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LOYOLA UNIVERSITY CHICAGO

AN EXPLORATORY STUDY: EARLY CHILDHOOD

CAREGIVERS' PERCEPTIONS OF COMMUNITY VIOLENCE

AND ITS IMPACT ON PRACTICE

VOLUME I

A DISSERTATION SUBMITTED TO

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DEDICATION

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CHAPTER I

INTRODUCTION

Seventeen hundred years ago, the Roman emperor and philosopher Marcus Aurelius observed, "poverty is the mother of crime." His insight endures because it is at least partially true (Sautter, 1995). Gandhi also noted, "The deadliest form of violence is poverty" (Gilligan, 1996). Violence is interwoven with larger social issues and injustice, such as child abuse, domestic violence, media violence, racism, poverty, inequitable educational opportunity, and unemployment. The availability of drugs and firearms, transition and mobility, low neighborhood attachment and community disorganization has been identified as additional factors (Comprehensive Health Education Foundation, 1994).

In addition to low socioeconomic status, residence in urban areas was another important factor that increased the likelihood of intentional injury. This was particularly true for urban areas characterized by low socioeconomic status, poor housing, high population density, and high unemployment rates. Feelings that often accompanied these conditions, such as hopelessness about life options and anger about poverty, increased the risk of exposure to violence (Page et al., 1992).

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In the book, *Children in Danger-Coping with the Consequences of Community Violence* (Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C., 1992), the authors noted the dramatic transformation that have occurred during the past 25 years in inner-city neighborhoods in the United States. The number of parents and their young children living in poverty has steadily increased. Teenage pregnancies, out-of-wedlock births and female-headed households have also increased. Unemployment, welfare dependency, violent crime and serious drug abuse have also impacted inner-city neighborhoods. The middle and working class who moved out of these neighborhoods left behind individuals living in concentrated areas of poverty. Their leaving has resulted in the collapse of many mainstream community institutions, worsening poverty, and a corresponding cycle of violence. The authors also noted that drug abuse was both a cause and effect of this deterioration.

It was suggested the middle-and working-class "flight" (the researcher's emphasis) from inner-city neighborhoods has communities that were ecologically and economically very different from 25 years ago. The residents of highly concentrated poverty neighborhoods in the 1980s had little contact with people who had stable work histories, and little interaction with friends or relatives in the more stable areas of the city. In the past, these families and institutions provided role models and support for poor children, youth, and parents. Their presence helped maintain traditional values of education, work, and family stability, and buffered some of the worst effects of poverty. In 1983, in Chicago housing

projects, females headed 92 percent of the resident families. Female-headed families were not only more likely to live in poverty; they were also more likely than two-parent families to be persistently poor.

Garbarino et al. (1992) emphasized that all of these conditions together transformed poor neighborhoods into urban "war zones". The lack of legitimate opportunities, the rage, the violent models in mass media, the absence of positive role models, the ready availability of lethal weapons, and the emergence of a drug economy contributed to the growth of community violence. In 1983, more than half of the murders and aggravated assaults in Chicago occurred in poverty-stricken areas (Garbarino et al.).

Researchers categorize violence as: (1) community violence; (2) domestic violence; and (3) physical and sexual abuse (NCCIP, 1994). Of the two million children who experienced physical abuse or neglect each year, more than a third-some 700,000 in all-were infants under one year of age. Premature infants were three times more likely than full-term infants to suffer abuse. When children under three years old were maltreated, the result was frequently permanent injury or death. In 1990, almost 90 percent of those children who died as a result of abuse were under the age of five; 53 percent were less than a year old (Carnegie Corporation of New York, 1994). The study of the impact of domestic violence and physical and sexual abuse was beyond the scope of this dissertation. However, the researcher was sensitive to its affect on the lives of young children. Child maltreatment is a major health problem in the United

States, with more than 1 million cases of child abuse documented in 1994 (U.S. Department of Health and Human Services, 1996).

Because so much violence these days seemed random, everyone was affected in some way. Polls consistently indicated that Americans were afraid that they or someone they love would be a victim of a violent crime (Ounce of Prevention Fund, 2000). From watching news reports and the prime-time violence blitz, one could conclude that because someone was in danger somewhere, everyone must be in jeopardy all the time. This interfered with the development of social relationships and community life (Sautter, 1995).

However, violence was not an inevitable reaction of a person to those in his or her environment but instead may be due to environmental stressors. It was noted in the research that violence was learned behavior that could be prevented and/or reduced (Price & Everett, 1997). Terence P. Thornberry, a psychologist at the State University of New York, told the *Carnegie Quarterly*, "Violence does not drop out of the sky at age 15, it is part of a long developmental process that begins in early childhood" (University of Illinois Cooperative Extension Service, College of Agricultural, Consumer and Environmental Sciences, 1997).

In 1981, William Foege, then director of the Centers for Disease Control (CDC) ordered a study to determine the most serious health problems in the United States. High on the list was violence. The study's report led to the formation of the violence epidemiology section within the CDC in 1983 to apply epidemiologic techniques to the problems of homicide, child abuse and suicide.

An epidemiologist examines three factors: the causative agent, the host and the environment (DiCanio, 1993). Violence has been identified as a major public health concern in the United States and it appears to be getting worse. Yet, our culture of violence is romanticized in our history and in our entertainment (Sautter, 1995).

In recent decades it has become increasingly apparent that violence affects a significant proportion of families in the United States. Violence has becoming a defining characteristic of American society (Cicchetti & Lynch, 1993). According to testimony presented at the 1993 Joint Senate-House Hearing on Keeping Every Child Safe: Curbing the Epidemic of Violence, the United States is the most violent nation on earth. It leads the world in assaults and rapes, as well as homicides, with at least three killings every hour. That is equal to more than 25,000 homicides a year, or half the number of U.S. deaths in the whole Vietnam War (Levin, 1994). The United States also has more firearms legislation than any other country in the world, approximately 20,000 federal, state and local gun laws, which apparently have had little effect.

A recent comparison of the rates of homicide among 21 developed nations indicated that the United States had the highest homicide rate in the world, and its rate is more than four times higher than the next highest rate (Cicchetti & Lynch, 1993). The nation recorded 23,760 murders in 1992, which made homicide the tenth most common cause of death. In 1993, 22 cities set murder records. It is estimated that crime is up more than 600% since the 1950s

(Sautter, 1995). The U.S. Department of Justice reported that in 1997 alone, over three million Americans were the victims of violent crimes, including over 300,000 children who were abused and 18,000 people who were murdered (Ounce of Prevention Fund, 2000).

The prison population has grown rapidly-from 315,000 in 1980 to over 925,000 today. Thirty-three billion dollars has been spent on building new prisons since 1985. Yet, the crime rate continues to increase, especially among youth (Levin, 1994). Northeastern University reported that arrests of young people under age 18 for weapon violations rose from 19,649 in 1976 to 31,577 in 1989. There were four major sources of guns for youngsters: street corners, friends, drug dealers and thefts either from parents or from residential burglaries. The presence of a large number of guns and easy access to them contributes to the current volatile atmosphere (DiCanio, 1993). According to a Harvard School of Public Health Poll released in June 1993, 70 percent of the public now believed that young people's safety was threatened, "by there being so many guns around." Sautter (1995) noted in *Standing Up to Violence-Kappan Special Report* that 211 million firearms were circulating among the American public. There were more gun dealers in the United States (284,000) than gas stations.

According to the state attorney's office, "Thirty years ago, gangs had zip guns-single shot, homemade, primitive weapons. Now gang members had sprayers and automatic weapons that simulated the weapons of armies" (Blau, 1990). During an interview for a February 21, 1989 *New York Times* article

entitled "Epidemic in urban hospitals: Wounds from assault rifles," Garen

Wintemut, an assistant professor of medicine at the University of California at

Davis and former medical director of a refugee camp in Cambodia stated, "The

medical techniques used in the Vietnam War were now being used in civilian life.

He stated there was no difference. This was not the case before the assault

weapons." In 1987 and 1988 Highland Hospital in Oakland, California treated

700 gunshot victims at a cost of $10.5 million, performing what Eric Stirling,

director of the emergency room, called "trench medicine" (Gross, 1989).

"The statement that there was a war in the streets is exactly right"

according to the director of the trauma unit of Kings County Hospital in Brooklyn,

New York. Military-style assault weapons do more damage per bullet. The

muzzle velocity of an assault weapon exceeds 2,500 feet per second; a pistol's is

about 800 feet per second. In addition, bullets used by assault weapons shred

bones, organs and blood vessels in their path. Bullets were designed to tumble

on impact.

Injuries inflicted by assault rifles required the use of wartime techniques.

Ambulances were equipped with inflatable trousers, invented in World War I and

widely used in Vietnam, to maintain blood pressure. Another technique involved

the use of two large-bore intravenous lines hooked up to the patient

simultaneously to replace rapidly large volumes of blood. Immediate treatment

was critical. A paramedic on the way to the hospital does the initial work; often

the victim is on an operating table within 20 minutes of the ambulance call. (By

comparison, the wounded of World War II were usually operated on within six hours; during the Korean War, 2.4 hours. In Vietnam, it was less than an hour, with a major improvement in survival rates.) Many of the operations that were performed once the patient arrived at the hospital were developed in military field hospitals in Southeast Asia.

Procedures included grafting and rerouting of shredded vessels, formation of colostomies (rerouting to an external pouch) when intestines had been ripped apart and as a last resort, another wartime measure that was used as a last resort was opening the chest to siphon off blood collected in the body cavity, a technique that also made it possible to see where the holes were (Gross, 1989).

Violence is expensive to society. There were no reliable estimates of the money expended for medical care, legal and social investigations, and interventions related either to nonfatal assaults or to homicide. Medical treatment for gunshot wounds alone, including both fatal and nonfatal incidents, have been estimated to cost one billion dollars per year, about 85 percent of which was supported by public sources. Other potential economic consequences of violence included long-term institutional care, rehabilitation services, and support services to victims and their families. For homicide, dollar costs in many cases included extended forensic investigations, court proceedings, incarceration, or processes related to legal execution in addition to the years of potential life lost by the victim. The social costs of violence had even greater impact than its economic impact, and might include long-term

physical and mental disabilities and adverse psychological and behavioral

consequences for surviving victims and family members (Hammond et al., 1991).

Violence connected with gang activity has reached epidemic proportions.

Nine out of 10 cities with populations more than 100,000 have a gang problem.

(CES, 1997) The term gang is used to refer to either an organized group of

criminals or a group of children or youth from the same neighborhood, that

gather together and who may or may not participate in criminal activities. A 1990

University of Chicago Study of 45 cities reported the presence of 1,439 gangs

with an estimated 120,635 members. The average age of gang members in

1984 was 15. By 1990 it had dropped to 13 1/2. Most gang members were

male. Sergeant John Galea of the New York City Police gang unit stated the

major difference between gangs of the 1980s and 1990s and gangs of the 1950s

and 1960s were the newer gangs' mobility and disregard for human life. He

attributed the change to the easy access to semiautomatic weapons, which gang

members used to terrorize entire neighborhoods (DiCanio, 1993).

Experts have determined that criminal youth gangs shared certain

characteristics. Gang members lived in the same neighborhood, regularly spent

time together, wore similar articles of clothing, often shared symbolic behavior

such as ceremonial rituals and participated in criminal activities. Each gang

developed its own set of symbolic behaviors, such as initiation rites, secret

handshakes and hand signals. Loyalty is valued among gang members.

The growth of gangs was a significant factor in the rising number of

deaths among adolescents. Gangs not only recruited youth who were unstable, they provided a social and emotional haven for those who could not find security, acceptance or protection at home. For many members, in the absence of adults who cared about them, gangs had become family substitutes. Many Midwestern gangs have become increasingly sophisticated and have made efforts to develop political bases in their communities. A large number have applied for and obtained charters as non-profit organizations. By claiming status as religious organizations or voters' leagues, gangs hoped to obtain federal grants and to influence politics by organizing voters (DiCanio, 1993).

There is growing interest among societies' members to address the issue of violence because of the increase in recent years of violence, especially in communities and parts of the country where individuals felt "it would or could never happen here." Los Angeles is the gang capital of the United States. Gang membership in Los Angeles is estimated to involve about 900 gangs with a membership between 70,000 and 100,000. Although most gang activity tended to be home-based, in 1987 Los Angeles gangs appeared to have broadened their base to other large cities, such as Denver, Colorado, Portland, Oregon and Seattle, Washington. By early 1990 smaller communities such as Tyler, Texas and Lexington, Kentucky were reporting presence of Los Angeles gangs. In Hope, Arkansas street gangs from Los Angeles invaded in 1988 and in Omaha, Nebraska gangs began terrorizing communities in 1987. In a one-day period of violence, the city experienced nine drive-by shootings. As communities look for

solutions candlelight vigils and community marches are becoming more common (Sautter, 1995). Shootings in Arkansas, Colorado, District of Columbia, Florida, Georgia, Kansas, Kentucky, and Oregon, Virginia, among others has brought this issue to the forefront. The realization is that violence is not restricted to any one community or group.

Although violence is a problem that affects the entire nation, the National Association for the Education of Young Children (NAEYC) the nation's largest professional organization of early childhood educators' noted violence in inner cities required targeted assistance to save the children and break the cycle of violence. Basic services to low-income families have been drastically reduced in the last decade as federal funding has been cut. As social programs have disappeared and the economy has worsened, violence in homes, schools, and communities has increased (NAEYC, 1993). The 1991 National Survey of Children and Parents sponsored by the National Commission on Children reported that parents worried a great deal about their ability to protect their children from violence and keep them safe even in their own neighborhoods. Not surprisingly, low-income and minority parents reported the greatest worries. Protecting one's children is a family's most basic function (NCCIP, 1994).

Most poor children in America are in double jeopardy. One child in five lives in poverty, a 21 percent increase since 1970 (Levin, 1994). Whether in the inner city or in desolate rural areas, they experience the most health problems but have the least access to medical care. They are at the highest risk of

academic failure but often attend the worst schools. They may be most vulnerable to the short- and long-term effects of exposure to violence and live in homes and neighborhoods with the highest concentration of violent events. Their families experienced the most stress but have the fewest social supports (Elliott, Hamburg, & Williams, 1998). *U.S. News and World Report* magazine warned of an "explosion" of juvenile crime in the future as a large cohort of the population enters the teen years, especially in at-risk neighborhoods (CES, 1997).

Marvin Wolfgang, a leading criminologist noted the age of entry into crime was dropping and the crimes being committed were increasing in number and degree of violence. One factor that has changed the pattern since the mid 1980s has been the introduction of cocaine in the form of crack. Some gangs have sales of as much as $1 million a week. Crack has shifted downward the age of entry into criminal activity. Children as young as nine or ten were chosen because punishment for children was far less severe than for adults, and because children do not fully understand the risks involved, were recruited to act as lookouts to warn drug dealers and their customers of the approach of the police. For this lookout activity, some youngsters can make as much as $200 or $300 a week-much more than they might make selling papers, bagging groceries or working at McDonald's (DiCanio, 1993). Jeri Marxman, who worked with local public officials throughout Illinois, noted that many were concerned that welfare reform might lead to increased violence due to the added stress and tension and

uncertainty for a number of people (University of Illinois Cooperative Extension Service, College of Agricultural, Consumer and Environmental Sciences, University of Illinois at Urbana-Champaign, 1997).

A headline of a *New York Times* article on November 19, 1995, which reported a decline in the rate of adult crime, also warned of "coming storms of juvenile crime." Professor John Dilulio of Princeton University stated that we were experiencing "a lull before the crime storm." He stated the reason for his concern is the "40 million kids 10 years old and younger" who are about to become teenagers, the largest group of adolescents in a generation. He believed there were more children now than ever before who were growing up without guidance, responsibility, or internalized social values (Butterfield, 1995). In a press conference James Alan Fox, Dean of Criminal Justice at Northeastern University pointed out that the population of teenagers would grow by 15 percent by 2005 (Karr-Morse & Wiley, 1997).

On March 9, 1997 the U.S. Department of Justice released the results of a new study that showed that if our present rates of incarceration continue, one out of every 20 babies born in the United States today will spend some part of their adult lives in a state or federal prison (Karr-Morse & Wiley, 1997).

Research Implications

The impact of violence on caregivers first came to the researcher's attention in 1994 as she conducted interviews with a number of caregivers throughout the city of Chicago. As she would drive through various community areas gang presence was evident from the graffiti on the buildings, gatherings on the corners, dress of the individuals, drug deals and arrests in process, among other observations. In some community areas police presence was more evident than in others. Constant gang shooting, harassment from gang members, lockdowns, among other incidents have forced the closing of child care programs. Without fail, the issue of community violence would come up in the researcher's interviews with caregivers.

Published research studies on early childhood caregivers' perceptions of community violence and its impact on how it affected how they work with children were limited. There was significant information, research data and resources regarding the impact of violence on children and families but it failed to adequately address caregivers. In addition, Zero to Three/National Center for Clinical Infant Programs noted there was a void in the research regarding the specific impact of violence in the community on the development of infants, toddlers, and their parents (NCCIP, 1991). Most of the research addressed the impact of community violence on children of school-age or older.

It is important for the researcher to note that it was beyond the scope of this research to cover the effects of exposure to family violence. It has been

noted the principles of support for children who have witnessed family violence are the same as for those who witness community violence: supportive listening to the child's worries, validation of his/her feelings, and providing a safe, secure, and predictable school environment for the child (Family Communications, Inc., 1998).

With the increasing number of children in child care settings it was important for early childhood professionals, families, community members, law enforcement officials, policymakers, among others that an exploratory study of the impact of community violence on caregivers was conducted. The results of this research have implications for practice, further research, and would also provide a broader understanding of the impact of community violence from the caregivers' perspective. In addition, research results could be used to develop programs and resources as well as program materials. This was critical so that support could be provided to individuals and programs and resources could be developed and made available to those needing assistance.

CHAPTER II

REVIEW OF LITERATURE

In the review of the literature and the researcher's efforts to locate resources for caregivers there were primarily information and materials that addressed how violence impacted children and what teachers and other caregivers could do to support children living in violent communities. Information was sparse related to the impact of exposure to community violence on caregivers and how it affected their work with children as well as how the violence affected them on a personal level.

Definition of Violence

Although considerable research has been done on violence and aggression, there was a lack of agreement about terms and definitions. The definition of "violence" varied among individuals and organizations. The field also lacked a widely accepted basic theory to help organize the research. For instance, although criminal violence included a heterogeneous array of behaviors, it was often a subcategory of a larger general category, aggression.

Margaret DiCanio noted in her book, *The Encyclopedia of Violence-- Origins, Attitudes, Consequences* (1993) that many issues impacts the development of a precise definition of aggression. The issue of "intentionality" focused on whether aggressors had a reasonable expectation that their behavior

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would hurt the victims and whether the aggressors desired injury. The term violence was usually reserved for more extreme forms of aggressive behavior that were likely to cause substantial or critical injury to the victim. The National Commission on the Causes and Prevention of Violence defined violence as the "overtly threatened or overtly accomplished application of force which resulted in the injury or destruction of persons or property or reputation, or the illegal appropriation of property (DiCanio, 1993).

