reduce the impact of CVE on internalizing and externalizing symptoms.

Ethnic Identity

In investigating protective factors related to violence, researchers have focused on EI, broadly defined as a sense of self that develops through exploration of and commitment to one's ethnic group (Phinney, 1989). It generally consists of self-identification, belongingness, commitment, shared values, and attitudes toward one's ethnic group and can serve as a protective factor for several psychological outcomes with ethnic minority group members.

One model used extensively in EI research is one advanced by Phinney (1989). Applicable across ethnic groups, she proposed an EI model in which individuals can progress through three stages of exploration of and commitment to their ethnic group. The first stage, *unexamined EI*, is characterized by a lack of active exploration of one's ethnicity, in which individuals internalize societal or parental views of their own ethnicity without critically reflecting on the meaning of that ethnicity. The second stage, *EI search*, is characterized by an exploration into one's culture of origin, in which individuals are usually motivated to explore their ethnicity

out of a growing awareness that not all values of the dominant group are beneficial to ethnic minority group members. At this stage, individuals learn more about their culture of origin by actively participating in cultural activities and talking to family or friends about issues related to ethnicity. The final stage, *EI achievement*, is characterized by an appreciation for one's ethnicity and resolution of conflicts with the dominant group, in which individuals arrive at a deeper understanding and appreciation of the meaning of ethnicity through resolution of two issues—cultural differences between own ethnic group and the dominant group and the low status of that ethnic group in society.

A large body of literature on the role of EI in reducing negative psychological outcomes has been linked to depressive symptoms and discrimination and to a lesser extent to violence (Mossakowski, 2003; Shelton et al., 2005), though results are inconsistent. For example, research has shown strong associations between higher EI and reductions in depressive symptoms in large samples (Mossakowski, 2003), but variations when focusing on Latinos and African Americans (Brittian et al., 2015). For Asian Americans, the experiences of recent immigrants may vary from those born in the United States, for whom EI may operate more as a support resource (Lueck & Wilson, 2010). A study on Asian Americans has shown that EI pride served as a buffer from discrimination with respect to depressive symptoms but not to self-esteem (Lee, 2005). Furthermore, EI was found to be a protective factor for discrimination with Asian Americans between the ages of 41 and 50, but exacerbated depressive symptoms for those between 31 and 40 years and between 51 and 75 years (Yip, Gee, & Takeuchi, 2008). Finally, EI served as a mediator for Asian American women but not for Asian American men (Nguyen, Wong, Juang, & Park, 2015). Part of the ambiguity of these findings with EI may be a function of studies emphasizing factors such as ethnic grouping, age, and gender. In this study, we anticipated that EI would serve to buffer against CVE and reduce internalizing and externalizing symptoms.

Gender

A review of the literature on CVE and gender has shown that boys are more likely to have greater CVE than girls (Jaycox et al., 2002). However, the precise role of gender and differences between boys and girls in CVE and its relationship to psychological outcomes are not entirely clear. Studies have shown that boys display more externalizing symptoms (Bacchini, Concetta Miranda, & Affuso, 2011) and that girls are more likely to display internalizing symptoms (Zinzow et al., 2009). However, others have not found gender differences (Salzinger, Rosario, Feldman, & Ng-Mak, 2008; Schwab-Stone et al., 1999). On the basis of a meta-analysis (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009), it appears that gender moderates the relationship between CVE and internalizing symptoms but not between CVE and externalizing symptoms, whereby female participants demonstrate stronger effects than male participants for the former, but these differences do not exist for the latter set of symptoms.

The literature on Asian American family and socialization illustrates differences in gender roles, suggesting, by extension, the possibility that Asian American men and women may react differently to CVE because of culturally patterned gender roles reflecting traditional male and female roles. The limited research

does indicate that ethnic minority adolescents appear to be more vulnerable than mainstream groups with adjustment and family-related issues as well as risk behaviors (Suárez-Orozco & Qin, 2006). Studies have shown, for example, gender differences related to intergenerational conflict, especially with parental control, in which girls are expected to adhere more to parents' wishes (Dion & Dion, 2001). Findings with Hmong Americans have shown that gender roles shift as adolescents attempt to balance their Hmong and dominant, mainstream values and that girls are more likely to reject traditional cultural values and gender roles (Lee, 2001). Given these mixed findings with CVE generally and expectations about gender roles with Hmong Americans, we tested the role of gender in relation to CVE and internalizing and externalizing symptoms empirically.

