Emerging Strategies in the Prevention of Domestic Violence

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While crisis intervention is a necessary response to domestic violence and can be highly effective at particular points in time, it alone cannot address the complex dynamics of domestic violence. There is also a strong need for proactive strategies of prevention. Recent changes in public policy, legislation, and service delivery illustrate a growing commitment to finding ways to reduce the harmful effects of domestic violence. However, few comprehensive strategies that address the prevention of domestic violence have been developed, and even fewer have been evaluated.

This article describes theoretical frameworks, including two public health models that can inform the future development of domestic violence prevention strategies.

MODEL ONE: IDENTIFYING THE UNDERLYING CAUSES

Public health campaigns to eliminate health risks and encourage healthy behaviors among particular segments of a population are one model for prevention strategies. Approaches within this model identify and address the underlying causes of this health problem and often use positive messages about what constitutes healthier behaviors. Similarly, domestic violence prevention strategies must include some understanding of the underlying causes of domestic violence as well as a vision of what constitutes a healthy, nonviolent family.

It is very difficult to identify the underlying causes of domestic violence; experts in the field do not agree as to what these causes are. As a result, there are several different, and at times overlapping, theories of causation. But all these theories share some commonalities, which can serve as a foundation for prevention strategies.

Although theories of causation differ, they all share some commonalities, which can serve as a foundation for prevention strategies.
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Individual psychopathology theory. From this perspective, domestic violence is rooted in individual psychopathology or dysfunctional personality structures, which are learned and shaped by early childhood experiences. Research in this area includes studies of male batterers, showing that witnessing domestic violence or being the victim of abuse undermines one’s ability to trust and to regulate emotions and results in hostile, dependent, insecure individuals with little ability to develop healthy relationships. Similar research shows that male batterers are more likely to nonbatterers to score poorly on mental health tests (for example, anxiety, depression, mania, psychosis) and criminality indicators (for example, anti-social personality and stranger violence).

Couple and family interactions theory. This theory suggests that domestic violence is rooted in the faulty interactions of a couple and family system, and that an individual’s violent behavior cannot be addressed without understanding the context, characteristics, and dynamics of the familial relationships.

Social learning and development theory. This perspective suggests that domestic violence is learned behavior that is modeled, rewarded, and supported by families and/or the broader culture. Analyses based on this theory focus on the ways children learn that aggression is appropriate to resolve conflicts, especially within the context of intimate relationships. Researchers have found that batterers are much more likely to have had violent fathers than are nonbatterers. Developmental research shows that early intervention with children from violent households may restore normal development processes, such as empathy and self-control, and minimize the risk of further harm caused by exposure to abusive adult models.

Societal structure theory. According to this view, domestic violence is caused by an underlying power imbalance that can be understood only by examining society as a whole. The analysis focuses on patriarchy or male domination over women and children through physical, economic, and political control. Domestic violence reflects women’s inequality in the culture and the reinforcement of this reality by various institutions.

COMMONALITIES
There are some beliefs common to all these theories. They include:
- domestic violence has been ignored as a major social problem until recently and remains poorly understood;
- domestic violence is a complex problem impacted by multiple variables;
- childhood trauma, either through exposure to violence or some other trauma, influences the likelihood of domestic violence; and
- as long as domestic violence is condoned by public attitudes and institutions, there is little change of preventing it.

MODEL TWO: TYPES OF PREVENTION STRATEGIES
Another public health model that can inform the development of domestic violence prevention strategies divides prevention efforts into three categories: primary, secondary, and tertiary. Primary prevention involves efforts to reduce the incidence of a problem in a population before it occurs. Secondary prevention targets individuals to decrease the prevalence of a problem by minimizing or reducing its severity and the continuation of its early signs. Tertiary prevention involves attempts to minimize the course of a problem once it is already clearly evident and causing harm.

Primary prevention strategies can introduce to particular population groups new values, thinking processes, and relationship skills that are incompatible with violence and promote healthy, nonviolent relationships. For example, resources can be used to focus on respect, trust, and supportive growth in relationships. These efforts can be directed to populations that may be at risk for violence in their intimate relationships but who have not yet shown symptoms of concern, or they can be directed universally at broad population groups, such as school-age children or members of a particular community.

Secondary prevention efforts address identified individuals who have exhibited particular behaviors associated with domestic violence. An example of secondary prevention is a clear protocol for the way teachers can assist students who have discussed witnessing domestic violence in their homes but who do not show serious signs of harm.

Tertiary prevention efforts are the most common and emphasize the identification of domestic violence and its perpetrators and victims, control of the behavior and its harms, punishment and/or treatment for the perpetrators, and support for the victims. Tertiary efforts can be very expensive and often show only limited success in stopping domestic violence, addressing long-term harm, and preventing future acts of violence.

INNOVATIVE PRIMARY AND SECONDARY PREVENTION EFFORTS
Existing primary prevention efforts are often directed toward particular population groups, and secondary efforts toward identified individuals within those groups. Programs for children typically target specific age groups and utilize, in their design, what is known about child development at that particular age.

Unfortunately, there is no information currently available regarding the total number of primary and secondary prevention programs that address domestic violence. Comprehensive, evaluative information with regard to domestic violence prevention programs is also very limited.

Infants and preschool-age children (0 to 5 years). Primary and secondary prevention strategies for this group focus on ensuring that children receive a healthy start, including freedom from emotional, physical, and sexual abuse, and from the trauma of witnessing domestic violence. Development of such strategies begins by defining the princi-
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amples of a healthy child-rearing environment. All experts agree that in order for very young children to thrive and grow to be nonviolent, productive adults, they must be cared for by supportive and nurturing adults, have opportunities for socialization, and have the freedom within protective boundaries to explore their world.

Prevention programs targeting infants and preschool children have developed from the public health and nursing fields. They involve efforts to provide support for new parents through home visiting programs. Home-visiting support and assistance can be delivered on a universal basis whereby all new parents receive basic in-home services for a specified time period. However, no programs with a universal approach currently exist in North America. Alternatively, home-visiting services can be delivered to selected groups, such as families or neighborhoods that are at greater risk for domestic violence.

To date, home-visitation programs have not focused on domestic violence prevention. Yet, such programs hold promise in this area because of their emphasis on creating a healthy environment for children and because many of the families served who are at risk for child abuse are also at risk for domestic violence. Moreover, families at risk for domestic violence may be more receptive to home visitation, with its focus on healthy relationships and family strengths, than to more directive or punitive approaches through child welfare services or law enforcement. However, there are potential problems with the use of home-visiting programs to address domestic violence. These include concern for the safety of the home visitor and the victim, and the possibility that any trust between the home visitor and the family will be breached if domestic violence is discussed.

School-age children (6 to 12 years). Schools are ideal places in which to introduce primary prevention programs to wide ranges of children. Much of children's social learning takes place in schools, and research has shown that social learning can play a role in the development of behaviors and attitudes that support domestic violence. Teachers are in an ideal position to motivate students to consider new ways of thinking and behaving.

One of the key values inherent in all primary prevention programs developed in collaboration with schools is the belief that every student needs to be aware of domestic violence and related forms of abuse. Even if students never become victims or perpetrators of domestic violence, they may have opportunities in the future, as community members, to help others in preventing or stopping it. Because these programs consider domestic violence a community and societal problem, many of them also involve parents and other members of the broader community.

Preliminary evaluations of these programs are promising and indicate that key elements of successful school-based programs include: identifying relationship violence as a form of societal violence; acknowledging that domestic violence is abuse of power and control; creating a high enough level of trust so that children can disclose exposure to domestic violence and teachers can make appropriate referrals; teaching safety skills about what to do when domestic violence occurs; and encouraging the development of social skills such as anger management and conflict resolution.

Adolescents (13 to 18 years). Adolescence is a time of important cognitive and social development. Teens learn to think more rationally and become capable of thinking hypothetically. They also develop a greater understanding of the possible risks and consequences of their behaviors and learn to balance their own interests with those of their peers and family members. Conformity to parental opinions gradually decreases throughout adolescence, while peers become increasingly influential until late adolescence. Romantic relationships become more important by mid-adolescence. Thus, early- and mid-adolescence offer unique windows of opportunity for primary prevention efforts that make teens aware of the ways in which violence in relationships can occur, and that teach healthy ways to form intimate relationships. When offered opportunities to explore the richness and rewards of relationships, youths become eager to learn about choices and responsibilities. Clear messages about personal responsibility and boundaries, delivered in a blame-free manner, are generally acceptable to this age group, whereas lectures and warnings are less helpful.

Innovative Programs

Hawaii's Healthy Start Program, initiated in 1984, offers a comprehensive assessment of the strengths and needs of families at the time of birth, outreach to build trust relationships and acceptance of services, teaching of problem-solving skills, expanded support systems, and promotion of healthy children development and positive parent-child relationships. For a complete description, see www.casanet.org/library/abuse/hawaii-hsp.htm.

My Family and Me: Violence Free is an elementary school curriculum developed by the Minnesota Coalition for Battered Women (MCBW) and implemented in local schools to educate children about domestic violence. Children learn to label different kinds of family violence and effects on victims; develop personal safety plans to use in abusive emergency situations; express feelings, opinions, and behaviors on a basis of respect, equality, and sharing of power; practice assertiveness and problem-solving skills; and affirm their self-worth and self-direction. For more information, call MCBW at (651) 646-6177.

The Youth Relationships Project is a community-based program developed to help 14- to 17-year old youths at high risk for committing dating (or later domestic) violence to understand how the abuse of power can lead to relationship violence and to utilize this understanding to improve their own relationships. The manual is available from Sage Publications. See www.sagepub.com.

