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## **CHAPTER 9**

# **THE WAR CLOSE TO HOME: CHILDREN AND VIOLENCE IN THE UNITED STATES**

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### **INTRODUCTION**

For an increasing number of American children, growing up in the midst of violence is a tragic fact of life. Addressing the causes of violence and helping children who experience such violence is at the core of peace psychology. This chapter provides an overview of children's experiences of violence in the communities where they live. We begin by assessing the scope of violence that children experience in their day-to-day lives, and then examine the risk factors that contribute to the problem of violence at the family, community, and cultural levels. Next, we describe the psychosocial and developmental effects of violence as well as issues affecting children in the twenty-first century. In conclusion, we present six promising prospects for intervention, prevention and peacebuilding, designed to break the cycle of violence for children in the United States.

### **THE SCOPE OF VIOLENCE IN THE UNITED STATES**

The United States is the most violent country in the industrialized world—especially for children and youth. Community violence has become such a problem that in 1992, the Surgeon General declared violence a public health emergency (Koop & Lundberg, 1992). Each year, millions of American children and adolescents are victims of violence in their own communities (Garbarino, Dubrow, Kostelny, & Pardo, 1992). Many more witness violence directed at others. Still others are the perpetrators of violence. Some youth are all three: victims, witnesses, and perpetrators.

More than 2,500 youth were killed nationwide in 1994—an 82 percent increase from 1984 (OJJDP, 1997). In a moderately violent community in Washington, D.C., 61 percent of first- and second-grade children and 72 percent of fifth- and sixth-grade children reported witnessing one or more incidents of community violence (Richters & Martinez, 1993). In high-violence communities in Chicago, 89 percent of third- and fifth-grade children have heard gunfire where they live, 38 percent have seen a dead body outside, and 21 percent have had someone threaten to shoot them (Kostelny & Garbarino, 1998). These statistics are closer to what children living in war zones experience than they are for children living “at peace.”

For example, during the brutal war in Lebanon, research conducted from 1990 to 1991 found that 45 percent of Lebanese children had witnessed violent acts (Macksoud & Aber, 1996). In comparison, our Chicago study conducted during 1995 to 1996 found that 43 percent of the children in our sample had witnessed the violent event of seeing someone shot (Kostelny & Garbarino, 1998). Furthermore, many schools are no longer safe havens for children, but rather settings where violence is rampant. Data from a 1993 survey of third- to twelfth-grade children in the United States revealed that 23 percent of the children had been victims of violence in and around schools (Harris & Associates, 1994). In 1996, students ages twelve through 18 were victims of

more than 250,000 incidents of violent crime while at school (Kaufman, Chandler, & Rand, 1998).

In addition to being victims of violence, children and youth are also increasingly the perpetrators of violence. According to a Justice Department report, youth aged ten to 17 committed 2,800 homicides in 1995 (an 84 percent increase from 1986) and 205,500 aggravated assaults (an increase of 137 percent) (OJJDP, 1998). Gangs, the majority of whom are youth, commit a large part of the violence that pervades many urban communities and an increasing number of rural communities. Miller (1992) estimated that there were approximately 2,000 gangs and nearly 100,000 gang members in the United States in 1980. By 1996, the number escalated to more than 31,000 gangs and approximately 846,000 gang members (OJJDP, 1997). In recent studies, adolescent gang members in various locations committed from 68 percent to 89 percent of all serious violent offenses. While the typical age range for gang members is twelve to 24, and the average age is 17 years, younger members are becoming more common. In a 1998 survey of eighth-graders, 9 percent reported they were currently gang members, and 17 percent said they had belonged to a gang at some time in their lives (OJJDP, 1998, May).

Not only are gangs becoming more prevalent, but they are also more violent than in previous decades. The rise in gangs and gang violence has been attributed to the increasing availability of semiautomatic and high-powered weapons. In Chicago, gang homicides more than doubled from 1987 to 1990 (Block & Block, 1993; Spergel, 1995). Moreover, because the rate of U.S. children experiencing clinical levels of adjustment and developmental problems doubled from the 1970s to the 1990s, gangs increasingly include significant numbers of youth who are psychologically impaired, increasing their dangerousness (Garbarino, 1995).