The Present Study

In light of the mixed findings with EI and gender, as well as the lack of attention to Hmong Americans, we investigated the roles of EI and PS in relation to CVE and internalizing and externalizing behaviors in the present study. In addition, we tested the moderating role of gender in the relationship between CVE and internalizing and externalizing behaviors. It was expected that the degree of CVE for Hmong American young adults would predict their internalizing and externalizing behaviors. It was also expected that EI and PS would serve to protect participants from violence and to moderate the relationship between CVE and internalizing and externalizing behaviors. Given mixed findings with gender and CVE, we tested gender's moderating role between CVE and internalizing and externalizing behaviors empirically.

Method

Participants

Participants included 184 Hmong Americans from northern California (108 men and 76 women), with ages ranging from 18 to 30 years ($M = 21.14$, $SD = 3.11$). Participants' education levels varied from a high school dropout to a master's degree, with 71.7% of participants completing at least some college education. Socioeconomic status (SES) based on yearly household income included nearly 75% of the participants reporting \$34,999 or below. With generational status, 29.4% of the participants were first-generation immigrants from China, Vietnam, Laos, and Thailand, with their average length of time living in the United States being 17.42 years ($SD = 6.00$).

Participants were selected based on the following criteria: self-identified as Hmong, were at least 18 years of age and younger than 30 years of age, and could speak and read English. Participants were recruited by flyers sent via e-mail to organizations on campus and the larger community. Thirty percent of the participants were recruited on campus and 70% from the larger community. No significant differences in the main variables of our study were found between these two groups. Participants voluntarily agreed to participate in this study without compensation.

Procedures

At the beginning of the study, the researcher explained to the participants the general procedures of the study. They were in-

structed that involvement in the study would be entirely voluntary and that they could withdraw at any time without penalty. Participants read and signed a written consent form if they agreed to participate in the study. After signing the consent form, participants returned the forms to the researcher, who placed them in a separate envelope to maintain confidentiality and anonymity. Once the consent forms were collected, the researcher distributed the questionnaires. On completion of the inventories, all packets were collected and placed in a separate envelope from the consent forms. The researcher debriefed participants about the nature of the study and discussed any questions or concerns about the study.

Measures

Community violence exposure. The Community Experience Questionnaire is a 24-item measure that assesses frequency of violence exposure (Schwartz & Proctor, 2000) with two forms, *Direct Experience of Violence* and *Witnessing Violence*, on a 4-point Likert-type scale, ranging from 1 (*never*) to 4 (*lots of times*). The Direct Exposure to Violence Scale consists of 11 items and measures how often participants had violent confrontations (e.g., "How many times has someone threatened to hurt you really bad?"). The Witnessing Violence Scale consists of 13 items and measures the rate participants observed violent events (e.g., "How many times have you seen somebody get robbed or have something stolen from them by force?"). The Community Experience Questionnaire has been internally validated (Schwartz & Proctor, 2000), and α levels of direct (.86) and witnessing (.92) were congruent with previous studies (Schwartz & Gorman, 2003). In our study, the two subscales were highly correlated ($r = .76$), and internal consistency for the 24 items was at .93. Given these scores and following the guidance of Schwartz, Kelly, Mali, and Duong (2016), who combined the two subscales, we calculated the mean score across all 24 items.

Ethnic identity. The Multigroup Ethnic Identity Measure-Revised is a widely used six-item assessment on a 5-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), that includes two facets of attachment to one's ethnic group: *Exploration* and *Commitment* (Phinney & Ong, 2007). Exploration is defined as the extent to which individuals explore their ethnic group's customs, traditions, and experiences (e.g., "I have often done things that will help me understand my ethnic background better"). Commitment refers to participants' sense of belonging to their ethnic group and is considered to be the most salient aspect of their EI (e.g., "I have a strong sense of belonging to my own ethnic group"). The Multigroup Ethnic Identity Measure-Revised was internally validated on development (Phinney & Ong, 2007), and Cronbach's α of .86 for the overall measure was consistent with previous studies (Herrington, Smith, Feinauer, & Griner, 2016).

