

## Violence Among Children and Adolescents

Neopane A\*

### *Impact of children witnessing violence*

"The initial trauma of a young child may go underground but it will return to haunt us" James Garbarino.

"All across the nation hundreds of thousands perhaps millions of children are exposed daily, to what can be only called toxic levels of violence..Harm great harm is being done. This is tragically obvious" Deborah Prothrow.

These types of quotes can be read and heard quiet frequently these days. The children have come to be known as the silent or invisible victims. Reasons for the silent nature of the problem extend well beyond the lack of visible physical scars. They can be as basic as a lack of parental awareness or outright denial that children are affected by the violence that they see. Witnessing violence can be actual in real life or in the media or even overhearing conversations among adults. Children can suffer from posttraumatic stress disorder (PTSD) with or without being an eyewitness to the event. It has also been suggested that profound and perhaps permanent brain changes can result following violent trauma in initial years of life.

Pre schoolers who witness violence seem to be withdrawn, subdued, or mute, exhibit anxiety and clinging behavior, experience nightmares, and repetitively reenact events through their play or may start bedwetting or thumb sucking. School aged children show a change in behavior, decline in their scholastic performances, become short tempered and moody, and exhibit vague somatic complaints. They could even show signs of terror as evidenced by yelling, irritability, hiding, shaking, and stuttering.

Adolescents express rage, shame, and betrayal manifest by rebelliousness, dropping out, drug use, and running away. They may experience loss of self-control and exhibit poor academics performance.

### Introduction

Violence has recently emerged as a major social and public health issue in our country. It is clear that violence does not occur in isolation but rather that it is a complex, chronic and recurring phenomenon. Because of the complex nature of violence, it is impossible to cover in detail all that is known or researched so far. This article will attempt to cover the relevant aspects and the clinical, social and developmental aspects of the same. Three major components: (i) theoretical frameworks;(ii) risk factors and (iii)consequences of violence; will be discussed.

It is well known that violence among children and adolescents is rising. The victimization rate among children and adolescent as well as the rate of involvement in violent crimes has drastically increased over the past decade especially since Maoist insurgency has affected our country. This conflict has both a direct and indirect effect on the psychology of children of Nepal.

Several societal, cultural, and individual factors have been associated with violence and it has been recognized as a major contributor to its epidemic. Children are witnessing violence at home, in their communities, at school, and in the media. Continuous exposure combined with easy access to firearms, alcohol, and drugs and with the proliferation of gang activity and insurgency related activities, has contributed to the sudden surge in violence. If it is true that "children learn what they live", then it comes to no surprise that children and adolescents are now active participants in violent acts both as victims and perpetrators.

Violence is a frequently used term to describe intentionally inflicted force leading to physical or emotional trauma. Although several definitions exist, a useful and practical one would be "threatened or actual use of physical force against a person or group that either results or is likely to result in injury or death". Other definitions can be found are "behaviors by individual or groups that intentionally threaten, attempt, or inflict physical harm on others". The CDC defines it as "threatened or actual use of physical force against oneself

\* Dr. Arun Neopane, MBBS, MD, FAAP  
Lt. Col., Consultant Paediatrician  
Shree Birendra Hospital, Chhauni

*individual, or group that either results, or is likely to result, in injury or death"*

It is now well established that violence is a multidisciplinary issue. The complexity of violence and its related psychological and physical health consequences; varying moral and philosophical perceptions; and its social, political, and economic correlates require the understanding and commitment of many people. No one discipline has the solution to the cause or consequence of violence. However one of the most important aspects is parenting which plays a critical role in the development of aggressive and violent behavior like harsh and inconstant discipline, lack of supervision, parental conflicts and community conflicts.

