Published in final edited form as:

J Community Psychol. 2018 November ; 46(8): 1026–1044. doi:10.1002/jcop.22089.

Violence as a Health Disparity: Adolescents' Perceptions of Violence Depicted through Photovoice

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Abstract

Aims—Violence is a public health issue that disproportionately affects adolescents from historically marginalized communities. In response to growing concerns of local violence, our community-academic partnership explored adolescents' perspectives about violence, including perceptions of its causes, consequences, and potential solutions.

Methods—Ten adolescents participated in a 12-week photovoice project. They received training in basic research methodologies, documented representations of violence through digital photography and creative writing, engaged in empowerment-based photo-discussions, and presented their work to influential advocates in a community forum.

Results—Adolescents and staff conducted a thematic analysis of photographs and narratives from which 10 themes emerged across 3 domains: a culture of violence and oppression, structural violence, and mental and physical health. Adolescents presented their work to community stakeholders in a public forum to foster additional discussions regarding violence in the community.

Conclusion—This photovoice project yielded rich qualitative insight into adolescents' experiences with and perceptions of violence.

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INTRODUCTION

Millions of children and adolescents in the United States are exposed to violence each year as victims and witnesses in their own homes, schools, and communities (Finkelhor, Turner, Shattuck, Hamby, & Kracke, 2015). Direct and indirect exposure to violence accompanies a host of additional consequences to health and well-being and increases the propensity for becoming a victim or perpetrator of violence during adolescence (Finkelhor, 2009; Margolin & Gordis, 2004) and adulthood (Menard, Weiss, Franzese, & Covey, 2014), as exposure to violence and victimization are strong and predictors of future violence (Champion & Durant, 2001; Costa et al., 2015; Theobald & Farrington, 2012). Exposure to and experiences with violence in early life primes children and adolescents to become hyper-responsive to adversity and increases the risk for mental, physical, and behavioral health problems across the lifespan (Danese et al., 2009; Moffitt, 2013). Compared to adolescents who report no exposure to violence, adolescents who have been witnesses or victims of violence during childhood or adolescence are more likely to experience obesity, depression, post-traumatic stress disorder, academic difficulties (Finkelhor et al., 2015; Lambert, Nylund-Gibson, Copeland-Linder, & Jalongo, 2010; Margolin & Gordis, 2004; Menard et al., 2014; Sharkey, Tirado-Strayer, Papachristos, & Raver, 2012; Turner, Shattuck, Hamby, & Finkelhor, 2013), and engage in high-risk behaviors (e.g., alcohol, drugs, sex) and suicidal behavior (Turner et al., 2013).

Violence as a Health Disparity

Incidence and effects of violence exposure may compound or interact with other risk factors and social determinants of health. Racial and ethnic minorities from under-resourced communities are especially impacted by violence, particularly Black males, as rates of homicide deaths are six times higher among males (11.7 deaths per 100,000) than females (2.0) (Centers for Disease Control and Prevention, 2014). Homicide is the leading cause of death among Black adolescents, and the second leading cause of death among Hispanic adolescents. In 2010, violent homicide accounted for 51.5 deaths per 100,000 among 10–24-year-old non-Hispanic Black adolescents compared to 13.5 and 2.9 among Hispanic and non-Hispanic White youths, respectively. Though the rates of violence and violence exposure are highest at the intersection of race and poverty (Benson, Fox, DeMaris, & Van Wyk, 2000; Sokoloff & Dupont, 2005), proliferation of violence stems not necessarily from low socioeconomic status but from the factors associated with marginalized communities (e.g., school drop-out, high drug use, poor housing, community disorganization, and lack of neighborhood cohesion) (Butcher, Galanek, Kretschmar, & Flannery, 2015; Edwards, Mattingly, Dixon, & Banyard, 2014; Morenoff et al., 2001; Sampson, 2003), exposure to racism and discrimination, and the acceptance of violence as normative (Hawkins et al., 1998; Herrenkohl et al., 2001; Weist, Acosta, & Youngstrom, 2001).

Violence and Our Community

Forsyth County (the setting for this study) includes the city of Winston-Salem (population 241,218), where the annual rate of violent crime consistently exceeds the national average (Winston-Salem Police Department, 2015). Though the national rate has declined in recent years, the rate of violent crime in Winston-Salem has steadily increased since 2012, a trend

that correlates with a concurrent increase in Winston-Salem's poverty rate. Between 2000 and 2012 the Winston-Salem community saw a 73% increase in the number of people living in high-poverty neighborhoods. Among larger metropolitan areas, this increase is the second largest in the country. Violence and adolescent exposure to violence have been long standing priorities in the Winston-Salem community.(Russell, 2000)

Domestic violence and sexual abuse also disproportionately affect children and adolescents in Winston-Salem. Approximately 8% of high school-age students in Winston-Salem were victims of domestic abuse in 2013, and 10% of female students reported they had been physically forced to have intercourse against their will (Division of Adolescent and School Health, 2014). Of the 346 sexual assaults reported in Forsyth County in 2012, 81% of victims were children or adolescents; however, it is estimated that less than half (46%) of all sexual assaults and rapes are ever reported (Truman, 2011). Data from the Behavioral Risk Factor Surveillance System (BRFSS) reported by the North Carolina State Center for Health Statistics (2014) indicate that 17% of adults surveyed in Forsyth County/Winston-Salem schools witnessed abuse between adults in their home during their childhood or adolescence (e.g., hit, beaten, or kicked), 14.4% had been victims of physical abuse by an adult in the home, and 28.5% had been victims of verbal and emotional abuse by an adult in the home. Of those surveyed, 11.8% also reported that they had been victims of sexual assault or rape by an adult during their childhood or adolescence.

