



The
UNIVERSITY
of VERMONT

Vermont Legislative Research Shop

Reducing Crime with Childhood Intervention Programs

Links Between Childhood Experiences and Adult Violence

It has been argued that the greatest predictor of violence is a personal history of violence because a person's level of aggression is remarkably consistent over one's lifetime. So, those who are aggressive as children are more likely to be aggressive as adults. Violence is a learned behavior, it is not a natural state (The American Psychological Association's Commission on Youth and Violence 1994). Along with violence, substance abuse can cause harm in children. Children living in alcoholic families experience higher health care costs than children from non-alcoholic families. They are admitted to hospitals 24% more than other children, and they also have a 36% higher inpatient cost than children raised in non-alcoholic families (National Association for Children of Alcoholics 1999). Thus, not only would preventing domestic violence and substance abuse help prevent violent crimes, but it would also save the state money in health care.

Young people who are exposed to violence and substance abuse are worse off later in life than those who grow up in healthy living environments. Juveniles reporting exposure to abusive treatment during childhood have elevated risks of violent behavior, substance abuse, and mental health problems (Fergusson and Lynskey 1997). There is also strong evidence that there is a highly significant correlation between borderline psychopathology and experiences of repeated childhood trauma including sexual abuse, and domestic violence (Saunders and Arnold 1993). In addition to increasing mental problems, being abused or neglected as a child increases the likelihood of arrest for a violent crime as an adult by 38%, and increases the likelihood of arrest as a juvenile by 53% (National Conference of State Legislatures 1999).

David Fergusson and Michael Lynskey in a 1997 study found that there are different effects of different types of abuse (Fergusson and Lynskey 1997). Children who are regularly and severely abused show greater problems with conduct disorder, anxiety disorder, major depression, suicide attempts, nicotine abuse, alcohol abuse, cannabis abuse, and are found to be more violent and commit more crimes against property, and they also are more likely to be the victims of violent crimes.

Extent of Physical Abuse

	1	2	3	4
	None	Seldom	Regular	Severe/Harsh
Mental Health				
Conduct Disorder	5.4	3.5	14.1	10
Anxiety Disorder	11.7	16	24.4	40
Major Depression	26.1	19.1	32.1	50
Suicide Attempts	4.5	4.2	12.8	17.5

Substance Abuse/Dependence				
Nicotine dependence	17.1	11.8	23.1	27.5
Alcohol abuse	14.4	17.7	37.2	32.5
Cannabis abuse	9.9	10.6	21.8	22.5
Criminal Offending				
Recurrent (3+)				
property offending	11.7	9.3	21.8	17.5
Recurrent (3+)				
violent offending	7.2	7.7	28.2	15
Victim of Violence	16.2	15.5	32.1	37.5

*Rates and percents of Psychiatric Disorder, Substance Abuse, Criminal Offending and Victimization (16-18 years) By extent of exposure to physical punishment during childhood (0-16 years). Fergusson, David M., and Michael T. Lynskey. "Physical Punishment/Maltreatment during Childhood and Adjustment in Young Adulthood." *Elsevier Science Ltd*, 1997.

Current Programs

Two intervention programs that have been implemented in the United States are Violence Intervention Program for Children and Families (VIP) and Children at Risk (CAR). In Louisiana VIP aims to provide services to those who have been exposed to violence. In its efforts to respond to the profound needs of children and families who live in violence on a daily basis, it also seeks to impact the broader community in which children are embedded (Thompson 1999). CAR was an experimental drug and delinquency prevention program for high-risk adolescents 11-13 who live in "distressed" areas. This program was implemented from 1992-1996 in five cities, Austin Texas, Bridgeport, Connecticut; Memphis, Tennessee; Savannah, Georgia; and Seattle, Washington (Harrell, Cavanagh, Sridharen 1999).

Based on need assessments, VIP decided to provide service in three broad areas: The school, the Police department, and the Louisiana State University Health Sciences Center (LSUHSC) Psychiatry Clinic. The school system provided group and individual therapy to children exposed to violence. In addition to those programs for targeted children, they provided programs for all children that concentrated on anger management and a peaceful conflict resolution. The school also provided parents and teachers with information regarding the effects of violence exposure and children. Services were also offered to police departments to help educate officers on the problems that children exposed to violence face. Police officers were also informed of the available referral sources for children exposed to violence. Finally the LSUMC Psychiatry clinic provide therapy to children that were referred by the police, as well as provide a twenty-four hour resource that police officers, parents, and other adults can use to refer children who have been exposed to violence (Thompson 1999).

The CAR program was an experimental pilot program implemented by the US Department of Justice. CAR was instituted with the hope that intervention programs would prevent drug use and delinquency in at-risk youths by reducing the number of at-risk factors they were exposed too. Core services include case management, family services, after school and summer activities, mentoring, education services, incentives, community policing and enhanced enforcement, and criminal and juvenile justice intervention (Harrell *etal* 1999.). CAR was developed and monitored by the National Center on Addiction and Substance Abuse (CASA) at Columbia University with the financial support of the U.S. Justice system. The average CAR program, when operating at full strength, served 90 participants and 83 family members per year at a cost of \$420,000.

Compared with a control group of youths, after one year in the program CAR recipients, when interviewed, were significantly less likely to have used drugs in the past month, were significantly less likely to have sold drugs in

either the past month or any time, and committed significantly fewer violent crimes in the year following the end of the program. The incidents of property crimes, however, were the same in both CAR recipients and the control group. (Harrell *et al* 1999)

References

The American Psychological Associations Commission on Youth and Violence. 1994. March-April 1994 "Youth and Violence." *Psychology Today* v27n2.

Fergusson, David M., and Michael T. Lynskey. 1997. "Physical Punishment/Maltreatment During Childhood and Adjustment in Young Adulthood." Elsevier Science Ltd.

Harrell, Adele, Shannon Cavanagh and Sanjeev Sridharan. 1999. "Evaluation of the Children at Risk Program: Results 1 Year after the End of the Program" *National Institute of Justice* (November).

National Association for Children of Alcoholics. 1999. "Facts About COA's."
<http://www.health.org:80/nacoa/coa3.htr>.

National Conference of State Legislatures. 1999. "Children Exposed to Violence." (December)
<http://www.ncsl.org/programs/ASI/Violence.htm>.

Saunders, Eleanor A., and Frances Arnold. 1993. "A Critique of Conceptual and Treatment Approaches to Borderline Psychopathology in Light of Findings about Childhood Abuse." *Psychiatry* (May) Vol56n2.

Thompson, M. Dewana. 1999. "The Violence Intervention Program: A Beacon of Hope in a Community Grappling with Violence" Presented at the 61st Annual Conference of the National Council on Family Relations, Irvine, CA. November 12-15.

Compiled By Sara Davies and Sarah Fisher on April 14, 2000