BRACKNELL FOREST BOROUGH COUNCIL

IT HURTS

A Survey of Recent Findings On The Effects of Violence on Children

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THAMES VALLEY PARTNERSHIP

WORKING FOR SAFER COMMUNITIES

This work was commissioned by Bracknell Forest Borough Council who have kindly agreed for the report to be made more widely available.

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Preface

The effect of violence on children is a complex issue, not only does it vary according to a wide range of external and environmental factors but the outcomes and behavioural influences vary according to the individual child and the type and extent of exposure. It is governed by a whole array of psychological, social, physical and cultural responses.

This study is by no means comprehensive or conclusive and the topic is the subject of much research, both historically and currently. An attempt has been made to broadly review the plethora of current literature and present the broad 'consensus' thinking. It is only intended to act as a guideline and to provide pointers for further investigation or review, it should in no way be judged as conclusive. The subject of sexual violence is not addressed.

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1. Introduction

Violence is prevalent in our society, and as such children will suffer exposure. Simply living in some environments places young people at risk of falling victim to aggressive behaviour. Violence poses a threat to a child's personal safety and violates their immediate environment as a safe haven.

Evidence from America shows that whilst violent crimes such as rape, assault and robbery have decreased over recent years (National Crime Victimisation Survey 1997), the data relating to violence directed towards children does not show similar declines. (National Centre for Child Abuse & Neglect 1996)

All children will experience or observe violence during their childhood, whether it's in their own home, at school, in their local neighbourhood or via the television and the media.

The effects of this exposure can, not only affect children's physical health and safety, but also their psychological adjustment, social relations and academic achievement. In addition, as further research is undertaken, we realise the impact can not only affect emotional and behavioural aspects, but also affect a child's view of the world and themselves, their ideas about the meaning and purpose of life, their expectations of future happiness and their moral development. In addition the impact can continue beyond the period of exposure, and affect the individual into adulthood (Garbarino 1991, Ney 1994 & Margolin 2000).

2. The Effects Of Violence

2.1 Background

Assessing the effects of violence on children is complex. Immediate effects are easier to record and have been well documented. The effects over time are harder to assess, although temporal links can be made, it is almost impossible to provide conclusive evidence that it is a cause of behavioural outcomes, as many other factors may be involved. The effects outlined here are the general consensus view and cannot fully account for any co-occurring risk factors and pre-existing characteristics of the children. It is important to remember that violence exposure needs to be linked to broader environmental variables. One important variable ~ that of culture ~ is not addressed here, but it should be noted that it will influence their values and beliefs and the way that children understand and label their own experiences.

Children are more vulnerable to the effects of violence, because exposure may alter the timing of developmental trajectories (Boney-McCoy & Finkelhor 1995). This means that the violence will have initial impact and effects, which may then disrupt the child's progress at key stages, affecting the development of their social skills and learning ability.

Children exposed to persistent or extreme violence are significantly more likely to suffer a wide range of social and emotional problems and it is a risk factor in terms of their adjustment.

2.2 Types Of Involvement

Children may be direct victims of violence, involved on-lookers to acts of violence perpetrated on people they know or witnesses of violent acts either in reality or in the media.

Inevitably any direct victim will be pre-occupied initially with the pain and physical injury and in the short term this will distract attention and offer some protection against stress disorders, but will pre-dispose them to dissociative symptoms and traumatic amnesia. The un-injured witness will perceive events from the viewpoints of victim, assailant and their perspective of helpless onlooker. The witness has less distracters and stress disorders may be initially more intense, and the associated guilt and shame felt more keenly. Children may be especially vulnerable to feelings of guilt, if the victim is a parent or sibling (Kaplan 1997 refer Black et al).

Despite the initial differences of involvement, the majority of the recorded effects of violence on children are remarkably similar whether the child is a victim, involved onlooker or witness. The severity of the effects vary behaviourally and emotionally, but are dependent on the extent and magnitude of the violence, length and type of exposure, and the characteristics of the child.

2.3 Factors Affecting Severity Of Effect

Any emotional, behavioural or physical effects of violence are dependent on the interplay of four main factors. The degree of disturbance or traumatisation is determined by the interplay of these factors (Marans & Cohen):

- Characteristics of the violence itself ~ includes the relationship to the perpetrator, relationship to the victim, proximity to the incident and the response of the caregivers at the time.
- Developmental stage of the child ~ this relates to the status of the child's emotional and cognitive resources for mediating anxiety associated with objective and fantasized dangers.
- Familial and community context of violent incident ~ is the incident isolated and unusual or part of a chronic pattern in life.
- The recognition of and the sustained responses to the possible effects of the child's exposure, by family members, school personnel and community institutions.

