Table of Contents

Acknowledgements ........................................ iii
Preface ......................................................... v

Executive Summary ........................................ vii

  Violence in the Family ........................................ vii
    Gaps in Research and Statistical Information ........... viii
  Violence in the Community ................................ viii
    Gaps in Research and Statistical Information ........... ix
  Violence in Schools .......................................... x
    Gaps in Research and Statistical Information ........... x
  Violence in the Media ......................................... xi
    Gaps in Research and Statistical Information ........... xi
  Violence in Other Institutions .............................. xii
    Gaps in Research and Statistical Information ........... xiii

Introduction ................................................. 1

Violence in the Family ...................................... 3

  Situational Overview ...................................... 3
    Emotional Abuse ........................................... 5
    Physical Abuse ............................................ 6
    Sexual Abuse .............................................. 7
  Especially Vulnerable Children .............................. 7
    Family Risk Factors ..................................... 8
    Age and Sex of Child ..................................... 8
    Children with Disabilities ................................ 9
    Children of Aboriginal/Minority Status .................. 9
  Promising Practices ....................................... 10
    Education ................................................ 10
    Legal/Policy Reform ...................................... 12
    Community Supports ...................................... 14
## Violence in the Community

- Situational Overview
- Violence in Sports
- Violence in the Church

### Especially Vulnerable Children

- Homeless Children and Street-Involved Youth
- Minority Street-Involved Youth
- Aboriginal Children
- Working Children

### Promising Practices

- 21

## Violence in the Schools

- Situational Overview
- Bullying

### Especially Vulnerable Children

- Children with Disabilities
- Ethnocultural Minority Children
- Obese Children
- Gay, Lesbian, and Bisexual Youth
- Cyber-Bullying

### Promising Practices

- 31

## Violence in the Media

- Situational Overview

### Especially Vulnerable Children

- 35

### Promising Practices

- 36

## Violence in Other Institutions

- Situational Overview

### Child Protection Institutions

### Justice Institutions

### Education Institutions

### Especially Vulnerable Children

### Children with Disabilities

### Promising Practices

- 46

## References

- 49
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Preface

Children all over the world are affected by violence in their homes, in their schools, in institutions, and in their communities. Evidence demonstrates that these violations of children's rights have serious and lifelong effects on children's development and on society as a whole. There is an urgent need for greater public, governmental and professional recognition of the origins, manifestations and consequences of violence, as well as key learnings and promising practices to address them.

The decision of the United Nations to carry out an international study on violence against children (resolutions 57/190 and 56/138) is an essential step towards the elimination of these children's rights violations. The UN Secretary-General's Study on Violence Against Children, led by Independent Expert Paulo Pinheiro, will gather key learnings and action priorities from regional consultations across the globe for a report to the UN General Assembly in 2006. The Study is intended to strengthen and propel legislation, policy and practice to counter violence against children around the world.

This report is designed to illustrate the forms and manifestations of violence against children in a range of settings in North America, point to preventive and responsive practices, and identify the gaps that remain in our knowledge and action. It was produced for the Steering Committee and Secretariat for the North American Regional Consultation for the UN Secretary-General's Study on Violence Against Children as an instrument to share knowledge across the region and with the global community.

Violence

For the purpose of the Study, violence is defined as physical, psychological (psychosocial) and sexual violence to children through abuse, neglect or exploitation, as acts of commission or omission in direct or indirect forms (with an emphasis on intentional violence), that endanger or harm the child's dignity; physical, psychological, or social status; or development.

Child

For the purpose of the Study, a child means every human being from birth to below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.

Executive Summary

Violence against children is a pervasive problem in North America, and a risk factor that threatens the healthy development of many children. This report summarizes the current knowledge about violence against children in North America. The information described is illustrative and representative rather than comprehensive. The definitions of violence and of a child used here are those of the United Nations Convention on the Rights of the Child articles 19 and 1. Using a settings approach, violence against children is discussed in the family, the community, schools, the media, and residential institutions. For each setting, a situational overview is provided, followed by a description of especially vulnerable children and of promising practices. Prevalence and incidence data are often absent in the existing documentation across settings, and program evaluation data are scarce. Major gaps in research and statistics are identified.

Violence in the Family

The family is the primary source of violence for children in the United States and in Canada. Official statistics, although commonly believed to underestimate the incidence of family violence, show that children disproportionately are the victims of physical and sexual assault, and of homicide. Although usually perpetrated by parents, violence among siblings also has been described as pandemic in North American families. The most common forms of violence against children by family members are (1) emotional abuse, including neglect and exposure to domestic violence, (2) physical abuse, including physical punishment and shaken baby syndrome, and (3) sexual abuse.

A number of risk factors for family violence have been identified: young single mother status, economic disadvantage, social disadvantage, spousal violence, parental substance abuse, poor mental health, a criminal or violent history, and limited parenting skills or knowledge. Children living in families in which any of these risk factors is present are vulnerable to violence. Those especially vulnerable to family violence are children with disabilities and indigenous children. There are also sex differences in the likelihood of experiencing family violence; with the exception of sexual abuse, males are more at risk of family violence than are females.

The impact of family violence on child development is profound. All forms of violence are associated with behavioral and emotional disturbances as well as physical injury. Emotional abuse can result in poor health, poor school performance, emotional disorders or developmental delay. Physical abuse can lead to heightened aggression and conduct disorder, or emotional disorders. Sexual abuse is associated with low academic achievement, poor self-esteem, depression, and suicidal thoughts or attempts.

Promising practices to reduce violence in the family focus on education. For parents, education about child development, non-violent socialization strategies, and recognition of the signs of sexual assault is recommended. For those who work with children,
education that builds their capacity to identify and respond appropriately to children who are victims of family violence is recommended. Widespread education is recommended about the rights of the child, the importance of respecting those rights, and in particular how exposure to violence violates those rights. In addition to education, community supports for families and proactive laws that promote violence prevention are recommended. In this setting, the following gaps in information were noted.

**Gaps in Research and Statistical Information:**
- National assessments of the prevalence and incidence of family violence
- The extent, nature and impact of sibling violence
- Rates of exposure to spousal violence
- Identification of the unique effect of spousal violence (separate from concomitant risk factors)
- Extent of shaken baby syndrome in Canada
- Identification of risk and protective factors for shaken baby syndrome
- Impact of child involvement in pornography and prostitution
- Examination of why boys are more often victims of family violence than are girls
- Prevalence and types of family violence against children with disabilities
- Identification of promising practices in public education to increase knowledge about violence against children with disabilities, and to improve reporting of violence against children with disabilities
- Assessment of parenting challenges faced by immigrant and refugee families
- Identification of effective capacity building strategies for professionals who come into contact with children
- In Canada, the understanding and impact of the Section 43 limitations on physical punishment
- National standards for child death investigations, abuse record keeping and reporting
- Child abuse training for medical examiners and coroners

**Violence in the Community**

Community violence is most prevalent in urban neighborhoods where the risk factors of poverty, lack of resources, and inadequate housing are also present. Children in such neighborhoods may experience street violence directly, or may witness violence, such as beatings, shootings or stabbings. As well as neighborhood violence, children can be exposed to violence in community workplaces or through involvement in sports. Children who have part time jobs in the community, for example in restaurants or in
grocery or convenience stores, are at increased risk of being victims of robberies and related homicides. Children also experience violence in sports: violence that is illegal in other community contexts often is embraced in sports. Children may experience violence vicariously as spectators, or directly through team sports involvement, or as elite athletes. High levels of aggression, violent physical contact, verbal bullying, and humiliation are common. There are also reports of sexual abuse of children in sports.

The effect of community violence on children varies with its chronicity, the child’s age and the child’s proximity to the incident. Most children will experience some stress and anxiety-related disorders, lowered self-esteem, and social difficulties. Experience with community violence is most difficult for children who also are exposed to violence in their homes or schools.

Generally, boys are more likely to be the targets of community violence, although girls express greater fears of it. Children who are most vulnerable overall, however, are homeless and street-involved youth, most of whom have run from, or been asked to leave, abusive homes. Street-involved youth are particularly vulnerable to physical and sexual abuse; through their survival strategies they are exposed to a wide range of dangerous practices and persons. Although the evidence is limited, there is indication that the street-involved youth, who are most vulnerable to further victimization are those with disabilities, minority sexual status, or of Native American or Aboriginal ancestry.

Since the eradication of community violence against children would require radical changes to transform the economic and social conditions of North American cities, the focus has been on strategies to lessen its negative effect. There are some programs whose goal is to reduce community violence; of these, the most successful seem to be those designed to reduce violence in youth sports. Parental education, parental monitoring and the availability of non-familial adult supports are the key moderators of children’s exposure to community violence and its effects on their development. For indigenous children, it is important that community leaders promote a sense of belonging and of pride in cultural heritage. A notable gap in this setting is information about how to improve services for street-involved youth. Programs whose goal is to assist street-involved youth have provided more information about what is not effective, than evidence about what works.

**Gaps in Research and Statistical Information:**

- Analyses of the sex differences in exposure and responses to community violence
- Assessment of the impact of exposure to, or direct experience with, violence in sports
- The extent and parameters of sexual abuse in sports and in other community settings in which adults interact with youth
- Comprehensive national statistics on children’s employment related injuries and deaths
- Disaggregated street-involved youth data to provide information on sub-groups thereof, in particular gay/lesbian/bi-sexual/transgendered youth, youth with disabilities and Aboriginal/Native American youth
• Evaluation data on programs for street-involved youth, especially for those in the sex trade

Violence in Schools

Although children are more likely to be victims of violence in their homes or communities, many children also experience violence in their schools. This is especially true for children in the 22 U.S. states that still allow the use of corporal punishment. Extreme acts of violence such as school shootings are rare, but there has been an increase in the prevalence of weapons in schools. Overall, the most common form of school violence is peer bullying. Girls tend to engage in social or verbal bullying whereas boys are more likely to be physically aggressive. However, there are no sex differences in the rates of bullying. Bullies, who tend to be children who have experienced violence at home, are at risk for life-persistent conduct problems. Some will also be victims of other bullies. These bully-victims are likely to have diagnosed behavior or emotional problems. Violence in schools interferes with children’s school engagement, academic achievement, and social behaviors.

The children who are most vulnerable to school bullying are those with disabilities, obese children, and children of minority sexual orientation. The link between ethnocultural status and being a target for bullying is not clear in the current literature. It is clear that teacher behaviors can maintain bullying. Teachers tend to pay insufficient attention to the bullying of children with disabilities as they underestimate its negative effects. And in some cases, teachers model verbal violence against gay and lesbian youth, and display behaviors that are supportive of sexual prejudice.

Technological advances and widespread access to computers, cell phones, the Internet and other technologies may be changing the nature of bullying. Cyber-bullying (for example, spreading rumors on chat lines) is a growing problem for many of its victims. However, it has been noted also that the Internet may provide socially marginalized children an outlet for retaliation that previously was not available to them.

Punitive and situational control approaches to the reduction of school bullying are both the most common and the least effective strategies; they tend to displace the problem or to inappropriately increase school suspensions. A frequent approach to lessen school violence is seen in the use of peer mediation programs. Peer mediation, however, tends to maintain power differentials between majority and minority students and should be used cautiously in multicultural schools. Little attention has been paid to the structure and ethos of the school despite strong evidence suggesting that modifications here would have the greatest impact in reducing peer violence. The systematic and appropriate use of children’s rights education has been shown to reduce bullying by altering the school ethos.

Gaps in Research and Statistical Information:

• Analysis of bullying of children with disabilities in inclusive classrooms and schools, with identification of limiting factors

• Identification of the parameters of ethnic bullying in non-urban areas, and of ethnocultural consistency/differences between bullying and target child
Violence in the Media

Children across North America have a daily diet of television in which violence is trivialized, glamorized and often involves humor. Violence is even more insidious and pervasive in video games: in many, violence is the focus of the game and success depends on the choice of violent strategies. After decades of debate, there is now consensus among researchers that violence in the media is a risk factor that like all risk factors interacts with the characteristics of the child, the family, and community to contribute to the development and maintenance of aggressive behaviors. Media violence also has been found to be predictive of childhood fears, anxieties and sleep disorders. Although the research on the impact of playing violent video games is in its infancy, the existing evidence suggests that it promotes attitudes accepting of interpersonal violence, increases aggressive feelings, and decreases empathy and helping behaviors. The paucity of evidence about violence on the Internet, in song lyrics or in music videos precludes conclusions about their effect.

Male and female children are equally likely to be affected by media violence. Children who are most vulnerable to the negative effects of exposure to violence in the media are those who already are at risk for emotional and behavioral difficulties. For the most part these children have a history of family dysfunction and family violence.

Efforts to reduce children's exposure to media violence have focused on facilitating parental monitoring through the provision of ratings systems, V-chip technology, increased programming regulations and media education. None alone has proven successful. Typically, the devices and ratings are poorly applied or understood, and industry compliance with regulations is less than satisfactory. Parental co-viewing and commenting on programs is effective, as is parental monitoring of video-game usage. Media literacy programs for children are most effective when they actively involve the child in creation and production. The more fully children understand the media, the less likely they will be manipulated by it.

**Gaps in Research and Statistical Information:**

- The effect of media violence on childhood anxiety and sleep disorders
- A developmental analysis of children’s understanding of and affective responding to violence in the news
- The long-term impact of playing violent video games
• The short- and long-term impact of violence in song lyrics, music videos and the Internet on aggressive interpersonal attitudes, especially among adolescents and especially in areas such as date rape myth acceptance

• Comprehensive assessment of the characteristics of parents who (1) understand and use rating systems and control technologies such as the V-chip and (2) who monitor and co-view their children’s consumption of media

• Identification of factors that would facilitate parental use of ratings and technological filtering devices

## Violence in Other Institutions

The institutions in which children are most likely to be victims of violence are child protection, juvenile justice, and education institutions. As youth themselves have noted, early involvement in child protection institutions seems to lead to a developmental pathway through foster and group homes to juvenile justice institutions. A history of parental violence is common among children in care. Others are taken into child protection due to complex physical, developmental or psychiatric disorders. Although most children report their placements to be better than the home from which they were taken, there is evidence that some continue to be exposed to violence. The most notable forms of violence identified are the use of chemical or physical restraints for behavior management. In some cases, these have resulted in a child’s death.

There is considerable violence in juvenile justice institutions. Peer violence, believed to be caused by overcrowding, lack of privacy, and poor ventilation, is widespread. Youth sometimes request isolation or protective custody to reduce their violence exposure. Staff abuse is commonly reported also; racist remarks, humiliation and excessive force are examples. Violence in justice institutions is a particular problem for juveniles, especially those of minority status, in the U.S. because of a tendency to incarcerate them in adult institutions. Our knowledge of violence in education institutions is primarily about the past efforts at the enforced acculturation of Aboriginal and Native American children. The effects of the sexual, physical and emotional abuse experienced by these children continue to be evident in the intergenerational transmission of family dysfunction. There are also reports of sexual abuse in elite residential schools. The extent to which such practices continue is not documented.

