

COMMUNITY SENSE OF COHERENCE AMONG ADOLESCENTS AS RELATED TO THEIR INVOLVEMENT IN RISK BEHAVIORS

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The current study employs a new concept—community sense of coherence (CSOC)—that measures youth’s perceptions of their own community and its potential as a source for protective factors and assets. The theoretical foundation for this measure is the salutogenic approach and its concept of “sense of coherence.” A total of 1023 students from the 8th to 11th grades, living in 3 Israeli communities, filled out self-reported questionnaires that included measures of CSOC and involvement in risk behaviors. Results indicated significant negative correlations between CSOC and the levels of risk behaviors. The overall variance of risk behaviors explained by CSOC was found to be different in each of the three communities. The findings suggest that CSOC is a significant protective factor that could be related to reduced involvement in risk behaviors. The results are discussed within the framework of community protective factors and the salutogenic approach.

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INTRODUCTION

Community has become a focus of interest in the field of studying youth involvement in risk behaviors. Risk and protective factors in the community level have been associated with a wide array of risk behaviors during adolescence (Kreiner, Soldz, Berger, Elliott, Reynes, Williams & Rodriquez-Howard, 2001; Leventhal, Dupéré, & Brooks-Gunn, 2009; Murry,

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Berkel, Gaylord-Harden, Copeland-Linder, & Nation, 2011). Perceptions of community and its characteristics were found to be associated with not only youth's tendency for involvement in risk behaviors but also their positive development (Garcia-Moya, Moreno, & Braun-Lewensohn, 2013; MckMillan, 1996). Various theoretical constructs and empirical tools have been developed to examine how communities deal with social problems concerning youth. However, most of these tools measure community characteristics and their perceptions through the perspective of adults (Chaskin, Brown, Venkatesh, & Vidal, 2007; Halpern, 2005; McMillan & Chavis, 1986).

The purpose of this study is to contribute to this discussion in two respects: First, it presents a new conceptualization made up of clusters of perceptions of community and its protective factors and assets—community sense of coherence (CSOC). The contribution of this new concept, CSOC, lies in its capacity to encompass different aspects of community perceptions. The CSOC emanates from the salutogenic approach (Antonovsky, 1987), and offers an explanation for how various perceptions of community together contribute to healthy development among youth. Second, by developing an empirical tool aimed at youth, it contributes to the necessary understanding of the perspective of youth regarding their community and the protective factors and assets their community possesses.

Community Coping With Youth Risk Behavior

Several community theoretical concepts are used to explain the capacity of communities to cope with youth risk behavior. These include social capital (Coleman, 1988), community capacity (Chaskin, Brown, Venkatesh, & Vidal, 2007; McLeroy, Bibeau, Steckler, & Blantz, 1998), community readiness (Stith, Pruitt, Dees, Fronce, Green, Som & Linkh, 2006), collective efficacy (Sampson, Raudenbush, & Earls, 1998), community engagement (Tindana, Singh, Tracy, Upshur, Daar, Singer, . . . Lavery, 2007), and community resilience (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008).

The measurement of most of these concepts is based on reports of community members about two aspects of their community: (a) objective community characteristics, such as frequency of meetings with other community members, and frequency of attendance at community activities and events intended to solve social problems (Bertotti, Watts, Netuveli, Yu, Schmidt, Tobi, . . . Renton, 2013); and (b) reports concerning the perceptions of community characteristics, such as the belief that members of the community can be trusted, the perception of the probability that members of the community will organize together to deal with common social problems (Schmidt, Tchetgen, Ehntholt, Almeida, Nguyen, Molnar, . . . Osypuk, 2014), and perceptions of the peacefulness of the community and the quality of its open spaces (Bertotti, Watts, Netuveli, Yu, Schmidt, Tobi, . . . Renton, 2013).

Although the concepts we have reviewed play an important role in the explanation of community health, and healthy development of youth in particular, their abstract nature and the complexity of the community as a research unit have left this research field with the need for more operationalization, larger scale samples, and more quantitative research tools (Stith, Pruitt, Dees, Fronce, Green, Som . . . Linkh, 2006). In addition, although these community concepts are related to youth involvement in risk behavior, most of the existing methodology that has been used to measure it has been based on adult reports about their communities' attributes and perceptions (Baron, Field, & Schuller, 2000; Bertotti, Watts, Netuveli, Yu, Schmidt, Tobi, . . . Renton, 2013; Schmidt, Tchetgen,

Ehnholt, Almeida, Nguyen, Molnar, . . . Osypuk, 2014), mainly from stakeholders such as formal and informal community leaders (Chaskin, Brown, Venkatesh, . . . Vidal, 2007; Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2007).

