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Protective Factors for the Development of Psycho-pathological Symptoms in Young Victims of Community Violence

Gloria Margarita Gurrola-Pena*
Autonomous University of the State of Mexico,
Autonomous University of the State of Mexico, Mexico

Patricia Balcazar-Nava
Autonomous University of the State of Mexico,
Autonomous University of the State of Mexico, Mexico

Oscar Esparza-del Villar
Autonomous University of Ciudad Juárez, Mexico

Anel Gomez-San Luis
Autonomous University of Tamaulipas, Mexico

Manuel Ariagor Almanza-Avendano
Autonomous University of Tamaulipas, Mexico

ABSTRACT: *The objective of the present investigation was to identify the role of life purpose, noetic goals and resilience in the mental health of young victims of community violence. 1,500 students from four universities in northern and central Mexico participated in the study, 988 were women and 512 men, with an average age of 20.8 years. The results indicate high rates of direct and indirect victimization and high psychological distress without development of psycho-pathological symptoms. Linear regression by stepwise indicated that the three variables studied serve as protective elements for the mental health of young victims of community violence.*

KEYWORDS: *Community violence, Youth, Protective factors, Life purpose, Noetic goals, Resilience*

INTRODUCTION

The World Health Organization defines violence (WHO, 2002) as: The deliberate use of physical force or power, whether in a threatening or effective manner, against oneself, other persons, a group, or a community, which causes or is likely to cause injury, death, psychological damage, developmental disorders, or deprivation.

In this regard, despite the fact that data are scarce since the quantity and quality of information is deficient worldwide, it is estimated that 1.6 million people died violently in the year 2000, mostly young people between 15 and 24 years old (Krug, Mercy, Dahlberg, & Zwi, 2002, WHO, 2002). Although the 2012 rates of violence show a 16% drop worldwide (WHO, 2014), it is still considered a serious public health problem. For its part, Latin America has historically been a continent prone to violence; the alarming thing about this violence is not only its nature and different manifestations, but that the phenomenon is so widespread it cannot be ignored (Imbush, Misse, & Carrión, 2011). According the World Bank's data (World Bank, 2010), beginning in 1980, Latin America has experienced a 50 percent increase in homicide rates, being the same as the WHOs report with young people between the ages of 15 and 24 years old being the main victims.

As can be seen, the most precise figures and to some extent easier to gather are those that correspond to violence that result in deaths; however, this figure only reflects a small part of the problem, since for every mortal victim many more are injured, permanently disabled, or mentally impaired. Also, behind these there are other higher figures that correspond to other types of violence that may be reported to the authorities, as well as others that go unreported and make up the so-called Dark Figure.

Due to the above and in an effort to make the numbers on violence more precise, Forge, Rosenberg, & Mercy (1995) propose three general categories:

1. Self-inflicted violence: includes suicidal behavior and self-harm.

2. Collective violence: it is subdivided into social violence (Mass violence, terrorism and collective acts of hatred, political violence (wars) and economic violence (Group attack for economic profit).

3. Interpersonal violence: it has two subcategories. First, family or partner violence, which is usually, but not always, in the home.

*Correspondence regarding this article should be directed to: mgurrolaunid@hotmail.com

Secondly, community violence refers to that which occurs between people who are not related and who may or may not be known and usually happens outside the home.

Specifically, community violence includes exposure to firearms, knives, drugs and encompasses all types of crime such as assault, rape, robbery, kidnapping and homicide (Kennedy & Ceballos, 2014), although it may be a by-product of different circumstances, it is characterized by developing in the environments closest to the people who suffer from it. In this sense, and because of the processes of socialization and independence of adolescence, young people tend to spend more time outside the home and more time on the street, which is why they are more frequently exposed to community violence, thus repeatedly becoming victims of it.