In his book, *Violence--Our Deadly Epidemic and its Causes*, James Gilligan (1996) used the term violence to refer to the infliction of physical injury on a human being by a human being, whether oneself or another, especially when the injury was lethal, but also when it was life-threatening, mutilating, or disabling; and whether it was caused by deliberate, conscious intention or by careless disregard and unconcern for the safety of oneself or others.

In another book, *Violence--Reflections on a National Epidemic*, James Gilligan, M.D. (1996) wrote about "structural violence". Structural violence was the increased rates of death and disability suffered by those who occupy the bottom rungs of society, as contrasted with the relatively lower death rates experienced by those who were above them. He further noted that when violence was defined as criminal, many people saw it and cared about it. When it was simply a byproduct of our social and economic structure, many did not see it; and it was hard to care about something one could not see.

The title of the book, *Ghosts from the Nursery Tracing the Roots of*

Violence by Robin Karr-Morse and Meredith S. Wiley (1997) was adapted from psychoanalyst Selma Fraiberg's groundbreaking work. Fraiberg used this phrase to refer to the tendency of parents to bring to the rearing of their children the unresolved issues of their own childhoods. The terminology "ghosts from the nursery" was used to express the idea that murderers and other violent criminals, who were once infants in communities, were always accompanied by the spirits of the babies they once were together with the forces that contributed to their violent behavior.

For purposes of this research, the researcher chose the definition these authors used in their book. Karr-Morse and Wiley (1997) noted in their book that violence takes many forms-physical, emotional, social, verbal-to name a few (p. 14). It has many definitions and was to some degree a concept that varied with time and culture. With this explanation they defined violence as behavior not condoned by law, which was intended to inflict harm on others, behavior that actively victimized another person by an aggressive act (Karr-Morse & Wiley, 1997).

<u>Causes of Violence</u>

The causes of violence are complex. In the review of the literature there was no unified theory or consensus regarding the causes of violence. Although there was no consensus, its correlates were:

- Most violence occurred among family members, friends, and acquaintances.

- Victims and perpetrators of violence were often similar in age, race, socioeconomic status, educational background, and personal characteristics.

- Violence frequently erupted from arguments that escalated into physical aggression.

- The homicide victim frequently provoked the violent act by being the first to strike out physically against the other disputant (Hammond & Yung, 1991).

Most homicides occurred between people who had some prior relationship and one-half were precipitated by an argument. Nearly three out of every five homicide victims were killed by someone known to them. In about 20 percent of homicide cases, the victim and the assailant were members of the same family. In less than 15 percent of homicides, the assailant was a stranger to the victim. Alcohol and drug use appeared to increase the potential for violent behavior and victimization by reducing behavioral inhibitions and facilitating aggressive responses. The immediate access of a weapon was another critical factor that increased the potential for violent behavior. Carrying a weapon greatly increased the possibility for escalation of violence and the potential for the weapon's use (Page et al., 1992).

Investigators from diverse fields of study have examined the biological roots of aggressive behavior, theories of cultural evolution that attributed violent behavior to conflicts over status, and social phenomena such as sub-cultural

norms that supported aggression as a legitimate means of resolving conflict. A majority of studies have found strong links between poverty and violence. Related social and environmental conditions such as racism, economic inequities, and the easy availability of guns, have been considered as factors contributing to violent communities. The effect of continuous exposure of children to violence has also been examined as a significant precursor to adult violence, including family violence. Even the violence experienced watching movies and television has been implicated as a contributor to aggressive behavior (Hammond et al., 1991).

A group of behavioral scientists appointed by the National Academy of Sciences found that one of the main limitations and obstacles to our ability to understand and prevent violence was the lack of an adequate general theory on the subject. The panel found that a substantial knowledge base existed regarding some aspects of violent events and behaviors. They were unable to link the fields of knowledge together in a manner that would provide a strong theoretical base on which to build prevention and intervention programs. The panel stated, "we are still lacking a testable general theory of violence" (Gilligan, 1996).

James Gilligan, M.D. (1996) in his book, *Violence--Our Deadly Epidemic and its Causes*, stated that each of us had our own working theory of violence-conscious or unconscious-that determined our attitudes, behavior, and judgments. In exploring and attempting to arrive at a theory of violence James

Gilligan drew from his work with violent men in maximum security settings. He noted that not a day passed that he heard of reports of men who were victims of violence from early childhood.

They had seen their closest relatives-their fathers, mothers, sisters and brothers murdered, often by another family member. As children, they were shot, axed, scalded, beaten, strangled, tortured, drugged, starved, suffocated, set on fire, thrown out of windows, raped, or prostituted by mothers who were their "pimps"; their bones had been broken; they had been locked in closets or attics for extended periods. One man had bullet-hole scars on his arms and legs which were inflicted on him in childhood by his mother, whose idea of "spanking" him was to take out her pistol and shoot him. This same man also witnessed the murder of his father by two other relatives when he was a child. Following the suicide of an inmate his "psychological autopsy" revealed that he had been subjected to heterosexual and homosexual incest and pedophilia by both parents and several other relatives and friends of the family in childhood. He was passed around nude from adult to adult at parties as a sexual "party favor."

Gilligan (1996) stated that two possible sources of love for the self are love from others, and one's own love for oneself. Children who failed to receive sufficient love from others failed to build those reserves of self-love, and the capacity for self-love, which enabled them to survive the rejection and humiliations, which individuals experienced sometimes. Without feelings of love, the self felt a void. He used <u>shame</u> to refer to the absence or deficiency of

self-love; its opposite being pride, which he defined as a healthy sense of self-esteem, self-respect, and self-love. When self-love was sufficiently diminished, one felt shame. Gilligan also noted that psychological violence could also kill the "self". Words alone could shame and reject, insult and humiliate, dishonor and disgrace, tear down self-esteem, and kill the soul.

Gilligan (1996) noted that while there was a consensus that we lack a theory of violence due to the disagreements there were concerns whether it will ever be possible to build such a theory. He believed this question could not be answered a priori. It could only be answered by attempting to create a theory. He stated it was impossible not to have a theory on this subject; because we could not avoid dealing with violence.

Gilligan (1996) stated the only way to explain the causes of violence, in order to prevent it, was to approach violence as a problem in public health and preventive medicine, and to think of violence as a life-threatening symptom (and sometimes lethal) pathology, like all forms of illness, has a cause, a pathogen.

The Rational Self-Interest Theory of Violence

Gilligan (1996) stated that as a nation, our institutions have been acting on an underlying theory of violence, which he referred to, as the "rational self-interest" theory. The rational self-interest theory assumed that those who engaged in violence do so for reasons of rational self-interest and common sense. Those who committed violent acts did not want to go to prison, be subjected to physical violence themselves, and did not want to die. They would

do anything to avoid any of these consequences. All we needed to do to prevent violence was to threaten individuals with greater violence such as imprisonment and capital punishment. Gilligan stated this theory of violence has resulted in two expensive outcomes. First, it has resulted in a shift in our attention and resources from prevention to punishment. This theory has distracted individuals from attempting to learn what actually caused violence; and what conditions would be necessary in order to reduce the need for violence; and from applying that knowledge to eliminating those circumstances, which led to violence. The policies that have been adopted on the basis of this theory have led to a significant increase in violence.

Some of the data concerning violence can only be explained in biological terms, some in psychological terms, and some in social, cultural, historical, and socioeconomic terms. Such as class-stratification, and discrimination on the basis of age, sex, or race (Gilligan, 1996). If one adds to all the different kinds of death-those deaths caused by structural violence (the excess death rates among the poor caused by the socioeconomic structure, i.e., class and caste stratification), which produced far more deaths than all of the categories of deaths combined, any theory of violence, if it was to deal with the medical reality involved, could not limit itself to the subject matter of criminology. Gilligan argued for a "germ theory" of violence. He felt the public health approach was the appropriate model to show that violence was a contagious disease, not a hereditary one. The pathogen was psychological, not biological, and it was

spread primarily by social, economic, and cultural vectors, not biological ones. He noted that biological factors were far less important as causes of violence than were social and psychological ones.

Gilligan (1996) emphasized the emotion of shame was the primary cause of all violence, whether toward others or toward the self. He also stated in his book that shame was a necessary but not a sufficient cause of violence. The feeling of shame caused different forms of violence. The purpose of violence was to diminish the intensity of shame and replace it with pride. This prevented the individual from being overwhelmed by the feeling of shame. Several preconditions were usually met:

1. Men felt deeply ashamed over matters that were so small that their triviality made it even more shameful to feel ashamed about them, so that they were ashamed even to reveal what shamed them. Gilligan (1996) stated the reason most often given for violent behavior was "he disrespected me." The word "disrespect" was key. Individuals have abbreviated it into the slang term, "he dis'ed me." Men hide this behind different attitudes. Many men would rather die than let someone know what was bothering them. The loss of honor, prestige, respect and status-the disintegration of identity, their selfhood, personhood and masculinity were difficult to manage.

2. The second precondition was met when men perceived themselves as having no nonviolent means of diminishing their feelings of shame or low self-esteem-such as socially rewarded economic or cultural achievement, or high social status, position, and prestige. Violence was a "last resort," a strategy they would use only when no other alternatives appeared possible.

3. The third precondition was the person lacked the emotional capacities or the feelings that normally inhibited the violent impulses that were stimulated by shame. The most important were love and guilt toward others, and fear for the self.

4. A central precondition for committing violence was the presence of overwhelming shame in the absence of feelings of either love or guilt; the shame stimulates rage, and violent impulses, toward the person in whose eyes one felt shamed, and the feelings that would normally inhibit the expression of those feelings and the acting out of those impulses, such as love and/or guilt, were absent.

James Gilligan (1996) explained in his book that we all experienced feelings of shame in one of its many forms (feelings of inferiority, rejection, embarrassment, etc.) and yet not everyone becomes violent. The theory he presented suggested that most people have nonviolent means available to them to protect or restore their wounded self-esteem.

Gilligan (1996) stated that we were forced to recognize the truth in

Gandhi's observation that the deadliest form of violence was poverty. Any approach to a theory of violence needed to begin with an observation of the structural violence in this country. He contrasted "structural" with "behavioral violence," which he defined as the non-natural deaths and injuries that were caused by specific behavioral actions of individuals against individuals, such as homicide, suicide, soldiers in warfare, capital punishment, among other actions.

There were 14 to 18 million deaths a year caused by structural violence compared with about 100,000 deaths per year from armed conflict. Gilligan noted the African-American community suffered from an unusually high level of violent crime. The psychoanalyst Edith Jacobson observed, "people may feel ashamed of low financial or social or racial status. The fact the words "low" and "status" were used as descriptors-as in the term "lower class"-tells us which population groups in our society were more exposed to experiences of shaming. He further noted who would not feel ashamed and inferior if described as "lower class" or of "lower status"?

Gilligan (1996) emphasized that it is not poverty or deprivation that caused shame—it was not a lack of material things, but deprivation, which resulted in a form of psychological rather than material deprivation, of dignity, self-respect, and pride. Gilligan cited Grier and Cobbs, black psychiatrists, who wrote in their book, Black Rage of "the endless circle of shame, humiliation, and the implied unacceptability of one's own person" that many Blacks in this country experienced. Kenneth Clark, the distinguished Black psychologist, investigated

the emotional situation Blacks were in as they emerged from childhood experiences of being treated as inferior. He concluded: "The stigma remains; they have been forced to recognize themselves as inferior. Few if any Negroes ever fully lose that sense of shame."

An intact culture could provide people with a powerful means by which to bolster their self-esteem and protect them from what could otherwise be overwhelming, soul-murdering intensities of shame and humiliation. African-Americans as a group have been deliberately and systematically cut off from its cultural roots. Gilligan (1996) stated that vital statistics and a number of studies showed that in societies (such as ours) that stratified people on the basis of class and caste, people in lower status groups were more likely to commit homicide and those in higher status groups were more likely to commit suicide.

In *Childhood and Society*, Erik H. Erikson (1963) stated that *autonomy* versus *shame* and *doubt* was the second nuclear conflict, the resolution of which was one of the ego's basic tasks. Erikson stated that "shame supposed that one was completely exposed and conscious of being looked at: self-conscious. One was visible and not ready to be visible, which was why we dream of shame as a situation in which we are stared at in a condition of incomplete dress. The individual who was ashamed would like the world not to look at him, not to notice his exposure. He would like to destroy the eyes of the world. Instead he wished for his own invisibility. Erikson noted an American ballad in which a murderer to be hanged on the gallows before the eyes of the community said the words,

"God damn your eyes."

Garbarino et al. (1992) supported Gilligan's position. He also noted the urban "war zones" in America were primarily African-American and Hispanic. The origins, interpretation, and response to the problems of community violence were bound up in racism and discrimination.

Garbarino further supported Gilligan's argument that shame, diminished self-esteem, and negative identity played a crucial role in generating violence. Racism and economic inequality promoted violence and hostility. Without opportunities to counter the psychological effects of inferior social position (the rage, shame, low self-esteem, and negative identity), only violence and destructiveness would give any sense of satisfaction.

<div align="center">Additional Theories</div>

In the review of the literature there were several theories related to the causes of violence. It was also noted that most kinds of violence were treated as if they were unrelated.

<u>Physical Factors</u>

Myriam Miedzian, Columbia University philosopher suggested that several physical conditions increased boys' risk of violence. Among these were attention deficit disorder with hyperactivity (ADDH), which was characterized by unresponsiveness to affection, short attention span, low frustration tolerance, restless physical energy and outbursts of temper. ADDH was often a predisposing factor in puberty to acts of physical violence and in adulthood to

antisocial personality disorder (psychopathic personality). The disorder was six to nine times more common in boys than in girls.

Another physical factor for violence was learning disabilities (LD). An estimated 32% to 40% of the inmate population in the United States suffered from LD. The number of American males with LD was estimated to be about 6 to 12 million. Another physical risk factor for violence was mental retardation. Mentally retarded children were three to four times as likely to suffer from ADDH as the general population, and an estimated 30% of prison inmates were mentally retarded (DiCanio, 1993).

Psychological Factors

In their 1987 book, *High Risk: Children Without a Conscience*, psychologist Ken Magid and journalist Carole McKelvey talked about children they called "trust bandits" and formally designated them as "character-disturbed." When they reached adulthood, they were said to be suffering from Antisocial Personality Disorder (APD); they were better known as sociopaths or psychopaths.

Magid and McKelvey's felt these children were "unattached," either they never bonded with a primary caregiver or something interrupted their bond. Therefore they never learned to trust people. When the proper bonding—usually between the infant and the mother—did not take place during infancy or is disrupted, the child developed mistrust, had a deep-seated rage and became a child without a conscience. The authors believed that for a number of reasons;

particularly inadequate child care, the number of these types of children was growing (DiCanio, 1993).

Freud and his followers felt violence was inevitable because he viewed it as the expression of an instinct or drive. Freud theorized that violence builds up and must be discharged. For the psychologist, the study of human violence must be part of a wider study of aggressive behavior (Moonman, 1987). Aggression was defined as asserting one's will on another. From an evolutionary perspective, aggression could be an adaptive response that allowed an animal or person to ensure that his or her needs were met. Eric Moonman in his book, *The Violent Society*, described territoriality, as one closely associated with the natural uses of violence for survival was violence to acquire and retain territory. Many species of animals claimed their territory and marked their boundaries by urinating or defecating at various points. The markers, whether visual or apparent by smell, warned off intruders. He compared this behavior to teenage gangs in large urban areas who often marked their claim with slogans of possession or defiance written on the walls.

Moonman (1997) also noted in his book that studies of animal populations had shown that intra-species violence increased with population density. This phenomenon had a protective factor by reducing the size of the population to proportions in relation to the available resources. Research on prison populations and human groups in other institutional settings have demonstrated this. There was a clear correlation between population density and communal

violence (Moonman). The number of people per unit of space (the population density) had an impact on the behavior of people in that unit. When densities became too high, the quality of life deteriorated and the length of individual lives might decrease (Moonman).

In the animal world aggression was necessary for survival. One species preyed on another in order to obtain food. At the human level, violence was used to kill other creatures in order to provide food and other substances believed to be necessary for survival. A second function of aggression was the defense of offspring against predatory attack, thereby ensuring the preservation of the species. The equivalent in human behavior was observed in the need to secure the safety of children during war (Moonman, 1987).

One questionable theory involved a set of childhood behaviors called the "Macdonald triad," named for the psychiatrist John Macdonald, who proposed them. The Macdonald triad was thought by some to predict adult violent behavior. The behaviors were bedwetting, fire setting, and the torture of small animals. Supporters of this theory said the behaviors were reactions to parental abandonment, neglect or brutality. Although others supported his triad, Macdonald rejected it after additional research. Some who accepted the triad proposed that detection and early management of children with the behavior might prevent future violent crime.

Biological Factors

Biologists and sociologists viewed violence as aggressive behavior that goes beyond the limits of social acceptance. Acts of physical aggression were termed "violence" when they were out of proportion to the situation at hand (Ounce of Prevention Fund, 2000). Over the last decade, neuroscientists have made progress toward understanding the biology of violent behavior. Research on both humans and animals has pointed to the function of certain brain chemicals, especially the neurotransmitters serotonin and noradrenaline, in regulating aggressive behavior. Serotonin appeared to act as a "braking" mechanism on aggressive impulses: studies showed that very low levels of serotonin were related to impulsive behavior and explosive rages. Noradrenaline, in contrast, was an accelerator: high levels of this brain chemical were related to a constant state of hyper-arousal, in which a person might quickly over-react to the slightest threat.

Research in animals and some preliminary research in humans suggested that early childhood experiences were an important predictor of an individual's neurochemical balance. Negative experiences, particularly severe neglect and trauma, could cause long-lasting changes in noradrenaline and serotonin levels in some individuals. Children who lived in highly threatening environments adapted by becoming hyper-vigilant and hyper-reactive to perceived threats, and may become less able to control their own behavior. Although there was no evidence that these types of changes in brain chemistry were irreversible, it does

appear that prevention and earlier intervention was likely to be more effective and far less expensive than latter attempts at remediation (Ounce of Prevention, 2000).

In *Ghosts from the Nursery*, the authors' position was experiences in infancy, which resulted in the child's inability to regulate strong emotions, were too often the overlooked source of violence in children and adults. The authors emphasized the importance of intrauterine conditions and early experiences, which could lead to future violent behavior. A growing body of scientific knowledge demonstrated that maltreatment during the nine months of fetal growth and the first 24 months after birth often led to violent older children and adults (Karr-Morse & Wiley, 1997).

Another theory proposed that brutal childhood experiences created "homicidal prone-ness." Other theories proposed biological causes. During the 1960s some researchers attempted to demonstrate that inmates in institutions for the criminally insane were more likely to possess the "XYY syndrome" meaning to be born with an extra "y" or male sex chromosome. Others have suggested a link between diet and violence (DiCanio, 1993).