The majority of children in institutions come from the most marginalized groups in North American society. As such, the most vulnerable children are Aboriginal, Native American, African American and children with disabilities. Children with Fetal Alcohol Spectrum Disorder, overall, are most at risk for repeated institutionalizations.

There is a real dearth of knowledge about practices to reduce violence against children in institutions. In contrast, there are many recommendations. Changes in policies and practices have been recommended across the continent to reduce violence against all children in institutions. And where implemented, there is expectation that violence will lessen. In Canada, the new Youth Criminal Justice Act is expected to lower the incidence of violence exposure in juvenile justice institutions through the more widespread use of community service and restorative justice procedures, especially among Aboriginal children.
Gaps in Research and Statistical Information:

- Documentation of prevalence and types of violence against children in health institutions
- Systematic and comprehensive data on the scope of violence in juvenile correctional facilities to illuminate the anecdotal evidence
- Assessment of the current violence against children in residential schools, especially sexual abuse
- Assessment of the prevalence and types of violence against children with disabilities in institutions using a common definition of disability
- Assessment of the prevalence of children with Fetal Alcohol Spectrum Disorder in the justice system, and how they are responded to, their ability to understand offences, the impact of their memory deficits on compliance with court proceedings and orders, and the best practices in their rehabilitation and reintegration
- Analysis of the effect of the Canadian Youth Criminal Justice Act in reducing custodial dispositions and violence against children in correctional facilities
Introduction

You were not there to protect me as a child, and I’ll live with that damage for the rest of my life. But I vow, as a young person in this society, to put an end to this violence for the next generation. You can stand with me, or you can turn your back.

Maya: youth leader, survivor and street-involved youth (V.O.I.C.E)

In 2001, the United States Surgeon General’s office identified violence as the greatest threat to the healthy development of children. Violence permeates North American society. Violence is glorified in our games, our movies, and our heroes. Violence is experienced in our homes, schools, and communities. And it is our children, in large part because of their dependency, who are the most vulnerable to that violence. Together with an increasing awareness of the pervasiveness of violence against children is growing evidence of its negative effects on child development. Children who experience violence show a range of developmental problems including anxiety, depression, school failure, and antisocial aggressive behaviors. The cycle of violence is thus perpetuated.

This report summarizes the current knowledge of violence against children in North America. The settings approach is used as the organizational framework: included are family, community, schools, media, and other institutions (residential schools, corrections and child protection facilities). A situation overview is provided for each setting, followed by a description of children who are especially vulnerable to experience violence in that setting, and a description of promising practices. It is important to emphasize here that most children who experience violence report victimization in more than one setting.

The report is not intended to be comprehensive but rather representative and illustrative. The sources upon which this report is based represent social science data, government and non-governmental (NGO) reports from the past five years. Earlier works have been included when they are particularly helpful. Where appropriate, information from the U.S. and Canada is combined. Every effort has been made to accurately represent the situation in both countries. Where information does not specify a country, it is relevant to both. Although the U.S. generally is regarded as a more violent society than is Canada, the types of violence children experience and their outcomes are essentially equivalent across the continent. There are three areas of commonality between the U.S. and Canada that are of special relevance here.

First, being federal states, responsibility for children’s services and programs in both the U.S. and Canada is divided and sometimes shared between federal and state or provincial/territorial governments. This sometimes has resulted in significant variation among states, and provinces/territories. For example, in Canada, the maximum age for
child protection services varies by jurisdiction, as do legal responsibilities to report abuse and neglect, and in the U.S. there are state differences in the allowance of corporal punishment and in approaches to juvenile justice. There are also large jurisdictional differences in record keeping and the availability of disaggregated data; this is reflected in this report in the lack of prevalence and incidence statistics. In fact, in both countries, there is a lot more documentation about children as perpetrators of violence than there is of children as victims of violence.

Second, the patterns of children as victims of violence are very similar across the continent. Children are exposed to much of the same media, there are relatively high rates of violence in families, and bullying is commonly reported in schools. In both countries also, children are more often the victims of violence than are adults; and children of physical, sexual, and ethnocultural minority status are more often victimized than are typically developing children of the majority culture. Boys have higher rates of physical assaults, bullying and teasing, whereas girls have higher rates of sexual assault.

Third, the emphasis in the provision of services for children is reactive. More programs are in place to assist children who have been victimized by violence than to prevent violence exposure. In addition, there is a real lack of systematic evaluation data that are needed to identify and validate promising practices. The importance of systematic data and appropriate prevention and intervention programs is underscored by the information presented in this report.
Violence in the Family

Situational Overview

Violence in the family is a serious social problem in North America. Children are more likely to experience violence in their family than in any other setting. The most compelling evidence of this is seen in child homicide and assault statistics. In the U.S., while adult homicide rates are dropping, the homicide rate for children, especially infants, has been increasing (Pritchard & Butler, 2003). According to the National Child Abuse and Neglect Data System (NCANDS), 1.98 children per 100,000 died from abuse or neglect in the U.S. in 2002. Most of these children were under the age of 3 years, and died at the hands of their parents (U.S. Department of Health and Human Services, 2004). The numbers in Canada are fewer, but as in the U.S., most perpetrators of violence against children and youth are their parents (AuCoin, 2003; Locke, 2002). Moreover, in both the U.S. and Canada, the chance of being a victim of family homicide is greatest in the first year of life (Brzozowski, 2004; NAIC, 2004). In 2003, 33 children in Canada were killed; of these, a parent was found responsible for 23 of the 27 solved cases (Statistics Canada, 2004). Whereas these numbers reflect a decrease in the number of child homicides in Canada, overall rates of physical and sexual assault of children have been rising steadily since 1998 (Brzozowski, 2004).

The actual prevalence of family violence against children is difficult to assess. Generally, the data suggest that children and youth are overrepresented as victims of physical and sexual abuse (Brzozowski, 2004; Childhelp, 2003). In Canada, there are no national statistics, nonetheless data from a national sample of 51 child welfare services suggest an annual incidence rate of 21.52 investigations of maltreatment per 1,000 children, of which one third remain unsubstantiated (Trocmé et al, 2001). In the U.S., the 2002 rates showed that 12.3 children per 1,000 were victims of maltreatment in the family (NAIC, 2004). However, researchers and practitioners agree that rates of maltreatment and fatalities are underestimates, and that actual rates may well be double those that are in official statistics (Hopper, 2004; Thomas & McFarland, 2004). One reason is that most cases of maltreatment do not come to the attention of state or provincial/territorial authorities (Hopper, 2004). For example, U.S. studies suggest that at least half of fatalities resulting from abuse or neglect are not recorded (Crume et al, 2002), and rates of abuse are up to 40 times greater than official statistics.

I think child abuse happens a lot more than we think it does. Kids get beat up at home and are afraid to tell anyone. It’s hard to stop something that happens behind closed doors.

16 year-old participant in focus group (Children’s Rights Centre, 2005)
indicate (Theodore et al, 2005). Similarly, a survey of parenting in Quebec, Canada, showed actual rates of physical abuse to be 10 times higher than those reported to child welfare authorities (Tourigny et al, 2002, cited in Clement et al, 2003/2004).

A second reason is seen in the complexities of pediatric forensic pathology, and the difficulty of identifying a cause of death for infants and young children (Cairns, 2004). Third, it is not clear what the reporting or investigation rates reflect. In both the U.S. and Canada, the recurrence of maltreatment investigation is quite high with, in some areas, almost half of child maltreatment investigations having had a previous allegation and investigation (MacLaurin, 2003/2004). In Ontario, Canada, for example, 54% of cases examined by the Paediatric Death Review Committee had Children’s Aid Society involvement with the child prior to the child’s death (Cairns, 2004). In consequence, it is not clear whether the numbers of investigations are largely of different children, or if some significant percentage is children who experience repeat and, it would seem, ineffective interventions. Clarification in recording and reporting is needed here, as well as more extensive follow-up case reviews than typically happen at this time.

Three basic types of violence against children have been most commonly examined and identified in North America: (1) emotional or psychological abuse, including neglect and exposure to domestic violence, (2) physical abuse, including physical punishment and shaken baby syndrome, and (3) sexual abuse, involving sexual assault and involvement in prostitution or pornography. At this time there is significant evidence describing the risk factors for and the impact of each. Prior to discussion of this literature, two areas in which much less attention has been paid are worth mention.

Sibling violence has been described as pandemic in North American families (Piotrowski & Siddiqui, 2004). Not surprisingly, sibling violence is present most often in families in which there is chronic child abuse and domestic violence. It is, then, both an outcome of family violence and a contributor to it. As the authors note, the impact of sibling violence is not limited to mental health difficulties and physical injury. Two percent of total homicides in Canada and 1% of those in the U.S. are attributed to siblings (Piotrowski & Siddiqui, 2004). Nonetheless, at this time, sibling violence gets little public attention and is not seen as a serious problem (Finkelhor et al, 2005).

In contrast, significant concern has been expressed about violence against children by their babysitters. Highly publicized cases such as that of Louise Woodward1 have created a false impression of high prevalence of such violence. In fact, data from the U.S.
indicate that fatalities from babysitter-caused injuries are very rare, and that babysitters are responsible for about 4% of all offenses against children under the age of 6 years, of which almost half are sexual offenses by juveniles (Finkelhor & Ormrod, 2001). Family members account for a much greater proportion of violence against children.

**Emotional Abuse**

Emotional abuse generally has referred to verbal abuse, threat and humiliation, and neglect. Emotional abuse is the most frequent type of abuse (Finkelhor et al, 2005). Among types of emotional abuse, verbal abuse in the form of name-calling is the most commonly experienced (Clement et al, 2003/2004). Its impact varies with its frequency and severity, and since often it is accompanied by other forms of abuse, it is difficult to disentangle any unique outcomes from verbal abuse. Neglect describes failure to protect children, failure to provide for children's basic needs, including physical care, education, medical treatment and emotional needs, and in some cases abandonment. Neglect, as an act of omission, is difficult to identify and can go undetected for extensive periods (Bowlus et al, 2003). Nonetheless, neglect is the most frequently recorded type of parental child maltreatment in both Canada and the U.S. (Child Health, USA, 2002; Clement et al, 2003/2004; Gagne & Bouchard, 2004; NAIC, 2004; Trocmé et al, 2001). The impact of neglect may include poor health, malnutrition, poor school performance, emotional disorders and developmental delays (Bowls et al, 2003). It is of particular concern when neglect is early in the child's life. Research in neuroscience describes how the actual structure of the brain is altered by early neglect through elevated cortisol levels. In essence emotional deprivation organizes the brain such that there are abnormal stress responses, heightened anxiety, and poor impulse control; the child's healthy development is seriously compromised (Covell & Howe, 2001a).

Recently, witnessing domestic violence has been included as a form of emotional abuse. Its inclusion results from a growing body of literature demonstrating that children who are exposed to domestic violence are at risk for a number of emotional and behavioral difficulties, and are at increased risk of becoming victims of domestic violence themselves (Bowls et al, 2003; Brzozowski, 2004; Mitchell & Finkelhor, 2001; Wolfe et al, 2003). The short-term impact is seen in aggressive behaviors such as fighting, bullying, difficulties at school, and emotional disturbances. The long-term impact is seen in conduct disorder, antisocial behaviors, self-injurious behaviors, anxiety, and in elevated rates of spousal violence and rates of child maltreatment. At this time, the research is not sufficient to allow disentangling the effects of the concomitant risk factors of exposure to spousal abuse; these include harsh parenting styles, time spent in shelters, separations from parent and custody disputes (Wolfe et al, 2003). Neither has there been sufficient research to identify the rates of exposure, although some surveys have suggested that, at least among younger children, about 1 in 12 is exposed to domestic violence (Moss, 2004).

---

1 Louise Woodward, a 19 year-old au pair from England, was convicted (in Massachusetts, June 16, 1998) of involuntary manslaughter in the death of 8 month-old Matthew Eappen who was in her full-time care. She admitted she became frustrated with Matthew’s uncontrolled crying. The infant evidenced symptoms of shaken baby syndrome as well as skull fractures.
Physical Abuse

Child physical abuse refers to such acts as shaking, hitting, kicking, throwing against walls or doors, and burning with objects such as cigarettes or irons (Bowlus et al, 2003; Jaffee et al, 2004). Parents are responsible for the vast majority of physical child assault cases reported to the police (Brzozowski, 2004). The physical consequences include cuts and bruises, bone fractures, and central nervous system damage (Bowlus et al, 2003). Behavioral and psychological consequences include increased rates of childhood behavior problems (Keiley et al, 2004), aggression and antisocial behaviors (Jaffee et al, 2004), dating violence (Wolfe et al, 2004), criminal violence (Harris et al, 2001), depression and low self-worth (Bowlus et al, 2003).

The biggest risk factor for physical abuse is parental use of physical punishment (Ateah, et al, 2004; Trocmé et al, 2001). In fact there are no measurable distinctions between physical punishment and physical abuse in terms of force, parental intent, or extent of injury (Durrant, Ensom et al, 2004). Unfortunately, physical punishment continues to be used as a disciplinary tool across North America. Given that actual prevalence rates for Canada are based on parental reports, it is likely that they underestimate the actual incidence (Durrant, et al, 2004). The most recent survey of Canadian parents shows regional variations from a low in Quebec of 22% of parents reporting the use of physical punishment to a high of 60% in Alberta (Ipsos-Reid, 2004). The Canadian average in this survey was 42%. In the U.S., only the state of Minnesota prohibits all forms of corporal punishment in all settings. With that exception, more than 90% of American families use spanking as a form of discipline for toddlers and more than half spank their teenage children (Banks, 2002). Loss of control, anger and difficulty with empathy are common parental reasons for the use of physical punishment (Ateah, et al, 2004). Nowhere is this more evident than in shaken baby syndrome.

