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The Impact of Community Violence on Mental Health Outcomes in Urban Populations

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ABSTRACT

The study investigates how exposure to community violence influences mental health among adults living in urban areas, intending to identify the extent of violence exposure, determining the prevalence of PTSD, anxiety, depression, and stress, and examine how different types of violence and socioeconomic factors shape mental-health outcomes. A quantitative design was used, and data were collected from 400 respondents through a structured questionnaire capturing demographic characteristics, violence-exposure patterns (duration, frequency, location, type), and mental-health symptoms. The findings reveal that participants experience moderate to high levels of PTSD, anxiety, depression, and stress, with longer and more frequent exposure showing stronger associations with symptom severity. Residential-area violence and physical assault emerged as the most common and impactful forms of exposure. Lower income, limited access to resources, and higher perceived socioeconomic stress significantly heightened vulnerability, while gender differences indicated that females experienced more internalizing symptoms and males showed more externalizing responses. The study highlights the urgent need for targeted mental-health services, gender-responsive interventions, stronger community support systems, and policies that reduce socioeconomic disadvantage in violence-affected urban neighborhoods.

INTRODUCTION

Community violence includes witnessing or being the victim of violent events in one's community, such as assaults or shootings. This violence is concentrated in urban settings because of multiple socioeconomic conditions. Systemic factors such as poor availability of mental health services, depletion of resources in the community, and breakdown of social networks also further contribute to the upsurge of violence occurring in these inner city areas (Pittman & Farrell, 2025). Community violence is particularly prevalent in urban areas, which tend to be marked by high poverty and unemployment, diminished social ties and networks of trust, and dense populations such that exposure to crime daily is higher. Young people in these contexts are especially at risk because they spend an increasing amount of time out of the home without adult supervision (Miliauskas *et al.*, 2022). Community violence seeps into people's daily lives by causing perpetual fear, chronic stress and feelings of being unsafe. Children who repeatedly see or hear about violence become more aware of and anxious in everyday situations, seeing even minor occurrences as potential threats. This continuous exposure has heightened the stress level of those using public space and how they navigate through their neighborhoods, constraining their routines, freedom and sense of security (Suarez *et al.*, 2024). Experiencing violence and other traumas is found to significantly increase the odds of PTSD in

young people. PTSD has an effect on many aspects of a child's developing life: psychologically, socially and academically (Tamir *et al.*, 2025). A robust relationship between Adverse Childhood Experiences (ACE) and later-onset mental illness, most notably PTSD. Childhood trauma, including physical, emotional and sexual abuse, neglect or household dysfunction, can raise the risk for PTSD and other conditions such as depression, anxiety and substance use disorders (Umar *et al.*, 2025). Girls, irrespective of their ethnicity, are more likely to suffer from internalizing symptoms in the form of depression and PTSD with respect to CVE (Community Violence Exposure). Boys, however, are more likely to present externalizing behaviors (i.e., conduct problems). This gender pattern indicates how boys and girls respond differently to trauma, and supports the requirement of age-appropriate formal interventions recognizing these sex-disparate responses (Ruchkin *et al.*, 2023). Based on the background, the main objective of the study is to examine how exposure to community violence influences mental health outcomes among individuals living in urban environments.

LITERATURE REVIEW

The study by Isaksson *et al.* (2024) explores the relationship between CVE (Community Violence Exposure, stress perception, and PTSD (Post-Traumatic Stress Disorder) among adolescents. It found that being