### **Developmental Theory of Violence**

In the developmental theory of violence, three major issues emerge. The first is whether *nature or nurture* is the predominant factor in explaining children's growth and development. The second is whether *development is a gradual and cumulative change* from conception to death (continuity) or whether *development involves distinct stages* in the life span (discontinuity). The third issue is whether children remain basically the same as they grow older, *regardless, of their experiences* (stability) or whether they can and do develop into *new people because of their experiences* (change). At this point it is important to emphasize that in the developmental theory of violence, it is not to be taken in either of these extremes but to recognize the interaction between these factors (nature and nurture, continuity and discontinuity and stability and changes) during the course of the life span of an individual.

Developmental psychopathology on the other hand addresses the relationship between genetic defects and violent behavior, the relationship between poor attachment and violent behavior and the relationship between exposure to trauma and the development of posttraumatic stress disorder. When one addresses violence in developmental terms two types of antisocial youths are considered; the first is the *life course persistent* and the other one is *adolescent limited*. The first one is stable over time, beginning in early childhood and persisting to adulthood, it begins in infancy with aberrance in temperament, behavior development and cognitive abilities. In the other category i.e. adolescent limited youth is confined to the period of adolescence. The

adolescence limited youth offenders are more likely to engage in crimes that symbolize adult privilege or demonstrate autonomy from parental control, such as vandalism, public order offenders, substance abuse, running away, and theft, whereas life course persistent offenders are more likely to participate in more victim oriented offenses, such as violence and fraud.

### **Public Health aspect of violence**

The public health aspect to violence by no means implies that violence is mainly a health problem or that the responsibility and solutions necessarily come from health professionals. Instead the implications are that **violence, when viewed like other types of injury and disease, is amenable to a systematic, science based, multidisciplinary, and sustained approach.** This includes the primary, secondary and tertiary level preventions like in any other diseases. It provides the context in which the varieties of agencies and professions that have overlapping expertise and responsibilities are able to converge including the policymakers of the country. This aspect still in infancy but has great potential for research and practice in our country.

### **Other aspects of the theory of violence**

Violence can also be studied as a hypothesis based on the preposition that "*violence begets violence*" It proposes **relationships with several variables, including child abuse and neglect, child witness to violence, and violent assaults leading to the outcomes of violent crime, drug and alcohol abuse, violent behavior, delinquency, recurrent assaults, suicide, or premature death.**

### **Risk and resiliency factors for violence**

Resiliency has been defined as "*the term used to describe the positive role of individual differences in people's response to stress and adversity.*" Some describe it as hardiness and invulnerability or coping i.e. some children who are confronted with multiple tasks do cope positively and are able to function normally in their respective realms of life whereas others do not. Therefore resilience means the ability to cope positively with adversity.

Some of the traits associated with resilience in children in Hawaii showed that parents age (younger mothers for resilient male children and older fathers for resilient female children), family size (four or fewer children), and birth spacing (two or more years) were contributing factors.

Different researchers have talked of individual, family, community, and societal dimensions of resilience. Several protective factors in families, schools, and communities tend to foster resiliency in children. It is imperative to assume a system perspective in building protection into the environments of children and **to attain this supportive family and community networks have to be reinvented, schools have to be restructured to meet the different multiple risks confronting children, and economic deprivation and poverty must be addressed.**

The major dimensions that constitute resiliency in children are thus classified as follows;

1. **Social competence:** Includes such individual attributes as responsiveness, flexibility, empathy and caring, communication skills, a sense of humor, and any other prosocial behavior.
2. **Problem solving skills:** Includes the capacity to think abstractly, reflexively, and flexibility in finding alternative solutions to cognitive and social problems.
3. **Autonomy:** Describes the capacity to exercise self-control, take individual initiative, take responsibility over one's actions, and establish a distinct identity.
4. **Sense of purpose/future:** Includes a number of cognate attributes such as "healthy expectations", "goal directedness", "success orientated", "achievement, motivation", "persistence", "hardiness", "sense of anticipation", "sense of compelling future" and "sense of coherence".