Another central theoretical concept, which refers to the significance of the way residents perceive their community, is the concept of psychological sense of community (Davidson & Cotter, 1986). This concept carries the meaning of special attachment between people and their social milieu (Davidson & Cotter, 1986). McMillan and Chavis (1986) hypothesized that the psychological sense of community dimensions could be defined by four characteristics: belonging, fulfillment of needs, influence, and shared connections. These dimensions are quite different from the current study's CSOC components, which stress the perceptions of potential coping resources that might be embedded in one's community.

In addition, research has noted that there is a need to measure this construct in adolescents, using tools created to capture the unique way adolescents perceive their community (Evans, 2007). The way adolescents perceive their community, and the community characteristics they perceive, might be different from the way adults perceive their community (Evans, 2007). Thus, it is crucial to create a measurement designed with youth in mind, one that will be sensitive to possible differences between youth and adults in community perceptions.

In addition to the theoretical community concepts, the body of knowledge indicates specific community-level protective factors and assets. Some of these include community characteristics such as youth perception of social control or possible sanctions in response to unacceptable behaviors (Jessor, Turbin, & Costa, 1998; Van Horn, Hawkins, Arthur, & Catalano 2007); other community protective factors and assets refer to actual reports on community characteristics, such as rewards for involvement in prosocial activities (Hawkins, Van Horn, & Arthur, 2004) and participation in community programs that foster positive relationships between a community's adults and its youth (Jessor, Turbin, & Costa, 1998; Scales, Benson, Roehlkepartain, Hintz, Sullivan & Mannes, 2001). These community protective factors and assets and their perceptions were related to healthy youth development, as well as to a reduced involvement in risk behaviors. Some of these factors were related to a specific risk behavior, such as drug abuse (Hays, Hays, & Mulhall, 2003) or school outcomes (Nettles, 1991), while others were related to clusters of risk behaviors (Benard, 1991; Van Horn, Hawkins, Arthur, & Catalano, 2007).

Studies in the field have noted that youth from different communities and social groups are unequally exposed to community protective factors and assets (Dubois & Rhodes, 2006; Evans, 2007; Stith, Pruitt, Dees, Fronce, Green, Som & Linkh, 2006). In addition, youth from different communities and different social groups might perceive their communities and their protective factors and assets differently (Braun-Lewensohn & Sagy, 2011; Braun-Lewensohn, 2013; Feldman & Matjasko, 2005; Peled, Sagy, & Braun-Lewensohn, 2012). For example, it was found that youth from disadvantaged socioeconomic backgrounds were more positively influenced by participation in community extracurricular programs. One suggested explanation is that participation in community extracurricular programs provides at-risk youth with an opportunity to improve social networks and to foster their attachment to school, whereas youth from higher socioeconomic backgrounds already have these opportunities (Gilman, Meyers, & Perez, 2004).

The current study has focused on perceptions of the community and its protective factors and assets as a possible explanation for youth involvement in risk behaviors.

Youth Development and the Salutogenic Approach

The salutogenic approach (Antonovsky, 1987) focuses on examining the factors that promote healthy development. Sense of coherence (SOC) is a key concept in this regard, referring to the individual's general life orientation. SOC comprises three components: (a) *comprehensibility*, the extent to which the individual perceives the world as predictable and comprehensible; (b) *manageability*, the extent to which the individual perceives his access to coping resources and his ability to manipulate reality; and (c) *meaningfulness*, the extent to which the individual finds emotional meaning, challenge, and interest in his life (Antonovsky, 1979, 1987). Although the SOC has three domains, operationally they are scored in a single scale that reflects a theoretically global life orientation (Antonovsky, 1993; Dantan, Silva, & Ciol, 2013).