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Supervised Visitation: An Opportunity to Interrupt a Family Legacy of Violence

by Robert E. Lee, Ph.D., Principal Investigator, and Ann M. Stacks, M.A., Program Coordinator, Families in Transition, Department of Family and Child Ecology, Michigan State University

Violence begets violence. Maltreated children are at high risk for future aggressive and violent behavior—and, presumably, so are their children in turn. These tendencies typically are passed on when children are very young and they are still forming their internalized pictures of the world and its people. (At many agencies 60 percent of children in foster care are three years of age or less.)

RELA TIONAL PROBLEMS
Clearly there is a need for early and effective intervention. But what? Individual psychotherapy cannot be done with infants and toddlers. It seems probable that very young children do not internalize the therapeutic session. They, therefore, may be influenced by it only for the length of the session in which they participate. Moreover, most children's problems are relational. They involve insecure attachments and often are related to social context. Ideally, one would want to address an insecure attachment by working directly on the relationship between the child and the primary caregiver in his or her life.

Similarly, of all the topics that could be the focus of psychotherapy with the adults, a select few are especially relevant to the presenting problem of child maltreatment. Some maltreating parents don't accurately perceive their children's cues. Others do perceive what their children want but can't or won't respond appropriately. Parental traits associated with child maltreatment include insecure adult attachment styles, lack of social confidence and skills, inappropriate parental expectations, a lack of empathy for children's needs, and a belief in the value of physical punishment.

THE TREATMENT OF CHOICE
Family therapy may be the treatment of choice. It focuses on relationship dysfunction and strengths while also investigating how relationships elicit and maintain desirable and undesirable behavior. The infant mental health model, moreover, considers the child's presence a vital therapeutic agent in uncovering and removing obstacles to the parent-child relationship. Seeing and treating parents and children together goes straight to the heart of the presenting problem and is far more economical than treating all parties individually. Relational treatment is especially important to infants. Timely contacts are necessary if a baby is to keep his birth mother in mind. Without frequent contact, the baby will instead internalize the foster parent. This sets up the possibility that if reunification does occur, the baby may be removed from a secure attachment and placed in the care of an adult with whom he or she has not established a trusting relationship.

POLICY IMPLICATIONS
Child-welfare professionals want to act in ways that maximize the probability of desirable things happening. Therefore, until it becomes clear that the needs of the children will not be met through working with their family, interventions should be made which invite the active participation of the whole birth family. These interventions should be tailored to fit the unique identity, resources, and needs of each family, and they should be collaborative, strength-based, and respectful.

VISITATION AS A THERAPEUTIC OPPORTUNITY
The Families in Transition program uses supervised visitation as an opportunity to build and support the relationships between parents and their children while providing hands-on parenting education. In this program parents are offered extra sessions of family visitation each week. These are held at a site away from the supervising state agency so that the parents can relax somewhat. Doctoral students with masters degrees in marital and family therapy and specialized knowledge of early-child development engage the children and parents in a program that facilitates parent-child relatedness while teaching developmentally appropriate parenting skills.

The family therapy includes self-reflection and an integrative use of the wide spectrum of psychotherapeutic interventions employed in the contemporary infant mental health movement.

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The educational piece involves understanding of child development, recognizing and responding to child cues, and awareness of child temperament. These family therapy sessions are mixed with individual adult and child, couple, and extended family therapy sessions as needed.

This program has been popular with birth families. It allows more time together, the therapy sessions do not take away from the parents’ time alone with their children, the sessions are strength-based, and the requirements to go to parenting classes and obtain counseling have been condensed into one meaningful session. The program also includes developmental screening. The therapists make monthly visits to the foster parents, schools, or the child-care providers, engaging them as allies. The program is popular with the government because, besides addressing long-standing agency personnel concerns, it requires no new funds. Money has traditionally been budgeted for psychotherapy services for those foster children who are thought to need them.

ANTICIPATED RESULTS
In the course of this program, participants are being compared to those treated more traditionally in other settings. At issue is the extent to which parents and children come to transact in ways that are sensitive, timely, and appropriate — with each other and with others. We expect that participating parents will visit their children more frequently, meet court requirements in a more timely fashion, follow through more reliably on referrals, and develop attitudes — such as self-esteem and faith in people and self as a causal agent — that militate against child neglect. We also expect that toddlers and young children will fare better in their foster homes, day care, and preschools.

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Primary prevention programs delivered in high schools often involve activities aimed at increasing awareness and dispelling myths about relationship violence. Such activities might include school auditorium presentations involving videotapes, plays, professional theater groups, or speeches from domestic violence or teen dating Violence survivors; classroom discussions facilitated by teachers or domestic violence services professionals, programs and curricula that encourage students to examine attitudes and behaviors that promote violence; and peer support groups.

Preliminary data from evaluations of six school-based dating violence prevention programs report increases in knowledge about dating violence, positive changes in attitudes about dating violence, and self-reported decreases in the perpetration of dating violence.

There are also community-based programs with primary prevention goals. Many of these programs also provide secondary prevention services to teens who have displayed early signs of violence.

Adults. Public-awareness campaigns such as public service announcements and advertisements are common approaches to primary prevention of domestic violence by adults. These campaigns typically provide information about the warning signs of domestic violence as well as community resources for victims and perpetrators.

The evaluation of one such campaign, which included public opinion data collected through telephone surveys in 1994 and 1996, showed decreases over the two years in the number of people who said they • did not know what to do about domestic violence; • did not believe it was necessary to report domestic violence; • felt that it was no one else’s business when a husband beats his wife; and • believed that the media exaggerated the problem of domestic violence.

The data also revealed differences by ethnic group and gender. For example, men were more likely than women to believe that women provoke men into physically abusing them, and more likely to feel that the media exaggerated the prevalence and harm of domestic violence. These variations imply a need for public education campaigns tailored to particular segments of the population.

CONCLUSION
We are at the starting gate of domestic violence prevention efforts in North America. Progress will depend on the level of public and governmental commitment to making prevention a long-term priority. Although evaluative data are limited, early results point to promising strategies and theories.

But such programs remain a hard sell. Though there is much to be learned from public health prevention models, differing opinions about the causes of domestic violence make these models difficult to adopt. The commitment of resources to crisis intervention limits the availability of resources for prevention. And, because domestic violence prevention requires fundamental changes in attitudes and behavior, it confronts societal and individual resistance to change.

Prevention of domestic violence on a broad level will require a clear commitment of all levels of government, with the goal of establishing a consistent, coordinated, and integrated approach for each community. A national policy of zero tolerance for domestic violence is necessary. Given the pervasiveness and harms of domestic violence, such a policy and the prevention efforts to support it cannot be postponed any longer.

Global Violence Prevention is an interactive web site about family violence created by the Minnesota Center Against Violence and Abuse (MINCAVA). The site features a case study called “Angela’s Family,” a series of multiple choice questions about the case, and feedback and links to online research materials. The purpose of the site is to train students and practitioners in service-provision fields to respond more effectively to victims and perpetrators of violence. Global Violence Prevention is specific to current Minnesota legislation, although it is serving as a model for training in other states. Users are referred to articles and Minnesota statutes pertaining to mandated reporting requirements and appropriate responses by physicians and law enforcement officers. The site is appropriate for professionals in the fields of education, social services, healthcare, and law enforcement. It is also helpful for anyone seeking information related to domestic violence.

PREPARING PRACTITIONERS

As our society faces increasingly complex issues of interpersonal violence, professionals in our school systems, doctor’s offices, and law enforcement agencies have a greater need to know how to swiftly and effectively diagnose, intervene, and treat victims and perpetrators. This requires a well-educated and well-connected workforce. Through its work with Minnesota higher education systems, the Minnesota Center Against Violence and Abuse has learned that students do not always feel prepared for these tasks when they graduate, nor do practitioners feel connected to other professionals in the workplace. Global Violence Prevention is designed to respond to these needs by educating users about current policies and practices related to domestic violence, and requiring them to take the perspectives of many types of professionals. The site teaches users how their decisions impact not only the individual or family with whom they are working, but also their professional colleagues in other disciplines.

Global Violence Prevention presents a new method for learning about violence. Since violence is defined, inflicted, and prevented within a social context, teaching techniques must be varied and creative. The Web offers an alternative to classroom learning and an up-to-date environment capable of providing immediate, specific feedback. Users are prompted to review relevant online research as they make decisions regarding the case.

Global Violence Prevention offers not just a new curriculum within a library of teaching materials, but a method for improving teaching techniques. The case study is designed for use in all types of violence-related courses and offers an alternative to a standard lecture format. It broadens the teaching perspective beyond what any single faculty member can provide by creating case studies informed by instructors from varied fields.

Global Violence Prevention is located at www.globalvp.umn.edu. Users are given directions on the introductory page and guided through a story about Angela and her family. They are asked to take the perspectives of many types of professionals working to meet this family’s needs. The site can be used individually, assigned to students in courses, incorporated into presentations, or used as an online bibliography for current resources.

EVALUATION OF THE SITE

Site users are asked to complete an online evaluation form after they finish the module. Instructors also require completion of evaluations as part of the class assignment. Based on 150 surveys received by June 2001, 95 percent of users stated they “learned a lot from this case study,” 97 percent state that “this is a helpful learning tool,” and 92 percent state that they plan to use the site in the future. Other comments about the pertinence of online articles and helpfulness of feedback provided to the user were also very positive. Ninety-five percent of users said they would recommend the site to others. Three-fourths of the users completed the case study as part of a class assignment and one-fourth completed it because they were interested in the topic. Evaluation of the site will continue during the 2001-2002 academic year.

