A COMPREHENSIVE REVIEW OF RELATIONSHIPS, SOCIAL

ISOLATIONISM AND ADOLESCENTS

By

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ABSTRACT

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As one looks at life styles and attitudes we are able to look no further then our adolescents and their displaying of behaviors. Society is developed and maintain by individual behaviors. As history has indicated in the past changes can either assist in a cultures present or causing stagnation and slow death. This is true of today's life styles for our adolescents, are taking greater risk and with higher potential for violence towards themselves as well as to others. As a society we the adults have become numb or indifferent to the events that are becoming almost everyday events, such as school shooting, and road rage. This increase in negative and destructive behavior by its citizens in the past has lead to a breakdown and rejection of a society.

Looking at the increase in the aggressive behavior our adolescents are displaying the intent is for society to look at what can be done now to make changes for the future. What is it that adults, communities, education, and adolescence themselves can do in reducing hostility and developing an open and trusting relationship with one another. What steps can be taken now in hopes of insuring a better society for further youth.

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CHAPTER ONE

Introduction

Youth violence is spreading across America. Until recently, acts of lethal youth violence were mostly confined to certain parts of the United States, most common within neighborhoods in larger cities such as New York, Los Angeles, Chicago, Houston and others. As a society we have become numb or even indifferent to this fact of life. People are beginning to look at these tragedies and asking what they can do to stop these actions from happening to the youth of today. With such actions taking place, the risks of serious crime among are youth, as a victim or a perpetrator, can preclude their eventual success in society.

Whether it is outright abandonment or psychological rejection, violent adolescents often leave infancy and early childhood with one of the biggest strikes against them that a child can have, disrupted attachment relationships. Some adolescents are predisposed to this emotional isolation. One way to assist in the prevention of this emotional isolation requires special efforts on the part of all their caregivers.

These disruptions in the their early relationships challenge an adolescent to find a place for themselves in the world. The emotional pain and isolation can push our youth into social hibernation. What they need

most is a positive and strong feeling of belonging. These challenged youth now feel disdain for those in authority and see only the weaknesses of the society around them.

Research on resilience documents the crucial protective role of a secure, strong attachment and the importance of being loved unconditionally by parents, other family members, positive role models, and or others. Violent adolescents demonstrate the emotional vulnerability created by weak, or early in life, broken attachments.

At current rates, more than 25,000 Americans are murdered each year (Nightline T.V. November 1999). Even more disturbing is the fact that adolescents are increasingly involved in deadlier crime. There has been a significant increase in juvenile crime in the most serious categories such as murder, rape, robbery, and aggravated assault. Between 1900 and 1992 juvenile arrests for violent crime increased nearly 50% (American School of Health Association, 1990). This certainly does not look well for the future. In 1992 an average of seven juveniles were murdered per day in cities such as New York, Los Angeles, Chicago, Houston, and Detroit (Bell ad Jenkins, 1993).

Adolescent violence is seen to be an epidemic as reported by the media and demonstrated by teens who murder, commit sexual assaults, and property crimes, such as theft, destruction, vandalism, and who participate in gang-related criminal activity. Recently, in Wisconsin, one

out of every six rural fifth graders reported knowing a gang member

(Walters 1998). The homicide rate among young males 15 –19 years of

age has more than doubled between 1985 and 1991 (Walters 1998).

Between 1988 and 1994 violent crime committed by juveniles in New York

City rose 80% and homicides became the leading cause of deaths for men

younger than 25 years of age (Maquire and Pastore, 1998). In 1993, Eau

Claire, Wisconsin was second only to Milwaukee in the number of juvenile

arrests among all cities in Wisconsin with more than 50,000 residents

(Eau Claire Police Department, Eau Claire Wisconsin 1999).

There is a serious problem in the United States within the violence

our adolescents are exposed to (Eau Claire County Public Defenders

Office Eau Claire Wisconsin 1999). There is violence on television, in

video games and comic books. It has become the norm to see violence

on television. It is these demonstrations of violence where high ratings

and high priced commercials are found.   The cartoons that are being

viewed are more graphic in nature than years ago such as Looney Tunes,

Flintstones, animated action heroes, or Dragon and Ten Tory. Even

Disney movies have changed to compete with changing times. It was not

that long ago when one who enjoyed the Walt Disney Shows was deemed

a geek.

Adolescents are easily influenced by what they see on television

(McCall, Kavanaugh and Van 1996). The major influences on adolescents

are no longer parents, school, church, local neighborhood, and the community (Gerber, St Peters, Finch, Huston, Huston, Wright and Eakins, 1991). Singer, in 1986, wrote "the effects of media violence in individual differences in aggression is primarily the result of a cumulative learning process during childhood". Saturday morning is when young children watch the greatest amount of television and that is also when the greatest amount of violence on television occurs (Singer and Signer, 1986). During prime time, violence occurs more than nine times per hour between 8pm and 9 pm (Eron, Huesmann and Smith, Tuner 1986), and more than twelve times per hour between the hours of 9pm and 11pm on weekdays (Smith and Tuner 1998). Yet, more than 21 times per hour on Saturday morning, children's programs display violent and or aggressive acting out behavior as a model to follow (St Peters, Finch, Huston, Wright and Eakins, 1991).

Because of many of these influencing events, it is no wonder that adolescents are having problems in their lives when aggressive acting out behavior occurs. One learns from those around them the old saying "do as I say not as I do" is such an indicator. When one begins to look at adolescent reactions, there has to be an action to start with. If we look at the reaction as being a form of violence, then the action could be antisocial behavior. Examining the relationship between antisocial

behavior and violence could provide insight into the increase aggressive behavior of our adolescents today.

While antisocial behavior in children can be identified by age three, (Walker, Severson and Feil, 1994 and Singer and Singer, 1986) therapy often does not begin until after age ten. And, if interventions do not occur before age eight, the child is likely to develop delinquent behavior and require more intensive and expensive programs later in life. (Huesmann, Eron, Klein, Bruce and Fischer, 1983)

Examining the relationship between adolescent aggressive behavior and social isolation, provides the framework of the factors this project plans to explore, including: (1) low student involvement in school activities; (2) unclear rules for student deportment; (3) weak or inconsistent administrative support for staff in carrying out student discipline including little staff support of one another and a lack of staff agreement with policies; (4) academic failure experiences; (5) students lacking critical social skills that form the basis of doing well academically and relating positively to other,(such as persistence on task, complying with requests, paying attention, negotiation differences, handling criticism and teasing); (6) deficits in discrimination between prosocial and antisocial behavior, as often seen in gang-on-gang conflicts (e.g., eye contact from a stranger, hand gestures, etc.); and, (7) consequences unsuitable for individual students due to their distinctive learning histories.

Statement of the Problem

Looking at and understanding youth violence of today may help

stop this destructive behavior before it explodes any further within our

nations borders. The increase in the war zones of violent behavior in

large cities, with our adolescents, is on the rise in suburbs, small towns

and rural communities (Nightline December 1999). We are finding that the

youth of today are angrier and more violent than ever before. What are

the psychological costs to our youth who are displaying such violent and

angry behavior while isolating themselves from their families and friends

by their actions? What are the factors that influence adolescent violent

behavior? What are some of the warning signs, as well as preventive

measures that can be put into place as protective protocols to not only

protect the adolescent themselves but others around them as well?

Purpose of the Study

The purpose of this study is to explore the relationship between

adolescents who display social isolation and aggressive acting out

behavior towards others. This study will include a comprehensive review

and critical analysis of research and literature concerning adolescents who

isolate themselves from others who then develop aggressive behavior

towards others. Conclusions and recommendations will be made that will

provide insight for professionals such as counselors, law enforcement and

parents. In this way leading to identifying of such adolescents in hopes of preventing aggressive behavior display toward others.

Definition of Terms

For clarity of understanding, the following terms used in this study are found in Webster's New World Dictionary and Thesaurus 1998.

Adolescent (s) –The time of life between puberty and maturity; youth, growing up.

Violence – Physical force used so as to injure another person or destruction of Property.

Society – Culture, the public, civilization, nation, community, human groupings, the people, the world at large, social life.

Family Unit – Relationship, group, part of a whole, to put together as one for bring or come together in common cause.

Relationships – Connections between or among persons, associated, in touch with, or linked in correlation either dependent or interdependent.