Victimization research has shown that different situations (Accidents, natural catastrophes and crime) lead to various victimization processes which include all those conditions, situations, factors or circumstances (Economic, political, social, psychological and biological) that cause an interruption in the lives of people and give rise to suffering (Pearson, 2007). These processes not only affect direct victims, their effects also extend to families, friends and the community (Palacio, 2001). According to Echeburúa (2004) the following types of victims may be affected:

1. Direct physical or primary affected victims: they are the people directly affected by the aggression or the traumatic event.

2. Secondary or indirect victims: those persons traumatized by physical and social-cultural conditions after the violence, who have been direct witnesses of the aggression and have not been personally affected; in this category relatives and persons close to the primary victims are included.

3. Indirect or contextually affected victims: those persons traumatized by physical and social-cultural conditions after the violence, who have indirectly witnessed the aggression, without being personally affected; this category includes persons who have been psychologically affected by the seriousness of the incident, without any loss or direct threat.

In the case of Mexico, the so-called interpersonal violence related to crime has increased in the last 15 years with the consequent increase in victims. In this regard the National Institute of Statistics and Geography (INEGI, 2016) indicates that in 2016 34.2% of households in the country had at least one crime victim, 24.2 million people were crime victims that represent 28,788 victims per every 100,000 inhabitants. With regard to the Dark Figure, it indicates that it is in the order of 93.6%, which suggests the enormous magnitude of the problem.

Given its high incidence, community violence in Mexico today has been considered a daily occurrence, a routine event that one has learned to live with and that only impacts when one is a direct victim or when its magnitude and severity causes visible damage. That this phenomenon has a double incidence has been left out, individually as it affects the quality of life and collectively for its influence in the development of the community. This is because people who have been direct victims transmit their experiences to others, which widely generalizes fear due to the vicarious elaboration of this feeling that leads the community to recognize themselves as potential victims and therefore become indirect or contextual victims.

While it is true that for most people, experiencing a criminal experience has several consequences that are linked to anxiety, causing physical or psychological harm to children and adolescents, such an experience is very harmful as it affects their way of thinking, feeling and acting. In particular, exposure to community violence in young people has become a significant public health problem given the negative consequences on the various aspects of adolescent development and adjustment. Among behavioral, emotional, and academic correlates, one can find anxiety, depression, health problems, disruptive and violent behavior, alcohol and drug abuse, school absenteeism, and academic failure (Cooley-Stricklan, Quille, Griffin, Stuart, Bradshaw & Furr-Holden, 2011; Corwin & Keeshin, 2011).

In general, it has been found that the perceived exposure to community violence is significantly associated with mental health problems (Goldman-Mellor, Margerison-Zilko, Allen, & Cerda, 2016). Specifically, among the main negative consequences are externalizing behaviors (Flekman, Drury, Taylor, & Theall, 2016; Pérez, Sánchez, Martínez, Colon, & Morales, 2016), consisting of aggressive and antisocial behaviors, alcohol and substance abuse as an ineffective way of coping with an intolerable situation. Likewise, there are internalizing behaviors among which are symptoms of depression in which there is evidence that are directly related to victimization in childhood and is related to depressive symptoms and secondary victimization with symptoms of post-traumatic stress (Goldner, Gross, Richards, & Ragsdale, 2015). On the other hand, indirect victimization during adolescence is related to the presence of depressive symptoms in teenagers and young adults, while direct victimization does not predict symptoms of depression in adolescents but it does in adults (Chen, Corvo, Lee, & Hahm, 2017). In addition to the above, they suffer from lack of energy and motivation, as well as intrusive thoughts. The latter, because of their cumulative quality, can lead the victims to a cognitive decline that makes academic achievement difficult for them.

Lastly, Fairbrook (2013) highlights the relationship between exposure to community violence and chronic health conditions. This is due to the fact that exposure to community violence is associated with heightened sleep problems, which contribute to poor physical and mental health as well as poor academic development (Kllewer & Lepore, 2015; Umlauf, Rolland, Bolland, Tomek, & Bolland, 2015). It must be taken into account that sleep is an important aspect in adolescent development, because sleep problems can have severe consequences resulting in teen anguish and, in general, their quality of life.

