

challenges for the 21<sup>st</sup> century. *African American Research Perspectives*, 6(2), 57-68.

- Simpson, G. M. (in press). A Qualitative Perspective of Family Resources among Low Income, Urban, African American Grandmother Caregivers. *Journal of Gerontological Social Work*.
- Simpson, G. M., & Cornelius, L. (2007). Overlooking African American males: Urban African American grandmother caregivers' reliance on family members. *Journal of Human Behavior in the Social Environment*, May 14, 2007; DOI: 10.1300/J137v15n01\_08.
- Simpson, G. M., & Lawrence-Webb, C. (2007). Responsibility without community resources: Informal kinship care among urban, low-income, African American grandmother caregivers. *Journal of Black Studies*, June 14, 2007; DOI: 10.1177/0021934707303631.
- Smith, A. (1994). African-american grandmothers' war against the crack-cocaine epidemic. *Arête*, 19(1), 22-36.
- Stack, C. B. (1974). *All our kin: Strategies for survival in a black community*. New York: Harper Torchbook.
- Szinovacz, M., DeViney, S., & Atkinson, M. (1999). Effects of surrogate parenting on grandparents well-being. *Journal of Gerontology: Social Sciences*, 54B(6), S376-388.
- Taylor, R. J. (1985). The extended family as a source of support to elderly blacks. *The Gerontologist*, 25(5), 488-437.
- Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, 36(5), 53-79.
- Turner, J. R., & Marino, F. (1994). Social support and social structure: A descriptive epidemiology. *Journal of Health and Social Behavior*, 35(3), 193-212.
- U.S. Census Bureau (2000). *March 2000 current population survey*. Retrieved July 20, 2007 from <http://www.census.gov/prod/2003pubs/c2kbr-31.pdf>.

## **A Commentary on Community Violence Exposure and HIV Risk Behaviors among African American Adolescents**

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### **Abstract**

*African American adolescents are disproportionately confronted by many social problems, including exposure to community violence and HIV. A growing body of research documents that these two major public health concerns are interrelated. This article provides a brief overview of the literature on community violence exposure as it relates to adolescents and HIV drug and sexual risk behaviors. Additionally, it provides a critique of that literature and discusses directions for future research. It concludes by presenting several theoretical assumptions that may explain why community violence exposure and HIV risk are interrelated, especially among African American youth.*

### **Introduction**

In the United States, African American adolescents are confronted by many social problems, including disproportionate rates of community violence exposure (CVE). For instance, African American youth are 8 to 10 times more likely to be victims of CVE compared to their white American peers (Uniform Crime Reports, 2006). Community violence exposure refers to violent acts which occur outside the home between individuals who are unrelated and who may or may not know each other (e.g., knowing about, witnessing or being a victim of robberies, muggings, gang-related deaths, or homicides) (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). In addition to CVE, Human Immunodeficiency Virus (HIV) rates have reached epidemic proportions among this population. While comprising about 13% of the adolescent population (U.S.

Bureau of the Census, 2000), African Americans account for more than 60% of all new HIV infections (Centers for Disease Control, 2006). The major modes of HIV transmission among this group have been through unprotected sex and sex with multiple partners (Miller, Clark, & Moore, 2004). These figures are a serious cause of concern for all individuals and groups interested in promoting and protecting the health and future well-being of African American children.

Within recent years, a growing body of research has documented that there is an intersection between CVE and drug and sexual risk behaviors among adolescents. This article provides a brief overview of the literature which links these two public health concerns. The review is meant to be illustrative and not exhaustive. Next, several theoretical mechanisms that may explain why CVE and HIV risk are interrelated, especially among African American youth, are discussed. The review concludes by providing a critique of the literature and discussing directions for future research.