Socioeconomic Factors

Relatively little is known about the impact of socioeconomic factors on the demographics and epidemiology of homicide. Much of the recent work on neighborhood and community influences has focused on high-poverty urban settings, which has increased. The fraction of poor urban families living in

high-poverty neighborhoods (i.e., with 40 percent or more of residents in households with incomes below the poverty line) nearly doubled from 17 percent in 1970 to 28 percent in 1990. During this period, urban poverty has been especially concentrated in the Midwest, in such cities as Chicago, Detroit, Cleveland, and Milwaukee, as well as in New York. Residence in high-poverty urban neighborhoods was more likely for Black and Hispanic than White children. The combination of family and neighborhood poverty was more prevalent among Black than either Hispanic or White children. Approximately 27 percent of poor Black children lived in high-poverty urban neighborhoods, compared with 20 percent of Hispanic and only three percent of White children. These children experienced the double risk of family and neighborhood poverty (Shonkoff & Phillips, 2000).

William Julius Wilson (1987) started research on community and neighborhood effects and analyzed of conditions in high-poverty, inner-city Chicago neighborhoods. He documented the poor employment prospects, poor marriage pool, violence, and high mobility that were within these neighborhoods. He also provided explanations of structural changes that produced the conditions as well as how the lives of children and families were impacted. Wilson hypothesized that large changes in the economic structure of inner cities, combined with residential mobility among more advantaged Blacks, had resulted in homogeneously impoverished neighborhoods that provide neither resources nor positive role models for children and adolescents who lived in the

neighborhoods (Shonkoff & Phillips, 2000).

However, many factors contribute to the start and perpetuation of violence. Violence has caused in part by people's beliefs, by their attitudes and their compliance with norms (C.H.E.F., 1994). Despair of unemployment, multigenerational poverty, and family dissolution contributed to a sense of helplessness and rage that for many could lead them to find some relief in the power of a violent resolution of dispute (Chiland & Young, 1994).

Criminologist, James Q. Wilson has noted there was no such thing as "underlying causes" of crime; that we should abandon the attempt to discover and ameliorate or eradicate so-called causes, and simply continue with our usual approach to crime, namely imprisonment and punishment (Gilligan, 1996). Wilson talked about neighborhoods that suffered from the "broken window syndrome." The syndrome arises when unfixed broken windows, uncleared graffiti, overgrown weeded lots and other signs of decay demoralized a neighborhood's residents. Small disturbances, such as loud radios and voices, frightened ordinary citizens out of proportion to their seriousness, and fear made them shun the streets. The absence of responsible adults on the streets encouraged a cycle of deterioration, additional fear and more crime.

The broken window syndrome has spread beyond deteriorating neighborhoods and might be better characterized as the "abdication of responsibility through fear syndrome." This syndrome was evident when at one time in communities members felt a responsibility to reprimand a child if the child

was caught doing something wrong. Today adults ignore the behavior out of fear that the child might become violent towards them (DiCanio, 1993).

Jonathan Crane, a geographer in Illinois, identified the tipping point in the social decline of neighborhoods. He found that when the proportion of "affluent leadership class" families in a neighborhood dropped below six percent, there was a rapid increase in social pathologies among teens such as delinquency, out-of-wedlock pregnancy, and dropping out of high school. Once this tipping point was reached, the neighborhood was susceptible for becoming an inner-city "war zone". This is what happened in many neighborhoods in cities like Chicago in the 1950s and 1960s, setting the stage for the increase of youth violence that occurred during the 1980s (Garbarino, 1999).

Diane E. Levin (1994) noted in her book, *Teaching Young Children in Violent Times—Building a Peaceable Classroom*, the causes of violence were complex. However, the causes were related to social and economic injustice, indifference, and neglect. Racism, poverty, substance abuse, the proliferation of handguns, and government policies that disenfranchised many Americans—especially children-all contributed to the cycle of increased violence in children's lives. According to Levin, these issues must be addressed for lasting change to occur.

David A. Hamburg, M.D. (1992) stated in his book, *Today's Children—Creating a Future for a Generation in Crisis*, the risk factors for serious violence included a family history of violence, poor family bonding, weak ties to school

and other conventional institutions, personal beliefs that justify crime and violence under a wide range of circumstances, and involvement in peer groups that encouraged these behaviors. The presence of weapons intensified the seriousness of violent incidents. One recent survey found that 23 percent of 13- to 16-year-old males reported taking a knife to school at least once during the prior year (Hamburg, 1992).

Deborah Prothrow-Stith, M.D. an assistant dean in the Harvard School of Public Health, during a 1991 presentation to public health professionals entitled "Adolescent violence and the prevention of violence," explained why American adolescents were vulnerable to becoming involved in violence. Prothrow-Stith stated, "Our children are killing each other because we teach them to do that. Firearms, urban settings, and poverty are part of the picture. In addition, children who have witnessed a lot of violence or have been victims of violence are at risk. Also, there is a national love of violence in America, which can be seen not only in the media but also in homes and classrooms."

She noted that parents participated in the escalation of violence. Children in classrooms have told her, "My momma would beat me up if I got beat up. I have to go back and beat the person so I do not get beaten." Educators also contributed by setting up "good guy" versus "bad guy" situations. During a discussion of a fight at a high school, Prothrow-Stith asked about the condition of an adolescent who had been in a fight that he had started. The principal's response was "that guy deserves to be hurt."

Theoretical Framework: Ecological/Transactional Model of Community Violence and Child Maltreatment Consequences for Children's Development

Currently, little is known about the direct and indirect effects of community violence. Cicchetti and Rizley developed a model to address the causes, consequences, and mechanisms through which maltreatment was propagated. Their model advocated a transactional approach to conceptualizing the developmental process. In a transactional model, environmental forces, caregiver characteristics, and child characteristics all influenced each other and make reciprocal contributions to the events and outcomes of child development (Cicchetti & Lynch, 1993).

Belsky proposed an ecological model to account for the etiology of child maltreatment. This model provided a framework for defining and understanding the "ecology" or broader environment in which child maltreatment occurred. Belsky viewed child maltreatment as a social-psychological phenomenon that was influenced by forces within the individual, the family, the community, and the culture in which family and individuals are embedded (Cicchetti & Lynch, 1993).

These two models focused on the etiology of child maltreatment. The ecological/transactional model focused on the outcomes of community violence and child maltreatment and their developmental pathways. Using an ecological/transactional perspective one could see how community violence and child maltreatment interacted in producing adverse consequences for children's development. Informed by both transactional and ecological models of

development the ecological/transactional model has multiple levels of children's ecologies that influenced each other, and in turn influenced children's development. In particular, the effects of violence, attitudes toward and the prevalence of violence within cultures, local communities, and families impact children's ongoing development and adaptation. The coinfluence of effects from culture, community, family, and previous development come together to influence developmental outcomes in children (Cicchetti & Lynch, 1993).

The ecological/transactional model of violence and its effects also helped to examine resilient outcomes in some children. The presence of enduring protective factors and buffers at any level of the ecology might help explain why some children displayed successful adaptation in the face of violence either within their communities or within families. Basic to the model of community violence and maltreatment was the assumption that societal willingness to tolerate high levels of violence acts as an enduring vulnerability factor that sets the stage for the occurrence of violence in the exosystem (e.g., community violence) and microsystem (e.g., child maltreatment) (Cicchetti & Lynch, 1993).

The exosystem represents formal and informal social structures that impact the child's immediate environment and what goes on in that environment. The "social structures" of the exosystem include the neighborhood, informal social networks and formal support groups, the availability of services, the availability of employment and pervasive socioeconomic status (SES). Factors within the exosystem were linked to the effects of violence in different ways. It

was likely that chronic stress and danger associated with increased community violence had serious implications for children's views of the world, themselves, and others, as well as for their moral development (Cicchetti & Lynch, 1993).

The microsystem incorporated family dynamics, parenting styles, the developmental histories and psychological resources of the families. Bronfenbrenner does not limit the microsystem to the family. He included any environmental setting that contained the developing person such as the home, school, or workplace. There were substantiated findings that indicated the microsystems were characterized by stressful, chaotic and uncontrollable events. (Cicchetti & Lynch, 1993).

The ecological/transactional model provided an explanatory framework for understanding the causes and consequences of community violence and child maltreatment for individuals, families and communities. It was this model that served as the basis for this exploratory study (Cicchetti & Lynch, 1993).

Community Violence

Concern with crime during the Johnson and Nixon administration led them to impanel blue-ribbon commissions to examine the problem. It resulted in improvements in the police and criminal justice systems and improved the conditions for the scientific study of crime. The improved study of crime revealed that for decades crime had been clustered in certain neighborhoods. Such neighborhoods were mainly made up of African-Americans and Hispanics, replacements for former White residents who fled to the suburbs taking

businesses and jobs with them. Since the 1960s, African American and Hispanic neighborhoods have become densely populated; at the same time that neighborhoods' reduced property tax bases have eroded municipal services (DiCanio, 1993).

Community violence has reached epidemic proportions in the urban United States. The statistics suggested that community violence was becoming a more common feature of the environment in which children were growing up. Currently, little was known about the direct and indirect effects of community violence (Cicchetti & Lynch, 1993). The term "community violence" locates violent acts and their consequences in a geographic setting (e.g., a neighborhood or school), and an identifiable social grouping (e.g., a school class, a gang, or a nuclear or extended family), or in both (Elliott et al., 1998). While community violence in the United States did not begin in the latter part of the twentieth century, over the last several years there has been a marked increase in its occurrence. In the period between 1989 and 1990 alone, Boston experienced a 45 percent rise in rates of violence; Denver showed a 29 percent increase; Chicago, New Orleans, and Dallas each had increases of 20 percent (Chiland & Young, 1994).

Each community has its own characteristics, special circumstances, problems, and resources. There are several questions that could help to identify the specific risks in a community:

1. How is violence being defined?

2. Where is the violence occurring?

3. Who is involved in it?

4. Which risk factors are high, either compared to other communities or compared to other times?

5. What is currently being done to reduce the risk factors?

6. What more can be done to reduce the risk factors? (Comprehensive Health Education Foundation, 1994).

In Chicago in 1990, the homicide rate ranged from 106 per 100,000 in the most violent police district to 2.1 murders in the least violent district. The six areas with the highest crime rates were also the poorest areas in the city (Bell & Jenkins, 1993). Most of the violence took place in poor inner-city neighborhoods, and public housing developments.

An analysis of 1990 Chicago murders by location showed that 538 of the 851 total were committed outdoors, with 432 occurring in a "public way" (i.e., street, alley, park). An additional 35 occurred in public housing buildings and 214 occurred in a residence. The homicide/violence statistics of neighborhoods with rampant violence indicated that these situations could be observed by a number of people and endangered bystanders (Bell & Jenkins, 1993). In an informal sample conducted by Nancy Dubrow and James Garbarino of 10 mothers in a Chicago public housing development, they found that all of the children had a first-hand encounter with a shooting by age five.

School-age children witnessed violence and its aftermath in their

communities' everyday. In a survey of sixth, eighth, and tenth graders in New Haven in 1992, 40 percent reported witnessing at least one violent crime in the past year. Very few children escaped some exposure to violence, and almost all of the eighth grade children knew someone who had been killed. Elementary school children regularly witnessed violence. In a Chicago neighborhood, one-third of the school-aged children studied had witnessed a homicide and two-thirds had witnessed a serious assault. In a low-income Washington, D.C. neighborhood, 72 percent of children between six and 10 years old had witnessed some type of violence; in a similar but slightly more violent New Orleans neighborhood, 91 percent of fifth-graders had witnessed violence. Even more disturbing, 32 percent of the Washington, D.C. children reported being victims of violence (Zero to Three, 1996).

We are all in some way responsible for the fact that so many children do not have an opportunity to have a childhood. Children do not feel safe in their communities. Children express anger at the failure of adults to protect them. Some of the anger was irrational, based on a child's need to believe that parents and adults were invincible. Unfortunately, they discover at a young age that adults cannot protect them from the terror of violence (Groves, Zuckerman, Marans, & Cohen, 1993). Psychologist Victor Papanek wrote about children and violent trauma as an observer in London in 1942; during the bombing of London: "Children measured the danger that threatened them primarily by the reactions of those around them, especially their trusted parents and teachers" (Garbarino,

1999). We are all responsible for the fact that a level of violence has become "acceptable" in communities. We have got to empower communities not to be so accepting of violence, of gunshots, of trauma (Zero to Three, 1992).

The Center for Disease Control found that only two of the 325 injury prevention programs implemented by state health departments in 1987 specifically included homicide. In addition, a review of 552 award-winning health promotion projects found only one focused on homicide. Before the mid-1970s, health practitioners viewed violence as a criminal justice issue. Priorities for health promotion and disease prevention were redefined during the 1970s and 1980s, violence was recognized as a priority because of its significant threat to life and health (Hammond et al., 1991). In *Starting Points—Meeting the Needs of our Youngest Children* (Carnegie, 1994), the task force concluded the nation must commit to the right of all children to grow up in safe homes and neighborhoods. Resources must be directed toward preventing violence in children's lives and dealing with the damage that has already occurred. The task force recommended two specific interventions:

Adopt Family-Centered Approaches

Family-centered approaches would help parents understand the effects of violence-both in the family and in the community on young children. Research indicated the strongest buffer for young children was a supportive relationship with parents. Most children were able to adjust to living in dangerous environments as long as their parents were not stressed beyond their capacity to

cope. Family education and family support programs could help them understand how important they were in the lives of their children. Families must be taught skills in nonviolent conflict resolution and have access to programs that prevent child abuse and neglect.

Child care staff, health care professionals, counselors, religious leaders and community workers need more training in helping families and young children who were victims of violence. Experts also needed to develop a variety of materials that described positive parenting skills and offered ways to deal with acute and chronic trauma as they affected young children.

Initiate Community-Based Programs to Prevent Violence

In a growing number of communities today, parents consider few places to be safe and therefore restricted their children's play. Community programs to prevent violence helped lower the levels of violence and increased the number of places that were safe for young children. In order for these programs to be effective they must be developed and implemented locally, taking into account local conditions.

Front-line workers need in-service consultation about how to deliver services in communities where violence is epidemic. These efforts must coordinate child and family services with mental health professionals and law enforcement (Carnegie Corporation of New York, 1994).

In the book, Children Who See too Much--Lessons From the Child Witness to Violence Project (Groves, 2002), Betsy McAlister Groves outlined six

steps that would make a difference and make the world a safer place for children.

1. Children must have steady, predictable, and loving relationships from birth. Healthy relationships are important to a child's well-being. These relationships act as a buffer against the trauma of violence. Time spent with children in the early years of life is important. The security that children gain and the capacity to explore the world and to trust that adults can keep children safe are instilled in the early year's of a child's development and in the context of the child's development and in the context of the child's relationships with parents. President Clinton's welfare reform package (the Personal Responsibility and Work Opportunity Reconciliation Act, 1996) has significantly impacted families especially the poorest families. In 22 states, the reform measures require that parents return to work before the child is one year old. In three states, parents must return to work by the time their child is three months old. The demands for child care has increased, exceeding the existing resources. In New York City, within one year of the passage of the Welfare Reform Act, 47,871 children in the welfare system needed child care as a result of parents' return to work and there were only 18,638 slots.

2. The more high-risk the population, the lower the staff salaries and the fewer supports there are in the classroom. Access to mental health

counselors is needed. Children who are traumatized need mental health intervention and are not able to obtain services. Pediatricians who are knowledgeable about the impact of violence on children are needed. During pediatric visits pediatricians can inquire about children's experiences with violence in the home or community.

3. Adults must assume the responsibility of setting standards of respect, civility, and nonviolence for children. Homes, schools and communities must take the responsibility. Parents shape children's understanding of the world and their emerging sense of right and wrong. There are opportunities in school and child care settings to teach children concern for others. Within society, harsh punishment, anger and disrespect are common themes.

4. To reduce violence in communities and homes, we must reduce poverty in the United States. It has been noted that rates of violent crime are the highest in communities with the fewest resources. As mentioned in the introduction, Gandhi stated, "poverty is the worst form of violence." All families should have the right to raise their children in safe environments. For many who live in poor neighborhoods, this right is not assured. Child poverty increased by 15 percent between 1979 and 1998. This rate is the highest of any wealthy nation, compared with nine percent in Canada, four percent in Germany, and two percent in Japan. The income level that defines

official poverty in the U.S. is just under $14,000 for a family of three. Nearly 40 percent of U.S. children live in families with incomes under $22,000. The stresses of violence are difficult for families who live in poverty. The effects of violence impacts parents emotional capacities to support their children.

5. We must create a social climate that makes violence against women and children unacceptable. Thirty percent of all female murder victims were killed by an intimate partner, as compared to two percent of males. Of the one million violent crimes committed by intimate partners or former girlfriends or boyfriends, 85 percent of the victims were women. Infants represented almost 40 percent of reported victims of child maltreatment. Nationally, an estimated 2.8 million children were reported as suspected child abuse or neglect cases in 1998.

6. Each of us can be an advocate for children's safety and well-being. In a 1999 national survey conducted by *Parents* magazine, parents ranked violence as a major concern. Seventy-five percent of parents surveyed worried about violence in the schools. Thirty-three percent worried about violence and danger outside the home (Groves, 2002, pp.128-137).

Exposure to Community Violence

"Exposure to violence" refers to the effects experienced by: (1) individuals directly victimized; (2) individuals indirectly victimized because of their status as a bystander, witness, acquaintance, or loved one of a victim; and (3) individuals indirectly victimized by their awareness of, and anxiety about, the occurrence of violence within settings they occupy (Elliott et al., 1998). Although all of the expected outcomes from children's exposure to chronic violence cannot be determined at this time, it is known that communities were affected greatly by the events (Osofsky, Wewers, Hann, & Fick, 1993). Conceiving of exposure to violence as "toxic" implied that violence could negatively change the social and cultural character of a setting. "Contamination" referred to the spread of negative effects from those who have been exposed to violence to others in the setting. This may result in increased fear and vigilance among the acquaintances of those directly exposed. As a result, exposure to violence may cause an increase within the settings of vulnerability, or may cause people to assume that aggressive responses were both acceptable and necessary (Elliott et al., 1998). An individual who has experienced community violence and neighborhood disadvantage may assume a "vendetta mentality" theorized by Garbarino and measured by Hill and Madhere in a sample of youth (Kuther, 1999).

In the United States and elsewhere many urban families do not need to turn on their televisions to experience violent acts nor can they turn them off.

They hear the sound of gunfire outside their windows. In some places where American children grow up, gunfire is heard constantly. Many inner-city youngsters go to more funerals than movies and are scarred for years thereafter by the violence they have witnessed (Sautter, 1995). They witness shootings and stabbings in their homes and streets. Both the assailants and the wounded are their relatives and neighbors. While ambulances rush the medical casualties to hospital emergency rooms, the psychological victims, children and parents who were witnesses, are left to sleep on the floors at night.

Interviews with parents revealed that they struggled with chronic fears for the safety of their children. These fears led parents to adapt their child-rearing practices to the realities of the environment. Inner-city parents who were trying to help their children cope may demand unquestioning obedience while discouraging curiosity (Garbarino, 1992). In addition, parents might manifest their fear by imposing an extremely restrictive and punitive style of discipline (including physical assault) on their children. In their efforts to protect their children from the influence of negative forces in the neighborhood, parents might use harsh, restrictive measures to suppress the self-assertive tendencies of children—especially boys—so they would not get into trouble with teachers or police. This approach was likely to heighten aggression on the child's part and condone violence as the modus operandi for social control. The result was greater susceptibility to the negative forces within the community (Garbarino, 1992). This might mean keeping children inside much of the time in addition to

giving children specific instructions about what to do if they heard gunshots. While these practices might be warranted and logical adaptations to neighborhood violence, they conflicted with the normal developmental tasks of exploring the world: being involved with peers and community activities and shifting from complete dependence on the family to experiences of increased independence. Parents' fear about the safety of their neighborhoods communicates powerful messages that the world is a hostile and unpredictable place (Groves et al., 1993). However, parents regarded the restrictions as necessary in the dangerous environments in which they lived, since errors in judgment could have life-threatening consequences (Garbarino, 1992).

