



Aggression and Violence in Adolescence

Robert F. Marcus

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AGGRESSION AND VIOLENCE IN ADOLESCENCE

Using data sets consisting of cross-sectional surveys drawn from nationally representative samples of adolescents in the United States and official sources of crime statistics, a portrait of aggression and violence among adolescents is presented. Fluctuations in self-reported and official sources of data are examined by year, gender, grade, and race. Both distal and contemporary risk factors for aggression and violence are discussed. Distal risk factors for violence in adolescence are presented using longitudinal studies. The General Aggression Model provides the framework for exploring which contemporary personal and situational factors increase or decrease risk for aggression and violence. Dating aggression in adolescence is placed in the context of normal development and varies according to individual partner and relationship factors. This book presents rigorously tested scientific prevention programs for adolescents with violent and aggressive behavior.

Since joining the faculty at the Institute for Child Study, Department of Human Development, at the University of Maryland in 1973, Dr. Robert F. Marcus has balanced his academic duties with his work in the community. Dr. Marcus holds a Ph.D. in human development and family studies from the Pennsylvania State University. Completion of his dissertation was supported by a grant from the National Science Foundation. Dr. Marcus has authored more than forty articles and presented more than fifty of his works at professional and scientific meetings around the country. Interested in counseling children and adolescents early in his career as a Psychology Junior Fellow for the New Jersey Department of Institutions and Agencies and as a school psychologist in New Jersey, Dr. Marcus became a licensed psychologist in Maryland in 1979. A clinical practice working with aggressive children and adolescents complemented his academic interests. Since developing the course "Adolescent Violence" in 1993, his interests started forming into this book. Currently, Dr. Marcus is a Practice Associate of Sheppard Pratt Hospital in Baltimore, Maryland, with an assignment at their satellite clinic in Columbia, Maryland.

Aggression and Violence in Adolescence

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Dedication

To my parents, Gilbert and Hannah Marcus

To my wife, Betsy Singer Marcus

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Contents

<i>Acknowledgments</i>	<i>page ix</i>
Introduction	1
1. Prevalence of Aggression and Violence in Adolescence	8
Definitions of Aggression and Violence	9
Distinguishing Aggression and Violence from Other Antisocial Behavior	12
Reliability and Validity of Surveyed Aggression and Violence	15
Findings from the Youth Risk Behavior Survey	19
Grade Trends in Aggressive and Violent Behaviors	21
Gender and Race Differences in Surveyed Aggressive and Violent Behavior	24
Cross-National Comparisons of Surveyed Aggression and Violence	25
Official Crime Statistics	26
Gender and Race Differences in Homicide	28
Arrest Data for Violent Crimes by Adolescents	28
Summary	32
2. Developmental Pathways to Violence	35
Adolescence as a Period of Multiple Transitions	36
Adolescence and Multiple Personality Transitions	37
Early Development of Violent Behavior	42
The Centrality of Aggression in the Development of Violence	43
Childhood Aggression and a Resulting Cascade of Effects	46
Early vs. Late Onset Violence	47

Multiple Developmental Pathways from Childhood through Adolescence	49
Longitudinal Risk Factors for Later Violence or Serious Offending	51
Summary	53
3. Personality Risk Factors for Aggression and Violence	55
Motivators, Moderators, and Mediators of Aggression and Violence	56
Personality Motivators for Aggression and Violence: Sensation Seeking	58
Personality Motivators and Mediators: Negative Affect	63
Personality Motivators and Mediators: Anger	64
Personality Motivators and Mediators: Depressed Mood/Clinical Depression	68
Personality Motivators and Mediators: Empathy	72
Summary	78
4. Situational Risk Factors for Aggression and Violence	80
Situational Influences and the “General Aggression Model”	81
Provocation	84
Frustration	88
Pain and Discomfort	90
Alcohol and Drug Use and Abuse	92
Incentives	97
Aggressive Cues	101
Violent Episodes in Middle and High Schools	103
Summary	107
5. Aggression and Violence in Romantic Relationships	109
Normative Changes in Adolescent Social Relationships	111
Normative Changes in Adolescent Dating Relationships	112
Prevalence and Forms of Dating Violence in Adolescence	115
Relationship Differences and Individual Differences in Dating Aggression	118
Summary	129
6. Primary, Secondary, and Tertiary Prevention of Aggression and Violence	131
Scientific Standards for Prevention Programs	132