## **RISK FACTORS**

The risk of developmental harm from exposure to violence increases when other biological, cultural, psychological, and social risks are present in a child's environment. While a single risk is not more likely to cause developmental harm, when risk factors accumulate, the likelihood of damaging consequences increases dramatically (Rutter, 1987). We briefly discuss four of these risk factors: family violence, depressed mothers, media violence, and easy accessibility to firearms.

### **Family Violence**

A growing number of children experience violence within their family. Research on child abuse rates in high-crime communities in Chicago found that these communities had rates four times higher than the city average (Garbarino & Kostelny, 1992, 1994). When children already vulnerable from experiencing community violence are then exposed to family violence, they show increased risk of developmental harm. In studies of children living in violent communities, children who also experienced violence at home had significantly more behavioral and psychological problems than children who did not experience family violence (Garbarino & Kostelny, 1996b; Kostelny & Garbarino, 1998).

### **Depressed Mothers**

Parents who live with the chronic stress of poverty and violence are often depressed and overwhelmed, and thus may not be able to care for and nurture their children adequately (Halpern, 1990). Such parents are often socially isolated because they live in high-crime communities; they isolate themselves and their children by not leaving their homes to seek supportive networks for

themselves and their children. In such dire circumstances, parents easily transmit feelings of powerlessness, futility, and hopelessness to their children.

### **Media Violence**

Television is a powerful influence in the lives of children. While educational and social programs can have a positive influence on children, programs which contain violence and aggression can have long-lasting negative consequences. Nearly all children are exposed to violence in the mass media, particularly television. For example, by the time they reach 18 years of age, U.S. children have witnessed over 200,000 violent acts on television. Eighty percent of television programs contain violence, with an average of five acts of violence per hour during prime-time viewing, and an average of 25 acts of violence per hour during Saturday morning children's programs (Gerbner, Morgan, & Signorielli, 1994).

Research has found that a steady diet of violent and aggressive television has negative effects on children's social, emotional, and moral development (Murray, 1997; Eron, Gentry, & Schlegel, 1994). These effects include: (1) increased aggressiveness and antisocial behavior, including developing favorable attitudes and values about the use of violence to solve problems and an increased appetite for more violence in entertainment and real life; (2) desensitization to real-life violence, including less sensitivity to the pain and suffering of others, and more willingness to tolerate increasing amounts of violence; and (3) belief that the world is as mean and dangerous in real life as it is on television (Murray, 1997).

### **Accessibility to Firearms**

The easy availability of firearms in the United States is a major factor in the deaths and serious

injuries to children and youth. Every two hours a child is killed by a gun, and five others are seriously injured. More children were killed by guns in the last decade than there were U.S. soldiers killed during the Vietnam War. Unless gun violence is curbed, the U.S. Department of Health and Human Services projects that within the next 15 years, gun fatalities will become the leading cause of death in the United States. In a study conducted by the YWCA, 54 percent of young people reported they had access to a firearm (Harris & Associates, 1994). Moreover, every day, nearly 270,000 students carry guns to school. Research has found that the increase in homicides by juveniles in the late 1980s was related to crimes committed with handguns (Butterfield, 1998). Many children and youth, particularly boys, are fascinated with and drawn to guns because of the power and status they convey (Garbarino, Dubrow, Kostelny, & Pardo, 1992). While some youth are drawn to the power of guns, many believe they must carry guns for protection.

