

# FOCUS

Views from the National Council on Crime and Delinquency

## Children Exposed to Violence

Linh Vuong  
Fabiana Silva  
Susan Marchionna

### *Introduction*

It is estimated that nearly 4 million children are victims of serious assault, and 9 million have witnessed a serious violent act (Yale Child Study Center, 2001). A 1993 study reported that nearly 20% of first and second graders had been a victim of violence and 61% had witnessed violence within their community (Richters & Martinez, 1993). In the same year, a separate study reported that homicide was the leading cause of death among African American youths (National Research Council, 1993). When children are exposed to violence, they suffer not only the immediate trauma of the incident, but this trauma creates a “socially toxic” environment that also tends to negatively affect children’s normal development and their future well being (Garbarino, 1995). For example, children exposed to domestic violence are more likely than non-exposed children to be abused or neglected, and more likely to later be in an abusive adult relationship, as either aggressor or victim. Youth

encounter violence in every arena of their daily life—at home, at school, through the media, or on the streets of their neighborhoods.

Despite a growing body of research, there are still large gaps in what we know about these youth. How many children are affected? What types of violence are most harmful? How old are these children? Where do they live? Most importantly, what can we do to help them? This Focus reviews what we know about the effects of violence on children, the types of violence that they are exposed to, and what programs might most effectively mitigate the trauma in both the short and the long term. The goal of this Focus is to discuss and highlight the effects of violence on children who are direct victims and those who witness it in their daily lives. For the purpose of this report, the term “youth” includes children under age 18, unless otherwise noted.

## Effects of Violence

Although there is more research on children who are direct victims of violence, children who are exposed to violence suffer many of the same consequences. Studies have found that exposure at a young age results in short-term and long-term consequences, affecting children throughout their developmental phases and into adulthood. Such children are at increased risk for teen pregnancy, drug use, and mental health problems. Of children exposed to violence, those who are directly abused or neglected are more likely to be arrested as juveniles, as adults, and for violent crimes (Widom & Maxfield, 2001). An NCCD study on teenage victimization found that these youth experience more problems in school, both with teachers and in their academic performance (Wordes & Nuñez, 2002). A more recent NCCD study on risk factors leading to gang involvement found that living in a community with high levels of violence is a risk factor for later gang involvement (Glesmann, 2009).

**Aggression, behavioral disorders, and the cycle of violence.** Early exposure to violence affects normal youth behavior in a number of ways. Immediate behaviors include acting out, aggression with peers, and self-destructive behavior (Alessandri, 1991; Taussig & Litrownik, 1997). Specific examples of these behaviors include fighting, carrying weapons, and substance abuse (Bell & Jenkins, 1993; Martin, Gordon, & Kupersmith, 1995). Long-term consequences of exposure to violence involve a greater risk of early and chronic involvement with the juvenile justice system and (later) the criminal justice system (Widom, 1998). These youth are also more likely than their peers to be in abusive relationships, and to later neglect or abuse their own children (Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003; Kaufman & Ziegler, 1987).

**Emotional and anxiety disorders.** Exposure to violence during the developmental phase of adolescence can also lead to a number of emotional and anxiety disorders. Exposed youth report significant levels of

depression, anxiety, and low self-esteem. Many of the symptoms experienced by these youth are characteristic of post-traumatic stress disorder (PTSD). Studies have found that greater exposure to violence leads to increased reporting of PTSD symptoms such as disturbed sleeping, loss of appetite, irritability, anger, or trouble concentrating (Fitzpatrick & Boldizar, 1993).

*Many of the symptoms experienced by these youth are characteristic of post-traumatic stress disorder.*

**Substance abuse.** Though it is limited, current research shows a strong relationship between early exposure to violence and later substance abuse. Children exposed to violence are 3 times more likely than their peers to abuse or become dependent on a large range of substances (Kilpatrick, Aciero, Saunders, Resnick, Best, & Schnurr, 2000).