A strong SOC correlates with a stronger capacity for coping with stress and challenges throughout one's life span, with both physical and mental health. For example, SOC was found to be a strong protective factor, explaining negative attitudes toward alcohol consumption and drug abuse among high school students (Sagy, Shani, & Leibovich, 2009). A strong SOC is also related to positive intervention outcomes in rehabilitation programs (Abramsohn, Peles, Potick, Schreiber, & Adelson, 2009), while a weak SOC is typical among drug addicts (Chen, 2009). SOC was also indicated as meaningful in the context of interpersonal violence. Efrati-Virzer and Margalit (2009) found that children with behavioral conduct problems who exhibited vandalism or verbal and physical violence towards peers reported a significantly lower SOC, compared to their peers. Additionally, youth with a strong SOC engaged in fewer antisocial behaviors such as interpersonal violence, carrying weapons, and involvement in fights, irresponsible sex behaviors, and even cases of alcohol consumption (Nilsson, Starrin, Simonsson, & Leppert, 2007).

Although SOC was originally developed to describe the individual worldview, some recent studies have attempted to develop it at the community level (Peled, Sagy, & Braun-Lewensohn, 2012; Sagy, 1998). These studies, for example, found that CSOC played a significant role in explaining stress reactions among a minority group in Israel to a destructive brush fire (Braun-Lewensohn & Sagy, 2011; Braun-Lewensohn, 2013). Similarly, another study indicated that CSOC was significant in explaining stress reactions among adolescents living in areas of political violence including exposure to rocket attacks. Youth with a higher CSOC were found to deal more successfully with stress (Peled, Sagy, & Braun-Lewensohn, 2012). In the current study, the CSOC scale sought to measure youth perceptions of their communities and its characteristics as a potential source for protection against involvement in risk behaviors.

Research Aims

The purpose of the current study is to expand the concept of SOC to the community level and to examine the relationship between CSOC as perceived by youth and their involvement in risk behaviors. In particular, the study examined the connection between CSOC and youth involvement in risk behavior, as reported by youth in three communities in Israel. Our conceptualization of CSOC comprises three components derived from the conceptualization of SOC, each of which includes the perception of a cluster of community protective factors and assets:

- Community comprehensibility resources are the experiences of one's community as a safe and familiar place (Davidson & Cotter, 1986). This experience includes the perceptions of understanding and not being surprised by what happens in the

community, the feeling of belonging to the community, the sense of safety, and the anticipation of living in the same community over time.

- Community manageability resources are the extent to which the individual perceives the community as offering services that supply professional support, consultants, and help during times of crises and distress.
- Community meaningfulness resources are the extent to which one perceives the community as offering means for personal satisfaction and self-actualization, for example, through extracurricular programs.

The hypotheses of the research are as follows:

- H1: Negative correlations will be found between CSOC and youth involvement with risk behaviors: intentions to use drugs, exposure to drug abuse among classmates, exposure to drug abuse among friends, and involvement in violence (Hays et al., 2003; South, Baumer, & Lutz, 2003).
- H2: Different demographic variables, namely father's employment status and mother's educational level, will serve as moderators between CSOC and risk behaviors (Gilman, Meyers, & Perez, 2004).
- H3: The level of explanation of risk behaviors by CSOC will differ in each of the three communities. In communities with a stronger CSOC, the level of explanation will be higher (Braun-Lewenson & Sagy, 2011; Braun-Lewensohn, 2013).

METHOD

Procedure and Participants

The study took place in three small towns (8600–24800 inhabitants) in the south of Israel, ranked by the Israeli Central Bureau of Statistics (2013) as possessing relatively low socioeconomic characteristics, which in turn point to the existence of community challenges such as high rates of unemployment and a high proportion of mothers without a high school education. However, on a socioeconomic scale of 10, community A has been ranked in cluster five while communities B and C have been ranked lower, in cluster four.

The ethics committee of the Chief Scientist at the Ministry of Education approved the research proposal and the questionnaires. Self-reported questionnaires were distributed during the winter of 2010 to all the students between the 8th and 11th grades in all of the public high schools in the towns, to include the whole population of the cities' students. A total of 1023 students completed the questionnaires anonymously.

Table 1 describes the distribution of the demographic variables among the three communities.

Table 1 indicates significant differences between the three communities with regards to father's employment and mother's education. The data support the ranking by the Israeli Central Bureau of Statistics, which indicates stronger socioeconomic characteristics in community A, in comparison to the two other communities.