Compared to the growing body of research that examines the effects of exposure to community violence, there is less knowledge about the factors that protect youth from such effects (Copelan-Linder, Lamber, & Ialongo, 2010). However, the protective factors apparently, and from an ecological perspective, can fall into three categories: (a) Social characteristics, (b) Family characteristics and (c) Individual characteristics (Garmezy, 1991, Lobo, & Ahlin, 2017).

In the social aspect, Kaynak, Lepore, & Kliewer (2011) found

that in an environment of high social support and low restrictions to talk about the violent ones, there are fewer depressive symptoms in young people after victimization time has elapsed. In this category, teacher support is also relevant since it has a protective effect on the symptoms of post-traumatic stress resulting from exposure to violence (Lufwing-Gupta, Lindbland, Stikley Schwab-Ston, & Ruchkin, 2015). Likewise, adolescents who are highly identified with the school and teachers maintain high levels of hope regardless of exposure levels to violence (Ludwing & Warren, 2009).

Regarding the family aspect, it is reported that a high level of family support for young people exposed to community violence is significantly associated with a decrease in the use of cigarettes and marijuana, but not in alcohol use (Miller, Fagan, & Wright, 2014). In this same sense Hardaway, Sterret-Hong, Larkhy, & Corneluis (2016), indicate that high levels of support of the extended family and parental involvement seem to work as protective factors, weakening the association between exposure to community violence and externalizing problems in youngsters. Additionally, it has been observed that a good parent-child relationship and a high participation in extracurricular activities also work as protective factors (Hardaway, McLloyd, & Wood, 2012).

Regarding the individual, among the factors that have an effect on mental health when exposed to violence, certain demographic variables such as sex, age, ethnicity and, to a lesser extent, those of a psychological nature have been studied (Mels & Fernández, 2015). In the psychological aspect, the coping strategy focusing on the problem is negatively related to externalizing behavior problems such as involvement in criminal acts (Mcgee, 2015). In this same area it has been found that self-efficacy, self-esteem and self-regulation coupled with high emotional intelligence are powerful factors to overcome adversity and the psychological impact of being exposed to community violence (Copeland-Linder, Lambert, & Ialongo, 2010; Howell & Miller-Graft, 2014; Rosenthal, Wilson, & Futch, 2009).

Among the protective factors, the resilience construct is particularly relevant since it articulates the different dimensions of the ecological model. Resilience, is a construct that has been defined in various ways. It is a term that has been used to describe people's ability to recover from stress and to be able to adapt to stressful circumstances (Smith, Epstein, Ortiz, Christopher & Toley, 2013). For its part, the American Psychological Association (2014) indicates that it is a process of good adaptation in the face of adversity, traumas or sources of stress. Likewise, Masten (2013) refers that it is the ability of a dynamic system to stay or recover from significant disturbances and continue to function in a healthy way.

Resilience according to Kotzé & Nel (2013), involves avoiding the problems associated with vulnerability through the use of protective factors. Protective factors can be external (Extrinsic) or internal (Intrinsic) to people. Internal protection mechanisms are active elements such as trust and determination while external factors are found in the social environment of people such as social support networks. While a strong sense of personal care is important in coping with adversity, people can also look for viable family and community sources.

An example of the above are the studies that have found that resilience in the general population protects against the negative effects of anxiety in the face of highly stressful events; the resiliency factor linked to social resources and family cohesion modulate and reduce the risk of suicide (Rossetti, et al., 2017). In specific populations it has been found that resilience protects young people with chronic depressive illnesses and promotes quality of life (Oles, 2015); it likewise protects homeless youngsters from feelings of loneliness and entrapment, and suicidal ideation (Kidd & Shahar, 2008). Regarding young people who have grown up in highly violent environments, resilience protects them from developing antisocial behaviors (Acero, 2009) and involvement in severe gambling behaviors (Lussier, Derevensky, Grupta, Bergevin, & Ellenbogen, 2017). Finally, it has been seen that young people who leave care institutions with high levels of resilience avoid the psychosocial risks that can affect their lives (Shpiegi, 2016).