**Physiological effects.** The results of research on exposure to violence and its effect on physiological functions are not clear. While PTSD is known to cause such symptoms as increased heart rate and sleep disturbances, it is not known how those symptoms affect developing youth. It is unclear whether physiological symptoms are due to changing hormonal systems or due to exposure to violence. However, preliminary research reveals that youth exposed to violence may not develop cognitively, socially, or emotionally at the same rate as their peers (Obeidallah, Brennan, Brooks-Gunn, Kindlon, & Earls, 2000).

**Academic difficulties.** There is a considerable body of research that shows a strong relationship between exposure to violence and poor academic performance. Exposed youth report higher rates of truancy and increased conflict with their peers (Rigby, 2000). Youth exposed to violence score lower on math and verbal tests and report negative interactions with their teachers (Kurtz, Gaudin, Wodarski, & Hoving, 1993; Leiter & Johnsen, 1994).

The consequences of exposure depend on the severity of the exposure (Manly, Cicchetti, & Barnett, 1994)—including whether the child was a direct victim and whether there was a single incident or reoccurring

exposure—as well as the child’s gender (Buckner, Beardslee, & Bassuk, 2004) or his or her developmental stage and maturity (Eddy & Reid, 2002), family relationships, and coping skills (O’Brien, Margolin, & John, 1995). Researchers have found that the ways in which a child’s family members, school personnel, and other social support systems respond to the child after the event can significantly influence the effects of this exposure (Marans, & Adelman, 1997). Not all children exposed to violence suffer the negative consequences outlined above. Interventions can help mitigate the negative consequences of exposure.

*Interventions can help mitigate the negative consequences of this exposure.*

## Types of Violence

The National Center on Children Exposed to Violence (NCCEV) defines several types of violence: community, school, domestic, and media. However, “exposure” can have a variety of definitions. For the purposes of this report, NCCD will use the term broadly to include not only children who have been victims of violence (abuse, neglect), but those who witness it first hand, and those who live in a community where violence is prevalent. The following section will use NCCEV’s 4 categories as a foundation to discuss the types of violence encountered by children.

### Community Violence

Community violence is generally defined as an act of interpersonal violence perpetrated by an individual not intimately related to the victim. This broad category encompasses property and weapons offenses, gangs and drugs, and the sound of gun shots, and the presence of graffiti. Children exposed to community violence can also include those found or left at crime scenes.

Communities at risk for violence exhibit such characteristics as unemployment, poverty, urbanization and population density, neighborhood decline (fewer positive social interactions, involvement in community activities,

cohesiveness), and transiency. While some of these factors can be quantified (unemployment and poverty), others are more subjective (neighborhood decline). NCCEV concludes that parents report only half the violence that their children report.

Though community violence is difficult to measure, a few surveys do measure youth’s perception of safety in their own communities. The National Longitudinal Study of Adolescent Health (AddHealth) reported that, in 1996, nearly 10% of youth in grades 7–12 had witnessed a shooting or stabbing of another person (Harris, Halpern, Entzel, Tabor, Bearman, & Udry, 2008). Another national study

found that 46% of the youth surveyed had changed their daily routines because of safety concerns (OJJDP, 1998). About 12% had changed their routes to and from school for the same reason (OJJDP, 1998). However, according to the California Healthy Kids Survey, 38% of California students in grades 7–11 reported feeling that their neighborhood was very safe, 34% safe, 21% neither unsafe nor safe, and 3% unsafe or very unsafe (CHKS, 2008).

### School Violence

School violence is a subset of community violence. It can range from something as serious as school shootings to something as simple as student perception of safety. More common incidents of school violence include bullying, victimization, fighting, weapons possession, teacher injury, and the availability and use of drugs or alcohol on campus. The tragedies of Columbine, Springfield, and Little Rock highlight the particular concern that, while schools are generally safe, these events have traumatic consequences, not only for those who were victims, but for those who were present, or even for those who are affiliated with the schools. Considering the amount of time children spend at school and the influence of school on a child’s life, efforts should be made to create schools that are as safe as possible.