Meta-Analysis of Prevention Programs Targeting Aggression and Violence	135
Primary Prevention Programs	137
Secondary Prevention	142
Tertiary Prevention	148
Summary	152
7. Closing Comments	155
Prevention Programs Addressing Key Risk and Protective Factors	155
Risk Factors Not Addressed by Programs	156
School and Community Adoption of Prevention Programs	157
<i>References</i>	161
<i>Index</i>	181

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Introduction

Public attention to youth violence is typically brief, stimulated by dramatic events such as school shootings, followed by much blaming, but is rarely followed by sustained examination of etiology, cost, and prevention. Public concern about the association between media violence and children's aggression has actually waned with time, despite considerable concern in the 1970s. Public belief in the association between media (i.e., TV, movies) violence and aggressive behavior by children and adolescents, as reflected in magazine and popular press articles, was more certain in the mid-1970s than today, despite both experimental and correlational studies confirming a moderate association between the two, a linkage about as strong as that between smoking and lung cancer (Bushman & Anderson, 2001).

More surprising, a recent behavioral science text expressed doubt about any relation between video violence and aggression in adolescence. Meanwhile, increasing public acceptance of more graphic forms of media violence, and an insatiable hunger for novel forms of violence, perhaps best seen in the sales and enthusiasm generated over mature-rated video games, may reflect a fascination for actions far beyond the experience of everyday life. Gradual acceptance of media violence may be similar to gradual adaptation to the danger of violence in countries at war, or acceptance of violence in war zones that are present in some dangerous cities; there each act of violence is followed by a quick recovery and return to "normalcy."

Public attention to media or rarely occurring dramatic violent acts appears sustained by fearfulness, the great sentinel of attention processes. But fear is also likely to wane, carrying with it interest in repairing the situation. A dramatic increase in school violence often leads to increased parental protectiveness, modifications in school emergency plans, including lock-downs, metal detectors, and drive-by shooting drills. Perhaps our perceived helplessness in the face of predatory advertisers, environmental dangers such as

lead-based paints or mercury in fish, as in the case of those seriously affecting adolescents, such as drugs, alcohol, and gun violence, has led to short bursts of effort by individuals and communities to take some immediate protective action. But fear of violence subsides, later to be replaced by yet newer fears of avian flu, killer bees, identity theft, or invasion by illegal immigration. Attention spans are short, but social and behavioral scientists also have been unable to promote the sense that both short- and long-term solutions are achievable.

What has become clearer, with the accumulation of improved methods of monitoring the impact of violence on individuals, families, communities, and nations, is that violence is costly in many ways. Each violent act, whether it is the case of an individual child who is bullied in middle school, or a high school shooting involving many individuals within a particular school and community, sends ripples of misery throughout the immediate and greater context. A bullied middle schooler may experience the lasting sense of humiliation among peers, personal shame for not responding at all, and fantasies of retaliation. Bystanders of bullying also may experience a greater sense of vulnerability to harm (i.e., “it could happen to me”), and all are inclined to feel a loss of faith in the abilities of adults to protect them; these emotional responses may endure well beyond the point where their bruises have disappeared. Two such bullied and bullying adolescents, Dylan Klebold and Eric Harris of Columbine High School, succeeded in having a much greater impact. On a much larger scale, their murders of 12 high school students and one teacher at Columbine High School on April 20, 1999, and their suicide led many students to suffer symptoms of post traumatic stress disorder (e.g., hyper-alertness, flashbacks, vivid recollections, persistent sense of vulnerability, and mistrust of others), and disruptions in their lives for months afterward. Suffering witnesses may have come to more closely approximate the beliefs held by those in very different circumstances, as noted by Garbarino (1997) who described the secrets learned by adolescents in toxic environments swamped by violence: that when it comes to violence anything is possible; you are not as invulnerable to harm as you thought; life is more fragile than you thought; and others cannot be trusted to protect you. Whereas the cost in 1994 dollars of a single gunshot wound has been estimated at \$17,000 (Cook, 1999), the lifetime medical costs for the Columbine survivors, the police and legal costs, cost of school repair and increased safety measures, and lost productivity and wages, will be far greater.

There were much more poignant aftershocks within the society following Columbine. There was the story of a mother of one of the wheelchair-bound survivors who went shopping for a gun in a local pawnshop. When the store

owner turned his back, she loaded the gun and killed herself with it. In addition, the friend of one of the students killed at Columbine High School committed suicide later that year. Hundreds of copycat attempts throughout the United States later that year, and websites set up in praise of school violence perpetrators, suggest that for each of the horrified witnesses to those events, there were many adolescents who thought the killings were attractive, justifiable, and perhaps even noble acts. Not only do violent acts promote greater acceptance of future violence among some adolescents, but they also generate motivation for further violent behavior.