Parental support. PS was assessed using a 10-item measure that includes three subscales using a 4-point Likert-type scale, ranging from 1 (*definitely not true/rarely*) to 4 (*definitely true/frequently*; O'Donnell, Schwab-Stone, & Mueeed, 2002). The Parent Communication subscale includes two items assessing participants' level of communication with their parents. The Parental Concern subscale includes four items measuring the level participants believe their parents show interest in their activities. The Parental Supervision subscale also includes four items measuring

the level of control parents demonstrate over their children. Overall internal consistency for this scale reached .79, which was similar to previous studies (O'Donnell et al., 2002).

Internalizing behaviors. Negative attitudes an individual directs at self are defined as internalized behaviors/emotions. These attitudes were measured using 15 items of the Youth Self-Report Inventory (Achenbach, 1991). Example items include how often participants have felt "sad," "worthless," and "worried" in the past 6 months, using a 3-point Likert-type scale, ranging from 0 (*not at all*) to 2 (*very often*). Cronbach's α was .85 for internalizing behaviors. Youth Self-Report Inventory has been internally validated and is generalizable across multiple societies (Ivanova et al., 2007).

Externalizing behaviors. Externalizing behaviors are negative behaviors directed toward other people or property, such as violence, truancy, vandalism, and cheating. In the present study, the assessment of the frequency of these behaviors was adapted using the Social and Health Assessment (Barone et al., 1995). The adapted scale includes 11 items measuring the frequency of various negative behaviors on a 5-point Likert-type scale, ranging from 0 (*never*) to 4 (*five or more times*). An example item includes how often participants "hit someone because you didn't like what they said or did." Our α level of .83 was consistent with initial levels during scale development (Barone et al., 1995).

Results

To test our hypotheses regarding the roles of CVE, EI, and PS in relation to internalizing and externalizing behaviors, we conducted a series of regression analyses. Additionally, we tested the moderating roles of EI, PS, and gender between CVE and internalizing and externalizing behaviors. CVE, EI, and PS were mean centered, and simple slopes were obtained using 1 *SD* above and below the mean for "high" and "low" values (Meyers, Gamst, & Guarino, 2013).

Preliminary Analysis

Nearly 81% of the sample reported witnessing violence in their community, whereas 23% of the sample reported being victims of violence in their community. Descriptive statistics and correlations between variables are displayed in Table 1. We found significant relationships between EI and PS, $r = .39$, $p < .001$, and CVE and

age, $r = .21$, $p = .005$; SES was not significantly correlated with the other predictors.

Using one-way analysis of variance, we found a significant difference in externalized behaviors between men ($M = 1.11$, $SD = .91$) and women ($M = .70$, $SD = .59$), with men reporting significantly higher externalized behaviors than women, $F(1, 182) = 12.26$, $p = .001$. However, no significant differences existed between men and women with internalized behaviors, $p = .274$.

To examine the role of generational status, participants were grouped as either first generation or second and beyond. Comparisons indicated a marginally significant difference in externalized behaviors between first ($M = .75$, $SD = .77$) and second generation and beyond ($M = 1.00$, $SD = .79$), $F(1, 177) = 3.86$, $p = .051$, with those who were born in the United States experiencing higher levels of externalized behaviors. No differences existed by generational status or by income with internalized behaviors.

Primary Analysis

To test the main hypotheses in this study, we used hierarchical regressions to measure the moderating roles of EI, PS, and gender on the relationship between CVE and the dependent variables. In Step 1, gender, age, SES, and generational status were entered. In Step 2, CVE, PS, and EI were entered. Step 3 included the two-way interactions: CVE \times PS, CVE \times EI, and CVE \times Gender. Separate regressions were conducted for each dependent variable: internalized behaviors and externalized behaviors. Simple slopes analysis with simultaneous multiple regression was conducted to assess if the interaction terms differed from zero. We examined all significant and marginally significant interactions using simple slopes (Rose, Holmbeck, Coakley, & Franks, 2004).