Children who witness violence do so in the context of developmentally shifting modes of expressing their own aggressive impulses and feelings. Aggressivity has an essential role in development, as a means of achieving a sense of power and competence. At different ages this manifests in a range of behaviours from the biting and kicking of toddlers, through fantasies of power and destructive play, competitions on the sports field to the vicissitudes of affection and anger displayed by the adolescent. The capacity to move from enactment to sublimated expressions of aggression is undermined when the pre-conditions of feeling competent are threatened by feelings of helplessness, being unsafe or in danger. The effect on the child, when feelings of helplessness and fear have been engendered, is to develop passive symptoms or to turn passivity into action to regain power and control. The result is either anxiety and vulnerability to the aggression of others or the child developing aggressive tendencies themselves (Marans & Cohen).

The characteristics of the family and family relationships are major factors in the short and long term adaptation in the wake of violence. Richters & Martinez made a study of six to ten year olds in a moderately violent neighbourhood in Washington. This showed that exposure was related to a variety of distress symptoms. Interestingly the parents from the most violent homes were significantly less likely to agree with their children about their children's distress symptoms. A lack of parental awareness of the children's symptoms caused additional coping problems. The parents by under-estimating the levels of distress heightened the risk of developing maladaptive coping responses and missed the opportunity to counsel them how to deal with the violence they had experienced and to develop strategies for avoiding violent situations in the future. The younger children were able to discuss their feelings and concerns when given the opportunity, but the older boys and those most anxious tended to deny their symptoms and resorted to bragging and boasting. This marked a developmental shift towards a denial of anxieties and fears. It was felt that those already suffering from symptoms of distress showed a heightened sensitivity to actual and perceived violence in the environment.

The impact of chronic violence had a negative impact on the children's ability to experience and modulate arousal, their self image, their belief in a benevolent world, their belief in surviving to adulthood, their willingness to maintain relationships, the value they placed on human life and their sense of morality.

It was shown in a study on the effects of community violence on children that the distress symptoms varied in relation to (Pynoos et Al 1987):

- Proximity to the incident
- Knowledge of the participants and victim
- Previous experience of traumatic events
- Children's own characteristics

It is important to remember that although exposure to violence is clearly associated with later risk of psychological problems, these negative outcomes are not inevitable. The majority of those exposed, do not have diagnosable problems, do not perpetuate abuse on others and are not in trouble with the law. It is possible that early exposure can have positive outcomes in adulthood. It is important to understand how the majority cope with early experiences and studies of long-term resilience may inform our understanding (Margolin 2000).

2.4 The Link To Aggressive Behaviour

Social learning theory gives us the model that experience of violence in early life will lead to the development of aggressive behaviours. There is empirical evidence that early physical abuse is related to increased aggressive behaviour and disciplinary problems at school (Hoffman-Plotkin & Twentyman, Kolko, Manly etc). Similarly studies of exposure to community violence has shown some links between this and increased anti-social behaviour (Miller 1999), self-reported violent behaviour (Farrell & Bruce 1997), alcohol use and anti-social activities (Schwab-Stone 1995).

2.5 Psychobiological Effects

Recent research offers several examples of how exposure to violence can affect children's neurobiology. The plasticity of the central nervous system suggests that the brain is dramatically affected by early experience and there are critical periods for the organisation and development of specific brain areas (Perry 1997 & Weiss & Wagner 1998).

Children chronically exposed to adverse input may suffer abnormal neurological development due to the over-stimulation of certain brain structures or have compromised function due to inadequate positive stimulation. Exposure to violence may affect children's arousal and ability to react appropriately to stress. Children exposed to trauma have changes in overall arousal, increased startle response, sleep disturbance and abnormalities in cardiovascular regulation (Perry 1997).

In addition chronic stress appears to lead to dysregulation of the hypothalamic-pituitary-adrenal axis, this may have two effects. Firstly an enhanced negative feedback mechanism (prolonged fight or flight responses) results in increased responsiveness to stress and symptoms of Post Traumatic Stress Disorder. Secondly a reduced negative feedback mechanism causes a decrease in the response to stress and may lead to depression (Nelson & Carver 1998).