LESSONS LEARNED

The Global Violence Prevention module has resulted in several opportunities for interdisciplinary education and professional understanding throughout its development and implementation. Content for the site was created through a series of interviews and focus groups with social workers, physicians, law enforcement officers, psychologists, attorneys, administrators, policymakers, and higher education faculty. These meetings created a format for discussion about the best possible responses to all individuals in families experiencing violence, which enhanced understanding among participants and led to closer working connec-
African American Fathers’ Strategies for Protecting Young Children in Violent Neighborhoods

by Bethany L. Letiecq Ph.D., Research Associate; and Sally A. Koblinsky, Ph.D., Professor and Chair, Department of Family Studies, University of Maryland, College Park

Community violence has reached epidemic proportions in many of our nation’s low-income neighborhoods. Such violence may jeopardize children’s socioemotional adjustment and ability to learn in school. Young children, in particular, may be affected by violence exposure, with its potential to undermine their security, autonomy, competence, and self-esteem. Some children may come to mistrust parents and teachers — who they perceive as powerless to protect them — and develop aggressive, impulsive coping behaviors. Other children may react to neighborhood violence with heightened fear, anxiety, regression, and depression.

Researchers have begun to identify the strategies that parents use to protect their children from violence and the stressors of living in poor, inner-city neighborhoods. These studies reveal a number of ways that parents supervise and nurture their children, despite negative neighborhood conditions. Most of the research, however, involves only mothers or female caregivers. Little is known about how fathers — especially African American fathers — prepare their children to cope with community violence.

To address this gap, we adopted a cultural ecological model to investigate how African American fathers draw on their culture and family experiences to teach, socialize, and shelter young children from harm. As part of a larger study examining child resilience in violent neighborhoods, we conducted focus groups with 18 African American fathers to learn how they protected their children from community violence. Participants included biological fathers, stepfathers, uncles, grandfathers, and other males who considered themselves “social fathers” of preschool children, who were enrolled in District of Columbia and Maryland Head Start programs. An African American male facilitator led the groups.

SEVEN STRATEGIES

In analyzing focus group data, we discovered seven major strategies that African American fathers used to protect preschoolers from exposure to violence. The first was withdrawal from neighborhood involvement. Many fathers reported that getting involved in the “goings-on” of their neighborhood would bring danger to both adult and child family members. As a result, fathers avoided interacting with neighbors and kept their “mouths shut about crime and problems.” One father noted, “I don’t get involved. [If] I go out there and say something, I could wind up shot.”

A second strategy employed by fathers was child supervision. Fathers stressed the importance of watching young children everywhere — in the home, on the front steps, in the backyard, and on the public playground. One father asserted, “I mean if you let them go outside, then you should be sittin’ out there. Right there with them.”

Several men maintained that to protect their children, today’s fathers had to be much more vigilant of “what’s going down in the neighborhood” than their own fathers had been.

Teaching home safety was a third major strategy. Fathers described attempting to teach children as young as three to avoid opening the front door for anyone, to stay away from windows (especially at night), to lay on the floor if they heard gunfire, and to dial 911 in emergencies. One father lamented that his biggest fear was his child “getting hit by a stray bullet… it’s crazy man, we don’t even let the kids play in the house.”

SURVIVAL TACTICS AND CONFRONTATION

A fourth protective strategy was teaching neighborhood survival tactics. Fathers began schooling their young children about how to avoid drug dealers, which streets and parks were dangerous, and which houses or shops children should go to when trouble occurred. Fathers also began teaching children about the real-life consequences of street violence, including injury, death, and prison.

Some fathers reported watching television shows with their preschoolers, such as Cops, in order to prepare children for witnessing and responding safely to violent events.

Confrontation and fighting back was a fifth strategy used by fathers. Some fathers stressed their need to confront neighborhood troublemakers and dealers so that they would be “respected” and would not appear “weak” to community members. Several fathers described “packing a weapon” to better protect themselves and their families “in case something went down.” Along the same lines, some fathers noted a need to teach children “how to fight back” from their earliest years. As one father stated, “I don’t want nobody hittin’ on my daughter. I tell her, ‘you stand up for your rights, you hit them back.’”

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Office Call
Visit the virtual office of U.S. Surgeon General, David Satcher (www.surgeongeneral.gov), to download two excellent resources on violence and its prevention:
- Youth Violence: A Report of the Surgeon General includes chapters on “The Magnitude of Youth Violence,” “The Developmental Dynamics of Youth Violence,” and “Risk Factors.” A well-documented chapter on “Prevention and Intervention” sets forth scientific standards for determining program effectiveness and describes programs that are “model” or “promising” as well as several — DARE is probably the best-known — that do not work.
- The Surgeon General’s Call to Action to Prevent Suicide is the product of an effort that has brought the best science together with the best experience on the subject of suicide prevention. Researchers, clinicians, survivors and advocates met in Reno in 1998 to lay the foundation for a national suicide prevention strategy. The result is the National Strategy for Suicide Prevention (NSSP), also available on the Website.

NCFR members may also want to consult:
- Mental Health: A Report of the Surgeon General, which asserts that mental illness is a critical public health problem that must be addressed by the Nation.
- The Surgeon General’s Call to Action to Promote Sexual Health and Responsible Sexual Behavior, which calls for strategies that focus upon increasing awareness, implementing and strengthening interventions, and expanding the research base relating to sexual health matters. The publication also includes a section on sexual violence.

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NONVIOLENCE AND COMMUNITY ACTIVISM
In contrast, many fathers used a sixth strategy, teaching alternatives to violence, to help children learn peaceful ways of resolving conflict. Fathers discussed how they instructed their preschoolers to walk away from a fight and to seek out parents and teachers for help with problems. For example, one father, concerned about his daughter’s aggression in preschool, stated, “Her first instinct is pow — to pop somebody. I talked to her about that. I’m trying to work on her attitude.”

Lastly, a number of fathers reported engaging in community activism as a neighborhood-level strategy to improve children’s safety. These fathers joined Neighborhood Watch groups, block patrols, Head Start parent councils, and community clean-up campaigns in efforts to reduce crime and violence. As one active father proclaimed, “If I make a difference from eight in the morning to five in the evening, [and] we as a community do what we are supposed to do, maybe we can make that difference.”

INSIGHTS FOR PRACTITIONERS AND POLICYMAKERS
This study offers valuable insights for practitioners and policymakers seeking to buffer families from the risks associated with inner-city life. The African American fathers in this study cared deeply about their children’s safety. Their voices conveyed an anger and frustration that was sometimes directed inward by isolating their families from neighborhood contact, or outward through confrontation and community activism. Some fathers needed to portray themselves as strong and in control — as the family protector — and this attitude prevented them from seeking out other parents and professionals to address violence-related stress.

Our study suggests that many fathers would benefit from joining supportive groups that focus on paternal strengths and address the concrete challenges of living in violent neighborhoods, as well as issues of parenting, conflict resolution, and effective coping. Because such groups would be concerned with community safety, they might be more appealing to fathers than groups that focus more narrowly on parent education. Involving fathers in neighborhood improvement activities (crime watch, park cleanups), together with children’s sports and educational activities, may enhance fathers’ male support networks and increase their parenting efficacy. Finally, policymakers must not only provide parenting opportunities, but also strengthen the economic infrastructure of inner-city neighborhoods. Both are vital to building healthy, safe communities.

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ations between these professionals.

Users of the site have the opportunity to learn in a format other than the standard lecture. They also receive immediate, private feedback regarding the responses they are choosing.

Students completing assignments related to the site state that this method of learning helps them understand both the legal requirements and professional perspectives of people in fields other than their own. The online format, unlike print documents, permits immediate changes to the site as laws and policies change.

Finally, the public nature of the Internet also provides the opportunity for professionals to make changes to the global violence prevention site that are appropriate for different states, audiences, and professions. It is anticipated that this site will continue to serve as a template for these purposes.

For more information, contact cmichaels@che.umn.edu.

The Minnesota Center Against Violence and Abuse is located within the University of Minnesota School of Social Work and offers support for violence-related education, research, and access to information. The research materials used in Global Violence Prevention are drawn from an extensive library of online violence-related materials housed within or linked from the MINCAVA Electronic Clearinghouse (www.mincava.umn.edu).
A Peaceful Village: Protecting Young Children from Community Violence

by Sally A. Koblinsky, Ph.D., Professor and Chair, Family Studies; and Suzanne M. Randolph, Ph.D., Associate Professor, Department of Family Studies, University of Maryland, College Park

A familiar African proverb asserts that it “takes a village to raise a child.” The efforts of children’s larger “village” — including the schools, the church, health services, law enforcement, business, and the media — may be especially important to combat the growing problem of community violence. Now targeted as a major public health problem, community violence has become epidemic in many of our nation’s urban areas. African American children are at special risk for exposure to community violence because they are more likely to be raised in poor, single-parent families within the inner-city than children from other backgrounds.

In 1996 we obtained a grant from the U.S. Department of Education to examine the role of families, schools, and communities in protecting African American children from exposure to violence. The project was a partnership between the University of Maryland and Head Start programs in Washington, D.C., and urban Maryland. After examining the impact of community violence on preschoolers’ development and identifying factors that predicted more positive coping among 312 African American families, we developed a six-session, 20-hour violence intervention program for Head Start staff working in low-income, predominantly African American communities. Adopting a framework informed by research on resiliency and cultural competency, we organized the program around traditional Kwanzaa principles that reflect African American family values.

The first session, “umoja,” Swahili for unity, examined the “village” that must be involved in combating community violence. Teachers shared impressions of how their Head Start center or neighborhood had been affected by violence and evaluated the success of community agencies in protecting families. Teachers also examined the consequences of community violence on preschoolers’ behavior, exploring how children’s reactions may be influenced by the nature and frequency of violence exposure, the children’s own characteristics, and family and social support. Then a discussion of the African American world view, using proverbs and family sayings, enabled participants to identify cultural strengths that have traditionally helped Black families cope with adversity.

The second session, with the theme of “ujima,” or collective work and responsibility, began with teachers sharing homework that required them to research their Head Start community. Teachers investigated how violence had come to plague their community by surveying neighborhood grandmothers, ministers, barbers, storekeepers, and other long-term residents about key neighborhood events of the 1960s, 70s, 80s, and 90s. These events were recorded by decade on a group timeline, followed by a discussion of periods and predictors of higher and lower violence. After writing a letter to a Head Start child describing an idealized vision of neighborhood change, each teacher described two realistic strategies for improving their center’s response to violence. For example, one teacher suggested asking a community policeman to escort children to the library, while another proposed contacting a social worker to help staff deal with children’s loss of relatives to gun violence.