### **Community Violence Exposure and Drug and Sexual Risk Behaviors**

Recently, researchers have begun to explore the link between CVE and drug and sexual risk behaviors. This line of research is critical, given that CVE (Krug et al., 2002), drug use and sexual risk behaviors (Centers for Disease Control, 2006) increase during adolescence. Collectively, a growing number of studies involving significant numbers of African Americans document that high rates of CVE (either as witnesses, victims, or both) are related to drug and sexual risk behaviors among youth (Berenson, Wiemann, & McCombs, 2001; Brady & Donenberg, 2006; Stiffman, Dore, Cunningham, & Earls, 1995; Sullivan, Kung, & Farrell, 2004; Voisin, 2003, 2005; Voisin, DiClemente, Salazar, Crosby, Yarber, & Staples-Horne, in press). In our overview of this literature we highlight studies that focused exclusively on African American youth or with multiethnic samples where African American youth comprised more than 20% of the study population. In the multiethnic samples, analyses were not conducted separately by ethnic group; rather,

the percentage of African Americans in the sample is indicated for each study. The majority of the extant research has documented a direct relationship between witnessing community violence and HIV-related drug and sexual risk behaviors. For example, among a sample of detained youth (35% African American), participants who witnessed community violence in the year prior to detention were twice as likely to report marijuana and alcohol use as peers who did not report such exposure (Voisin et al., in press). They were also twice as likely to report having been high on alcohol or other drugs during sexual intercourse and to have had sex with a partner who was high on alcohol or other drugs (Voisin et al., in press). Similar findings have been observed with respect to a multiethnic sample involving African American adolescents (61% African American) in psychiatric care (Brady & Donenberg, 2006).

The relationship between CVE and involvement in HIV-related risk behavior also has been observed in non-offending and non-clinical samples of adolescents. For example, studies of urban middle and high school aged African American adolescents (98% African American) have found that CVE is associated with increased rates of adolescent alcohol use (Taylor & Kliever, 2006), marijuana use (Albus, Weist, & Perez-Miller, 2004) and risky sexual behaviors (Albus et al., 2004). Taken together, these findings are significant with regard to HIV-risk because it has been long established that drug use, especially during sexual activity, can increase behavioral risk for contracting HIV (Sullivan, Kung, & Farrell, 2004).

In terms of direct victimization, research has documented strong associations between CVE and HIV-related drug use and sexual risk taking. Voisin (2003), in a study of 120 African American high school males, found that exposure to community violence was associated with higher rates of sexual risk-taking. In particular, boys who reported higher rates of CVE also reported a greater frequency of sex without condoms, a higher number of sexual partners, and more frequent drug use during sex. The higher levels of sexual risk behavior are particularly worrisome given the elevated vulnerability to HIV infection associated with each sexual risk behavior. Similarly, research with multiethnic youth aged 14–19 years old (30% African

American) found that victims of community violence were almost four times more likely than their non-victim peers to have had sex without condoms, engaged in sex after drug use, and had group sex (Voisin, 2005).

Findings from longitudinal studies suggest that CVE may have a long-term effect on adolescents' HIV-related risk behaviors. A study of multiethnic sixth grade students attending middle school in five rural counties found that witnessing violence predicted subsequent initiation of drug use (Sullivan et al., 2004). Interestingly, findings documented that although parental monitoring and family support moderated this relationship, with increasing levels of witnessing violence the protective elements of monitoring and support were substantially diminished (Sullivan et al., 2004). In addition, Stiffman et al. (1995) conducted repeated interviews during adolescence and again during young adulthood with 602 youth (24% African American) from 10 U.S. cities. Findings indicated that specific forms of community violence exposure such as witnessing murders, in conjunction with other stressful life events, were associated with increased HIV risk outcomes. Interactions between the number of neighborhood murders with physical abuse and the number of neighborhood murders with substance use were significant factors predicting increases in HIV sexual risk behaviors from adolescence to young adulthood.