Internalizing Behaviors

Regression analysis demonstrated that CVE was associated with increased internalized behaviors (see Table 2). Interestingly, neither PS nor EI predicted internalized behaviors. Our findings also showed a significant CVE \times PS interaction, indicating a moderating effect of PS on CVE in predicting internalized behaviors (see Figure 1). Simple slopes analysis showed that the slope for CVE on internalized behaviors was significant for those with low PS ($b = .17$, $p = .002$) but not for those with high PS ($b = .08$, $p =$

Table 1
Means, Standard Deviations, and Correlations Between Study Variables

Variable	<i>M (SD)</i>	1	2	3	4	5	6	7	8
1. Gender	1.41 (.49)	—							
2. Age	21.30 (3.48)	-.12 [†]	—						
3. Income	2.72 (2.21)	-.08	-.04	—					
4. Generation	.40 (.92)	.04	-.16*	.01	—				
5. CVE	1.79 (.66)	-.28**	.21**	-.10	-.04	—			
6. PS	2.66 (.53)	-.01	-.06	-.01	.01	.05	—		
7. EI	3.90 (.76)	.09	.14	-.04	.03	.13 [†]	.39**	—	
8. EB	.94 (.81)	-.25**	-.02	.06	.15*	.35**	-.29**	-.24**	—
9. IB	.73 (.34)	.08	-.19*	-.09	-.03	.27**	-.05	-.11	.15*

Note. CVE = community violence exposure; PS = parental support; EI = ethnic identity; EB = externalized behaviors; IB = internalized behaviors.

[†] $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2
Regressions With Interactions for Moderation

Predictor	Externalizing behaviors				Internalizing behaviors			
	β	F	R^2	ΔR^2	β	F	R^2	ΔR^2
Model 1		3.80**	.08			1.91	.04	
Gender	-.24**				.02			
Age	-.04				-.19*			
Income	.04				-.09			
Generation	.15*				-.05			
Model 2		10.91***	.32	.23***		4.55***	.16	.12***
CVE	.37***				.37***			
PS	-.28***				-.06			
EI	-.18**				-.09			
Model 3		9.91***	.38	.06**		3.87***	.19	.03
CVE \times EI	.21**				.13			
CVE \times PS	-.18*				-.17*			
CVE \times Gender	-.14*				.07			

Note. Only significant interactions were displayed in Model 3. CVE = community violence exposure; PS = parental support; EI = ethnic identity.

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

.157). Participants with low PS experienced less internalized behaviors at low CVE but more internalized behaviors at high CVE.

Externalizing Behaviors

Regression analysis demonstrated that CVE was associated with increased externalized behaviors, whereas EI and PS negatively predicted externalized behaviors (see Table 2). We furthermore found a CVE \times EI interaction (see Figure 2), indicating a significant moderating effect of EI on CVE in predicting externalized behaviors.

Simple slopes analysis revealed the slope for CVE on externalized behaviors was significant for participants with high EI ($b = .47, p < .001$) but not for those with low EI ($b = .12, p = .130$). Respondents with high EI experienced less externalized behaviors when exposed to low levels of community violence; however, at

high levels of community violence the buffering effect of EI disappears.

The CVE \times PS interaction also demonstrated a significant moderating effect on CVE by PS (see Figure 3). Simple slopes analysis revealed that the slope of CVE on externalized behaviors was significant for both those with low PS ($b = .40, p < .001$) and those with high PS ($b = .18, p = .013$). It appears the effect of CVE is less severe when PS is high, whereas those with low PS experience more externalized behaviors at high CVE.