Harder to calculate is the damage to a nation's psyche resulting from acts of mass murder by its young. A survey in 2005 of 17,000 adults in sixteen different countries around the world asked respondents what their opinions were about the character of Americans as a people (PEW Global Attitudes Project, 2005). The answers were shocking. Whereas the majority of respondents around the world agreed that Americans were "inventive" and "hard working," a majority also said that Americans were a "violent" people; 64% of Canadians and 49% of Americans agreed. Was the international perception of Americans as a violent people colored by highly visible school shootings, its exports of violent movies, or attempted or completed assassinations of U.S. leaders, such as John F. Kennedy, Martin Luther King, Jr., Robert F. Kennedy, Gerald Ford, Ronald Reagan, and many others? Or was it the prominence of gun violence in the United States as compared with other countries. According to a 1997 study of gun violence in 26 industrialized countries by the U.S. Centers for Disease Control, 86% of firearm-related homicides of children and adolescents occurred in the United States, and the rate (per 100,000 population) of firearm deaths of children in the United States was 16 times greater than the average for all of the other 25 countries combined (USDHHS, 1997). Loss of positive regard and deterioration of reputation among nations and its causes may be difficult to estimate, but a national disgrace nevertheless.

Violence among adolescents in the United States has also been the most prominent symptom of a national violence problem. The risk for intentional, life-threatening violent behavior is greater during adolescence than at any other time in the human lifespan. As one example, data on the causes of death among adolescents, as collected by the National Center for Health Statistics, for the years 1999 through 2002, have shown that for no other age group was homicide (ranked two), or suicide (ranked three) as prominent a killer as in adolescence. Among African-American adolescents, homicide has consistently ranked as the number one cause of death. Something dramatic happens during adolescence that requires careful scrutiny. A new report issued by the U.S. Federal Bureau of Investigation's Incident-Based Reporting System, for

the years 2000–2004, showed that the greatest percentage (i.e., 38%) of offenders in schools were those ages 13 through 15, and 95% of arrests at schools were because of some form of physical assault (USDJ, 2006). Data derived from the National Crime Victimization Survey, for the years 1993 through 2004, have shown that adolescents ages 12 to 15 and 16 to 19 have remained the most victimized of all age groups (Snyder, 2004). Surges of violence among adolescents also demand very careful scrutiny as to what, where, when, and why. Violence is so emblematic of any society's problems with violence in general that epidemiologists use the proportion of adolescents in a society as a short hand, reliable index of a society's problem with violence as a whole.

The specific forms and problems of aggression and violence by adolescents had not previously been apparent because prior to 1980 in the United States we did not have the instruments with which to study its ebb and flow in the country over time, or variability within groups (e.g., age, gender, race). Nor could we estimate its prevalence in a way that was representative of the general population. Nor did we have both cross-sectional and longitudinal research data describing the linkages between and the sequential development of both. That deficiency has largely been remedied. Research over the past twenty years has greatly enhanced our ability to monitor adolescent aggression and violence, in many different forms (e.g., bullying, weapons use, criminal violence), and data have shown us that aggression and violence is startlingly common in the lives of U.S. adolescents (Marcus, 2005). In the United States, for example, the U.S. Federal Bureau of Investigation (in 1994) has said that arrests of juveniles for violent crime had reached “epidemic” and “unprecedented” levels. Whereas there was abundant evidence, from both police reports and confidential surveys of adolescents, that we also witnessed a decline in the most serious forms of criminal violence during the 1990s, it was also clear that not all forms of violence receded to the level of the 1980s. According to a report on youth violence, completed under the auspices of the Surgeon General of the United States (USDHHS, 2001), police reports of arrests for some gun crimes had shown declines, but for arrests in the case of aggravated assault (i.e., causing injury or using a weapon), elevations did not recede back to the levels of the 1980s. In addition, during the 1993–2002 period there had been a 29% decrease in the arrest of males for aggravated assault, but an increase of 7% among females during the same period (Snyder, 2002).