Critical Thinking – The act of using reason to solve a given problem in a critical or creative manner.

CHAPTER TWO

Review of Literature

The first and most enduring responsibility of any society is to ensure the health and well being of our children. It is a responsibility to which multiple programs are dedicated and an arena in which we can claim many remarkable successes in recent years.   Although we can take pride in our accomplishments on behalf of U.S. youths, we can and must do more. The world remains a threatening, often dangerous place for children and youth. In our country today, the greatest threat to the lives of children and adolescents is not disease, starvation or abandonment, but the terrible reality of violence.

We do not know all of the factors that have contributed to creating what many citizens young and old alike view as our culture of violence. It is clear that the tolerance of violence has declined since 1994 throughout our society. Yet it is the responsibility of every citizen to help in continuing this achievement to reduce and prevent youth violence. During the decade from 1983 to 1993, arrests of youth for serious violent offenses surged by 70 percent. More alarmingly, the number of young people who committed a homicide nearly tripled over the course of that deadly decade (Youth Violence A report of the Surgeon General).

Most violence begins in the second decade of life (Hawkins, Laub and Lauritsen, 1998). The dynamics of youth violence are best understood from a developmental perspective, which recognizes that patterns of behavior change over the life course. Adolescence is a time of tumultuous changes and vulnerability, which can include an increase in the frequency and means of expression of violence and other risky behaviors. Understanding when and under what circumstances violent behavior typically occurs helps researchers craft interventions that target those critical points in development (Gallup Organization, 1999).

Longitudinal research has detected two prominent developmental trajectories for the emergence of youth violence: one characterized by an early onset of violence, and one by a late onset. Children who commit their first serious violent act before puberty are in the early onset group, whereas youth who do not become violent until adolescence are in the late onset group (D"Unger et al., 1998 and Flanagan and Maquire, 1992 and Soriano 1998).

In the early onset trajectory, problem behavior that begins in early childhood gradually escalates to more violent behavior, culminating in serious violence before adolescence. The early onset group, that of age under ten years, in contrast to the later onset group, over age ten years, is characterized by higher rates of offending and more serious offenses in adolescence, as well as by greater persistence of violence from

adolescence into adulthood (Stattin and Magnusson, 1998). The National Youth Survey shows that nearly thirteen percent of male adolescents in the early onset trajectory engaged in violence for two or more years, compared to only 2.5 percent in the later onset trajectory (Tolan and Gorman-Smith, 1998 and Sommers and Baskin 1998).

Between 20 and 45 percent of boys who are serious violent offenders by age sixteen or seventeen initiated their violence in childhood (Robert and Sprafkin, 1988). A higher percentage of girls who were serious violent offenders by age sixteen or seventeen (45 to 69 percent) were violent in childhood (Elliott 1986). This means that most violent youths begin their violent behavior during adolescence. However, the youths who commit most of the violent acts, who commit the most serious violent acts, and who continue their violent behavior beyond adolescence, began during childhood (Leber, 1998 and Sperged, 1990).

The greater prevalence of late onset youth violence refutes the myth that all serious violent offenders can be identified in early childhood. In fact, the majority of young people who become violent show little or no evidence of childhood behavioral disorders, high levels of aggression or problem behaviors, which are all predictors of later violence (Thornberry, 1998). The implications of these findings for prevention are clear. Programs are needed to address both early and late onset violence. Targeting prevention programs solely to young children with problem

behavior misses over half of the children who will eventually become serious violent offenders (US Department of Justice 2000).

Much of what is known about the onset, prevalence, and other characteristics of serious violence during the adolescent years comes from four important longitudinal surveys. The only national survey is the National Youth Survey (NYS); an ongoing study of 1,725 youth ages eleven to seventeen in 1976, when the survey began (Elliott, 1994 and Wintemute, 2000). Researchers have tracked these youths for more than two decades, at which time nine different interviews were conducted. During the course of the interviews these youths all self reported violent behavior they had been involved in.

The other three longitudinal studies cited here are city surveys sponsored by the U.S. Office of Juvenile Justice and Delinquency Prevention, The National Institutes of Health (Huizinga, 1995 and Thornberry, 1995 and US Department of Justice, 2000), and National Institute of Mental Health (NIMH). Beginning in 1988, three teams of researchers began to interview 4,500 youth's ages seven to fifteen in three cities: Denver, Pittsburgh, and Rochester (New York). These youths were monitored at different points from 1988 to 1994. Each sample disproportionately represents youths at high risk of delinquency to ensure that it is large enough to draw valid conclusions about delinquency and violence. Each also used weighting procedures to yield locally

representative estimates. The estimates presented here are based on weighted data (Wintemute, 2000).

The NIMH has gathered information about risk factors, experiences, and processes that are related to the development of aggressive, antisocial, and violent behavior, including mental health problems, particularly depression and externalizing behavior, associated with childhood and adolescence (NIMH, 1999). NIMH research points to the importance of a nurturing social environment in childhood, good early education and success in academic areas. It has been learned that the influence of peers, whether positive or negative, is of critical importance. Research also suggests that current policies and approaches of grouping or housing troubled adolescents together may be the wrong approach, and it is clear that there are no quick, inexpensive answers. Each research finding suggests possible interventions that, in turn, need to be studied. Some proposed interventions been found to actually increase the negative behavior and so, due care must be taken.

These four surveys define serious violence as aggravated assault, robbery, gang fights, or rape. An individual is labeled a serious violent offender if he or she reports committing any one or more of these offenses. Gang fights are included because follow-up information on these fights reveals that most involve injury serious enough to require medical attention (Elliott, 1994). Only NYS reports the hazard rate for

serious violence during the first two decades of life. The hazard rate is the proportion of persons who initiate serious violence at a given age. Serious violence begins mostly between the ages of twelve and twenty. In fact, 85 percent of people who become involved in serious violence by age twenty-seven reported that their first act occurred between the ages of twelve and twenty. The onset of serious violence is negligible after the age of twenty-three and before the age of ten, (Elliott, 2000). Only 0.2 percent of arrest for serious violent crime in 1997 involved a child under age ten, (Maguire and Pastore, 1999 and Elliot, Hagan and McCord, 1998).

The peak age of onset is 16, when about five percent of male adolescents report their first act of serious violence. The age on onset peaks somewhat later for white males age eighteen than for African American males age fifteen, (Elliot, 1996.) The hazard rate at the peak age also varies somewhat by race/ethnicity. It is lower for white males at five percent than for African American males at eight percent, (Elliott, 2000). A similar finding is reported in the Pittsburgh Youth Survey (Hulzinga, 1995 and Elliot and Hulzigna, 1995). No comparable hazard rates have been published for female youths, but other studies have found that they are usually lower.

Age-specific prevalence also varies by race/ethnicity. The NYS finds a significant racial gap between ages fourteen and seventeen, when rates for African American youths are 36 to 50 percent higher than those

for white youths. The city surveys show an even wider gap between African American and white youths (Huizinga, 1995 and Cook and Laub, 1998). Rates among Hispanic youths, reported only for Denver and Rochester, are similar to or lower than those reported by African American youths in these cities. The prevalence reported by Hispanic youth ranges from six to twelve percent in Denver and about ten to twenty percent in Rochester (Chesney, Sheldon and Joe 1996)**.**

Cumulative prevalence refers to the proportion of youths at any particular age who have ever committed a serious violent offense. As a measure of violence, it tends to equalize rather than magnify differences across populations because it counts youths only once, regardless of when or how often they reengaged in violent acts **(**Ash and Kellerman, 2001).

The most striking feature of the cumulative prevalence is its sheer magnitude; 30 to 40 percent of male and 16 to 32 percent of female youths have committed a serious violent offense by age seventeen. Although these rates are only slightly higher than those found in international studies, they represent a more serious set of offenses (Junger-Tas, 1994 and Borum 2000).

Headlines proclaim that the epidemic of youth violence that began in the early 1980s is over, but the reality behind the seemingly good news is far more complex and unsettling. Public health studies show that youth

violence is an ongoing, startlingly pervasive problem. In looking at youth violence the emphasis will be to describe the magnitude of trends in violent behavior displayed by young people, focusing on homicide, robbery, aggravated assault, and forcible rape (Borzekowskie and Poussaint, 2000).