The CVE \times Gender interaction also demonstrated a significant moderating effect of gender on CVE with externalized behaviors (see Figure 4). Simple slopes analysis revealed that the slope of CVE on externalized behaviors was significant for men ($b = .41, p < .001$) and marginally significant for women ($b = .17, p = .055$). At low levels of CVE, no gender differences emerged in

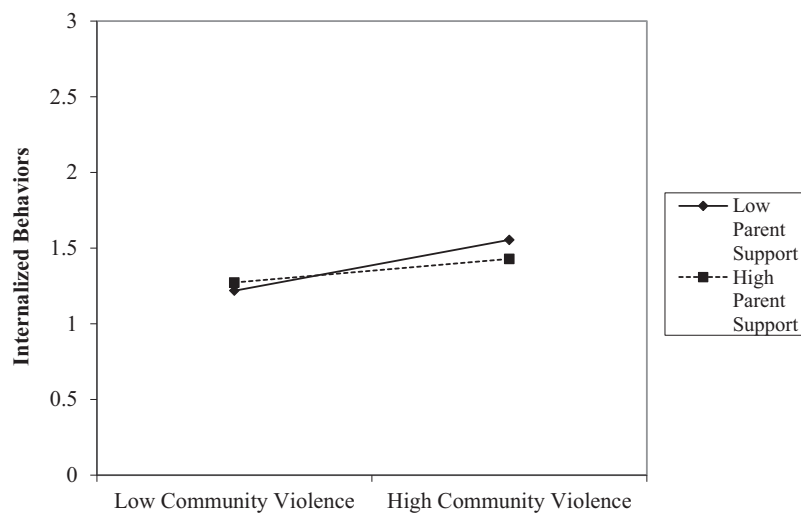


Figure 1. Interaction effect between community violence exposure and parental support on internalized behaviors.

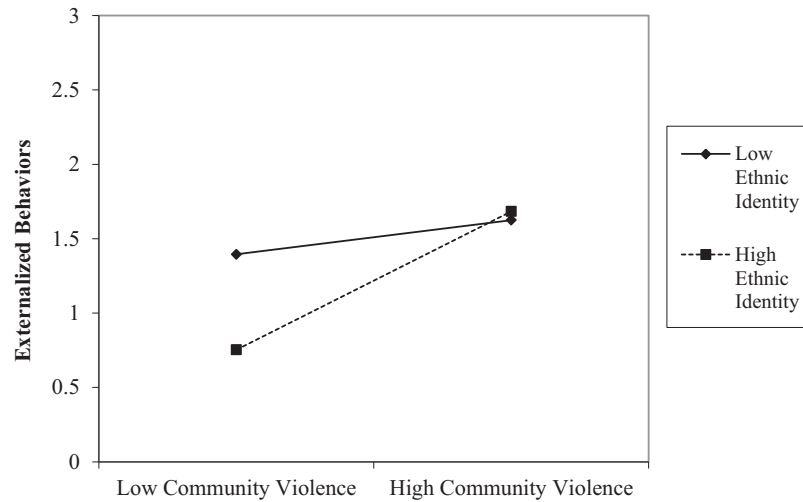


Figure 2. Interaction effect between community violence exposure and ethnic identity on externalizing behaviors.

externalized behaviors. However, at high levels of CVE, men experienced more externalized behaviors than did women.

Discussion

This study investigated CVE and internalizing and externalizing behaviors with a Hmong American young adult sample. Overall, our results do show that EI and PS can serve as protective factors and that gender may function in nuanced ways related to CVE. Our results partially supported the first hypothesis that CVE would be associated with violent behaviors. The results also partially supported the second hypothesis that EI would serve as a protective factor for violent behaviors. Although our results do not show the consistent effects of EI moderating the relationship between CVE and internalizing and externalizing behaviors, they do show that EI can moderate this relationship. EI served as a protective factor for

violent behaviors for our Hmong American participants, which is consistent with empirical work that has demonstrated EI as a protective buffer from stressors for other Asian Americans.

However, with respect to CVE, the buffering effects of EI appear to be strongest when individuals have low-to-moderate levels of CVE and with externalizing behaviors. In particular, these findings with Hmong Americans demonstrate that EI may be more effective at buffering externalizing behaviors but have a reduced effect on internal processes such as self-worth. This is partially consistent with research indicating that EI in Asian Americans may reduce some negative psychological outcomes (Tummala-Narra, Li, Liu, & Wang, 2014). Additionally, EI appears to act as a buffer more effectively at lower levels of stressors (e.g., CVE), but the protection attenuates at higher magnitudes of stressors. This suggests that although EI may play a role in