Some researchers have attempted to differentiate between the effects of witnessing violence and being a victim of violence on drug and sexual risk outcomes. Among a sample of 517 adolescent girls aged 18 and younger seeking contraceptive care (50% African American), those who had witnessed violence were two to three times more likely to use marijuana, drink alcohol and use other drugs before sex (Berenson et al., 2001). In addition, girls who had witnessed violence were more likely to have had sexual intercourse with a risky sexual partner (e.g., the partner had multiple sexual partners) (Berenson et al., 2001). Girls who reported being a victim of violence also were found to have higher levels of risk behavior than their peers who had neither experienced nor witnessed violence. Victims of violence were four times more likely than their

counterparts to report sexual debut before age 13 and two times more likely to test positive for a sexually transmitted disease, to report sex with strangers, and to have multiple sexual partners (Berenson et al., 2001). Although these results suggest that victimization has a stronger relationship to risk behaviors than witnessing alone, a cumulative effect may occur as girls who reported both witnessing and being victimized by violence reported the highest levels of illicit drug use before sex (Berenson et al., 2001).

Youth can encounter multiple types of CVE. One type that has received an increasing amount of attention is sexual abuse and violence. It should be noted that there is a continuum of sexual abuse that youth can encounter, such as dating violence, molestation, and rape, and there now exists a large body of literature in this domain (for a review, see Kendall-Tackett, Williams, & Finkelhor, 1993). A study of African American adolescent girls found that those with a history of dating violence (e.g., having had a boyfriend who had physically punched, hit, or pushed them in the past six months) were almost half as likely to use condoms consistently and were three times more likely to have an STD and non-monogamous male partner than girls with no history of dating violence (Wingood, DiClemente, McCree, Harrington, & Davies, 2001). In comparison to non-victimized girls, adolescent girls with a history of dating violence were two times more likely to fear negotiating condom use and talking with their partner about pregnancy protection (Wingood et al., 2001). Furthermore, they had a higher perceived risk of acquiring an STD and perceived having less control over their sexuality (Wingood et al., 2001). Similar results have been observed in large multiethnic samples comprised mostly of white high school girls, with those who experience dating violence being more likely to report drug use and sexually risky behaviors than their peers who report no such violence (Silverman, Raj, Mucci, & Hathaway, 2001). For example, girls who experienced dating violence were five times more likely to report cocaine use and up to six times more likely to report sexual activity at an earlier age and the occurrence of a pregnancy (Silverman et al., 2001).

On the whole, the literature strongly suggests that experiencing different forms of CVE is related to African American adolescents' substance use and involvement in risky sexual behaviors, two domains known to increase vulnerability to HIV-infection. However, a number of questions remain regarding the precise pathways of influence. In particular, through what specific factors are CVE related to African American adolescents' drug and sexual risk behaviors? The subsequent section of the paper addresses this question by drawing upon a broad base of literature in the social sciences to posit a number of different theoretical pathways through which CVE is related to drug and sexual risk behaviors.

### **Theoretical Assumptions**

Three dominant statistical relationships have been posited in the empirical literature: direct, indirect and moderated. When applying these relationships to the topic of CVE and HIV risk behaviors among adolescents, a direct relationship would suggest that CVE directly influences HIV-related drug and sexual risk behavior. At higher levels of CVE, individuals are believed to be more likely to use drugs or engage in sexual risk behavior. While an indirect relationship would also suggest that CVE influences involvement in HIV-related risk behavior, this model would seek to identify a set of mediators that exert direct influence on risk taking. In the indirect context, CVE is indirectly related to drug use and sexual risk behavior such that in the absence of the mediator variables, no relationship between CVE and sexual risk occurs. A moderated relationship would suggest that at different levels of the moderator variables, the nature of the relationship between CVE and HIV-related risk taking changes. As moderators, these factors could either exacerbate or attenuate the presumed casual link between CVE and sexual risk taking.

#### *Direct Relationships*

The first theory posits that CVE is directly related to African American adolescents' substance use and sexual risk behaviors. As an adolescents' exposure to community violence increases, an increase

in their HIV-related substance use and sexual risk behaviors is also observed. Existing literature supports this relationship, showing that youth who report being exposed to higher rates of CVE generally engage in substance use and sexual risk behaviors at rates higher than their peers not exposed to CVE. This relationship is most often supported in the theoretical literature via cross-sectional studies that document statistically significant correlational relationships between CVE and HIV-related risk behaviors (Taylor & Kliwer, 2006; Voisin, 2003, 2005). In general, studies investigating the direct link have provided the field with important information about CVE.