Preventing adolescent violence and facilitating resilience among adolescents who have experienced violence will have far reaching benefits for adolescents, their families, and their communities. Initiatives to effectively engage adolescents and strengthen capacity to implement violence reduction strategies are sorely needed at the individual- and community-levels (Finkelhor et al., 2015), and will require multi-level and interdisciplinary partnerships between academic researchers, community organizations, and groups affected by violence. Evidence-based youth empowerment solutions – where adolescents partner with adults to address critical issues in their communities through empowerment, research training, and community development – are recommended (Griffith et al., 2008; Reischl et al., 2011; Zimmerman, Stewart, Morrel-Samuels, Franzen, & Reischl, 2011).

THE PROJECT

In response to the growing problem of violence in our community, the Wake Forest School of Medicine Program in Community Engagement (PCE) convened with key stakeholders in the community to form the “Violence as a Health Disparity” work group. Through a series of community events (e.g., group discussions, community forums, trainings and workshops, and a summer film series), the group sought to raise awareness, solicit community perspectives around violence as a health disparity, and ultimately to influence community-level change. An outgrowth of this initial effort was the development of a formal partnership with Authoring Action (A2), a local non-profit arts and education organization, which led to the current photovoice project.

Authoring Action (A2)

Authoring Action was founded to develop teen authors to create original written works from their life stories. Through Authoring Action's *Writing to the Senses Model*, teens learn to use existing and new grammatical rudiments, vocabulary and comprehension to create stories, monologues, raps and lyrics. This model provides the tools for self-reflection, critical thinking and self-expression. In collaboration with professional artists, and by harnessing the power of creative writing, spoken word, visual media and media arts, filmmaking, and leadership education, adolescents pose critical questions about issues they face in their own lives, gain competency in navigating and negotiating the world around them, and learn to be agents of change in their communities.

Objectives

Using a community-based participatory research (CBPR) approach, A2 staff and PCE researchers partnered to explore the concept of violence with a group of adolescents participating in the A2 program. Through the use of photovoice (as described below) and personal narratives, this project sought to a) provide a platform for adolescents to communicate their own experiences of and perceptions about violence, b) leverage those experiences and perceptions to raise community awareness, and c) inform community actions to reduce violence and its impact on adolescent and community health. The partnership between A2 and PCE was authentic; each partner was involved in all aspects of this research including study design development; participant recruitment; data collection, analysis, and interpretations; and reporting of results. Adolescents who participated in the study also were included in the analysis and reporting of project data, and the dissemination of study findings through the planning and implementation of a community forum. This study was approved by the Institutional Review Board at Wake Forest School of Medicine (IRB00037284).

Photovoice and Adolescent Narratives

Photovoice goes beyond providing a mere community-needs assessment to give participants a platform from which to document their own experiences, promote critical dialogue, advocate for change, and inform policymaking (Wang & Burris, 1997; Wang, 2006; Wang, Yi, Tao, & Carovano, 1998) – fundamentals that also are fostered within A2 and PCE more broadly. The photovoice process also relies on established partnerships with key community stakeholders, encourages the equitable inclusion of partners in the research process, and generally culminates in a community forum through which participants can articulate their perspectives to stakeholders and community members. This well-established and broadly implemented methodology aligned with CBPR has previously been used to facilitate community work to identify priorities and advocacy efforts to address violence as broadly defined (Chonody, Ferman, Amitrani-Welsh, & Martin, 2013; Hergenrather, Rhodes, Cowan, Bardhoshi, & Pula, 2009; Ohmer & Owens, 2013; Rhodes, Hergenrather, Wilkin, & Jolly, 2008; Strack, Magill, & McDonagh, 2004).

Photographs can contain explicit and implicit stories of each participants' experience and have the capacity to expose pieces of that experience to others beyond that which can be achieved through narration alone. The participant's story, however, may not be self-

explanatory, particularly when photos are taken to represent complex emotional reactions unique to one's personal experiences around unsafe and highly stigmatized topics – as in experiences with violence. As such, the photographs obtained in this project were paired with the *Writing to the Senses* model to undergird participant's stories, embolden their voices, and provide a context for understanding each youth's perceptions and beliefs.