The results from surveys of nationally representative samples of adolescents, grades 9 through 12, and other confidential self-report data noted in the Surgeon General's Report on Youth Violence were more unsettling, and showed a more complex picture of declines and increases. Declines in some violent behaviors, no change in some, and increases in others clouded the

picture of declines in aggressive and violent behavior among adolescents. Some self-report data in that report had shown changes among high school seniors, namely a monotonic increase in the prevalence of violent behaviors for each of the years during the 1990s and for each of the last thirty years (see *Monitoring the Future* cited in USDHHS, 2001). Other research using confidential interviews of high school and middle school youth in the mid-1990s also had shown that the risk for boys of having had a physical fight in the past year was very high in absolute terms; 40% of boys had reported having had a physical fight and 7.5% had suffered an injury as a result (Marcus, 2005). Whereas in the 1990s there was a decline in self-reported violent and violence-related behaviors for adolescents according to national surveys by the Centers for Disease Control, the declines were noted in some violent behaviors, but not others; and some violent or violence-related behaviors (e.g., injury resulting from physical fighting) actually increased (Brenner, Simon, Lowry, & Krug, 1999). Those same national surveys showed a decline from an average of 137 violent incidents per 100 adolescents in 1991 to 116 incidents per 100 adolescents in 1997 (Brenner et al., 1999), again suggesting that absolute levels of violence remained a serious problem. Unfortunately, many surveyed violent and violence-related behaviors have shown an upturn in prevalence in the most recent reported data in 2005, after having leveled off in 2001 and 2003.

With access to firearms by about 30% of adolescents, the potential for disaster – an adolescent who takes a dispute with a teacher or peer to the “next step” – is always present. Just as increases in aggressive and violent behavior had increased in the early 1990s, a new trend upwards could again threaten to overwhelm much of the successful efforts by professional organizations, schools, and state, local, and federal efforts to reduce violence by adolescents.

The Current Volume

The focus of this volume is both broad and narrow in scope. Throughout the volume, there is an attempt to collate evidence in order to describe, and where possible, explain the prevalence of aggressive and violent behaviors among adolescents in the United States over the past twenty years. Aggression and violence are the sole focus, rather than all antisocial behaviors, such as substance abuse and delinquency, even though these and many other behaviors may positively correlate with aggressive and violent behavior. The current view is that aggression and violence are related to one another, and unique, despite positive correlations with other antisocial behaviors. Second, every effort is made to marshal empirical evidence coming from a variety of

data sources about behavior in natural settings, including self-report surveys, interviews, observations by teachers and parents, and clinical case studies in order to construct a valid portrait.

In Chapter 1, there is reliance on large data sets from nationally representative studies of adolescents that are now available. These data can sensitively be used to describe changes over the last twenty years and to characterize differences among various subgroups by age, gender, and race. Confirmation of trends over the years and individual differences among adolescents can also be found in multiple survey sets generated at similar points in time. Both self-report data and official data sources addressing the same differences are compared. When available, comparable research findings from other countries are used to address individual differences among groups. Wherever possible, and in most chapters, meta-analytic studies are used to enable generalizations according to the “weight” of the evidence and to identify important correlates and effective prevention efforts. The primary focus in all chapters will be on adolescence, roughly defined as the period between the beginning of middle school and the end of the high school years, and ages 11 through 18. Research in developmental psychology has consistently shown this period in human development to be unique with regard to family and peer relationships, and personality, physical, and cognitive development.

Development from early childhood to early adolescence, in Chapter 2, will shed light on theoretical and research models articulating the paths of the early development of aggression and violent behavior. Sometimes referred to as distal influences on violence, Chapter 2 describes the course of important individual differences in physical, social, emotional, and cognitive development that help to define a trajectory toward violence in adolescence. Important models of the early influences on the development of aggression and violence are described. The relative influence of each formative influence and individual risk factor relating to aggression and violence will be summarized in an important meta-analytic study of longitudinal studies predicting violence in adolescence.

Chapters 3 and 4 provide a current look at proximal, or contemporary risk and protective factors for the development of aggression and violence. Chapter 3 reviews what is known about key personality traits serving to motivate aggression and violence, those that mediate (i.e., modify or alter) the direction or strength of individual dispositions, and that moderate (i.e., delimit) the expression of aggression and violence. Chapter 4 is a review of situational risk and protective factors that increase or decrease the likelihood of both behaviors. Chapter 4 makes use of a recently proposed model of situational influences based on both laboratory and naturalistic studies, although the

current review of situational influences in adolescence will focus on risk factors in natural settings.

Chapter 5 reviews a body of research concerning relationships with romantic partners, and the appearance of aggression directed toward partners during the middle and high school years. Here, as in earlier chapters, aggression toward dating partners is discussed in the context of the normal development of romantic relationships, and the individual social and emotional development of boys and girls.