Research on youth violence has greatly improved in the past decade. Individual risk factors that increase the likelihood that a youth may become a violent aggressor include his or her own history of violent victimization, attention deficit or learning disorders, association with delinquent peers, substance use, negative peer interactions, and poor academic performance.

There were 17 deaths associated with school violence in 2005–06, of some 55 million students. Victimization rates have decreased since 1995, but 86% of schools still report at least one crime during the school year. Year after year, approximately 25% of students report that the weapons and drugs are available at school (National Center for Educational Statistics, 2007).

### *Domestic Violence*

Domestic violence is typically defined as violence between intimate partners. However, with regard to children, domestic violence can refer to those who have witnessed violence between their parents or caretakers and to those who are abused—physically or sexually—by their caretaker. Neglect is often also included in this category. Sexual abuse falls into two main categories, the first through noncontact, such as the exploitation of children in pornography or prostitution, the second through physical contact, such as intercourse. Children who have witnessed the arrest of a parent or caregiver or experienced the incarceration of a parent should also be included in this category.

Studies on family violence are underdeveloped and often biased in scope.<sup>1</sup> What is known and accepted is that abusive partners are also likely to be abusive parents; these parents are typically not biologically related to the victim, such as a stepparent. Researchers have also found that certain risk factors exist among abusers, such as lower socioeconomic status, experience of maltreatment during childhood, and greater levels of perceived individual stress. However, it is important to note that most individuals with said risk factors are not child abusers.

The Bureau of Justice Statistics reports that 35% of households where domestic violence has occurred have children under age 12 living in them<sup>2</sup> (BJS, 2007). According to the older National Violence Against Women Survey and its contemporary, the National Crime Victimization Survey, reporting rates have increased in the past decade from 30% to 60%; reasons for underreporting include a protection of privacy, followed by fear of reprisal (Klein, 2009). Data also show that partner violence often coincides with child maltreatment in the home.

### *Media violence*

With children having greater access to technology—television, movies, music, and video games—there is cause for concern about the amount of violence children are exposed to at a young age. Reports by the Kaiser Family Foundation reveal that 99% of children live in homes with televisions. Youth spend nearly 7 hours per day using some form of media, with 3 of those hours spent watching television. Seventy-seven percent of youth have a television in their bedroom, a situation that presumably makes parental monitoring of content more difficult (KFF, 1999).

Studies have found that violence in the media poses 3 threats. First, young children who are exposed to media violence become desensitized to acts of aggression and violence and perceive reality to be more violent than it actually is. Second, due to their inability to separate fiction from reality, young children begin to imitate the violent behaviors that they see. In fact, studies have found that children who see aggressive acts on television are more likely to imitate those actions in play, or generally be more aggressive in their interactions. Third, children exposed to media violence are more likely to fear becoming a victim of such acts (Huesmann, Moise-Titus, Podolski, & Eron, 2003).

<sup>1</sup> Milner notes that many physical abuse studies are based on cases involving mothers, sexual abuse studies based on cases with male offenders.

<sup>2</sup> Data regarding children are missing for 15% of these households.

## Promising Approaches

Programs that address the trauma experienced by children exposed to violence have been implemented around the country. Most have not been rigorously evaluated, but the following are NCCD's recommendations on promising practices. These programs encompass a wide range of prevention and intervention strategies. Some work to identify at-risk youth, some to intervene at a critical developmental phase, and others to mitigate the harmful effects of exposure to violence. Together, they have the potential to greatly improve outcomes for children.

### *Responding to Community Violence*

#### Child Development-Community Policing Program (CD-CP)

CD-CP is a collaborative approach to addressing the effects of childhood exposure to violence. Key partners include the police, mental health professionals, child welfare departments, and schools. Through CD-CP, police officers are able to consult mental health and child welfare professionals when encountering children in traumatic incidents. Police officers receive training on child development, while clinicians are trained to understand the police perspective. A major innovation has been the implementation of protocols for regular tracking and monitoring of referred children with regard to their exposure to additional violent incidents, involvement in delinquent activities, and experience of PTSD symptoms. An evaluation of the program found that it led to the reduction of arrests and truancy among targeted youth. Founded in New Haven, Connecticut, CD-CP has since been replicated in at least 12 different sites across the country with support from the Office of Juvenile Justice and Delinquency Prevention.