The stress of abuse and violence may cause damage to the hippocampus, due to the secretion of glucocorticoids, which may affect memory functioning and verbal skills, leading to delayed cognitive development and poor academic functioning (Sapolsky 1990).

2.6 Developmental Perspective

Development theory holds that the effects of violence on children can only be understood in the framework of the changing child, their changing environment and the evolving familial and societal expectations (Pynoos 1993). So the child's experience of violence is not only determined by the nature of the violent event but also by the child's capacity to appraise and understand it, to respond and cope with the danger and to garner the environmental resources that will provide protection and support (Finkelhor & Kendall-Tackett 1997). These responses are linked to the child's cognitive, emotional and physical capabilities (Marans & Adelman 1997). For example violence can shatter the essential assumptions fundamental to the task of learning to trust others and form secure attachment relationships, leading to subsequent difficulties in relationships throughout life.

Infants are especially vulnerable to direct injury, but maybe partially protected from psychological distress because they are unable to comprehend violent episodes. Osofsky challenges this view, stating that although they maybe unable to articulate their perceptions, distress can be inferred from behavioural changes including irritability, sleep disturbances, emotional distress, somatic complaints, fear of being alone and regression in toilet training and language.

School age children are adapting to a new environment and establishing peer relationships. This requires the ability to regulate emotions, show empathy and deal with increasingly complex cognitive material. Problems with concern about security and hyper-vigilance to aggressive responses resulting from exposure may result in the child having limited social responses and responding in a negative way (Cicchetti & Toth 1995).

Adolescents due to their age and increasing independence are often viewed as less vulnerable to violence, but research shows that exposure can exacerbate adolescents risk taking and escape behaviours (Rossman & Rosenberg 1998).

2.7 Post Traumatic Stress Disorder (PTSD)

Children who are exposed or witness severe violence can be deeply affected and this often shows as signs of Post Traumatic Stress Disorder (PTSD) (Bell & Jenkins 1991).

Research into the effects of war has led to the development of the PTSD model in relation to children. The traumatic stress theory (Figley 1989) states that highly stressful events are related to a wide variety of stress reactions at the individual, interpersonal and socio-cultural levels. At each level individuals struggle to make sense of the event and its consequences. The elements of this model are:

1. Traumatic Stressor ~ the frightening event that involves stress.
2. Traumatic Stress Reactions ~ set of conscious and unconscious actions and emotions associated with dealing with the stressor immediately afterwards.
3. Primary Traumatic Stress ~ emotional state of discomfort resulting from memories of direct exposure and vulnerability to harm.
4. Secondary Traumatic Stress ~ emotional state of discomfort resulting from concern for and living with a traumatised person.
5. Individual Coping Mechanism ~ effort by individual to reduce source of stress and stress reactions.

PTSD is the anxiety produced by the emotional shock of and event. It is characterised by:

1. Re-experiencing the traumatic event.
2. Avoidance or numbing of reminders of the traumatic event.
3. Persistent arousal (characterised by sleep difficulties, irritability, poor concentration and hyper vigilance).

In terms of children and adolescents these symptoms are often reclassified by developmental stage, namely:

- Infants ~ separation anxiety.
- Young Children ~ over reaction to perceived threats and disassociation.
- Older Children ~ survivor guilt, revenge and foreshortened future (risk taking).

For inner city children, the effects of a personal episode of violence can often be superimposed on chronic exposure to violence, leading to symptoms of PTSD. These can include (Leavitt & Fox 1993, Marans & Cohen):

- Disrupted eating patterns.
- Sleep disturbances.
- Flashbacks and intrusive thoughts.
- Fear of recurrence.
- Increased attachment behaviour and separation anxiety.
- Anxiety.
- Fearfulness.

- Lack of concentration.
- Withdrawn.
- Depression.
- Poor school achievement.
- Poor social engagement.
- Assuming an oppositional role.
- Aggressive behaviour.
- Organising their sense of self around active involvement in the types of experiences that were initially threatening.

Children in war zones can suffer PTSD in its extreme form. Those who have experienced torture and mutilation or those 'conscripted' as child combatants can display severe distress, anger, hostility and high rates of somatisation in addition to feelings of fearfulness and hopelessness. Child combatants can display severe guilt and depression, once involvement ceases. The ideology and morality of their group and their experience rather than their age affected the impact. Those forced to commit brutalities were at a higher risk of dysfunction than those 'volunteering' for guerrilla combat (Nikapota 1997).