Measures

To create a measure of CSOC, we defined three components deriving from the three components of SOC (Antonovsky, 1979, 1987), each including items that related to the perceptions of community protective factors and the assets that promote each of the three

Table 1. Communities Demographic Variables Distribution

Variables	Community A N = 413		Community B N = 463		Community C N = 147		χ^2
	N	%	N	%	N	%	
Gender							7.41*
Male	181	44.6	173	37.4	69	48.3	
Female	225	55.4	288	62.6	74	51.7	
Grade							59.41**
8th	163	39.9	118	25.7	49	33.3	
9th	131	32.0	119	25.9	19	12.9	
10th	68	16.6	120	26.1	49	33.3	
11th	47	11.5	103	22.4	30	20.4	
Father's employment							7.83*
Employed	356	87.5	371	80.7	118	81.4	
Unemployed	51	12.5	89	19.3	27	18.6	
Mother's education							37.79**
Elementary	46	12.5	112	25.2	31	23.8	
High school	214	58.9	267	60.0	74	56.9	
Academic	108	29.3	66	8.0	25	19.2	

* $p \leq 0.05$. ** $p \leq 0.01$.

components. The scale for the comprehensibility component included items that measure the perceptions of the community as safe and familiar. The scale for the meaningfulness component included items that measure perceptions of the availability of extracurricular programs and opportunities for community involvement, as related to feelings of interest and challenge. The scale for the manageability component included items that measure the perceptions of the availability of professional services, as related to feelings of ability to find help and support when needed. The final scale as a whole included 31 items rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The following is a description of each of the components that constitute the scale.

The community comprehensibility resource component comprises 12 items. Four items were adapted from the school sense of coherence scale (Bowen, Richman, Brewster, & Bowen, 1998) for community context, and eight items were created for the purpose of this study. Examples of items are "Youth living at my town can feel safe" and "During the few next years, I anticipate continuing to live in my town." Cronbach's alpha was .84.

The community manageability resource component comprises five items that were created for the purpose of this study. These items measured youth perceptions and attitudes towards community services available to young people confronting crises and distress. Examples of items are "If one of my friends has a problem that has something to do with drugs, there are community professionals that can help" and "I know well the services in my community that can help me deal with problems and distress." Cronbach's alpha was .78.

The community meaningfulness resource component comprises 14 items created for the purpose of this study. These items measured youth perceptions and attitudes toward extracurricular programs and recreational activities available for youth in their community. Examples of items are "My town offers youth plenty of interesting after-school activities and programs" and "Every week I wait for the activity/extracurricular program that I participate in." Cronbach's alpha was .91.

CSOC. A factor analysis of 33 items in the three components revealed that the factors were not clustered according to the three components originally created. Most of the items were clustered around one factor, while two items with a low factor load were omitted. These findings were in accordance to other studies that tested the factor structure of the sense of coherence scale and found one clear dominant factor (Antonovsky, 1993; Danta, Silva, & Ciol, 2013). The final scale included 31 items and Cronbach's alpha was .94.

Risk behaviors measures. Risk behavior was measured according to exposure to drug abuse among classmates, exposure to drug abuse among friends, intention to use drugs, and involvement in violence.

Exposure to drug abuse among classmates. This scale was initiated and used by the Israeli Anti-Drug Authority (Bar-Hamburger, Ezrahi, Roziner, & Steinberg, 2005) and includes five items on a 5-point Likert scale. The participants were asked to report how many of their classmates had used any of five kinds of psychoactive drugs (e.g., marijuana, ecstasy, cocaine) in the last 12 months. The answers were rated on a scale of five possible answers: no one scored 0, one to two students scored 1, three to five students scored 2, 6–10 students scored 3, and more than 11 students scored 4. The mean of the five items was used and Cronbach's alpha was .78.

Exposure to drug abuse among friends. The scale was initiated by the Israeli Anti-Drug Authority (Bar-Hamburger, Ezrahi, Roziner, & Steinberg, 2005) and includes seven items rated on a 4-point Likert scale ranging from 0 (*no one*) to 3 (*everyone*). The participants were asked to report how many of their best friends had used any of seven kinds of psychoactive drugs (e.g., marijuana, ecstasy, cocaine) at the last 12 months. The mean of the seven items was used and Cronbach's alpha was .88.

Intention to use drugs. The scale was initiated by the Israeli Anti-Drug Authority (Bar-Hamburger, Ezrahi, Roziner, & Steinberg, 2005) and includes eight items rated on a 3-point Likert scale ranging from 1 (*no*) to 3 (*yes*). The participants were asked to report which of the eight different psychoactive drugs (e.g., marijuana, ecstasy, cocaine) they might use. The mean of the eight items was used and Cronbach's alpha was .86.