This is a disturbing trend, but this is not the time for complacency. Violent behavior is just as prevalent today as it was during the violence epidemic. Some 10 to 15 percent of high school seniors reveal in confidential surveys that they have committed at least one act of serious violence in the past year. This prevalence rate has been slowly yet steadily rising since 1980 (Blumstein, 2000 and Chaffec, Bridges and Boyer 2000).

Two approaches to measuring the magnitude of youth violence are commonly used. The first relies on official crime statistics compiled by law enforcement agencies, typically arrest reports. These statistics cannot answer questions about how many young people commit violent crimes or how many violent crimes were committed, but they can answer questions about the number of crimes reported to the police, the volume and types of arrests, and how the volume changes over time.

The second approach surveys young people and asks them in confidence about violent acts they have committed or have been victims of during a given period of time. Such reports can be obtained from the

same group of people over a long period of time (a longitudinal survey) or from different groups of people at the same point in time (cross sectional survey). A prominent example of a repeated cross sectional survey titled Monitoring the Future, looked at high school seniors since 1975, (Youth Violence, A report of the Surgeon General, U.S. Department of Justice, Federal Bureau of Investigation, 2000). Reports from young people themselves offer the best way to measure violent behavior that never reaches the attention of the justice system. In fact, evidence makes it unmistakably clear that most crimes by young people do not reach the attention of the justice system.

With issues of school violence appearing all too often in the daily news, parents, policymakers, and health professionals face challenging questions: Why is this happening? What can we do about it? The majority of adolescents learn appropriate ways to channel negative emotions, and recent trends indicate a decline in violent behavior among adolescents (Surgeon General's Report, 2000). Yet, a disconcertingly high percentage of adolescents resort to unchecked aggression. Weapon wielding on school premises, the destruction of property, bullying and gang behavior, violence in sports, the fascination (if not obsession) with violent entertainment, and acts of brutality in the large community are some of the problems that continue to alarm adults as they search for

solutions. The psychological effect of being victimized by or witnessing violence is another aspect of violence (Borum 2000).

Research on resilience and the public health approach to the problem of youth violence have brought a new awareness to the view of the general public. The effect of risks that youth of today are willing to take has a direct factor of the environment of their lives and those around them. Identifying and understanding how protective factors operate is potentially as important to violence prevention and intervention efforts as research on risk factors (Currie, 2000). To date, the evidence regarding protective factors against violence has not met the standards established for risk factors. Therefore, this does not refer to protective factors, only to proposed protective factors. There are several reasons for this. Not all studies define protective factors as buffering the effects of risk. Most studies have looked for an effect on antisocial behavior in general, not on violence specifically; and those that have found buffering effects on violence have not been adequately replicated. This does not mean that protective factors do not exist, just that more research is needed to identify them. Most studies of protective factors do not specify when in the course of development these factors exert their buffering effects or how they change over the life course (Dahlberg and Potter, 2000).

One of the proposed protective factors shown to have a buffering effect on the risk of violence is an individual characteristic, or how they

see themselves in the placement of those around them. No other factors in the individual, family, school, or peer group domains have been shown to exert significant buffering effects on risk factors for violence, although they have been shown to moderate the risk of antisocial behavior or delinquency. No protective factors have been proposed yet in the community domain (DuRant, Barkin and Knowchuk, 2000).

When looking at an individual's involvement in attitude toward the defective mechanisms they put barriers as shields to protect from violent behavior. For these adolescence, this is the strongest possible protective factor they can do to protect themselves from others. The deviance reflects a commitment to traditional values and norms as well as disapproval of activities that violate these norms. Young people whose attitudes are antithetical to violence are unlikely to become involved in activities that could lead to violence or to associate with peers who are delinquent or violent (Christoffe, Spivak and Witwer, 2000).

The four remaining individual factors have not yet been shown to moderate violence, although they may buffer risks for antisocial behavior or general delinquency. High IQ has been cited as a possible protective factor (Hausman, Siddons and Becker, 2000). Children with above average IQs may exhibit qualities, such as curiosity and creativity that help them make the most of early educational, artistic, and cultural experiences. An above average IQ can also help a child excel in school.

A high IQ may increase an adolescent's chances of benefiting from educational, creative, and cultural opportunities. For youths facing multiple risk factors, exposure to the wider world may open a window on alternative values and lifestyles.

Being born female has also been cited as not having the same violent tendency as that of males. The male gender has been cited for more risk taking, violent and explosive behavior. Being born a girl entails less exposure to violence, less impulsiveness and daring behavior then boys, yet it is steadly on the rise, (Herrenkohl, Maguin, Hill, Hawkin, Abbort and Cotalano, 2000).

Some studies have proposed positive social orientation as a protective factor (Flannery, 2000). Like commitment to school, a positive social orientation indicates that a young person has adopted traditional values and norms, a slightly different emphasis than intolerance of deviance. This proposed factor appears to be the opposite of antisocial attitudes and beliefs, a late onset risk factor that has a small effect size (Silberman, 1997).

Looking at family involvement there is no doubt that an essential aspect of healthy child development is forming a secure attachment in infancy to a parent or other adult who senses and responds to a baby's needs (Sears, 1995). Likewise, researchers agree that having a loving adult who is interested in and supportive of a child or young person's

ideas and activities helps that child or adolescent develop the confidence and competence needed to progress from one stage of development to the next. Good relations with an adult who supports conventional behavior and disapproves of delinquent behavior can provide invaluable guidance for young people. The question is whether these relationships moderate the effects of exposure to risk and thus fit the definition of a protective factor. A warm, supportive relationship with parents or others has been shown to protect against antisocial behavior, but studies so far have not found a significant buffering effect on the risk of violence (Flannery, 2000).

It is uncertain whether family protective factors, like family risk factors, become less influential as young people progress through adolescence. Parental support and encouragement remain important, but even parents who have had a good relationship with their children before puberty may affect their adolescents' behavior only indirectly; for example, through choice of friends (Elliott, 1982). This indirect influence may not have a direct relationship on adolescents with aggressive nature; however, associating with peers who disapprove of violence may inhibit violence in young people later in life (Cook and Laub, 1998). As well, parents' positive influence has been noted as a deterrent for their children's peers in reducing the risk of delinquency (Egley, 2000). It as been cited that supervising or monitoring of activities as a protective factor

against delinquency and antisocial behavior, has a direct relationship to aggressive behavior in adolescents (Reiss, 1992).

Tragic events like the shootings at Columbine High School capture public attention and concern, but are not typical of youth violence. Most adolescent homicides are committed in inner cities and outside of school. They most frequently involve an interpersonal dispute and a single victim. On average, six or seven youths are murdered in this country each day (NIMH, 1999). Most of these are inter-city minority youths. Such acts of violence are tragic and contribute to a climate of fear in schools and communities.

Many studies indicate that a single factor or a single defining situation does not cause an adolescent to become involved in antisocial behavior. Rather, multiple factors contribute to and shape antisocial behavior over the course of development. Some factors relate to characteristics within the child, but many others relate to factors within the social environment (e.g., family, peers, school, neighborhood, and community contexts) that enable, shape, and maintain aggression, antisocial behavior, and related behavior problems.

The research on risk for aggressive, antisocial and violent behavior includes multiples of aspects and stages of life, beginning with interactions in the family. Such forces as weak bonding, ineffective parenting (poor monitoring, ineffective, excessively harsh, or inconsistent discipline,

inadequate super-vision), exposure to violence in the home, and a climate that supports aggression and violence puts children at risk for being violent later in life. This is particularly so for youth with problem behavior, such as early conduct and attention problems, depression, anxiety disorders, lower cognitive and verbal abilities, etc. Outside of the home, one of the major factors contributing to youth violence is the impact of peers (NIMH, 1999). In the early school years, a good deal of mild aggression and violence is related to peer rejection and competition for status and attention. More serious behavior problems and violence are associated with smaller numbers of youths who are failing academically and whom band together, often with youth rejected by prosocial peers. Successful early adjustment at home increases the likelihood that children will overcome such individual challenges and not become violent. However, exposure to violent or aggressive behavior within a family or peer group may influence a child in that direction (Wolfgang, 1996).

The types and severity of antisocial behaviors exhibited by youths vary greatly and include lying, bully, truancy, starting fights, vandalism, theft, assault, rape, and homicides. As a rule, the older the age of onset, the fewer the number of antisocial youths who will engage in seriously aggressive and violent behavior (Silberman, 1997).