Methods

Recruitment and Participants

Study participants were recruited from those already participating in A2. A letter was sent home to parents of A2 participants describing the study and inviting them to attend an information session with A2 and PCE staff. During the session, potential participants learned about the photovoice process, enrollment procedures, the rights of research participants, methods for how and when to take photographs, how participants' photographs would be used, and what information would be disseminated as a result of the study. Thirteen adolescents attended the information session with their parents, ten of whom completed consent and assent procedures.

Photovoice Sessions and Data Collection

Following the information session (session one), the photovoice project took place over the subsequent 11 weeks (see Figure 1 for a timeline of procedures) with weekly group meetings held on weekday evenings at the community-based A2 location. In session two, participants completed brief demographic assessments and received instruction from A2 and PCE staff on ground rules for taking photographs to ensure both the safety of the participants as photographers and the anonymity of subjects who might appear in photographs. All participants owned smart phones with photo capability and chose to use their own devices for the purposes of this project.

In session three, participants discussed violence in the community and brainstormed potential photographs they would take over the next few weeks. Participants were not given a defined minimum or maximum number of photos to take, but were advised that there would be time to discuss only a limited number of photographs during each photo-discussion session. Participants took photos each week for the next three weeks, returning to discuss their weekly photos as a group during sessions 4, 5, and 6. Photos were uploaded from participants' phones to the facilitator's tablet device and projected onto a screen for the group to view. Each participant shared up to three photographs through facilitator-led group discussion. To move photovoice participants from the concrete to the abstract, participants were asked first to respond to their own photo by reflecting on four empowerment-based trigger questions (Figure 1). Triggers like these have successfully been used in previous photovoice studies (Hergenrather et al., 2009; Rhodes et al., 2008). Each participant provided written answers to the four questions for each of their own photos, and then presented their photos and described their responses to the group. The group then was invited to discuss the photos using the same trigger questions. This process was repeated for each photograph during each session. Sessions were facilitated by A2 representatives and three PCE staff with experience in qualitative data capture and analysis; one of the PCE staff

took notes and summarized participants' responses into written text. While responses to triggers primarily were used to facilitate group discussions and dialogue about the photographs, written summaries of responses were used to remind participants about these discussions as they developed narrative pieces to accompany their photos in the next session.

During session 7, participants crafted written narratives to accompany their photos. In sessions 8 through 11, the group worked collectively with A2 and PCE staff to identify and confirm emergent codes from the photos, group photo-discussions, and narratives (as outlined within the Data Analysis section below). The process of identifying and confirming codes was iterative, with new codes added as the group deemed necessary to best capture the content of photos and written work. Codes for each photo and written piece were finalized based on group consensus, with discrepancies resolved by the participant who captured the photo or created the written piece.

The group also began planning how, when, and where they would present their photos and narratives in the community. Some photos included content that would allow for one or more individuals to be recognizable, and the group agreed to exclude those photos from the community forum.

Community Forum

Partnerships with "influential advocates" who are individuals with more formal power to influence and facilitate a movement towards action and change (e.g., local government officials, community leaders, and policy-makers), are essential to photovoice methodology (Hergenrather et al., 2009; C. Wang & Burris, 1997; Caroline C. Wang et al., 1998). Thus, this photovoice project intentionally culminated in a community forum where participants presented their photos and narratives to key stakeholders from the community. Objectives for forum attendees included learning about the participants' experiences with, perceptions of, and priorities for addressing violence; identifying how photovoice findings relate to their own work; and discussing ways to better address the problem of violence in the local community.

Participants and study staff worked together to develop the invitation list for the forum, which included friends and family members and influential advocates from the community such as school personnel, representatives from local government and law enforcement, and researchers and staff from the PCE and WFSM.

The forum was held at a central location in the community (WFSM's Innovation Quarter Atrium) to allow attendees to easily access the event. Photovoice processes, analysis procedures, findings, and photos and narratives were shared using an "art gallery" approach. Each photo and written work was displayed on a large wooden easel, and attendees had the opportunity to view, read, and discuss these works with one another. As they have traditionally done in other public exhibits presented by the A2 program, participants then individually presented their works by memory to the audience. Project staff then led a group discussion and question and answer session, followed by small group conversations between participants and attendees.

Data Analysis

This project resulted in multiple sources of data including: participant demographics, participants' photographs and accompanying narratives, and transcripts of group photo-discussions.

The photo-discussions provided rich qualitative data regarding each participant's perceptions of and experiences with violence. Photographs and narratives were analyzed as a group following an iterative, qualitative, thematic analysis process to identify common codes and themes. The group also collectively defined, in their own words, the meaning of each code. Members of the PCE research team independently read and compiled codes from participants' narratives and presented them back to the group during session 11. Based on these codes, participants then reviewed, revised, and interpreted themes in an iterative process with PCE staff until the findings credibly represented what participants wanted others to understand about their experiences with violence.

RESULTS

Photovoice Participants

Ten 13–17-year-olds participated in the photovoice project (five males and five females). Eight adolescents self-identified as Black, one as American Indian, and one as White.