Involvement in violence. The scale has been widely used for the study of violence in the Israeli education system (Benbenishti, Huri-Casabri, & Astor, 2006). It measures exposure to and victimhood from violence in school, citing 23 situations about which respondents were asked to report whether they had encountered each situation in the last month. The scale was adapted from the school context to the community context and was ranked on a 3-point Likert scale ranging from 0 (*never*) to 2 (*more than three times*). Examples of items are "Someone intentionally pushed you" and "Some of your personal belongings or equipment were stolen." The mean of the 23 items was used and Cronbach's alpha was .92.

Demographic variables. Father's employment status (employed or unemployed) and mother's educational level (elementary, high school, academic).

RESULTS

Table 2 presents means and standard deviations of the study's variables across the whole sample and in each of the three communities. One-way analysis of variance was run

Table 2. Differences Between the Study's Variables Among the Three Communities

Variable	Study's sample (<i>n</i> = 1023)		Community A (<i>n</i> = 413)		Community B (<i>n</i> = 463)		Community C (<i>n</i> = 147)		<i>F</i> values
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
CSOC (range 1–5)	3.12	0.66	3.13	0.63	3.05	0.64	3.32	0.78	9.909** (AC, BC)
Classmates drug abuse (range 0–4)	0.79	0.26	0.92	0.65	0.9	0.86	0.86	0.7	10.375** (AC, BC)
Friends drug abuse (range 0–4)	0.64	0.59	0.54	0.47	0.67	0.65	0.81	0.65	11.724** (AC, BC, AB)
Drug abuse intentions (range 0–2)	0.41	0.48	0.36	0.44	0.44	0.52	0.42	0.46	2.903
Violence involvement (range 0–2)	0.22	0.33	0.19	0.29	0.25	0.36	0.24	0.35	3.144* (AB)

Note. CSOC = community sense of coherence; *M* = mean; *SD* = standard deviation.

* $p \leq 0.05$. ** $p \leq 0.00$.

Table 3. The Correlations Between the Study's Variables

	CSOC	Drug abuse intentions	Classmate drug abuse	Friends drug abuse	Violence involvement
CSOC	1				
Drug abuse intentions	-.20**	1			
Classmate drug abuse	-.16**	.45**	1		
Friends drug abuse	-.21**	.58**	.58**	1	
Violence involvement	-.13**	.38**	.27**	.32**	1

Note. CSOC = community sense of coherence.

* $p \leq 0.05$. ** $p \leq 0.00$.

to compare the three communities against the study's variables. As presented in Table 2, significant differences were found in the study's risk behavior variables for the three communities. For two of the three drug abuse variables, youth in community C had higher reports of drug abuse than youth in communities A and B. In addition, involvement in violence among youth in community B was higher than involvement in violence among youth in community A. The CSOC among youth in community C was found to be higher than the CSOC among youth in communities A and B.

Pearson correlations between the study variables among the whole study sample were calculated and presented in Table 3. The first hypothesis was confirmed, and significant correlations were found between CSOC and the risk behavior variables.

To evaluate the moderating effects of the demographic variables—namely father's employment status and mother's educational level—interactions were computed for CSOC X father's employment status and for CSOC X mother's educational level. Stepwise regression analysis was run: The first step included demographic variables, the second step included CSOC, and the third step included the interactions. No interaction effects were found; thus the second hypothesis was rejected.

We used AMOS 5.0 (Arbuckle & Wothke, 1999) with maximum likelihood estimation to test the hypotheses that CSOC would predict risk behaviors (see the theoretical model in Figure 1). We used multigroup analysis to compare the effect of CSOC in each group