#### *Mediated Relationships*

In contrast to the direct relationship, the indirect relationship can identify statistically significant mediators which can be manipulated to help mitigate the influence of CVE on HIV-related risk behaviors. A number of mediating factors have been identified in the literature, including the beliefs and expectancies of African American youth. Research indicates that rates of poverty tend to be high in communities where there is widespread violence (Uniform Crime Reports, 2006). In impoverished communities, the effect of experiencing high rates of violence is hypothesized to directly affect adolescents' expectancies about life. In this context, CVE is negatively related to adolescents' expectancies such that as youth exposure to community violence increases, youth expectancies about their future life opportunities and the risks and consequences of contracting HIV decrease. In other words, African American adolescents' expectancies and beliefs about contracting HIV or having a successful future may diminish in relation to their experiences with drug and gang violence and other disruptive factors such as poverty, unemployment, homelessness, and incarceration. Morales and Bok (1992) have termed this response the "full plate syndrome." They posit that youth who have endured high rates of CVE may not be concerned about a disease which may take 10 years to manifest if they believe they might not be alive in 10 years. In turn, as adolescents' negative expectancies about their future opportunities increase, youth involvement in HIV-related risk behaviors also increases.

Additionally, risk desensitization theory posits an indirect relationship such that CVE is related to HIV-related risk behaviors via its influence on adolescent desensitization to risk. Richters and Martinez (1993) posit that CVE can lead to desensitization to risk, causing youth in communities plagued by high rates of CVE to become inured to such exposures. In this theoretical model, as exposure to CVE increases, youth desensitization to risk also increases. Teens become desensitized to adverse events such as robberies, murders and gang-related deaths so that they can overcome their fears and still attend school in a violent community. However, whereas desensitization may be an adaptive coping skill that enables an adolescent to survive, it also may cause the same teen to become desensitized to the risk of contracting HIV. As a result, increases in desensitization to risk are positively related to increased involvement in risky behaviors. Conversely, if youth are unable to become desensitized to risk, they may develop psychological symptoms such as depression, anxiety, and PTSD (Margolin & Gordis, 2000). In turn, the manifestations of such clinical symptoms for adolescent girls may lead to less perceived control in sexual relationships, perceiving greater barriers to condom use or adverse consequences such as abandonment, abuse or relationship conflict (DiClemente et al., 2001). For some adolescent boys, patterns of externalizing coping may be more consistent with gendered patterns of coping resulting in greater illicit drug use and risky sex to mitigate the psychological trauma associated with CVE (Brady & Donnenberg, 2006).

Social Control Theory provides a framework for understanding the relationship between CVE, adolescent drug use and sexual risk behavior (Hirschi, 1969). This theory posits that the bond to conventional society is represented by four elements: (1) attachment to others, (2) commitment to conventional institutions, (3) involvement in conventional activities, and (4) belief in conventional values (Hirschi, 1969). According to one application of Social Control Theory, high and recurring rates of community violence result in social disorganization in the community, which weakens community members' bonds to prosocial agents, such as parents, schools, teachers, and risk-averse peers. Thus, in this model,

CVE has a direct negative relationship to each of the four elements, such that as rates of CVE increase, adolescent bonds in each of these domains are weakened. In turn, a weakening of adolescents' social bonds to different prosocial "agents" may heighten the risk of becoming attached to or recruited by deviant peers (e.g., gangs and youth who endorse risky drug and sexual norms). Such peers, although considered deviant by the larger society, can provide not only a sense of belonging and protection in violent communities, but also sources of income (Wilson, 1987). Membership in such peer groups may then reinforce risky norms, such as increased drug use and unsafe sexual behaviors (Petraitis, Flay, & Miller, 1995), thereby creating a complex causal chain between CVE, decreased attachments to prosocial agents, increased attachments to deviant peers, and finally, increases in HIV-related risk behaviors.