Shaken baby syndrome (SBS) in which the infant is subjected to rapid acceleration, deceleration and rotational forces with or without impact, describes the most serious form of abusive head trauma. SBS was brought to public attention in North America in the case of Louise Woodward described above. As in the Woodward case, SBS occurs most frequently to male infants between 3 and 8 months of age in response to inconsolable crying (KidsHealth, 2004). In a recent study, Theodore et al (2005) report higher than expected rates of mothers using shaking as a disciplinary tool with infants under 2 years of age. SBS has a very high degree of morbidity and mortality (King et al, 2003). In the U.S., SBS is the leading cause of death in child abuse cases. The annual incidence rate is between 750 and 3,750 (Brain Injury Association of New Jersey, 2004). One third of these cases will be fatal, and one third will suffer permanent injury. The extent of SBS in Canada is not known (Joint Statement on Shaken Baby Syndrome, 2001). James King and his colleagues (2003) estimated a minimum of 40 cases per year in Canada from which 8 will die, 18 will suffer permanent neurological injury that requires life-long assistance, and 17 will be taken into foster care. These authors stress the very conservative nature of their estimate. There is an obvious need for a national strategy to assess the incidence of SBS in Canada, as well as to identify risk and protective factors.
**Sexual Abuse**

Sexual abuse most often involves sexual assault in which there is forced sexual activity either completed or attempted, and sexual exploitation including involvement in pornography or prostitution. In Canada, and in the U.S., sexual abuse is the least often reported and substantiated type of child maltreatment (Thomas & McFarland, 2004; Trocme et al, 2001). Nonetheless it is important to note that children consistently are disproportionately represented in victims of sexual assault (Aucoin, 2003; Brzozowski, 2004, Locke, 2002). In 2002 in Canada, for example, children represented 23% of the population and accounted for 61% of victims of sexual assault. In the Canadian Incidence Study, as in U.S. studies (e.g., Thomas & McFarland, 2004), 10% of child maltreatment investigations involved sexual abuse, of which around one third are substantiated. Child involvement in pornography and prostitution has been alleged in 0.17 investigations per 1,000 children, of which 33% have been substantiated (Trocme et al, 2001). In contrast with physical abuse, relatives other than parents were most often perpetrators of child sexual abuse (28%). Biological fathers comprised 15% of perpetrators and 9% were stepfathers. Mothers were perpetrators in 7% of sexual abuse investigations.

The impact of sexual abuse is pervasive. As summarized by Bowlus et al (2003) and Trocme et al (2001) sexual abuse affects children’s sexual behavior, their psychological well-being, and their schooling. Some sexually violated children display behavior problems, early or inappropriate sexual behavior, and may become promiscuous, involved in the sex trade (often after running away from an abusive home), or experience early pregnancy. Psychological effects include eating disorders, substance abuse, low self-esteem, depression, dissociation, and suicidal thinking and attempts. School attendance may be poor and academic achievement typically is well below the child’s potential.

The impact of child sexual exploitation is not yet well understood. The need for research in this area is underscored by the growing use of technology in it. For example, the National Center for Missing and Exploited Children in the U.S. describes dramatically increasing reports of child sexual exploitation involving online enticement of children, unsolicited sexually explicit materials sent to children, and child pornography depicted and distributed on the Internet (Thomas & McFarland, 2004).

**Especially Vulnerable Children**

Children most at risk for maltreatment can be identified by examining the degree to which risk factors are present in their families. The more risk factors to which the child is exposed, the more likely the child will be a victim of family violence. Child characteristics are risk factors also. The age and sex of the child affects the likelihood of maltreatment, and children with disabilities, indigenous children and ethnocultural minority status are at heightened risk of abuse.

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*When I was like twelve, I thought I was pregnant by my father. I contemplated suicide because I was just saying to myself, “How am I going to explain this to people?” I mean I was twelve years old. Nobody is ever going to believe me.*

*National Youth in Care Network Report (1997)*
Family Risk Factors

The North American family in which the child is most likely to experience some form of abuse has one or more of the following four characteristics. The parent is a single mother (Ateah, et al, 2004; Trocme et al. 2001). The mother is younger than 25 years of age, particularly in cases of physical abuse and neglect (Cairns, 2004; NAIC, 2004; Pritchard & Butler, 2003; Trocme et al, 2001). The family is economically disadvantaged, unemployed or underemployed, often living at or below the poverty line (Ateah et al, 2004; Kearney, 2003; KidsHealth, 2004; NAIC, 2004; Pritchard & Butler, 2003), and in cases of neglect, living in subsidized housing or shelters (Trocme et al, 2001). The family is socially disadvantaged, lacking in social supports and living in social isolation (Gagne & Bouchard, 2004; Kearney, 2003; Trocme et al, 2001). In the case of sexual abuse, the presence of a stepfather is an additional risk factor (Kearney, 2003).

In addition to these family status variables, a number of parent functioning characteristics are identified risk factors for child maltreatment. These include parental substance abuse (Cairns, 2004; Childhelp, 2003; Gagne & Bouchard, 2004; Kearney, 2003; Pritchard & Butler, 2003; Thomas & McFarland, 2004; U.S. Department of Health & Human Services, 2001), poor mental health, especially depression (Cairns, 2004; Durrant & Ensom, 2004; NAIC, 2004; Trocme et al, 2001; U.S. Department of Health & Human Services, 2001), and a history of experience with violence, or current spousal violence (Durrant & Ensom, 2004; Kearney, 2003; NAIC, 2004; Trocme et al, 2001; U.S. Department of Health & Human Services, 2001). Poor coping skills and difficulty with anger control are particular risk factors for physical and emotional abuse (Ateah et al, 2004; Cairns, 2004; Durrant & Ensom, 2004; Gagne & Bouchard, 2004; NAIC, 2004; U.S. Department of Health & Human Services, 2001). Other parental risk factors that are associated with physical abuse are a lack of child development knowledge resulting in misattributions of child behavior (Ateah et al, 2004; Durrant & Ensom, 2004), limited parenting skills in general (Cairns, 2004), low educational attainment (NAIC, 2004; Pritchard & Butler, 2003), and a criminal history (Pritchard & Butler, 2003).

Age and Sex of Child

With regard to age and sex of child, the data are consistent in showing that with the exception of sexual abuse, it is male children who are most at risk for being the victims of family violence. Females, particularly those in their early teen years, are more likely to be victims of sexual abuse (Brzozowski, 2004; Finkelhor et al, 2005; Trocme et al, 2001). Boys between birth and age 4 are more likely than are girls to be emotionally abused or neglected (Trocme et al, 2001). Boys also are more likely to be victims of shaken baby syndrome (KidsHealth, 2004), and physical abuse (Finkelhor et al, 2005; Trocme et al, 2001). Boys between the ages of 1 and 12 years are not only more likely to be victims of physical assault by their parents, they also are more likely to sustain injury (Brzozowski, 2004). Why boys are more often victims of family violence requires further research; its
importance is evident in the cycle of violence perpetuated by early experience with violence.

**Children with Disabilities**

As noted by many advocacy groups (e.g., Canadian Association for Community Living), there is significant anecdotal evidence that children with disabilities are especially vulnerable to maltreatment. National data are scarce. In the Canadian Incidence Study (Trocme et al, 2001), 8% of all investigations involved children with developmental delay and 4% involved children with developmental disabilities. In the U.S., not all states record the existence of disabilities on their child protective services forms. Moreover, there appears to be consensus that children with disabilities seldom are reported to authorities for alleged victimization (Thomas & McFarland, 2004). Regional studies suggest that children with disabilities are 1.7 times to 3.4 times more likely to be maltreated than are their typically developing peers, and that neglect is the most common form of maltreatment (U.S. Department of Health & Human Services, 2001). Of particular concern is that these data suggest an increase in rates over time. Systematic national data collection clearly is necessary to identify the scope of the problem. The risk factors for children with disabilities are the same as those for children without disabilities, as described above. However, the ambient stress that is associated with these risk factors is considered to be more intense for families in which a child has a disability. What has been identified are the increased demands for caring for a child with a disability, the difficulty of coping with challenging behaviors, the lack of knowledge about the impact of the disability on the child’s development, and the lack of needed resources and supports (U.S. Department of Health & Human Services, 2001). In addition, concerns have been expressed about societal attitudes that devalue those with disabilities, and the pervasive myth that those with disabilities are not vulnerable to family violence. It has been suggested that in Canada such attitudes have become more pervasive since the Latimer case and that these changed attitudes are resulting in increased parental killing of children with disabilities “in their best interests.”

**Children of Aboriginal/Minority Status**

The high rates of social and economic disadvantage of Canadian Aboriginals (Inuit, Metis, and First Nations) may well account for the finding that maltreatment has been more often substantiated and suspected for Aboriginal children than all other groups in Canada (Blackstock et al, 2004; Commission on First Nations and Metis People, 2004). Compared with non-Aboriginal parents, Aboriginal families are significantly more likely to be characterized by the following risk factors: young single parent, low income (most often social benefits), subsidized, often unsafe, housing (Trocme et al, 2001), and domestic violence and parental substance abuse (Kirmayer et al, 2000). Moreover, Aboriginal children are more likely than others to have substance abuse related health difficulties at birth (Blackstock et al, 2004) thus making them more challenging to care

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2 Robert Latimer killed his 12 year-old daughter who was living with cerebral palsy. The media presented a generally sympathetic profile of Mr. Latimer as having acted in his daughter’s best interests to end her pain. At one point through the trial and appeal processes, over 60,000 Canadians signed a petition asking for leniency for Latimer. Ultimately, the Supreme Court upheld the life sentence with no parole for 10 years. However, since then, Dr. Dick Sobsey of the University of Alberta reports a 30% increase in such killings.
Overall, neglect is the most common form of maltreatment among Aboriginal children, a finding consistent with those in the U.S. (Earle & Cross, 2001). In the U.S., Native American, Alaska Native and African American children have the highest rates of maltreatment (NAIC, 2002). Much concern has been expressed about the overrepresentation of these children in family victimization statistics (Thomas & McFarland, 2004). Much concern has been expressed also about the risk status of children whose parents immigrate to North America from cultures with very different belief systems about child-rearing and different expectations for child behaviors (e.g., Cenezero & Hortelano, 2004). For such parents, any parenting difficulties they may experience will likely be exacerbated by the challenges of adaptation, the need to cope with inter-cultural as well as inter-generational differences in child rearing, and the lack of extended family to provide supports.

Promising Practices

The pervasiveness and complexities of the risk factors predictive of family violence against children, and its profound impact on child development, suggest that an emphasis should be placed on primary prevention practices. Targeted programs for high-risk populations, and reactive interventions for known cases can complement proactive programming. Overall, however, the literature is consistent in indicating that only through the widespread implementation of primary prevention practices will there be a significant reduction in the frequency and severity of family violence against children (Ateah et al, 2004, Covell & Howe, 2001a). Such practices can be categorized into three types: education, law and/or policy reform, and community supports.

Education

Central to empowering effective and non-violent socialization strategies, is to educate parents in ways that change attitudes that are supportive of physical punishment, provide knowledge of alternatives to physical punishment, and teach strategies to cope with anger (Ateah et al, 2004).

Parents also need to be educated to recognize the risk factors and signs of child sexual assault, as well as the dangers of child pornography (Thomas & McFarland, 2004). To reduce neglect, it is helpful to educate parents about child development and children’s rights (Covell & Howe, 2001a). It is also necessary to provide education about the symptoms and outcomes of child abuse and neglect to those who work with children. Over half of alleged child abuse reports are made by professionals — daycare providers, teachers, social service providers, and medical and law-enforcement personnel (NAIC, 2002). At this time, these professionals are not often sufficiently educated to be proactive...
in their interactions with parents (Banks, 2002), to identify the symptoms of abuse, to fully understand the reporting process (NAIC, 2002), or to fully appreciate the impact of family violence on children (Jaffee, 2004). When training is inadequate, responses tend to be inappropriate. For example, in schools, suspensions and exclusions may be used rather than behavioral or mental health interventions (Advocates for Children, 2004). It is of course equally important that all adults are aware of conditions under which child protection agencies should be contacted, and of their obligations to do so. Many do not appear to be aware of these obligations (Bernstein, 2004). Although the need for education for parents and professionals is unequivocal, the method by which it can be most effectively given is less obvious. Professional development training is difficult to implement and parents, particularly those in high-risk situations, tend not to attend parenting classes (U.S. Department of Health and Human Services, 2003).

It is important to educate children about their rights to be protected from abuse, and to receive treatment and assistance when exposed to violence. One very effective means is through peer education in schools. Jaffee (2004) identifies one very successful such program in which older students write plays about abuse and violence and then perform these plays for younger students. Once old enough to care for infants and young children, school students also can be taught how to cope with crying and the importance of appropriate responses. An effective method is seen in the Manitoba Shaken Baby Initiative noted below.

The evidence points to the use of free newsletters with age relevant information to parents as among the more effective proactive ways to reach all parents. Two examples are illustrative. As detailed elsewhere (Covell & Howe, 2001a), in Montreal, Canada, a newsletter was regularly distributed to new parents throughout a three-year period. Included in it were age-appropriate parenting information, and strategies for coping with parenting and relationship difficulties. Evaluation data indicated the newsletter was highly beneficial particularly with those most difficult to reach through traditional forms of parent education. A similar approach was used in Wisconsin (U.S.), where monthly newsletters were distributed to all new parents throughout their child’s first year. Evaluation data indicated that the newsletters were highly effective in reducing incidents of child abuse; in fact it was estimated that over one million incidents were prevented (Nelson et al, 2001). A related proactive approach that appears to be successful is a Government of Manitoba initiative on Shaken Baby Syndrome that uses a pamphlet and video (Ateah et al, 2004). The materials are designed such that they can be used with all those who care for infants. To date, the video has been incorporated into school curricula and has been distributed throughout the province to health clinics, nursing training and stations, and

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I think that parents should be the ones taught, because if they learn how not to be violent, then they won’t be violent to their children, and so the children won’t be violent…

15 year-old boy
(Kids Meeting Kids, New York, 2005)
correctional facilities. The effectiveness of this initiative is seen in its growing use outside the province of its development.

Health Canada’s ‘Nobody’s Perfect” initiative is an example of a targeted program that has been effective with high-risk parents. The program, widely available through the Canadian Association of Family Resource Programs, appears to enhance positive parenting behaviors (Government of Canada, 2002; Leskiw & Associates, 2002). Education initiatives more recently have been focused on particular aspects of child abuse, particularly shaken baby syndrome and physical assault. Two exemplars that target both parents and professionals are the The Period of PURPLE Crying Program and the Joint Statement on Physical Punishment of Children and Youth (JSPPC). The former, a three-year pilot project to reduce shaken baby syndrome, is currently being tested in both the U.S. and Canada (National Center on Shaken Baby Syndrome, 2004). Its conceptualization and design suggest a high probability of success. Fortunately a rigorous evaluation component is part of this initiative. The JSPPC (Durrant et al, 2004) is a comprehensive report in which the outcomes of physical assault on children are summarized as well as related legal and human rights issues. Although primarily intended for professionals, it is an ideal document upon which to base parent education. It is hoped that such programs and materials will become integrated into the early training of professionals to facilitate their role in parent education, and to strengthen their capacity to respond effectively to all forms of child abuse. Education initiatives would be significantly strengthened by legal reforms.

**Legal/Policy Reform**

Across North America there is a patchwork of child protective resources, services and legislation (Howe, 2002; National Center on Shaken Baby Syndrome, 2004a). Consistency of practices and legislation would do much to send a clear message about the importance of children’s violence-free family life, and to reinforce educational interventions. State efforts to prevent Shaken Baby Syndrome (SBS) provide one model for all North American jurisdictions. Three U.S. states (New York, Texas and Utah) have proactive legislation to reduce the incidence of SBS. In each, licensure for child-care is dependent on completion of training designed to facilitate identification, diagnosis and prevention of SBS. New York, Florida and Pennsylvania require hospitals provide SBS education to all maternity patients/new parents. In addition, in April 2004, the New York state senate passed legislation that would make SBS a violent felony crime punishable by up to 7 years in prison (National Center on Shaken Baby Syndrome, 2004a).