FAITH AND PURPOSE

Session three focused on “imani,” or faith, recognizing African Americans’ positivity and their belief that “we can...”
Internet Resources

Children's Defense Fund offers resources on violence prevention, gun violence, and school safety. This rich site has links to research reports, fact sheets, and the Websites of other organizations concerned with children and violence. www.childrensdefense.org/ss_violence

Division of Violence Prevention in the CDC’s National Center for Injury Prevention and Control has four priority areas for violence prevention: youth violence, family and intimate violence, suicide, and firearm injuries. This Website offers fact sheets, publications, grant information, and maps created with Geographic Information Systems that incorporate data on suicide and homicide. www.cdc.gov/ncipc/dvp/dvp.htm

Family, Career, and Community Leaders of America (FCCLA) is a nonprofit national vocational student organization for young men and women in family and consumer sciences education in public and private school through grade 12. Its STOP program (Students Taking On Prevention) teaches students how to recognize warning signs of violence and what to do in a variety of situations. www.fcclainc.org

Frontline: The Killer at Thurston High. This Website complements the PBS documentary of the same name. Included are a discussion of profiling, a portrait of the shooter, and various links. www.pbs.org/wgbh/pages/frontline/shows/kinkel

Family Focus On...

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make a way out of no way.” After discussing the impact of community violence on individual teachers and classrooms, teachers identified concrete needs and brainstormed strategies to tackle the problems. All participants prepared detailed “crisis response protocols” for dealing with violent events (for example, gunfire) that occurred when children were inside and outside the classroom — policies which did not exist before our intervention. Teachers then shifted focus to examining how they could help parents and caregivers deal with their own and children’s violence-related stress. Trainers taught teachers protective strategies, from how to start crime-watch and victim-support groups at the neighborhood level, to how to use newsletters and home visits to teach parents about home safety, supervision, gun safety, and how to help a child who has witnessed violence.

The fourth session, “nia” or purpose, centered on how the teachers could design a more peaceful classroom. Participants explored ways to modify the physical environment, the curriculum, work and play patterns, classroom rules, and staff behavior to promote more positive interaction. Teachers learned new classroom activities that promote cooperation, emotional expression, and conflict resolution, such as the “peace stick,” “peace puppets,” “hanging up my anger suit,” and the “helping hands mural.” Role-plays enhanced teachers’ skills in handling aggressive play, examining such issues as imaginary gunplay. Finally, teachers learned how to use dialogue and picture books to respond more effectively to young children’s violence-related fears, grief, and loss.

CREATIVITY AND SELF-DETERMINATION

Session five on “kuumba,” or creativity, focused on using resourceful strategies to help parents and teachers reduce children’s exposure to media violence. After examining how violent media affects preschoolers’ behavior, teachers rated violent content in clips from cartoons, dramas, news, talk shows, music videos, and computer games. Discussion addressed why parents allow children to watch this violence (for example, TV as childcare), as well as ways to reduce exposure to violent programming. Strategies included sharing information about rating scales and violent content of popular programs, making family rules about television watching, eliminating TV from children’s bedrooms, talking with children about screen violence, discussing stereotyped media images, and substituting nonviolent programs and toys for their violent counterparts.

The final session’s theme, “kujichagulia,” or self-determination, recognized teachers’ commitment to making a difference for children. Trainers helped the teachers plan a violence prevention event for the families of children in their classes. The special programs, averaging two hours, included speeches and spirited parent-speaker debates with police officers, community council members, ministers, educators, domestic violence and mental health counselors, and a radio deejay. Programs addressed specific neighborhood violence problems and included children’s performance of songs with anti-violence messages.

A pre-post evaluation of the “Peaceful Village” intervention revealed that Head Start teachers increased their knowledge of violence and its effects on children, their comfort in addressing children’s aggression and violence-related fears, and their implementation of strategies to promote child and center safety. One teacher, for example, gained approval for a center “crisis response protocol” from the Head Start parent advisory committee, the elementary school principal, and the county school board. Another teacher arranged for a community police officer to read stories to Head Start children, reducing children’s fears and negative stereotypes of the police. Virtually all teachers sent home flyers on neighborhood and home safety. We are monitoring long-term effects of the intervention and plan to post the violence intervention curriculum on the Internet in 2002.

For more information, contact sk38@umail.umd.edu or srww@umail.umd.edu.
Preventing Youth Violence through a Community-Based, Family-Centered Approach

by Carol MacKinnon-Lewis, Ph.D., Center Director; and James M. Frabutt, Ph.D., Director, Division for the Prevention of Youth Violence and Aggression, Center for the Study of Social Issues, The University of North Carolina at Greensboro

As part of the commitment of the University of North Carolina at Greensboro to be an “engaged” institution as defined by the Kellogg Commission, the Center for the Study of Social Issues (CSSI) was created in 1996. CSSI is charged with the mission of enhancing the vitality of the community, as well as research and instructional activities of the University that engage faculty and community partners through interdisciplinary collaborative work. CSSI’s Division for the Prevention of Youth Violence and Aggression is currently conducting a violence prevention initiative. It brings together university researchers and community leaders in a cooperative venture to study youth violence and then take comprehensive measures to intervene at individual, family, school, and community levels.

RECOGNIZING THE PROBLEM

In October 2000, the community of High Point, North Carolina, was devastated by the murder of 15-year-old Bryan Cobb. Bryan, who was slated to participate in our youth violence prevention efforts, was brutally shot and killed in his own neighborhood. He, like far too many other others, left behind grieving parents, relatives, friends, and communities.

Community leaders, policy makers, funding agencies and the public have begun to recognize that youth violence is a complex public health problem. Even small towns are not immune to its devastating effects. In High Point, for example, juvenile arrests for serious violent crimes doubled over the decade from 1987 to 1997, although the area’s population remained stable (about 75,000). These numbers may seem small compared to youth arrests in Detroit, Los Angeles or Houston, but for a close-knit city of less than 100,000 people, this level of youth violence constitutes a palpable threat to community well-being.

A COLLABORATIVE FOR THE PREVENTION OF YOUTH VIOLENCE

The High Point Violent Crime Task Group formed over three years ago as a direct outgrowth of two needs assessments that identified crime and violence as major community concerns. But the group had devoted most of its attention to adult crime reduction. There was still an outstanding need to address youth violence. Based on the relationships and growing trust cultivated through CSSI’s already existing community-based efforts in High Point (i.e., a series of redevelopment and revitalization efforts funded through EPA and HUD), a focused collaborative has emerged from the original Violent Crime Task Group.

This group, the High Point Collaborative for the Prevention of Youth Violence, has adopted a preventive approach with young persons at risk of committing violent acts. The multi-disciplinary collaborative is diverse and community-based, with participation of parents, law enforcement, mental-health professionals, school personnel, representatives from juvenile justice, local clergy, faculty, and graduate students.

Instead of numerous professionals each addressing this particular issue in a unilateral and field-specific manner, CSSI has convened diverse stakeholders who have worked toward creating a common vision for how best to proceed.

GUIDING PRINCIPLES

Collaborative members have played a significant role in conceptualizing and implementing a youth violence initiative based on three principles:

- Development in context. At any given stage of development, young people with unique mixes of strengths and limitations seek to master developmental tasks, and they do so in different communities and across different social contexts.
- Creation of a community-based collaborative. Violence-prevention programming has seen a shift away from punitive, and often fragmented, approaches, to comprehensive, coordinated, community-wide solutions. It has been argued that health-promotion programs should be genuinely community-based (featuring local leadership and decision-making), as opposed to simply community-placed or community-focused. In our case, the community made the choice as to which problems to address, which program models to adopt, which individuals to serve, how to deliver those services, and how to measure effectiveness.
- A family-centered approach. Families are at the core, rather than the periphery, of the planning, coordination, implementation of services. Families are not required to conform to established, and often fragmented, programmatic niches. Rather, families are central to defining their own strengths, supports, and need for services.

TOWARD A SOLUTION

CSSI and the Collaborative for the Prevention of Youth Violence have

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initiated an “action-research” project that will use information from High Point middle-school and high-school youth to develop a locally relevant prevention strategy. This strategy includes three components:

Research. We have begun to examine the locally relevant risk and protective factors (across family, school, peer, and neighborhood domains) for youth violence. We have asked individual youths and their primary caretaker to complete a self-report questionnaire that assesses family demographics, family functioning, parent-child relationships, parental monitoring, antisocial peer pressure, as well as spousal and family conflict. The questionnaire is informed by a thorough literature review and its content has been analyzed by community members. We are also gathering quantitative data on academic achievement and behavior problems obtained from school records.

In addition, we are using a qualitative data-gathering technique to examine the developmental trajectories of these youth. To complement the survey results, trained community volunteers are conducting semi-structured ethnographic interviews with the adjudicated youth and their primary caretaker. These interviews will provide the raw material that allows us to understand the critical elements of the developmental landscape for youth growing up in High Point.

Intervention. After evaluating the data on risk and protective factors, we have implemented a System of Care intervention for each youth. In the System of Care model, a service coordinator works closely with the youth and his or her family in order to build a system of supports that “wrap around” the young person. Available services include assessment, outpatient treatment, home-based services, family support and education groups, school-based services, and crisis services. Also included are community-based services such as recreation programs, service clubs, etc. In addition, the model makes use of informal supports provided by family, friends, or professionals who are willing to work with the youth in non-traditional ways.

Evaluation. During the first phase of this component, we will use a “process outcomes” assessment tool to determine whether the System of Care is implemented in accordance with the theory and principles developed for system-of-care initiatives in the mental-health system. We want to find out:

• whether services are delivered in a family-centered, culturally responsive and strength-based manner;
• if family members have “bought in” and are participating;
• whether the array of services and supports is meeting the needs of youth and their families;
• if there is a sense of community inclusion and ownership; and
• whether there are barriers that interfere with service and support development.