#### *Moderated Relationships*

Building upon the assumption of Social Control Theory suggesting that CVE weakens adolescents' bonds to social elements that might protect against involvement in risky behaviors, the third theory elaborates on how community violence operates via multiple pathways of influence to weaken the types of adult and parental monitoring that protect against drug use and sexual behavior. In this framework, structural and individual factors work to create an environment of elevated risk. In qualitative research on CVE conducted by Voisin (2007a) with African American youth, adolescents have talked about how CVE limits the way they can spend recreational time in their neighborhood. Specifically, African American youth, especially males, indicated that public recreational spaces, such as parks and basketball courts, are unsafe places due to the presence of gang activity in these locations. As a result, these adolescents say they spend more amounts of unsupervised time at home. Concomitantly, demographic changes in family structure have resulted in a large percentage of female-headed households. According to the U.S. Census Bureau (2000), more than 70% of African American adolescents are growing up in single female-headed households (U.S. Bureau of the Census, 2000). These combined dynamics may create more "sexual possibility situations,"

which refer to unmonitored situations where sexual activity is likely to take place among adolescents (Paikoff, 1995). Similarly, decreases in adult and parental monitoring also create possibility situations for increased substance use. Therefore, CVE's influence on HIV-related sexual risk behavior occurs through its ability to limit adolescents' access to youth friendly spaces, which places adolescents in less monitored contexts that present increased opportunities to use drugs and engage in sexual risk behaviors.

The proposed theoretical assumptions are meant to guide future research in the area of CVE and HIV risk behaviors among African American youth. It is hoped that researchers working in this area will empirically examine these hypotheses so that the precise mechanisms of influence between CVE and HIV-related drug use and sexual behavior in African American adolescents can be identified. Such research is necessary if we are to understand how and where to intervene. However, in advancing our understanding of the relationship between CVE and HIV risks, there are several methodological issues which need to be considered.

### **Methodological Issues and Directions for Future Research**

Although there is a large body of research on CVE, a serious methodological weakness is that conceptualizations of CVE can vary greatly in the literature. Whereas some studies have defined CVE as being a victim of violence, others have included witnessing violence. Although one can argue that such variations are necessary because community violence differs across communities, diverse definitions pose a challenge with respect to comparing findings across studies. Another issue related to conceptual definitions of CVE pertains to sexual abuse. A plethora of studies have found that sexual abuse is related to higher rates of drug use and sexual risk behaviors, especially among women (Kendall-Tackett et al., 1993). However, this type of abuse may occur within the family or community domains, and the majority of studies have not assessed the context within which such abuse occurs. It is likely that abuse by persons known to the victim and occurring within the home may be more detrimental than acts perpetrated by strangers and occurring within the community

(Kendall-Tackett et al., 1993; Margolin & Gordis, 2000). Future research would need to account for such contextual observations and expand the concept of violence to examine multiple domains of violence exposure.

In addition, the interpretation of the effects of CVE is further complicated by diverse approaches in data analysis. When examining CVE, researchers are confronted with a choice on how to model CVE. For example, a researcher may have separate questions asking adolescents to report on their experiences with being a witness to violence, knowing a victim of violence, and being a victim of violence. Although this approach provides three measures of CVE, some researchers opt to collapse these various forms of exposure into a single risk index (e.g., Albus, Weist, & Perez-Smith, 2004; Weist, Youngstrom, Myers, Warner, Varghese, & Dorsey, 2002). Although this approach may be statistically appropriate, such as when there is too little variability in a single risk item, it also makes it difficult to tease out the unique effects from the combined sequelae associated with exposure to violence (Kliewer, Lepore, Oskin, & Johnson, 1998). Theoretically, one could argue that knowing a victim of violence may be different from being a victim of violence, especially when considering the various types of violence youth can encounter, such as a fight, a mugging, having a gun pulled on them, sexual violence, etc. On the other hand, a meta-analysis on adolescents' exposure to violence found minimal variation in the effects of witnessing or being a victim of community violence (Singer, Anglin, Song, & Lunghofer, 1995), which suggests possible significant overlap between these categories (Margolin & Gordis, 2000). Whenever possible, it is recommended that researchers pursue and report on analyses examining the effects of CVE items uniquely along with CVE items combined into a single risk index.