Many mothers were forced to keep their children confined to their apartments or homes. As a result, most youngsters spend their time watching the cartoon violence on television. In fact, Americans spend 97% of their time indoors. Many do so because they were afraid to go outside (Sautter, 1995). They stay inside and hope that their attempts to remain physically safe would also reduce the threatening images and thoughts of violence. Too often, these images and fears do not fade away, and the children, in particular, pay a high price for their exposure and forced adaptation (Chiland & Young, 1994).

Some of the outcomes for children and families who experienced or are exposed to violence in their communities were:

- Mothers teach their young children to watch TV lying flat on the floor and put them to sleep in the bathtub to avoid random bullets that might

fly through the window.

- Young children were fearful for their safety in the playgrounds and in their neighborhoods.

- In both cities and suburbs, children carried guns and knives to school in order to feel safe.

- Almost all elementary school children who lived in inner-city neighborhoods have witnessed or been victimized by violence.

- Many children living in the inner cities reported that they did not expect to live beyond their teen years.

- Parents reported feeling helpless and hopeless about the constant violence in their neighborhoods.

Zero to Three/National Center provided the following statistics for Clinical Infant Programs (NCCIP, 1994):

- Violence among youth, ages 11-17 have increased 25% in the last decade (Uniform Crime Statistics, 1992).

- Homicide was the second leading cause of death among all 15 to 24 year olds in the United States (National Center for Health Statistics, 1993).

- In 1991, the homicide rate for Black males 15 to 24 years old was 158.9/100,000—a rate 15 times greater than that for the population as a whole, and nearly 10 times the rate for 15 to 24 year old white males (National Center for Health Statistics, 1993).

- National data document a greater than three-fold increase in homicide rates among 15 to 24 year olds from 1950 (6.3/100,000) to 1990 (19.9/100,000) (National Center for Health Statistics, 1992).

- A recent survey at Boston City Hospital found that one of every 10 children under the age of six attending the Pediatric Clinic had witnessed a shooting or stabbing. Half of these incidents occurred in the home and half in the street (Groves et al., 1993).

- In a 1992 survey of sixth, seventh, eighth, and tenth grade school children, at least 30 percent reported witnessing at least one crime **daily**. Very few elementary school age children avoid some exposure to violence (Marans & Cohen, 1993).

The Harvard School of Public Health poll was released in June 1993 and according to their survey:

- Twenty percent of all parents reported having had or knew someone who had a child who was wounded or killed by another child with a gun.

- Nineteen percent of all parents reported knowing a child who was so worried that he or she got a gun for self-protection.

- Sixteen percent of all parents reported they knew a child who was found playing with a loaded gun.

- At least 60 percent of parents said the widespread availability of guns and the resulting violence had made their children more concerned

about their own safety both in school and going to and from school,

and that their children have learned to act tougher in an effort to

protect themselves (Children's Defense Fund, 1993).

Of additional note was the peak homicide rate among 15- to 34 years-olds

that came in 1980. After that, the homicide rate declined for the first half of the

1980s, but then the crack epidemic emerged, bringing with it a dramatic increase

in homicides (CES, 1997).

In Chicago, the rate of "serious assault" increased 400 percent from 1974

to 1991. This was due to advances in medical technology that have improved in

the last 20 years that many of those who were wounded in incidents of violence

would have died had they experienced the same injuries in the 1970s.

The availability of weapons may exacerbate the problematic response of

violence to violence. Forty-four percent of a sample of Detroit youth reported

there were guns in their homes, 30% said they could acquire a gun in an hour,

and 31% claimed that a gun could be acquired within a few days (Kuther, 1999).

In the first six months of 1990, Chicago police seized 8,289 weapons (Blau,

1990). Chicago crimes involving guns dropped from 23,000 in 1994 to 14,600 in

1997. Crime in all categories is on the decline for the eighth straight year in

Chicago. "Gun seizures dropped from 23,000 in 1994 to less than 10,000 last

year," stated Chicago Police Superintendent Terry Hillard. He further stated,

"the message is very clear: you take away the guns and you cut down on crime"

(CAPS, 2000). Chicago has a long way to go in addressing crime and providing

the resources that are needed within communities.

Most of the violence took place in poor, inner city neighborhoods and public housing developments. During the 1980s, Chicago's largest public housing development-Robert Taylor Homes (which comprised of .5 percent of the City's total population), 11 percent of the City's murders, nine percent of its rapes, and 10 percent of its aggravated assaults were committed-rates 20 times what they were for the rest of the City. More than half the murders and aggravated assaults in the city took place in a few high crime neighborhoods. James Garbarino referred to these neighborhoods as "war zones." These "war zones" were poor, socially isolated, and often dominated by gangs. The gangs instilled fear to control the daily lives of residents (Garbarino et al., 1992).

Chicago's public housing has been called "the worst in the country." Public housing was first designed in the 1930s as transitional housing for the working poor. Gangs, drugs, violence and ruined roach-infested buildings are daily facts of life for Chicago's public housing families, nearly all are poor, Black, and headed by single mothers. Having failed to maintain both the physical buildings and the social order over the past four decades, the Chicago Housing Authority (CHA) decided in 1999 to tear down 25,000 public housing units, relocate some residents with Section 8 vouchers, rehab some units, and replace others with low-rise scattered site housing (Northwestern University, 2000).

For many youngsters, their American childhood has literally become a "war zone" in which they are entrapped-forced to run for cover and to avoid

playgrounds, front yards, neighborhood streets, and even their own homes

(Sautter, 1995).

Children and Exposure to Community Violence

Dear Mr. Clinton,

I want you to stop the killing in the city. People is dead and I think that

somebody might kill me. Would you please stop the people from deading. I am

asking you nicely to stop it. I know you can do it. Do it now. I know you can.

Your friend,

James

Nine days after writing this letter, nine-year-old James Darby, who

participated in the New Orleans Violence Intervention Project for Children and

Families (VIP), was killed unintentionally in a drive-by revenge shooting. It was

Mother's Day, and James was walking home from an outing with his family (Zero

to Three, 1996).

In 1995, more than one million assaults, 97,000 rapes, and 21,000

murders were reported in the United States. Although public health statistics

reported the incidence of victimization, children and youth were more often

witnesses to violence (Kuther, 1999).

An estimated 100,000 children carry guns to school everyday. Children

find guns and they sometimes think real guns are play guns. They might find it

difficult to tell the difference. The United States has the highest rate of pediatric

firearm--related mortality of any industrialized country. An estimated one third of

American homes with children contain at least one firearm, and national surveys estimate that nearly half of all firearms in homes with children are not stored safely (unloaded and locked, either in a compartment such as a safe or lockbox or with a device—trigger lock). Annual firearm injury rates per 100,000 have been estimated at 2.0 for children up to age 4, 2.2 for children 5 to 9, 15.4 for children 10 to 14, and 106.5 for children 15 to 19 (Connor & Wesolowski, 2003).

It has been noted that child care staff have found real guns in their classrooms more than once. A study that examined parents' beliefs about how children would react to finding guns, with particular emphasis on how parents reasoned about children's actions was conducted. A telephone survey was conducted with 317 urban and 311 rural respondents who had children 5 to 15 years old in their homes. Eighty-seven percent of respondents predicted that their children would not handle guns they found, a minority (13%) predicted their was a chance their children would do so. The respondents' rationales fell into three major categories that accounted for over 90% of all responses.

1. My children would not touch guns because they are too smart for that (46% of all respondents).

2. My children would not touch guns because I have told them not to (35% of respondents).

3. My children would probably pick up or play with guns they found, because that is just what kids do (11%).

The majority of respondents who did not think their children would pick up

or play with guns they found offered reasoning that fell under the category of
"they are too smart for that." Results indicated that parental beliefs may
effectively relieve adults of responsibility and place the burden on children to
protect themselves.

A child growing up in urban Chicago is 15 times more likely to be
murdered than a child in Northern Ireland. One child is murdered every three
hours (Levin, 1994). Every year since 1950, the number of American children
gunned down has doubled (Sautter, 1995). Acts of violence were the cause of
death for over 2,000 children between the ages of 0 and 19 years each year, and
more than 1.5 million children and adolescents were abused by their adult
caretakers each year (Cicchetti & Lynch, 1993). Homicide was the third leading
cause of death for all children between the ages of 5 and 14 (Zero to Three,
1996). Conservative estimates of the number of children in the United States
exposed to a traumatic event in one year exceeded 4 million. These
experiences--physical or sexual abuse, living in the fallout zone of domestic or
community violence, surviving a serious car accident--all have an impact on a
child's development (Perry, Pollard, Blakely, Baker & Vigilante, 1995).

Children, especially, were affected. While a good deal of attention has
been focused on children and adolescents who were direct victims of violence,
less attention has been paid to children who witnessed violence. Observing
violence against another person has been referred to as covictimization.
Witnessing violence within the community has been recognized as a threat to the

optimal development of children and youth (Kuther, 1999). In 1986 when Tony Kaplan, Jean Harris Hendriks, Dora Black, Bob Blizzard began to work with children whose father had killed their mother, they looked for guidance in the scientific literature. At that time (1986) they only found three references (Malmquist, 1986; Pruett, 1979; Schetky, 1978). Since then they have been able to draw on a substantial and growing body of work on children and violence. In the 1960s the physical abuse of children became an important issue. The next decade led to comparable research on violence to women within the home, but only in the past ten years has there been a coherent debate on the witnessing of violence by children (Chiland & Young, 1994). They are an unrecognized group of victims in the public health epidemic. Groves et al. (1993) calls them "silent victims".

Young children were impacted by community violence in many ways. They are witness to it; by age five, most children have had first-hand encounters with shootings. By adolescence, most have witnessed stabbings and shootings, and one-third had witnessed a homicide (Bell, 1991). In a sample of 313 young adolescents from a southeastern state, 36% of the males and 29% of the females reported witnessing a stabbing; 44% of the males and 31% of the females had witnessed a shooting. Over two-fifths of a Detroit sample of 246 adolescents and young adults (ages 14 through 23) had seen someone shot or stabbed, and over one-fifth had seen someone killed. Nearly one-half of a sample of 221 African American low-income urban youth (ages 7 through 14)

from a southern city reported witnessing a murder, and nearly three-quarters reported having seen someone shot or shot at. Exposure to violence was common among inner-city youth but far less was known about young person's reactions to the experiences (Kuther, 1999).

Many children know, and in many instances depend upon, the perpetrators of community violence: gang members were also their brothers, their cousins and uncles, their fathers, or their mothers' boyfriends. "Them" is "us" for many inner-city children. These children were in and of the community; the "problem" of community violence is part of their lives (Garbarino, 1992).

In an article entitled, *The Effects of Exposure to Violence on Young Children*, Joy D. Osofsky (1995) presented an overview of available scientific research and clinical understanding of the effects of exposure to violence on school-age and younger children. In addition, Osofsky suggested new research directions and public policy initiatives based on available data. Because more attention has been paid in past articles to adolescent exposure to violence the article focused on elementary school-age and younger children. The literature on family violence and child abuse and neglect is not reviewed in depth but is included for illustrative purposes. Suggestions for future research and public policy initiatives were offered. Osofsky stated that although there were very serious implications of the effects of exposure to violence on children and families, psychologists are just beginning to understand the magnitude of the problem. She noted that psychologists must broaden their understanding of

violence exposure from a primary focus on victims and perpetrators to recognize the important "ripple effects" in terms of the psychological impact on children of witnessing violence. Law enforcement officers, families, and others frequently overlooked children when an incident of community or family violence occurred. Clinically, the negative effects of witnessing violence range from temporary upset in the child to clear symptoms of post-traumatic stress disorder (PTSD). Osofsky noted the long-term effects of single, chronic, and other types of violence exposure on children's development required further study.

Recent research has focused on elementary school-age and younger children living in urban areas who were exposed to chronic community violence (CCV). Exposure to CCV was defined in this article as frequent and continual exposure to the use of guns, knives, and drugs, and random violence. Osofsky (1995) stated that while the studies were informative, an understanding of the effects of community violence and the influence on individual, family, and social ecological factors on later behavior and adjustment depended on future studies using broader epidemiological sampling and longitudinal methods.

In a recent study in New Orleans, African American third and fifth grade children living in an area of the city with much violence (according to police statistics) were asked to draw pictures of "what happens" in their neighborhoods. The children drew in graphic detail, pictures of shootings, drug deals, stabbings, fighting, and funerals and reported being scared of the violence and of something happening to them.

Osofsky (1995) cited an extensive study conducted by Richters and

Martinez on the exposure to violence. Richters and Martinez interviewed 165

mothers of children aged 6-10 living in a low-income neighborhood in

Washington, D.C. with a moderate level of violence, according to police

statistics. Concurrently, Osofsky gathered similar interview data on 53 African

American mothers of children aged 9-12 in a low-income neighborhood in New

Orleans with a high level of violence, according to police statistics. The data

showed clearly that children were victims of and witnesses to significant amounts

of violence. Fifty-one percent of the New Orleans fifth graders and 32% of the

Washington, D.C. children had been victims of violence. Ninety-one percent of

the children in New Orleans and 72% of those in Washington, D.C. had

witnessed some type of violence. The differences in the lower percentages in

Washington were because of the differences in the levels of violence in the

neighborhoods that were sampled.

Richters and Martinez included children from a broad age range and were

able to investigate differential exposure based on the age of the children.

Interviews revealed the older children reported an even higher level of exposure

than their parents. They explained this discrepancy in reporting as a result of the

mothers being somewhat defensive and underestimating violence exposure and

from their lack of information about some episodes of exposure. Children's

reports of distress symptoms in both of these studies also indicated a significant

relationship to their witnessing of violence. Forty percent of the mothers in the

New Orleans sample and 20% in the Washington, D.C. sample stated their children were worried about being safe. Similar percentages of the children reported feeling "jumpy" and "scared."

Richters, Martinez and Osofsky found significant relationships between children's reported exposure to community violence and interfamily conflict as measured by the Conflict Tactics Scale. The data emphasized the importance of including measures of family violence in studies of exposure to community violence to determine differential exposure and to study the combined impact on children being raised in violent homes and in violent neighborhoods.

Osofsky (1995) stated the mothers' reports had a matter-of-fact quality due to their living with so much violence. From the parents' interviews, it was determined that from very early in their lives, these children and their parents have learned to deal with loss and to cope with grieving for family members or friends who have been killed.

Osofsky (1995) covered the developmental and clinical considerations related to the effects of violence on children. She noted that many people assume that very young children are not affected at all because they believe they are too young to know or remember what happened. Osofsky stated in the earliest phases of infant and toddler development, clear associations have been found between exposure to violence and post-traumatic symptoms and disorders. Both school-age children and preschoolers exposed to violence are less likely to explore their physical environment and play freely showing less

motivation to master their environment. Sleep disturbances, nightmares, and manifestations of increased anxiety were common at all ages.

Because of the rapid and complex changes during the first three years of life, developmental factors influenced the young child's perception and experience of the trauma associated with violence. Infants showed increased irritability and sleep disturbances as well as fears of being alone. Exposure to trauma interfered with their normal development of trust and with the later emergence of autonomy through exploration. Regression in developmental achievements, such as toileting and language was common. Osofsky cited a study conducted by Scheeringa, Zeanah, Drell, and Larrieu where clear evidence emerged of PTSD symptoms in children under the age of four years. Osofsky stated that it was important to recognize that any evaluation of the effects of violence exposure on children must consider that children's parents or caregivers might be numbed, frightened, and depressed. When they could not depend on the trust and security that comes from caregivers who were emotionally unavailable, children at any age might withdraw and show disorganized behaviors.

Osofsky's (1995) article also discussed the clinical considerations of the effects of exposure to violence on children.

1. Development of aggressive behaviors and negative emotions following violence exposure. Intense negative emotions interfere with the usual course of development of emotional regulation. Negative affective

experiences may influence the preschool task of differentiating

affective states and the capacity for school-age children to elaborate

on their affective expressions. In addition, self-attributions of shame,

ineffectiveness, or blame can lead to negative self-images that may

challenge adaptive functioning. Such interferences with the course of

emotional regulation may lead to disruptions in the development of

empathy and other pro-social behaviors. Although research data

outcomes of children's adaptation following exposure to violence are

not available, Osofsky proposed that reactions were likely to be similar

to those following early abuse and neglect. It was noted that early

abusive and neglectful experiences might not lead directly to increased

aggression and violence. The outcomes depended on a variety of

factors, including the age at which the trauma occurred, the

characteristics of the child, and the supports in the environment. In

addition, the parents' or caregivers' ability to deal with their own trauma

or grief was extremely important for the outcomes of children. Osofsky

stated that in her work with children under the age of five who have

been exposed to violence, concerns have been raised about the

children's negotiation of developmental transitions later in life (how will

young children exposed to severe early trauma cope when they deal

with later experiences of death and mortality). She also noted recent

research with preschool and school-age children who have been

maltreated and the concerns about cumulative risk and the sensitizing of children exposed to violence. An important but little understood area concerns the issue of invulnerability or resilience, meaning which children will experience fewer negative effects in response to exposure to community violence. Drawing from research and clinical work with children exposed to violence, three main factors seemed to be important: (a) having a supportive person in the environment (b) having a protected place in the neighborhood that provides a safe haven from violence exposure, and (c) having individual resources-either through an adaptable temperament or intelligence-to find alternative ways of coping with violence.

2. Post-traumatic stress disorder as a clinical response to violence exposure. Post-traumatic stress disorder is now recognized as a condition that occurs in children as well as in adults. Since 1987, the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1987) has included PTSD in children. Much of the research and clinical work concerning PTSD comes from samples of children who were exposed to extreme violence such as sniper attacks or terrorism. Other studies reported clear evidence of PTSD for children exposed to the chronic stress of living in actual war zones and in "urban war zones". Freeman, Mokros, and Poznanski (1993), in a study of 6- to 12-year-old lower socioeconomic urban

school of White, Hispanic, and African American backgrounds, found a significant positive relationship between reported experiences with violence and scores on the Children's Depression Rating Scale—Revised. For children exposed to violence, the degree of disturbance depended on the type of violence exposure, the developmental phase of the child, the family and community context, and the availability of other family members and community supports.

3. Problems in early relationships with children exposed to violence. Through the normal developmental process in the first year of life, positive interactions with sensitive and responsive caregivers in most cases led to a reciprocal relationship reflecting secure patterns of attachment. In the second half of the first year of life, the infant shared a sense of security with his or her caregiver through the ability to explore the environment and to use the caregiver as a "secure base". The infant internalized a belief in the caregiver as available, reliable, and responsive, which contributed to the ability to form later positive relationships as the child grows and develops.