Qualitative Findings

All participants presented at least one photo to the group; 17 total photographs and 7 narratives were presented and discussed during photo-discussions. Photos presented a broad range of images including visual representations of violence in their communities and more abstract interpretations of how violence, in various forms, affected them personally. Photos, narratives, and transcriptions from group discussions were coded during an iterative content analysis, from which 11 themes emerged relevant to the adolescents' critical evaluation of the causes, consequences, and correlates of violence. Codes and themes helped identify 3 multifaceted and inter-related domains: a culture of violence and oppression, structural violence, and mental and physical health. A summary of domains and themes is presented in Table 1.

A Culture of Violence and Oppression

Theme 1: Violence is perceived as ubiquitous in participants' communities—

Participants described a variety of concerns related to the pervasiveness of violence in their daily lives and expressed the perception that violence was so intrinsic to an adolescent's "world" that few if any "safe places" remained. Participants identified consistent sources of exposure to violence, implicating the media (e.g., TV programs, news, movies, magazines, video games, internet, and social media) as an outlet through which adolescents are chronically exposed to representations of violence.

Participants also described living in a "culture" of violence, the prevalence of violence in relationships between parents and family members at home, and exposure to violence through bullying and fighting at school. One participant presented a photo of a basketball

goal in a school gymnasium, which was taken to represent the pervasiveness of violence in schools and his own personal experiences as a victim of bullying in gym class (Figure 2.). Due to the ubiquity of violence and representations of violence in their homes, schools, and communities, participants perceived violence and exposure to essentially be normalized and acceptable in mainstream society. As evidenced in the group photo-discussions, participants also believed that one's level of exposure to violence was dependent on socioeconomic factors and held the perception that violence occurs disproportionately in historically marginalized communities and communities with lower socioeconomic status.

Theme 2: Oppression is an outcome of violence—Participants described the ways in which violence causes oppression by yielding feelings of powerlessness among those who are victims and witnesses of violence. One participant described being born into a culture that dictates what she is allowed to say and to whom and being part of a culture in which domestic violence is a tool used to silence and oppress women. In the excerpt below, she uses metaphor to describe the differences in how women experience oppression based on their place in society, and how oppression yields feelings of powerlessness in the face of daily struggles:

“The man she marries will be lucky...I hope he's not too harsh on her. I don't know if she could take being bulldozed when the tank has already hit her...The lens of my femininity is a little smudged. I'm sure the zipper I was born with on my lips is broken by now. The tape tastes too bitter to keep reapplying. I apologize if that taste rubbed off on my truth.”

Theme 3: Oppression is a root cause of violence—Participants also believed oppression to be a root cause of violence and cited the roles of racism and discrimination as oppressive forces that perpetuated social power differentials and propagated violence within historically marginalized communities. In a poem describing his own struggle to prove his innocence after being accused of a crime, one participant explained how constant oppression and judgement from society, paired with a lack of social supports, can lead to violence:

“I wish lies weren't real,
So everything was true,
And maybe I could find some peace in my school
I pictured it as hell,
To me It was like a mental state of being in jail,
My head was harder than a brick,
I knew I wasn't guilty,
But I couldn't find my innocence...
Running, running, not keeping track of my mileage,
People look at my face saying,
“Why you acting so childish”,
People saying,
“Why are you so angry, man you a little wild kid”,
Being confused and innocent turned my world into something violent.”

As participants discussed oppression as a cause of violence, they explained that violence is perpetuated, in part, because society often equates violence with strength, power, and masculinity. In communities where violent crime is common, a willingness to engage in violence is viewed as a mechanism of self-preservation and survival. The participants themselves did not endorse these beliefs, but perceived that society at large promotes violence as strength. In the photo-discussions the participants described that the desire to feel safe, strong, and included leads many young people to become involved in gang violence, as gangs often function as “families” that can provide resources, protection, and a sense of strength.

Theme 4: Fear of being a victim of racism and violence limits perceived potentials—Participants’ photos subtly portrayed racism through pictures of the homes in their neighborhoods, “the type of people who wear that type of sneakers,” (Figure 3) and in historic references to civil rights era heroes.

In their narratives and photo-discussions, however, participants were more explicit about the ways in which racism can set the stage for violence and limit one’s potential to pursue certain goals because they might be met with violence. One adolescent presented a photo of a young black man standing before a dilapidated 1950’s vintage public bus with his head bowed. In his accompanying narrative, he detailed the silent inner monologues of two bus riders, a young white girl and a young black boy, both avoiding an opportunity to talk with the other; both contemplating the color of their skin and how others might judge them if they were together:

“Girl: I’m scared that he sees me as a woman with vanilla skin, blond hair, brown eyes. That never turns around to look at him, his friends would say ‘What she want with him? Aww she crushin’ on him.’ I wonder what’s keeping his neck down? All I have to do is turn around.

Boy: I look up, my hand quickly reacts to the pain of my neck. Man by the time I’m 40, I swear I’m going to have neck problems. Rosa Parks is probably mad at me, because being a black man I’m supposed to have my head up not down. I catch eyes with this gorgeous vanilla white girl, trust me when I say this isn’t the first time I’ve caught eyes with the back of her head.”