In a study of thirteen years olds, individual differences such as deficits in sensory, perceptual, and cognitive abilities, including the use of

language were shown to predict participation in crime five years later, (NIMH, 1999). For instance, boys with poorer verbal functioning initiated delinquent behavior at younger ages. It has also been demonstrated that boys with poorer neuropsychological functioning, especially verbal functioning at age thirteen, were more likely to have committed crimes at age eighteen than were their counterparts with better neuropsychological functioning at age thirteen.

From about four years of age on, boys are more likely than girls to engage in both aggressive and nonaggressive antisocial behavior. Much remains to be learned about the causes of gender differences in antisocial behavior, but based on what is known, it is suspected that antisocial behavior might need to be defined somewhat differently for the two genders. Boys have a tendency to express their aggression by inflicting harm though physical damage or the threat of such damage on to others. Whereas girls display their social aggression on to others by verbalization, or emotions damage to peer relationships, in this form of understanding the difference of aggressive behavior may be crucial to understanding the aggressive development between the genders, (Boney, McCoy and Finkelhor, 1995).

There is strong evidence for the co-occurrence of two or more syndromes of disorders among children with behavioral and emotional problems. It is expressed that children either act out or turn their feelings

inward, but the truth is more complex. The obviously angry adolescent

has other conditions such as anxiety disorders and depression (as seen in

the quiet withdrawn young person) more often than would occur by

chance. Studies indicate that very young children with conduct problems

and anxiety disorders or depression display more serious aggression than

youths with only conduct problems, (Finkelhor and Dziuba-Leatherman,

1994). It is not entirely clear whether depression precipitates acting out,

or whether impairments and predispositions for acting out lead to

depression, or whether there are underlying causal factors that are

responsible for the joint display of such problems, (Compas, Malcannei,

and Fondacaro, 1998).

It is very common for youth with conduct problems to also display

symptoms of attention deficit hyperactivity disorder (ADHD); the most

commonly diagnosed behavioral disorder of childhood. The diagnosis is

made by the presence of inattention and impulsivity, often coexisting with

hyperactivity. This co-occurrence is often associated with an early onset

of aggression and impairment in personal, interpersonal, and family

functioning. Furthermore, academic underachievement is common in

youth with early onset conduct problems, ADHD, and adolescents who

display delinquent behavior (Eccles, Midgley, and Wigfield, 1993).

Identifying numerous genes that may play a role in any complex

disorder is a formidable task and is only the first step in understanding

how a gene or genes affect an individual. Genes act by producing specific

proteins that may contribute to a particular biological or behavioral trait.

Every human carries between 80,000 and 100,000 genes. The products

of these genes acting together and in combination with the environment

help shape every human characteristic. It has become clear that the

genetics of vulnerability to certain behaviors or mental disorders is

complex, (Bureau of Justice Statistics, 1993). It is still not known how

many different genes might contribute to vulnerability for any personality

trait or specific mental disorder, nor do we know the nature of the

nongenetic effects such as environmental factors that convert vulnerability

into illness.

   The understanding of the nature of genetic influences on antisocial

behavior is similarly incomplete. Research that explores the difference

and magnitude of genetics and the involvement that environment plays,

could provide a key to understanding the developmental of antisocial

behavior. Research on differences in the magnitude of genetic and

environmental influences on different kinds of conduct problems is

providing a key to understanding the developmental origins of antisocial

behavior. Many twin and adoption studies indicate that child and

adolescent antisocial behavior is influenced by both genetic and

environmental factors, suggesting that genetic factors directly influence

cognitive and temperamental predispositions to antisocial behavior.

These predisposing child factors and socializing environments, in turn influence antisocial behavior (Cantor, 2000). Findings suggest that for some youth with early onset behavior problems, genetic factors strongly influence temperamental predisposition, particularly oppositional temperament, which can affect experiences negatively. When antisocial behavior emerges later in childhood or adolescence, it is suspected that genetic factors contribute less, and such youth tend to engage in delinquent behavior primarily because of peer influences and lapses in parenting. The nature of the child's social environment regulates the degree to which inherited predisposition results in later antisocial behavior. Highly adaptive parenting is likely to help children who may have a predisposition to antisocial behavior. Success in school and good verbal ability tend to protect against the development of antisocial behavior, pointing to the importance of academic achievement (Fairchild and Bell 2000).

Research has demonstrated that youths who engage in high levels of antisocial behavior are much more likely than other youths to have a biological parent who also engages in antisocial behavior, (Currie, 2000). This association is believed to reflect both the genetic transmission of predisposing temperament and the maladaptive parenting of antisocial parents, (Currie, 2000).

The importance of some aspects of parenting may vary at different ages. For example, inadequate supervision apparently plays a stronger role in later childhood and adolescence than in early childhood. There is evidence from many studies that parental use of physical punishment may play a direct role in the development of antisocial behavior in their children. In a longitudinal study with NIMH, higher levels of parental supervision during childhood have been found to predict less antisocial behavior during adolescence, (NIMH, 2000). Other researchers have observed that parents often do not define antisocial behavior as something that should be discouraged, including such acts as youths bullying or hitting other children or engaging in "minor" delinquent acts such as shoplifting (Dahlberg and Polter, 20001).

Also, examining the mental health outcomes of child abuse and neglect has demonstrated that childhood victimization places children at increased risk of delinquency, adult criminality, and violent criminal behavior. Early research on traumas and traumatic stress situations can result in failure of systems essential to a person's ability to manage stressful situations. When an individual is not able to manage stress response, arousal, and memory, the first reaction is anger or sticking out behavior, (Flannery, Singer and Wester, 2001). This behavior can be displayed long after the event has accrued leaving a long lasting effect on the individual as a result to the trauma that never seems to end. The

problem is with adolescents that are as yet unable to reason why they react to situations increasing the aggressive side of their nature to (Ellickson and McGuigan, 2000). One might expect that the consequences of trauma can be even more profound when looking at the long lasting effects that can be influence by physiology, behavior and mental life of a developing adolescent.

Antisocial children with earlier ages of onset tend to make friends with children similar to themselves. Consequently, they reinforce one another's antisocial behavior. Children with ADHD are often rejected due to their age inappropriate behavior, and thus are more likely to associate with other rejected and or delinquent peers. The influence of delinquent peers and their relationships with each other displays an antisocial behavior that appears to be quite strong. Association with antisocial peers has shown to be related to the later emergence of new antisocial behavior during adolescence among youths who had not exhibited behavior problems as children (Cooper, Lutenbacher and Faccia, 2000).

Less adult supervision allows youths to spend more time with delinquent peers. Thus, improving parental supervision may be an important way to reduce the effects of delinquent peer influence (Eddy and Reid, 2000). This research examined how neighborhood effects on antisocial behavior are mediated by the willingness of neighbors to

supervise youth and possibly reduce the likelihood of association with delinquent peers in the neighborhood (Bell and Jenkins, 1993).

An inverse relationship of family income and parental education with antisocial behavior has been found in many population-based studies (Tyler, 1996). Across gender and ethnicity, much of the inverse relationship between family income and antisocial behavior is accounted for by less parental monitoring at lower levels of socioeconomic status.

The Nurse Home Visitation Program, is a 20 year model of research in which nurses visit mothers during pregnancy and continuing through their child's second birthday in order to improve pregnancy outcomes, promote children's health and development, and to strengthen families' economic self sufficiency (American School Health Association, 1989). This program, currently underway in New York, Colorado, and Tennessee, appears to benefit high-risk families, particularly low income unmarried women, reducing rates of childhood injury. In this study on child abuse and neglect, the correlation is between the health of the mother and fetus before birth as risk factors for early-onset antisocial behavior in children. Long term follow-up of the children indicated that by age fifteen, they had fewer behavioral problems related to the use of drugs and alcohol, fewer instances of running away, fewer arrest and convictions and fewer sexual partners, and compared to counterparts randomly

assigned to receive comparison services (Bureau of Justice Statistic, 1991).