A second model is noted by Peter Jaffee (2004) in his comments on how to prevent child abuse. As he points out, in several states, it is considered a criminal offence to expose children to spousal violence. Charges of spousal assault are accompanied by charges of corrupting children or ‘criminal child abuse.’ Moreover, a history of spousal assault automatically disallows custody of children in disputes on the assumption that a violent spouse is an unfit parent. Although such laws may seem draconian to some, they do
function to highlight the importance of protecting children from violence in the family. In some jurisdictions of Canada, provincial and territorial child protection legislation may afford some of the same protections, but they are not part of Canada’s Criminal Code. The need for consistency between national and regional legislation and for one clear message is highlighted in the current quagmire in Canada that has resulted from child advocates’ efforts to repeal Section 43 of the Criminal Code.

Section 43 provides a legal defense for the parental use of physical punishment, with limitations imposed by the most recent decision of the Supreme Court of Canada (January, 2004). A comprehensive analysis of the confusion resulting from the maintenance of Section 43 with its current parameters is provided by Bernstein (2004). There are definitional questions; for example, do behavioral disorders such as Attention Deficit Hyperactivity Disorder qualify as disabilities? There are practical questions; for example, can child protection workers ensure that the punisher’s mood was not one of anger or frustration? More importantly, can child protection workers provide adequate protection to a child, when if the child is apprehended, the parent can argue that his/her actions have a legally justifiable base? Most importantly, the difficulty is that parents must be disabused of the notion that the Supreme Court has endorsed parental hitting of children between the ages of 2 and 12 years. The confusion is exacerbated by state and provincial legislation banning the use of physical punishment with foster children and in child-care settings. Across North America, it is only in the state of Minnesota where all physical punishment is banned (Center for Effective Discipline, 2004) that the message is clear, and that all children receive equal protection from physical and emotional harm from their parents.

The importance of legal reform to protect children cannot be over-emphasized. Reactive measures are inadequate and inappropriate. It is particularly disturbing that across North America, courts and juries are reluctant to use the full force of the law when parents are convicted of physical assault or homicide of their children. An analysis of Statistics Canada data reveals that whereas parents are the most frequently convicted perpetrators of physical assault against children, they are the least likely to receive a prison disposition (Brzozowski, 2004). Where incarceration is imposed, prison sentences for assaults against children are relatively short (Brzozowski, 2004). When children are murdered by their parents, the lesser charges of infanticide or manslaughter are most often brought in Canada (Brzozowski, 2004), and the U.S. data demonstrate that juries are loath to hand down murder convictions for mothers who have killed their children (Meyer et al, 2001). Lesser convictions, short sentencing and inconsistent legislation send a message that children within their families have lesser status. It is a message that undermines educational efforts to reduce child abuse. Efforts to respond effectively to the child abuse and neglect fatalities are further hampered by the lack of comprehensive record keeping, inaccurate reporting, lack of national standards for child death investigations and lack of specific child abuse training for medical examiners and coroners (Cairns, 2004; NAIC, 2004).

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3 The limitations on parental use of corporal punishment are that it: (1) must be used only for ‘correction’, (2) cannot be administered to children under 2 or teenagers, (3) cannot be administered to children with disabilities or ‘contextual factors’ that preclude their learning from it, (4) cannot be on the head or involve the use of objects, (5) should not be ‘degrading, inhuman or harmful’, (6) should be ‘of a transitory and trifling nature’, and (7) must not be from caregiver frustration, loss of temper or abusive personality.
Community Supports

Educational initiatives and legal reforms will be most effective when accompanied by community supports and services to children and families. Supportive communities reduce the social isolation of families, and improve the balance between risk and protective factors (Scales et al, 2001). Community supports are particularly important for families in stressful conditions. For example, recent data indicate that the rates of SBS increase dramatically following natural disasters such as floods or hurricanes that create stress on parenting (Keenan et al, 2004). Non-judgmental and culturally sensitive assistance to all parents reduces risk for child abuse. It is particularly effective for immigrant families, for families in which there is domestic violence, and for families whose children are living with disabilities (B.C. Institute Against Family Violence, 2004; Wolfe et al, 2004). A supportive community will also be more involved with its children, more aware of the needs of its children, and more likely to report abuse (Scales et al, 2001). Family resource centers, family recreational opportunities, mental health services, substance abuse clinics, youth centers, mentoring programs, literacy programs, neighborhood watch programs, and the provision of opportunities for youth involvement in the community are the types of supports that help build protective factors against abuse and neglect.
Violence in the Community

Because if I don’t know them, then I’ll get killed probably.

8-year-old girl in Ohio (Spilsbury, 2002, p. 110)

Situational Overview

This quote exemplifies the real concerns children have about violence in their communities. This girl was explaining why she would pretend to be alright when hurt, if the only person available to help her was a stranger (Spilsbury, 2002). There is good reason for children’s concern. Urban children, especially those in inner-city disadvantaged neighborhoods, are exposed to high levels of community violence (Henrich et al., 2004; Kroneman et al., 2004; Schwartz & Proctor, 2000). Community violence describes acts whose intent is to harm; these acts include physical assault, rape, robbery, stabbing, shooting and murder. The child may be a direct victim of such acts, may witness them, or may hear about them. In the U.S. by middle childhood, most inner-city children will have witnessed shootings or stabbings or have been victims of violence (Schwartz & Proctor, 2000; Spilsbury, 2002).

Community violence is most prevalent and chronic in urban neighborhoods characterized by co-existing risk factors such as poverty, inadequate housing and few resources (Lynch, 2003). Ethnocultural minority families comprise a large percentage of those living in such communities (Stein et al., 2003). The ethnocultural differences in exposure to community violence are evidenced in statistics such as the following: 43% of low-income African-American children report they have witnessed a murder whereas only 1% of upper and middle income children in more suburban environments have witnessed murder (Stein et al., 2003). The impact of community violence, then, is greatest on poor, urban, and minority youth. Although it has not always been easy to disentangle the unique effects of community violence from those of the concomitant risk factors, there is now sufficient research to allow the identification of the range of developmental difficulties that is associated with community violence. It is noteworthy that whereas boys are at greater risk of exposure to community violence, girls are more likely to feel unsafe (Shwartz & Proctor, 2000; Stein et al., 2003). However, much of the impact of exposure does not seem to vary with the child’s sex (Henrich et al., 2004).

*In fact, child stranger abductions are rare in both the U.S. and Canada (Dalley, 2003, 2004; Finkelhor & Ormrod, 2000). The majority of missing children are runaway youth (Dalley & Ruscoe, 2003). Concerns have been expressed about Internet luring (Dalley, 2004), however a recent study suggests that teens willingly enter into relationships with adults whom they meet online, and that Internet offenders do not use force, coercion or abduction with their young victims (Mitchell et al, 2004).*
Children's exposure to violence, whether as victim or witness, is associated with a host of adverse developmental outcomes (Margolin & Gordis, 2000). Generally, the extent of the effect will vary with the developmental timing of the violence exposure, its chronicity (Lynch, 2003), and the child's physical and emotional proximity to the event (Berkowitz, 2003). In addition, the presence of additional risk factors, such as domestic violence, and the presence of protective factors, such as a supportive school, determine the extent of the impact of community violence exposure (Lynch, 2003). That said, there are some common outcomes of community violence exposure that will likely be experienced by most children to a lesser or greater extent.

The vulnerability of the developing brain to environmental experiences suggests that the young child who is exposed to community violence may develop abnormal stress responses and difficulties with emotion regulation. In consequence some children may show patterns of chronic hyper-arousal or decreased responsiveness and depression (Lynch, 2003). A number of researchers have noted the presence of psychological distress including symptoms of Post Traumatic Stress Disorder, anxiety and decreased self-esteem among children exposed to community violence (Eitle & Turner, 2002; Lynch, 2003; Schwartz & Proctor, 2000; Stein et al, 2003). Young children also may regress and lose recently mastered developmental milestones, for example, bowel and bladder control (Berkowitz, 2003). By school age, difficulties with peers and concentration are outcomes of community violence exposure. Social competence is lessened and the likelihood of engaging in bullying and subsequent social rejection is increased (Eitle & Turner, 2003; Schwartz & Proctor, 2000). School attendance becomes less regular after exposure to community violence (Berkowitz, 2003), likely as a result of fears for personal safety (Henrich et al, 2004; Spilsbury, 2002). Children report being afraid of being stalked, assaulted or kidnapped by strangers (Spilsbury, 2002). As a result of social difficulties, poor attendance, and difficulty concentrating (Berkowitz, 2003), school achievement is poor (Eitle & Turner, 2003; Henrich et al, 2004; Stein et al, 2003). Into adolescence, aggressive anti-social behaviors become more common among those exposed to community violence. Alcohol and drug use appears to be a common coping strategy to deal with the stress aroused by community violence (Lynch, 2003), and early antisocial behavior problems are manifest in juvenile offending behaviors (Eitle & Turner, 2003; Halliday-Boykins & Graham, 2001; Lynch, 2003). In essence, there is a self-perpetuating and escalating cycle between exposure to violence in childhood and violent behaviors.

**Violence in Sports**

Although it is primarily low income and minority children who are exposed to violence in the community, most children in North America are exposed to violence in sports. Although generally believed to be pervasive, there has been little systematic study of the impact of children's exposure to violence in sports. Children may be exposed to violence as spectators, as team players, or as individual competitive athletes. Whether children are spectators at school or community sports events, or of televised sports, they may be exposed to violence from players or parents. Combat sports (e.g., judo, wrestling), and team contact sports (e.g., rugby, ice hockey) are characterized by high levels of aggression
and often violent physical contact (Kerr, 1999). Violence that is illegal in other community contexts is embraced in sports and understood to be integral to the game. Children who watch sports soon come to learn that athletes’ acts of violence are approved of (CTTP, 2004). If these athletes are also role models for children then we can expect an increase in violent actions by the child spectator.

Children who themselves are participants not only observe violence, they are also often unwittingly at the center of it. The extreme competitive nature of many children’s sports tends to result in verbal and physical abuse of the players. Parental rage is common. Children are called names, they are humiliated, threatened or physically assaulted (Brown University, 2002), and are often encouraged to act violently themselves. Violence is particularly evident in ice hockey where not only do adults verbally abuse the players but also throw objects onto the ice, thus increasing the likelihood of injury to young players. One such incident led to the following comment:

**We knew it had nothing really to do with us, but it got a little scary.**
**We were winning the game, but we just wanted to get out of there.**

*13 year-old hockey player (cited in Deacon et al, 2001)*

Such examples abound (Deacon et al, 2001). Referees have boycotted youth games to protest ‘fan’ abuse, angry parents have attacked coaches, and teenaged referees have been threatened with death. In one incident, a father attacked a supervisor and beat him into unconsciousness while his sons and a crowd of other children watched. The man died.

The child who is an elite competitive athlete in individual sports such as gymnastics and figure skating is especially vulnerable to physical, emotional and verbal abuses by parents or by trainers. Child gymnasts under extensive training experience high levels of verbal and emotional abuse. These children are often placed on a strict diet, develop eating disorders, and are required to continue training and performance through injuries. They also are encouraged to use performance-enhancing drugs (David, 1999). The pattern of violence against figure skaters is similar; however, physical violence seems even more common in this field.

Overall in North America, children are taught that verbal and physical violence is integral to sports and that there is no price too high for winning. Most children who play sports drop out before mid-adolescence in part because of the stress associated with the physical and emotional abuse that have become part of the sport. Those who continue must be expected to perpetuate the violence they have observed or experienced. Research is necessary to move beyond anecdotal evidence.

Numerous media reports over the past few years suggest that children in sports may also be particularly vulnerable to sexual abuse by their coaches (Zaichkowsky, 2000). The extent of such abuse is not known. However a number of high profile cases that have
gained widespread attention across North America lend support to what has been described as a “culture of silence”, particularly in youth hockey (Zaichkowsky, 2000). Systematic data collection with clear definitions is needed not only to assess the scope of this problem, but also to identify the needed protections which at this time seem woefully inadequate.5

**Violence in the Church**

The sexual abuse reports of children in sports have been paralleled by reports of sexual abuse against children by the clergy in both the U.S. and Canada. There has been growing awareness of this since the mid 1980s (Plante, 2004). The majority of victims are young adolescents at the time of their victimization, and almost all are male (Reese, 2004). Some are children in orphanages (Robinson, 2002). Such abuse has a profound and life-long impact on the child’s developing sense of self-esteem, sexual identity and emotional well being. The new Charter for the Protection of Children and Young People enacted in 2002 by Catholic Bishops is expected to lessen future sexual abuse in the church (Flynn, 2004; Schulte & Sharpe, 2004). How rates of abuse in the church or sports compare with other community institutions and settings is unclear. It is to be hoped also that the growing awareness of sexual abuse of children in sports and in the church will impel investigations of other adults in the community with whom children interact – recreation leaders, health professionals, social workers and so forth. Not all jurisdictions maintain registries of known child sex abusers or require background checks of potential employees; thus the potential for abuse is present.

**Especially Vulnerable Children**

**Homeless Children and Street-Involved Youth**

Children who are most victimized by violence in the community are those who are most exposed to it as a result of homelessness. Although the numbers differ, the family backgrounds of homeless children and youth in Canada and the U.S., and their experiences are essentially the same (CS/RESORS, 2001). Most pre-teen children who are homeless are part of a single mother family and for the most part researchers have focused on the experiences of the parents rather than of the homeless children. Although there is very little information about the children, we do know that the number of homeless children in the U.S. is increasing (Nabors et al, 2003). Homeless children have a high prevalence of developmental delays, and suffer from multiple health and behavior problems, many of which result from their exposure to domestic and community violence (Hicks-Coolick, 2003; Kidd & Scrimenti, 2004).

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5 Canadian hockey coach Graham James was convicted of committing more than 350 sexual acts on two teen players. In 1997 he was sentenced to 3 1/2 years in prison. In 2001, James was back coaching youth – this time in Spain.
Homeless adolescents were not necessarily homeless as younger children; however, they share the same troubled history and vulnerability to community violence. The focus of this section is homeless adolescents/youth, since there is significantly more information about them and since they are most at risk of further victimization. First, we note that estimates of the numbers of street-involved youth are varied, in part because different estimates include different aged youth. Nonetheless, the numbers are high: 1 to 2 million are estimates from the U.S. (Kidd, 2003; Yoder et al, 2003). These are children who are on the streets because of a history of childhood violence. And on the streets, they are further victimized.