Participants also discussed how fear of becoming a victim of violence impacts other life decisions. For example, one participant presented a photo of a college campus and shared her fears that she could “become a statistic” once she entered college, as she recently had been told that the highest rates of rape and sexual assault victimizations occur among women on college campuses.

Structural Violence

Theme 5: Disrepair of the built environment and presence of unsafe community conditions viewed as forms of violence—Participants described how the condition of the built environment (e.g., homes, streets, buildings, open spaces, and infrastructure) and unsafe neighborhood conditions can be viewed as forms of violence against communities. One participant presented a photo of a discarded cigarette butt thrown

in the mulch of a neighborhood children's play area. In another, a participant presented a photo of a television thrown down and broken open on the sidewalk next to his home (Figure 4). Participants explained how the broken TV and the discarded cigarette butt serve as indicators of oppression and an assault against the people of the community. They described how the litter and "pointless destruction" found throughout their neighborhoods not only "hurts the environment" but represents "a microcosm of violence" and the "violence of poverty."

The concepts of environmental violence and oppression also emerged in one participant's photo of a cell tower pictured through the chain-link fence of his neighborhood. In her accompanying narrative she described how the presence of these structures corresponds with the presence of health disparities in marginalized communities:

"I wonder, what do you think every time you look out your car window
And see power lines or step outside and
Find a family of them greeting you at your door?
I bet you don't think about cancer
Electromagnetic waves pumping through homes
As if electricity is as important as the health of millions.
Committing violent acts against ourselves
A crime overlooked and forgotten
Electronic roots dug deep into the grass spreading across cities,
An unknown side effect
Suicide, overdosing into a medical bed.
Policies and governments that don't really care about the
Family who lives down the stress but neither do you. ...
You may live on the 'nice' side of town
But don't forget about the family with broken fences and sidewalk cracks
They got them right where they want them
See they don't have the ability to move
But they will always have a nice view of sunshine and power lines
When they give their eulogy... will YOU finally understand?"

Theme 6: Society and corporations commit violence against communities by "advertising harm" and promoting health disparities—Participants frequently discussed the presence of health disparities (e.g., drug and alcohol abuse and chronic health conditions) as the byproducts of a legacy of oppression perpetuated by social forces and corporate entities positioned to profit from "advertising harm" to marginalized communities. One participant presented a photo of cigarette advertisements (Figure 5) at a neighborhood street corner and interpreted such ads to be products of the "marketing machine" and representations of "violence to public health" linked to health disparities.

Participants described their perception that advertisements for cigarettes, alcohol, and poor nutrition specifically target certain populations and are more prevalent in lower-income and racially segregated communities. By strategically marketing harmful health messages to already-marginalized communities, corporations "feed" addiction, crime, violence, and other

health disparities and cause these communities to carry a higher burden of morbidity and mortality.

Mental and Physical Health

Theme 7: Suicidal ideation and behavior are examples of violence towards self that occur in the context of adverse life circumstances—Participants discussed suicidal ideation and suicidal behavior as forms of violence-toward-self that were associated with depression and as responses to experiencing adverse life circumstances such as poverty, domestic violence, and various forms of abuse. Of the ten participants, there were four whose stories and photos described personal experiences with suicidal ideation or behavior. The group described the shame of dealing with mental health issues, and many spoke of ways they had tried to hide their emotional pain and experiences related to self-harm. One adolescent took a photo of a mirror hanging from her bedroom door and wrote of her prior experiences with self-harm through cutting:

“The glass shards from the mirror cover the ground. The broken mirror shows a reflection I never wanted to see. It’s clearer than ever. Through secret blades and flowery tears, I can see who I am. No counselor office needed... Sweet, raw emotions are foreign to me. I rip my emotions into pieces and tape them back together in a pattern. I store away memories in a geometric sequence, multiplying on top of each other. My brain’s storage is tightly packed. Each glass shard has its own file for its own story full of raw emotions that I have yet to rip apart.”

In describing her photo to the group, this participant disclosed her own experiences with domestic violence and the ways exposure to violence, as a witness or a victim, impacts mental health by changing the way victims feel about themselves: “...a lot of violence is self-inflicted... Violence comes from the outside, in. The mirror represents self-image, how you view yourself. You don’t see what everyone else sees, can’t see you from every angle.”

Another participant described his own struggle with depression and the series of adverse life events, including violence, the death of a loved one, and exposure to family drug use, that reportedly contributed to his own suicidal behavior. The participant presented a photo of his tattooed forearm, which was described in an accompanied poem:

“Now I stand.
Knife in hand.
Voice in my head screaming “YOU KNOW THIS IS WHAT YOU WANT TO DO!”
Three slices to my forearm and for weeks nobody knew.
I started wearing sleeves to cover it up but their eyes were shielded no more.
They read the signs.
Tattoo ink to cover the scars, death reaping my mind.
I was ready to die.
Blood on my hands is all I see when I look at my fingertips
this is my final attempt to end it all
My life spiraled down my spiral bound and now, the hand writings on the wall.”