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a witness and the victim of violence were both male and female linked to higher PTSD symptoms one year later, particularly in people who experienced moderate or high stress from the violence. The main finding was that the perceived stress due to CVE was more important for PTSD than the actual closeness or form of violence. The study also indicated that although males and females experienced perceived stress similarly, females reported more symptoms of PTSD overall. Gehris *et al.*, (2023) found that relations between community violence and mental health-impact (2023) found that relations between community violence and mental health: the impact of physical activity. It examines five studies on the effect of exposure to violence (through both direct experience and perception) on mental health, such as depression and PTSD. Physical activity as mediator only one study indicated that it was playing a mediating role in the reduction of depressive symptoms for persons residing in violent neighborhoods. The study identifies several gaps that include no studies in low-and-middle-income countries, a narrow range of populations studied, and varied measures of violence, mental disorder and physical activity. Another study by Semenza *et al.*, (2023) looks at the effects of gun violence on neighborhood health in 100 U.S. cities between 2014 and 2019. The study determines that gun violence is directly associated with worse neighborhood health overall and specifically with mental and physical illness, health-related behaviors (sleep, smoking, exercise) and its status. The analysis also underscores the reciprocal nature of this connection poor health in communities can help lead to more gun violence, although that link is less steady over time. Moreover, concentrated disadvantage, which includes poverty and racial segregation, amplifies both gun violence and adverse health effects, resulting in a vicious cycle of harm in socially deprived areas. A study by Turanovic (2022) examines the serious mental health effects of exposure to community violence in urban populations, and is specifically concerned with long-term outcomes. It applies a multiple level framework to investigate how individual; peer, school, family and neighborhood levels of influence affect the risk for victimization and exposure to violence (ETV). Structural injustices (eg poverty, social disadvantage) exacerbate these risks and particularly impact vulnerable sub-populations exposed to disability or early puberty. The research emphasizes that residing in deprived neighborhoods raises the risk of violence and that they are commonly characterized by elevated levels of poverty, unemployment, and lack of health services (Halimuzzaman, 2025). The impact of the exposure to violence on mental health is also serious and includes symptoms reflecting depression, ideation about suicide. According to Collins *et al.* (2024), violence in urban settings is associated with two related dimensions of the mental health of adolescents and young adults. It concludes that residence in communities with great risks for exposure to violence plays a containment role in mental health problems such as anxiety and depression,

and PTSD. The research also shows that marginalized youth, especially those from low-income communities, are more susceptible to the harmful mental health impacts of violence. The research highlights the necessity for interventions that target both immediate and enduring effects of violence on mental health. They target enhanced access to mental health services, the establishment of safe places in which to interact socially and a focus on emotional support through community initiatives.

Isaksson *et al.* (2024), Gehris *et al.* (2023), Semenza *et al.* (2023), Turanovic (2022), Anowar (2024), and Collins *et al.* (2024) are helpful for understanding community (i.e., as opposed to individual) violence and mental health, they do not fill in all parts of the puzzle. Most are from high-income countries, and some only look at a narrowed list of outcomes — PTSD, depression or anxiety, for instance — and not all three at once. But they provide little discussion on how socio-economic conditions such as income, education and access to resources influence vulnerability to mental health. In addition, they infrequently evaluate the spectrum of violence-exposure dimensions (duration, frequency, location and type), and scarcely consider gender differences comprehensively. The current study will fill these gaps by investigating all major mental-health outcomes together, detailed exposure measures analysis, and examining the urban context of socioeconomic and gender variations rarely studied before.

Research Questions

Based on such background of the study, the main research questions of this study may be derived as follows:

1. What is the nature and extent of community violence exposure among urban residents, and how prevalent are mental health issues such as anxiety, depression, post-traumatic stress symptoms (PTSS), and stress among victims?
2. How do different types of community violence exposure and socioeconomic factors (e.g., income, education, and neighborhood resources) influence the severity of mental health symptoms in affected individuals?

Research Objectives

The analytical focuses of the research are guided by the following specific aims that together work to obtain a broad and clear understanding about study central themes and objectives.

1. To know the nature and extent of community violence exposure experienced in urban sample.
2. To estimate the prevalence of mental health issues (anxiety, depression, PTSS and stress) among victims of community violence.
3. To examine the association between type of community violence exposure and degree of mental health symptom severity.
4. To investigate the influencing role of socioeconomic

factors (i.e., income, education, and neighborhood resources costs) in the mental health response to community violence.