Although no studies existed that directly linked violence exposure with attachment. Studies have been conducted that compare maltreated infants with nonmaltreated infants. Maltreated infants often formed insecure attachments, characterized by either avoidance of the caregiver, resistance to the caregiver (fussing and crying with caregiver), or a pattern of disorganization and

disorientation (characterized by a combination of avoidance, resistance, apprehension, aggression, apathy, freezing, and stilling). In a study of the relationship between child maltreatment and attachment over 80% of the maltreated infants showed disorganized attachment patterns. Because early relationships formed the basis for all later relationship experiences, difficult early experiences may be problematic for the child's later development.

Osofsky (1995) also discussed the impact of violence on parents and their capacity to parent. Poverty, job and family instability, and violence in the environment added to the difficulty of parenting. Although systematic research has not yet been done on the effects of CCV on parenting and the caregiving environment, anecdotal reports that parents who were living with violence frequently described a sense of helplessness and frustration with their inability to protect their children. The constant violence in the community may lead parents to communicate helplessness and hopelessness to their children. Osofsky conducted a survey to identify issues of trust and safety among a group of African American parents and children living in an inner-city environment with a high rate of violence (according to police homicide statistics). Thirty-five percent of the parents reported that they did not feel their children were safe walking to school and 54% did not feel their children were safe playing in their neighborhood. Only 17% of these parents felt that the children were very safe doing these activities. However, the majority (62%) felt that the children were very safe at home and 30% felt they were very safe at school. These data was

consistent with the responses of 250 African American elementary school children, ages 8-12, from the same neighborhoods who reported that they felt much safer at home and school than when walking to school or playing in their neighborhood. Ninety percent of their parents felt that violence was a serious problem or crisis in their neighborhood. Osofsky noted that before clinical work was done with traumatized young children and their families, one of the first issues that must be dealt with was whether the child and the family could feel safe. There was a dual problem in dealing with chronic community violence: (a) the continuing physical reality of the violent environment and (b) the continuing post-traumatic reality for the young child and caregivers. Under such circumstances parents had difficulty with the child not behaving and may be controlling, or even act in an authoritarian manner. Although encouragement of autonomy comes with trust in the safety of independence (Erikson, 1963).

Osofsky (1995) proposed the following research agenda on the effects of violence exposure on young children:

- Epidemiologic studies were needed to determine the differential affects of witnessing and being victimized by violence.

- Research was needed on processes that led to violent behavior.

Osofsky (1995) outlined the major areas in which public policy initiatives were needed:

- A national campaign to change attitudes toward violence and tolerance of violent behavior.

- A family-centered and community-centered approach that builds on strengths within communities was needed.

- Education was needed for parents, educators, law enforcement workers, and others.

- Access to guns must be limited, and parents must be responsible for their firearms.

An area of concern for children who were exposed to chronic violence was loss and grief reactions. Young children living in high-crime and high-violence areas must deal with death more frequently and at younger ages than other children (Osofsky et al.,1993).

During infancy and toddlerhood children should develop a sense of trust that the world was a safe place. By the end of the first year, infants have a reasonable memory of important, major events that have particular meaning for them. When the environment was not safe, children felt helpless and ineffective. Repeated exposure to violence effects children even before they have language. Overall, repeated exposure to violence was a threat to children's healthy physical, intellectual, and emotional development (Carnegie Corporation of New York, 1994).

In *Violence and Young Children's Development* (Wallach, 1994), it was stated that children needed to feel they had some control over their existence but children who lived with violence learned they had little control over what happened to them. Beginning with the restrictions on autonomy when they were

toddlers, their sense of helplessness continued until they were school-aged. Not only did they encounter the constraints that all children experienced, an environment in which gangs restricted their freedom and drug dealers controlled the streets were also factors.

In *Caring for Infants and Toddlers in Violent Environments: Hurt, Healing, and Hope* (Zero to Three, 1994), it was noted that to understand how exposure to violence might affect the development of a very young child, we needed to know about:

- The age of the child;

- The neighborhood in which the child lived;

- The amount of consistency in the child's life;

- The kind and amount of support available from caregivers;

- The child's experience of previous abuse;

- How close the child was to a violent event; and

- The child's familiarity with the victim or the perpetrator of the violence.

Osofsky and her associates (1993) found a significant relationship between exposure to chronic community violence and stress reactions in a sample of elementary school children living in a high-violence community. Mothers noted changes in their children's behavior, reporting that the children became sad, angry, aggressive, and uncaring after exposure to continuous violence. According to these researchers, the following outcomes could be expected in children living in chronic community violence:

- Difficulty concentrating, because of lack of sleep and intrusive imagery.

- Memory impairment, because of avoidance or intrusive thoughts.

- Anxious attachment with their mothers, being fearful of leaving them or of sleeping alone.

- Aggressive play including imitating behaviors they have seen, as well as showing a desperate effort to protect themselves.

- Tough actions to hide their fears.

- Uncaring behavior resulting from experiencing hurt and loss.

- Severe constriction in activities, exploration, and thinking, for fear of reexperiencing the traumatic event (Garbarino, 1992).

In the book, *Children Who See Too Much: Lessons From the Child Witness to Violence Project*, author Betsy McAlister Groves presented cases and outcomes from the Child Witness to Violence Project which she founded. The Project is a counseling and outreach program of the department of pediatrics at Boston Medical Center. The book addressed what happened when young children witnessed violence in their communities and homes. She offered the following strategies:

- Individuals must recognize the importance of a nurturing, respectful, and caring relationship with an adult to help a child recover from adversity.

- Children must be given permission to talk about difficult situations,

their fears and to tell stories about what they have seen.

- Individual and collective efforts were needed to provide safe

  environments for children who have witnessed violence. Assisting a

  child in knowing who to talk to when they were frightened, or assisting

  family members in establishing daily routines for their child. These

  efforts could help a child feel more safe and secure.

Society needs to consider carefully what it means to be raising a

generation of young children who must out of necessity, become numb to the

violence around them. Children who think that their lives are so vulnerable may

fail to take care of themselves. They may seek relief from the feelings of fear

and anxiety through alcohol and other drug abuse; and/or they may become the

perpetrators of violence (Groves et al., 1993).

Factors Influencing Young Children's Responses to Traumatic Events

Most studies on the effects of traumatic exposure to violence on children

have focused on elementary-school-aged children and adolescents. Preliminary

evidence, however, suggested that preschoolers might be especially vulnerable

to the effects of traumatic exposure to violence. Witnessing relatives and friends

being hurt in fights or shootouts was especially stressful for young children who

were already struggling with developmentally appropriate concerns about safety,

competence, and bodily integrity. The young child's attempts to master the

age-appropriate fears of monsters under the bed were severely undermined

when the child needed to sleep under the bed to dodge real bullets or attempted

to screen out the violent fights of his or her caregivers. During the early years, children turned to their parents as the most immediate source of stability, control, and protection. When these same adults were the wounded victims, out-of-control combatants, or emotionally distraught casualties of violence, the world of the young child was no longer safe or stable. Young children who have witnessed violence have additional difficulties of not being able to communicate their fears and reactions in words. Because some adults might experience problems understanding the language of young children, they might deny the serious impact that witnessing violence will has on development, sometimes assuming or wishing that young children would not understand and would forget what they have seen (Groves et al., 1993).

It was important to understand factors that might lead to a more severe response to the traumatic event and those that might result in a less severe response for a child. The first factor was <u>intensity</u>. Witnessing someone pushing another person was likely to result in a less severe traumatic response than witnessing a shooting. A second factor was the child's <u>proximity</u> to the event. A child who was a first-hand witness to a violent event was likely to be much more strongly affected than a child who was shielded from full sight of the violence or only heard about the event. <u>Familiarity</u> with the victim, perpetrator, or both, strongly increased the intensity of a child's response to witnessing violence. The involvement of a parent or someone very close to the child-as either the victim or perpetrator in a violent event-resulted in a much stronger impact on the

child witness. The developmental status of the child would affect his or her response and capacity to cope with the impact of violence. There was not much good evidence related to the effects of chronicity of exposure to violence, it was likely that experiencing violence repeatedly over the years might be devastating to the social and emotional development of a young children, who learned, from what they witnessed, that violence was an usual and acceptable way to respond to other people (Zero to Three, 1996).

Awareness of the dimensions of violence among youth and young adults was important to our understanding of the impact of violence on very young children and their families. For some children, exposure to violence was chronic and close to home. Both the victims and perpetrators of violence might be the parents of very young children; in addition, death or incarceration impacted the care of young children (NCCIP, 1991). Children who were exposed to violence were often kept in an anxious state by the burden of seeing parents who were themselves overwhelmed by violent events (Groves et al., 1993). Many children who have been traumatized once become vulnerable, with each repetition, or even reminder, of the earlier experience, reactivating symptoms (Zero to Three, 1996). The younger the child the greater the threat of exposure to violence to healthy development. Trauma is an experience. The human brain mediates all emotional, cognitive, behavioral, social, and physiological functioning. It is the human brain that processes and internalizes traumatic (and therapeutic experiences) (Perry et al., 1995). While the statistics regarding the incidence of

assaultive violence were disturbing in and of themselves, it was important to note the potential number of children as psychological victims might outnumber the medical casualties that reached the emergency rooms or the headlines of the newspapers (Chiland & Young, 1994).

For children, direct exposure to violence provokes feelings of helplessness and fear that run counter to the developing child's wish and capacity for increasing mastery of his world (Chiland & Young, 1994). Depending on the severity, frequency, nature, and pattern of traumatic events, at least half of all children exposed might be expected to develop significant neuropsychiatric symptomatology. Children exposed to sudden, unexpected man-made violence appeared to be more vulnerable-making the millions of children growing up with domestic violence or community violence at great risk for profound emotional, behavioral, physiological, cognitive, and social problems (Perry et al., 1995). Research indicated that intentional man-made disasters were particularly harmful: "the disorder is apparently more severe and longer-lasting when the stressor is of human design" (Garbarino et al., 1992).

Experts described the impact of violence on many children as Post-Traumatic Stress Disorder (PTSD) that included disrupted patterns of eating, sleeping, attention and relating, fearfulness, flashbacks, disordered attachment behaviors with significant caretakers, sudden startling, hypervigilance, and a nihilistic, fatalistic orientation to the future, which led to increased risk-taking behaviors (Groves et al., 1993). Acute PTSD occurred

when the onset of symptoms occurred within six months of the catastrophe and the duration of symptoms lasted less than six months. Delayed PTSD applied to cases in which six or more months elapsed before a sudden onset of symptoms. Chronic PTSD referred to cases in which the symptoms endured for more than six months.

A severe correlate of covicticmization is post-traumatic stress symptomatology (Kuther, 1999). Pynoos, Nader, Frederick, and Gonda (1987), using the Post-Traumatic Stress Disorder (PTSD) Index, studied both the acute and chronic reactions of 159 elementary school children sampled after a sniper attack on their school playground. They found significant relationships between proximity to the violence (violence exposure) and type and number of PTSD symptoms. Differences were found between children exposed to this particular sniper event and those who were exposed to chronic violence in their neighborhoods but not this specific event, suggesting that acute traumatic events might increase the incidence of PTSD symptoms even when children lived in high-violence area. Pynoos and Nader (1989) in another study reported that children who witnessed injury to others and heard their cries for help might be especially vulnerable to reexperience the violent event. This reexperiencing occurred commonly as traumatic dreams, which included fears of recurrence or other forms of violence or life threat. Others have reported that fears of traumatic dreams might lead to sleep disturbances or fear of sleeping alone. Furthermore, in play, children might repeat the traumatic themes, particularly

those of fear and/or aggression.

In the book, *Under Deadman's Skin--Discovering the Meaning of Children's Violent Play*, author Jane Katch (2001) shared play experiences of 5- and 6-year-old children in her mixed kindergarten and first-grade class. Jane Katch counseled emotionally disturbed children with Bruno Bettelheim at the Orthogenic School at the University of Chicago and taught kindergarten with Vivian Paley at the University of Chicago Lab School. The book examined the role of violent fantasy play for children. Katch does not discourage children from acting out stories or playing games that she found disturbing. She attributed her understanding about children's play to her work with Bruno Bettelheim who "demanded" that individuals learned to understand children by first examining our own feelings.

She along with the children established three classroom rules for violence in play. The rules were no excessive blood, no cutting off of body parts, and no guts spilled. There was also a rule about "mushy stuff": the people in the children's stories could not take off their clothes. Children could play games involving violent language at alternate recesses, so that children who did not like violence had a chance to play with their friends who did like it. If anyone objected to the violence, the players must find a new location. There was no hitting or pushing. When the children pretended to fight, they could never touch one another.

Katch (2001) expressed the need for empathy. Creating a place in school

for understanding children's fantasies, instead of shutting them out. She stated in order to make real change as a teacher one had to understand children's play and what that involved was a willingness to listen. Katch also noted that children had too much information and as a teacher she felt she did not have enough. The classroom presented an opportunity for she and the children to learn from each other.

Katch (2001) also referred to an article written by Bruno Bettelheim on child's play and parental disapproval (pretend shooting play). The article appeared in the *Atlantic Monthly* magazine in March 1987. The excerpt she referenced appeared on page 35 of the magazine: "Some parents even fear that such play make a future killer of the child who thoroughly enjoys it, but the pitfalls of such thinking are many and serious."

First, as playing with blocks does not indicate that a child will grow up to be an architect...so playing with toy guns tells nothing about what a child will do and be later in life. Second, one may reasonably expect that if through gun play a child feels that he can protect himself, and if he discharges many of his aggressive tendencies, then fewer of these will accumulate and require dangerous ways of discharge later in life...Third, and by far the most important attitude, is parental fear that the child may become a violent person. This thought is far more damaging to the child's emotional well-being and his sense of self-worth than any play with guns can possibly be. If they seem to hold such a low opinion of him, it is apt to make him very angry with them and the world, and

this increases his propensity to act out his anger...once he has outgrown

parental control.

Katch (2001) noted that we flooded our children with violent images and

then we did not want them to express their reactions through play, as children

would do when they needed to deal with experiences that were important to

them. Since children were exposed to violence their playing was the equivalent

of adults talking about it. Children processed things through their play. By

observing children's play individuals could come to understand what children

were feeling or were concerned about. She concluded by raising another issue

about the connection between violence and exclusion. When she revisited her

audiotapes she found "exclusion" kept coming up. She noted violence and

exclusion were intertwined. Excluding someone from the group seemed to justify

violence, both by the excluded child and by those who excluded him. She

referenced the killers at Columbine and that the excluded child could feel

justified in using violence to hurt those who excluded him.

Another symptom that has been observed in children exposed to violence

is avoidance of traumatic reminders of the event and/or memory impairment,

which could lead to phobic behavior or constriction in cognition and daily

activities. In situations where children lived with daily incidents of violence, it

could be expected that such reactions might severely constrict their lives both at

school and in their other activities. Even television may be avoided for fear of

television violence as a traumatic reminder of the event (Osofsky et al., 1993).

School-age children were assessed for exposure to traumatic events (family violence, violent crime, death or illness of someone close to the child, accidents) and posttraumatic stress symptoms. Among the children reporting a traumatic event, 24.6% met the diagnostic criteria for PTSD. The leading precipitating event for PTSD symptoms was death or illness of someone close to the child. Family violence, violent crime, and accidents also resulted in PTSD. In addition to witnessing community violence, violence within the family was also a source of trauma. Children who witnessed marital violence in the home also showed elevated symptoms. Few studies have compared the impact of domestic violence to other stressors. Various events might strengthen the likelihood that PTSD would result, including whether the trauma was based on a single or multiple incidents; whether the event involved interpersonal violence or loss, or an accident; and whether the person was a target or witness of the event. Traumatic event analysis showed children who were solely witnesses developed PTSD symptoms profiles 21% of the time and those who were targets met the criteria 38% of the time. If the child was both a witness and a target, they met the PTSD symptom criteria 100% of the time. Being both a witness and a target of the same event seemed to carry the most serious and elevated risk for developing PTSD (McCloskey et al., 2000).

Clinicians have come to recognize that PTSD was not confined to the person who was the victim of or participated in violence. Family and friends who had to learn to live with maiming or loss of a loved one, or who witnessed

violence, also developed PTSD. The organization Mothers Against Drunk

Driving (MADD) called these individuals "survivor-victims" (DiCanio, 1993).

Repeated direct exposure to violence might lead to persisting patterns of

adaptive but problematic behaviors and modes of functioning. The child might

withdraw, appear depressed; display difficulties with school achievement and

social relationships; or assume the active role, becoming the agent of aggressive

violence rather than remaining its passive victim (Chiland & Young, 1994).

Garbarino, Kostelny, and Dubrow have noted that increased aggressiveness and

revenge seeking were possible correlates of covictimization (Kuther, 1999). In

addition, the National Association for the Education of Young Children (NAEYC)

noted that American children showed symptoms similar to those first associated

with some Vietnam veterans and children living in war-torn countries; sleep

disturbances, inability to concentrate, flashbacks, images of terror, and

nightmares (NAEYC, 1993). In other studies, those who witnessed violence

reported being depressed, angry or anxious.

At Boston City Hospital it was reported that one out of every ten children

seen in the primary care clinic had witnessed a shooting or stabbing before the

age of six: half in the home, half on the streets. The average age of the children

were 2.7 years (Elliott et al., 1998). Individuals who experienced an initial trauma

before the age of 11 were three times more likely to develop psychiatric

symptoms than those who experienced their first trauma as teens. A survey of

elementary-school-aged children in New Orleans, Louisiana revealed that over

90% of the sample had witnessed violence; 70% had seen weapons used, 40% had seen a dead body (Groves et al., 1993).

Chronic exposure to violence could have serious developmental consequences for children including psychological disorders, grief and loss reactions, impaired intellectual development and school problems, truncated moral development, pathological adaptation to violence, and identification with the aggressor (NAEYC, 1993). It has been noted that children who shoot and stab others might have been beaten and neglected and moved from the role of frightened victim to the role of frightening assailant. Perpetration of violence represented another adaptation to chronic exposure to violence. Actively engaging violent behavior might be one of the significant long-term adaptive responses to chronic passive experiences of witnessing or being victimized by violence (Elliott et al., 1998).

In response to exposure to violence, children and adults alike might develop specific symptoms, such as disruptions in patterns of sleeping, eating, toileting, sustaining attention, and relating to others, and may experience generalized fearfulness and flashbacks of the violent event (Elliott et al., 1998). School-age children could use language to express at least some of their concerns to people they trust. With education and support, adults could recognize children's aggressive or withdrawn behavior, or their dulled emotions, as symptoms of post-traumatic stress disorder. Unfortunately, when babies, toddlers, and preschool children experienced or witnessed violence, adults were

much less prepared to identify and meet these children's need for psychological help. Many people think that infants and young children who witnessed violence are "too young to know what happened." They "do not take it in." They "would not remember." Infants and young children could be overwhelmed by their exposure to violence, especially-as was likely to be the case with very young children-when both victims and perpetrators were well-known and emotionally important to the child and the violence occurred in or near the child's own home (Zero to Three, 1996).