### **MEDIATING EFFECTS OF VIOLENCE**

A number of factors mediate, or influence, how children and youth will respond to the violence they experience in their communities. These factors include a child's individual characteristics, the social context established by a child's family, community, and larger society, as well as the particular characteristics of the violence (Garbarino & Associates, 1992). Individual factors include a child's developmental level, temperament, and the quality of attachment to the parent or caretaker. Family factors include the level of support and the quality of interactions among family members. Community factors include the ties within the neighborhood, employment opportunities, and other resources or support systems. Societal factors include laws, institutions, and values, especially society's attitudes toward violence and punishment. These factors can either serve as risks—increasing the likelihood of negative developmental outcomes from violence, or

protective factors—buffering the stress and trauma of violence for children. Finally, the characteristics of the violence—for example, the amount and type of violence, the child’s relationship to the perpetrator and victim, and proximity to the incident—also affect the child’s response to that violence (Marans & Adelman, 1997).

### **Individual Characteristics: Developmental Level**

Where a child is developmentally influences how that child will respond to stressful and traumatic incidents of violence. A child’s development ranges across many domains—linguistic, cognitive, affective, and physical. Development is also the process by which children form a picture, or draw a map of the world in their mind, and their place in it. These representations, or social maps of the world, reflect the cognitive competence of the child. But they also indicate a child’s moral and affective inclination—characteristic ways of feeling about the world. Does the child trust others? Does the child expect the protection of adults? Does the child see a safe and secure place in the world? The child’s social map is primarily the result of experience, but increasingly it becomes the cause of behavior.

### **Family Support**

While the primary caretaker is an important factor in buffering stress and trauma for children, other family members can also protect a child from developmental harm. In her study of children at risk, Werner (1990) found that secure attachments in infants were related to the presence of a supportive family member, but not exclusively the primary caretaker. The extended family can lessen stress, encourage coping behavior, and facilitate the child’s working through violent experiences by providing additional adult nurturing and positive models of identification.

## **Community Support**

Belonging to a community where one is valued and esteemed, cared for and loved, acts as a potent protective factor in the lives of children. Such social support comes from friends, neighbors, and teachers, who encourage self-esteem and promote competence. Children need coherent experiences and the help of concerned, competent adults to meet new demands, to cope with new stresses, and to achieve higher levels of functioning. Although violent events can disrupt significant social relationships, some social networks are able to maintain children's belief that they are secure and cared for. This belief affects the degree of stress children experience, as well as their subsequent psychological adjustment.

## **Cultural Factors**

Violence has so permeated life in the United States that to a large degree certain types and amounts of violence have come to be accepted and expected as solutions to problems. The message is reinforced in much of our entertainment—television, movies, and video games portray heroes who excel at violence. Often, these violent acts are glorified, and powerful messages—that violence is an acceptable and admirable way of resolving conflict—are sent to children. Furthermore, a relationship exists between children's belief in the legitimacy of aggression and their own aggressive behavior. Children who believe that aggression is justifiable are three times as aggressive as children who do not approve of such aggression (Erdley & Asher, 1994; Tolan & Guerra, 1994).

## **Acute vs. Chronic Violence**

Acute violence and chronic violence impact children in different ways. While a child's response

to a single episode of violence often includes a normal shock reaction, which is marked by severe anxiety, it usually lasts only a short time (Garmezy & Rutter, 1983). Moreover, children are usually able to assimilate a single, isolated violent event into their existing world view and see the event as an accident (Garbarino, Kostelny, & Dubrow, 1991a). Unlike acute violence, which is short-lived and where children can go back to their usual routines after the stressful event, chronic violence requires developmental adjustment, including major personality changes, changes in patterns of behavior, and the adoption of an ideological framework for making sense of the ongoing violence (Garbarino, Kostelny, & Dubrow, 1991b).

Furthermore, the effects of violence are cumulative; the more children experience violent events, the more vulnerable they are to developmental harm and traumatization (Pynoos & Nader, 1988). In our study of children in high-violence communities in Chicago, children who experienced four or more types of community violence displayed more than twice the aggressive behavior as children who experienced only one type of violence in the community (Kostelny & Garbarino, 1998). Moreover, children having personal experiences with violence at a low or moderate level, or living in communities with moderate violence, responded better to a violence-prevention program than did children who experienced high amounts of violence or lived in communities with high levels of violence. This finding suggests a threshold effect in terms of the amount of violence a child can experience, and still be able to change aggressive attitudes and behavior. Once that threshold is passed, it may be extremely difficult to change children's thinking and behavior.