Hawaii's Healthy Start Program is designed to prevent child abuse and neglect and promote child health and development in newborns of families classified as highly stressed and or at risk for child abuse and neglect. Following a successful pilot study, this program is now in operation statewide, and has inspired adaptations in other locations. The program uses a home visitation model to help family members cope with the challenges of child rearing, to teach effective parenting and problem-solving skills, and to link families to necessary services such as childcare, income and nutritional assistance, and pediatric primary care. After two years of service, mothers reported improved parenting efficacy, decreased parenting stress, more use of non-violent discipline, better linkage with pediatric care, as well as decreased injury due to partner violence in the home, as compared with a control group, (American School Health Association for Advancement of Health And Education, 1998).

The Families and Schools Together (FAST) Track Program is a multi-faceted, multi-year program designed for aggressive children in kindergarten starting at age six. A four state-site study in North Carolina, Pennsylvania, Tennessee, and Washington, looked at the programs involving working with the child, their families, in their home, and school system, including teachers as a predictor to early aggressive behavior

tendency, (Richters and Martinez, 1993). Preschool children at high risk were identified at 55 different schools. These children were randomly assigned for intervention or no intervention. The children initially enrolled in the study are now young adolescents. An evaluation of FAST TRACK indicated that by the third grade, students who took part in the program showed less oppositional and aggressive behavior and were less likely to require special education services than students who did not take part, (Simmons and Blyth, 1997).

The Linking the Interests of Families and Teachers (LIFT) (Werner and Smith, 2000) Program in Oregon is a ten week intervention program created for children and families who are at risk for the development of conduct and or antisocial problems due to residence in neighborhoods characterized by high rates of juvenile delinquency. The LIFT Program is a multi-component intervention that includes parent training, social skills training, a playground behavioral program, and regular communication between teachers and parents. Following program participation, students engaged in significantly less aggressive behaviors on the playground, and parents demonstrated fewer negative behaviors during family problem-solving activities, and teachers reported improved student social behavior and peer interactions. Three years following the intervention, students who participated in the program were less likely to engage in consistent alcohol use, less likely to have troublesome friends, and less likely to have

been arrested for the first time than students who did not participate in the program. Students were also less likely to demonstrate inattentive, impulsive, overactive, and disruptive behaviors in the classroom than students who did not receive the program (Reynolds and Kanphaus, 1992).

Programs have also been initiated which seek to enhance the skills and knowledge of all children in order to decrease their risk of future emotional and behavioral problems. Promoting Alternative Thinking Strategies (PATHS) has developed a program based in the state of Washington, which teaches children about self-control, understanding emotions, and problem solving (Miller, 1999). The PATHS curriculum has been evaluated using students in both regular education and special education classrooms. Students who received the PATHS curriculum demonstrated better knowledge of emotions than children who did not receive the curriculum. This emotional knowledge is thought to underlie the development of necessary social skills such as friendship development and maintenance, anger management, conflict resolution, and appropriate problem solving.

It is important in evaluation interventions for delinquents to document what has not worked, as well as what has. For example, group-home approaches that pool delinquent youth together will, in some cases, exacerbate and escalate youth violence. Even promising interventions for

delinquent youth can be overwhelmed by the negative effect of grouping such youth together (Story and Dunning, 1998).

This research has lead to two highly successful treatment models for serious offending delinquents. One is Multi-Systemic Therapy (MST), in which specially trained therapists work with the youth and family in their home, with a particular focus on changing the peers with whom the youths associate (Shaughnessy, 1997). MST therapists identify strengths in the families and use these strengths to develop natural support systems and to improve parenting. Specific interventions are individualized to the family and address the needs of the child, family, school, peers, and neighborhood. Multiple rigorous outcome evaluations have demonstrated the efficacy of this approach, and an independent cost benefit analysis found that this model had a very high cost benefit payoff. Although a number of states are now attempting to implement this model, the majority of programming for delinquent youth is based on models that bring together youth with problem behavior, rather than target separation of youth from problem peers (Walker, Sererson and Feil, 1994).

The other model is Therapeutic Foster Care. This model offers a community based intervention for serious and chronic offending delinquents. Therapeutic foster parents are carefully selected and supported with research based procedures for working with serious and chronic delinquents in their homes. Treatment typically lasts six to seven

months. This intervention results in fewer runaways and fewer program failures than the usual placement in-group homes is less expensive, and is dramatically more effective in reducing delinquency than traditional group homes. The Foster Family-based Treatment Association now has some 400 members across the United States who promote the use of the research based and effective Model (Colorado Department of Public Health and Environment, 1998).

Recent surveys have revealed an increasingly disheartening picture of violence in American adolescents' lives. From 1970 to 1991, the death rate from homicide for teenagers between fifteen to nineteen years of age increased 220 percent (Bureau of Justice Statistics, 2000). Consequently, homicide has become one of the top two leading causes of death for that age group (Bureau of Justice Statistics, 2000). Homicide is, of course, the extreme form of violence and has direct effects only on a small but increasing portion of the population (approximately ten teenagers per 100,000 residents). Other less extreme forms of violence, however, have been found to affect a much larger group of adolescents. Various national and regional large sample surveys have revealed that approximately one third of junior high and high school students reported having been threatened with physical harm (National School Safety Center, 1998), and a far larger proportion of adolescents witnessed violence. According to several studies, (Federal Bureau of Investigation U. S. Department of

Justice, 1996), more than 80 percent of inner-city adolescents have seen someone assaulted, one third to forty percent have witnessed a shooting or stabbing, and an alarming 22 percent to 23 percent have reported seeing someone murdered. It should be noted that although adolescents are not alone in experiencing the increase of violence in our society, they are twice as likely to be victims of violence as adults over the age of twenty-five according to a recent national crime survey (Kann, Warren, Harris, Collins, Douglas, Collins, Willliams, Ross and Kolbe, 1995).

Given the prevalence of adolescents' exposure to violence, researchers have recently attempted to identify the potential consequences of such exposure for adolescents' psychological well being. For example Children who had experienced violence reported a higher level of depression (Junger-Tas, 1994). A study by Campbell and Schwarz compared the prevalence and exposure to violence of suburban and urban six grade students and found that those reporting higher levels of exposure had significantly more symptoms associated with depression, posttraumatic stress, and threatening behavior (Maguire and Pastore, 1995). More recent studies have reported a wider array of consequences of exposure to violence. In addition to increasing depressive symptoms and PTSD, violence exposure has been linked to low school achievement and to a high level of anger, anxiety, aggression, antisocial behaviors, and alcohol use (Sampson and Lauritsen, 1997).

Although the prevalence and correlation of adolescents' exposure to violence have been well documented in the literature, the understanding of the consequences of violence for the well being of adolescents is limited in at least three respects. Studies have paid little attention to the possibility that there may be individual differences in the effects of violence exposure. For example, the effects may differ depending on characteristics of the adolescents such as age, gender, and ethnicity. These demographic factors have typically been included in regression analyses as control variables rather than as moderators. By ignoring the possible moderation effects of those demographic variables, previous researchers may have failed to identify groups of adolescents who are especially vulnerable or resilient to exposure to violence. It is possible that because of differential distribution of power in our society, females, minority groups, and younger children may be more vulnerable to negative outcomes of violence exposure than their counterparts. In a review of the literature on sex differences in adolescent depression concluded "girls have shown the most negative reaction to life events in almost all the studies that have found significant gender differences in such reactions" (Loeber, Farrinoton and Waschbush, 1998 p.336).

In a study of the frequency and correlation of violent behaviors in public high school students in South Carolina 1993, youth Risk Behavioral Survey look at weapon that were carried for protection. The percentage

that reported carrying a weapon the last thirty days varied from nine percent among white females to fifty percent among white males. Over 37percent of the students reported being in a fight in the last month. About 12 percent reported someone had forced them to have sexual intercourse, and six percent reported having forced someone else to have sexual intercourse (National youth Gang Center, 1999). The most consistent predictor of all outcomes was substance use, though having had sexual intercourse was correlated with most outcomes. Health professionals working to prevent violent and aggressive behavior among adolescents should incorporate identified risk factors into assessment and intervention efforts that target coexisting high risk behaviors and provide treatment or referral options.

The Federal Bureau of Investigation (FBI) monitors arrests made by law enforcement agencies across the united Stated through the Uniform Crime Reporting (UCR) program. Since the 1930's this program has compiled annual arrest information submitted voluntarily by thousands of city, county, and state police agencies. This information currently comes from police jurisdictions that represent only 68 percent of the population, so FBI figures represent a projection of these data to the entire United States population (Menard and Elliott, 1999).