Violent children usually come from violent families where children observed parents resolve conflict by violent means and learned to solve their personal conflicts and stress in similar manners. In these families, violence was modeled as a problem-solving strategy. Violence was often a learned response to conflict and frustration. Violent children do not learn to handle stress in a prosocial manner. The lack of appropriate parenting was also a significant variable in the development of violent behavior. Lack of as well as excessive parental monitoring and discipline, poor supervision, inconsistent rule application, and aversive interactions were more likely to be present in parental-child interactions among children exhibiting violent behavior than among those who did not (Page et al., 1992).

Exposure to Media Violence

NAEYC believed the trend toward increased depiction of violence in the media jeopardized the healthy development of significant numbers of our nation's children. NAEYC condemns violent television programming, movies, videotapes, computer games, and other forms of media directed to children (NAEYC, 1990). According to NAEYC, research consistently identified three problems associated with heavy viewing of television violence: children might become less sensitive to the pain and suffering of others; they might become more fearful of the world around them; and they might be more likely to behave in aggressive or harmful ways towards others (NAEYC, 1990). Between age three and six, they have seen an average of four hours of television a day, more on weekends. By age 18, they would have watched television for the equivalent of seven years, more time than they would spend in school (Levin, 1994). Children living in poverty and urban areas watch an average of 50 percent more. These figures did not take into account the large amounts of time many children spent viewing videotapes (which were now in more than two-thirds of U.S. households) or playing home video games (there were now more than 35 million Nintendo systems in over one-third of U.S. homes). Both these media had a large amount of violent content, which was often tied into the violent television cartoon shows (Levin). Commercial television for children was 50 to 60 times more violent than prime-time programs for adults, and some cartoons averaged more than 80 violent acts per hour (The David and Lucile Packard Foundation,

1999).

Heavy television viewing during preschool years was strongly related to aggression. Further review of the literature regarding the effects of media violence on children stated several studies have found that children whose parents used physical punishment were more likely to be aggressive themselves or to become more aggressive after exposure to television violence (Page et al., 1992).

By age 18 the average child would have seen 26,000 killings on television (NAEYC, 1993). Exposure to violence in the mass media was noted in the research as a risk factor for youths. On prime-time television, an average of 4.5 to 6.1 acts of violence occurred per hour. One Northwestern University study found that three-fifths of local Chicago news time was devoted to coverage of violence (Sautter, 1995). The Center for Media and Public Affairs determined that during an 18-hour broadcasting day in Washington, D.C., violent acts were portrayed 100 times per hour. The most violent periods of daily TV programming were in the morning from 6 to 9 A.M., with an average hourly rate of 166 violent scenes, and during the 2 to 5 P.M. scheduled programming, with 203 acts per hour. Premium cable channels, like HBO and Showtime, were the most violent, with 85 percent of their programming including some violent acts (CES, 1997).

The number of violent acts depicted on television has tripled since deregulation of the industry (NAEYC, 1993). Within one year of deregulation, nine of the ten best selling toys had television shows. The most successful

shows were violent-one of the most popular, "Transformers," had 83 violent acts

per hour. In a more recent investigation of the depiction of guns on prime-time

television, the authors noted that television inappropriately portrayed the

consequences of gun use and injury including the unrealistic portrayal of guns as

the best means of self-protection, the lack of pain and suffering of the victim and

his or her family and friends, the failure to show the legal consequences of gun

use, and improper storage of guns (Price & Everett, 1997).

NAEYC noted that industry standards should also limit advertising during

children's programming in recognition of children's inability to distinguish the

advertising from programming content and to prevent acts of aggression or

violence being separated from consequences by intervening commercials.

Studies showed that children up to eight years of age were less likely to "learn

the lesson" of a program when ads intervened between an anti-social act and its

consequences (NAEYC, 1990).

In a national survey 91% of the responding teachers reported increased

violence among children in their classrooms as a result of cross-media marketing

of violent cartoons, toys, videos, and other licensed products (NAEYC, 1993). It

has been noted that a popular line of male dolls now included drug dealers.

Adults give children conflicting messages about violence. We tell them not to hit

or fight and yet adults dress children in fatigues and call it "fashion." Adults

purchased toy guns, knives, swords and hand grenades and then called what

children do with them "play." Children were taken to movies like "Rambo" which

was called "entertainment". By the time children were three, four or five years of age, not only had they seen violence, they had begun to imitate it (Parry, Walker & Heim, 1990).

The drawings and play of young children who were exposed to violence revealed this exposure had a deep effect on how children perceived their world. Children feared their own destruction and vulnerability (Groves et al., 1993). Of great concern to early childhood educators was the negative effect of viewing violent programs on children's play. Not only did many children have less time to play than children used to, but also when they did have time, their play was highly influenced by the media (Levin, 1994). The more time children spent watching television and using video games and less time playing creatively and nonviolently with toys and other children, they had fewer chances to try out and develop a range of positive ways to interact with others and be constructive members of a social community (Levin). Teachers all over the country have reported problems related to media-influenced play that suddenly ends when someone gets hurt or begins to cry. This is a serious change in children's play. Teachers reported they spent more time entering into children's play situations to discipline rather than facilitate. They spent time setting limits and redirecting children away from their play, helping hurt and crying children, and mediating disputes among children (Levin). The importance of children's imaginative play to their cognitive and language development has been well documented.

Research demonstrated that watching violent programs was related to

imaginative play and more imitative play in which, the child reenacted the aggressive acts observed on television. Children who repeatedly observed violent or aggressive problem-solving behavior in the media tended to rehearse what they saw in their play and imitated those behaviors in real-life encounters (NAEYC, 1990). In one study of how The Teenage Mutant Ninja Turtles affected children in early childhood classrooms, 91 percent of teachers who were surveyed reported violence and aggression associated with the Turtles. They saw children being more aggressive in their play. And they stated that both in and out of play children more often resorted to violence when conflicts arose. Children who have experienced violence in their own lives would be the ones who most needed play to work out their issues. While it was not easy it was especially critical that teachers supported and facilitated the kind of play that could help children meet their social, emotional, and intellectual challenges resulting from their experiences with violence (Levin, 1994).

Contrary to popular belief, television viewing is not a passive activity; children are mentally active during television viewing. Research has demonstrated that television viewing was a highly complex, cognitive activity, during which children were actively involved in learning. NAEYC supports efforts to use media constructively to expand children's knowledge and promote the development of positive social values (NAEYC, 1990). The American Medical Association (AMA) has advised doctors to warn parents about violent movies and television shows. Researchers have recommended that preschoolers should

be limited to watching only one hour of television daily, and school-age children should be limited to two hours daily.

Until the last 15 years, there has been little research on the effect of external trauma or environmental trauma on children. In addition, the effect of chronic versus acute trauma has received little attention. More research has been conducted on the effect of television violence on children than on the effect of real violence on children (Garbarino et al., 1992).

Caregivers and Exposure to Community Violence

The review of the literature primarily addressed what caregivers could do to prevent, minimize and support children and families who were exposed to community violence. For purposes of this research, "caregiver" was defined as the director or teacher (Head/Lead Teacher and Assistant Teacher) of a center-based early childhood program. Directors are defined as center staff whose primary responsibilities are administrative and who supervise classroom teaching staff and other center employees. Head/Lead Teachers are defined as those who have primary responsibility for a classroom or group of children, and who are often responsible for supervising other staff. Assistant Teachers are defined as those who work under a teacher's supervision (The Center for the Child Care Workforce, 2000).

Caregivers are second to families in terms of their potential impact upon children's development. Caregivers were aware of the forces that compete for children's attention. As caring adults, they were deeply affected by the

experiences children recounted. Unfortunately, when babies, toddlers, and preschool children experienced or witnessed violence, adults were much less prepared to identify and meet the children's need for psychological help (Zero to Three, 1996). These children and their families were among the most vulnerable members of society, and they required a level of professional expertise that was neither routinely considered in the staffing of early childhood programs nor necessarily available in many high-risk neighborhoods (Shonkoff & Phillips, 2000).

Teachers wonder how to respond to children. They were uncertain about allowing children to talk about violent incidents in the classroom. They were concerned about children's play. They described a feeling of helplessness about the amount of violence that children lived with. They felt inadequate to support children; they resented they could not teach because the children were too distracted to learn and they received inadequate support from administrative staff. As professionals who spent the most time with children they often felt the least prepared to work with children who lived with chronic violence (Groves, 2002).

In the book, Children in Danger—Coping with the Consequences of Community Violence (Garbarino et al., 1992), the authors noted that what children could tell us about injury, danger and childhood trauma depended on what adults were prepared to hear. They emphasized the word prepared and noted the term was used in two ways. First, adults must be willing to listen to

children express themselves as they sought to construct a narrative account of their lives. At the same time, adults must be willing to hear children struggle with the confusion that comes when they must make sense of what fundamentally does not make sense (Garbarino et al., 1992). The special skills required for working with children around the issues of conflict and violence, which go beyond those of trained group therapist of 25 years ago, were now needed by many early childhood teachers as part of everyday classroom life. Many teachers reported they were now spending more time dealing with classroom conflicts, which seemed more often to lead to physical aggression and hurt children (Levin, 1994).

When children died violently the entire community was affected. The lack of safety in the community surrounding the school had a powerful personal impact on caregivers as well (Zero to Three, 1992). Little attention was paid to the specific impact of violence on adults who work daily with young victims of violence, yet were not parents and might not be neighborhood residents. Teachers, child care providers, health care and social services workers, and the police knew children who were victims or witnessed violence. These professionals might have to deal with the immediate physical aftermath of violence or might find themselves coping with its ongoing psychological effects-for example, the disruptive classroom behavior typical of traumatized children. Whatever their connection to young children and violence, community helpers were also likely to be hurting and in need of relief and support (Zero to

Three, 1996).

Many adults were so overwhelmed by constant exposure to violence in the media, on the streets, within their communities, in their homes and the world they become hopeless, desensitized, or disempowered to act (NAEYC, 1993). Adults confronted by community violence might adopt a range of denial and avoidance responses. They might be unable to listen and attend to children's needs following traumatic events, as a natural consequence of their own attempts to protect themselves from feelings of vulnerability, fear, and traumatic disorganization. The same factors might keep extended family, friends, and neighbors from listening to traumatic narratives and providing distressed individuals with appropriate support (Elliott et al., 1998). When individuals repressed or denied painful feelings that had emerged in their role as caregivers, "domains of silence" might, and often do, prevail (Garbarino et al., 1992).

In center-based classrooms, it was not unusual for one member of the teaching team to be a community resident and the other member was not. Under such circumstances, where the complexity of professional and personal relationships and community issues impacted almost every issue, "hearing" and "seeing" might become highly selective (Garbarino et al., 1992).

During Head Start training sessions, when death was discussed as the inevitable outcome of life—a fact of life—it was approached with less apparent conflict. When the subject of death became attached to "community violence" and "loss" there was a noticeable shift in the group's reactions, especially among

community-resident staff. To acknowledge the reality of community violence was to acknowledge something about the "kind of place I live" and "the place I raise my children." Such emotions were far less evident in the responses of staff that did not live in the community (Garbarino et al., 1992).

Educators needed to address the safety of their schools because violence and the threat of violence might affect students' and teachers' desire to attend school (Price & Everett, 1997). In addition, individuals' perceptions and personal experiences with violence might impact administrators' ability to attract and retain teachers.

People who worked with traumatized children were at serious risk of burnout; not only does their work involve high stress generally, it also brought them into frequent, emotionally raising contact with adults who harmed vulnerable children. Providing these helpers with relief, support, and opportunities to acknowledge, recognize, and examine feelings must become an integral part of mental health professionals' educational and consultative work. Addressing burnout and countertransference should become an integral part of training and supervision for those working with young children who witnessed and were victimized by violence. Teachers needed assistance in developing formal and informal support networks within their school to help them cope with the ongoing stresses of their environment so they did not become numb or desensitized which was a potential outcome of work in low-income communities (Garbarino et al., 1992).

"Safe Havens" and Violence Free Zones

In Fred Rogers letter in *The Safe Haven Training Project—Helping Teachers and Child Care Providers Support Children and Families who Witness Violence in their Communities*, he wrote: the more we all have learned about how children are affected by witnessing violence, the more we realize how important it is that children have "safe havens" in their lives. A "safe haven" is a place like the child-care center or school, or church or synagogue, or home where a child can know that there is an adult there who can truthfully say, "you are safe here" (Family Communications, Inc., 1998).

David Hamburg, President of the Carnegie Corporation of New York, noted that a "safe haven" was critical for human children. Human development, unlike that of other species, involved prolonged immaturity. Human children needed protected early years spent with caring adults. If children did not have such protection, if they did not feel safe and secure with trusted adults, they would develop their own strategies for achieving safety, security, and survival. But strategies developed prematurely and based on fear, rather than trust, were almost always rigid and limiting. If we wished to prepare young children to act in more caring and less violent ways, we must provide them with sanctuaries in which to explore caring and non-violent ways of behaving (NCCIP, 1994).

In *Caring for Children in Dangerous Times—A Protocol for Responding to Violence* (Department of Human Services and Children's Services Division, City of Chicago and the Rainbow House Institute for Choosing Non-Violence, 1995),

it was acknowledged there was violence within the classrooms. Sometimes adults used their size, age or tone of voice to intimidate or control children. Sometimes they withheld attention or affection as a form of punishment. Sometimes they ignored a child. One child was quoted as saying, "grown-ups always sound mad." In addition, the *Protocol* noted that creating a safe environment, a violence-free zone for children, affected the hiring and firing policies of a program. It was recommended that when developing interview questions early childhood development principles were important to consider. Questions related to violence were an important part of an interview. How a person viewed personal violence, one's understanding about the ways an adult could be violent or abusive towards children and others, with words, attitudes, and other actions was important information to solicit.

Some school systems, like Chicago's banned corporal punishment. A recent National Public Opinion Survey showed that 92% of the American public believed corporal punishment should not be allowed in the classroom. However, 30 states still allowed it. Some put limitations on physical punishment. For example, Texas forbids the use of "deadly force." Other states required another adult to be present. Head Start programs in every state do not allow corporal punishment. In 1977, the U.S. Supreme Court ruled that no provisions of the constitution protected children from being beaten in school. In 1989, the court further ruled that it was permissible for teachers to use corporal punishment in the classroom to spank or paddle children. As a result, corporal punishment

continued in the schools. Teachers and principals hit, spank, paddle or beat children two to three million times a year. Most of these children are elementary school-aged. U.S. Department of Education research showed that about 30,000 children each year were so severely injured by corporal punishment in schools that medical treatment was required (Parry et al., 1990).

Much of the violence to which students were exposed did not occur in schools but in the neighborhoods surrounding schools and in the neighborhoods in which the students lived. Therefore, it was suggested that interventions were designed that allowed students, teachers, and staff to experience the school setting as a "no-fire zone," free from both violence and exaggerated attention to its occurrence (Elliott et al., 1998).

The Rainbow House Handbook to a Violence-Free Future for Young Children--Choosing Nonviolence provided information for teachers regarding how to turn their classrooms into a violence-free zone. The classroom environment as well as the teacher's own behavior could teach children about nonviolence. The teachers' expectations affected how they treated children, which, in turn, affected how children behaved in the classroom. The expectations were shaped by a number of factors; including a teacher's own experiences and observations. In addition, the child's gender may influence a teacher's expectations (Parry et al., 1990).

Traditional protected areas for children have included schools, community centers, and churches. Most children spend as much waking time at schools as

at home; therefore, schools and teachers had an enormous potential for providing emotional support and nurturing for children exposed to violence. Several studies have shown the positive effects gained when a favorable school climate is provided despite its location in a violent neighborhood. In addition, both schools and community centers could provide opportunities for children to benefit from the support of peers, which has been shown to be instrumental in reducing anxiety among children exposed to violence (The David and Lucile Packard Foundation, 1999).

In the book, *Teaching Young Children in Violent Times—Building a Peaceable Classroom*, the author, Diane E. Levin (1994), noted that in order to reduce the negative effects of violence on children, teachers needed to create Peaceable Classrooms (she also noted this concept has been used by others) for children. A Peaceable Classroom is a place where children learned to live together in a respectful and empowering classroom community. It involved infusing trust and safety, responsibility, mutual respect, and cooperation into all aspects of the classroom. In a Peaceable Classroom every child needed to feel they were safe, their body was safe, their feelings were safe, their thoughts, ideas, and words were safe, and their work (the things they make and materials they use) were safe. With a sense of safety comes a sense of trust, one of the most basic developmental needs of children, and an important part of the foundation on which all social, emotional, and intellectual development builds. If children did not feel safe, efforts to teach them nonviolence would always be

undermined. A central part of the curriculum centers on teaching children how to work out peacefully, their needs, problems, and conflicts.

In *Caring for Infants and Toddlers in Violent Environments: Hurt, Healing and Hope* (Zero to Three, 1994), the following characteristics were listed that identified an environment that was a "safe haven" for children. It was noted the same characteristics also identified a quality child care environment for infants and toddlers. Indicators of quality could be described in four categories: policy and procedures, environment, caregivers, and program.

Policies and procedures-Whether or not a child has been traumatized by violence they needed the security of having a close relationship with two or three very special people.

The environment-Children needed to be in an environment that was safe, well organized, and home-like. They needed to have a sense of ownership in their setting, knowing where things belonged and knowing where they were.

The caregivers-For every child, the most important person in their child care environment was their primary caregiver. Caregivers of all young children must be attuned to individual differences and must help each child develop a sense of competence and self worth. The caregiver who was consistent, loving and caring provided a buffer for a child who has been traumatized, against the impact of harsh, overwhelming realities.

Resources

Violence prevention spans many fields--criminal justice, social services, mental health, education, health care, public health and could include public education on personal safety, neighborhood watch programs, tough laws regarding prison sentences, and the redesign of physical environments to provide better lighting and television monitors in dark or isolated places. While these indirect measures were sometimes helpful, they were diversionary methods that failed to address the most common circumstances leading to interpersonal violence, and therefore had little permanent impact. For instance, two-thirds of all violence involved perpetrators and victims who knew each other (i.e., relatives and acquaintances, crimes of violence were likely to occur in presumably safe settings; such as the victim's home. More direct violence-prevention efforts might use systemic or personal interventions. Systemic interventions attempted to mobilize broad-based support to effect changes in community attitudes, policies, laws, or structures (Hammond et al., 1991). Early childhood interventions might be beneficial for some but have unintended negative consequences for others. Programs that focused explicitly on parent training might send a message of presumed incompetence, which might undermine a family member's self-confidence and contribute inadvertently to less effective performance (Shonkoff & Phillips, 2000). Among the current national prevention and intervention efforts were Healthy People 2000, which identified violence prevention as a national health priority and the National

Education Goals, which called for safe and drug free schools (Massey, 1998).

Data was not readily available regarding how many children or adults affected by violence received services. A search of the literature on police/mental health partnerships showed only one program that addressed the needs of citizens who were victims of violence, the Crisis Intervention Support Unit (CISU), for adults. In an examination of this program, the focus was on counseling and casework and offered a descriptive account of client characteristics, use of staff time, services provided, but no data regarding the program's impact on clients, the police, or the broader community (Elliott et al., 1998).