Theoretical Framework

The Stress Process Model (SPM) developed by Leonard I. Pearlin (Pearlin *et al.*, 1981) is the model that guides this research and provides an explanation of how people experience, interpret and are impacted from stress in their social environments. The SPM argues that mental health outcomes are due to a network of etiological factors, machinery and outcomes, influenced by social and structural determinants. This model has obvious implications in the context of community violence, a chronic and socially patterned stressor in cities (Halimuzzaman, 2025). It is conceptualized in this analysis that CVE is a number one specific event that individuals experience repetitively in their neighborhoods. Exposure to incidents of violence (such as assaults and shootings) causes ongoing fear, anxiety and psychological stress, particularly for young people who hang out in unsupervised or risky places. These direct exposures have secondary impacts, such as restriction of movement, disruption of daily. This allostatic load model posits, as well, that via the SPM, repeated exposure to stressors over time elevate psychological vulnerability and thereby increase risk for poor mental health outcomes. The model also takes into account of mediators, including coping resources, social support networks, and socioeconomic circumstances. In accordance with this paper’s aims, socioeconomic factors; such as income and education level and neighborhood resources, are important contextual characteristics that shape the way people respond to violence. These variables may moderate the mental health effects of CVE either by shielding (i.e., buffering effect) or exacerbating (i.e, aggravating continued exposure) their influence alongside targeting other factors (Halimuzzaman, 2025). For example, deprived communities characterized by poor services and social disorder provide less protective resources which may leave residents more vulnerable to the effects of stress. In the end, the long-term exposure to such stress leads to psychological disorders such as anxiety, depression, PTSD and chronic stress reported in recent literature. Grounded in the Stress Process Model, this investigation models community violence as a socially embedded stressor whose effects are dependent on

socioeconomic context and that are mediated by coping resources and result in directly observable patterns of mental health outcomes; thus providing direct support for all research aims.

MATERIALS AND METHODS

We used a quantitative research methodology to assess the effect of community violence on mental health among urban dwellers. The objective was to measure the prevalence of PTSD, anxiety, depression and stress in those exposed to violence, and to examine how other variables contribute towards these. A total of 400 respondents were studied as a sample, which was found keeping in view the calculations of sample size formula by Cochran to make it statistically significant. Participants were who were 18 years and over living in urban areas with high rates of community violence (eg, assault, shooting/stabbing/ knifing) exposure. The sample was selected in a non-random way to represent the overall population balance in gender, age, marital and employment status and household size being 75% male and 25% female. These areas were selected because they have a history of exposure to violence, and they continue being exposed to trauma, which is why it was considered relevant to analyze its psychological impact. Data collection was carried out using a formatted questionnaire consisting closed-ended questions and Likert-scale based items. These items queried the severity of symptoms related to mental health and experiences of victimization. The surveys collected demographic information as well as data on socioeconomic factors such as income and access to resources. Data were collected through community canvassing, facility-based recruitment and referral from social service institutions, and field interviewers conducted face-to-face interviews in order to ensure comprehensibility of answers.

RESULTS AND DISCUSSIONS

Demographic Information

Table 1 presents the demographic characteristics of the respondents in terms of age, gender, marital status, occupation and size of household. It provides a context for mental health effects of community violence in urban areas related to the intrusive, avoidance, and hyperarousal symptoms exhibited with PTSD, anxiety, depression, and stress.