Exposure to inter-parental aggression and community violence has been associated with PTSD symptoms in primary school children and adolescents (Boney McCoy & Finkelhor 1995, Martinez & Richters 1993, Osofsky 1993 etc). Findings suggested that repeated, chronic exposure increase the possibility of these symptoms, but they can occur after a single exposure to a severe violent episode where symptoms have been seen to persist for more than a year (Nader 1990).

2.8 Sampling Restraints

The vast majority of the research on outcomes associated with childhood exposure to violence uses cross-sectional samples. This makes analysis at different developmental stages and the assessment of delayed effects and cumulative risk difficult. More longitudinal studies are required, despite the problems of undertaking this type of research. Some of the few recent longitudinal studies have linked early physical maltreatment with later peer problems (Rogosch 1995), school failure and drug and alcohol abuse (Egeland 1997). Two recent studies of community violence exposure has been linked to later violent behaviour in girls (Farrell & Bruce 1997) and boy's aggression and depression (Gorman-Smith & Tolan).

3. Violent Environments

3.1 Family Violence

It is estimated that potentially as many as one in four women will be involved with domestic violence at some time in their life (British Crime Survey 1998). Similarly it is estimated that where there are children in the family, 70% will be in the same or next room, when violence occurs between parents (Stark & Flitcraft 1984). If inter-parental violence is occurring there is a one in two chance that the children are being abused as well (Stark & Flitcraft 1984). In Britain up to fifty families per year will experience the death of one parent by the other, of which nearly one in three children will have seen or heard the killing (Harris-Hendricks 1993). In addition there is a whole array of other family violence that potentially may affect children ~ for many children violence is explicit in their own home.

Children exposed to one or more types of family violence demonstrate more socio-emotional and behavioural problems than their peers in non-violent families (Shipman & Rossman 1999). Family violence seems to have a powerful effect on children through maternal mental distress (Hanson 1998). A review of recent research studies concluded that children from domestic violence families had more problems than those from non-violent families. The effects of witnessing violence were serious, varied and framed in emotional and behavioural manifestations (Attala, Bauza, Pratt et al 1995).

Children's responses to family violence vary according to their age, sex, stage of development, role in family, the extent and frequency of the violence, whether there are repeated separations and moves and economic and social disadvantage (Jaffe, Wolfe & Wilson 1990).

The emotional and behavioural characteristics of children exposed to family violence include:

- Sadness and depression.
- Shame.
- Stress disorders.
- Isolation.
- Guilt & self blame.
- Loneliness.
- Fearfulness and anxiety.
- Low self esteem – few expectations to succeed.
- Poor impulse control.
- Poor social skills.
- Poor sexual image & sexual acting out.
- Higher risk alcohol and drug dependency.
- Truancy / runaway.

- Feelings powerlessness.
- Externalising / internalising anger.
- Emotionally needy (boys could be defiant and disobedient, girls withdrawn and dependent).
- Poor academic achievement.
- Self harm.

Younger children are emotionally at great risk from family violence, because they are more dependent on their mothers. Many symptoms seen in young children (irritability, regressive behaviour and sleep problems) are related to insecure attachment. These patterns of behaviour, designed to elicit more care, elicit in stressed mothers further rejection, which exacerbates the insecure attachment, ensuring the persistence of symptoms. Young children often feel they are the cause of their parent's victimisation. It should be remembered that domestic violence often starts or escalates during pregnancy (British Medical Review 1998).

The family provides role models for children and they may learn that violence is a means of resolving conflicts. Victimisation may be learned, externalising these behaviours will undermine adjustment at school and abuse patterns may continue into adulthood. Attachment theory explains that pre-disposed men will lash out at their partner when they withdraw affection and loyalty, which relates to their internal working models confirmed since infancy of insecure attachments (Goldner 1990). It is estimated that a third of children exposed to violence at home will be violent as adults and become abusive parents (Jaffe 1990 & Oliver 1993). Rosenberg (1984) suggested that exposure to low levels of violence resulted in aggressive boys and passive girls whilst high levels of violence caused more aggressive behaviour in girls and more passive boys. Boy's attachment to their mothers may be in conflict with their gender identity, and they may respond to their fear and powerlessness by assuming the role of assailant in their play or repeatedly playing through the event to desensitise themselves (mastery through repetition). This acting out is often, with general irritability, interpreted as aggression and punished by teachers and parents, further adding to the rejection. Young girls show more anxiety, dependency and withdrawal, in adulthood they are prone to depression, victimisation and psychosexual problems. All children will suppress their angry feelings and after the age of five may fantasize of rescuing the victim, with these fantasies come fears of repetition and retaliation. These children may be distant and emotionally constricted, overly well behaved and solicitous of adults ~ they disguise their anxiety and hurt (Pynoos 1985).