Protective factors that have been the least studied are those that correspond to the spiritual realm, although in recent years the protective role of religion on the negative effects of exposure to violence has become evident. An example of the above are the findings of Jones (2009), whereas those young people exposed to community violence who showed little religious involvement had greater symptoms of post-traumatic stress. On their part, Butler-Barnes, Chavous, & Zimmerman (2011) found that in high-risk environments such as exposure to community violence, the use of religious coping (Behaviors, cognitions and religious practices to handle everyday stressors) helped young people to preserve their academic motivation.

Regarding the above, it should be noted that the spiritual sphere does not necessarily refer to the religious aspect, it was Victor Franlkl (1985, cited in Montoya, 2009), who indicated that another component of the spiritual aspect is the noetic dimension. The term "noetic" comes from Greek and means spiritual, inspirational or aspirational. The above does not necessarily refer to the religious aspect, but refers to the non-material aspect of human life where the ultimate purpose is not only the accumulation of goods but to find meaning in life. From this point of view, the noetic dimension is the attitude of being prepared to find meaning and goals in life, for creativity and sense of humor, conscience and self-awareness, compassion and forgiveness as well as awareness of one's own mortality (Gurrola-Peña, Pérez-Hernández, Balcázar-Nava & Bonilla-Muñoz, 2011). This dimension contains all the capacities of the human spirit, which can be used by the individual to counteract the illness and traumas that life entails.

The noetic dimension contains two complementary constructs developed by Victor Frankl (1963) which are known as purpose or sense of life and the search for noetic goals. Because "noetic" is a term that translates as "meaning" they are often considered interchangeable terms. However the meaning of life refers to the amount of meaning that the person perceives in their life, whereas the search for noetic goals refers to the perceived need to look for meaning (García-Alandete, Rubio-Belmote, & Socase-Lozano, 2016; Schulemberg, Hutzell, Nassif, & Rogina, 2008).

Experiencing the sense of life includes the perception of freedom, autonomy, self-determination, responsibility, and a positive vision of one's own life and the future, combining the

acceptance of diversity, satisfaction with life, and self-realization (García-Alandete, Rubio-Belmote, & Socase-Lozano, 2016). According to Ryff & Keyes (1995), the conviction that life has a meaning is a critical component of mental health. In clinical work, it is essential to carefully review the vital meaning given its inverse relationship with various psychological symptoms such as negative affection, anxiety and depression as well as being a good predictor of physical health (Ortiz & Castellanos, 2013, Sherman, Michel, Rybak, Randal & Davidson, 2010). In general, the meaning of life is crucial to understanding the human experience as it is considered an important element for the recovery of highly stressful events such as mourning, cancer and other stressful events, since although such events may violate the vital meaning of individuals, can also initiate a process of the creation of meaning (Park & George, 2013).

The purpose of life as a protection factor is the most studied element of this dimension. There is evidence that the purpose of life protects against the meaninglessness that leads people to the compulsion or uncontrollable need to work incessantly (workaholism) (Peplinska, Wojdylo, & Polomsky, 2015), decreases the symptoms of people with social anxiety disorders (Kashdah & McKnight, 2013), attenuates the relationship between economic disadvantages and antisocial behaviors in adolescents (Machell, Disabato, & Kashdan, 2015), protects university students from psychological distress (Wang, Koening, Ma, & Al Shohalb, 2016), mitigates the effects of perceiving negative changes throughout life encouraging positive emotional experiences in daily life (Burrow, Summer, & Ong, 2014), prevents the onset of eating disorders (Cottingham, Davis, Craycraft, Keiper, & Abernethy, 2014) and excessive alcohol consumption (Nkyi, 2015).