Table 1: Demographic Information

		Frequency	Percentage
Age Group	18-24	75	18.8%
	25-34	93	23.3%
	35-44	87	21.8%
	45-54	72	18%
	55+	73	18.3%
Gender	Female	100	25%
	Male	300	75%

Marital Status	Divorced	94	23.5%
	Married	114	28.5%
	Single	92	23%
	Widowed	100	25%
Employment Status	Employed	73	18.3%
	Retired	88	22%
	Self-Employed	95	23.8%
	Student	66	16.5%
	Unemployed	78	19.5%
Household size	1	60	15%
	2	62	15.5%
	3	69	17.3%
	4	73	18.3%
	5	72	18%
	6	64	16%

The Table 1 also presents a representative profile on the sample by age, sex, marital status, working status and household size. Age distribution appears pretty even with a high prevalence of 25-34 years age group (23.3%) followed by 35-44 years of age (21.8%). The 18-24 group accounts for 18.8%, the 45-54 age group amounts to 18% and those who are at least 55 make up 18.3%. This suggests an even distribution among adults in different age groups with a slight over representation of younger adults. Sample profile Primarily male (75% vs 25%). This notes a gender-based group or possibly a larger number of males approached. Marital status presents a variety of distributions (being 28.5% married, 23.5% divorced, 23% single and 25% widowed respondents) showing that the population here is largely single or widowed/divorced. The economy and employment status shows self-employed at 23.8% and retired second

with 22%. Those who are unemployed comprise 19.5%, while those in full-time employment make up 18.3%. The smallest category is students, at 16.5%. With respect to size of household, the sample is fairly distributed across household sizes, although households with 3 and 4 members, as well as those with five members are more common. 30% of the households are small units made up of 1 to 2 members and larger households represent the majority. This distribution reflects the variability in familial and living arrangements within the sample.

Nature and Extent of Community Violence Exposure Experienced in Urban Sample

This area demonstrates the variability in exposure to violence among urban populations and identifies how persistent, often repetitive, pervasive, and passive forms of violence affect individuals.

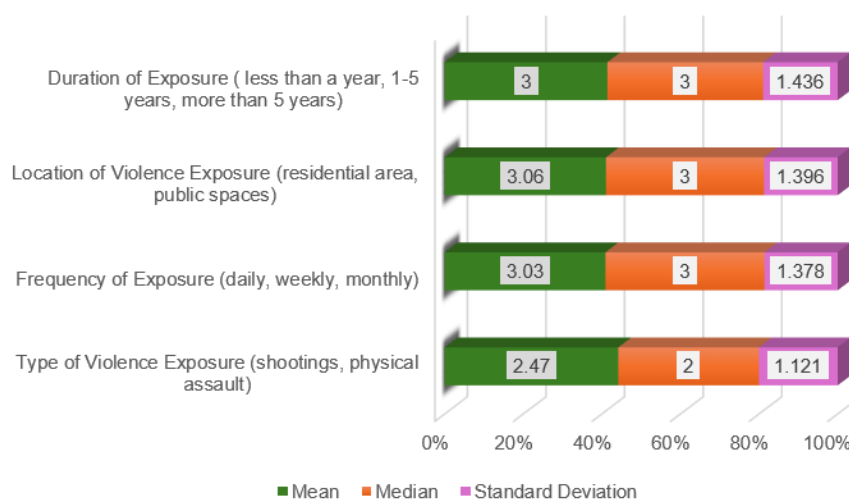


Figure 1: Nature and Extent of Community Violence

The Figure 1 demonstrates the relationship between the perceived exposure to violence across four factors: Duration of Exposure, Location of Exposure, Frequency

of Exposure, and Type of Exposure. Duration of Exposure on average (median and mean)=3, meaning that for most participants violence had been experienced

between 1-5 years. The high standard deviation of 1.436 indicates a reasonable spread, indicating that respondents had diverse running lengths. Location of Exposure averaged 3.06 (median=3), with violence generally happening in the residential setting, albeit lenient inconsistency. The low standard deviation of 1.396 indicates that there are moderate variations in the perception of where the violence happened. Frequency of Exposure: The average was 3.03, while the median was also 3, suggesting that weekly exposure was the most frequent. The deviation of 1.378 indicates that some respondents had slightly more or less experience of violence. Type Physical Assault was rated lowest, with a mean of 2.47 meaning that Physical assault was more frequent than shootings but less variable (sd = 1.121) in how people experienced the type of violence. These results are, however, consistent with previous studies Isaksson *et al.* determined that a chronic exposure to violence makes a significant contribution to PTSD, which is congruent with its high arithmetical mean (Duration and Frequency of the exposure). Semenza *et al.* (2023)