#### ***Violence and associated high-risk health behavior in Children and Adolescents***

##### **Alcohol use**

In adolescent health care, the risk-taking behaviors that are recognized are in the areas of sexuality, drug and alcohol abuse, and violence. Risks factor for drinking includes family violence targeted against adolescent members; male adolescent to suppress feelings related to family violence may use alcohol. **Violence has also been linked with the use of alcohol as well as binge drinking and drinking while driving.** Alcohol use is associated with carrying weapons. Alcohol intoxication and binge drinking, puts adolescents at risk, for violent

behaviors. The lack of inhibition, diminished judgment, and increased impulsiveness that alcohol use induces puts individuals at risk for violence

##### **Tobacco and drug abuse**

Tobacco use in adolescents represents another health-risk behavior that is dependent on adolescent risk-taking and experimentation. Although family tobacco use, peer pressure, educational level, and cultural factors all play a part in adolescents' risk for tobacco use, **there is also a strong relationship with alcohol use, other illicit drug use, and violent behavior.** Illicit drugs include those that are available by prescription, such as amphetamine (ice), methamphetamine (speed), tranquilizers, and barbiturates, as well as those that are sold for abuse such as marijuana, cocaine, and lysergic acid diethylamide (LSD), phencyclidine.

##### **Weapon carrying**

Weapon carrying in school or elsewhere especially in western countries is on the increase, whereas in our country it is with the child soldiers reported forced to join the Maoist movement.

Violence, drug abuse, alcohol intake and weapon carrying are interrelated as boys reporting drug activities were more likely to smoke cigarettes, drink alcohol, carry guns, engage in sexual intercourse and experience school failure or expulsion than boys not involved in drug activities. These are interrelated in that violence is used to obtain money to buy drugs. The pharmacologic effects of drugs and alcohol induce violence, and violence can take place secondary to trafficking in illegal drugs.

##### **Sexual activities, STDs and Violence**

Early initiation of sexual activities carries the risk for contracting STDs including HIV infection, as well as the risk for adolescent parenthood. This could be wanted or unwanted like due to rape, child abuse or under the influence of drugs and alcohol partner pressure, regret, and also due to peer pressure. **Children and adolescents involved in the above are more likely to be involved in violence related activities.**

Health care providers should take the opportunity in appropriate settings to screen adolescents for drug, alcohol, and tobacco use as well as for sexual activity and violent behavior.

## Media and violence

It is well accepted that media, such as television, video games, music, and other visual media, permeate our lives in one form or the other, so it is **discussed in more detail in this article**. Many media researches refer to the television as our "*cultural story teller*," occupying the single biggest chunk of wake time in American children's lives and soon to be the same in children living in the urban areas of our country as well. The media is considered as a useful tool to educate and socialize the society; however, extensive research support the notorious and insidious effects of the media that are manifest in our daily lives as aggressive behavior, fear, and violence. More than 1000 studies support a causal connection between media violence and aggressive behavior in some children. Media violence is defined as "*an overt depiction of the use of physical force, or the credible threat of such force, intended to physically harm an animate being or group of beings.*" Components of television violence included scenes of probable threats, aggressive acts, and harmful consequences of unseen violence.

Presentation of violence differed according to television programs. Movies were far more likely to present violence in a realistic setting, whereas in the regular television serials or documentaries violence was usually not as explicit or graphic. Portraying rewards and punishments and showing the consequences of violence are probably the two most essential contextual factors for viewers. When violence is shown as "good" and perpetrators go unpunished, the likelihood of imitation is far greater.

In developing realistic portrayals, television fails miserably. From the media children learn scripts about gender roles, conflict resolution, and patterns of adult courtship and sexual gratification. Looks are portrayed as being more important than brains; intelligent people are depicted as social misfits and physical force more important than intellectual discussions.

Video games which could also be included as a media is evolving fast as images continue to become clearer, sharper and far more realistic but this is an area of research that lags far behind the traditional violence research in movies and television. There is yet no sufficient data to comment about its effect on children and their violent behavior.