#### Strategic Home Intervention and Early Leadership Development (SHIELD)

SHIELD is an innovative youth violence prevention program operated by the Westminster Police Department in Orange County, California. It is based on the notion that police officers are able to recognize youth at risk for delinquent behavior, identifying early warning signs such as neglect and abuse, early victimization, and exposure to violence within the home (OJJDP, 2000). Police officers act as an intermediary, identifying at-risk youth in the course of their daily activities and then referring them to a SHIELD Resource Officer, who coordinates different agencies and community members to determine appropriate treatment and programming for the youth. SHIELD is currently viewed as a promising practice, particularly for its early identification of at-risk youth and thus its potential for timely intervention.

#### SFPD Police Protocol

The San Francisco Police Department recently implemented a protocol for the children of arrested parents, who are some of the most vulnerable youth in the country. The circumstances of the arrest may affect the long-term relationship between child and parent. The goal of the protocol is to prevent unnecessary exposure to additional trauma and risk by providing officers with guidance on actions to take if a child is present during an arrest and how to find an appropriate placement. NCCD's evaluation found that there was immense need among officers for training on child development and the effects of trauma.

## Responding to School Violence

### Reevaluate zero-tolerance policies.

Existing zero-tolerance policies, originally enacted to make schools safer, are intended to be applied only in the most severe situations (gang-related crime or possession of drugs and firearms). However, these policies have supplanted more intermediate interventions, such as counseling. Studies have found that zero-tolerance policies have been used to punish youth for minor infractions and status offenses, with many youth being funneled unnecessarily into the juvenile justice system, fueling what the NAACP calls the “School-to-Prison Pipeline” (NAACP, 2007). As a result, more youth spend less time in school and more time in poorly equipped detention facilities. Worse yet, zero-tolerance policies are ineffective: studies show that schools that use these policies are often not safer than schools that do not use them. Instead of putting our youth away in detention facilities intended only for the most dangerous youth, investing in community extracurricular programs, school-based prevention programs, or diversion to social services would be more effective in both the short and the long term.

### Improve school design.

Today’s schools are often outdated, dilapidated buildings that do not promote student safety. The CDC is currently examining a violence prevention approach called “Crime Prevention Through Environmental Design” (CPTED), based on the concept that an individual’s physical environment affects his or her behavior. This approach is guided by several principles, such as maximizing visibility, managing boundaries, clearly delineating space, maintaining physical grounds, and controlling behavior.<sup>3</sup> Examples of improvements include more windows, signs, and or landscaping that restrict access to unsupervised areas, building upkeep, and adult supervision.

### Increased training and resources for school-based personnel.

School health clinic staff and counselors are positioned to support children exposed to violence, but may lack the training and appropriate resources to do so. They should not only be trained to help create safe environments but also to identify and respond appropriately to victims. Resources can include appropriate referrals, particularly the ability to provide youth with access to mental health services.

### Seattle Social Development Project (SSDP)

Researchers at the University of Washington, Seattle, have found positive results in their longitudinal study, which trains both parents and teachers on positive youth development. The project is based on actively engaging children in learning, strengthening bonds to family and school, and encouraging children’s positive behaviors. Evaluations of the project have shown improved academic performance, enhanced family relationships, and reduced levels of substance use (Center for the Study and Prevention of Violence, 1999).

<sup>3</sup> For more information on CPTED, please visit <http://www.cdc.gov/ncipc/dvp/CPTED.htm>

## *Responding to Domestic Violence*

### Increase resources for children in battered women shelters.

Many shelters for battered women address only the trauma of the women. However, nearly 40% of women victims of domestic abuse also live with children under age 12, highlighting the need for shelters to also have the resources necessary to address the needs of developing youth (BJS, 2007). Counseling and support are essential to youth who have experienced the trauma of domestic violence. These children need stability to minimize the disruption to their daily lives.