An overall arrest rated for violent crimes by youth between the ages of ten and seventeen rose sharply from 1983 to 1993/1994. Rates then

declined until 1999, the most recent year for which figures are available.

Overall, arrest rates of youths for violent offenses grew by about 70

percent. The increase in homicides committed by young people was

particularly alarming. Both the rate of homicide arrests and the actual

number of young people who were arrested for a homicide nearly tripled

(National Youth Gang Center, 1999). This increase was consistent for

adolescents at each age between fourteen and seventeen (Becker and

Seligman 1987).

The decade-long upsurge in homicides was tied to an increased

use of firearms in the commission of crimes (Paivio, 1985). Likewise, the

downward trend in homicide arrest from 1993 to 1999 can be traced

largely to a decline in firearm usage; the critical role of firearms in

homicide and other violent crimes is supported by arrest, victimization,

and self-report data. Arrest data shows an unequivocal upsurge in firearm

usage by young people who committed homicide. In 1983 youths were

equally likely to use firearms and other weapons, such as a knife or club,

to kill someone. By 1994, 82 percent of homicides by adolescents were

committed with firearms (Becker and Siligman, 1987).

Another factor of violence with adolescent behavior has been

discussed in bits and pieces throughout time, that of boredom. If one

looks at the events at Columbine High School in Littleton, Colorado, and

Heritage High School in Conyers, Georgia, many causes are suggested

and as many remedies proposed, raging form stricter gun control to better supervision in schools, more alert teachers, and making parents responsible for their children's violence. But what makes those teenagers become so violent in the first place (Huizinga, Loeber and Thornberry, 1995)?

Boredom signals people's need for some physical or mental activity to keep them occupied and vent their energy, just as hunger is a sign of the need for food. Those are equally essential needs, just as starvation can make a person steal if they have no money to buy food, boredom can then lead to violence if a person is unwilling to learn a skill for ecample to passive the time. Assaulting someone does not take a skill, yet to be good a chess one need to practice. The important difference between those two needs is that while most of us can easily recognize food satisfies our hunger, most peaceful activities that can relieve boredom requires a skill that has to be learned (Kann, Kincher, Williams, Ross, Lowry and Grungaum, 2000).

Vandalism, murder, and other forms of violence seem to be the only activities requiring no skill to assert oneself and attract attention, thereby making them satisfying, enjoyable, and able to fully relieve boredom. Parents of very small children know that they must teach them games or give them toys to play with, otherwise, they will soon become violent, start shouting, or engage in some other mischief. Teaching

peaceful activities enjoyable enough to relieve boredom is a very important function of education (Sickmund, Snyder and Poe-Yomagata, 1997).

The newer generations of video games often have graphic depictions of violence and have intensified public concern regarding potential harmful effects. As a result, legislative hearings on the issue have been held in several countries, and video game rating systems have been developed for the use in the United States, Canada, Great Britain and Australia (Paivio, 1985).

This development has lead to a public concern regarding the social impact of interactive electronic games. A 1993 study cited 357 seventh and eighth graders to identify their preferences among five categories of video games. The researchers found that the most popular game category is fantasy violence, with 32 percent of players preferring such games, followed by sports at 29 percent, general entertainment 20 percent, human violence 17 percent, and educational games at 2 percent (Mediascope, 1998). The study also found that boys who play violent games tend to have a lower self-concept in the areas of academic ability, peer acceptance and behavior, (Maguire, and Pastore, 1998). The result, according to the researchers, raise concern about potential "high risk" game playing habits.

Issues have also been raised about the role of gender in game playing and game content. Boys aged eight to fourteen are the core audience for video games. According to video game manufactures, boys are five times more likely to own a Genesis or Super Nintendo video game system than are girls (Gardner, 1981).

A survey of the packaging of the forty-seven top rated video games found that 115 of the characters depicted on the covers were male and only nine were female (Horowitz, Post, French, Wallis and Siegelman, 1981). Almost one third of the games contained scenarios in which women were kidnapped or had to be rescued. Whether the unbalanced depiction of men and women in the games is the cause of the predominance of male video game player, or the result, is a question unanswered in existing research. The theory behind video games' allure is based on a powerful process of demonstration, reward and practice (National Youth Gang Center, 1999). The compelling graphics and interactive nature of the games serve to enhance the learning of game playing behaviors.

The newer generations of electronic games have become more and more realistic, moving away from computer generated characters to real life action and actors (Menard and Elliott, 1999). Tend toward realism might encourage greater identification with the characters and increased

imitation of the behaviors of video game models (Sommers and Baskin, 1998).

Extensive additional research studying both current and emerging generations of video game technology must be considered before any conclusions are made. In the future, new technologies may require reevaluation of the relationship between aggressive behavior and video game playing based on the degree of interactivity. Additionally, the focus of the current research literature on video games is from a psychological perspective that tends to emphasize aspects of video game use, rather than specific content (George, 1997).

In the case of the relation between playing violent video games and subsequent aggressive behavior, it would be expected that the studies would show the relation becoming stronger over time due to the increasing realism of the violence in the games. While the few studies on video games and aggression must be considered preliminary and inconclusive, it is likely that a similarity may exist in the effect of playing violent video games and viewing violent television programs, especially concerning the effects of video games on children (Maguire and Pastore, 1999).

Earlier studies of television violence and aggression have shown a positive correlation between increasing realism of portrayed violence and subsequent aggressive behavior. Therefore, it would be reasonable to assume that the same relation between realism and effects would occur in

the video game medium. In this regard, it can reasonably be inferred from the more than 1,000 reports and studies on the viewing of television violence that the playing of violent video games may likely contribute to aggressive behavior (Hindelang, Hirschi and Weis, 1998).

Since television service was introduced to the general public in 1952, it has become so much a part of our existence that many people cannot imagine a life without it. Virtually every household in the United States has a TV set, and many have two or more (Bryant, Carveth and Brown, 1988).

We love TV and we watch a lot of it, and yet our pleasure is tainted by profound uneasiness. What is television doing to us, anyway? Everyone knows people who can't seem to turn off the TV, but there is no agreement on how must TV is too much. Nor is there any agreement on what is good TV and what is bad or dangerous (Drabman and Thomas, 1997).

People who grew up with TV are usually the most ambivalent about it. They feel guilty about enjoying vulgar, exploitative, violent shows when they could be watching something more edifying like Masterpiece Theater. They recognize the seductive power of the medium. And yet, many parents who feel uneasy about TV also admit they use TV as a babysitter.

Children begin to notice and react to TV very early. By the age of three, children will willingly watch a show designed for them 95 percent of

the time and will imitate someone on television as readily as they will imitate a live person (Hearold, 1986). The average time children spend watching television rises from about two and a half hours per day at the age of five to about five hours a day at the age of twelve. During adolescence, average viewing time drops to two or three hours or up to seven depending on the day of the week (Bryant, Carveth and Brown, 1988).

Young children do not process information in the same way as adults. Nor do they have the experience or judgment to evaluate what they see. For example, children between the ages of six and ten may believe that most of what they see on TV is true life. Since they watch a lot of TV, this makes them particularly vulnerable to the negative effects of television (Drabman and Thomas, 1997)

The results of studies on the effects of televised violence are consistent. By watching aggression, children learn how to be aggressive in new ways and they also draw conclusions about whether being aggressive to others will bring them rewards (Grusec, 1973). Those children who see TV characters getting what they want by hitting are more likely to strike out themselves in imitation (Grusec, 1973).

Even if the TV character has a so-called good reason for acting violently when a police officer is shown shooting down a criminal to protect others, this does not make young children less likely to imitate the

aggressive act than when there is no good reason for the violence (Berenstein and Berenstein, 1984).

In an important study carried out in Canada, children were found to have become significantly more aggressive two years after television was introduced to their town for the first time (Joy, Kimball and Zabrack, 1986). Children who prefer violent television shows when they are young have been found to be more aggressive later on, and this may be associated with trouble with the law in adulthood (McCall, Parke and Cavanaugh, 1977). Strong identification with a violent TV character and believing that the TV situation is realistic are both associated with greater aggressiveness (Singer and Singer, 1986). In general, boys are more affected by violent shows then are girls (St. Peter, Fitch, Huston, Wright and Eakins, 1991).