Theme 8: Health compromising behaviors of family/others can be viewed as a form of violence—Participants also conceptualized violence, not only as intentionally and immediately harmful violent acts, but as health compromising behaviors that impose harm on others through chronic exposure to illicit substances, second-hand smoke, and unhealthy lifestyle behaviors. One participant described how he lives in “a culture of smoking” that accompanies an “inescapable exposure to second-hand smoke” in his own home. In response to photos depicting cigarette advertisements and discarded cigarette butts, the participant stated:

“The effects of smoke, second hand smoke, that’s violence in itself. It’s unfair to them who don’t know about the damaging effects. There’s no positive outcome. If you don’t stop, death is a possibility. Makes me aware and cautious. I’ve seen the effects. It gives me the push; I don’t want to be a victim. I’m disturbed as hell.”

Theme 9: Grief, loss, and depression are associated with oppression and health disparities—Participants’ photos, narratives, and discussions supported the notion that a culture characterized by oppression and health disparities yields grief, loss, and depression. In a narrative describing health disparities and depression, one participant grieved the loss of his grandmother, on whom he depended, and explained how her death impacted his and his grandfather’s mental health:

“Those sunny skies in your eyes got flooded with rainclouds. Somewhere I lost you to the old habits, drugs and the streets, But in my heart I carried the soul of the queen that made a man out of me...

...And the lifeline we depended on had a bad connection. Blood pressure reach 603, the ambulance rushed you on the stretcher, but you refused to leave until you heard my voice or had gotten the chance to see me.

...Grandfather’s taking it pretty hard on top of keeping me level headed and sane, But the stress, pressure, and pain all got to his brain.

“I want to die” he told me, at fate of his hands,

And from the look in his eyes I could tell he had a plan.

Crack poisons his veins, needle or pipe he wanted to die that night.

...He became a suicide victim from the loss of his love, and then there was me. But what else was there left to be?

...A ghost in a machine, you were shovel in hand ready to dig up your grave leaving me left to clean up this mess.”

One participant also described the role of oppression and judgement in shaping mental health and feelings of self-worth. He wrote:

“I get judged by people who don’t know me.
They just have hurtful words to say,
And now I feel like the hurt won’t go away,
Every day I always hope for the best,

But I can't go anywhere because my body feels motionless;
 Either death, jail or success
 Nothing less...
 Pain made me lazy,
 Pain made me work less.
 Pain made me depressed,
 It made me feel worthless..."

Theme 10. Personal Assets and Social Supports Promote Resilience and Well-being—

Though the participants remained affected by and sometimes "plagued" by their own adverse life experiences relative to violence, oppression, health disparities, depression, and self-harm, they also spoke of resilience and the presence of protective factors that counteracted risk factors and bolstered their "capacity to recover from difficulties." In discussions of resilience, participants referred frequently to experiences of oppression, as they believed resilience to be possible when one acknowledges that they have been oppressed. One participant described his personal struggle to overcome the challenges of daily life and the pain of his past, identifying his passion for music and desire to succeed as important factors for resilience:

"I started to feel awakened,
 I started to feel alive,
 But I still felt broken from the pain deep inside,
 You could see it in my heart,
 You could see it through my eyes,
 Even though I felt dark,
 I could still see light...
 I wasn't going to allow myself to feel disrespected
 Even though I might go a day without eating any breakfast
 Even if the teacher didn't like me,
 I was still going to get the lesson
 Using strategies showing them success was the real secret weapon
 And use my music to show the world,
 Who I am and to spread my message."

To accompany his poem, this participant traveled out of town to capture a photo of a street sign – a sign depicted on an album cover by a rapper who had positively influenced him during the darkest time of his life (Figure 6). According to the participant, this photo was symbolic of his persistence, self-determination, and desire to follow in the footsteps of others who had achieved success despite a life of hardships.

Participants spoke of resilience to their own "hard realities," and overall had developed and maintained a sense of the positive trajectories that might still be possible in their own lives and in their own communities. Participants listed numerous sources of support that promoted resilience and positive well-being, including personal assets (e.g., positive self-image, courage, and hope), the love and understanding provided by family members and peers, school teachers and coaches with a commitment to students, faith leaders and churches, and

community organizations like A2. Beyond the content of their photos and narratives, participants observably displayed resilience through their willingness to participate in the research, disclose their own thoughts and feelings in group discussions, and perform their written pieces and display their photos in a public forum.

Community Forum

Community forum attendees (N = 53) included a diverse group of influential advocates representing the lay community, community-based organizations, law enforcement, mental health providers, physicians, and academic research institutions. During the question and answer session and small group discussions, participants were able to further describe their photos and narratives and their experiences with the photovoice project. As a result of the community forum, attendees gained an understanding of the issue of violence from the perspective of local adolescents. They also gained an awareness of the A2 program and learned about photovoice as a community-based research methodology. Subsequent to the forum, project staff were invited to provide an education session to a community-based organization on the topic of photovoice, and new partnerships were formed to continue A2's efforts to empower youth and reduce community violence.