## **THE IMPACT OF VIOLENCE**

Experiencing chronic violence can shape children's development in multiple negative ways, in-

cluding mental health disturbances years after the violence occurred (Kinzie, Sack, Angell, Manson, & Rath, 1986). Many children cope with violence by adopting behavior that is adaptive in a violent setting but is dysfunctional in “normal” settings in which they participate (Garbarino & Kostelny, 1993, 1996a). For example, adapting to chronic violence by becoming hypervigilant and hyperaggressive may be a useful strategy on the streets, but is detrimental to being successful in school (Garbarino, Dubrow, Kostelny, & Pardo, 1992).

Preschool children frequently regress to earlier developmental levels in response to violence—bedwetting, anxious attachment to their caretaker, and a decrease in talking can result. Other symptoms include phobic reactions, difficulties with sleeping, social withdrawal, aggressive play, and a severely limited capacity for exploration and thinking (Garbarino & Kostelny, 1997a, 1997b). School-age children often develop symptoms including somatic complaints, cognitive distortions, trouble concentrating, learning difficulties, inhibitions, increased aggression, disruptions in peer relationships, and erratic behaviors in response to violence. On the other hand, adolescents often display acting out and self-destructive behavior such as increased risk-taking, delinquent and criminal behavior, life-threatening reenactments of violent episodes, aggressive actions, and involvement in gangs (Eth & Pynoos, 1985). For some of these children, the psychological consequences are particularly devastating, including fear, desensitization, hopelessness, impaired moral development, and the perpetration of violence.

### **Fear and Loss of Safety**

Experiences of violence destroy a child’s perception of home, school, and community as traditional bastions of safety. Violence threatens a child’s sense of secure attachment to caretakers, thus jeopardizing the formation of a stable base from which a child can venture forth in explora-

tion of the surrounding world. Danger replaces safety as the organizing principle, and the child comes to believe that there is no order and continuity in life. As a result of adults who hurt or fail to shield them from violence, young children may not trust any adults to help and protect them. Such children may turn inward in an attempt to draw on their own internal resources. Or, they may turn outward in fear, hatred, or in an effort at self-protection (Garbarino, Kostelny, & Dubrow, 1991b). For example, children who do not feel safe may adopt aggressive and violent behavior towards others in an attempt to protect themselves from harm by taking the offensive.

### **Psychic Numbing**

When violent stressors continually occur, denial and numbing can result. When extreme situations become unpredictable, these “battle weary” children attempt to block out stressful or traumatic events by ignoring reality (Terr, 1990). While such a response may be socially adaptive in the short run, it becomes a danger to the next generation, when the child becomes a parent. This phenomenon has been observed in studies of some families of Holocaust survivors (Danieli, 1985). The emotional numbing that initially helped them to cope with the horrors of the concentration camps on a day-to-day basis put them at risk for emotionally neglecting their own children in the long run.

### **Futurelessness**

Some children develop a sense of futurelessness, or a profound fatalism about their lives. They come to expect more violence directed at them and death at an early age (Bell, 1991; Osofsky et al., 1993). When asked where they see themselves in ten years, such children often reply “Dead” or “I don’t think I’ll make it that long.” In a survey of twelfth graders in U.S. cities, 35 percent

did not expect to live to old age. For minority adolescents, the percentage rises to 50 percent (Garbarino, 1995).

### **Aggressive Attitudes and Behavior**

Exposure to violence increases the acceptance of violence and the likelihood of a child engaging in future violence and other antisocial acts. One way to feel safer is to align oneself with those who are frightening; some children come to identify with the aggressor. These children often join gangs and model themselves and their behavior on those powerful, aggressive individuals and groups in their environment who caused the danger in the first place. Aggressive behavior during childhood is likely to lead to aggressive violent behavior as an adult. Eron and colleagues (1994) found that aggressive behavior at age eight predicts aggressive behavior at age 30 unless there is intervention.