There has been consistent evidence across the continent that most homeless youth are adolescents who have run from, or been told to leave, homes in which parents have been physically, sexually and emotionally abusive or neglectful (Chen et al, 2004; Gaetz, 2004; Parnaby, 2003; Rew, 2002; Thompson et al, 2003; Tyler et al, 2004). High rates of substance abuse, domestic violence, and criminality are common among the parents of these runaway or throwaway youth (Hicks-Coolick, 2003; Kidd, 2003). Most runaways and throwaway youth live on the streets. Although the streets initially may seem like a refuge, street-involved youth are disproportionately likely to be victimized. Ironically, given what they leave at home, street-involved youth are particularly vulnerable to physical and sexual assault (Gaetz, 2004).

Their public lives, spent in urban areas, make street-involved youth easy targets for predatory criminal offenders, deviant peers and exploitive adults (Thompson et al, 2003). For example, street-involved youth, especially those with a history of sexual abuse, are often actively recruited by pimps and coerced into the sex trade (Willis & Levy, 2002). In addition, the types of subsistence or survival strategies to which street-involved youth must resort expose them to a wide range of dangerous practices and persons (Gaetz, 2004). To support themselves, many street-involved youth engage in panhandling (begging), drug trafficking, theft, prostitution, or survival sex (offering sex in exchange for food or shelter, or in some cases drugs) (Kidd, 2003; Gaetz, 2004; Van Leeuwen et al, 2004). For companionship, support and tutelage on surviving street life, some join gangs (Yoder et al, 2003). Each of these activities raises the risk of further victimization. In one study conducted in Toronto, Canada, 82% of street-involved youth reported being a victim of crime. Of these, many reported the crime to have involved violent physical or sexual assault (Gaetz, 2004). Self-directed violence is also common among street-involved youth, most frequently in the form of suicidal ideation or attempts (Kidd, 2004; Kidd & Scrimenti, 2004; Roy et al, 2004). Elevated death rates of street-involved youth are reported consistently across North America, most of which are connected to drug overdoses or other acts of suicide (Kidd & Scrimenti, 2004; Roy et al, 2004).

**Minority Street-Involved Youth**

Although there is a real paucity of research about sub-groups of street-involved youth, there is reason to expect that the difficulties for all street-involved youth described above may be experienced more intensely, or differently, by those of minority status. First, among the types of victimization to which street-involved youth are at elevated risk is
harassment. Harassment can involve both verbal and physical violence, and there is evidence that street-involved youth of minority sexual or ethnic status are especially vulnerable to sexual prejudice and racism (CS/RESORS, 2001). Gay, lesbian, bisexual and trans-gendered youth may be forced to leave home because of their sexual orientation, and then targeted on the streets because there also they are not socially acceptable (Ma, 2004).

Street-involved youth with disabilities or developmental delay are also expected to be at heightened risk of victimization. Not only would they be more vulnerable to harassment on the streets, they may also have more difficulty with basic survival strategies as well as protecting themselves, or obtaining protection through gang membership. There appears to be no research addressing the experiences or prevalence of street-involved youth with disabilities. There is also a gap in research about Aboriginal street-involved youth.

Aboriginal Children

Research in Canada suggests that the pattern of street living among Aboriginal youth may be different from non-Aboriginals in that they tend to maintain contact with their family and home of origin, alternating between their home and the streets (cited in CS/RESORS, 2001). How this affects Aboriginal youths' levels of exposure to violence and their victimization has not been examined. Nonetheless, there is evidence to suggest that Aboriginal children are overrepresented on the streets and in the sex trade (Blackstock et al, 2004a). In some communities in Canada, commercial sexual exploitation of Aboriginal children makes up more than 90% of the visible sex trade where the Aboriginal population is less than 10% (Save the Children Canada, 2000). As such, they are highly at risk for violence.

Aboriginal children are very vulnerable to violence in their communities. As explained by Kirmayer and his colleagues (2000), the cultural discontinuity experienced by indigenous peoples in much of the world is linked with endemic mental health problems and very high rates of alcoholism, suicide and family violence. In consequence, it is linked also with pervasive and elevated rates of serious community violence. Children and youth suffer the most profound impact of community violence; this is evidenced in the high rates of suicide and substance abuse among adolescents in many Aboriginal, Metis, and Inuit communities in Canada as in many Native American communities in the U.S.

Working Children

Most adolescent children in both the U.S. and Canada have some type of paid employment before they finish high school (Runyan & Zakocs, 2000; Statistics Canada 2003). Despite a range of employment standards, overall, working children receive inadequate protections and inadequate training. Statistics on employment-related injuries and death are not well kept. Nonetheless, there is enough evidence to demonstrate that work in the retail trade is not only among the most common places of employment for young people, but also among the most dangerous. Employment in restaurants, grocery, and convenience stores places youth at risk for being victims of robberies and related
homicides (Runyan & Zakocs, 2000; U.S. Department of Labor, 2000). According to the National Institute for Occupational Safety and Health, the risk of violence is elevated when youth work late at night or early in the morning, especially when they are working alone. At these times, customers are few and the potential for more cash on hand is great; retail environments thus become prime targets for theft. One indication of the extent of risk is seen in U.S. data showing that more than 70% of deaths among working adolescent females (whose most frequent employment is in the retail sector) are homicides – almost double that of the homicide rate of U.S. adult women. Youth who work late at night in urban environments are also vulnerable to assault on the way home.

Promising Practices

The elimination of community violence appears unlikely: radical changes would be necessary to transform the economic and social conditions of North American cities. However, these changes are least likely to occur where they are most needed – in inner city urban areas. Developing child-friendly communities (The Society for Children and Youth of BC, 2004), and including youth in community functioning (Scales et al, 2001), would be a helpful start in lessening community violence. We stress the importance of youth involvement in their communities. As youth themselves have noted, their initiatives are not often taken seriously, their voices are ignored and their opinions held to be irrelevant or invalid (Ma, 2004). Reducing the numbers of children victimized by community violence might best be accomplished by reducing family maltreatment, as discussed above, which in turn would lessen the numbers of street-involved youth. In addition, policy changes that protect working children from situations in which they are at risk for victimization are necessary. But even were such proactive measures in place, there would still be a need for reactive measures to assist youth who are victims of community violence. Despite large gaps in evaluation research, there is some indication of effective intervention strategies.

Parental education, parental monitoring and the availability of non-familial adult support (e.g., teachers, neighbors) are key moderators of the impact of children’s exposure to community violence (Lynch, 2003; Scales et al, 2001). What has been demonstrated particularly effective for children living in high-risk communities is parent education that is developmentally framed, and that includes information about children’s typical reactions to upsetting events. Such education enables the parent to identify child behaviors that reflect problems, and to promote the child’s safety (Berkowitz, 2003).

With regard to violence in sports, there are model programs that have had success reducing hockey violence among non-professionals. Hockey Laval, for example, has developed a code of ethics for parents, players, administrators and officials. In addition, parents are required to sign a good behavior pledge (Deacon et al, 2001). The “Fair Play Program” pioneered in Nova Scotia, Canada promotes equal time for players and respect from spectators. It has been demonstrated effective in reducing harassment of players and officials (Deacon et al, 2001). Similar measures have been undertaken in many communities for children’s sports across the U.S. Among the first was the Jupiter-Tequesta Athletic Association in Florida; it requires parents attend an ethics class and
sign a code of conduct (Lord, 2000). With regard to professional sports, it can only be hoped that the level of violence that occurred in the November 19, 2004 basketball game between the Detroit Pistons and the Indiana Pacers represents a turning point. In response to what has been called the most violent outbreak in U.S. sports history, criminal charges, including felony assault, have been laid against 5 professional athletes and 7 fans. In addition, some fans have had their season tickets revoked. The frequent televised replays of this incident showing adults assaulting each other while child bystanders cry, together with the unprecedented subsequent criminal prosecution, may evoke changes in beliefs about the place of violence in sports. Since player violence usually precedes spectator violence, and since spectator violence is increasing (Russell, 2004), it is particularly important that player violence be taken more seriously than traditionally has been the case.

Programs that assist street-involved youth are plentiful; however, few have been evaluated. To date, we appear to know more about what does not work. One innovative program that has been strongly criticized is that of the Alberta Protection of Children Involved in Prostitution (PCHIP) Act (Canada). The intent of the Act is to respond to street-involved youth who are involved in the sex trade as victims of sexual exploitation rather than as criminals. The Act allows detaining street children who are working in the sex trade for 5 days to enable assessment and emergency care (Bittle, 2002). This assessment requires the child to undergo physical examinations and searches (French, 2003). Since these are involuntary, the child’s rights are infringed upon. Not only do street children who are detained under this Act generally object to it (French, 2003), it may be doomed to failure. First, the underlying social and family conditions that result in children being street- and sex-trade involved are not addressed (Bittle, 2002). Second, there are no long-term rehabilitative mechanisms in place. After the period of detainment, the children are released with few supports, and with no access to the province’s Children’s Advocate (Grover, 2002).

Analyses of shelters for street-involved youth, similarly, inform us of what is ineffective. In Toronto, Canada, for example, some youth shelters are found to function like correctional institutions with rigid structures and an excess of rules. They do not provide a haven for street-involved youth; rather they are little more than a referral point for clients with whom the child welfare system is not involved (Karabanow, 2004). Street-involved youth require a safe haven that allows their meaningful participation, that has programs and referrals of widespread relevance (including for children of minority status), mental and sexual health clinics, and provisions for longer-term housing. One such successful shelter is seen in the Urban Peak project of Denver, Colorado (Van Leeuwen, 2004).

I’ve seen many times that rough playing on the ice escalated into huge fights in the parking lot after the game.

_16 year-old boy (Children’s Rights Centre, 2005)_
Using private-public partnerships, Urban Peak offers shelter, medical care, high school graduation and employment training, mental health and addictions counseling, and housing for youth aging out of the child welfare system. This latter is of particular importance, since many youth spend time on the streets after being in care at earlier ages (Youth Consultation Initiative, 1997). The needs of Aboriginal street-involved youth are particularly great. Extensive services must be provided to individuals as well as to communities (Kirmayer et al, 2000). What has been providing balance between risk and protective factors for Aboriginal and Native American children is the involvement of their community leaders. Promoting a sense of belonging, pride in cultural heritage, and supports to children and to communities appear to be effective in reducing violence exposure and in lessening its adverse outcomes (e.g., Untereiner & Papin, 2004).

“I’m not a victim no more.”
Aboriginal youth, ex street gang member (cited in Untereiner & Papin, 2004)
Violence in Schools

Situational Overview

Children are more likely to be victims of violence in their homes or their communities than in their schools (McCann, 2002). Nonetheless, many children do experience violent acts in school and their social and academic development may be compromised as a result. We first note that there remain 22 states in the U.S. that continue to allow the use of corporal punishment, and that it is a form of punishment used primarily with African American children. Fortunately the numbers of children receiving such punishment has been steadily declining, and many local school districts in states that do allow it by legislation have policies that ban the use of corporal punishment (Block, 2004). This practice is banned by law in all Canadian schools, and in 28 U.S. states.

A range of child behaviors in schools is described as acts of violence (Dwyer, Osher & Warger, 1998). These include aggressive or violent behavior toward others, self-injurious behaviors, and suicide. Media attention to a number of school shootings in the late 1990s, particularly in 1998 and 1999, during which 68 students were wounded, and 3 teachers and 23 students were fatally shot, raised concerns about school violence and created a climate of fear (Verlinden, Hersen, & Thomas, 2000). However, such extreme acts of violence are rare. Over the subsequent three years (2000-2003) there were no fatal school shootings in Canada, and in the US the numbers dropped to 8 students and 2 teachers, with 26 wounded.

Whether school violence overall is increasing or decreasing is not clear. Some reports suggest that there has been a steady increase in interpersonal violence among students (National Center for Education Statistics, 2002), and an increase in the prevalence of weapons in schools. For example, in a survey of over 1,500 students from high schools in four states, two-thirds of the students reported that they knew someone who had carried a weapon to school, and a quarter reported that they themselves had carried a weapon while in school (Sheley, McGee & Wright, 1995).

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6 Please note that this section focuses on day-schools; residential schools are considered under ‘Violence in Other Institutions’.

7 On March 24, 1998, four students and one teacher were killed at Westside Middle School, Jonesboro, Arkansas by students aged 13 and 11 years. On April 24, 1998, a 14 year-old student killed a teacher at James W. Parker Middle School in Edinboro, Pennsylvania. On May 19, 1998, a student was killed by another, aged 18 years, in the parking lot at Lincoln County High School, Fayetteville, Tennessee. Two students were killed by a 15 year-old (whose parents were then found shot), in the cafeteria at Thurston High School, Springfield, Oregon, on May 21, 1998. Fourteen students (including the two killers, age 17 and 18 years) and one teacher were killed on April 20, 1999 at Columbine High School in Littleton Colorado. On April 28, 1999 one student was killed in the first fatal high school shooting in Canada in 20 years. A 14 year-old student killed another at W.R.Myers High School in Taber, Alberta. On November 19, 1999, a 12 year-old student killed a 13 year-old in the lobby of Deming Middle School in Deming, New Mexico.
A Canadian study suggests the statistics may be comparable in Canada. Sillars (1995) reported that approximately one third of junior and high school students in Calgary, Alberta had carried a weapon to school during a one-year period. And an analysis of school suspensions in the province of Nova Scotia indicates that around half are due to carrying a weapon. Violence is also a concern of some youth in the province of Saskatchewan.

In contrast, other reports suggest that school violence is decreasing (e.g., National School Safety Center, 2001; Rook, 1999). The Center for Prevention of School Violence (2002) reported a steady decline, in the U.S., from 17% to 12% in the number of students who report taking a gun to school. These variations in the statistics reported may reflect the inherent difficulty of self-report data, or they may result from variations in survey protocols or sampling procedures. Regardless, there is enough school violence for it to be a problem that interferes with the child’s school engagement, learning and right to a safe school environment. This is particularly true for bullying (Garbarino, 2004).

**Bullying**

There is consensus in the literature that the most prevalent type of school violence in North America is peer bullying (Batsche, 1997). The actual prevalence rates, however, are difficult to determine, since a wide range of definitions of bullying is used. In consequence, reported rates vary from a low of 7% (Sourander, et al, 2000) to a high of 80% (Bosworth et al, 1999). Recent estimates suggest that in the U.S. around 13% of children engage in bullying behavior, around 11% are their victims, and around 6% of children are both bullies and victims (Fox et al, 2003). Similar estimates are found in Canada (Pepler & Craig, 1997). Bullying behaviors are defined as negative actions directed repeatedly toward specific target children (victims) (Olweus, 1993). The negative actions may be forms of verbal aggression such as name-calling, social aggression such as exclusion or shunning, or physical aggression such as hitting (Crick, 1996, Crick & Grot peter, 1995; Lagerpetz et al, 1998). Although overall there are no sex differences in the rates of bullying, girls are more likely to engage in social or verbal forms of bullying whereas boys are more likely to use physical aggression (Selekman & Vessey, 2004). School bullies generally are children who have experienced difficulties in their family situations, including the use of aggressive methods to manage difficult family situations (Thompson et al, 2002), abuse, neglect, parental substance abuse (Patterson et al, 1992), and/or a lack of parental involvement or supervision (Jensen, 2005). All children involved in bullying behavior are likely to experience negative consequences...
because of the causes and correlates of bully or victim status, and because a child’s status as victim or bully or both is likely to be stable over time (Olweus, 1995).