A brief video of the community event also was created by local advertising agency, *The Variable*, highlighting the priorities of the participants.

Discussion

This study built a partnership among adolescents, the A2 program, and academic researchers and staff from WFUSM in order to gain richer qualitative insight into some of the needs, priorities, and assets of adolescents who had been affected by violence in their communities. The participatory nature of this project provided participants with an opportunity to be directly involved in leading the research process, with support from project staff, as they identified, described, and discussed their own beliefs about and experiences with violence and related topics. From the participants' photos, narratives, and discussions emerged a deeper contextual understanding not only of violence, but of the myriad issues adolescents face in their homes, schools, and communities that pose a threat to their lives and well-being. The community forum offered attendees an opportunity to learn about the impact of violence from adolescents' perspectives through the participants' personal stories and artistic expressions. The forum also facilitated dialogue among participants and attendees, which is necessary for raising awareness, a necessary first step in moving towards a position of supportive action.

Participants described the challenges they faced as witnesses and victims of violence, including the direct and indirect impact of various forms of violence on physical and psychosocial health (e.g., alcohol and drug use, poor health behaviors, interpersonal conflict, and self-harm and suicidal ideation and behavior), and the health of community systems. They identified sources and outcomes of violence in their communities, citing "culture clashes", systemic oppression, and racism as powerful perpetrators of the cycle of violence in the local community. Despite a focus on violence, the concerns, needs, and priorities voiced by participants were much broader in scope, suggesting that strategies for prevention

and intervention should view violence as a health disparity with cultural, historical, political, and psychosocial determinants.

Oppression

Across themes and domains, oppression was a common thread connecting violence to various aspects of well-being. Violence has long been viewed as a crucial instigator and perpetrator of cultural oppression, and historically, has been employed as an instrument of oppression—violence and threats of violence (whether actual or perceived, physical or psychological) serve to constrain the actions of groups by harming those with less power and benefiting those with privilege (Cudd, 2006). This notion was evident in the discussions relating violence to disparity and racism, as structuralized systems of racism and oppression propagate violence by perpetuating unequal distribution of power and wealth, access to education and health care, and opportunities for employment and safe living conditions. Thus, violence emerges in both form and function from a culture of oppression, and manifests itself externally in the disproportionate representation of oppressed people as victims and perpetrators of violence.

Resilience, as the participants noted, is key in dismantling the cycle of violence, as the ability to cope with and recover from the forces of oppression may enhance the ability to organize, build power, and create capacity for change (Herrenkohl, 2002; Jain, Buka, Subramanian, & Molnar, 2015). A focus on resilience is fundamental to the legacy of the A2 program.

Lessons Learned and Limitations

Limitations of this study relate primarily to sample size and photovoice implementation. Participants were selected based on a small, non-random convenience sample of adolescents already enrolled in the A2 program, and included only a single group of 10 participants. Inclusion of additional participants and photovoice groups might have allowed for further development of themes, as well as potential to draw comparisons between groups.

The logistics of implementing photovoice with adolescents were challenging and related to consent and assent procedures, use of mobile phone devices for conducting the photovoice assignments, and the intense nature of photo-discussions.

Use of participants' own camera-enabled mobile phone devices to take photos and submit them for group discussion likely enhanced the ability to engage in the photovoice process and was less tedious than employing traditional cameras requiring film to be developed. However, using cell phones to complete the photovoice assignments also comes with challenges, as using a camera solely for taking pictures may allow participants to feel more like photographers and increase the intentionality of their photographs.

Photo-discussions also were intensely personal and included discussion of topics of race, suicidal behaviors, self-harm, abuse, and mental illness. Though the extent to which participants' disclosed their own feelings and experiences likely related to their comfort in the group setting, discussions often required additional time for A2 and WFSM staff to

process the content of the discussions to ultimately ensure the safety and well-being of the youth. Given the sensitive and stigmatizing nature of the topics discussed, building an atmosphere of trust in which participants could freely engage in dialogue about their beliefs and experiences was essential to this process. As participants were not accustomed to speaking openly with “outsiders” (i.e., researchers), the A2 and PCE staff worked earnestly and were successful in developing trust and fostering a collaborative co-learning environment. The nature of the photovoice methodology reinforces this trust by demonstrating to participants that they were not merely being “studied,” but were working alongside committed researchers to collectively explore their needs, assets, and priorities with the end goal of improving the health and well-being of the community. Overall, we found that participants developed and demonstrated a high level of interest and pride in the project, their photos and narratives, and the community forum.

Conclusion

Photovoice provides adolescents a platform to creatively share their experiences with and perceptions of violence, oppression, and adverse life circumstances, and was useful in this project for illustrating the critical role of adolescents in informing approaches to address violence and disparities. Photovoice served as a vehicle for participants to express their concerns to local community leaders and agencies through powerful images and personal stories. This process helped identify participants’ experiences with and perspectives about violence, key individual- and community-level risk factors related to violence, and resilience factors that could be leveraged to address violence as a health disparity.