found that urban residential areas are violence hotspots, mirroring the graph's observation that most violence takes place in residential. Gehris *et al.* (2023) addressed that more frequent exposure results in the chronic stress and mental health problems, corresponding to weekly exposure on the graph. (2022), and Turanovic (2022), and Collins *et al.* (2024) reported that physical violence was more common than other types, and that residential clustering of violence is strongly associated with PTSD and anxiety. These studies are indicative of the severe psychological effect that repeated and long-term exposure to violence, particularly in urban dwelling homes, can have on an individual.

Estimate the Prevalence of Mental Health Issues (Anxiety, Depression, PTSD, And Stress) among Victims of Community Violence

This part shows the level of PTSD, anxiety and depression among persons who have been exposed to community violence. The data show the moderate-to-high prevalence levels for these mental health symptoms, as well as variability in responses highlights

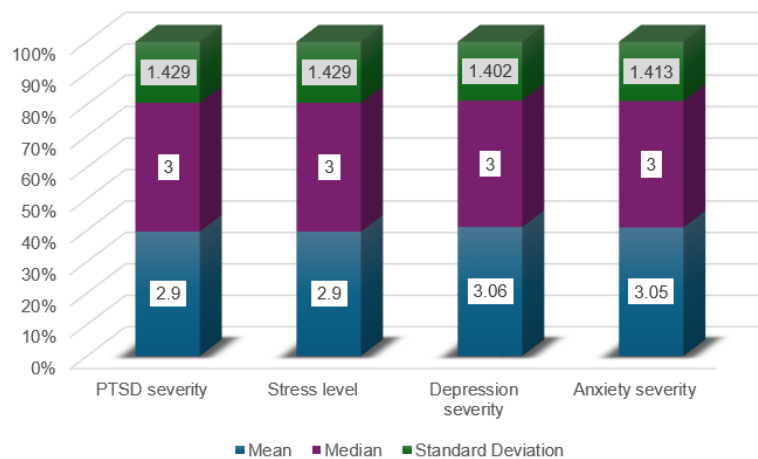


Figure 2: Estimate the Prevalence of Mental Health Issues

this psychological impact of violence exposure in urban environments.

The Figure 2 shows severity of PTSD, stress and depression and anxiety. The average, median plus SD for each mental health problems are displayed in the figure presented. Mean PTSD severity is 2.9 (m = 3, SD=1.429) on average with expenditures in PTSD level for moderate intensity and variance across responses. Likewise, stress level indicates a mean of 2.9, median 3 and standard deviation 1.429 showing moderate amount of stress that varies significantly. A little higher depression severities scores mean = 3.06, median = 3 with standard deviation of 1.402 indicate there are moderate level of depression status among respondents. Lastly, average anxiety severity is 3.05 and median is 3, with a standard deviation of 1.413, meaning moderate severity of anxiety and a similar dispersion in the response pattern. This is well in accordance with the results of other studies. Isaksson *et al.* (2024) demonstrated that exposure to violence over

time is highly predictive of both PTSD and stress, which is in line with the moderate scores for both outcomes found in our study. The high standard deviations recorded in both studies indicate that vulnerability to the impact of violence may vary from one person to another. Semenza *et al.* (2023) also recorded moderate stress and anxiety in the urban violence-exposed population, which is consistent with this study where both outcomes had a similar severity. Additionally, Gehris *et al.* (2023) reported that depression and PTSD form a strong connection to long-term violence exposure, as observed in the depression score on this study (3.06). There is also evidence that children living in violent neighborhoods suffer from greater PTSD, stress, and anxiety (Turanovic 2022), at a level of moderate severity as found in this study. Finally, Collins *et al.* (2024) discovered that exposure to violence in urban neighborhoods is a robust predictor of anxiety, PTSD and depression, which parallels the results here showing moderate levels of these mental health outcomes.