Those who may be most likely to experience developmental difficulties are children who are sometimes bullies and sometimes the victims of other bullies, the bully-victims. These children are more likely than those who tend to be either bullies or victims to have diagnosed behavioral problems such as conduct disorder or attention-deficit disorder or to suffer clinical levels of depression (Kumpulainen et al, 2001). This may provide a partial explanation for the finding that 75% of school shootings over the past decade have been in some way related to bullying (Fox et al, 2003). For example, the 14 year-old who shot and killed another student in Alberta, Canada in 1999 had numerous challenges, and had dropped out of school after he was severely ostracized by his classmates. Dylan Klebold, one of the shooters in the highly publicized Columbine school killings, was rejected by his peers at school, felt unloved and ostracized, and had experienced ineffective parenting and lack of parental monitoring (Verlinden et al 2000).

Bullying, as part of a pattern of antisocial behaviors, can be predictive of subsequent difficulties for the bully. Especially without interventions, bullies are at risk of life-persistent conduct problems (Wolke et al, 2000). In particular, research suggests that there is a positive relation between bullying and more serious forms of criminal violence (Baldry & Farrington, 2000). For example, almost 60% of boys who were classified as bullies in grades 6 through 9 were convicted of at least one crime by the age of 24, and 40% were convicted of three or more crimes (Fox et al., 2003).

Typically, the victims of bullies show anxious and submissive patterns of behavior, have poor social skills and low self-esteem, and in the case of boys tend to be physically weaker than their peers (Olweus, 1995; Pellegrini, 1998; Perry, Kusel, & Perry, 1988). Victims of bullies can suffer both short- and long-term psychosocial maladjustment. Depression, for example, is seen both during childhood among those who are bullied, and during young adulthood (Fox et al. 2003; Olweus, 1993). There may also be sleep disturbances, increased incidence of stress-related illness and psychosomatic complaints (Hawker & Boulton, 2000). Academic achievement may also be compromised. Some children who are bullied avoid going to school or lose interest in schoolwork (Olweus, 1993). Particularly when bullying is chronic, victims may have impaired concentration and decreased academic performance, and absent themselves from certain classes to avoid further victimization (Hawker & Boulton, 2000). These outcomes of bullying are exacerbated by the existing characteristics of those who typically are the targets of bullies. In addition to the psychological characteristics of victims described above, many victims are overtly different from their peers (Bernstein & Watson, 1997). Historically, the differences that have elicited bullying behaviors have been visible minority status, or physical or cognitive challenges. Increasingly obesity and
sexual orientation appear to trigger bullying behaviors. Another emerging issue in bullying is that of online or cyber-bullying. The data in each of these areas is summarized below.

Especially Vulnerable Children

Children with Disabilities

As Susan Limber (Limber & Cedillo, 2003) noted, children with disabilities are not only more likely to be the targets of bullies than are their normally developing peers, but also their teachers are likely to underestimate the bullying that children with disabilities experience.

Much of the research indicates that children who stammer (Hugh-Jones & Smith, 1999), as well as children with cerebral palsy (Dawkins, 1996), muscular dystrophy, spina bifida (Llewellyn, 2000) or learning difficulties (Limber & Cedillo, 2003; Mishna, 2003) are frequent targets of bullies at school. However, it is important to note that these data are often based on children who are in special schools or special education classes. There has been little systematic research on bullying of special needs students who are in inclusive classrooms and schools. One comparative analysis of the experiences of children with learning difficulties, aged 10 through 14 years, indicates that there may be a lower incidence of bullying in the school and the community when children are in inclusive school environments. Their data indicated that children in special schools experience more bullying from their classmates, children from other schools, and from their neighbors than do children who attend inclusive schools (Norwich & Kelly, 2004).

Ethnocultural Minority Children

There is a general belief that ethnic bullying (bullying ethnic minorities because of their ethnocultural status) is widespread. There are many examples in the research literature of minority students in Canadian and U.S. schools experiencing harassment or bullying (Ruck & Wortley, 2000). However, recent research demonstrates that the relation between ethnocultural minority status and bullying is somewhat more complex than historically has been assumed. In the U.S., Eisenberg and her colleagues (Eisenberg et al, 2003) examined peer bullying in a multi-ethnic sample of adolescents and found that Whites and Native Americans were more likely than any other ethnocultural group to experience bullying. In another U.S. study, Hispanic students, compared with White and African American, were most likely to report experiences with exclusion, but least likely to report being threatened (Harris & Petrie, 2004). Canadian bullying expert Debra Pepler (Pepler et al, 2004) found that compared with other students, high school students whose parents were immigrants to Canada were more likely to bully other students on ethnic grounds. Unfortunately, the researchers do not provide information on which students these bullying behaviors are targeted to. When researchers have

I know a kid who gets bullied because he stutters. It is not fair but some people bully kids because they have health problems.

9 year-old girl
(Children’s Rights Centre, 2005)
examined the status of both bully and victim, there is evidence that children tend to bully those of their own ethnicity (e.g., Boulton, 1995). This is important since it suggests that at least some of what may appear to be ethnic-bullying is not racially motivated. Clearly further research is needed to examine links between the ethnocultural status of the bully and of the victim. A second area in need of further research is the experience of minority children in areas where there are few ethnocultural minorities. For the most part, research in ethnic-bullying has taken place in urban areas where there is a large ethnocultural mix. One study conducted in a predominantly white community in New Brunswick, Canada suggests that name-calling may be higher in such areas than in more multicultural communities (Varma-Joshi et al, 2004).

**Obese Children**

Obese children are more likely than their normal-weight peers to be the targets of bullies. In fact, the percent of children who report being bullied rises with the child's weight. In a national sample of Canadian children, 11% of normal weight, 14% of overweight, and 19% of obese children reported having been bullied (Janssen et al, 2004). In turn, these children appear to express their frustration by bullying those with other forms of visible differences. An increase in ethnically oriented verbal bullying was found among 11 to 16 year-olds who were categorized as overweight or obese (Janssen, et al, 2004). This bullying took the form of making fun of others on the basis of race, color or religion. The marked increase in the prevalence of obesity among North American children, and the likelihood of many being bully-victims, suggests both a need for more information about the relation between obesity and bullying, and the psychosocial health of obese children. This may be particularly important for African American girls and Latino boys since the prevalence of being overweight is considerably higher in these two groups (Kimm et al, 2002).

**Gay, Lesbian, and Bisexual Youth**

Bullying on the basis of sexual orientation appears to be fairly common in North American schools. The Youth Risk Behavior Survey conducted in Massachusetts showed that gay, lesbian, and bisexual youth, compared with others, were twice as likely to have property damaged at school, three times more likely to be in a fight that resulted in the need for medical attention, and more than four times more likely to be threatened with a weapon by their schoolmates (Garafalo et al, 1998).

In a comprehensive assessment of the experiences of gay, lesbian and bisexual youth in the U.S. and Canada (as well as in New Zealand), 80% reported having been verbally bullied, 39% reported they had been threatened with physical assault, 17% reported
having objects thrown at them, and 13% said they had been sexually assaulted (D’Augelli, 1998). Of notable concern, 27% also reported verbal bullying from their teachers. In fact, most of the research in this area shows that some teachers display behaviors that are supportive of sexual prejudice. In an Iowa study for example, it was found that the average high school student hears anti-gay comments 25 times a day, and that teachers who hear them respond only 3% of the time (cited in McFarland, 2001).

Perhaps not surprisingly, compared with their heterosexual peers, lesbian, gay and bisexual youth are five times more likely to miss school due to fears about their safety (Garafalo et al, 1998), and more than twice as likely to carry a weapon to school (Rivers & Carragher, 2003).

People would yell, “dyke” down the hallway. Someone slipped a card in my locker that said ‘KKK’ on it, and on the back it said, “You dyke bitch.” I wouldn’t go to school for the whole week I was so scared.

_Dahlia, age 16 (Human Rights Watch, 2001)_

I took a folder, wrote down dates and times every time I was harassed. I took it down to the principal. He said, “Son you have too much time on your hands to worry about these folders. I have more important things to do than to worry about what happened two weeks ago”. I told him, “I wanted to give you an idea of what goes on, the day-to-day harassment.” He took the folder away from me and threw it in the trash.

_Student in Georgia (Human Rights Watch, 2001)_

Cyber-Bullying

More recently, a new form of bullying has emerged. Online or cyber-bullying can be an extremely vicious form of bullying because the social inhibitions of face-to-face confrontation are removed, and the bullying is very public and can occur 24 hours per day (Selekman & Vessey, 2004). An emerging literature indicates that online bullying is a significant issue for a number of youth, with at least 6% of those who use the Internet reporting being bullied online (Finkelhor, Mitchell, & Wolak, 2000). A recent study of online harassment (Ybarra & Mitchell, 2004) provides a profile of youth who bully online. Overall, the characteristics and correlates of online bullies are those of traditional bullies; these youth have a history of ineffective or inappropriate parenting with poor parent-child relationships and inadequate parental monitoring, and typically have a number of psychosocial challenges. As with traditional bullies, there are no sex differences in online bullies. However, there is one important difference. Ybarra and Mitchell (2004) found that compared with non-bullied youth, youth who are victims of traditional bullies are significantly more likely to bully others online than in person. It may be that the Internet provides socially marginalized children a safe outlet to express retaliation in ways that are not normally accessible to them. In this regard, the Internet
levels the playing field. The power differential that is normally present between bully and victim is not present with electronic bullying. Websites and screen names provide anonymity to the bully. As an emerging issue, and with the new technologies of text-messaging and cell phone photos, cyber-bullying needs considerable research.

Promising Practices

Growing awareness of the seriousness of bullying, together with the climate of fear that spread across the continent in the wake of the 1998-1999 school shootings (Verlinden et al 2000), have resulted in the implementation of numerous violence prevention programs. At this time significant evaluation data have enabled the identification of those that simply do not work, and those that show promise.

Punitive approaches to the reduction of violence are ineffective (Ierley & Claassen-Wilson, 2003). Such approaches comprise a variety of situational control strategies – locker searches, metal detectors, video-monitors, banning of book bags, security guards or on-site police officers -- and expulsions or suspensions, usually in the form of zero-tolerance policies (McCann, 2002). Despite their widespread adoption (National Center for Education Statistics, 1997), zero-tolerance policies provide the quintessential example of inappropriate responses to school violence. They fail to target situations where there is no known threat from a student (McCann, 2002), but they result in the suspension of children for such acts as pointing a chicken finger at another child and saying 'bang', and bringing a souvenir copy of an African knife to school for ‘show and tell’ (Cole, 2003). In essence, punitive approaches either displace the problem by relocating the violence to another part of the school, or neighborhood, or they inappropriately punish non-violent children. More importantly, punitive approaches are ineffective in reducing school violence because they teach only what is not allowed (Dill, 1998). Strategies that help children with conflict resolution, create a constructive learning environment, and enhance students’ social and emotional development have been demonstrated effective in reducing school violence (Jones, 2003).

Peer-mediation programs commonly are used to enable peaceful conflict resolution in schools (Howe & Covell, 2005). However, peer mediation is inherently difficult in multicultural societies such as North America where there may be perceived or real power differential between majority and minority students. In consequence, peer mediation has been found to perpetuate ethnic bullying. Carter (2002), for example, found that ethnic minority students tend to agree that a resolution to bullying can be to ignore further incidents, or stay away from known bullies. As such, peer mediation is more effective when there is an adult who can act as a peer-mediator coordinator and oversee all aspects of the program, and when conflict resolution is modeled by school teachers and administrators (Cohen, 2003). A second problem with peer mediation is that it tends to involve only select children, rather than the whole class or school. This is particularly true for children with disabilities who for the most part are not included as
peer mediators (Kaplan, 2003). Proactive programs that involve all children, such as the Resolving Conflict Creatively Program (Henrich, Brown & Aber, 1999), or reactive programs that use restorative justice principles with the offending student (Ierley & Claassen-Wilson, 2003) are generally more successful in reducing school violence.

Interestingly, efforts to reduce school violence have paid little attention to the structure and ethos of the school despite evidence that the school environment profoundly affects social behaviors and patterns of communication (Pitts, 2002). That changes are needed in classrooms is emphasized in the consistent reporting from children that if they tell their teachers that they are being bullied it will only make the situation worse (Olweus, 1993; Dill, 1998). The need for change is also clear in evidence showing that too many teachers are not sufficiently aware of the problem of bullying (Howard et al, 2001), and ignore many incidents of bullying (Limber & Cedillo, 2003; McFarland, 2001). A first step, then, may be to increase teacher training such that their practices are sensitive to the developmental status and responses of the child (Daniels & Shumow, 2003; Rimm-Kaufman et al, 2002), and then to empower them to respond effectively to bullies and their victims (Howard et al, 2001; Newman et al, 2000). Interventions with teachers that result in improved classroom social climate are important to the reduction of bullying behaviors (Donahue et al, 2003). It is particularly important that children perceive and experience their classrooms as fair, respectful and inclusive, and that social and cultural acceptance is the expected and modeled norm (Cole, 2003; Jull, 2000; Welsh, 2001).

Given these considerations, a growing body of research suggests that an effective approach to the reduction of school violence is the systematic and pedagogically appropriate use of children’s rights education (Howe & Covell, 2005; Sitch & McCoubrey, 2001). The benefit of children’s rights education is that it functions to decrease bullying through improving the classroom environment, increasing the self-esteem of the students and their appreciation of diversity, and through raising both students’ and teachers’ respect for the rights of all children (Campbell & Covell, 2001; Covell, O’Leary, & Howe, 2002; Covell & Howe, 2001, 1999; Decoene & De Cock, 1996; Howe & Covell 2005; Hughes & Filer, 2003; Murray, 2002). Behaviorally this is manifest in more cooperative and prosocial behaviors, and a reduction in behaviors that infringe upon the rights of others. Thus children’s rights education has a ‘contagion effect’ (Howe & Covell, 2005) that permeates the school ethos and interpersonal functioning.

Teachers need to pay more attention to kids, because sometimes kids are just trying to get attention and want to talk.

*9 year-old girl (Kids Meeting Kids, New York, 2005)*
Violence in the Media

Situational Overview

Children across North America are exposed to significant amounts of violence through the media. In defense of the pervasiveness of violence in the media in North America, the entertainment industry often has asserted that the amount of violence in the media merely mirrors the reality of violence in society (e.g., West, 1993). A comparative analysis of media violence and real-world violence by film critic Michael Medved (1995) demonstrates well how untenable such an assertion is. As Medved noted, if the murder rate presented during an average evening of television was real, “in just 50 days everyone in the United States would be killed and the last left could turn off the TV.” (pp.156-157).

