



## Violence: Emotional & Behavioral Impact & Prevention

- Sources: Cooley-Quille, M., Boyd, R.C., Frantz, E., & Walsh, J. (2001). Emotional and behavioral impact of exposure to community violence in inner-city adolescents. *Journal of Clinical Child Psychology*, 30(1), 199-206.
- Cunningham, P.B., & Henggeler, S.W. (2001). Implementation of an empirically based drug and violence prevention and intervention program in public school settings. *Journal of Clinical Child Psychology*, 30(1), 221-232.

Young people who live in urban environments are often exposed to high levels of violence. Beyond the obvious impact of being a direct victim of violence, the indirect effects of chronically witnessing or hearing about violence are believed to negatively impact children's mental health. These two articles are from a recent edition of the *Journal of Clinical Child Psychology*. The first presents results from a study documenting some of the deleterious effects of exposure to violence. The second describes the implementation of a program designed to reduce violence in school settings.

### Cooley-Quille and colleagues:

This study assessed the emotional and behavioral impact of exposure to violence among 185 inner city, parochial school adolescents ranging in age from 13 to 18. Nearly all the participants were African American (90%) and lived in a high crime district. The researchers used results from the *Children's Report of Exposure to Violence* (CREV) to categorize youth into low exposure ( $n = 86$ ) and high exposure ( $n = 89$ ) groups. The CREV is a self-report instrument that measures lifetime exposure to community violence in four categories: media, reported or heard about, witnessed, and direct victimization. Participants were also assessed using several other instruments: the *State-Trait Anxiety Inventory for Children* (STAIC), the *Youth Self-Report* (YSR), and the *Fear Survey Schedule for Children-Revised* (FSSC-R). A subsample of 33 students additionally completed the *Children's Depression Inventory* (CDI), the *Family Environment Scale* (FES), and the *Life Experiences Survey* (LES-N), and were administered a semi-structured interview and a psychophysiological assessment. For the latter assessment, students' pulse rate was monitored while they first watched a non-violent video and then a 10-minute "media violence montage" (p. 201).

For the first analysis, comparing low exposure to high exposure youth, results revealed that those in the high exposure group reported significantly more fears of injury ( $p < .001$ ), danger ( $p < .05$ ), and the unknown ( $p < .05$ ). The high exposure group also reported significantly more trait anxiety (an enduring response to stressful situations) items ( $p < .05$ ), but the groups were not different with respect to state anxiety (a transitory emotional response). Results revealed no significant differences between groups on externalizing problems, but the high exposure group had significantly higher YSR results on internalizing problems, such as withdrawn behavior ( $p < .01$ ) and somatic complaints ( $p < .05$ ). Results from the subsample revealed no differences between high and low exposure groups on depressive symptoms or family environments, but students in the high exposure group had experienced significantly more negative life events ( $p < .05$ ). Psychiatric symptoms from the diagnostic interview were correlated with community violence scores. Results of this analysis revealed significant positive correlations between posttraumatic stress symptoms and total violence exposure, as well as between total violence exposure and media and victimization subscales. There were also correlations between separation anxiety symptoms and both the total violence scale and the witnessing violence subscale. Regression analysis revealed that greater exposure to community violence predicted more posttraumatic stress symptoms. Results from the psychophysiological assessment did not reveal significant differences in pulse rates between groups, which may have been due to the relatively mild violence in the PG or PG-13 rated images, or which may indicate desensitization to violence.

This study provides evidence that youth who report exposure to high levels of community violence have elevated levels of fear and trait anxiety and exhibit more internalizing behavior problems, but not depressive symptoms. These



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results suggest the need for increased prevention efforts and for interventions to help violence-exposed youth build coping and problem-solving skills.

### Cunningham & Henggeler:

Recognizing the need for prevention and intervention services for children in inner city communities, the authors of this article describe a recently implemented initiative to provide prevention and intervention services in school settings. Named *Healthy Schools*, this project combines three empirically supported prevention and intervention programs. The Bullying Prevention program and Project ALERT serve as the prevention component of the *Healthy Schools* project, while multisystemic therapy (MST; see [Data Trends 11 and 15](#) for more information about MST) is the intervention component. Together, the *Healthy Schools* services are designed to avoid typical program implementation problems by detailing specific intervention techniques, providing on site technical assistance, and providing teacher incentives. This project is taking place in two middle schools that have high levels of school violence. The prevention programs are implemented school-wide, while selected high-risk students are targeted and provided with MST. In order to fully maximize the likelihood of successful implementation, the program's designers took special care to fully engage all consumers (students, parents, teachers, school administrators, community partners) through the creation of an advisory board and school coordinating committees, as well as the provision of a school-based project staff available for technical assistance and teacher support.

The Bullying Prevention program "attempts to restructure the social ecology of the school, such that warmth, positive interest, and involvement by adults characterize the school environment, and firm and consistent limits and nonhostile and nonphysical consequences for unacceptable behavior are provided by all adults" (p. 224). Interventions take place at the community level, school-wide level, classroom level, and individual and family level. Project ALERT is a school-wide drug prevention program delivered in 14 lesson plans. Students with the most intractable difficulties are targeted to receive MST, "an intensive family- and community-based treatment model that uses empirically validated mental health interventions... within a social-ecological theoretical framework" (p. 227). Research using a quasi-experimental design is being conducted to evaluate the effectiveness of the *Healthy Schools* project.

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