Another important methodological issue is related to sample sizes and how the relationship between CVE and HIV-related risk behavior may vary as a function of adolescent race/ethnicity and gender. Many of the studies reviewed in the present paper included multiethnic samples of youth. In many cases, analyses examining the moderating effects of ethnicity were not pursued. However,

there exists considerable social inequality across racial and ethnic communities in the United States. In addition, the nature and type of violence exposure as well as the type of drug use and sexual risk behavior may differ across ethnic groups. Such differences may be due, in part, to racial and economic segregation that has created distinct ethnic neighborhoods, variations in family structures, and different access to resources and drugs across communities (Sampson, Morenoff, & Gannon-Rowley, 2002), as well as to variation in the risk profiles of sexual partners (Miller, Clark, & Moore, 1997). For instance, African American girls who have their sexual initiation with older male partners are at high risk for contacting HIV partly due to the sexual contacts and experiences of these males (Miller, Clark, & Moore, 1997). Given this diversity, it is important for researchers to recruit adequate sample sizes that will permit the pursuit of interactions that can formally test for the presence of statistically significant differences as a function of ethnicity.

In addition to ethnic differences, the research also indicates there are important gender differences in CVE. In general, boys tend to report higher levels of exposure to CV (Uniform Crime Reports, 2006) and higher rates of riskier sex than girls (Centers for Disease Control, 2006). Boys, more so than girls, also tend to have greater power in sexual situations, which has implications for rates of condom use and safer sex negotiation (Amora, Fried, Cabral, & Zuckerman, 1990; Wingood & DiClemente, 1998). Therefore, examining CVE and HIV risks with larger samples may offer important insights into the linkages among these variables.

There is also a need to conduct more longitudinal research on the intersection between CVE and HIV risk behaviors. The majority of research in this area has been cross sectional. These findings are important and provide the basis for costly and more complicated longitudinal investigations. However, the long-term impact of CVE on HIV risk behaviors is unclear. Are the effects isolated to a particular aspect of adolescence or do they have important reverberations that emerge as children progress through adolescence and into adulthood? Longitudinal studies that assess youth from pre-adolescence through adolescence to adulthood are

critically important, especially given the higher rates of exposure to community violence (Bowen & Bowen, 1999; Margolin & Gordis, 2000) and the increased rates of drug and sexual risk behaviors (Centers for Disease Control, 2006) that occur during adolescence and early adulthood. Such studies would better enable us to identify the short- and long-term effects of CVE and its related effects, such as psychological distress, low school achievement, and negative peer involvement (Voisin, Jenkins, & Takahashi, 2007).

Another methodological consideration is related to other stressful life events. According to Gorman-Smith & Tolan (1998), persons who are exposed to community violence are likely to live in already stressful circumstances, such as unemployment, unmet health needs, sudden deaths, or serious illness within their families. It is important to account for these factors in order to determine the unique effects of exposure to violence versus the additive effects of life stressors on drug and sexual risk outcomes.

A final note concerns the fact that not all youth exposed to community violence engage in higher rates of HIV-related risk behaviors. Though these youth may be considered “resilient” it is likely that contextual factors such as personal traits, family functioning, social support, religion and spirituality may moderate the associations documented between CVE and HIV risks. Future research should seek to identify the factors that buffer youth from the negative effects of CVE. This will be a welcome addition to the research on how to better help African American youth exposed to community violence.

## **Conclusion**

The high rates of CVE encountered by many African American youth create a context that elevates the risk of HIV infection. Concomitantly, contextual issues such as poverty, racism, and hopelessness, as well as a profound overrepresentation of African American youth in special education, child welfare and juvenile justice systems (Voisin, 2007b), all work to further heighten youth vulnerability to HIV/AIDS. These disproportionate statistics should

not be accepted as the new norm, but should be viewed as abnormal and as resulting from factors that are amenable to change. Careful research is urgently needed to understand the pathways which may lead from CVE to HIV risk-taking among African American youth. Such knowledge is critical to the design of effective intervention programs that can curtail the high rates of HIV infection and help African American youth achieve a healthier and more secure future.