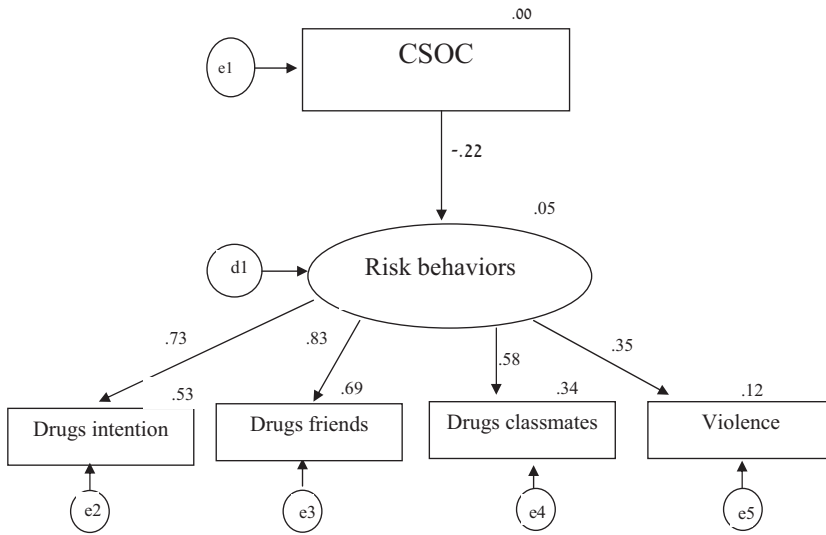


Figure 1. The relationships between CSOC and risk behaviors at community A.

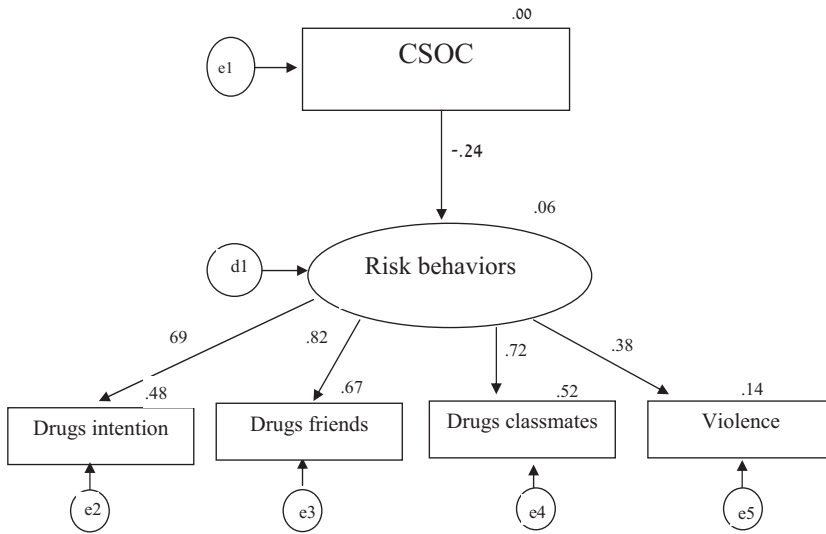


Figure 2. The relationships between CSOC and risk behaviors at community B (Elfassi, 2011).

(communities A, B, C). The CSOC mean was computed separately and used as a manifest variable. For risk behavior (the dependent variable), a latent variable was created using the four dimensions of risk behaviors (i.e., exposure to drug abuse among classmates, exposure to drugs abuse among one’s best friends, intent to use drugs, and involvement in violence) (Figures 2 and 3).

Model fit to the data was assessed using the ratio of chi-square to degrees of freedom (χ^2/df), incremental fit index (IFI; Bollen, 1989), comparative fit index (CFI; Bentler, 1990), and root mean square error of approximation (RMSEA; Browne & Cudeck, 1993). Acceptable fit is indicated by a χ^2/df ratio of five or less (Marsh & Hocevar, 1985), IFI

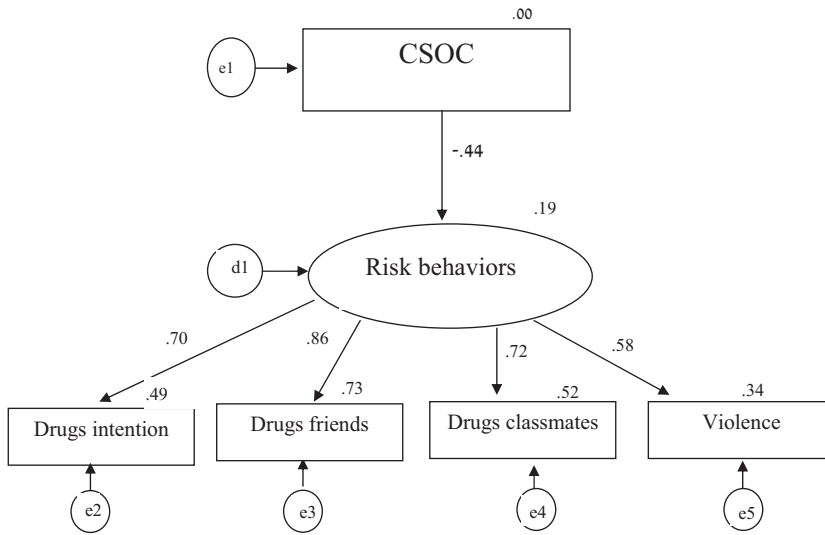


Figure 3. The relationships between CSOC and risk behaviors at community C.

and CFI equal to or greater than .90, and RMSEA less than .08 (Browne & Cudeck, 1993; Hoyle, 1995). The indices were adequate for the overall model: $\chi^2_{(15)} = 29.5$, $p < .01$; $\chi^2/df = 1.96$; CFI = .98; IFI = .98; RMSEA = .03.