### Intervene early with dating violence education.

Although domestic violence is often considered an adult offense, young girls are becoming a larger proportion of victims of personal dating violence. Such victimization often begins at a young age, and, without the proper intervention, is likely to continue into adulthood. Educating young girls and preparing them for these situations can help prevent similar incidents in the future.

Examples of such programs include the CDC's Choose Respect public education campaign. The campaign targets youth ages 11–14 with positive messages about healthy relationships and signs of dating abuse. Another example is the partnership between the American Bar Association and the Girl Scouts of America to incorporate dating violence prevention as part of the curriculum, where girls are introduced to the facts about teen dating violence and about warning signs. The curriculum culminates in a mock trial of a domestic violence case.

### Intervene early with home visits.

Early intervention, such as home visits that target families at risk for domestic violence, has shown to be particularly effective. Both pre- and postnatal visits, as well as parenting classes, provide families with essential resources. These services help families build a support system that parents and children can reach out to when in need. Programs like the Nurse Family Partnerships for low-income mothers decrease child abuse and neglect, and show reductions in future crime and substance abuse among the children (Lee, Aos, & Miller, 2008). Early intervention has also shown positive results when applied to families where domestic violence is already occurring. Programs like the Domestic Violence Home Visit Intervention show promising results for police-advocacy intervention. Post-incident home visits, conducted by officers, who also advocate for the women, improve the psychological and physical security of youth. Participants are more likely than nonparticipants to report incidents and engage services for their children.

## *Responding to Media Violence*

### Invest in after-school programs.

Engaging children in after-school activities reduces the amount of time they may spend watching television, unsupervised or otherwise. Given that the hours between school and evening (3pm-7pm) are prime time for juvenile crimes, after-school activities not only keep youth off the streets but also promote values and behaviors that work as protective factors, such as increased school achievement, adult success, and reduced levels of delinquency (Newman, Fox, Flynn, & Christeson, 2000). Studies estimate that 10 million to 14 million children are left unsupervised after they leave school campuses (Newman et al., 2000). Many federally funded after-school programs were cut during the Bush administration, leaving some 300,000-600,000 children without access to after-school care (Fox, Silverman, Newman, & Miller, 2003). Reinvestment in such programs could greatly affect outcomes for youth.

### Encourage parental and family involvement.

Family engagement can mitigate children's exposure to media violence. Parents and family members can affect both the level of media violence children are exposed to and how children perceive this violence. Parents are able to adopt various mechanisms, such as V-chip technology or Internet filters, to restrict their children's consumption of media violence. Furthermore, parents can talk to their children about media violence, including the difference between what children see in the media and reality, the negative consequences of violence, and the importance of empathy. Public health campaigns or community groups can encourage parents to become more engaged in their children's exposure to media violence.

## *Conclusion*

A significant body of research shows that a cycle of violence does indeed exist and that exposure to violence during a youth's development can have long-term deleterious effects. Violent behavior is often learned and imitated. Children exposed to violence are at risk of poor academic performance, negative social relationships, increased personal stressors, and are more likely to become victims or aggressors in adulthood. Yet this

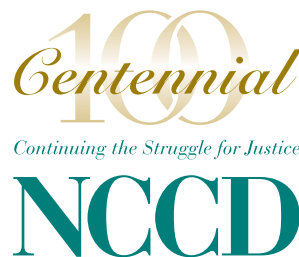
cycle can be interrupted; many interventions have been used successfully. A variety of promising programs have identified the youth who are at risk for exposure to violence, the stages in their life critical for successful intervention, and ways to help break the cycle. Now is the time for the federal government to provide leadership on an issue that has long lacked coordination and that is vital to the safety and success of our nation.