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### References

- Albus, K., Weist, M., & Perez-Smith, A. (2004). Associations between youth risk behavior and exposure to violence: Implications for the provision of mental health services in urban school. *Behavior Modification, 28*(4), 548-564.
- Amora, H., Fried, L., Cabral, H., & Zuckerman, B. (1990). Violence during pregnancy and substance abuse. *American Journal of Public Health, 80*(5), 575-579.
- Berenson, A., Wiemann, C., & McCombs, S. (2001). Exposure to violence and associated health-risk behaviors among adolescent girls. *Achieves of Pediatrics and Adolescent Medicine, 15*, 1238-1242.
- Bowen, N., & Bowen, G. (1999). Effects of crime and violence in neighborhoods and schools on the school behaviors and performance of adolescents. *Journal of Adolescent Research, 14*(3), 319-342.
- Brady, S. S., & Donenberg, G. R. (2006). Mechanisms linking violence exposure to health risk behavior in adolescence: Motivation to cope and sensation seeking. *Journal of the American Academy of Child and Adolescent Psychiatry, 45*(6), 673-680.
- Centers for Disease Control. (2006). Racial/ethnic disparities in diagnoses of HIV/AIDS—33 states, 2001–2004. *Morbidity and Mortality Weekly Report, 55*, 121–125.
- DiClemente, R. J., Wingood, G. M., Crosby, R. A., Cobb, B. K., Sionean, C., Brown, L. et al. (2001). A prospective study of psychological distress and sexual risk behavior among black adolescent females. *Pediatrics, 108*(5), e85. Available at <http://www.pediatrics.aapublications.org/cgi/content/full108/5/e85>. Accessed September 7, 2007.
- Gorman-Smith, D., & Tolan, P. (1998). The role of exposure to community violence and developmental problems among inner-city youth. *Development and Psychopathology, 10*, 101-116.
- Hirschi, T. (1969). *Causes of delinquency*. Berkeley: University of California Press.
- Kendall-Tackett, K. A., William, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 115*, 164-180.
- Kliewer, W., Lepore, S., Oskin, D., & Johnson, P. (1998). The role of social and cognitive processes in children's adjustment to community violence. *Journal of Consulting and Clinical Psychology, 66*, 199-209.
- Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lozano. R. (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization.
- Margolin, G., & Gordis, E. (2000). The effects of family and community violence on children. *Annual Review of Psychology, 51*, 445-479.
- Miller, K. S., Clark, L. F., & Moore, J. S. (2004). The STD and HIV epidemics in African American youth: Reconceptualizing approaches to risk reduction. *Journal of Black Psychology, 30*(1), 124-137.
- Miller, K. S., Clark, L. F., & Moore, J. S. (1997). Sexual initiation with older male partners and subsequent HIV risk behavior among female adolescents. *Family Planning Perspectives, 29*(5), 212-214.
- Morales, J., & Bok, M. (1992). AIDS within a cultural context: A perspective. In J. Morales & M. Bok (Eds.), *Multicultural*



human services for AIDS treatment & prevention: Policy, perspectives, and planning. Haworth Press.

- Paikoff, R. (1995). Early heterosexual debut: situations of sexual possibility during the transition to adolescence. *American Journal of Orthopsychiatry*, 65(3), 389-401.
- Petraitis, J., Flay, B., & Miller, T. (1995). Reviewing theories of adolescent substance use: Organizing pieces in the puzzle. *Psychological Bulletin*, 117(1), 67-86.
- Richters, J. E., & Martinez, P. (1993). The NIMH Community Violence Project. I. Children as victims of and witnesses to violence. In D. Reiss, J. E. Richters, M. Radke-Yarrow, & D. Scharff (Eds.), *Children and Violence*. New York: Guilford.
- Sampson, R., Morenoff, J., & Gannon-Rowley, T. (2002). Assessing "neighborhood effects": Social processes and new directions in research. *Annual Review of Sociology*, 28, 443-478.
- Silverman, J., Raj, A., Mucci, L., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behaviors, pregnancy, and suicidality. *Journal of the American National Association*, 286(5), 572-579.
- Singer, M. I., Anglin, T. M., Song, L. Y., & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association*, 273, 477-482.
- Stiffman, A., Dore, P., Cunningham, R., & Earls, F. (1995). Person and environment in HIV risk behavior change between adolescence and young adulthood. *Health Education Quarterly*, 22(2), 211-226.
- Sullivan, T., Kung, E., & Farrell, A. (2004). Relation between witnessing violence and drug use initiation among rural adolescents: parental monitoring and family support as protective factors. *Journal of Clinical and Child Adolescent Psychology*, 33(3), 488-498.
- Taylor, W., & Kliwer, W. (2006). Violence exposure and early adolescent alcohol use: An exploratory study of family risk

