Preventing Violence
Hope Seen In Promising Interventions For Children And Families

Youth violence is an epidemic whose cure has been elusive.

The problem lies in its complexity. No single factor steers a child toward violence. Many factors converge to do that – poverty, access to guns, family strife, poor parenting, school failure, to name a few.

But there is hope. Violence is a learned behavior. And several preventive measures have shown promise in steering children down a better path.

Promising interventions involve parents as well as children. They vary in target population, theoretical framework, setting, and scope. Some are directed at changing the individual. Others seek to change systems and settings that influence behavior, such as family and home, a child’s peers, and community.

Research also suggests that a public health approach may help reduce youth violence much the way highway deaths have been reduced through a national safety campaign.

At Home

Parents of children with behavior problems tend to be more inconsistent and punitive in establishing and enforcing rules.

Parent management training attempts to improve a child’s problem behavior by improving the parent’s abilities to use positive reinforcement when their child behaves well and consistently ignore or punish problem behavior.

In general, parents are taught to communicate clear expectations about positive and negative behaviors, provide praise, reward, or extend privileges for good behavior, and deal with bad behavior with punishments such as time-out and loss of privileges rather than with physical punishment.

Studies demonstrate substantial changes in parent and child behavior as a result of parent management training.

However, as many as 25-40% of the children continued to have serious behavior problems, and the intervention was less effective with families burdened with low incomes, low social support, and marital conflict.

Other interventions that provide family-wide support have reduced the likelihood that children will engage in aggressive or violent behavior.

Children of mothers enrolled in a program to aid young, disadvantaged parents were found to be less aggressive than peers whose mothers were not included in the intervention. The program provided mothers with developmental support for their children and other help, including home visits to address financial, housing, and other needs; child care at a program center; and developmental and pediatric exams.

Ten years later, program mothers were more likely to be self-employed and had fewer children than the group of mothers who were not included in the intervention. Their children showed higher rates of school attendance and fewer school suspensions, and were more likely to be rated by teachers as being less aggressive.

In School

Prevention measures found in schools range from the use of metal detectors, to teaching social and problem-solving skills, and ways of reinforcing attendance, academic progress, and good behavior.

Efforts to reduce factors that put children at risk of antisocial behavior have also shown promise in reducing aggressive and violent behavior.

Children in one school failure prevention program proved less likely to commit crime later in life than peers not included in the intervention. For two years, the program focused on developing their decision-making and cognitive abilities. The children were 3 to 4-years-old at the start of the program. At age 19, they had lower school drop-out rates, greater literacy, higher rates of em-
who have shown those behaviors or are exposed to risks that may lead to them.

One program, Positive Adolescent Choices Training (PACT), used several interventions, including videotapes, to teach skills such as calmly expressing criticism or displeasure, reacting calmly to criticism, identifying problems and solutions, and compromising. Middle school students given 20 one-hour weekly sessions were less likely to become involved in criminal behavior than their peers. Three years after training, only 17.6% of the students had been referred to juvenile court, compared to 48.7% of the students in a group who did not participate in the sessions.\(^3\)

At the tertiary, or treatment level, prevention of further problems focuses on seriously troubled youths using behavior modification and cognitive and behavioral skills training.

Chronic relapse was reduced among troubled youths given treatment to develop their social perspective-taking skills.\(^4\) They met daily over a 10-week period to develop, act out, videotape, and critique skits based on conflicts they had experienced. Their rates of recidivism were significantly lower than a group of youths who did not receive treatment.

Violence is one of the most prevalent, socially-transmittable, destructive, and problematic health risks American youth face. However, factors that put children at risk are becoming clearer and interventions are emerging that raise hope that the epidemic of violence can be prevented from inflicting future generations.

---

**references**

*This report was based on the following publications:*