Overall, CSOC was linked to risk behaviors in the same direction in the three groups. However, meaningful differences were found among the three communities. The overall variance explained for risk behaviors among the three groups was different (community A 5%; community B 6%, and community C 19%). Furthermore, comparisons of the effect of CSOC on risk behaviors were examined by comparison of a nested model. Thus, equality constraints among groups were assigned for the effect of CSOC on risk behaviors, thereby allowing for the comparison of the constrained model fit and the free model fit. Statistical differences were found, $\chi^2_{(18)} = 2343.5$; $\Delta\chi^2_{(3)} = 2314$; $p = 0$), where the strength of the relation was stronger for the community C compared to community A and B. These results support the second hypothesis.

DISCUSSION

The current study has focused on measuring youth perceptions of their community and its potential protective factors and assets. These perceptions were clustered according to Antonovsky's SOC concept. A core premise embedded in the study is that youth can experience, appreciate, and report how they perceive their community and its characteristics. This premise is reflected in the study's new measurement of CSOC, which was originally created to capture the way adolescents perceive their community. These perceptions may eventually relate to their pattern of involvement in risk behaviors.

The study attempts to answer the following questions: What community perceptions are associated with reduced exposure and involvement of youth in violence and drug abuse? Which community perceptions relate to health and to the ability to cope well with the risks of adulthood? Inspired by the salutogenic approach (Antonovsky, 1979, 1987), we postulated that perceptions of community and its characteristics might be

a source of feelings of living in a safe, familiar, and comprehensible community. In addition, these community perceptions might arouse the feeling that one's community is a source of interest and challenge, together with support and help when needed. The theoretical components of the CSOC are quite different from other theoretical concepts of community, such as social capital (Coleman, 1988) and psychological sense of community (McMillan & Chavis, 1986), that stress other dimensions of community perception.

Among the different perceptions of community clustered into the CSOC measure are perceptions of the formal programs and services that a community offers its youth. Youth perceptions of their communities and the programs and services they offer were found in the current study to relate to reduced tendencies to become involved in drug abuse and violence. Thus, one possible contribution to the existing literature about community coping with social problems (Chaskin, Brown, Venkatesh, & Vidal, 2007; Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2007; Sampson, Radenbush, & Earls, 1998; Stith, Pruitt, Dees, Fronce, Green, Som & Linkh, 2006) is the study's operationalization of an important domain in the way communities cope with social problems among youth. This domain includes the level of youth perceptions of their communities as initiating, operating, enabling participation, and ensuring awareness of the extracurricular programs, community involvement programs, professional consultant services, and mentoring programs.

While previous studies demonstrated how one might benefit from participation in community programs and services (Anderson-Butcher, Newsome, & Ferrari, 2003; Cooper, Valentine, Nye, & Lindsay, 1999; Dubois & Rhodes, 2006; Feldman & Matjasko, 2005), the current study indicates that youth might benefit from the perception of their existence and their availability in the community, whether they actively participate in them or not.

The first study hypothesis was supported. Negative correlations were found between CSOC and risk behaviors. These findings are in accord with other study findings concerning the negative associations between community protective factors and their perceptions and youth involvement in illegal and unacceptable behaviors (Benrad, 1991; Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000; Fagan, Van Horn, Hawkins, & Arthur, 2007; Hays, Hays, & Mulhall, 2003; Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995).

However, the weak correlation between CSOC and involvement in violence draws attention to the nature of the specific scale. It seems that since the scale was originally created to measure involvement in violence in the school context (Benbenishty, Huri-Casabri, & Astor, 2006), it was not sensitive enough to register all the dimensions needed to measure violence in a community.