3.2 Family Violence ~ Protective Factors

Not all children will show maladaptive coping or distress ~ protective factors included (Jaffe, Wolfe & Wilson 1990) & (Moore & Pepler 1990).

- Disposition ~ individual attributes of the child.
- Support within family ~ good relationship with someone, whether sibling or parent.
- Support figures outside the family ~ peers or relatives, often grandparent or teacher.

A supportive relationship with one parent or a caregiver seems to reduce the likelihood of transmission of violence across generations (Kaufman & Zigler 1987) and a strong relationship with a mother can buffer adolescents against inter-parental conflict (Neighbors 1993). The opportunity to discuss the violent exposure with supportive others is associated with less intrusive thinking and consequently fewer internalising symptoms (Kliewer 1998). In addition friendship quality and reciprocated friendship moderates the effects on self-esteem (Bolger 1998).

3.3 Community Violence

In our society today it is not now uncommon for children to witness violence in their neighbourhood, especially in areas where it is associated with drug and gang violence. Proximity and involvement in the incident affects the extent and nature of the stress symptoms (refer 2.3), simply put, the closer the child the more intense the effect and if the victim is known to the child, 'survivor' guilt can occur.

Existing research suggests that both witnessing and being a victim of community violence put children at greater risk of anxiety and depressive symptoms, (Kliewer 1998 & Lynch & Cicchetti 1998) with a greater effect if friends or acquaintances are involved. Results of these types of studies are not always consistent and may relate to other causal factors, including social or economic deprivation. Exposure to community violence has also been linked to lower school achievement (Schwab & Stone 1995).

Studies from deprived inner cities in America show that children can have two orientations. Those from so called 'decent' families, where strict child rearing practices may make the child more willing to ally itself with an outside institution. Alternatively the 'street' children develop an aggressive mutuality from early on, as a result of aggressive and 'neglectful' parenting. All these children learn to handle the 'street' environment, but the long term outcomes are not inevitable. Children from 'decent' families can go 'bad', overwhelmed by the street environment and talented children on the 'street' can discover ways of learning respect without resorting to violence. The hopelessness and alienation that some young people feel will fuel the violence they engage in. The violence will then confirm their negative feelings and so legitimise the code of the streets and violence can become entrenched and escalate. Delinquency can be established at an early age in this environment ~ from eight onwards. Children are prey to so-called violence 'toxins', which include suffering violence themselves, witnessing violence, viewing or interacting with media violence, experiencing socio-economic inequality, facing discrimination and harassment (McCord 1997).

In the case of community violence, parents care-taking may be negatively affected by their own fear and helplessness and efforts to protect the child may result in authoritarian and restrictive parenting, which can heighten the child's anxiety (Garbarino 1993).

In extreme cases such as the murder of a parent or sibling, the post-traumatic stress on the child often manifests as impotent rage, which can be displaced on to another family member. These events are inexplicable to the child and as such the illusion of the inviolability of the home and family are shattered and their trust in adults and the future are gravely affected. If no conviction occurs, it is difficult for the child to achieve 'psychological closure', thus prolonging the symptoms. (Pynoos & Malmquist 1986)

3.4 Community Violence ~ Protective Strategies

The factors that contribute to coping are no different to those associated with any other chronic stress or other violence exposure and include:

- Developmental competency.
- Temperament.
- Self-esteem.
- Quality of previous experience.
- Prior psychopathology.
- Attachments and support from family.
- Social structures ~ school and peers.

A community based policy in New Haven, in America, endeavoured to protect against community violence. Strategies included the detection of vulnerable children and their referral to mental health technicians and a focus on children's experience of violence and support for caregivers needs. At violent incidents efforts were made to focus on the needs of the children, especially those who were witnesses ~ often the children are not noticed. In addition a proactive role was taken in the community by the legal agencies and there was training on child and adolescent development to broaden their framework of reference (Marans & Cohen).