The search for noetic goals is the least studied aspect although it has been argued that despite being a universal necessity it can be neutralized or distorted by various factors (Crumbaugh, 1997). In this same sense, Arango, Ariza & Trujillo (2015) mention that the noological dimension, known as the human aspect that is never sick, can be restricted or maximized by traumatic events.

In general, the meaning of life and noetic goals are negatively related to symptoms or clinical conditions such as depression, anxiety and post-traumatic stress, substance abuse and evasive behaviours (Schulenberg, Baczwaski & Buchanan, 2013). They are also positively related to well-being, happiness, life satisfaction, self-esteem and resilience.

Resilience, noetic goals and life purpose have in common that they allow people to recover and constructively face traumatic or highly stressful situations. With regard to this type of situation, the community violence that is part of the daily lives of evermore children and young people is of particular relevance, becoming recognized by the WHO (2003) as a worldwide health problem.

It is for the above reason that the objective of the present investigation was to identify the role of life purpose, noetic goals and resilience in the mental health of young victims of community violence. It is hypothesized that the first variables will show a negative relation with mental health, evaluated through the global severity of symptoms index.

METHOD

Participants

A total of 1823 students from four universities in Central and Northern Mexico participated in the study, whose researchers, after obtaining the approval of the respective ethics commissions, proceeded to request the participation of student volunteers who, after signing an informed consent letter, responded to the questionnaires. 323 questionnaires were eliminated because they applied to foreign students, students who have not been exposed to any type of community violence or were incomplete. The final sample consisted of 1500 Mexican students, 988 women and 512 men, with an average age of 20.8.

Instruments

Scale of direct and indirect victimization (Ruíz, 2007) consists of two lists of self-reported crimes suffered. In the first list of 15 crimes the person is asked if it happened to him/her personally (e.g., Robbery with violence). In the second list of 17 crimes, the person is asked if it has happened to a partner, relative, or close persons (e.g., Homicide).

Subscale Life Purpose of the Spanish adaptation of the Ryff Psychological Well-Being Scales (Díaz et al., 2006) consisting of 6 items (e.g., I feel good when I think about what I have done in the past and what I hope to do in the future) with 6 response options that go from Totally Disagree to Totally Agree, with a Cronbach's alpha internal consistency of 0.83.

Noetic Goals Test (Adapted by Gurrola-Peña et al., 2011), which consists of 20 items (e.g., I have felt the determination to achieve something beyond the ordinary) with 7 response options ranging from Never to Always; The full scale shows reliability by the odd-pair method of 0.76 Pearson correlation and 0.64 Spearman-Brown correlation.

Resilience Brief Scale (Smith, Dalen, Wiggins, Tooley, Christopher & Bernard, 2008), which consists of 6 items, three in the negative sense (e.g., It takes me a long time to recover from stressful events) and three in the positive sense (e.g., I tend to recover quickly after going through difficult times), with 5 response options ranging from Totally Disagree to Totally Agree and whose total scale shows a Cronbach's alpha internal consistency of 0.91.

Checklist of Symptoms-90-Revised SCL-90-R (Derogatis & Cleary, 1977), which consists of 90 reagents with 5 response options ranging from Nothing to A lot. The reported properties for the Hispanic population were 41% of the variance explained and a Cronbach's alpha coefficient of 0.90 for the total instrument. The instrument reports 9 sub scales; Somatization, (e.g., Headaches) Obsession-Compulsion (e.g., Having to do things very slowly to be sure you do them), Interpersonal Sensitivity (e.g., Being too sensitive or having your feelings hurt easily), Depression (e.g., Having low energy or weakness), Anxiety (e.g., All of a sudden being afraid for no reason), Hostility (e.g., getting irritated or angry easily), Phobic Anxiety (e.g., Being afraid to leave the house alone), Paranoid Ideation (e.g. The idea that one cannot trust other people), and Psychoticism (e.g., Having the idea that another person can control your thoughts)as well as a global index of severity of symptoms indicating the degree of psychological distress.