and protective factors. *Journal of Child and Family Studies*, 15(2), 207-221.

- Uniform Crime Reports (2006). Federal Uniform Crime Reports. Washington, DC: U.S. Government Printing Office.*
- U.S. Bureau of the Census. (2000). *March current population survey*. Washington, DC: U.S. Government Printing Office
- Voisin, D. (2007a). A qualitative examination of pathways from community violence exposure to HIV risk behaviors among African American youth. Manuscript in preparation.
- Voisin, D. (2007b). The effects of family and community violence exposure among youth: Recommendations for practice and policy. *Journal of Social Work Education*, 23(1), 51-66.
- Voisin, D. (2005). The relationship between violence exposure and HIV sexual risk behaviors: Does gender matter? *American Journal of Orthopsychiatry*, 75(4), 497-506.
- Voisin, D. (2003). Victims of community violence and HIV sexual risk behaviors among African American adolescent males. *Journal of HIV/AIDS Prevention & Education for Adolescents & Children*, 5(3/4), 87-110.
- Voisin, D., DiClemente, R., Salazar, L., Crosby, R., Yarber, W., & Staples-Horne, M. (in press). Community violence exposure and health-risk outcomes among detained adolescents. *American Journal of Orthopsychiatry*.
- Voisin, D., Jenkins, E., & Takahashi, L. (2007). Pathways from community violence to HIV drug and sexual risk behaviors among adolescents. *Journal of Research on Adolescence*. Manuscript submitted for publication.
- Weist, M. D., Youngstrom, E., Myers, C. P., Warner, B. S., Varghese, S., & Dorsey, N. (2002). A clinically useful screening interview to assess violence exposure in youth. *Child Psychiatry and Human Development* 32(4), 309-325.
- Wilson, J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago: University of Chicago Press.
- Wingood, G. M., DiClemente, R. J., McCree, D. H., Harrington, K., & Davies, S. L. (2001). Dating violence and the sexual health of black adolescent females. *Pediatrics*, 107(5), E72.

Wingood, G.M., & DiClemente, R.J. (1998). Partner influences and gender-related factors associated with noncondom use among young adult African-American women. *American Journal of Community Psychology*, 26, 29-53.

## **Perceptions of Physicians in Medicaid Managed Care Practices regarding Working with African American and Latino Patients**

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### **Abstract**

*To address the concern that minority patients receiving Medicaid might be at a disadvantage, this study focuses on determining whether the profile of physicians in Medicaid managed care settings with a low caseload of minority patients differs from those with a high case load of minority patients. Data from the 2000 Maryland Study on Physician Experience with Managed Care was analyzed regarding the quality of care, access to specialists, and aspects of the management of the practice. Physicians practicing in Medicaid managed care settings with a high caseload of African American and Latino patients are more likely to be African American, more likely to earn less than other physicians and less likely to have input into making management decisions. This study suggests that better financial and administrative incentives are needed to encourage physicians to continue to work in Medicaid Managed care settings with a high caseload of African American and Latino patients.*

### **Introduction**

In the 1980s, researchers expressed concern about health care delivered in medical practices with large caseloads of indigent patients covered through Medicaid. These practices, called “Medicaid Mills,” described health care settings where at least 15 percent of the patients received Medicaid (Mitchell & Cromwell, 1980, Cromwell & Mitchell, 1984). Some studies suggested that patients at these Medicaid Mills lacked access to qualified