The evaluation of the System of Care also contains an outcome component. This will assess whether the approach leads to a concerted, long-term prevention effort in High Point. We’ll do this by measuring the degree to which the youth served by System of Care experience show improvement in functional outcomes such as improved academic performance and reduced delinquency, substance use, aggression, and violent behavior.

The High Point Youth Violence Initiative shows how universities can promote effective, grounded solutions by working jointly with communities.

For information, contact jmfrabut@uncg.edu.
Creating Nurturing Classrooms

by Joanne M. Kasses, MEdC, NCC, CFLE, Youngstown State University, Licensed Professional Counselor, Private Practice

In working with victims of abuse and neglect for 20 years, I have learned a great deal about preventing abuse as well as helping victims both disclose and heal. Because children spend a large part of each day in school settings, these places are critically important to this process. Although most teachers and child care providers are nurturing people, conversations with these professionals have indicated a desire to know more about creating more nurturing environments in which children can learn and grow.

A simple definition of nurturing identifies it as the opposite of abuse. A nurturing environment allows individuals to discover their own needs and to feel safe enough to develop the ability to meet those needs. Sometimes we learn to meet our own needs; often needs are met in community.

SECURITY
A basic need for any person is a sense of security. Security comes from feeling safe and stable, knowing that the environment is free from danger and relatively predictable. Having clear rules begins this process.

All classrooms have rules, some spoken, some not. It is important to identify basic rules that focus on keeping everyone safe and healthy, using kind and caring words, using our hands for helping and sharing gentle touches. In speaking with preschoolers about nurturing, I defined it as “taking care of….” When the rule of the classroom is “we take care of ourselves and others,” children feel secure knowing they are safe.

Of course, rules alone will not stop one child from hurting another. Names and words can become weapons as easily as fists and toys. However, when the group norm is gentle words and gentle touches, sharing and caring for each other, children begin to monitor themselves. When adults use this language to reinforce behavior, identifying what they see and hear as “nurturing” or asking them, “Is that a nurturing touch (word)?” children will use the same language to define their actions.

EXPRESSING NEGATIVE FEELINGS
Another part of providing a secure, nurturing environment is creating appropriate outlets for the expression of negative as well as positive feelings. Conflicts do happen and it is important to acknowledge this for children. Security does not necessarily mean the absence of anything negative or hurtful. But it does allow for identification and resolution of problems and concerns in a safe, non-abusive manner.

The acceptance and valuing of all feelings allows for the expression of feelings while maintaining each person’s safety. Children and adults can be given permission to feel any feeling they want, even if others do not agree or understand. Feelings, as a part of who we are, need to be respected. Stories, games, and songs can all be a part of the process of learning about feelings. While children learn to use “feelings” words and to identify situations that usually cause others to feel one way or another, they can also learn various ways to express and handle these emotions. Limits, which keep everyone safe, can be identified regarding the expression of these feelings. For example, a teacher may tell a child, “It is OK to be angry. It is OK to tell me you are really mad. It is not OK to hit me. Maybe you can stamp your feet to show your anger.” Providing children with options for aggression allows them to accept even their negative feeling while supporting the concept of nurturing.

ROUTINES
Routines are a third part of developing a nurturing environment. All of us like some level of routine in our lives.

Whether it is brushing our teeth or drinking our coffee, routines provide us with a sense of order and control in at least a part of our lives. Creating and maintaining a classroom routine allows children to develop a rhythm for their day.

Although the day’s routine does not need to be, and really cannot be, rigid, a regular flow from active time to quiet time and back again will provide balance and assist children in identifying their own needs for various levels of activity in their day. The predictability of a routine also makes it easier to accommodate changes within the routine, such as a special event or a substitute teacher.

DIFFERENCES AND COMMONALITIES
Providing a nurturing classroom also respects differences within the group. All individuals can be recognized for their unique qualities, whatever they may be. At the same time, it is important to discover our commonalities and to celebrate them. Activities and stories can support this discovery. Teachers can also point out commonalities throughout the day (for example, Suzie and Johnny are both wearing blue shirts today; Linda and Sam both like chocolate ice cream; Terri and Chris don’t like thunderstorms.)

Rules, expressing feelings, modeling nurturing behavior and words, routines and respect for everyone are a few of the tools that make a classroom nurturing. These suggestions may seem like everyday common-sense routines, but they may not yet be formally identified as ways of making children feel safe and secure. Many thanks to those who nurture our children!

This information is based on “Developing Nurturing Skills,” a program created by Family Development Resources, Inc. To learn more, contact Jmkasses@gateway.net.
The Jigsaw Classroom: Cooperative Learning Creates a Peaceful Environment

by Elliot Aronson, Ph.D., Professor Emeritus, Department of Psychology, University of California, Santa Cruz

The jigsaw classroom was first used in 1971 in Austin, Texas. My graduate students and I had invented the jigsaw strategy that year, as a matter of absolute necessity to help defuse an explosive situation. The city’s schools had recently been desegregated, and because Austin had always been racially segregated, white youngsters, African American youngsters, and Hispanic youngsters found themselves in the same classrooms for the first time.

Within a few weeks, long-standing suspicion, fear, and distrust between groups produced an atmosphere of turmoil and hostility. Fist-fights erupted in corridors and schoolyards across the city. The school superintendent called me in to see if we could do anything to help students get along with one another. After observing what was going on in classrooms for a few days, my students and I concluded that inter-group hostility was being fueled by the competitive environment of the classroom.

Let me explain. In every classroom we observed, the students worked individually and competed against each other for grades. Here is a description of a typical fifth grade classroom that we observed:

The teacher stands in front of the class, asks a question, and waits for the children to signal that they know the answer. Most often, six to 10 youngsters raise their hands, lifting themselves off their chairs and stretching their arms as high as they can in an effort to attract the teacher’s attention. Several other students sit quietly with their eyes averted, hoping the teacher does not call on them.

When the teacher calls on one of the eager students, there are looks of disappointment on the faces of the other students who had tried to get the teacher’s attention. If the selected student comes up with the right answer, the teacher smiles, nods approvingly, and goes on to the next question. In the meantime, the students who didn’t know the answer breathe a sigh of relief. They have escaped being humiliated this time.

We realized that we needed to shift the emphasis from a relentlessly competitive atmosphere to a more cooperative one. It was in this context that we invented the jigsaw strategy. Our first intervention was with fifth graders. First we helped several teachers devise a cooperative jigsaw structure for the students to learn about the life of Eleanor Roosevelt. We divided the students into small groups, diversified in terms of race, ethnicity, and gender, making each student responsible for a specific part of Roosevelt’s biography. Needless to say, at least one or two of the students in each group were already viewed as ”losers” by their classmates.

Carlos was one such student. Carlos was very shy and insecure in his new surroundings. English was his second language. He spoke it quite well, but with a slight accent. Try to imagine his experience: After attending an inadequately funded, substandard neighborhood school consisting entirely of Hispanic students like himself, he was suddenly bussed across town to the middle-class area of the city and catapulted into a class with Anglo students who spoke English fluently, seemed to know much more than he did and who were not reluctant to let him know it.

When we restructured the classroom so that students were now working together in small groups, this was initially terrifying to Carlos. Now he could no longer slink down in his chair and hide in the back of the room. The jigsaw structure made it necessary for him to speak up when it was his turn to recite. Although he had gained a little confidence by rehearsing together with others who were also studying Eleanor Roosevelt’s work with the United Nations, he was still reluctant to speak when it was his turn to teach the students in his jigsaw group. He blushed, stammered, and had difficulty covering the material he had learned. Skilled in the ways of the competitive classroom, the other students were quick to ridicule him.

One of my research assistants heard some members of Carlos’s group make comments such as, “You’re stupid. You don’t know what you’re doing. You can’t even speak English.” Instead of admonishing them to “be nice” or “try to cooperate,” she made one simple but powerful statement. It went something like this: “Talking like that to Carlos might be fun for you to do, but it’s not going to help you learn anything about what Eleanor Roosevelt accomplished at the United Nations — and the exam will be given in about 15 minutes.” In other words, she reminded the students that the situation had changed. The same behavior that might have been useful to them in the past, when they were competing against each other, was now going to cost them something very important: a chance to do well on the exam.

DIFFERENT TACTICS

Needless to say, old, dysfunctional habits do not die easily. But they do die. Within a few days of working with jigsaw, Carlos’s group-mates gradually realized that they needed to change their tactics. It was no longer in their own best interest to rattle Carlos; they needed him to perform well in order to do well themselves. In effect, they had to put themselves in Carlos’s shoes in order to find a way to ask questions that didn’t undermine his performance.

After a week or two, most of Carlos’s group-mates developed into skillful interviewers, asking him relevant questions and helping him articulate clear answers. And as Carlos succeeded, his group-mates began to see him in a more positive light. Moreover, Carlos saw himself in a new light, as a...
Bullying Intervention Strategies That Work

In 1982, three Norwegian boys, ages 10 through 14, committed suicide, apparently as a result of severe bullying by their classmates. The event triggered shock and outrage, led to a national campaign against bullying behavior, and finally, resulted in the development of a systematic school-based bullying intervention program. That program, developed by psychologist Dan Olweus, was tested with more than 2,500 students in Bergen, Norway. Within two years, incidents of school bullying had dropped by more than 50 percent. Since then, a number of countries, including England, Germany, and the United States, have implemented Olweus's program with similar results.

**HOW IT WORKS**

Olweus based the program on principles derived from research into behavior modification techniques for aggressive or violent children. The program restructures the learning environment to create a social climate characterized by supportive adult involvement, positive adult role models, firm limits, and consistent, noncorporal sanctions for bullying behavior.