The third study hypothesis was also supported. The study model had a better explanation of youth risk behaviors in community C, in comparison to its levels of explanation in communities A and B. These findings imply that (a) youth who live in certain communities can perceive them more positively, and (b) a stronger positive perception of community relates to stronger connections between community perceptions and patterns of involvement in risk behavior. This implies that when youth perceive their community and its characteristics positively, they might better enjoy the possible protection that these perceptions can offer.

The finding that youth in community C has a higher CSOC compared to youth in community A warrants special attention. Although community C is ranked lower, as measured by the Israeli Central Bureau of Statistics (2013), and has been reported as lower in terms of socioeconomic status variables, youth in community C reported a higher community SOC. This finding implies that, despite social problems such as the high rate

of unemployment and the lack of high school education among mothers, both of which have been identified as risk factors in previous studies (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Hawkins, Catalano, & Miller, 1992), positive community perceptions can independently exist. Thus, higher socioeconomic characteristics among residents do not necessarily imply better perceptions of the community and its protective factors and assets, at least regarding the community features the current study has focused on.

This finding implies that youth growing up in community C may possibly enjoy better perceptions of their community and the availability of and accessibility to essential community-level protective factors and assets, in comparison to youth growing up in the two other communities. Another possibility is that youth in community C were better exposed to the community characteristics that made them aware of the existence of resources available to them, thus shaping their positive perceptions towards their community.

What can explain the differences in CSOC levels among the three communities? One possible explanation is community size. The fact that about 8600 residents live in community C, while 23400 residents live in community A and 24800 live in community B, may explain some of the differences that were found in CSOC levels. One domain in CSOC is the perception of the community as a source of comprehensibility. Thus, perceptions of the community as familiar, and not being surprised at what happens in it, which were both included in the CSOC, may be influenced by community size. Another possible explanation arises from the manageability and meaningfulness components of the CSOC. It is possible that youth living in a smaller community find it easier to know what local resources might be available for them when needed.

In sum, the research findings emphasize the significance of studying community perceptions in addition to studying individual- and family-level characteristics to understand healthy development among youth. Studying the way youth perceive their community and its characteristics has the potential to expand knowledge about youth developmental paths, and the factors that may eventually affect their developmental outcomes (Schwartz, Pantin, Coastworth, & Szapocznik, 2007).

Study Limitations

The current study may have some limitations. The cross-sectional design does not enable conclusions about causations of the relationships between variables. Another limitation of the study arises from the fact that a community is a wide and complex research unit, and the current study has focused only on the perceptions of a few community aspects. It is possible that other community characteristics and their perceptions exert influences that could affect the study results.

Conclusion

The research results imply that a positive perception of one's community as a source of coping resources is connected to healthy developmental outcomes among youth, and thus can constitute a community-level protective factor. The findings indicate that CSOC, as a protective factor, is not necessarily dependent on the level of community-level risk factors such as a high unemployment rate among fathers and a low rate of postelementary school education among mothers. In addition, the research findings bring to attention to the possibility that different communities might be perceived differently as sources of coping resources, while communities that are perceived more positively by the youth who live in them might supply greater accessibility to coping resources or might be a stronger source for community perceptions that relate to reduced involvement in risk behaviors.

The fact that some of the community perceptions of characteristics that were included in the CSOC relate to community programs and services implies that community stakeholders and professionals may play a role in fostering possible protective factors. Perceptions of the existence, availability, and accessibility of programs and services may be influenced by the policy of formal community leaders (such as mayors, heads of education or welfare municipal departments, community center executives, heads of youth departments, and more) and by the actions of community youth professionals (such as social workers and youth counselors). A recommendation for community adults in relevant positions is to increase formal extracurricular programs and advisory and assistance services directed towards youth. Moreover, we recommend investing in not only creating and supplying these services, but also creating channels for reinforcing the relations between adolescents and their communities as well as investing in raising awareness of the existence and availability of these services to anyone who might need them.

The current study joins the few recent studies that have used the conceptual framework of SOC to describe community perception as a source for coping resources (Braun-Lewensohn & Sagy, 2011; Braun-Lewensohn, 2013; Peled, Sagy, & Braun-Lewensohn, 2012; Sagy, 1998). Additional reliability studies are necessary to determine the CSOC measurement test-retest consistency. Future longitudinal research should also expand knowledge about the directions in which CSOC affects developmental outcomes, or is affected by variables such as involvement in risky behaviors. In addition, the study's findings call for further research on the interaction influences of different community-level risk and protective factors on youth development, and how the community size variable is related to these influences.

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