In working with children and families exposed to violence, the development of a program on child development and community policing addressed another aspect of psychic trauma that occurred when what Freud referred to as the "actual danger" was in the form of gunfire, wounding, and death. In a current collaborative developed between the Yale Child Study Center and the New Haven Department of Police Service, child analysts and analytically informed clinicians have turned to the police as the professionals who had the greatest amount of immediate and sustained contact with the children and families most directly in the line of fire (Chiland & Young, 1994). The program has been developed to provide:

- Seminars for police officers on child development and human relationships.

- A 24-hour consultation service for children and families who have witnessed violence.

- A weekly case conference for police and child mental health professionals.

Police training emphasized protection of the child's emotional and physical well-being. For example, police officers were trained to reunite children who have experienced traumatic violence with parents as quickly as possible and to call in clinicians immediately. In the first year, the program trained all 450 members of the police department in the use of the consultation services; 150 officers attended seminars on child development and family functioning. In the first eighteen months of the consultation service, officers in the field referred more than 300 children, ranging in age from two to seventeen. The children had been exposed to murders, stabbings, maiming by fire, and death by drowning, and gunfire. They were seen individually or in groups, in their homes, at police substations, and at the Child Study Center (Carnegie, 1994).

The Child Witness to Violence Project started in 1992 at Boston City Hospital, identified young children who had been exposed to violence and provided intervention to both the child and the family. The key to helping children was to support the adults who were most important to the child-whether parents, other relatives, or child care providers. Program therapists helped these adults to cope with their own emotions so that they could shift their attention to the traumatized child (Carnegie, 1994).

The Leadership Training Seminar on Children Exposed to Community Violence was convened by Erikson Institute in 1993. The seminar series was convened to enable professionals to help children from birth to adolescence, and their parents cope with the effects of violence and trauma in their lives. The seminar was convened in response to young children in Chicago who told their pediatric health care providers and teachers they heard gunshots outside their homes, witnessed shootings on playgrounds in their neighborhoods, or had a relative who had been a victim or perpetrator of violence. The project's goal was to help teachers of young children, child care staff, and community service professionals who worked with families exposed to chronic violence to understand and respond more effectively to the families' concerns. Sixty professionals participated in the project. Seminars were held twice a month over a nine-month period; the sessions included information about how children view traumatic events, how better to intervene with these children in order to prevent long-term negative effects, and how to work with parents and other adults in the community. Erikson staff was available for on-site consultation and a workbook was developed for children facing violence (Carnegie, 1994).

Let's Talk About Living in a World with Violence (Garbarino, 1999) is a violence prevention program for school-age children that was designed by the Erikson Institute to be used by teachers and other professionals who worked with children. The program's purpose was to begin a discussion with children and their parents on the meaning and effects of violence on their daily lives. The

goal was to help children learn to cope with violence and to find alternatives to aggression. An activity book was developed for school-age children and distributed to children and teachers in Chicago. In the book children were encouraged to share the book with a family member or teacher.

Recent initiatives indicated that solutions to issues of crime and violence could be achieved when residents and organizations shared the responsibilities and resources for community justice and safety. Communities could also be made safer by altering physical environments (adding street lights, having one-way streets, among other improvements). In addition, public safety system reforms like community policing offered important opportunities for improved neighborhood safety (The Annie E. Casey Foundation, n.d.).

In many communities across the nation, different versions of community policing are being implemented. Community policing involved retraining and redeploying law enforcement personnel so they could identify and respond more effectively to community-specific problems. Personnel patrol specific beats with the expectation the officers would get to know the residents and businesses in their assigned areas. Rather than emphasizing arrests, community policing seeks to solve the problems that contribute to crime.

Effective community policing relies heavily on involved local residents in decision-making and problem-solving processes. Police-to-resident interaction leads to informed police who could identify local crime problems and patterns more quickly and develop more responsive enforcement approaches.

Opportunities for community leaders and residents to exchange information and ideas with the police also increased police awareness of a neighborhood's strengths (The Annie E. Casey Foundation, n.d.).

A goal of Community Patrol Officer Programs (CPOP) was to discourage crime by creating or maintaining stable neighborhoods. In a sample of 2,314 municipal and county police and sheriffs' departments, 50% had either implemented or were in the process of implementing community policing (Elliott et al., 1998). Many experts believed that one strategy to avoidance of street crime was the return of the neighborhood police officer.

The second largest police force in the country is in the city of Chicago. With over 16,000 Chicago Police Department employees (including 13,500 sworn police officers). For the delivery of services the department divides the city into five areas of command and 25 districts. The centerpiece for the Chicago Police Department has been the Chicago Alternative Policing Strategy Program also known as CAPS. The organizing principle was police and community residents needed to work together to solve the problems in the community. Partnership takes place at both the beat and district level. Each district has an advisory committee of community leaders that helped identify issues and set broad priorities (Chicago Department of Public Health, 2001).

Research about how effective community policing was in reducing crime rates was still not conclusive. A 1981 study of the effectiveness of a foot-patrol experiment in Newark, New Jersey found that it did not lower the crime rate, but

the visible presence of so many officers made people feel safer and friendlier

toward the police. More recent studies have shown lower crime rates. A west

Houston neighborhood reported a 38% drop in serious crime over a six-month

period in 1988. However, the neighboring Houston area reported increased in

crime (DiCanio, 1993).

In the East St. Louis area, 10 agencies and programs came together to

form the Community Coalition Against Violence. Violence is a "significant"

problem in the East St. Louis area. To date, most of the Coalition's efforts have

been directed toward public education and awareness. Patty Bortko, director of

Southern Illinois University--Edwardsville's Violence Education and Counseling

Center in East St. Louis noted that one of the problems East St. Louis faced was

the same faced by others all over America: "people were desensitized to

violence." She noted there was a need to reacquaint people with the horrors of

violence and how it impacted everyone (CES, 1997).

The Violence Prevention Project, directed by Linda Bishop Hudson in

Boston, was developed to reduce fights, assaults and intentional injuries among

adolescents, its objectives were to train providers in diverse community settings

in a violence-prevention curriculum; to translate the curriculum into concrete

services for adolescents; and to enlist the support of the community in preventing

violence. The program was first developed in 1983 by Deborah Prothrow-Stith,

which targeted two poor Boston neighborhoods that had high violence rates.

The four principal components were curriculum development, community-based

prevention education, clinical treatment services, and a media campaign. It was designed to acknowledge anger as a normal and potentially constructive emotion; to alert students to their high risk of being a perpetrator or victim of violence; to create the need in students to find alternatives to fighting by discussing potential gains and losses; to offer positive ways to deal with anger and arguments; to allow students to analyze the precursors of fighting and to practice alternative conflict resolution through role playing; and to create a nonviolent classroom climate. During the initial stages of curriculum development, it became clear that intervention in the schools was not enough. In 1986, the Violence Prevention Project extended its outreach into the community by appointing two community educators to serve the neighborhoods. Violence prevention training was provided to youth-serving agencies. The goal was to reach as many community settings as possible, including multiservice centers, recreation programs, housing developments, police and courts, churches, neighborhood health centers, and schools (Hamburg, 1992).

The Family Life Development Center is housed in Cornell University. The Center's mission was to improve professional and public efforts to understand and deal with risk factors in the lives of children, youth, and families and communities that led to family violence and neglect. It focused on strategies and programs to help vulnerable children and youth by strengthening families and communities. This was accomplished through research, training, outreach, and education. Current areas of interests were the role of emerging technologies in

training professionals, childhood violence prevention, and programs to guarantee children's rights (Garbarino, 1999).

In 1995, the Chicago Department of Public Health (CDPH) established its Office of Violence Prevention to apply a public health approach to Chicago's epidemic of violence. The public health approach involved addressing problems by reducing risk factors and increasing protective factors. The Office of Violence Prevention helped train all CDPH clinical staff to recognize the signs of domestic violence, and to respond promptly and effectively. There was a need for this resource because in Chicago each year, almost 150,000 emergency calls are placed to 911 to report acts of domestic violence. The Domestic Relations Division of the Cook County Circuit Court issues about 30,000 Orders of Protection each year to battered women and teenagers. The CDPH Office of Violence Prevention helps fund a 24-hour hotline offering assistance to victims of domestic violence, child abuse or elder abuse (City of Chicago, Department of Public Health, n.d.). What was noteworthy was this type of resource was currently not available to caregivers who were exposed to community violence or early childhood programs in Chicago. In the United States, the communities with the greatest need for support and guidance often have the least resources (Garbarino et al., 1992).

In 1995 a special Task Force of the Head Start Education Advisory Board of the City of Chicago Department of Human Services, Children's Services Division with funding from the U.S. Department of Health and Human Services

Head Start was convened to develop a protocol for responding to violence,

Caring for Children in Dangerous Times--A Protocol for Responding to Violence.

A protocol was developed to provide child care professionals with a plan to

respond to violence in or around centers/classrooms, how to deal with a violent

adult in or near a center, gangs' neutral zones (a one or two block area where

gang members would agree to make a safe zone for young children), notifying

parents about a violent incident, suspected child abuse, a child armed with a

weapon and when to call the police.

In this publication we were reminded that many early childhood programs

have children with family members who belonged to gangs. They wanted their

younger relatives to be safe in the center. This confirmed the continuous

position of the researcher. If out in the community when violence erupted,

caregivers should seek the nearest shelter (store, school, church, library,

neighbor). Programs should identify "Safe Houses" in the community that staff

could seek out in an emergency.

It was also noted that staff should be provided with de-briefing time, time

to talk about their own feelings, evaluate their performance and affirm their

response. If staff was uncomfortable with children talking about the incident at

lunch or informally at play that might be an indicator the staff needed help in

processing the trauma they experienced (Department of Human Services and

Children's Services Division, City of Chicago and the Rainbow House Institute for

Choosing Non-Violence, 1995).

The *Protocol* contained two resource sections, one section was Human Resources and the second was Organizational Resources. A review of the Resources indicated they were minimum. The Human Resources sections contained three recommendations/suggestions:

1. Contact your local police and fire departments to request assistance in evaluating the program's safety level and in developing violence prevention and/or reduction strategies.

2. A local security company may be willing to visit the program to provide recommendations that may increase security/safety in and around the program.

3. Contact social service providers in the community that may be able to provide presentations, counseling services and referrals on topics such as domestic violence, child abuse and community violence prevention.

The Organizational Resources Section listed six (6) numbers individuals should know:

1. National Domestic Violence Hotline.

2. National Organization for Victim Assistance.

3. National Center for Child Abuse and Neglect; Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health and Human Services.

4. National Committee for the Prevention of Child Abuse.

5. Child Abuse Hotline.

6. Parents Anonymous.

The Resource sections were minimum. In reading the following section it contrasts the resources that were available to a suburban community and shows the difference in responses and attention each incident received.

On May 20, 1988, Laurie Dann entered a second-grade classroom in the Hubbard Woods School in the affluent suburb of Winnetka, Illinois, carrying a gun. She wounded six children and killed an eight-year-old boy. Winnetka had recorded only two homicides over a 30-year period at the time of the shooting. Two days later and approximately ten miles away, in the Henry Horner public housing development in Chicago, a 19-year-old man "armed with a large-barreled firearm" shot a nine-year-old boy. The child was critically wounded and was taken to the county hospital. In 1988, Chicago police crime statistics for Henry Horner Homes recorded 266 reported aggravated assaults with weapons. Media attention for the Winnetka shooting was major, front page for several days and for the Henry Horner shooting minimum. The incident was reported in short column "buried" inside the paper on the day after the shooting (Garbarino et al., 1992).

The adults in the Winnetka community immediately recognized the short and long-term psychological consequences of the event for themselves and the children. They had access to support services in the community and the economic ability to acquire assistance from nationally recognized psychiatric experts. The experts in the field of psychic trauma provided support to the

children and adults in Winnetka. The local schools also provided professional support to students. This did not happen in Henry Horner.

The National Alliance for Safe Schools cited schools in Winnetka, Illinois and Greenwood, South Carolina as models that have developed total school security due to major violent incidents. Winnetka schools adopted several security measures:

- All doors except the front door are kept locked.

- Visitors are greeted at the front door by a PTA volunteer, who asks them to sign in and wear name tags.

- Windows were installed to increase visibility to enable office personnel to keep track of who is going in and out.

- The main office of each school is provided with an emergency connection to the police station.

- Intercoms are installed in all classrooms.

- Each elementary school has a full-time school nurse.

- The school system's recess program has been revised so that fewer students take recess at the same time and more adults are available to monitor them (DiCanio, 1993).

Chicago Safe Start is a demonstration project funded by the United States Department of Justice—Office of Juvenile Justice and Delinquency Prevention designed to increase awareness about the impact of exposure to violence on young children ages five and younger and to reduce the impact of this exposure

through coordinated system responses.

The Chicago Safe Start project is initially focused on two south side Chicago Police Department Districts: 5 ("Pullman") and 7 ("Englewood") that had a combined population of 217,710. An overall analysis of the Chicago Safe Start area was African-American, with over half of its residents living in female-headed households and at or below 200% of the Federal Poverty Level (FPL), and with 30% of births to teenage girls. The project areas were faced with an array of day-to-day survival problems in addition to the violence threatening these communities.

The Chicago Safe Start districts did not currently have services specifically geared to address the symptoms of children ages 0-5 that have been exposed to violence. A proposal was pending to train child care providers in the Safe Start community areas on the issue of "child exposure to violence". Chicago Safe Start works to prevent and reduce the impact of violence on young children through policy and systems change while simultaneously building the capacity of local providers and families to prevent exposure as well as properly respond when exposure was an issue (Chicago Department of Public Health, 2001).

ACT--Adults and Children Together--Against Violence is a project developed by the American Psychological Association (APA) in collaboration with the National Association for the Education of Young Children (NAEYC). Aimed toward violence prevention in early childhood, the project focused, through a

combination of community training programs and a national media campaign, on the influential adults--parents, teachers, and caregivers--who raise, care for, and educate young children ages 0 to 8. The goal is to make early violence prevention a central part of the community's efforts to prevent violence through the combination of two strategies.

The *first strategy* is a national multimedia campaign to persuade adults that, as the most influential people in the lives of children, they play an important role in preventing young children from becoming involved with aggression and violence.

The *second strategy* involved training programs for groups of individuals in local communities to:

(a) Learn how to effectively disseminate information and skills on early violence prevention to adults who raise, care for, and educate young children;

(b) Select early violence prevention programs appropriate for their organizations and communities; and

(c) Work collaboratively in their communities (American Psychological Association, National Association for the Education of Young Children, 2001).

The Safe Havens Training Project--Helping Teachers and Child Care Providers Support Children and Families Who Witness Violence in Their Communities was designed to be used with Head Start staff, Chapter 1 teachers, operators and staff of child care centers, and family child care providers, among

others who worked with preschool-age children in a child care setting. The training program examined the issue of community violence by looking at the kinds of violence children were witnessing, its effects on their development, and what teachers, parents, and community members could do to respond to their own needs and children's need for safety (Family Communications, Inc., 1998).

Perceptions of Violence

Public perception of the most recent crime crisis began in the 1960s when crime rates began to rise. Scholars suggested that the impact of drugs had made qualitative and quantitative differences to the current crime crisis. Since the 1960s, crime levels have produced widespread fear among residents of American cities. Much of the fear has been due to a rise in violent crime. Although the crime index increased by 7.8% between 1981 and 1990, violent crimes increased by 33.7% during the same period. In 1986, in a number of polls, Americans ranked crime as the most serious problem in their communities. Many claimed they were afraid to leave their homes after dark. The perceived level of neighborhood safety mattered, since parents' willingness to take advantage of existing neighborhood resources might depend on their perceptions of the safety and consequences of doing so (Shonkoff & Phillips, 2000).

George Gerbner, a professor at the University of Pennsylvania's Annenberg School of Communication, has found that frequent viewers of violence on television were over sensitized by their viewing habits. They

developed what Gerbner called a "mean-world syndrome." According to Gerbner, "Heavy television viewing was the single largest contribution to the feeling of rampant criminality and the threat of violence lurking around every corner." His studies revealed the more television viewers watched, the greater the distrusts of strangers and the higher their estimates of crime and danger to themselves. Local television news also focused on crime and violence, thereby reinforced the mean-world syndrome.

The mean-world syndrome might also be related to one's perceived risk of being the victim of a crime. Kenneth Ferraro, associate professor of sociology at Purdue University, oversaw a 1990 telephone survey of 1,100 subjects 18 and older in 830 communities. The American Association of Retired Persons' Andrus Foundation sponsored the survey. Respondents were asked to rate on a scale of one to ten their fear of ten different crimes, how afraid they were of becoming a victim of crime, and how much risk they thought they faced. The highest fear rates were among the 18-to-24-year-olds. They rated themselves at a high risk of being victimized, so the high rate of fear made sense. A seldom mentioned factor that contributed to public fears was the amount of unreported crime (DiCanio, 1993).

The disorder and decay of neighborhoods also increased the level of public anxiety. Research done by criminologist James Q. Wilson of the University of California at Los Angeles developed the concept of the "broken window syndrome." Wilson proposed that residents reacted with fear to disorder

and neglect in their neighborhoods-beggars, the homeless, abandoned buildings, trash, graffiti and other manifestations of social crisis-out of proportion to the actual crime rate, which most of them were unlikely to know.

One of the most important theories recently advanced by criminologists described the link between disorder in a community and the fear residents experienced as a result--whether the disorder was the result of an abandoned car or a broken street light. The theory suggested that when these conditions were not addressed, residents felt the area was unsafe and therefore avoided them and curtailed normal activities. As a result, effective community policing focused on developing a wide range of responses to disorder (The Annie E. Casey Foundation, n.d.).

Louis Harris and Associates, Inc. conducted an investigation called, *The American Teacher 1993: Violence in America's Public Schools* for the Metropolitan Life Insurance Company. The intent of the investigation was to assess the perceptions and experiences of teachers, students, and law enforcement officials regarding violence in the public schools. The subjects for the investigation were elementary through high school (third through twelfth grade) public school teachers across the United States. Price and Everett (1997) conducted a secondary analysis of data from the MetLife Survey. In their analysis, they found the types of violence perceived as a major problem in the schools (ranked by order) were:

- Verbal insults.

- Pushing, shoving, grabbing or slapping.

- Stealing.

- Threats to students.

- Kicking, biting, or hitting someone with a fist.

- Threats to teachers.

- Threatening someone with a knife or gun.

- Using knives or firing guns.

When teachers were queried as to which groups of students they perceived as most likely to become victims, they reported most frequently that students from low-income families and students from racial or ethnic minorities would likely be victims. No other student group was perceived to be especially vulnerable by more than 10 percent of the sample.

Gang or group memberships or peer pressure were more commonly perceived as a contributing factor in urban and predominantly minority student schools. Specific behavioral risk factors to intentional injury were identified as weapon carrying, physical fighting, group violence (e.g., gang violence), and violence used to accomplish a specific goal (e.g., protecting drug-selling territory) (Price & Everett, 1997). Exposure to violence has been found to be related to perceptions of little future time, which has implications for risk-taking and other health-related beliefs and behaviors (Kuther, 1999).