Besides making children more likely to act aggressively, violence on television may have other harmful effects. First, it may lead children to accept more aggressive behavior in others (Singer and Singer, 1986). Second, it may make children more fearful as they come to believe that violence is as common in the real world as it is on television (Joy, Kimball and Zabrack, 1986). If violence on television helps to make children more aggressive, what is it doing for adolescents?

The majority of children in this country are now growing up in families in which both parents, or the only parent works outside of the

home. It has become commonplace in our society for children to take care of themselves for periods of time every day. Just how common this phenomenon is has become a matter of some dispute? While recent census data suggest that about 7.2 percent of the children between the ages of five and thirteen or two million children spend time in self care, many experts estimate that over a quarter of the children who are between six and fourteen years old spend time caring form themselves regularly (Singer and Singer, 1986).

Not much is known about the adequacy or effects of these self care arrangements. Experts are just beginning to question the results of children being left alone or in the care of an older sibling on a regular basis. Their conclusions vary. Some are sanguine about the effect on children's development.   A study from Blumstie, Cohen, and Roth found no difference in academic achievement or school adjustment between small town fifth and seventh graders in self-care and their adult supervised peers (Blumstein, Cohen and Roth, 1986). Bermad, and Keys found no difference in self-esteem, social skills, or sense of control over their own lives between fourth grade children in self care and fourth grader supervised by parents (Bemard and Keys, 2000). Headlin and her colleagues studied 1200 children in kindergarten through eighth grade, and found that 80 percent of the children in self-care said they loved it or usually liked it. (Headlin, Lefkowitz, Eron and Walder 1987) Yet other

studies found very different conclusions. Bonilla reported that the low-income urban fifth graders in self-care whom she studied had more academic and social problems than those in traditional after-school arrangements, (Bonilla, 2000). Steinberg's study of fifth, sixth, eighth, an ninth graders showed that the more removed form adult supervision adolescents are the more they are susceptible to peer pressure to commit antisocial acts (Chesney, Lind and Brown, 1999).

It is clear that many adolescents are currently in self-care. The exact number is not known, perhaps in part because this is such an emotional issue for some family members that they cannot be completely candid about it. Self-care is necessary at this point in our history because our social institutions have not keep pace with the work force and economy. But there is nevertheless much concern about whether self-care is good for adolescent (Flannery, 2000).

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CHAPTER THREE

Conclusions and Recommendation

Conclusions

As important as the problem of youth violence is, there will be no quick, inexpensive, and fail-safe solution. Recent years have witnessed a strong growth in our understanding of the risk factors and processes that contribute to shape adolescent antisocial behavior. Yet, gaps remain in our scientific understanding of how child, family, school, community, and peer factors interact, and which are the most appropriate target for prevention and early intervention in different settings. We are also learning that being "at risk" does not doom any one child to become violent. Conversely, the apparent absence of certain risks does not necessarily protect any one child from problem behavior. The development of serious behavior problems is best understood as a dynamic interaction between children's predispositions and various influences on children's lives such as; family, peer, school, and community that change over critical periods of development.

Successful programs that produce long term sustained effects may need to involve long-term intense interventions to target the multiple factors that can lead to negative outcomes such as family conflict, depression, social isolation, school failures, substance abuse,

delinquency, and violence. The fundamental premise of some of these interventions could separate youth problem behavior of today, to challenge the policies, programs and procedures that currently bring problem adolescents to our attention. Violence in our schools is not a simple problem with a single cause. There are many influences or events that can set a child onto a negative trajectory that for some children ends tragically. We need to examine the school setting, supervision, adolescents' behaviors with peer interaction and staff. Our schools are becoming a cultural within a culture and we, as the adults of society have to make them safe for all.

Americans need to have a discussion about the need of adolescence. We should take the opportunities that arise from these tragedies in everyday life and develop meaningful preventive approaches to the reality of today's world. No longer can we keep our eyes, ears, and emotions turned off. The crises of today's adolescents are effecting everyone as a society; maybe not today but in the future. What can we possibly expect of them if we are not able to provide them with safety and reassurance. Adolescents who are committed to life today will have the power to embrace the goals and values all society can offer in the future. For without future goals and expectations what is there to live for? Such young people are unlikely to engage in violence, both because it is incompatible with their orientation and because it would jeopardize their

achievement in a society they can believe in or become a productive member.

Recommendations

As a result of the findings and conclusions of this study, the following recommendations are offered:

Parents

1. Parents must actively learn to communicate with their children.

2. When establishing rules for children, it is important for parents to be clear and concise when disciplining children.

3. Through everyday activities, parents teach their children how to interact with society in problem solving behaviors.

4. Becoming involved with school and community organization activities.

5. Keep guns and other weapons out of reach of unsupervised children.

Schools

1. Redesign the school facility to eliminate dark sections and unsupervised spaces.

2. Devise a system for reporting and analyzing violent and non-criminal incidence.

3. Use an alternate school setting for education of violent and weapon carrying students.

4. Implement community support and educational programs.

5. Train school staff in all aspects of violent prevention.

Society

1. Develop outreach programs and networking of community based organizations in the prevention of violence.

2. Understand that it is not the gun that kills but the hand upon the gun. Develop training and education for prevention of what has become a deadly statistic.

3. Develop community involvement as a whole, not allowing isolation to be socially accepted.

4. Understanding of today's problems, why youth turn to alcohol and drug as a coping strategy.

5. Develop a self-based community support program in times of need.

Electronical Entertainment

1. Limit viewing times.

2. Set rules and make sure you can live with them.

3. Make a list of programs and games that are felt to be appropriate.

4. Give children alternate activities other than TV, video games, and computer.

5. Be prepared to adjust to the changes yourself regarding your own viewing habits.

Community

1. Support school crime prevention researched.

2. Provide job skills and scholarships as well as internship programs aiding in the skills for tomorrow as well as offering encouragement or self esteem.

3. Develop anti-bias curriculum for empowering youth.

4. Develop greater awareness in gang education and training.

5. Provide peaceful and positive ways of problem solving.

Students

1. Resolve problems through non-violent interaction.

2. Learn how to avoid becoming a victim.

3. Become involved in extra activities in school.

4. Respect other students, staff, and family members.

5. Refrain from teasing, name calling, and other seemingly innocent behaviors that actually hurt others feelings.

Bibliography

American School Health Association (1989). The National Adolescent
    Student Health Survey: A Report on the Health of American's
    Youth. Oakland, CA: Third Party Publishing.

American School Health Association, Association for the Advancement
    Of Health Education, and Society for Public Health Education
    (1998). National Adolescent Student Health Survey. Atlanta:
    Centers for Disease Control.

Ash P, Kellerman Al. (2000). Reducing gun carrying by youth. Arch
    Pediatric Adolescent Med. 155(3): 330-1.

Bell CC. Jenkins EJ (1993). Community violence and children on
    Chicago's Southside. Psychiatry 56:46-56.
    Berenstein, S. and Berenstein J. 1984. The Berenstein Bears and
    Too Much TV. New York: Random House.

Blumstein, A., Cohen, J., Roth, J.A., (1986). Criminal careers and
    "career criminals." Washington, DC: National Academy Press.

Bonilla DM. (2000). School violence. New York: H.W. Wilson Co.

Borum R. (2000). Assessing violence risk among youth. J Clin Psychol.
    56 (10): 1263-88.

Borzekowski, DLG, Poussaint, AF. (2000). Common themes from the
    extremes: Using two methodologies to examine adolescents'
    perceptions of anti-violence public service announcements. J
    Adolesc Health. 26(3): 164-75.

Bureau of Justice Statistic (1991). School Crime: A National Crime
    Victimization Survey Report (Publication NCJ 131645).
    Washington, DS: US Department of Justice.

Bureau of Justice Statistic (1993). Criminal Victimization in the United
    States, 1992. (Publication NCJ 144776). Washington, DC:
    Department of Justice.

Cantor J. (2000). Media violence. J Adolesc Health. 27(2 Suppl):30-4.

Chaffee TA, Bridges M, Boyer CB. (2000). Adolescent violence prevention practices among California pediatricians. Arach Pediatr Adolesc Med. 154(10): 1034-41.

Chesney-Lind, M., and Brown, M. (1999). Girls and violence. In D. J. Flannery and C. R. Huff (Eds), Youth violence: Prevention, intervention and social policy (pp. 171-199). Washington, DC:

Christoffel KK, Spivak H, Witwer M. (2000). Youth violence prevention: The physician's role. JAMA. 283(9): 1202-3.
Colorado Department of Public Health and Environment, Advisory Council on Adolescent Health. (1998, February). Adolescent Health in Colorado, 1997. Denver, CO. Author.