Association between Type of Community Violence Exposure and Degree of Mental Health Symptom Severity

This point illustrates how violence exposure subtypes are associated with mental health. It demonstrates that physical victimization has the strongest and most consistent influences on mental health while emotional reactions to violence are its antecedents, suggesting the importance of identifying people at high risk for these sequelae.

The Figure 3 outlines the psychological impact of violence exposure by examining four major categories: Impact of violence on mental health, Mental health effects associated with experiences of violence, Emotional reactions to violence and social support. The greatest mean score (mean=3.16; SD=1.46) was for the Impact of violence on mental health showing mode 3 and extreme values indicating greens with perceptions of a moderate to high impact that differed across respondents. The mean for the Mental Health impact of violence

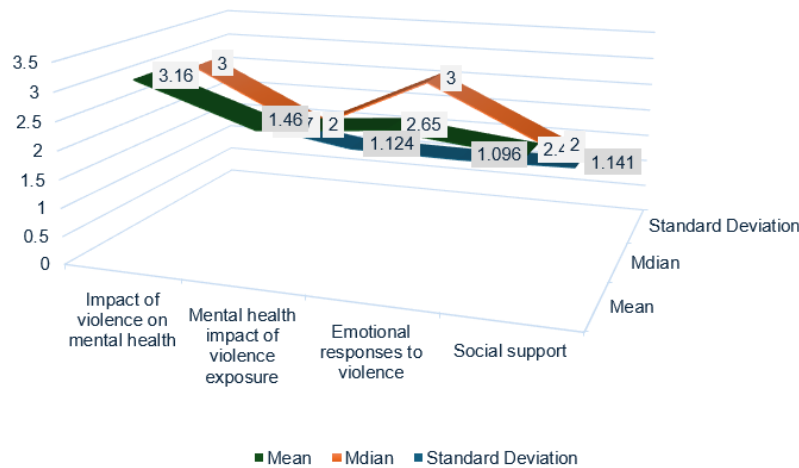


Figure 3: Community Violence Exposure and Degree of Mental Health Symptom Severity

exposure was 2.65, median = 3, s.d.=1.124 indicating an overall response that is moderately to perceptually severe, and a relatively wide range of responses to this question among participants. Reaction Appraisals to Violence scored a mean of 2.4 and a median of 2, with standard deviation =1.096 is in moderate level regarding the reaction to violence. Finally, social support was considered the least influential with a mean of 2.2 and a median of 2, (SD = 1.141), indicating that study participants envision little availability of social support as an important factor in the emotional and mental health effects of exposure to violence. These results are comparable to those of the literature. Isaksson *et al.* (2024) identify that chronic exposure to violence has a significant detrimental effect on mental health, by way of increased levels of PTSD and stress, which is consistent with the current study's relatively high mean for Impact of violence on mental health (3.16). Both studies demonstrate that individuals can be affected differently by violence, with some suffering more than the other does. Semenza *et al.* (2023) found similar results in which exposure to violence in urban settings results in moderate levels of distress including stress and anxiety, as indicated by the moderate scores of Mental health impact of violence exposure and Emotional responses to violence. Gehris *et al.* (2023) also indicated that the psychological impact of exposure to violence may have serious consequences (such as depression on mental health), which was consistent with the moderate emotional responses found in this study. In a similar vein, Turanovic (2022) emphasized

the effect of violence on emotional functioning and explained that youth exposed to violence are usually faced with moderate level of emotional reactions. The present study results, with moderate reactions to violence (M = 2.4), are also consistent with the conclusions of Turanovic. Furthermore, our study and that of Collins *et al.* (2024) draw attention to the importance of social support in preventing violence. The low average Social support score (2.2), in this study, mirrors Collins *et al.*'s discovery of 'Double Wounding' that the emotional impact of violence is worse if unsupported. Role of socio-demographic factors (i.e., income, education and neighborhood resources costs) in the mental health effects of community violence