## **ISSUES AFFECTING U.S. CHILDREN IN THE TWENTY-FIRST CENTURY**

While recent trends indicate that violent crime is decreasing, violence by and to U.S. youth is increasing. In 1995, 25 percent of all known juvenile homicides were located in five cities: Chicago, New York, Los Angeles, Detroit, and Houston, although only 10 percent of the nation's population live in these areas. These cities contain large numbers of vulnerable youth who live in families with multiple risk factors. The combination of poverty, drugs, racism, deteriorated physical and social resources, and concentrations of vulnerable families with multiple problems have created hotspots of lethal violence—"inner-city war zones." This syndrome became particularly evident in the 1970s and achieved epidemic proportions by the mid-1980s, spreading to ur-

ban and rural areas throughout the United States (Garbarino, 1999).

While these vulnerable populations don't cause the epidemics, their impoverished position makes them good hosts for "infection." Such was the case with the Black Plague of the Middle Ages which started in the homes and neighborhoods of the lowest levels of society, where sanitation conditions and nutrition were most primitive, but eventually reached into the palaces of the nobility. Unmarried teenage pregnancy over the past 30 years has shown the same pattern: The high rates observed among inner-city minority girls in the 1960s were found throughout the U.S. in the 1990s among girls who lived in small-town, suburban, and rural areas.

The same epidemic model can describe lethal youth violence in schools. Homicides committed by youth in schools first peaked in 1992 to 1993, the first stage of an epidemic, when 50 people died, mostly in urban schools and involving low-income, minority youth. In 1997, a second stage of the epidemic began in rural and suburban areas. According to data compiled by the federal government, the rate of juvenile murders in suburbs and in small towns and rural areas increased 25 percent in 1997.

## **INTERVENTION, PREVENTION, AND PEACEBUILDING: SIX PROPOSALS**

Despite these grim statistics, there are sources of health and resilience that offer hope for children and youth in the twenty-first century. Identifying and then acting on these sources of health and resilience are essential to peacebuilding. We present six approaches that can counteract youth violence, approaches that begin in infancy and continue throughout adolescence.

### **Home Visits**

The first approach is insuring healthy babies and positive parent-infant relationships beginning in the earliest days, months, and years of life—in pregnancy, childbirth, and infancy. This approach reduces the likelihood of children coming into the world at a biological disadvantage and prevents them from being maltreated by their parents. Chief among such approaches is home health visits that begin prenatally and continue through the first years of life.

Home visiting programs involve a caring person who represents the community in the life of a child before the child is even born. When done best, these programs make contact with families soon after conception and enter into a long-term, supportive relationship with them. The home visitor comes to the family's residence on a regular basis throughout the first two years of the child's life, providing information and a caring that all prospective parents need, but which prospective parents with risk factors accumulated in their lives particularly need. The home visitor establishes a relationship to address needs of both the mother and the unborn child. Positive and durable results of home health visiting have extended from birth into adulthood. For example, babies are born with fewer health problems; they experience dramatically less child maltreatment (infants who did not have home visiting experienced four times the amount of child abuse in the first two years of life); and as adolescents they are significantly less involved in the criminal justice system (Olds et al., 1997).

### **Care-giving Relationships**

A second approach lies in programs that promote a healthy child-caretaker relationship. A crucial goal for such programs is to ensure that difficult children will be accepted rather than rejected by their parents (and later by their teachers). Such rejection is the primary route through which many children develop conduct disorders and gravitate to anti-social peers. One of the founda-

tions for resilience is at least one strong, secure attachment; having none puts a child at risk.