Analysis of Data

Statistical analyses were performed using the SPSS statistical

package version 21.0. Firstly, descriptive analyses were performed to show the behavior of direct and indirect victimization variables, global symptom severity index, life purpose, noetic goals and resilience. A moderation analysis was also carried out to explore whether the purpose of life, the search for noetic goals, and resilience that influence the relationship between victimization and pathological symptomatology, Finally, a linear stepwise regression was performed to estimate the weight and direction of independent variables (Life purpose, noetic goals and resilience), on the appearance of psycho-pathological symptoms (Overall symptom severity index) in young victims of community violence.

Table 1.
Mean and standard deviation of direct and indirect victimization rates

	M	SD
Direct victimization	2.49	2.40
Indirect victimization	7.10	4.77

Table 2.
Mean, standard deviation and T scores of the nine dimensions of symptoms and the overall severity index

	M	SD	T Punctuation
Somatization	0.175	0.6675	50
Obsessions-Compulsions	0.186	0.6979	35
Interpersonal Sensitivity	0.167	0.6601	50
Depression	0.177	0.6838	35
Anxiety	0.160	0.6193	35
Hostility	0.165	0.7198	50
Phobic Anxiety	0.142	0.5703	50
Paranoid Ideas	0.163	0.6553	50
Psychoticism	0.147	0.5862	50
Global Severity Index	1.67	0.5726	80

RESULTS

Table 1 shows the descriptive results of primary and secondary victimization; as shown, the participants were primarily secondary victims with a high exposure index and secondarily they were primary victims. Index of exposure (Couple, family, or close persons that have personally witnessed 7.10 crimes) and in second place have been primary victims since they have personally witnesses 2.49 crimes.

Table 2 shows the T-scores of the nine dimensions of symptomatology, the T-scores of obsession-compulsion, depression, anxiety indicate that participants do not show symptoms in these dimensions, while the T scores of somatization-interpersonal sensitivity, hostility, phobic anxiety, paranoid ideation and psychoticism indicate a slight affectation. In spite of the above, the T-score of the global severity index indicates the presence of a high degree of psychological distress which are classified in the range of Not Affected, however, the overall severity index indicates that participants show some degree of psychological distress.

Table 3 shows the means and standard deviation of the Life Purpose, Noetic Targets and Resilience variables, which are in the range considered adequate.

Moderate positive correlations were obtained between direct and indirect exposure to violence and total psychological

Table 3.
Mean and standard deviation of Life Purpose, Noetic Goals and Resilience of young victims of community violence

	M	SD
Purpose of life	78.13	1.25
Noetic goals	25.54	4.99
Resilience	18.01	2.68

Table 4.
Relationship between victimization, protective factors and psychopathological symptoms

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Direct victimization	---													
2. Indirect victimization	0.460**	---												
3. Purpose of life	-0.017*	-0.015*	---											
4. Noetic goals	-0.066*	-0.140**	-0.004**	---										
5. Resilience	0.081**	0.116**	-0.076**	-0.076**	---									
6. Somatization	0.181**	0.156**	-0.155**	-0.127**	-0.253**	---								
7. Obsessions-Compulsions	0.183**	0.205**	-0.262**	-0.143**	-0.292**	0.752**	---							
8. Interpersonal Sensitivity	0.146**	0.159**	-0.283**	-0.139**	-0.282**	0.679**	0.803**	---						
9. Depression	0.149**	0.161**	-0.302**	-0.137**	-0.298**	0.740**	0.825**	0.839**	---					
10. Anxiety	0.171**	0.168**	-0.234**	-0.152**	-0.279**	0.806**	0.787**	0.767**	0.817**	---				
11. Fear- Hostility	0.186**	0.150**	-0.256**	-0.108**	-0.223**	0.678**	0.685**	0.668**	0.739**	0.736**	---			
12. Phobic Anxiety	0.136**	0.119**	-0.192**	-0.125**	-0.210**	0.628**	0.625**	0.667**	0.630**	0.699**	0.525**	---		
13. Paranoid Ideas	0.153**	0.183**	-0.224**	-0.121**	-0.274**	0.628**	0.742**	0.798**	0.745**	0.724**	0.671**	0.606**	---	
14. Psychoticism	0.142**	0.132**	-0.273**	-0.121**	-0.264**	0.694**	0.777**	0.820**	0.808**	0.812**	0.718**	0.667**	0.771**	---
15. Global Severity Index	0.288**	0.286**	-0.279**	-0.249**	-0.306**	0.858**	0.900**	0.894**	0.924**	0.915**	0.813**	0.749**	0.835**	0.900**