As a method, the engaging and participatory nature of photovoice serves to empower historically marginalized groups to create change in their communities – a process that itself may have a positive impact on violence (Chonody et al., 2013). In addition, community-engaged efforts to increase meaningful connectedness amongst adolescents and adults in the community stands not only to reduce the incidence of violent and criminal behavior among youth, but may buffer the effects of exposure to violence (Bowen, Gwiasda, & Brown, 2004; Morrel-Samuels, Bacallao, Brown, Bower, & Zimmerman, 2016; Nation, Bess, Voight, Perkins, & Juarez, 2011; Zeldin, 2004). Participants in this project developed skills in partnership development, leadership, basic research methods, public speaking, negotiation and group decision making, and community engagement and organization. In turn, skill-building and knowledge-development strategies such as these may lead to enhanced self-efficacy, engagement in positive behaviors, improvement in academic performance, and resilience, (National Scientific Council on the Developing Child, 2015) all of which have been linked to reductions in violence (Herrenkohl, 2002; R.J.Sampson, S.W.Raudenbush, & F.Earls, 1997).

Violence and the threat of violence undermine mental and physical health, worsen health disparities, and weaken the socioeconomic and educational strength of communities. From the themes emerging from participants’ photos, narratives, and group discussions, it seems clear that efforts to address violence should include community partnerships focused on addressing various correlates of violence related to oppression, poverty, low education, and unemployment. Effective community-based approaches for violence prevention stand not

only to save lives and prevent injury among those directly impacted by violent acts, but to promote health equity, strengthen communities, and foster well-being. The inclusion of youth voice and participation in implementing solutions to address violence and the health of communities are paramount to the success of strategies targeting violence as a health disparity and community well-being.

Acknowledgments

We would like to thank the participants, their family members, and the Authoring Action program for their support and commitment to this effort. The authors gratefully acknowledge use of the services and facilities of the Program in Community Engagement, funded by the National Center for Advancing Translational Sciences (NCATS), National Institutes of Health, through Grant Award Number UL1TR001420.

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Figure 1.
Photovoice Process

Figure 2.
Gym

Figure 3.
Sneakers

Figure 4.
TV

Figure 5.
Newport

Figure 6.
Street Sign

Table 1

Domains and Themes Emerging from Photovoice with Adolescents

Domain	Theme	Participants' Perceptions from Photo-Discussions
A culture of violence and oppression	Violence is perceived as ubiquitous in participants' communities	Violence and representations of violence exist everywhere; there are no "safe spaces" Violence is commonplace in media Violence is considered "normal" and more accepted within certain classes, races, and socioeconomic groups Level of exposure to violence depends on race and socioeconomic factors
	Oppression is an outcome of violence	Violence yields feelings of powerlessness that oppress victims and witnesses of violence
	Oppression is a root cause of violence	Systemic racism and discrimination limit power and contribute to a culture of violence Engaging in violence is viewed as a rite of passage Participation in violence reflects an illusion of strength, power, and masculinity, and is used as a mechanism of self-preservation
Structural Violence	Fear of being a victim of racism and violence limits perceived potentials	Fear of being a victim of violence limits perceived ability to pursue relationships, particularly inter-racial relationships Fear of sexual assault creates anxiety about the pursuit of higher education due to the perceived frequency of sexual assault on college campuses
	Disrepair of the built environment and presence of unsafe community conditions viewed as forms of violence	Televisions often are dumped and left broken on community sidewalks, and people discard cigarette butts in children's play areas Power lines stretch over homes, chain-linked fences span neighborhoods, and communities are situated next to unsafe industrial conditions Participants' believe their community spaces are perceived as less important by others
	Society and big corporations commit violence against communities by "advertising harm" and promoting health disparities	Industry, advertising, and the "marketing machine" are representations of "violence to public health" and are linked to poor health behaviors and health disparities Industry "advertises harm" by feeding addiction, which leads to acts of violence and crime Advertisements for cigarettes, alcohol, and poor nutrition are more prevalent in lower-income and predominantly Black communities, and appear more often in certain forms of media specifically targeting marginalized populations Health disparities hurt communities and cause communities to carry the burden of higher morbidity and mortality
Mental and Physical Health	Suicidal ideation and behavior are examples of violence towards self that occur in the context of adverse life circumstances	Depression is an outcome of persistent exposure to violence, and can influence self-harm and suicide ideation Suicide ideation and behavior is an example of violence-toward-self Depression and violence-toward-self occur in the context of mental illness and negative life circumstances
	Health compromising behaviors of family and peers can be viewed as a form of violence	Family members and peers model unhealthy behaviors and impose them on others A culture of smoking accompanies an inescapable exposure to second hand smoke
	Grief, loss, and depression are associated with health disparities and oppression	Participants experience physical and emotional pain to see their loved ones confronted by violence and disparity
	Personal assets and social supports promote resilience and well-being	Protective factors influence resilience by bolstering capacity to recover from difficulties Acknowledging the existence of oppression and victimization is important for achieving resilience Personal assets, family, and social and community supports are sources of resilience