Influencing Role of Socioeconomic Factors (i.e., Income, Education, and Neighborhood Resources Costs) in the Mental Health Response to Community Violence

This section explores the influence of socioeconomic factors, such as income, education, and access to resources, on mental health outcomes in violence-exposed individuals. The findings suggest that higher socioeconomic stress and limited access to resources exacerbate mental health issues, particularly in low-income populations.

The Figure 4 shows information for 4 main socioeconomic variables (Perceived Socioeconomic Stress, Access to Resources, Educational Level and Income Level) in the form Mean, Median and Standard

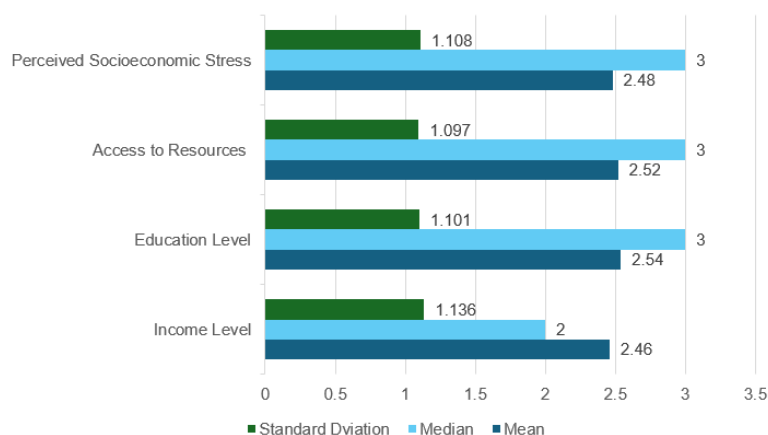


Figure 4: Influencing Role of Socioeconomic Factors

Deviation. Perceived Socioeconomic Stress is on average 2.48, with a median of 3 and standard deviation of 1.108 -though most respondents experience moderate levels of perceived social stress, there was sufficient spread between how much this stress was experienced by different individuals. Access to Resources has a mean of 2.52, a median of 3, and variance of Moderately access to resources while there's some variation in how respondents make their assessment on this factor. Education Level is a variable mean:2.54, median:3 Std Deviation 1.101 Variable where the perception is moderate in its dimension and there are small difference between cases. It is the lowest scoring factor with a mean of 2.46 and median of 2, it also has the largest standard deviation of any variable in this model (1.136) indicating that income reveals only slightly less and varies more on how strongly it affects perceptions compared to other measures; age etc being more universally rigid predictors in this dataset. Common themes emerge when considering these results in light of existing data. Isaksson *et al.* (2024) concluded that higher socioeconomic stress is associated with worse mental health outcomes as seen in the moderate level of Perceived Socioeconomic Stress found in this study. Similarly, Semenza *et al.* (2023), for instance, found that Access to Resources played a key role in reducing the negative effects of living in a resource-lacking context which aligns well with our medium mean for Access to Resources. Gehris *et al.* (2023) reported that education level and income have a significant impact on mental health, which correlates with the moderate rating of both Education Level and Income Level in this research. The differences in the responses, reflected by the standard deviations, reflect Gehris' findings as well; ideas about these social class factors vary among people. Turanovic (2022) underscored socioeconomic disadvantage as increasing the impact of violence exposure, and due to low levels of Income Level in the current research, the insignificant perception supports that lower income individuals experience adverse consequences as argued by Turanovic. Finally, Collins *et al.* (2024) indicated that socioeconomic aspects such as Access to Resources and Income have a greater effect on rates of mental health

problems, while in this study population intermediate levels of stress and restricted access to resources prevailed, particularly at low-income settings.