According to the National Television Violence Survey (Wilson et al, 1997; 1998), 61% of television programs (excluding the news) contain violence. In them, aggression is used as an entertainment device. Violence is glamorized and trivialized; it often involves humor, and rarely is it accompanied by negative consequences. Violence is even more pervasive and insidious in video games. Eighty-nine percent of 70 top-selling games contain violence with almost half being serious violence against other game characters. Moreover, in 41% of the games violence is necessary for the protagonists to reach their goals, and in 17%, violence is the major focus of the game (Children Now, 2001). In fact, success in many video games is dependent on the choice and use of violent strategies (Funk et al, 2004). It is important also to note that technological advances have increased graphic capabilities. Since the mid 1990s, violence in video games has become increasingly realistic (Gentile et al, 2004).

Children have a daily diet of such violence. Statistics from the U.S. indicate that virtually all families with children have at least one television set, and that most subscribe to cable or satellite TV. The majority of children have a television set in their bedroom. Most families also have at least one VCR or DVD player, a video game system, and a computer (Anderson et al, 2003). A survey of Canadian children shows a similar pattern of media accessibility with almost half the children reporting a personal TV set and 35% their own VCR (Canadian Teachers’ Federation, 2003). In North America, children from infancy to age 6 years spend more time consuming entertainment media than they spend reading, being read to, and playing outside combined (Rideout et al, 2003). School-aged children spend more time consuming entertainment media than in any other activity other than school and sleeping (Roberts et al, 1999; Stanger & Gridina, 1999). Estimates range from an average of four hours each day (Woodard, 2000) to 6 or 7 hours a day (Gentile & Walsh, 2002; Roberts & Foehr, 2003), most of which is spent watching television (Roberts & Foehr, 2003).
The extensive presence of violence in the entertainment media, together with the high rates of child exposure to it, has stimulated much discussion and much research about its impact. After decades of debate there is now a general consensus that media violence is a risk factor that, like other risk factors, interacts with characteristics of the child, the family, and the community, in contributing to the development of aggressive behaviors, fears, and sleep disturbances. And like other risk factors, the greater the level of exposure to violent media, the greater the likelihood the child will be affected by it.

It is by now well documented that exposure to television and movie violence can perpetuate violence by desensitizing the viewer to violence and by increasing the likelihood of aggression. These effects are summarized in a report from an expert panel of media violence researchers that was established by the U.S. Surgeon General in 2000 (Anderson et al., 2003). Desensitization, in essence, implies that the viewer has reduced sympathy for victims, and reduced capacity for emotional arousal in response to violence. Increases in physically and verbally aggressive thoughts, emotions and behaviors are the short-term effects of exposure to media violence. Longitudinal studies indicate that frequent exposure to violent media in childhood is linked with adult aggression including physical assault and spousal abuse. Watching violent television in childhood has been identified as one of the most salient predictors of youth violence (Bushman & Huesmann, 2001), and of adult violent criminal behaviors (Johnson et al., 2002). Less frequently researched, but clearly very important to healthy child development are findings showing that exposure to violent television induces fears, anxieties, nightmares and other sleep disorders (Cantor, 2002; Owens, et al, 1999; Singer et al, 1998).

The need for and the importance of research in this area is underscored by the increasing amount of violence in televised news and the paucity of information on its impact on children (Walma van der Molen, 2004). The limited evidence available shows that although only few children watch TV news, those that do report increased worries and fears for personal safety (Canadian Teachers Federation, 2003).

Compared with the decades of research into the effects of television violence, the research on the impact of playing violent video games is in its infancy. At this time there are no long-term studies of the impact of playing violent video games. However, the research that has been undertaken suggests that the effects are comparable with or more intense than are those of televised violence. Playing violent video games decreases empathy and helping behaviors; it increases aggressive thoughts and feelings, and it promotes attitudes accepting or supportive of interpersonal violence (Anderson & Bushman, 2001; Funk et al, 2004). In particular, effects have been found in schools. Adolescents who play violent video games show a greater than average frequency of arguing with teachers and of becoming involved in physical fights (Gentile et al, 2004). Not surprisingly, they also show poor academic performance. As the body of research in this area grows, and as graphics continue to become increasingly realistic, we might expect the impact of playing violent video games to be more profound than that of the more passive activity of observing violence in television and movies. The video game player is both actively and intensely involved in creating, directing and controlling the levels and type of violence perpetrated on the character, and is reinforced for successful acts of violence (Anderson
We have even less knowledge at this time of the impact of violence in song lyrics, in music videos, or on the Internet (Funk et al, 2004). Preliminary investigations of violent music videos suggest they may increase antisocial behaviors and acceptance of violence among older adolescents and young adults. And there is some evidence that listening to music with violent lyrics can increase feelings of hostility (Anderson, Carnagy & Eubanks, 2003). A number of concerns have been expressed about children’s and adolescents’ access to the Internet. Although most young people appear to use the Internet for social purposes, email and chat rooms (Kaiser Family Foundation, 2001), the Internet is an unregulated and readily available source for all types of information including how to obtain a gun or build a bomb. Overall, however, at this time the data in these newer forms of media are neither clear nor consistent enough to draw conclusions. What we can identify are factors that moderate between exposure to violent media and its effects.

Especially Vulnerable Children

We first note that there are no apparent sex differences in the likelihood that children will be affected by media violence. In contrast to studies from the 1970s, recent research indicates that both males and females may be affected by media violence, although some sex differences do emerge. Girls generally prefer fantasy violence and boys generally prefer human violence; both are attracted to comedic violence (Cantor, 1998; Funk & Buchman, 1996). For vulnerable girls, exposure to media violence in childhood predicts the use of indirect aggression in young adulthood – e.g., lying and stealing with the intent to harm others. For vulnerable boys, exposure to media violence in childhood predicts the use of more direct physical aggression (Huesmann, et al 2003).

Although children generally appear to enjoy violent entertainment media (Anderson et al, 2003), some children are especially likely to be affected by it. For those who are
vulnerable, media violence may be (1) a short-term precipitating factor for the imitation of the violence observed, or (2) a long-term predisposing factor for aggressive behaviors that are learned through desensitization and observational learning (i.e. learning that the world is a hostile place and that aggression is an acceptable and effective means to social problem solving) (Huesmann et al, 2003), or (3) an agent of intensification of fears and anxieties (Cantor, 2002; Owens, et al, 1999; Singer et al, 1998).

Exposure to violent media has its greatest effect on children who are already at risk for emotional and behavioral difficulties. The research has identified the following mediators between violent media and aggressive behaviors: existing aggressiveness or antisocial tendencies (Anderson et al, 2003; Funk et al, 2002; Gentile et al, 2004), high levels of sensation-seeking (Slater, 2003), low levels of empathy (Funk et al, 2002; 2003), a history of physical abuse (Coie & Dodge, 1998) and poor self-concept (Funk et al, 2002a). Children with emotional difficulties (Funk et al, 2002) are more likely to experience increased fears and anxieties from violent media. In addition, low levels of parental supervision are associated with a variety of problematic outcomes for children who consume violent media (Gentile et al, 2004). As a group, these findings suggest that children with externalizing or internalizing behavior difficulties are those most vulnerable to exposure to media violence. In turn, those most at risk for behavior difficulties are those with poor socialization histories. There is some evidence of biological predisposing factors, but the preponderance of evidence shows family variables to be the dominant force in the development of behavior difficulties. In essence, children who experience parental neglect, abuse, inappropriate punishment, harsh physical punishment, marital discord, parental depression, or parental substance abuse, are at risk for the development of behavioral and emotional difficulties (Kearney, 2003). The more media violence to which such children are exposed, the greater the likelihood they will be affected by it. That said, it is important to note that most aggressive children do not become violent adults (Anderson et al, 2003). Nonetheless, a significant portion do (Tremblay, 2000; Tremblay et al, 2004). Lessening the risk factor of media violence clearly is important.

Promising Practices

In both Canada and the U.S., efforts to reduce children’s exposure to violence in the media have centered on facilitating parental monitoring through the provision of ratings systems and the V-chip technology, increased programming regulations, and parent and child media education. None alone has proven successful. A multi-faceted approach likely is necessary.

Ratings systems in the U.S. have been evaluated and been shown to be difficult for parents to use or to understand. Ratings for video games appear to be particularly in need of reform. In Canada they are varied since, like films, their classification and ratings are under provincial/territorial jurisdiction. In the U.S., the system for rating video
games has resulted in most being labeled as suitable for everyone, despite the pervasiveness of violence within them (Funk et al, 2003). Parental use of video game ratings is rare. Walsh (cited in Gentile & Walsh, 2002), for example, reports that 90% of teens say that their parents never check the ratings before allowing them to rent or purchase video games. Ratings for television programming appear to be under-used also.

In the Kaiser Family Foundation survey of 1998, only 32% of 10 – 17 year-olds said that their parents used the television ratings systems, only 14% of parents could define 9 of 11 television rating symbols, and only 22% of those with children under the age of 10 years were able to name the ratings of children’s shows. In Canada, it has been argued that the rating system is user-friendly (Canadian Cable Television, 2004). However, systematic research has not addressed parental understanding or use of ratings provided. We do know, however, that very few Canadian parents monitor what children watch (Canadian Teachers’ Federation, 2003).

A more fundamental flaw in the television rating system has been identified (Kunkel et al., 2000). First, it is noteworthy that in neither country are news or sports programming, both full of violence, subject to ratings. For general audiences, ratings categories in the U.S. are defined by particular content characteristics, for example, ‘contains moderate violence.’ In Canada, ratings are similar – the potential viewer is informed as to the nature, type and extent of violence. Categorization of children’s programming is different. In both Canada and the U.S. children’s programming is categorized primarily on the basis of the program-maker’s intentions and the anticipated impact of the material on a child. The U.S. ‘TV-Y’ category, for example, is rated as suitable for all children and not expected to frighten young children. There is no information about the presence or type of violence. In Canada, the rating of ‘C’ is given for programming intended for children under the age of 8 years, attention has been paid to themes that may threaten children’s sense of security, and depictions of aggressive behavior or violence are limited to those that are imaginary or unrealistic. It is, of course, the case that many younger children have difficulty differentiating the imaginary from the real, and that 60% of all children’s programs contain some violence. The importance of clear and useful ratings systems is that the success of the V-chip technology is dependent upon them.

The V-chip is a parental control technology. Whether in the television set (as required in the U.S.) or offered through cable decoder boxes (as in Canada), the intent is to allow parents to block the child’s access to inappropriate programming, most often on the basis of ratings. However, when ratings are ineffective or misunderstood, the technology is of little value. In fact, much of the evidence shows that parents are unaware of the V-chip technology (Cantor, 2002). Moreover, in Canada its use is even less likely since parents must pay an additional fee for the V-chip from their cable providers. Because of such difficulties, the V-chip has been described as an unsuccessful social experiment (Huesmann et al, 2003).

The use of ratings and V-chips represents efforts to balance free-speech concerns with the
need to protect children from exposure to violence. An alternative approach is seen in the U.S. with the Children’s Television Act (CTA) of 1996. Rather than attempting to ban programming expected to have a negative effect on children (bans tend to be resisted under free speech concerns), the CTA requires broadcasters to provide particular amounts of informational and educational television for children. License renewals are linked with compliance. The impact of the Act is described well by Calvert and Kotler (2003). In its initial form, the CTA’s guidelines were weak, and there was excessive flexibility in their application. Broadcasters themselves were able to decide which of their programs met the criteria for educational or informational television. Researchers soon identified distorted and inaccurate classifications. For example, GI-Joe, a violent action adventure cartoon, was described by one broadcaster as an educational and informational television program. Subsequent strengthening of the CTA guidelines improved the Act such that its overall evaluation now is positive. It appears to be one useful tool in reducing the amount of television violence exposure.

Increased legislation also has been recommended for reducing the marketing of violent entertainment to children. A U.S. Federal Trade Commission survey shows that the entertainment industry routinely markets products to children that their own ratings deem inappropriate for children. In addition, children under the age of 17 years frequently are able to purchase tickets for movies, music recordings and video games that are labeled as suitable only for adults (FTC, 2000). Overall, these data show that the Canadian approach of encouraging industry self-regulation is likely insufficient. Legislative changes may be needed to ensure that there is more compliance with guidelines in the production and marketing of violent entertainment. The data also highlight the need to complement regulations with parent and child education.

Families are of critical importance in reducing the harmful effects of media violence. Research conducted in Toronto, Canada shows that the majority of children up to age 12 believe they should be protected from television programs, Websites, and video games that are disturbing or frightening (Media Awareness Network, 2004). Parents can ensure they understand rating systems, understand and adopt the V-chip technology, avoid purchasing toys that promote imitative play of violent programming, monitor their children’s video game habits, and co-view and comment on televised violence. But these interventions require knowledge and motivation. As noted above, few parents understand or use ratings and V-chips. In fact, typically, parents exert little control over their children’s consumption of media, violent or otherwise (Canadian Teachers’ Federation, 2003; Gentile & Walsh, 2002). Knowledge of the harmful effects of media violence is lacking among most parents (Cantor, 2002). Parents also seem unaware of the amount of exposure to violence their children experience through television watching, the Internet and through video games (Funk, et al, 2004; Gentile & Walsh, 2002). Education in each of these areas is needed. The research consistently demonstrates that if parents co-view television with their children and comment appropriately on the violence, the effect of the violence is significantly reduced (Anderson et al, 2003; Funk et al, 2002). Likewise, parental monitoring of video games is a protective factor against consequent aggressive behaviors (Gentile et al, 2004). What is missing in the research at this time is

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8 WDIV-TV, Detroit, Michigan described GI Joe as follows: “The Joes fight against an evil that has the capabilities of mass destruction of society. Issues of social consciousness and responsibility are show themes.” (cited in Calvert & Kotler, 2003, p. 278).
information identifying whether parental co-viewing of television and monitoring of children’s media consumption is common only among parents who display more involved parenting styles in general. It may be useful to provide general parenting skills education to promote more involved and democratic styles of parenting. Such parenting would increase the likelihood of co-viewing and discussion, and would reduce the child’s exposure to risk factors such as neglect and harsh punishment that promote imitation of the violence observed. Research also is needed to identify facilitating factors in parental use of ratings and technological filtering devices such as the V-chip.