*p<0.01; **p<0.001

Table 5.
Predictive models for the development of psycho-pathological symptoms

Model	R	R Squared	Corrected R squared	Δ R^2	p
1	0.304[a]	0.103	0.102	-------	------
2	0.372[b]	0.153	0.152	0.050	0.001
3	0.451[c]	0.223	0.222	0.070	0.001

[a]Predictive variables: (Constant), purpose of life; [b]Predictive variables: (Constant), Purpose of Life, Noetic Goals; [c]Predictive variables: (Constants, Purpose of Life, Noetic Goals, Resilience; [d]Dependent variable: GSI (Global Severity Index)

Table 6.
Predictive variables for the development of psycho-pathological symptoms

	Beta	t	p
Constant		16.587	0.001
Purpose of Life	-0.404	-11.646	0.001
Resilience	-0.301	-6.741	0.001
Noetic Goals	-0.441	-5.908	0.001

symptomatology (0.288, p=001; 0.286, p=001). Likewise, moderate negative correlations were found among life purpose, noetic goals, resilience, and total psychological symptomatology (-0.279, p=001; -0.249, p=001; -3016, p=001) (see Table 4).

A multiple regression analysis was carried out to determine if the purpose of life, the search for noetic goals, and resilience diminish the relationship between total victimization and total psychological symptomatology. It was found that there is no multicollinearity among the variables; the residuals are normally distributed and do not correlate with predictor variables. A statistically significant interaction was found, $F(31,941)=51.281$, $p<0.001$.

The models resulting from the regression by successive stepwise of the predictive variables for the development of psycho-pathological symptoms indicate that the third model conformed by the Purpose of Life and the Noetic Goals explain the 22.2% of the phenomenon of the study (Table 5).

Table 6 shows the results obtained from the predictive variables of the appearance of psycho-pathological symptoms, with a moderate negative value.

DISCUSSION

Violence is a constant in the lives of human beings that often have important consequences on the mental and physical health of people. In particular, community violence, understood as that type of violence that occurs in public spaces, between people who do not know each other and which includes all kinds of crimes (Forge et al., 1995) usually affects a large number of people. This is shown in the results of the present study where the young participants reported having personally suffered more than two offenses and more than seven in the closest or family circle, which makes them direct or indirect victims (Echeburúa, 2004).

As for the impact of the violence experienced, it could be expected that the young participants in the present study showed high rates of psycho-pathological symptoms; however, the results contradict several authors (Cooley-Stricklan et al., 2011, Corwin & Keeshin, 2011, Fairbrook, 2013; Pérez et al., 2016), as there are no reports of levels of psycho-pathological involvement in the areas of somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Adequate levels of life purpose, noetic goals, and resilience can also be observed, which in theory should be restricted (Park & George, 2013, Arango et al., 2015). This can lead to two processes that can act together: first, it may be due to a certain extent to what Voisin & Berringuer (2015) assert, in that young people may exhibit few symptoms for a certain time in an attempt to avoid revictimization; however, this adaptation may in the long run decrease their interpersonal functioning. This situation shows the need for longitudinal studies where the impact of exposure to long-term community violence can be observed. Secondly, factors that act to protect young people from the development of psycho-pathological symptoms could be considered.