Interventions to address violent neighbourhoods, must address both the individual and the contextual factors, which provide support for pro-social behaviour and discourage aggression. Brief preventative interventions that target a single risk factor, during a single development period will probably have limited long term effect. The most successful interventions will address multiple causal factors and be extended in time over the course of development. These should include:

- Child centred interventions ~ pre and postnatal services, pre-school enrichment, elementary and adolescent programmes including conflict resolution.
- Family interventions ~ parent training, family therapy (to promote family interaction) ~ this must be culturally sensitive.
- Peer focussed interventions ~ mentoring, peer leadership and gang interventions.
- School environment interventions ~ classroom management, teacher practice and empowerment of students.

As has been noted with other 'behavioural' interventions, the younger the children, the greater the impact on lessening future problems (Guerra).

3.5 School Violence

Violence in the school environment ranges from disputes and playground fights, through a wide range of bullying and assaults on teachers and pupils, to, at its extreme form, the murder of pupils either by an outsider or pupil.

There are few statistics in England on the prevalence of this violence in schools, apart from the studies on bullying (refer 3.7). In America it is now perceived as a national problem, with 54% of suburban and 64% of urban schools reporting more violent acts in their schools in 1993 than five years earlier (National School Board Association 1994).

Factors contributing to school violence are numerous and complex and mostly community related. They can include poor parenting, lack of parental supervision, lack of family involvement with the school, breakdown in school discipline, exposure to violence in the media (refer 3.9), peer pressure, involvement with drugs and alcohol and racial problems.

Violence or the threat of violence has a direct impact on the quality of education provided.

3.6 School Violence ~ Protective Strategies

Protective strategies to reduce violence in schools cover a wide range of measures including:

- Staff monitoring and security staff.
- Parent monitors and teachers aides.
- Establishing clear behaviour standards.
- Collaborative discipline and dress codes ~ implemented consistently and fairly.
- Counselling programmes.
- Conflict resolution strategies.
- Crisis centres.
- Teacher crisis meetings.
- Extended school days and after-school clubs.
- Parenting skill classes.
- Good school citizenship awards and incentives.
- Providing positive role models.
- Clear academic objectives.
- Effective teaching strategies.
- Tutoring and mentoring schemes.
- Whole school approaches.
- Early intervention ~ formative phase under nine.
- Creating partnerships with outside agencies.

Children who are prone to be violent at school are disadvantaged in their ability to participate in the school community and thus impede an important opportunity for prevention and intervention (Baker 1998).

Various authors have identified behaviours associated with children who are at risk of being violent or anti-social. Characteristics include:

- Lack of interest in school.
- Low tolerance for frustration.
- Academic frustration.
- Poor problem solving strategy.
- Absence of age appropriate anger control skills.
- Seeing self as always the victim.
- Persistent disregard of rules.
- Cruelty to animals.
- Artwork or writing that is bleak or violent or depicts isolation or anger.
- Talking consistently about violence or weapons.
- Obsession with violent games or TV programmes.
- Depression or mood swings.
- History of bullying.
- Misplaced or unwarranted jealousy.
- Involvement with or interest in gangs.
- Self-isolation from family and friends.

It is possible that identifying and addressing these behaviours at an early stage could prevent violent outbreaks in the future.

3.7 Bullying

Bullying exists in most schools, but was not the subject of much research until the 1980's onwards. A survey in Britain in 1990 stated that 27% of primary school children (10% secondary) reported being bullied at some time and 10% (4% secondary) were bullied at least once per week. The majority of bullying occurred in the playground and ranged from name-calling to being physically hit and threatened. Findings in Norway support these figures where 9% of students were found to be regular victims of bullies and 6-7% engaged in bullying (Olweus 1997).

Children who bullied were identified as being more likely to have parents with marital difficulties, have received an inconsistent approach to discipline and be rated by teachers as hyperactive and underachieving. Children who were bullied were less physically attractive, less assertive or less well adjusted (Lowenster 1978). A questionnaire study of some 6,000 children showed that victims experienced feelings of anger, vengefulness and self-pity, whilst the bullies were either sorry or indifferent. Significantly more girl victims expressed feelings of self-pity (boys more anger) and more secondary school victims were vengeful (primary helplessness). More girl bullies were found to feel sorry (Borg 1998).