Media literacy programs in schools have been suggested for children. Among the wide variety that has been tried, the most successful seem to be those in which the child is actively and creatively engaged in production. An early intervention of this type was undertaken by Huesmann and his colleagues in 1983. Its goal was to reduce the imitation of televised aggression observed by 7 and 8 year-old children. The children produced a videotape to explain to other children why it was bad to imitate TV violence and how television is not like real life. They were told that some children had been harmed or fooled by television violence, and that the videotape would help them. The goal of this prevention program was realized. More recently, video production as a path to media literacy has been successfully used in a number of projects in New York City. For example, as part of a three-year project funded by the U.S. Department of Education, students in one school are analyzing and re-making a video about a young woman who is in an abusive relationship. Educators agree that the more children engage in the creative process, the more fully they understand the media and the less likely they are to be manipulated by it (Armstrong, Chen & Furger, 2002).
Violence In Other Institutions

Situational Overview

In this section, we summarize the experiences with violence of children in residential institutions that are oriented toward child protection, juvenile justice, and education. In general there is a lack of systematic research or documentation on the types or prevalence of violence experienced by children in institutions. Recent acknowledgements and reparation of sexual abuse suffered by children in residential schools have implied that the institutional abuse of children is a thing of the past. However, recent media reports of violence suffered by youth in detention\(^9\), and the current research, albeit limited, indicate that violence against children in institutions is much more than an historical aberration.

It is of particular significance that youth themselves are all too aware of the inadequacies of the institutional system. Experienced youth are aware of the developmental path, characterized by violence, that sees them grow from early child welfare involvement to foster and group homes and to juvenile justice institutions (Alderman, 2004; Ma, 2004).

Child Protection Institutions

Most children who are in the child protection institutions of group homes and foster care are there because of a history of parental abuse or neglect (Thomas & McFarland, 2004). Others are in care due to complex physical developmental and psychiatric disorders. The numbers of children being admitted into care has increased quite dramatically over the past few years. That increase has been attributed to both a rise in high-risk conditions for parenting (e.g., maternal depression, poverty, and inter-generational involvement with child welfare agencies), and to an increase in the reporting of maltreatment (Leschied et al, 2004; Whitehead et al, 2004).

\(^9\) Violence against children occurs also in health institutions (e.g., Bross, 2001), however the sparse documentation and analyses here preclude inclusion in this report.

\(^{10}\) An example is seen in the death of 16 year-old Kyle Young. At the time of writing an inquiry is investigating the circumstances that resulted in Kyle falling to his death down an elevator shaft while being transported between cells (in shackles, chains and handcuffs) in the Edmonton, Canada courthouse.
When taken into care, the majority of children are placed into foster care with non-relatives, and a significant number are placed in group homes; the goal usually is reunification with the biological parent/s (MacLaurin, 2004; U.S. Department of Health & Human Services, 2003a). Generally, youth in Canada and the U.S. report that their foster placement is an improvement over the home from which they were removed (Chapman et al, 2004). Nonetheless, some of these children continue to be victimized either upon return to their biological family, or by violence in their placement.

**When I was in foster care, my foster mom and me fought and she shot me against the wall.**

*Adolescent (Office of Child and Family Advocacy, Ontario, Canada, 2005)*

Children who are reunified with their biological family after spending some period of time in foster care or a group home are exposed to significantly more physical violence than are children who are not reunified (Litrownik et al, 2003). Nonetheless, children who are removed from their homes may continue to be exposed to violence while in care (Ma, 2004; Stein et al, 2001; Thomas & McFarland 2004). The use of chemical and physical restraints against children with behavioral or psychiatric difficulties is particularly problematic.

**When they restrained me in a group home, they taught me violence. It made me think violence was OK.**

*Adolescent (Office of Child and Family Advocacy, Ontario, Canada, 2005)*

The Canadian National Youth in Care Network has provided a strong critique of what they call the ‘band-aid’ use of prescription drugs to control the behaviors of youth (Alderman, 2004). The use of drugs such as Ritalin and Paxil, Alderman argues, is provoked by heavy caseloads and insufficient time to attend to the needs of individual youth. In cases where there is high potential for seriously aggressive or self-injurious behavior, chemical restraints may be supplemented with physical restraints. The use of physical restraints to control youth behavior has resulted in several deaths\(^1\) and calls for improved training of staff in managing challenging behaviors (Cairns, 2004). The need for widespread reform of the child protection system is best articulated by children themselves.

**Some of us are abused at home. We move into the child welfare system that is meant to protect us. The system abuses us. We try to make a complaint and nothing is done. We harbor all this anger and lash out at our peers, family, friends, social workers, foster parents, group home staff, teachers etc., and the cycle continues.**

*Youth Roundtable Discussions on Violence (Ma, 2004)*

An example provided by Cairns (2004) is illustrative. A 13-year-old girl with psychiatric and behavioral problems was living in a group home. She was given medications to control her behavior and placed in a bucket restraint system to prevent self-injurious behaviors or attacks on staff. On the day of her death she was given Chlorpromazine and physically restrained by staff. She was prone on the floor, with one staff member holding her legs while another placed a beanbag over her thorax, straddled her and held her arms. After twenty minutes of struggle, she stopped breathing.
Justice Institutions

Violence appears to permeate youth justice institutions. There is peer violence, and adult to youth violence. Bullying among youth in custody is widespread in both the U.S. and Canada (Finlay, 2004; McClelland, 2003; Palmer & Farmer, 2002). This bullying involves verbal threats, name-calling and racist comments, physical assault and acts of sexual degradation. The commonality of overcrowding, lack of privacy, poor ventilation and cleanliness of youth detentions centers (Howe & Covell, 2001) may feed youth violence. A maintaining factor is seen in the common complaints of staff indifference to youth violence (Finlay, 2004). Pervasive fear is common, particularly among newcomers and those of low social dominance. Youth sometimes request isolation or protective custody to reduce their risk of violence (Finlay, 2004).

Staff abuse of, and violence toward, youth in custodial settings is also reported frequently (e.g., Hurtibise, 2002). One common complaint from Aboriginal and ethnocultural minority youth is racist comments (Latimer, 2004; Ma, 2004). Excessive use of physical restraints is another. Excessive force during transportation, as has been suggested in the Young case described in footnote 10, is another. In addition, practices such as not providing for privacy during strip searches, and having youth clear up a scene of death might also be construed as forms of violence.

A particular problem in the U.S. is seen when children are tried and sentenced as adults. At least forty U.S. states have adopted legislation making it easier for children to be tried as adults, even though violent juvenile crime has been decreasing (U.S. Department of Justice, 1998). This has disproportionately affected African American and other minority children. For example, a Maryland study found that 73% of the cases in which the juvenile court waived jurisdiction involved black youth, while only 27% of the state’s population is African American (Maryland Department of Juvenile Justice, 1995). Human Rights Watch (1999, 2001) reports that adult jails and prisons are more likely to result in violence against children because such facilities often lack the space to classify children and separate dangerous youth from those who are more vulnerable. In many smaller jails, commingling between adult and juvenile detainees is the norm, placing children at risk of violence from adult detainees. Children in adult jails are at heightened risk of rape, sexual abuse, and suicide.

Kids who are in trouble with the law sometimes are treated pretty rough by police and guards and stuff. Mostly I think the most violence for these kids is fighting between themselves in jails or detention centers. These places get rough.

16 year-old girl (Children’s Rights Centre, 2005)

Cops are really aggressive with kids. They slam kids on the ground and when they strip search you they are rough.

16 year-old girl (Children’s Rights Centre, 2005)
**Education Institutions**

Our knowledge of violence against children in education institutions is mostly about past incidence; however, the effects of that past violence continue to affect today's children. Of greatest concern and focus has been the history of violence against indigenous children. Canada and the United States have a history of efforts to assimilate Aboriginal and Native American children into the dominant white culture by removing them from their families and communities and placing them in residential schools. These assimilation efforts robbed children not only of their homes and families, but also of their cultural identity, their tribal lore and their language (Downs et al, 2004). In addition, many children in these schools experienced sexual and physical abuse (Downs et al, 2004; Thomas, 2003).

Although closed by the mid-1970s, the residential schools have a tragic legacy of family dysfunction and intergenerational violence. The abuse, the assault on identity, history and belonging, and the absence of family experiences and parenting role-models have combined to create a multitude of difficulties for indigenous communities. These difficulties are unlikely to be overcome through apology or financial redress. As explained by the Law Commission of Canada (2000), there remains an urgent need to respond to the continuing needs of victims, to correct systemic failures, and to prevent further occurrences of the institutional abuse of children. These needs, of course, apply to all types of institutional abuse of children. We note, for example, that the sexual abuse of children was not restricted to residential schools for Aboriginal children, but occurred in elite residential schools as well. A prime example is seen in the recent sexual abuse conviction of a former teacher at one of Canada's most prestigious residential schools (Rusk, 2005).

**Especially Vulnerable Children**

The majority of children in institutions come from the most marginalized and at-risk groups in society (Law Commission of Canada, 2000). These groups primarily comprise Native American, Aboriginal and ethnocultural minority children, and children with disabilities.

**Minority Children**

In response to reports of maltreatment, Canadian Aboriginal youth are more likely than non-Aboriginals to be removed from their families and tend to be kept in foster care longer (Blackstock et al, 2004). Aboriginal youth are highly overrepresented in the Canadian criminal justice system (Blackstock et al, 2004a). Compared with non-Aboriginal youth, there are higher rates of young Aboriginal youth and Aboriginal females in custody (Latimer & Foss, 2004). Most Aboriginal youth in custody have substance abuse problems; many have a history of suicidal ideation or attempts, and a significant minority (1 in 6) are suspected or confirmed to have Fetal Alcohol Spectrum
Disorder (Latimer & Foss, 2004). The situation is comparable in the U.S. where Native American children are more likely than other ethnic groups to be placed into foster care, and to be held in juvenile detention, prison and other state institutions (Thomas & McFarland, 2004). African American children also are overrepresented in foster care in the U.S. and, like Canadian Aboriginal children, are more likely to be removed from their homes in response to maltreatment than are white children. Once removed, they tend to stay in their placements significantly longer (Zetlin & Weinberg, 2004).

**Children with Disabilities**

Research in Canada and the U.S. indicates that children with disabilities are very vulnerable to maltreatment in residential institutions (Paul & Cawson, 2002). The prevalence of violence against children in institutions is difficult to determine since there appears to be no consensus on its definition in the literature (Committee on Child Abuse and Neglect et al, 2001). Included have been children with physical challenges, chronic illnesses, developmental delay, behavioral and emotional disorders, and severe multiple impairments. A number of reasons for the increased vulnerability to violence of these children have been identified (Committee on Child Abuse and Neglect et al, 2001). First are characteristics of the child: these include (a) difficulty disclosing maltreatment because of communicative or intellectual difficulties, (b) difficulty identifying abusive behavior due to a history of intrusive or painful treatments, and (c) inadequate knowledge about personal safety and sexual abuse prevention. Second are characteristics of care institutions: (a) inadequate training for child welfare workers for children with disabilities, (b) inappropriate selection of foster care situations by staff, (c) inadequate preparation of care-givers for the specific needs of the child, and (d) institutional disincentives to recognize or report maltreatment, with concerns about loss of funding or licensure overriding concerns about children’s welfare. Third are the characteristics of the community that increase the likelihood that a child will be placed in care: (a) lack of supports and respite care to families, and (b) pervasive myths about and devaluation of children with disabilities.

Children with disabilities also are substantially overrepresented in juvenile correctional institutions; many have significant learning problems, emotional and behavior disorders (Malmgren & Meisel, 2004). This problem is most obvious among children with Fetal Alcohol Spectrum Disorder (FASD), an umbrella term used to describe a continuum of disability caused by alcohol disrupting the healthy development of the fetal brain. The intellectual, social and cognitive deficits that are associated with FASD increase the vulnerability of these youth to involvement with the criminal justice system and to difficulty adhering to system requirements and regulations. Given the generally held belief that youth with FASD are frequently and repeatedly involved with the criminal justice system, there is surprisingly little empirical evidence (Burd et al, 2003; 2004; Verbrugge, 2003). There are no prevalence data (Burd et al, 2004). And there is little systematic documentation or research on how youth with FASD are dealt with in the system (Verbrugge, 2003). Research is essential to determine such factors as intake screening and inclusion of prior diagnoses, fitness to stand trial, ability to understand offences (especially sexual assault), the impact of memory deficits on attending court proceedings, types of sentencing received, and best practices in rehabilitation.
Promising Practices

In this area there appear to be more recommendations than promising practices. For example, the Committee on Child Abuse and Neglect and the Committee on Children with Disabilities (2001) provide empirically-based recommendations for improving the recognition of children with disabilities as an at-risk population; Finlay (2004) provides some excellent recommendations for reducing peer violence in correctional institutions; and Verbrugge (2003) provides recommendations and describes pilot projects for helping FASD youth in the justice system. The obvious need is to reduce the numbers of children in institutions.

There have been some recent changes that imply improvement, particularly in justice institutions. Among the most welcome and dramatic improvements is the abolishment of the uniquely American practice of sentencing juveniles to death. The constitutionality of executing juvenile offenders was reviewed by the Supreme Court in the Roper v. Simmons case. In March 2005, in a 5-4 decision, the U.S. Supreme Court ruled that the death penalty can no longer be imposed on those who committed their crimes as juveniles (prior to the age of 18 years). Of the 39 death penalty jurisdictions in the U.S., 5 had a minimum death penalty age of 17 years, and 14 states used age 16 as the minimum age. The 72 persons who had received death sentences as juveniles, but had not yet been executed, will now be transferred from death row. The time they had been on death row varied from 3 weeks to 24 years (Streib, 2004).

In Canada, the 2003 enactment of the Youth Criminal Justice Act (YCJA) is expected to lessen some of the difficulties associated with youth correctional facilities in two ways. First, it is designed to make increased use of community service and restorative justice approaches in responding to youth in conflict with the law, thus placing fewer youth in custody. Second, the YCJA requires judges to use custodial dispositions with Aboriginal youth only as a very last resort. Education programs that help foster children complete their schooling are another successful means of reducing the numbers of children in the justice system. A number of such education programs are summarized in Zetlin & Weinberg (2004).

Much of the literature on prevention of violence against children with disabilities has focused on policies, procedures of the relevant service agencies, and education to caregivers (U.S. Department of Health and Human Services, 2001). It is obvious that supports to families and widespread education would do much to lessen violence against
children who are at high risk for being taken into care. It is important also that the children themselves are educated, and that means for effective communication be found for all children.

The wisdom of this child’s observation is indisputable. It emphasizes the importance of proactive preventive initiatives whose goal is to reduce all forms of violence against children. Unfortunately reactive approaches have been the norm in North America (Covell & Howe, 2001). The importance of prevention is well illustrated in the following story told by Heidi Heitkamp (2004, p.177).

*There is an old story about two men fishing on the banks of a river. One fisherman spots a child floating in the river and jumps to the rescue. As he is handing the rescued baby up to the fisherman on the bank, another child floats by and a new rescue ensues. Soon the river is full of children. The fishermen desperately continue their efforts. After a time, the fisherman on the bank of the river begins to walk away. The fisherman in the water shouts that they cannot give up on these children. The fisherman walking away answers that he is not giving up – he is walking upstream to stop the children from falling in.*
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