In spite of the above, it was possible to verify the existence of high scores in the global severity index (GSI), which combines the number of symptoms reported with the level of perceived discomfort or distress, which makes it a good indicator of the current level of the severity of the discomfort (Casullo, 2004). Thus taking into account that the purpose of the present study was to explore and quantify the relationship between a dependent variable and several independent or predictive variables, as well as the lack of evidence regarding intra-personal variables as protective of the effects of exposure to community violence and mental health in young people, a stepwise linear regression analysis was performed.

In model 1 the variable life purpose was introduced and was observed as a negative predictor of the overall severity index of psycho-pathological symptoms. In models 2 and 3, noetic goals and resilience were also shown to be negatively and significantly predictive variables. Thus, the results of stepwise linear regression allow us to indicate that life purpose, noetic goals and resilience by their inverse relationship with the global index of symptoms make them protective factors for the development of psycho-pathological symptoms in the young direct and indirect victims of community violence. This responds to the logic that two conditions coexist, on the one hand the presence of a highly stressful situation and on the other hand those personal factors that may be restricted or enhanced by these conditions (Park & George, 2013, Arango et al., 2015).

Specifically, the protective function of life purpose confirms Ryff & Keyes (1995) and Schulenberg et al. (2013), who are also directly related to mental health. While it is true that becoming victims of community violence, as it is a highly stressful situation, can lead young people to experience a sense of uncontrollability as their sense of control over consequences is reduced, it has also been found that internal processes that improve the perception of control over the environment diminishes the levels of stress and the impact

of these stressors (Park & Baumeister, 2016). According to Park (2010), it is common among human beings to try to find meaning in stressful events and it is thought that finding meaningful life works as an internal process, since it implies a sense that the world is predictable and therefore controllable (Park & Baumeister, 2016). Then those who have successfully constructed a meaning to their traumatic experiences are better adapted than those who have not done so (Silver & Updegraff, 2013).

Also in the present study, the protective function of noetic goals could be verified, which according to García-Alandete et al. (2016) act as a moderator of the negative effects that traumatic experiences can bring, while at the same time enhancing the search for meaning in these experiences. Among the mechanisms that act in the noetic dimension is the capacity for self-distancing which corresponds to the human capacity to distance oneself from situations that seem to condition it (Arango et al., 2015). As a specific resource, self-regulation appears as an important aspect to avoid developing psycho-pathological symptoms after trauma for being a victim of community violence since this resource enables one to impose ones human character despite somato-psychic states and social circumstances (Frankl, 1994); that is, people take a stand against their external circumstances without letting them determine it.

Finally, resilience understood as intrapersonal actions that result in people adapting or resisting the stressful situation (Brodsky & Bennet, 2013) proved to be an important protective factor to prevent the development of psycho-pathological symptoms in young victims of community violence. This is in line with the findings of Sagy & Braun-Lewensohn (2009), that although some people may present a variety of psycho-pathological difficulties after suffering violent events, many of them exhibit resilience and face them adequately without major emotional problems. Apparently the mechanism known as the Coherence Sense (SOC) goes into action, which can explain the reduction of stress symptoms and therefore allows the person to remain healthy (Braun-Lewensohn & Mosseri, 2014).

It can be concluded that life purpose, noetic goals and resilience are intrapersonal variables that greatly protect the mental health of young victims of community violence, however, it should not be overlooked in future studies that exposure to community violence from an ecological perspective (Bronfenbrenner, 1979) indicates that while there may be multiple risks at all levels there may also be various protective resources or factors that influence the development of young people.

The present study has an important limitation that must be taken into account since a cross-sectional study like this cannot capture the character of the process of resilience, which is considered a dynamic interaction between the individual and the environment in which he/she lives. It is accepted that resilience is neither an individual feature nor a static element; the same person may show good results in certain circumstances and may fail in others, or may have remarkable results at some life stages and poor results in others (Freitas & Downey, 1998). This is why it would be worthwhile to continue research in this environment, using qualitative studies that could capture the way in which individuals interact with their environment, how they assign meaning to risks and protective factors or results.

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