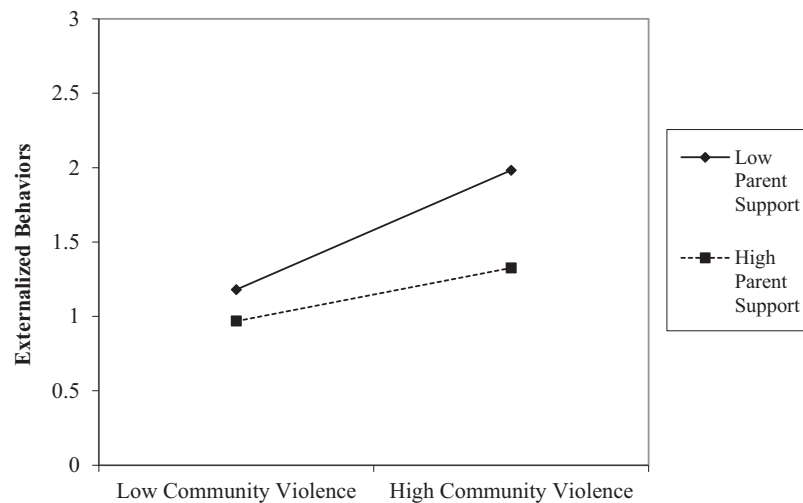


Figure 3. Interaction effect between community violence exposure and parental support on externalizing behaviors.

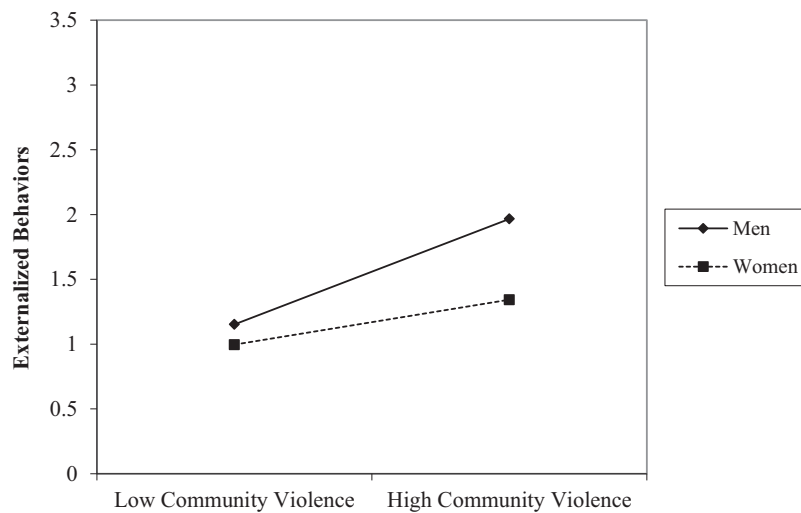


Figure 4. Interaction effect between community violence exposure and gender on externalizing behaviors.

reducing the impact of stressors on individuals, the utility of EI on its own is not uniform across settings or stressors. As noted earlier, research has shown that EI reduces depressive symptoms in some individuals (Mossakowski, 2003); however, results are mixed dependent on the ethnic group and other factors under investigation in studies (Brittian et al., 2015). Findings from our study suggest that EI may be more effective in reducing negative outcomes when they are not excessive. It may be the case that EI in combination with other protective factors is necessary with more severe outcomes with Hmong Americans. It could also be the case that a more bicultural stance may afford greater resilience in the face of violence, as findings with a small Southeast Asian sample demonstrated (Sirikantraporn, 2013).

Given the body of literature on PS in relation to violence, we anticipated that it would moderate the relationship between CVE and our main outcome variables. Our results demonstrated that PS significantly moderated the impact of CVE on internalized and externalized behaviors. Although the role of PS was consistent at both low and high CVE with externalized behaviors, it was less so at high CVE with internalized behaviors, suggesting that PS may be effective but only under certain settings. It may be the case that PS is meaningful to our participants, especially given the emphasis on traditional culture and parent-child relationships in Hmong culture, but that its influence has limitations with behaviors that are not as apparent or observable to parents (Lee, 2001). At the very least, our results indicate that PS may be more nuanced in buffering negative psychological health; in this study, PS for our Hmong American participants may operate differently compared with other groups perhaps as a function of acculturation conflict between parents and their children (Bahrassa et al., 2013).