Chapter 6 is a discussion of important primary, secondary, and tertiary prevention programs designed to thwart the appearance of aggression and violence. After first discussing scientific standards for quality programs developed over the last twenty years, variations on three kinds of prevention programs that have met these standards are presented. Specifically, programs directed at younger children prior to the appearance of aggression, those directed at children at risk (e.g., individually handicapped, reared in violent neighborhoods), and those directed at the adolescents who already are violent will be examined for their content and effectiveness. Whereas space did not allow for the presentation of all effective and exemplary prevention programs, those that specifically address risk factors noted in preceding chapters were given priority. The result was a sampling of a variety of effective programs developed over the last twenty years.

Chapter 7 offers a recapitulation of major themes presented in this volume and offers suggestions for furthering our understanding and prevention of aggression and violence in adolescence.

Prevalence of Aggression and Violence in Adolescence

Adolescence, as a stage of human development, has always been regarded as a time in which risk-taking behaviors are common. The likelihood that an individual will engage in aggressive or violent behaviors during the middle school and high school years is illustrated when we take a broad view of data that has emerged about adolescent aggressive and violent behaviors over the past fifteen years. Currently for adolescents the ages 14 to 18 is a period when 42% of boys and 28% of girls in the United States acknowledge having had a physical fight in the past year (USDHHS, 2006a). Death as a result of homicide consistently ranks second among the causes of death among 15 to 24 year olds, the highest ranking for homicide of any age group across the lifespan (NCHS, 2004). Crime surveys have consistently shown that 12 to 19 year olds have the highest rates of victimization by violent crime of any age group (Snyder, 2004; Snyder & Sickmund, 1999). Exploration of variation over time in prevalence rates for aggressive and violent behaviors during adolescence, and variations with grade, gender, and race, will tell us what is happening in the real world and who is at greatest risk. This macro-examination of relatively fixed and key markers will be followed by narrower focus on the early development of aggression and violence (in Chapter 2), and by discussion of more malleable personality and situational risk factors (in Chapters 3 and 4).

Research over the past twenty years has given us an increasingly complete picture of adolescents at greatest risk for aggression and violence, gained primarily through two available measurement tools: (a) survey and interview responses from nationally representative samples of adolescents (e.g., the Centers for Disease Control and Prevention's Youth Risk Behavior Survey), in which students are asked about their participation in easily recognized forms of aggression and violence such as physical fighting and weapon carrying; and (b) serious forms of criminal violence reported to police headquarters around the United States, such as homicide and simple assault (e.g., the Federal Bureau

of Investigation's Uniform Crime Reports). Both self-reports and "official" reports are essential to a more complete understanding of which adolescents are in greatest danger for the most serious forms of violence (USDHHS, 2001; Snyder & Sickmund, 1999). Self-report data is essential because of its usefulness in describing prevalence in the population and individual differences, and "official" reports because of their focus on more serious criminally violent behaviors.

Definitions of Aggression and Violence

As a clinician working for more than 30 years with middle and high school students, I found two counseling cases that typified the many cases of violence seen over three decades of work. The first was a 15-year-old male, brought by his mother and referred by the courts for counseling. This very large and friendly young man bragged about his involvement in fighting, drug sales, and many other anti-social behaviors, both locally and in a nearby city. He spoke proudly of the many violent and non-violent crimes he had engaged in, taking care not to be too specific about the details. The list was a long one, and his violence was motivated by thrill seeking in teen clubs, and a few incidents were punctuated by various stages of continuing police and court involvement. He bragged about how his father taught him to box, typically knocking him down, until he knocked his father off his feet, thus ending his fight training. After many weeks of counseling, he abruptly stopped coming for counseling, with no apparent reason given. Shortly afterward, he was arrested. According to newspaper reports, he was accused of robbing a student at gunpoint when the student left the high school my client used to intermittently attend.

Perhaps more typical of the everyday violence, as reported by youths on self-report measures, was a middle schooler who was 12 years old when I began seeing him. His history included child neglect, which caused him to live with his grandmother; and years of poor schoolwork. At the time I first saw him, he was uncooperative with teachers, and had conflict with, and rejection by, peers. One day, he appeared for counseling with a swollen, bruised, and bleeding lip, looking disheveled and physically trembling, having come directly from school. Shaken and exhausted, he told of another boy, one who had bullied him for many months. The middle school classmate had unleashed a furious assault on him in school, within sight of teachers and students, none of whom responded to his distress. He was later transferred to a special school better equipped to monitor both his safety and academic work.