In order to effectively accomplish its goals of reducing existing bullying problems and preventing the development of future problems, the program leads teachers, administrators, and staff through a series of tasks that make them aware of the extent of the bullying problem and help them solve it. Those tasks include the following:

**At the school level:**
- a bullying survey to determine the extent of the problem.
- a conference day to educate teachers, administrators, school staff, parents, students, and community members about bullying behaviors, response strategies, and available resources.
- increased supervision in the cafeteria, hallways, bathrooms, and on the playground, where most bullying behavior occurs.
- a coordinating group — typically consisting of an administrator; a teacher from each grade level; a guidance counselor, psychologist, and/or school nurse; and parent and student representatives — to manage the program and evaluate its success.
- ongoing meetings between parents and school staff.
- discussions of bullying issues at regularly scheduled PTO meetings.

**At the classroom level:**
- a curriculum that promotes kindness, communication, cooperation, and friendship and includes lessons and activities stressing empathy, anger management, and conflict resolution skills.
- class rules against bullying. Rules should be brief and clear. Olweus suggests the following examples:
  1. We will not bully other students.
  2. We will try to help students who are bullied.
  3. We will include students who might be left out.
- immediate consequences for aggressive behavior and immediate rewards for inclusive behavior. Possible sanctions include having the bully apologize; discuss the incident with the teacher, principal, and/or parents; pay for damaged belongings; spend time in the office or another classroom; forfeit recess or other privileges.
- weekly meetings to communicate to students clear and consistently enforced expectations and to engage them as resources in preventing bullying behavior.
- ongoing communication with parents.

**At the individual level:**
- serious talks with bullies and victims.
- serious talks with the parents of bullies and victims.
- role playing of non-aggressive behavior with bullies.
- role playing of assertive behavior with victims.

The key components of the bullying intervention program, according to Olweus, are increased adult supervision in all areas of the school, increased consequences for bullying behavior, and a clear message that bullying will not be tolerated.

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**Anti-Bullying Resources**

The following resources provide additional information about the bullying prevention program developed by Dan Olweus:

- **Bullying at School: What We Know and What We Can Do,** by Dan Olweus. This book provides information about the results of Olweus’ bullying surveys, as well as a detailed description of his school-based bullying prevention program. To obtain a copy, contact Blackwell Publishers, c/o AIDC, P.O. Box 20, Williston, VT 05495.
- For information on how to order a teacher handbook, student questionnaire, or other materials from the Bullying Prevention Program, write: BVP-Dan Olweus, Vognstolbakken 16, N-5096 Bergen, Norway.
Socialization is the process by which children's behavior is shaped so that they “fit” with society. Various agents are vital in this process: parents, teachers, peers, literature, media, and social institutions.

The current climate of social violence experienced by our children must be explained, interpreted, analyzed, contextualized through these agents. An examination of these agents, then, is relevant for discovering the genesis of children's thoughts regarding conflict and conflict-resolution in our society.

Lev Vygotsky, a Russian psychologist, discovered that children are taught by example and through social interaction. One of the best sources for an analysis of this learning or modeling is literature because it is a reflection of life, helping the child organize and make sense of their world. If our reality includes conflict, our literature reflects conflict, and if our reality requires conflict-resolution skills, our literature reflects strategies for resolution, as well.

I recently used content-analysis methodology to assess children's literature for level of conflict and for the suggestion of strategies for conflict resolution. I used a list of 125 preschool books compiled by collapsing the American Library Association's suggested reading list for preschoolers with the Association of Library Services to Children's suggested fiction books for preschoolers. The number of books from this list available was 105. Five readers were trained to analyze and code the contents of these books. Each reader assessed all the books and coded responses on response sheets. These response sheets were then compiled, and a common rating for each book was developed based on consensus of responses. The data collected were analyzed using a chi square test.

**LEVELS OF CONFLICT**

The first question under investigation concerned the level of conflict reflected in preschool literature. Readers rated each book on one of four levels. Books with no conflict or those that were descriptive in nature were rated as level one. Of the 105 books read, 36 of them fell into this category. Margaret Wise Brown's *Goodnight Moon* is an example of a descriptive book.

Level-two books were those in which one party or group experienced a need to solve a problem. Thirty-three books were determined to be at this level with Don Freeman's *Corduroy* being one of them.

Level-three books depicted situations in which one character or group had to solve a problem but experienced some opposition to the resolution of the problem. Twenty-four books were determined to be on level three, with Wally Piper's *The Little Engine that Could* ranking in this group.

Level-four books depicted situations in which two or more parties or groups were involved in conflict with direct opposition between characters or situations. Only 12 of the 105 books were ranked at this level, with Beatrix Potter's *The Tale of Peter Rabbit* being, perhaps, the best example.

While 36 books were descriptive, 69 of those read depicted some level of conflict. A statistically significant difference exists between the level of conflict in these books at p<.01.

**CONFLICT RESOLUTION STRATEGIES**

The second dimension under investigation concerned the strategies suggested in these books for resolution of conflict.

The following were the strategies under investigation: talking a solution, withdrawing, verbal fighting, physical fighting, bringing in a third party to help with resolution, no options, or miscellaneous other strategies. Totals in this category are larger than the sample (n=69) because in several cases, multiple strategies were suggested or used.

Two strategies emerged in the “other” category, persistence, accidental resolution. Of the 12 books depicting this strategy, in 11 the character resolved the problem or conflict by being persistent. Only one book offered no option for resolution. That book was *Where Does Joe Go?*, a mystery that provided no answer to the question of where the hot dog vendor on the boardwalk goes during the winter months.

Fifteen books suggested talking as a method of resolution and fifteen suggested withdrawing from the conflict. Only two depicted verbal fighting and three depicted physical fighting. Talking and withdrawing from conflict were both offered in combination with bringing in another party. A statistically significant difference exists between the strategies used for resolution of the conflict at p<.001.

**THIRD PARTIES**

The third dimension under investigation concerned which parties were invited to help resolve conflicts. Of the 35 books depicting the use of a third party for intervention, 11 suggested peers as the resource. Nine depicted significant other adults (teachers, grandparents), seven depicted parents (most often, mothers), three depicted authority figures (police, sheriff), and five used inanimate objects such as toys. No statistically significant difference between which resource was used as a resource existed for conflict resolution.
competent member of the class who could work with others from different ethnic groups. His self-esteem grew, and as it grew, his performance improved even more. In addition, Carlos began to see his group-mates as friendly and supportive. The ethnic stereotypes that the Anglo kids held about Carlos and that Carlos held about the Anglo kids were in the process of changing dramatically. School became a more humane, exciting place, and absenteeism declined.

Within a few weeks, the success of the jigsaw was obvious. Teachers told us how pleased they were at the change in atmosphere. Visitors expressed amazement at the transformation. Needless to say, this was exciting to my graduate students and me. But as scientists, we needed more objective evidence — and we got it. Because we had randomly introduced the jigsaw intervention into some classrooms and not others, we were able to compare the progress of the jigsaw students with that of students in traditional classrooms. After only eight weeks there were clear differences, even though students spent only a small portion of their time in jigsaw groups. When tested objectively, jigsaw students expressed less prejudice and negative stereotyping, were more self-confident, and reported liking school better than children in traditional classrooms. Moreover, children in jigsaw classes were absent less often than were other students, and they showed greater academic improvement; poorer students in the jigsaw classroom scored significantly higher on objective exams than comparable students in traditional classes, while the good students continued to do as well as the good students in traditional classes.


DEFINING CHARACTERISTICS
Olweus also recommends that for a bullying intervention program to be successful, schools must do the following:
• Place primary responsibility for solving the problem with the adults at school rather than with parents or students.
• Project a clear moral stand against bullying.
• Include both systems-oriented and individual-oriented components.
• Set long-term and short-term goals.
• Target the entire school population, not just a few problem students.
• Make the program a permanent component of the school environment, not a temporary remedial program.
• Implement strategies that have a positive effect on students and on the school climate that go beyond the problem of bullying.
  Bullying behavior, according to Dr. Olweus, is evident even in preschool and the problem peaks in middle school. It’s important, therefore, that bullying intervention strategies be implemented as early as possible. Even if only a small number of students are directly involved, Olweus points out, every student who witnesses bullying is affected in some way. Even students who initially sympathize with or defend victims may eventually come to view bullying as acceptable if responsible adults fail to say otherwise. Over time, ignoring — or being ignorant of — bullying behavior will result in a social climate that fosters bullying, fighting, truancy, and other social and learning problems in all students.
  “The school,” said Olweus, “has a responsibility to stop bullying behavior and create a safe learning environment for all students.”


CHILDREN’S BOOKS
The large majority of books for young children introduce problem-solving. Slightly more than half of those dealing with a conflict or problem involved opposition to the resolution of the problem. Most books for young children are socializing them as problem solvers. This has been the case for some time — the books on the list were published throughout the last century.

ENVISIONING RESOLUTION
As children read about little engines or teddy bears with difficulties, they are seeing the world as a place where problems and conflicts exist. By reading to children, adults socialize them to accept the reality of such conflict and are able to guide them through the process of recognizing abstract concepts such as opposition and resolution. This allows young children to envision nonviolent outcomes.

We know our social reality is one in which children are faced with obstacles, frustrations and violence at early ages. It is critical for the readers, whether teachers, parents or siblings to teach young children necessary life skills at every possible opportunity. Reading is one of the best and most accessible modalities for the socialization of many concepts, among them conflict and appropriate conflict resolution skills.

For more information, contact jfields@colacoll.edu.
Reducing the Impact of TV Violence

by Rachel Ozretich, M.S., CFLE, Extension Parent Education Coordinator; Larry Rosenkoetter, Ph.D., Associate Professor Research; and Sharon Rosenkoetter, Ph.D., Associate Professor, Department of Human Development and Family Sciences, Oregon State University

An extensive body of research has convinced many major health and education organizations that children's viewing of television violence is a significant causal factor contributing to child and youth aggression in the U.S., both concurrently and longitudinally. The American Academy of Pediatrics has called for media literacy education as a possible method of ameliorating this serious public health problem. In an effort to implement and study the effects of such a strategy, our project, Reducing Early Violence: Education Works (REVIEW), has completed the first year of a school-based violence prevention study with major funding from the Northwest Health Foundation.