Music has always had an effect on attitudes, moods and emotions. Teenagers try to establish an identity separate from that of their parents by listening to a different type of music like 'rock' (rock n roll, rap, pop, heavy metal, new wave, punk and hip hop) and some do it for relaxation and entertainment or to alleviate boredom. Rock music is characterized as being provocative and antiestablishment whereas many music themes are worrisome and include sadism, masochism, incest, and devaluation of women, graphic violence, drugs, alcohol and suicide. Heavy metal music has been found to be a useful marker for depression or emotional disturbance and is characterized by loud and pulsating rhythms, with lyrics usually espousing violence, hate, Satanism, death, or the dominance and abuse of women.

**Television and media thus represents an important influence on children and adolescents with regard to violence.** However it is also an equal opportunity teacher, capable of conveying prosocial messages just as easily as harmful ones. Positive effects include development of cognitive skills, academic enhancement, and expansion of social and political awareness. Other potential benefits include increased proficiency in using technology, increased mastery of computer games and programs, practice in problem solving, and enhanced fine motor and spatial skills, and exposure to vast stores of information.

In spite of the above a thorough review of the literature supports the contentions that violent entertainment is a causal factor in the promotion of violent attitudes and behavior in children. Bandura concluded in his social learning theory that humans learn behavior from observing others directly in real life and, vicariously, through the mass media. Higher television viewing also correlates with increased tobacco usage, earlier onset of sexual activity, and failure to use birth control, which is due to imitation by children. Reading habits deteriorate as television viewing exceeds 2 hours per day.

Children lack adult reasoning abilities and often view the television world as being realistic, shaping their behaviors accordingly. Adolescents when coping with trying to master several tasks simultaneously, including gaining independence, developing a sexual identity, and refining a sense of ethics and responsibility can get some help from the mass media if presented in an appropriate form.

Physicians, educators, parents, and policymakers have the opportunity to increase their awareness of the impact of violence and to consider the role that they can contribute to directing media programming appropriately for children. Critical viewing and enhancing media literacy are essential for all child advocates. Realistically portraying rewards and punishments and showing the consequences of violence are probably the two most essential contextual factors for viewers as they interpret the meaning of what they are viewing on television.

It is advised to consider the following when selecting programming choices for children;

1. Is violence reward or punishment?
2. Are heroes or good characters engaging in violence?
3. Does violence appear to be justified or morally sanctioned?
4. Are the serious negative consequences of violence portrayed?
5. Is humor used in violent depictions?
6. Consider a child's development level when making viewing decisions.
7. Use program advisories\* and other content information before violent programming.

[\* G=general audience, PG= Parental guidance suggested, PG 13= Parents are strongly suggested that some scenes may be inappropriate for children under 13, R= Restricted for children]

#### *Consequences of violence*

There are three important consequences of violence in children (1) premature death or morbidity, (2) violence recidivism and (3) violent criminality. Taking the first consequence one can easily understand its impact on self, family and community by considering that if a child dies at 15 years of age and presuming that he would have lived for 60 years then he would have lost 45 years of life prematurely. Similarly a child handicapped by violence would if not dead prematurely in the literal sense would still be unable to put in the productive life years towards his own self, family and community. The next consequence of *recidivism* means to the repetitive crime- committing behavior of certain offenders and has been a phenomenon that has been studied in depth. This applies to both victimization and perpetration of violent acts. Insights into the potentially repetitive nature of youth violence can be found by understanding the

nature and circumstances of youth homicide and non fatal assaults which are largely the result of interpersonal violence, that is, between individuals who know each other and in the context of heated arguments. The final consequence that has been mentioned is *violent criminality* i.e. the youth who develop violent attitudes from early life are a result of complex interplay of multiple factors mentioned above, cascading over multiple points in the life can lead to a chronic phenomenon, which is extremely difficult to correct and again there a precious life wasted and becomes a burden to self, family, community and the country alike.

The vicious cycle goes on as the violent behavior which is anti social or aggressive leads to rejection by peers, and once this rejection occurs, children seek out deviant peers, which in turn further potentiates the risk for subsequent violent behavior.

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