## References

- Alessandri, S. M. (1991). Play and social behavior in maltreated preschoolers. *Development and Psychopathology*, 3, 191–205.
- Bell, C. C., & Jenkins, E. J. (1993). Community violence and children on Chicago's south side. *Psychiatry: Interpersonal & Biological Processes*, 56, 46–54.
- Buckner, J. C., Beardslee, W. R., & Bassuk, E. L. (2004). Exposure to violence and low income children's mental health: Direct, moderated, and mediated relations. *American Journal of Orthopsychiatry*, 74, 413–423.
- Bureau of Justice Statistics. (2007). *Intimate partner violence in the U.S.* Washington, DC: US Department of Justice. Retrieved July 28, 2009, from <http://www.ojp.usdoj.gov/bjs/intimate/victims.htm#age12>
- California Department of Education (Safe and Healthy Kids Program Office) and WestEd (Health and Human Development Department). (2008). *California Healthy Kids Survey*.
- Center for the Study and Prevention of Violence. (1999). *Blueprints promising programs fact sheet: Seattle Social Development Project*. Retrieved July 28, 2009, from <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP17.html>
- Eddy, J. M., & Reid, J. B. (2002). *The antisocial behavior of the adolescent children of incarcerated parents: A developmental perspective*. Washington, DC: The Urban Institute.
- Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 71, 741–753.
- Fitzpatrick, K. M., & Boldizar, J. P. (1993). The prevalence and consequences of exposure to violence among African-American youth. *Journal of the American Academy of Adolescent Psychiatry*, 32, 424–430.
- Fox, J., Silverman, E., Newman, S., & Miller, C. (2003). *40% cut in after-school funding: America's lost opportunity to prevent 41,000 crimes and save \$2.4 billion*. Washington, DC: Fight Crime: Invest in Kids.
- Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass.
- Glesmann, C. (2009). *Youth in gangs: Who is at risk?* Oakland, CA: National Council on Crime and Delinquency. Retrieved July 30, 2009, from [http://nccd-crc.org/nccd/pdf/Youth\\_gangs\\_final.pdf](http://nccd-crc.org/nccd/pdf/Youth_gangs_final.pdf)
- Harris, K. M., Halpern, C. T., Entzel, P., Tabor, J., Bearman, P. S., & Udry, J. R. (2008). *The National Longitudinal Study of Adolescent Health: Research Design*. Retrieved August 3, 2009, from <http://www.cpc.unc.edu/projects/addhealth/design>
- Huesmann, L. R., Moise-Titus, J., Podolski, C. L., & Eron, L. D. (2003). Longitudinal relations between children's exposure to TV violence and their aggressive and violent behavior in young adulthood: 1977–1992. *Developmental Psychology*, 39(2), 201–221.
- Kaiser Family Foundation. (1999). *Kids and media @ the new millennium*. Retrieved July 25, 2009, from <http://www.kff.org/entmedia/upload/Kids-Media-The-New-Millennium-Executive-Summary.pdf>
- Kaufman, J., & Ziegler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry*, 57, 186–192.
- Kilpatrick, D. G., Aciero, R., Saunders, B., Resnick, H., Best, C., & Schnurr, P. P. (2000). Risk factors for adolescent substance abuse and dependence: Data from a national sample. *Journal of Consulting & Clinical Psychology*, 68, 19–30.
- Klein, A. (2009). *Practical implications of current domestic violence research: For law enforcement, prosecutors and judges*. Washington, DC: National Institute of Justice. Retrieved August 7, 2009, from <http://www.ojp.usdoj.gov/nij/topics/crime/intimate-partner-violence/practical-implications-research/welcome.htm>
- Kurtz, P. D., Gaudin, J. M., Wodarski, J. S., & Howing, P. T. (1993). Maltreatment and the school-aged child: School performance consequences. *Child Abuse & Neglect*, 17, 581–89.
- Leiter, J., & Johnsen, M. C. (1994). Child maltreatment and school performance. *American Journal of Education*, 102, 154–89.
- Lee, S., Aos, S. & Miller, M. (2008). *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*. Olympia, WA: Washington State Institute for Public Policy.
- Manly, J. T., Cicchetti, D., & Barnett, D. (1994). The impact of subtype, frequency, chronicity, and severity of child maltreatment on social competence and behavior problems. *Development and Psychopathology*, 6, 121–43.
- Marans, S., & Adelman, A. (1997). Experiencing violence in a developmental context. In J. Osofsky (Ed.), *Children in a violent society*. New York: Guilford.
- Martin, S. L., Gordon, T. E., & Kupersmith, J. B. (1995). Survey of exposure to violence among the children of migrant and seasonal farm workers. *Public Health Reports*, 11, 268–276.
- Milner, J. (1998). Individual and family characteristics associated with intrafamilial child physical and sexual abuse. In P. K. Trickett, & C. J. Schellenbach (Eds.), *Violence against children in the family and in the community* (pp. 141–170). Washington DC: American Psychological Association.
- NAACP. (2007). *Dismantling the school-to-prison pipeline*. New York, NY: NAACP Legal Defense Fund and Educational Fund, Inc.
- National Center for Children Exposed to Violence. (2009). *Children and violence*. Retrieved July 8, 2009, from <http://www.ncccev.org/violence/index.html>
- National Center for Education Statistics. (2007). *Indicators of school crime and safety: 2007*. Retrieved August 3, 2009, from <http://nces.ed.gov/programs/crimeindicators/crimeindicators2007/>
- National Research Council. (1993). *Losing generations: Adolescents in high-risk settings*. Washington, DC: National Academy Press.
- Newman, S., Fox, J., Flynn, E., & Christeson, W. (2000). *America's after-school choice*. Washington, DC: Fight Crime: Invest in Kids.
- O'Brien, M., Margolin, G., & John, R. S. (1995). Relation among marital conflict, child coping, and child adjustment. *Journal of Clinical Child Psychology*, 24, 346–61.