REVIEW developed and delivered a classroom curriculum and parent newsletters for first through fourth-grade students focused on achieving three main outcomes:

- Reduced time spent by children watching television.
- Reduced violent content and increased prosocial content of children's viewing.
- Increased children's critical thinking skills and knowledge to increase children's resistance to the effects of violence seen on television.

We tried to use simple, clear words that primary school age children would understand. The children were encouraged to be TV detectives and look for clues as they were shown the brief scenes or clips from TV programs we used to illustrate concepts. We also used songs, chants, skits, artwork, charts, games, sign language, puppets, and guest speakers to enhance children's learning. A total of 32 lessons, each 20 to 30 minutes in length, were developed and taught by project personnel, twice a week for 20 lessons, and then once a week. Our approach involved beginning with a few basic ideas and building on those, revisiting the most important concepts many times. These are the concepts we stressed:

**All TV teaches.** The idea that children learn from everything they see on television and in movies seemed to be a new one for teachers and parents as well as children. We demonstrated that young children learn from TV by watching and copying.

**Real versus not real.** This concept was the basic idea that some TV programs show or reflect real life and other programs are not real. It can be very difficult for children to tell the difference. Some special effects methods were explored.

**Who is your hero?** The children explored their ideas of what makes a hero and then discussed whether some TV characters are heroes.

**Four types of TV clips.** Because many TV programs are a combination of different types of clips, we taught children to think about specific clips as well as programs. Friendly TV included clips or whole programs where the characters were friendly to others or helped others, rather than hurting others. Hurting TV included clips where characters hurt others, either by hurting their bodies or hurting their feelings. Showing TV was defined as showing real life, such as soccer games, concerts, nature shows, and news. Selling TV included all clips intended to convince viewers to buy something.

**Problem-solving.** The children expressed bewilderment about how the TV characters could solve problems without using violence. We responded that most people in real life solve their problems using their good thinking skills rather than violence, and taught the children five easy steps for problem solving: stop, talk, listen, think, and choose.

**Making choices.** From the beginning, we emphasized that — within the limits set by their parents — children have the responsibility to make good choices about what TV programs they will watch and what they will learn from those programs. This is why they need to learn to be good TV detectives and think about what they might learn from what they see on TV. We urged the children to choose programs showing friendly ways for getting along with others rather than programs showing a lot of hurting behaviors.

**Talking back to the TV.** This was a strategy for children to resist negative lessons from TV.

**TV diet.** The children were encouraged to think about how much healthier it was for them to spend their free time playing actively and reading rather than watching TV or playing video games. Many of the children volunteered to show us the proportion of their free time spent watching TV, using a pie chart. We talked about the other activities they did with their free time and how these were much more healthful for them than watching TV.

**Nutritious and junk TV.** We reviewed with the children the concepts of nutritious and junk food. Then we applied these concepts to our focus on TV and children's health. The children classified a number of programs as nutritious or junk TV according to how much hurting TV they contained. We urged children to have more nutritious TV and less junk TV in their TV diets.

**Why so much violence.** The children asked us why there was so much violence on TV if it wasn't healthy for children to watch it. We pointed out that TV producers use a lot of violence because it is one of the most effective ways to grab our attention. Producers want to grab our attention to get us to watch the program and its advertisements because that is how they make money. In the process, violence is often glamorized and its real life effects sanitized.

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What police officers really do. A police officer visited each classroom to discuss with the children the differences between what police officers really do and what children see police officers doing on TV. The officers pointed out how rarely they had ever had to draw their guns, or chase people to arrest them. They said they had to use their good thinking skills and social skills far more often then they ever had to use their fighting skills. Children realized that through TV they had false knowledge about police work.

Preliminary analyses of children’s TV viewing measures have been encouraging. Anecdotal evidence from a telephone survey of their parents has also reflected the project’s impact. Future honing and adaptation of the lessons in more classrooms will contribute to developing a curriculum usable by primary classroom teachers and 4-H or other school age youth leaders.

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The International Experience in Building Suicide Prevention Strategies

In May 2001, Surgeon General David Satcher joined a coalition of public and private groups to unveil a national blueprint of goals and objectives to prevent suicide, the eighth leading cause of death in the United States. The goals and objectives are part of an ongoing effort to develop a National Strategy for Suicide Prevention.

In establishing this strategy, the United States drew on the experience of a few nations that have already created a national strategy for suicide prevention that is both comprehensive and multifaceted. The U.S. strategy also incorporates the recommendations of the World Health Organization’s 1996 publication Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies.

The following excerpt is taken from the introduction to the Surgeon General’s National Strategy for Suicide Prevention: Goals and Objectives for Action.

The United States has joined the small number of nations that have created a national strategy for the prevention of suicide that is both comprehensive and multifaceted and in which there is a planned integration among different prevention components.

The first national suicide prevention strategy was initiated in Finland in 1986; the Finnish initiative has provided tremendous amounts of information that have been helpful in the creation of the national suicide prevention strategies of other countries, including the U.S. The U.S. strategy also benefits from the national suicide prevention efforts of Norway, Sweden, New Zealand, Australia, the United Kingdom, The Netherlands, Estonia, and France.

COMMON ELEMENTS

National strategies for suicide prevention share a number of common elements. These include a focus on educational settings as a site of intervention; attempts to change the portrayal of suicidal behavior and mental illness in the media; efforts to increase the detection and treatment of depression and other mental illnesses, including alcohol and substance use disorders; an emphasis on reducing the stigma associated with being a consumer of mental health or substance abuse services; strategies designed to improve access to services; promotion of effective clinical practices; and efforts to reduce access to lethal means of suicide. Not every country with a national suicide prevention strategy, however, includes all of these elements in its strategy, although all current strategies do include plans for increasing research on suicide and suicide prevention.

Even when nations address the same issue in their strategies, they frequently do so in different ways. For instance, interventions after a suicide has occurred (called postvention) aimed at reducing the impact of suicide on surviving friends and relatives have been proposed by all countries. However, approaches to postvention vary across countries. For example, Norway has proposed outreach services to relatives and friends of those who died by suicide in the community, while other countries that have focused on youth suicide prevention, such as New Zealand, suggest specific postvention efforts to minimize suicide contagion in school settings.

NEED FOR COMMUNITY INVOLVEMENT

One important difference among nations with respect to their national strategies is the extent to which the community is involved in the creation and implementation of the initiative. The UN/WHO guidelines recommend that no single agency, organization, or governmental body have sole responsibility for suicide prevention. In this regard, a particular strength of the Finnish strategy has been strong community involvement in the...
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process of developing and implementing its strategy. Other countries with different resources have needed to rely heavily on government agencies to implement their strategies. The development of the National Strategy in the U.S. has been led by the Federal government, but in collaboration with numerous non-governmental organizations and with advice from hundreds of interested, individual citizens.

National suicide prevention strategies vary in terms of their target audiences. The National Strategy is aimed at the entire population of the U.S. and in this respect is similar to the strategies of Norway, Sweden, and Finland. In contrast, New Zealand and Australia focus exclusively on youth suicide. Finland has also targeted young men for special attention, given their increasing rate of suicide in that country.

THE NEED FOR COHERENCE
The UN/WHO guidelines recommend that suicide prevention programs be coherent in their approach. Nations take different approaches to ensuring such coherence. For example, the Finnish initiative commenced with a national research study on suicide, using the psychological autopsy method. Data derived from this research were used to help in the development and implementation of suicide prevention programs. In contrast, the New Zealand strategy was guided by a literature review born out of a workshop that included representation from both governmental and non-governmental organizations, including advocacy groups. The development of the U.S. strategy has been based on the public health model, which has proven so effective for approaching other health problems.

IMPORTANCE OF EVALUATION
The extent to which evaluation is a central component of a nation's suicide prevention strategy varies considerably.

The Finnish government commissioned both an internal and external evaluation to assess the outcome of the strategy. Norway has plans for an external evaluation of its strategy, and Australia requires evaluation for all funded demonstration projects.

New Zealand agencies are self-monitoring; in addition, a small steering group convenes annually and reports to the Ministers of Health and Youth Affairs on the progress of the strategy. As recommended by the UN/WHO guidelines, the U.S. strategy includes specific objectives with the potential for measurement. Provision is also made for the evaluation of specific preventive interventions.


PROTECTIVE FACTORS FOR SUICIDE
- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation

RISK FACTORS FOR SUICIDE
Biopsychosocial Risk Factors
- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness

- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental Risk Factors
- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Socialcultural Risk Factors
- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental-health and substance-abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide

EFFECTIVE SUICIDE PREVENTION PROGRAMS
- Clearly identify the population that will benefit from each intervention and from the program as a whole;
- Specify the outcomes to be achieved;
- Are comprised of interventions known to effect a particular outcome;
- Coordinate and organize the community to focus on the issue; and
- Are based on a clear plan with goals, objectives and implementation steps.

Violence and the Use of Geographic Information Systems: Hotspot Identification and the Reallocation of Services

by Bruce K. Bayley, M.S., Doctoral Candidate, Department of Family and Human Development, Utah State University; and Brent C. Miller, Ph.D., Interim Vice President for Research, Utah State University

Violence, in any form, requires both proactive and reactive courses of action. At its root, an act of violence always contains four main components: 1) a perpetrator, 2) a victim, 3) a time, and 4) a location.

Traditionally, social scientists have focused on the first three components, while using the forth, location, purely as a means of counting incident occurrences (for example, the number of domestic assaults in a certain town). Now we can add an exciting and visual dimension to these analyses, through the use of a technology that is relatively unknown to most of those working in the family sciences — geographic information systems.