The consequences of bullying have been studied (Sharp 1995). 20% of children truanted to avoid the bullying, 29% had difficulties concentrating on schoolwork, 22% felt physically ill and 20% had difficulties sleeping. All reported that the bullying was stressful and 50% endeavoured to use constructive coping strategies. A questionnaire of 11 and 12 year olds found that both students with high and low self-esteem had been bullied, but those with low self-esteem and a more passive response had been bullied more extensively and suffered greater stress as a result. The results suggest that those students who respond actively to bullying experience less stress when bullied. Given that aggressive behaviour cannot be condoned the usefulness of assertiveness training for persistently bullied students is highlighted (Sharp 1996).

3.8 Bullying ~ Protective Strategies

There has been a range of strategies adopted in schools to counter bullying. The most effective have involved a 'whole school' approach and included a no-blame policy. Many schools still respond to incidents as they arise and do not take a systematic approach, thus allowing in-direct bullying to flourish.

'Whole school' approaches that have developed a policy to promote a positive school ethos have had a significant impact, if successfully implemented and the anti-bullying values have been re-promoted from year to year. They do however require a considerable investment of time. Elements of these approaches include:

- Empowering students to take positive action by conflict resolution (negotiating a win / win solution), mediation, peer counselling, and assertiveness training.

- Curriculum changes, including drama and role playing, incorporating positive literature and the quality circle method.

- Preventing playground bullying by increased adult supervision ~ incorporating enhanced behaviour management skills, enhancing the social skills of the children, mobilising the silent majority, altering playground time schedules and the improvement of the quality of play to prevent boredom.

- Environmental improvements ~ to be effective this must include the participation of the children in the decision making process to alter playground behaviour. Issues addressed should include boredom, overcrowding, marginalisation, exclusion and lack of opportunity.

- Direct work with the pupils involved. Under nine years direct methods are most effective, above nine methods of shared concern can be utilised to re-individualise members of a bullying group and reduce the peer pressure. The no-blame approach should be incorporated. The focus should be on problem solving and encouraging the pupils to propose solutions. They should employ assertive styles of communication and be implemented in the long term.

There is a complex relationship between the bully, victim and the on-lookers who decide to either collude or intervene (Shorrocks-Taylor 1998). This relationship requires a no-blame approach which involves teacher discussion with the bully and victim and a wider pupil discussion to involve the on-lookers, with the final solution negotiated and implemented by the pupils. It is important to involve parents in this process.

The DFE Sheffield Anti Bullying Project and the Kingston Upon Hull Special Educational Needs Support Service support these approaches (Eslea & Smith 1998, Young 1998). The Scottish Schools Anti-Bullying Initiative found the 'holistic' approach was most effective. Any whole school response should progress from crisis management through pro-active interventions to whole school prevention programmes. School based intervention programmes evaluated in forty-two schools in Norway showed a decrease in bullying between 50 and 70%. These programmes consisted of re-structuring the social environment, stressed finite limits of acceptable behaviour and involved the consistent use of non-hostile sanctions (Olweus 1997).

It is important to note that bullying is not confined to schools, but can occur wherever children are in contact. Therefore any solution must be placed within the wider community context and must involve parents, non-teaching staff, bus drivers, shop-keepers, doctors, police etc (Byrne 1997).

3.9 Media Violence

There has been a great deal of research on the impact of media violence on children and still any summary of the research is hazardous. The broad conclusion is that there is a relationship between violence in the media and violence in society, but it is not straightforward. Despite this it is probably fair to say that there is sufficient cumulative evidence to suggest that media violence is one factor in the production and maintenance of violence in our society.

Viewing graphic portrayals of violence is not uncommon for children. A survey in the UK in 1990 found that 25% of 4-6 year olds regularly watched television after the 9 p.m. watershed on a Saturday night, and 5% were still watching at midnight (Gunter & McCleer 1990). Similarly its been reported that 10% of 7-8 year olds have seen an '18' rated video as had 25% of 11-12 year olds (Barlow & Hill 1985).

It is now fairly clear that there is some relationship between viewing violence and aggressive behaviour. A statement by the American Psychological Association in 1992 stated that the accumulated research clearly demonstrated this correlation (Tepperman). Common sense would dictate that television and films are a powerful force in shaping viewers values and this would be especially true in children.