The role of gender in relation to CVE and internalizing and externalizing behaviors was examined empirically in light of inconsistent findings concerning the role of gender as well as differences in expectations for gender roles between Hmong parents and their children. Results showed that gender moderated the impact of CVE on externalized but not on internalized behaviors. Specifically, men and women had similar levels of symptoms at low CVE, but Hmong American men showed significantly higher

levels of externalized symptoms compared with Hmong American women at high CVE. These findings are congruent with previous studies that have indicated that men tend to aggress more than women and that men reported higher interpersonal violence when CVE was high but women did not (Bacchini et al., 2011). In contrast to previous findings in which women displayed more internalizing symptoms (Fowler et al., 2009; Zinzow et al., 2009), our findings showed no gender differences with internalizing symptoms. One explanation may be that gender roles for Hmong American men and women vary depending on setting and context (Sarkisian & Gerstel, 2004) with externalizing behaviors. In contrast, with internalizing behaviors, our participants may have internalized similar ways of processing and coping of violence exposure through intergenerational transmission of war and trauma (Liem, 2007). Interestingly, there was not a significant difference in the role of EI as a moderator by gender, as has been observed in previous studies (Nguyen et al., 2015).

Although our findings are not consistent across internalizing and externalizing behaviors, they do add to the body of research that demonstrates that developing a healthy EI can shield individuals from some levels of psychological distress resulting from negative environmental factors. The role of EI as a moderator for CVE does indeed show its effectiveness in buffering negative outcomes at low-to-moderate CVE, but also suggests that developing a strong EI is not a panacea for all magnitudes of environmental stressors. In that sense, although our findings suggest that a positive relationship with and support from respondents' culture of origin and parents may reduce the impact of violence, as theorized by Sampson and Laub (2005), the effects are more nuanced with EI and gender. Furthermore, our findings suggest that mechanisms that have traditionally been investigated in violence research such as EI and gender may be multifaceted and can differ across racial and ethnic groups.

Limitations and Future Directions

One limitation in this study involved the self-reporting of negative behaviors. Namely, participants may have been reluctant to

reveal their involvement in an at-risk behavior, even though they were assured of confidentiality and anonymity. Our focus on a specific Asian American population, which limits comparisons with other Asian groups and to other ethnic groups, may be another limitation. However, we need to bear in mind that there is limited research on Asian Americans in the violence literature and the representation of Hmong Americans is scarce. In that respect, although we examined CVE in this study, future studies should include historical exposure to war and trauma and their intergenerational transmission in relation to the effects of current CVE on Hmong Americans and their well-being. Another limitation may be the homogeneity of this sample, in which a majority reported their level of education as including some college. As such, participants may have developed healthy coping strategies to get into higher education. Although we did not observe any differences in the main study variables with our samples drawn from the university and the surrounding community, participants from a broader background, including social class, may have offered varied experiences with and in response to CVE.

Future research studies can examine other protective factors related to CVE and include a longitudinal design for Hmong Americans. An investigation of specific forms of social support, including peers and siblings, as well as different coping strategies can give researchers insight into the ways Hmong Americans and others may process and manage stress, and can help further explain internalizing and externalizing symptoms associated with CVE. In addition, longitudinal studies may demonstrate a more direct causality with CVE and its impact on internalizing and externalizing symptoms.

Conclusion

In the present study, findings demonstrated a relationship between CVE through victimization and internalizing and externalizing symptoms. Furthermore, results demonstrated the moderating effects of EI, PS, and gender in the relationship between CVE and internalized and externalized symptoms. Research on these dimensions in light of cultural and historical factors in wider society can help us to better understand how CVE may impact how Hmong Americans adapt and integrate into their communities and specific psychological dimensions that may be affected. Such information may be useful in clinical settings in which an understanding of the client's EI and PS may inform how that person is processing violence and its effects. These findings can furthermore be used to identify preventive strategies and methods and culturally competent community-based approaches using which researchers can focus on participants' relationship with their ethnic community in the form of EI and PS to reduce the impact of community violence for Asian Americans and Hmong Americans.

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