Geographic information systems (GIS) integrate computerized cartography with tabular space-time data to produce an “intelligent” or thematic map. Information is often “layered” on top of other data to create “outputs,” or maps, similar to those generated by computer-assisted cartography (CAC) and computer-aided drafting (CAD). A GIS, however, also incorporates analytical capability lacking in both CAC and CAD systems. This allows researchers not only to replace the tried-and-true pin maps of yesteryear, but also to produce active real-time visual displays of information.

Using a single GIS output, even a lay person can, in a glance, visualize and interpret a vast amount of data about people, areas, and events that might otherwise be lost in a maze of charts, tables, and graphs.

While there are a number of ways a GIS can be used to study violence in our society, we will focus only on the basic functions of one of the more popular techniques: hotspot mapping and analysis.

In a very broad sense, a hotspot is generally defined as a place — such as a county or neighborhood — where a certain kind of crime — such as assault or rape — occurs so frequently that it is predictable over a one-year period.

LAYERS OF DATA

Hotspot maps are longitudinal representations of data rather than snapshots of a single, limited time period. Here’s how we might generate a hotspot map: First, we would take a map of the area, perhaps a city map that shows the boundaries of the various wards, precincts, or neighborhoods. Then we would take the subject data, such as the total number of assaults for the year and layer it over the city map. The result is a map that shows which areas had the highest concentrations of assaults during that year.

We could also add a third layer that would show, for example, the location of public schools in the city. Now we have a map that indicates which hotspots are close to schools. This could be used to determine which schools should take measures to protect students, both in and out of school.

Similarly, a GIS could be created that shows locations with the most police calls for domestic violence as well as the locations of existing shelters for battered women. This would help organizations that are conducting needs assessments to determine where they should place their next facility.

HOTSPOTS IN TIME AND SPACE

We must also remember that hotspots occur in both time and space. Space is an easily definable construct, identifiable through such reference systems as x-y coordinates (longitude and latitude). Time, on the other hand, can be more elusive. When measuring incidents of violence, time can be represented as moments (when did the event occur and where?), duration (how long did a hotspot exist?), structured time (standardized time, such as 6 a.m. to noon, or seasonal changes), and distance in time (how many minutes or hours in travel time is a hot spot located from a certain area?).

An example of the relationship between time and space can been seen in the area of school-related violence. Let’s say a researcher is interested in...
identifying violent areas that children have to walk through to get to a particular school. After discovering that most children who walk to the school live anywhere from one minute to fifteen minutes away, the researcher would be able to analyze the hotspot areas based upon space (the location of the school) and distance in time (how many hotspots are located within 15-minutes walking time).

Used correctly, a GIS can provide visual representations of where a problem is occurring. It can also be used to coordinate or reallocate the services that address those problems. Police patrols in hotspot areas can be increased, for example, and community watch organizations will be able to use their resources more effectively. Temporal fluctuations, such as seasonal periods or special events, can also be identified in an effort to understand not only where services might best be utilized, but also when.

**FORECASTING FUTURE PROBLEMS**

From a proactive standpoint, hotspot mapping and analyses can be used to forecast where problems are most likely to occur. Say, for example, a researcher is investigating multiple levels of violence and believes that certain social and environmental processes are contributing factors. To test this theory, the researcher might produce a hotspot map using crime data from a target area. Additional information, such as population change, socioeconomic status, the age of housing, number of school-age children, rate of unemployment, locations of bars and nightclubs, and area temperature can be added to the analysis of multiple hotspot areas in an effort to identify significant indicators of violence. Once identified, a predictive model can then be constructed to help city officials recognize the possible locations of future problems.

The future of GIS in the social sciences is limited only by one’s imagination. The technique of hotspot mapping and analysis is just one of many geographic tools available to researchers who investigate violence and its prevention.

Another technique on the horizon is geographic profiling, an investigative methodology that connects a series of criminal events in an effort to predict where an offender might live. This is useful in a series of violent acts where the same person is suspected. Also in development are advanced forecasting techniques based on a type of gaming simulation known as the neural model. These techniques are used to forecast expected areas of violence.

According to the old adage, “a picture is worth a thousand words.” The use of GIS and other graphic tools demonstrates that this is especially true in the study of violence and its prevention.

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**Chill Skills:**
An Anger Management Approach to Violence

by Deborah J. Thomason, Ed.D., CFLE, Associate Professor and Extension Family and Youth Development Specialist; and Brenda J. Thames Ed.D., CFCS, Extension Program Specialist, Cooperative Extension Service, Clemson University

**Chill Skills** is an experientially based curriculum model developed for county extension faculty. The model was developed in response to the current social climate and to complement a previous extension program effort, Conflict Resolution. It approaches anger management for youth and adults at developmentally appropriate levels.

The focus of the program is to provide youth and adults with the coping and communication skills that enable them to effectively:
- deal with their anger and to minimize the negative effects of conflict;
- understand that anger is a normal human feeling;
- recognize the difference between angry feelings and angry behavior;
- identify what triggers their anger;
- become familiar with their physical anger warning signs;
- consider the consequences of angry behavior;
- develop constructive and effective ways of expressing and handling their anger; and
- respond effectively and appropriately to the anger of others.

Anger is an internal reaction, which an individual learns to name, to an external event. Anger involves complex feelings. It is made up of different reactions that cause us to be irritated, annoyed, furious, frustrated, enraged, and even hurt. It can prevent happiness and productivity in our personal and professional lives.

Our response to anger involves our body, our behaviors, and our thought process. The events that cause us to feel angry have no emotional value in themselves — it is how we appraise these events that causes a shift in our physical well-being. Anger can be powerful, and that very power can lead to our greatest productivity if it is well-managed. When we approach anger in a positive and realistic way, we will experience greater control and happiness.

**HANDLING ANGER**
When people handle their anger in a healthy way, they:
- treat anger as a normal part of life;
- use anger as a signal that there are problems to be addressed;
- take actions when necessary, but only after careful thought;
- express their anger in moderation, without losing control;
- use anger to solve problems, not just to express their feelings;
- state their anger clearly, in ways that others can understand; and
- solve the problem and let go of the anger.

These are the forms of negative thinking that can contribute to anger and change in mood:
- **Exaggeration** occurs when you magnify the importance of problems or minimize the good things in your life.
- **Mind-reading** means jumping to conclusions and interpreting things in a negative manner.
- **Black and white thinking** is an all-or-nothing attitude.
- **Dwelling** occurs when you pick out a negative situation and obsess on it.
- **Discounting** happens when you overlook the positive and never give yourself or others credit for a job well-done.
- **Blaming** adds resentment to relationships and fuels internal anger.

Your body gives you signals to tell you how it feels when you become angry. Tension is the first stage in the anger process. Tension is the residue that is left when you cannot do something about your problems. After awhile, tension will let you know that you are wearing down, and physical or emotional illness is often the result.

Escalated anger brings on physical effects that include increased blood glucose, heart rate, and blood pressure; shallow and difficult breathing; back and head pain; and sweating.

Anger has mental and emotional effects, too. The mental effects include difficulty in concentrating, poor performance, sleeplessness, and lack of focus. These can lead to emotional problems such as depression, fatigue, irritability, nervousness, and worry.

Some behavioral effects of anger are eating disorders, drug use, alcoholism, smoking, restlessness, impulsiveness, compulsiveness, withdrawal, and isolation.

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effects may be job burnout, dissatisfaction, poor relationships, job turnover, and accidents.

POSITIVE AND NEGATIVE EFFECTS
Anger can also be used in a productive, positive way. “Good anger” can:
• energize,
• release tension in a constructive way,
• provide information,
• help you communicate when you are upset, and
• resolve hidden conflict.

But if it’s used inappropriately, anger produces negative results. “Bad anger” can:
• control your thoughts,
• disrupt your life,
• cause pain to self and others,
• ruin relationships,
• cause health problems,
• leave a negative impression with others, and
• cause other emotional problems.

If you know what provokes you and why you get angry, you can be better prepared to deal with situations. Create techniques in advance for managing your “hot buttons.” Learn how to avoid certain situations that trigger anger. Practice anger management skills that will build up your tolerance for angry situations.

WHY WE GET ANGRY
Some common ways to categorize situations that make people angry:
• Injustice can make you feel that you have been treated unfairly.
• Hurt or abuse — physical or verbal — angers us.
• Frustration occurs when we cannot get something done our way or when someone disappoints us.
• Annoyances are life’s little irritations. When they begin to stack up, we are left feeling out of control.

Increasing awareness of what triggers anger in people can help them develop skills to manage their behavior and control their anger.

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New Action Guide Offers Ways to Prevent Underage Use of Alcohol

Although consumption of alcoholic beverages is illegal for those under 21 years of age, over 10 million drinkers in the U.S. are underage. Young people who drink are more likely to be victims of violent crime, have serious problems in school, be involved in drinking-related traffic accidents, and develop alcohol dependence.

To help community leaders address the challenge of underage drinking, the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP) has developed the Underage Drinking Prevention Action Guide and Planner.

The Guide is a monthly planner that can be used as personal calendar or to schedule and track alcohol abuse prevention activities. For each month a theme is suggested and a call to action provides ideas for activities appropriate for that month’s theme. Themes include alcohol and family life, alcohol and popular culture, and alcohol and the college experience. Activities are suggested for communities, businesses, social events, media, parents, and youth. Also included for each month are facts about alcohol abuse that can be incorporated into speeches, letters, brochures, or public service announcements.

The Guide includes information on liquor laws, factors that affect underage drinking, raising public awareness about underage drinking issues, and creating effective community networks. Sample letters, press releases, speeches, and other materials that can be easily adapted to meet local needs are also provided.

The Guide is free. To order it, call (800) 729-6686. Or download it from www.samhsa.gov. Click on CSAP.