Findings

Individuals witnessing community violence experience moderate to high levels of PTSD, anxiety and depression as well as stress with magnitude which was statistically significant and repetitive. This is consistent with earlier studies that have shown a strong link between exposure to violence and mental health problems.

The studies also find that the length and pattern of exposure to violence are a key determinant in mental health. Extent of PTSD and levels of stress were significantly higher among widows who have been exposed to violence due to political conflict for 1-5 years and weekly respectively, demonstrating dimensions of the chronic effects of trauma on the individual's mental health.

Diverse forms of violence affect the mind differently. Physical assaults, although less common than shootings, had more consistent and severe mental health symptoms. It's the everyday physical violence that they suffer through, and I think this might have a greater psychological impact than some other "huge" violence.

It has been shown that individual responses to community violence are informed by socioeconomic variables such as income, accessibility of resources, and perceived stress. The lower-earning and less-resourced were most likely to report stress and worse mental health, highlighting the vulnerability of disadvantaged populations.

The research found significant spouses' sex differences in responding to community violence. Girls were more likely to report greater signs of internalizing symptoms things like anxiety and depression, while boys tended to engage in more externalizing behaviors such as higher aggression. This also draws attention to the importance of interventions being gender-sensitive.

Recommendations

- It is necessary to improve the availability of mental health care for those experiencing community violence.

Offering counseling and trauma-informed care can reduce the mental health impact of violence exposure.

- Sex- and gender-sensitive interventions are necessary to target differences in mental health responses among males and females. Tailoring interventions to gender-specific problems may be more effective in the provision of mental health interventions.

- Social inequities need to be addressed if the mental health impact of violence is to be lessened. Increased access to resources, steady income and cheap housing will do so much to alleviate stress and aid recovery.

- It is also vital to strengthen networks of support within the community. Interventions that foster social cohesion and offer emotional support can mitigate these psychological consequences of living in high-violence neighborhoods.

- There must be an emphasis on programmes and strategies aimed at preventing violence in urban settings. When the underlying causes of violence such as poverty and unemployment are addressed, it can lead to sustained improvements in mental health.

Limitations

This study carries several limitations that should be regarded. First, its cross-sectional nature precludes causal attributions for the effects of exposure to community violence on mental health. It is more difficult to establish the causality of these variables in a cross-sectional design and causes are better examined with longitudinal studies. For a second, the sample may be not totally representative of the general urban population and some groups, such as children or non-residents are better represented than others that can be less populous; thus, there is a potential issue with the external validity. Furthermore, the use of self-reported data may be influenced by reporting bias since participants can under-report or over-report their experiences and symptoms which could affect the accuracy of results. Moreover, although socioeconomic status was accounted for, the survey may not have captured the spectrum of income and resources available to respondents that could impact mental health outcomes in more complex ways. Finally, the focus on urban areas suggests that findings may not pertain to rural and suburban communities in which community violence and its mental health consequences might be different.

CONCLUSION

The study emphasizes on the profound mental health consequences of community violence exposure in urban environments, especially with PTSD, anxiety, depression and stress. Lifetime exposure to violence, particularly physical assault was found to be associated with increased psychological distress. The role of socioeconomic status, such as income, resource availability and perceived stress on mental health burdens was also revealed to be heightened among the lower-income group. Gender effects on mental health reactions were also observed, as females reported more

internalizing signs and symptoms like depression, and males demonstrated increased externalizing behaviors. The results highlight the importance of specific mental health interventions, gender-based strategies and socio-economic support in addressing the psychological impacts of violence. Nevertheless, the lack of a longitudinal design, sample composition and data collection method offer limitations to the study that should lead to future research with regard to community violence in order to deepen knowledge about long term effects of exposure towards mental health.

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