- Obeidallah, D. A., Brennan, R., Brooks-Gunn, J., Kindlon, D., & Earls, F. E. (2000). Socioeconomic status, race, and girls' pubertal maturation: Results from the Project on Human Development in Chicago neighborhoods. *Journal of Research on Adolescence, 10*, 443-464.
- Office of Juvenile Justice and Delinquency Prevention. (1998). *Combating fear and restoring safety in schools: Violence in the community*. Washington, DC: US Department of Justice. Retrieved July 31, 2009, from <http://ojjdp.ncjrs.org/jjbulletin/9804/community.html>
- Office of Juvenile Justice and Delinquency Prevention. (2000). *Law enforcement referral of at-risk youth: The SHIELD program*. Washington, DC: US Department of Justice. Retrieved July 31, 2009, from <http://www.ncjrs.gov/pdffiles1/ojjdp/184579.pdf>
- Rigby, K. (2000). Effects of peer victimization in schools and perceived social support on adolescent well-being. *Journal of Adolescence, 23*(1), 57-68.
- Richters, J. E., & Martinez, P. (1993). The NIMN community violence project: Children as victims of and witnesses to violence. *Psychiatry, 56*, 7-21.
- Taussig, H. N., & Litrownik, A. J. (1997). Self- and other-directed destructive behaviors: assessment and relationship to type of abuse. *Child Maltreatment, 2*, 172-82.
- Widom, C. S. (1998). Child victims: Searching for opportunities to break the cycle of violence. *Applied & Preventive Psychology, 7*, 225-234.
- Widom, C., & Maxfield, M. (2001). *An update on the "Cycle of violence."* Washington, DC: National Institute of Justice, Research in Brief.
- Wordes, M., & Nuñez, M. (2002). *Our vulnerable teenagers: Their victimization, its consequences, and directions for prevention and intervention*. Oakland, CA: National Council on Crime and Delinquency.
- Yale Child Study Center. (2001). *Yale program that tackles youth violence celebrates 10th anniversary*. Retrieved August 7, 2009, from <http://opa.yale.edu/news/article.aspx?id=3281>
- Yale Child Study Center. (2009). *Domestic Violence Home Visit Intervention*. Retrieved August 11, 2009, from <http://childstudycenter.yale.edu/research/trauma.html>



**National Council on Crime and Delinquency**  
1970 Broadway, Suite 500  
Oakland, CA 94612

[www.nccd-crc.org](http://www.nccd-crc.org)  
510-208-0500