

## Psychological Functioning of Youth Experiencing Community and Collective Violence in Post-conflict Northern Ireland

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**Abstract :** In this study, we sought to examine associations between childhood experiences of community and collective violence and psychological functioning in young people who grew up in post-conflict Northern Ireland. We hypothesized that those who grew up with such experiences would demonstrate internalizing and externalizing difficulties in early adulthood and, furthermore, that these difficulties would be mediated by adverse childhood experiences occurring within the home environment. As part of the Northern Ireland Childhood Adversity Study, we recruited 213 young people aged 18-25 years (108 males) who grew up in the post-conflict society of Northern Ireland using purposive sampling. Participants completed a digital questionnaire to measure adverse childhood experiences as well as aspects of psychological functioning. We employed the Adverse Childhood Experience -International Questionnaire (ACE-IQ-) adaptation of the original Adverse Childhood Experiences Questionnaire (ACE) as it additionally measured aspects of witnessing community violence (e.g., seeing someone being beaten/killed, fights) and experiences of collective violence (e.g., war, terrorism, police, or gangs' battles exposure) during the first 18 years of life. 51% of our sample reported experiences of community and/or collective violence (N=108). Compared to young people with no such experiences (N=105), they also reported significantly more adverse experiences indicative of household dysfunction (e.g., family substance misuse, mental illness or domestic violence in the family, incarceration of a family member) but not more experiences of abuse or neglect. As expected, young people who grew up with the community and/or collective violence reported significantly higher anxiety and depression scores and were more likely to engage in acts of deliberate self-harm (internalizing symptoms). They also started drinking and taking drugs at a younger age and were significantly more likely to have been in trouble with the police (externalizing symptoms). When the type of violence exposure was separated by whether the violence was witnessed (community violence) or more directly experienced (collective violence), we found community and collective violence to have similar effects on externalizing symptoms, but for internalizing symptoms, we found evidence of a differential effect. Collective violence was associated with depressive symptoms, whereas witnessing community violence was associated with anxiety-type symptoms and deliberate self-harm. However, when experiences of household dysfunction were entered into the models predicting anxiety, depression, and deliberate self-harm, none of the main effects remained significant. This suggests internalizing type symptoms are mediated by immediate family-level experiences. By contrast, significant community and collective violence effects on externalizing behaviours: younger initiation of alcohol use, younger initiation of drug use, and getting into trouble with the police persisted after controlling for family-level factors and thus are directly associated with growing up with the community and collective violence. Given the cross-sectional nature of our study, we cannot comment on the direction of the effect. However, post-hoc correlational analyses revealed associations between externalising behaviours and personal factors, including greater risk-taking and young age at puberty. The implications of the findings will be discussed in relation to interventions for young people and families living with the community and collective violence.

**Keywords :** community and collective violence, adverse childhood experiences, youth, psychological wellbeing

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