Young children who evidence impaired attachment relationships with their caregivers need help repairing relationships. Children are better able to endure the emotional stress and physical disruption of chronic violence if they remain with their primary caretaker and are taken care of in a stable, routine manner (Garbarino, Kostelny, & Barry, 1998). Parents who are “models of resilience,” available with reassurance and encouragement during adversity, helping their children understand and process stress and trauma, are more likely to have resilient children (Anthony & Cohler, 1987).

### **Early Childhood Education**

A third approach is high-quality early childhood education programs—preschools, Head Start centers, nursery schools, and day-care centers that promote positive child development and prevent the likelihood of early violent behavior. These programs serve as focal points for parent education and support programs that improve the ability of parents to care for children in nurturing and accepting ways. This intervention is particularly important if the family is at risk for maltreating and rejecting the child. Early childhood education programs can be an informal early warning system for children who are developing problems with aggressive behavior. One of the most famous long-term follow-up studies of a high-quality early childhood education program (the Perry Preschool Program) reports that for every dollar spent on the program, at least seven were saved years later because the program’s graduates showed less involvement in the criminal justice system (Garbarino & Associates, 1992).

### **Elementary School Programs**

The fourth approach includes a growing number of violence prevention programs at the elementary-school level. These programs are based on the observation that by age eight, patterns of aggressive attitudes and behavior become crystallized, and without intervention such patterns continue into adulthood. Evaluations of violence prevention and reduction programs reviewed by Tolan and Guerra (1994) indicate that the most effective strategies are those that begin in childhood and combine “cognitive restructuring” (changing ideas about aggression) with “behavioral rehearsal” (practicing alternatives to violence).

One such program is *Let's Talk About Living in a World with Violence* (Garbarino, 1993). This workbook-based program was developed to stimulate child-adult and child-child dialogue about the meaning, rationale, effects of, and alternatives to violence in all domains of a child's life. The program provides help to school-aged children, to change the way they think about violence (i.e., that violence is acceptable and justifiable), to change their aggressive behavior, and to promote pro-social values. When used by a teacher who received training and support, integrated the program with other topics, and used concepts in actual conflict situations, students were able to change aggressive attitudes and behavior (Kostelny & Garbarino, 1998).

### **Character Education**

The fifth approach is character education. Modern character education programs involve mobilizing schools and the community to endorse and promote a set of core values of trustworthiness, respect, responsibility, fairness, caring, and citizenship. The key to such efforts is that the programs provide concrete opportunities for children to experience honorable behavior, integrity, and caring in their relationships with adults. Additionally, these programs promote spiritual development in activities like caring for dependent beings—infant children, the infirm elderly,

growing plants, and baby animals.

### **Conflict Resolution Programs**

Finally, conflict resolution programs focus on middle schools and junior high schools and teach mediation, conflict resolution, and peace education activities. One of the largest and longest-running school-based programs focusing on conflict resolution and intergroup relations is the Resolving Conflict Creatively Program developed by Educators for Social Responsibility (Aber, Brown, & Henrich, 1999). The program attempts to change the entire culture within schools to become peaceable and effective communities of learning. Components of the program include classroom instruction that teaches students key skills and concepts in social and emotional learning, provides training for teachers, parents, and administrators, and trains students as mediators who then help their peers resolve conflicts that arise.

## **CONCLUSION**

Peace for U.S. children will challenge us intellectually, economically, politically, and spiritually. Our efforts need to be situated within a larger social context and be aimed at violence prevention and constructive system change. Peace and healthy development do not occur automatically when community violence ceases. As long as systemic inequities exist and other pressures toward violence operate at the family and cultural levels, children will suffer from structural violence, and cycles of violence will continue (Wessells & Kostelny, 1996). Making peace is much more than simply “getting tough on crime” or “conflict resolution programs.” Peace requires leadership and vision to assess the role of each and every institution, each and every child’s development, and each and every public policy to understand its contribution to the larger problem

of violence in American life. Peace will require years of dedicated and informed work by professionals from varied backgrounds, working closely with grassroots organizations and political leaders to transform America into a truly “kinder and gentler” society, a transformation which must be the core agenda for the twenty-first century.