University of Pittsburgh
Office of Child Development

Children, Youth & Family

background

Report # 10 **Preventing Violence** **Spring 1998**

Preventing Youth Violence

Hope Seen In Promising Interventions For Children And Families

Youth violence is an epidemic whose cure has been elusive.

The problem lies in its complexity. No single factor steers a child toward violence. Many factors converge to do that – poverty, access to guns, family strife, poor parenting, school failure, to name a few.

But there is hope. Violence is a learned behavior. And several preventive measures have shown promise in steering children down a better path.

Promising interventions involve parents as well as children. They vary in target population, theoretical framework, setting, and scope. Some are directed at changing the individual. Others seek to change systems and settings that influence behavior, such as family and home, a child's peers, and community.

Research also suggests that a public health approach may help reduce youth violence much the way highway deaths have been reduced through a national safety campaign.

At Home

Parents of children with behavior problems tend to be more inconsistent and punitive in establishing and enforcing rules.

Parent management training attempts to improve a child's problem behavior by improving the parent's abilities to use positive reinforcement when their child behaves well and consistently ignore or punish problem behavior.

In general, parents are taught to communicate clear expectations about positive and negative behaviors, provide praise, reward, or extend privileges for good behavior, and deal with bad behavior with punishments such as time-out and loss of privileges rather than with physical punishment.

Studies demonstrate substantial changes in parent and child behavior as a result of parent management training.

For more on the factors leading to violence see **background** *Report #9, Spring 1998*

However, as many as 25-40% of the children continued to have serious behavior problems, and the intervention was less effective with families burdened with low incomes, low social support, and marital conflict.

Other interventions that provide family-wide support have reduced the likelihood that children will engage in aggressive or violent behavior.

Children of mothers enrolled in a program to aid young, disadvantaged parents were found to be less aggressive than peers whose mothers were not included in the intervention.[1] The program provided mothers with developmental support for their children and other help, including home visits to address financial, housing, and other needs; child care at a program center; and developmental and pediatric exams.

Ten years later, program mothers were more likely to be self-employed and had fewer children than the group of mothers who were not included in the intervention. Their children showed higher rates of school attendance and fewer school suspensions, and were more likely to be rated by teachers as being less aggressive.

In School

Prevention measures found in schools range from the use of metal detectors, to teaching social and problem-solving skills, and ways of reinforcing attendance, academic progress, and good behavior.

Efforts to reduce factors that put children at risk of antisocial behavior have also shown promise in reducing aggressive and violent behavior.

Children in one school failure prevention program proved less likely to commit crime later in life than peers not included in the intervention.[2]

For two years, the program focused on developing their decision-making and cognitive abilities. The children were 3 to 4-years-old at the start of the program. At age 19, they had lower school drop-out rates, greater literacy, higher rates of em-

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ployment, and relied less on welfare. And fewer of them had been arrested or had come before juvenile authorities.

Public Health Approach

School-based violence prevention will be covered more extensively this summer in **background**

Public health approaches, which focus on prevention, have helped lessen several national health problems, such as motor vehicle deaths, which have fallen despite an increase in the number of vehicles on the road.

Elements of a public health approach include community-based methods for identifying the problem and related risk factors, prevention-focused programs, outreach, and public education. Using a model of primary, secondary, and tertiary (treatment) prevention, a diverse mix of interventions can be found at each level.

At the **primary level**, most programs focus on elementary school students and seek to prevent aggression and violence by promoting prosocial behavior. Programs are typically set in schools and aim at building self-esteem and teaching such skills as anger management that help students find nonaggressive solutions to social problems.

Such measures have been successful in reducing problem behavior, at least in the short term. The Second Step Program in Seattle, WA., reported short-term gains in social skills as a result of in-school training in anger control and self-esteem development for children through adolescence. Students also showed improvements in the areas of empathy, social problem solving, and conflict resolution.

At the **secondary level**, prevention is aimed at curbing further development of aggression and violence in children who have shown those behaviors or are exposed to risks that may lead to them.

One program, Positive Adolescent Choices Training (PACT), used several interventions, including videotapes, to teach skills such as calmly expressing criticism or displeasure, reacting calmly to criticism, identifying problems and solutions, and compromising. Middle school students given 20 one-hour weekly sessions were less likely to become involved in criminal behavior than their peers. Three years after training, only 17.6% of the students had been referred to juvenile court, compared to 48.7% of the students in a group who did not participate in the sessions.[3]

At the tertiary, or **treatment level**, prevention of further problems focuses on seriously troubled youths using behavior modification and cognitive and behavioral skills training.

Chronic relapse was reduced among troubled youths given treatment to develop their social perspective-taking skills.[4] They met daily over a 10-week period to develop, act out, videotape, and critique skits based on conflicts they had experienced. Their rates of recidivism were significantly lower than a group of youths who did not receive treatment.

Violence is one of the most prevalent, socially-transmittable, destructive, and problematic health risks American youth face. However, factors that put children at risk are becoming clearer and interventions are emerging that raise hope that the epidemic of violence can be prevented from inflicting future generations.

references

This report was based on the following publications:

Hamburg, B. (1995). *The epidemic of youth violence: Effective solutions require new perspectives*. New York: The W.T. Grant Foundation Annual Report.

Guerra, N.G., Tolan, P.H., & Hammond, R.W. (1994). Prevention and treatment of adolescent violence. In L.D. Eron, J.H. Gentry, & P. Schlegel (Eds.), *Reason to hope: A Psychosocial perspective on violence and youth* (pp. 383-403). Washington, DC: American Psychological Association.

Kazdin, A.E. (1994). Interventions for aggressive and antisocial children. In L.D. Eron, J. H. Gentry, & P. Schlegel (Eds.), *Reason to hope: A Psychosocial perspective on violence and youth* (pp. 341-382). Washington, DC: American Psychological Association.

Hawkins, J.D., Herrenkohl, T., Farrington, D.P., Brewer, D., Catalano, R.F., & Harachi, T.W. (1998). A review of predictors of youth violence. In R. Loeber, & D.P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 106-146). Thousand Oaks, CA: Sage Publications, Inc.

[1] Seitz, V., Rosenbaum, L.K., & Apfel, N.H. (1985). Effects of family support intervention: A 10-year follow-up. *Child Development, 56*, 376-391.

[2] Weikhart, D.P., & Schweinhart, L.J. (1992). High/Scope Preschool Program outcomes. In J. McCord & R. E. Tremblay (Eds.), *Preventing antisocial behavior* (pp. 67-86). New York: Guilford Press.

[3] Hammond, R., & Yung, B. (1993). *Evaluation and activity report: Positive adolescent choices training*. Unpublished grant report, U.S. Maternal and Child Health Bureau, Washington, DC.

[4] Chandler, M. (1973). Egocentrism and antisocial behavior: The assessment and training of social perspective taking skills. *Developmental Psychology, 9*, 326-332.

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