The most famous studies always cited are those by Eron and Huesman. Eron showed over twenty-two years that children, aged eight, who had watched more television were more likely aged thirty to have committed serious crimes, be more aggressive when drinking and punish their children more harshly. Nearly a third of young male felons admitted they had consciously imitated crime techniques they had seen on the television (Centerwall).

In addition many laboratory studies have shown the 'aggressor' effect i.e. children who watch violent television, act more aggressively immediately afterwards. Huesmann estimated that 59% of those who watched an above average amount of violence on television as children were involved in more than the average number of aggressive incidents later in life. He suggests that the most vulnerable are those aged between six and eight as this is the age they learn their scripts of social behaviour.

Statistics show that children and adolescents spend an average 3 – 4 hours per day watching television. It has been estimated that children's television shows may contain up to twenty violent acts per hour (Gerbner).

One of the most worrying aspects is that the violence portrayed sends false messages, notably:

- Violence is often rewarded and seldom has negative consequences.
- Violence is everywhere.
- Violence is justified ~ often perpetrated by the hero.
- Violence is funny ~ especially in cartoons.
- Violence is pleasurable.

A variety of factors make children more susceptible to media violence, including:

- Identifying with one of the characters ~ response depends on the character they identify with (e.g. male aggressors / female victims ~ boys respond with aggression, girls with fear).
- Interpreting what they see as realistic and relevant to their own lives ~ more likely to have a strong effect on children who see violence in their lives and young children who lack the experience to judge whether it is realistic.
- Personal fantasising about a character ~ daydream re-runs increase the influence of the scenes on a child.

The reaction of children to media violence can vary, but include:

- Becoming immune to the horror of violence ~ a bystander effect.
- Encouraging violent behaviour ~ aggressor effect.
- Increasing fearfulness ~ victim effect.
- Building a desire to watch more violence – appetite effect.

These effects combine to create a 'mean world syndrome', a perception that the community in which we live is frightening and crime-ridden. At a personal level these fears can lead to isolation and alienation (Gerbner).

It has been suggested that adolescents who have or are developing mental disorders may be particularly vulnerable and significantly stimulated by frequent and casual scenes of violence and destruction, especially where the perpetrator goes un-punished (Wiener 1999). Boys assessed as aggressive or delinquent are more likely to be affected by viewing violence, making them more aggressive and more easily provoked (Gunter & McCleer 1990).

The relationship is not simple, but the research seems to show that vulnerable children, especially those from disharmonious homes and sensitised to violence, due to exposure to real life violence, will choose to watch more violent television and probably have less parental supervision in this respect, thus making them more aggressive.

3.10 Media Violence ~ Protective Factors

Recent studies have shown the these steps can minimise children's viewing habits and lesson the impact:

- Watch at least one episode of any programme, so you can understand the content and discuss it with them.
- Explain questionable incidents that occur and discuss alternatives to violent actions as a means to solve problems.
- Point out that although the actor has not been hurt, such violence in real life results in pain or death.
- Ban programmes that are too violent or offensive.
- Restrict viewing to educational programmes, or those that demonstrate helping, caring and co-operation.
- Encourage children to participate in more interactive activities.
- Limit the amount of time children spend watching television.
- Be vigilant about news programmes as these can be distressing.
- Parents should impose their own rating system for computer games and try to find games that are based on negotiation and co-operation rather than violence.
- To offset peer pressure ~ contact other parents and agree to enforce similar rules.

4 Conclusions

It should be remembered that although outcomes of exposure to violence are related to its nature and severity, each individual victimisation can result in diverse effects and a variety of exposures can lead to the same developmental results. The effect on any individual child is related to their individual processing ability and the severity of effect may alter as the child matures and develops.

The nature of any child's response to violence is dependent on its developmental stage and many, varied environmental factors, which must be considered, when identifying methods of intervention and prevention.

Interventions need to employ methods to help children talk about their distress and help parents to recognize and deal with symptoms of distress in their children. There is a need to develop assessment strategies to discriminate between adaptive and maladaptive responses and to treat the maladaptive prior to them becoming pathological (Richters & Martinez).

There are a variety of emotional and cognitive variables that may play a role in mediating reactions to violence. Cognitive flexibility, an adaptable temperament and the ability to tolerate change may assist a child to adjust following exposure to violence. These same cognitive skills may also relate to success at school and other achievements, which can mitigate against the more negative consequences (Osofsky 1995, Jenkins & Smith 1991).

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