Compas B., Malcrne V., Fondacaro K., (1998), Coping with stress during childhood and adolescence. Psychol Bull 101:393-403

Cooper WO, Lutenbacher M, Faccia K. (2000). Components of effective youth violence prevention programs for 7- to 14-year-olds. Arh Pediatric Adolescent Med. 154(11): 1134-9.

Currie E. (2000). Sociologic perspectives on juvenile violence. Child Adolescent Psychiatry Clinic N Amm. 9(4): 749-63.

Dahlberg LL, Potter LB. (2001). youth violence. Developmental pathways and prevention challenges. Am J Prev Med. 20(1 Suppl): 3-14.

DuRant RH, Barkin S, Krowchuk DP. (2001). Evaluation of a peaceful conflict resolution and violence prevention curriculum for sixth-grade students. J Alolesc Health 25(5): 386-393.

Eau Claire County, Eau Claire D.A. Trill, (1999.)

Eccles J., Midgley C., Wigfield A., et al. (1993). Development during adolescence: the impact of stage-environment fit on young adolescent's experiences in schools and families. Am Psychol 48:90-101

Eddy JM, Reid JB. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the interests of Families and Teachers (LIFT). J Emotional Behavioral Disorder 8(3): 165.

Ellickson PL, McGuigan KA. (2000). Early predictors of adolescent violence. Am J Public Health. 90(4): 566-72.

Elliott, D.S., Hagan, J., and McCord, J. (1998). Youth Violence: Children at risk. Washington, DC. American Sociological Association (Spirack Program in Applied Social Research and Social Policy).

Elliott, D.S., and Huizinga, D. (1989). Improving self-report measures of delinquency. In M. Klein (Ed.), Cross-national research in self-reported crime and delinquency (pp. 155-186). Boston: Klulwer Academic Publishers.

Fairchild M, Bell KD. (2000). School violence: Lessons Learned. State Legislatures. 26(2): 12.

Federal Bureau of Investigation, U.S. Department of Justice. (1996). Crime in the United States, 1995. Washington, DC: U.S. Government Printing Office

Flanner RB Jr. (2000). Preventing youth violence: A CISM pre-incident approach. Int J Emerg Ment Health. 2(3): 167-70.

Flannery, RB. (2000). Prevention youth violence: A guide for parents, teachers, and counselors. New York: Continuum.

Finkelhor D, Dziuba-Leatherman J (1994), Victimization of children. Am Psychol 49:173-183

George, M. Lane Education Service District, Eugene, OR. (1997).

http://www.nimh.nih.gov/publicat/violencewadolsurggen.com.

Hausman AJ, Siddons K, Becker J. (2000). using community perspectives on youth firearm violence for prevention program planning. J Community Psych 28(6): 643.

Herrenkohl TI, Maguin E, Hill KG, Hawkins JD, Abbott RD, Catalano RF. (2000). Developmental risk factors for youth violence. J Adolesc Health. 26(3): 176-86.

Huesmann, L.R. and Eron. L.D. (1986). Television and the Aggressive Child: A Cross National Comparison. Hillsdale, NJ: Lawrence Erbaum Associates.

Huesmann, L.R., Eron, L.D., Klein, R., Brice, P., Fischer, P., (1983). Mitigating the imitation of aggressive behavior by changing Children's attitudes about media violence. Journal of Personality and Social Psychology 44,899-910.

Joy, L.A., Kimball, M.M., and Zabrack, M.L. (1986). Television and children's aggressive behavior. In T.T. Williams (Ed.), The Impact of Television: A natural Experiment in Three Communities. Orlando, FL: Academic Press.

Junger-Tas, J., Terlouw, Klein, (1994). Delinquent behavior among young people in the western world: First results o f the international self-report delinquency study. Amsterdam: Kugler publications.

Kann, L., Warren, C.W., Harris, W.A., Collins, J.L., Douglas, K.A., Collins, M.E., Williams, B.I., Ross, J.R., and Kolbe, L.J., (1995). Youth risk behavior surveillance-United States, 1993. Morbidity and Mortality Weekly Report CDC Surveillance Summary, 44 1-56.

Lefkowitz, M.M., Eron, L,D., Walder, L.D,. (1987). Growing Up to be Violent. New York: Paragon Press.

Liebert, R., and Laarafkin, J., (1988). The Early Window. New York: Paragon Press.

Maguire, K., and Pastore, A.L. (Eds). (1998). Sourcebook of Criminal Justice Statistics, 1997 (NCJ 171147). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

McCall, R.B., Parke, R.D., Kavanaugh, R.D., (1977). Imitation of live and televised models by children one to three years of age. Monographs of the Society for Research in Child Development 442, Serial No. 173.

Miller, W. I. (1999). Humiliation, (Ithaca, NY: Cornell University Press)

National School Safety Center. (1998, Aug.). Categorical Breakdown of Total School-Associated Violent Deaths (In-House Report). Westlake Village, CA:

National Youth Gang Center. (1999). 1997 National Youth Gang Survey: Summary (NCJ 178891). Washington, D.C.: U.S. Department f Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Nightline Program ABC, Inc. (1999, November, 5)

Paivio, A. (1985). Perceptual comparisons through the mind's eye. Memory and Cognition, 3,6350647.

Reiss, Albert J. and Roth, Jeffery A., Eds. (1993). Understanding and Preventing Violence. Washington, D.C.: National academy Press.

Reynolds CR, Kamphaus RW (1992). BASC (Behavioral Assessment System for Children) Manual. Circle Pines, MN: American Guidance Service

Richters JE, Martinez P (1993a). The NIMH community violence project, I: Children as victims of and witness to violence. Psychiatry 56:7-21

Shaughnessy, J. J. (1997). Confidence judgment accuracy as a predictor of test performance. Journal of research in personality, 13, 505-514.

Sickmund, M., Snyder, H.M., and Poe-Yamagata, E. (1997, August). Juvenile Offenders and Victims: 1997 Update on Violence) NCJ 165703). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention

Sommers, I., Baskin, D. (1998). Sex, race, age, and violent offending. Violence and Victims, 7, 191-201.

Soriano, F. I. (1998). U.S. Latinos. In L.D. Eron, J. h. Gentry, and P.

Schlegel (Eds.), (1998). Reason to hope: A psychological perspective on violence and youth. Washington, DC: American Psychological Association. pp. 1119-132

Silberman, Charles E., (1997). Criminal Violence, Criminal Justice, New York: Random House, p.47.

Simmons R, Blyth D (1997). Moving Into Adolescence. New York: Aldine de Gruyter

Singer, H. and Singer J. (1986). Family experiences and television viewing as predictors of children's imagination, restlessness, and aggression. Journal of Social Issues 42, pp.107-124.

St. Peter, M., Fitch, M., Huston, J.C., Wright, A.C., Eakins. (1991). Television and families: What do young Children watch with their parents? Child Development 63, pp.1409-1423.

Spergel, I.A. (1990). Youth gangs: Continuity and change. In M. Tonry and N. Morris (Eds.), youth violence. Crime and Justice: a review of research (Vol. 12., pp.171-275). Chicago: University of Chicago Press.

Story, A. L. and Dunning, D. (1998). The more rational side of self-serving prototypes: The effects of success and failure performance feedback. Journal of experimental Social Psychology, 34, pp. 513-529.

Thornberry, T.P. (1998). Membership in youth gangs and involvement in serious violent offending. In R. Loeber I D.P. Farrington (Eds.), Serious and violent juvenile offenders: Risk factors and successful interventions pp.147-166.

U. S. Department of Justice, Federal Bureau of Investigation. (2000). Crime in the United States, 1999. Washington, DC: U.S. Government Printing Office.

Werner EE, Smith RS (2000). Overcoming the odds: High-Risk Children From Birth to Adulthood. Ithaca, NY: Cornell University Press.

Wintemute, G. (2000). Guns and gun violence. In A. Blumstein and J. Wallman (Eds.), The crime drop in America (pp. 45-96). Cambridge, United Kingdom: Cambridge University Press.

Wolfgang, Marvin E., Patterns in Criminal Homicide (1996). New York.