A review of the literature by the researcher could not locate studies that examined perceptions of violence among caregivers in the early care and

education profession. Exposure to violence might influence social cognition--how an individual made sense of the world (e.g., how individuals perceived the violence within their communities). Perception of a given event determined, in part, the level of stress experienced. Hill and Madhere found that children's and early adolescent's perceptions of community violence were more powerful in predicting cognitive, emotional, and behavioral outcomes than was a composite of the number of incidents of violence (as computed by police statistics and maternal reports). Perception of violence, rather than frequency of occurrence, might be of critical importance for functioning and adaptation (Kuther, 1999).

It has been noted in the literature that students and teachers bring their experiences with violence in the neighborhoods in which they lived into the school environment. Contacts with any and all of these communities shaped how students and teachers felt about violence and the assumptions they made about each other. In this regard, a school setting was "contaminated" by the attitudes, expectations, and behaviors that students and teachers carried from other settings in the school, as well as by their immediate experiences within the school (Elliott et al., 1998). It was important to examine this phenomenon as it related to individuals working in early care and education settings.

A review of the literature further revealed a focus on the impact of violence on children and families. Due to the continued increase of community violence and the effects of exposure to violence there was a need to understand the impact on caregivers and their practice with children. Due to the number of

children in child care settings it was critical to expand the knowledge of the impact of community violence beyond children and families. The potential negative effects on caregivers and their ability to implement appropriate early care and education practices were important to examine. It has been noted that individuals who worked with traumatized children were at serious risk of burnout; not only did their work involve high stress, it also brought them into frequent, emotionally raising contact with adults who harmed vulnerable children. Caregivers need assistance in developing formal and informal support networks to help them cope with the ongoing stress of their environment so they did not become desensitized which was a potential risk of work in low-income communities. For caregivers working in settings where exposure to violence was an issue it was equally important to determine the resources and supports that would be helpful to them. This phenomenon requires further study.

CHAPTER III

METHODS

Grounded Theory

The grounded theory approach, or "method", as it is sometimes called, was used for this exploratory research study. The main purpose of using the grounded theory approach was to inductively develop theory through the qualitative analysis of data. Grounded Theory as a methodology was developed by two sociologists: Barney Glaser and Anselm Strauss. Glaser and Strauss began their collaborative work at the University of California-San Francisco where they were hired to assist nursing students in their research. As one of their first projects, they obtained a grant to study patients dying in hospitals that led to the development of what they called a new approach to scientific investigation—Grounded Theory (The Association of Perioperative Registered Nurses Online: AORN Journal, Research Corner, http://www/aorn.org/journal/research/rc897.htm,1997).

The approach or "method" uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon. Qualitative research is appropriate for some areas of study especially where there was a need to uncover persons' experiences with a particular phenomenon. This

method was used to uncover and understand what lies behind any phenomenon about which little was yet known (Strauss & Corbin, 1990). Since little was known about the impact of exposure to violence on caregivers the researcher chose this methodology to study this phenomenon.

Joy D. Osofsky noted that research was still limited regarding the effects of children's exposure to violence, adverse effects of family violence, and the effects of exposure to media violence. While limited much could be learned from existing studies. Osofsky also noted that more recently, there has been increasing interest in the effects of violence on children living in urban areas who were exposed to chronic community violence. The number of studies on the impact of children's exposure to violence was limited due to various difficulties in conducting research on behavioral and emotional effects. Caregivers were not mentioned among studies conducted to date (The David and Lucile Packard Foundation, 1999).

Osofsky stated that research in the areas mentioned above often included the collection of qualitative data through focus groups and interviews to supplement the quantitative data on child outcomes and help gauge the impact of community-based interventions. She further stated that while the qualitative accounting of feelings and events might be the most meaningful way to assess change, the collection of data from many individuals took more time than collecting quantitative measures (related to children). In addition to time, it might be difficult to conduct systematically and with sensitivity to the children, families

and community. Finally, she stated unless researchers were experienced in collecting qualitative data it might be difficult for them to listen to the (children's) stories (The David and Lucile Packard Foundation, 1999).

In *Basics of Qualitative Research--Grounded Theory Procedures and Techniques* (1990), a grounded theory was one that was inductively derived from the study of the phenomenon it represented. It was discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to the phenomenon. The researcher does not begin with a theory and then attempted to prove it. The researcher began with an area of study and what was relevant to that area was allowed to emerge. It does not test a hypothesis. The intent was to discover what theory was applicable for the research situation or phenomenon being studied (Strauss & Corbin, 1990).

Although grounded theory has been developed and principally used within the field of sociology, it has been used in nursing studies, education, political science, and psychology, among other disciplines. Qualitative nursing research studies used methods such as grounded theory or ethnography that involved in-depth data collection from subjects through open-ended interviews or surveys. The use of this approach depended on the research question. If a nurse researcher, for instance, was interested in identifying and describing a phenomenon of interest (e.g., caring behaviors in perioperative nursing) a qualitative approach was appropriate. Very little was known about the long-term effects of surgery on patients. If a person undergoes a major surgical procedure

(e.g., coronary artery bypass graff surgery) what were the effects of this surgery

months and years later? This would require in-depth interviews with the person

over an extended period of time. This approach was used to uncover and

understand the meaning of lived experiences. The unit of analysis was the

subjects' words or behaviors (The Association of Perioperative Registered

Nurses Online: AORN Journal, Research Corner,

http://www/aorn.org/journal/research/rc897.htm, 1997).

Grounded theory methodology was used to investigate the day-to-day

strategies that nursing staff used to prevent psychiatric patients from escalating

to violence. Violence toward health care workers was a significant occupational

health concern. In one study of psychiatric staff, 73 percent reported having

been assaulted at least once during their career and 28 percent reported being

assaulted at least four times. Aside from the cost to the institution, injuries to

staff caused significant emotional, social, biophysical and cognitive responses in

the victim. Despite the large body of research related to institutional violence in

general there was a notable lack of theoretical work needed to provide a

scientific base for nursing interventions with potentially violent psychiatric

patients. The long-term goal was to develop and test innovative nursing

interventions for preventing violence and /or restraint use in psychiatric inpatient

units and other settings that treated potentially aggressive patients (Johnson,

CRISP, 2003).

A grounded theory study, *Reclaiming Self: The Process of Leaving*

Abusive Relationships (Violence Against Women By Men: A Program of

Research) was conducted of rural survivors of abusive relationships. They were

interviewed to discover a substantive theory to explain the process of leaving.

Findings provided information about the meaning of abuse, the role of privacy

and visibility in rural communities, response to violence by men against women,

confidentiality, roles and relationships, and barriers to help seeking (Merritt-Gray

& Wuest, http://www.unbf.ca/nursing/faculty/wuest/research4.html).

Grounded theory has been used to investigate information systems

development tools and the use of the tools in an organizational context

(Calloway & Knapp, http://csis.pace.edu/~knapp/AIS95.htm), accounting

research (Siegel,

http://business.baylor.edu/Charles_Davis/abo/reporter/summer95/siegel.htm)

and Adult students with invisible disabilities and their experience with

understanding and articulating disability, (Rocco,

http://www.anrecs.msu.edu/research/gradppr.htm, 1997), among other studies.

The researcher noted from a review of numerous studies there was a diverse

interpretation of grounded theory methodology.

Grounded theory as a methodology addressed (a) the importance of

getting out in the field, if the researcher wanted to understand what was

occurring; (b) the importance of theory, grounded in reality, to the development

of a discipline; (c) the nature of experience as continually evolving; (d) the active

role of individuals in shaping the worlds they lived in; (e) an emphasis on change

and process, and the variability and complexity of life; and (f) the interrelationships among conditions, meaning, and action. Grounded Theory could be used by persons of different disciplines. The approach provided researchers with procedures for analyzing data that would lead to the development of theory useful to their respective discipline.

Research Questions

Strauss and Corbin stated the research question in a grounded theory identified the phenomenon to be studied. This issue was identified and the researcher through grounded theory identified how it was being addressed. In conducting this exploratory study the following questions were addressed:

1. Given the context of caregivers' work what did the word "violence" mean to them?

2. In what ways do they believe violence is an important factor within their respective service area?

3. As a result of their experience and/or exposure to violence how does it affect what they (caregivers) do with children?

4. In what ways does violence impact what caregivers do with children?

5. How serious is violence in the service area?

6. What are some of the feelings, reactions, or consequences they experience as a result of their experience and/or exposure to violence?

7. How difficult is it to recruit individuals for employment due to

community violence?

8. How has the issue been raised in interviews with prospective

   teachers?

9. What impact has violence had on the administration's ability to retain

   staff?

10. What resources and supports are caregivers aware of that are

    provided for individuals who experience and/or are exposed to

    violence?

11. What resources and supports are needed for individuals working in

    communities where exposure to violence is an issue?

12. What impact does violence have on their role as a caregiver?

Procedures

Instruments

Participation in this study was voluntary and the participants were not

compensated for their participation in the research study. Potential participants

were asked to volunteer to participate in this exploratory research study. Those

participants who agreed to participate were required to sign a consent form that

outlined the purpose of the study, the benefit of their participation, and how the

data collection would be handled. In addition, the researcher explained the

interview schedule. The approximate time needed to complete the interview and

written approval was obtained to audiotape the interview.

The researcher explained that information provided by the participants

would be confidential. Only the researcher would have access to the information provided by the participants. The results would be presented in summary and descriptive form only. Participants would not be identified or contacted because of information they shared as a result of their participation. The researcher also allowed time for participants to ask additional questions they had about the study. Once consent was obtained, in-person interviews were conducted. The average length of the interview was 45 minutes.

The primary method of data collection came from two interview schedules (see Appendices B and C) that were developed (one for directors and one for head/lead Teachers and assistant teachers). The interview schedules were informally reviewed with five directors to clarify the terminology and to determine additional questions that should be considered in carrying out this research. Their feedback was used to revise the schedules for use in the exploratory study.

The participants were asked to provide demographic information as part of the interview process (e.g., community area, current position, level of education, age, ethnicity, number of years in the early childhood profession, number of years in current position, number of children served, number of teaching staff, number of other staff, ethnicity of children served, recruitment area).

Interviews were conducted individually by the researcher in-person. The interviews were scheduled at a time that was convenient for the participant. Interviews averaged 45 minutes to complete. The interviews were audio taped

and transcribed. Following the interview, participants were given the opportunity
to debrief with the researcher. This was used for the purposes of relieving
stress, commenting on the study, discussion of next steps, among other topics.
Based on post-interview comments, the researcher believes that participation
was enhanced by the perceived value of the research and the trust instilled by
the researcher.

Data Analysis

This process of data analysis is called the constant comparative method,
that is the core of grounded theory. This required the researcher to compare
interview to interview at which time a theory emerges. The research consisted of
self-reports provided by the directors, head/lead teachers, and assistant teachers
of early childhood programs located in the city of Chicago regarding their specific
experience(s) with community violence. Self-reports were subject to bias and
therefore a limitation of this exploratory study. Results of this study should be
carefully interpreted.

The research analysis process required coding the transcripts. The
coding was a process of simultaneously reducing the data by dividing it into units
of analysis and coding each unit. The coding process consisted of three types:
open, axial, and selective. Opening coding was the initial process that involved
breaking down, analysis, comparison, and categorization of data. Events were
labeled and grouped together using constant comparison to form categories and
properties. Axial coding was used to show the relationship between categories

and subcategories. Selective coding was used to relate categories to the core category.

The units resulted in categories or themes. Within each category properties that were sub-categories were developed. This method was used in order to search out findings or theories from the directors' and teachers' interviews to provide key information about the perceptions of community violence and its impact on caregivers' practice with young children. Attention was given to additional theories that emerged from the analysis.

Sampling Strategy

The researcher identified particular attributes participants required to participate in the study. For instance, participants had to be a director, head/lead teacher or assistant teacher in a Chicago Department of Human Services Head Start or Child Care program located in the city of Chicago. Participants must have been exposed to or experienced some form of community violence. Participants could live in or outside the community where the child care program was located.

Purposive sampling (also known as theoretical sampling) or criterion-based selection was used in selecting participants for this study. The goal of this type of sampling was to allow the researcher to make key comparisons and test and develop theoretical propositions. Purposive sampling or theoretical sampling meant selecting groups or categories to study on the basis of their relevance to the research question, theoretical position and

analytical framework, analytical practice, and most importantly the explanation or account which the researcher was developing.

This sampling technique was concerned with constructing a sample (sometimes called a study group) that was meaningful theoretically, because it built on certain characteristics or criteria that would help to develop and test the researcher's theory and explanation. It would also allow the researcher to compare and contrast the experiences and perceptions of caregivers, similarities and differences, test and develop theory and determine an explanation to account for those similarities and differences.

Quota Target List

A quota target list was used to track sampling units and numbers. This provided guidance in monitoring the researcher's progress toward fulfilling these intentions. The quota target list provided a baseline against which the researcher was able to measure both how well the sampling strategy was filling the quotas but also how useful the quotas continued to be. The quota target list included directors, head/lead teachers and assistant teachers who lived within or outside the community where the child care program was located.

Participants

Seventy-three early childhood educators participated in this exploratory study. Participating professionals all worked with children aged 3-5 years. Professionals were recruited from 16 programs in the city of Chicago. Sixteen directors, 29 head teachers and 28 assistant teachers agreed to participate in

the study.

The participants for this research were drawn from the city of Chicago. Chicago has an estimated 1,520 early childhood programs. About 1,240 of these enroll predominantly children from low-income families. To narrow the sample, participants were drawn from contracted center-based early childhood programs funded by the Chicago Department of Human Services (sampling frame). A sampling frame was a resource from which the researcher could select a sample. At the time of the study, there were approximately 356 programs that fit this criterion. These programs served children who were most at-risk and the programs were located throughout the city of Chicago.

Theoretical Framework: Ecological/Transactional Model of Community Violence and Child Maltreatment Consequences for Children's Development

Currently, little is known about the direct and indirect effects of community violence. Informed by both transactional and ecological models of development the ecological/transactional model has multiple levels of children's ecologies that influence each other, and in turn influence children's development. In particular, the effects of violence, attitudes toward and the prevalence of violence within cultures, local communities, and families impact children's ongoing development and adaptation. The confluence of effects from culture, community, family, and previous development come together to influence developmental outcomes in children.

The ecological/transactional model of violence and its effects also helps to

examine resilient outcomes in some children. The presence of enduring protective factors and buffers at any level of the ecology may help explain why some children display successful adaptation in the face of violence either within their communities or within families.

It is likely that the chronic stress and danger associated with increased community violence has serious implications for children's views of the world, themselves, and others, as well as for their moral development. The ecological/transactional model provided an explanatory framework for understanding the causes and consequences of community violence and child maltreatment for individuals, families and communities. It is this model that served as the basis for this exploratory study of caregivers' perceptions of community violence and its impact on practice (Cicchetti & Lynch, 1993).

CHAPTER IV

RESULTS AND DISCUSSION

The impact of community violence on caregivers first came to the researcher's attention in 1994 as she conducted interviews with caregivers throughout the city of Chicago. Without fail, the issue of community violence would be raised in the researcher's interviews.

Published research studies on early childhood caregivers' perceptions of community violence and its impact on how it affects how they work with children were limited. There was significant information, research data and resources regarding the impact of violence on children and families but it failed to adequately address caregivers. With the increasing number of children in child care settings it was important for early childhood professionals, families, community members, law enforcement officials, policymakers, among others that an exploratory study of the impact of community violence on caregivers and their practice with children was conducted. The potential negative effects on caregivers and their ability to implement appropriate early care and education practices are important. It was especially important to determine the resources and supports that would be helpful for caregivers working in this setting.

The grounded theory approach, or "method" was used for this exploratory

research study. This method uses a systemic set of procedures to develop an inductively derived grounded theory about a phenomenon. This approach was especially appropriate where there was a need to uncover persons' experiences with a particular phenomenon. This method was used to surface and understand what lies behind any phenomenon about which little was yet known. Since little was known about the impact of exposure to violence on caregivers the researcher chose this methodology to study this phenomenon.

Four broad categories were explored in this study: (1) how caregivers defined violence within the context of their work; (2) how experience/exposure to violence impacted caregivers work with children; (3) how violence impacted recruitment and retention; and (4) resources and supports that caregivers were aware of as well as what they felt were needed for individuals who worked in communities where exposure to violence was an issue.

The results and discussion that follows is presented in an "emergent" format to reflect the responses from participants. The discussion is organized according to the 12 questions that respondents addressed. The questions were as follows:

1. Given the context of caregivers' work what did the word "violence" mean to them?

2. In what ways do they believe violence is an important factor within their respective service area?

3. As a result of their experience and/or exposure to violence how does it

affect what they (caregivers) do with children?

4. In what ways does violence impact what caregivers do with children?

5. How serious is violence in the service area?

6. What are some of the feelings, reactions, or consequences they experience as a result of their experience and/or exposure to violence?

7. How difficult is it to recruit individuals for employment due to community violence?

8. How has the issue been raised in interviews with prospective teachers?

9. What impact has violence had on the administration's ability to retain staff?

10. What resources and supports are caregivers aware of that are provided for individuals who experience and/or are exposed to violence?

11. What resources and supports are needed for individuals working in communities where exposure to violence is an issue?

12. What impact does violence have on their role as a caregiver?

Seventy-three early childhood educators participated in this exploratory study. Participating professionals worked with children aged 3-5 years. Professionals were recruited from 16 programs in the city of Chicago. Sixteen directors, 29 head teachers and 28 assistant teachers agreed to participate in

the study. Programs represented in the study were Head Start and Child Care programs funded by the Chicago Department of Human Services. All programs were located in the city of Chicago. Child care programs were located in 14 of the 77 Chicago community areas.

The total number of children served by the programs was 1,102 (Mean=69). The majority of the children served by these programs were African American. The programs also served Caucasian, Hispanic, Asian, Middle Eastern and African children.

The total number of teaching staff represented by these programs were 121 (Mean=8) and total number of other staff was 66 (Mean=4). Directors and teachers resided in 24 of the 77 Chicago community areas, six suburban communities and two respondents gave general Chicago locations.

Participating directors and teachers varied in terms of experience and training. Directors had worked in the early childhood profession for an average of 18 years (range=4-30 years). Head teachers worked for an average of 13 years (range=2-28 years) and assistant teachers worked an average of eight years (range=1-24 years).

Table 1

Years in Early Childhood Profession and Current Position

Position	Average Years in Profession	Average Years in Current Position
Directors	18 years	7 years
Head Teachers	13 years	7 years
Assistant Teachers	8 years	4.4 years

Directors had worked in their current position for an average of seven years (range=five months-19 years). Head teachers worked an average of seven years (range=four months-27 years) and assistant teachers worked an average of 4.4 years (range=1.5 months-24 years).

Ages of participants ranged from under 21 to 50 and over. The majority of directors ranged in age between 41-50 years (44%) followed by 50 or older (25%) (range=21 to 50 or older). The majority of head teachers were between the age of 31-40 (52%) followed by 41-50 (41%) (range=31 to 50 or older). Only 7% of head teachers were 50 or older. Assistant teachers were equally divided between the 21-30 (32%) and 31-40 (32%) age range (range=under 21 to 50 or older).

Table 3

Age of Participants

Age	Under 21	21-30	31-40	41-50	50 or older
Directors		19%	12%	44%	25%
Head Teachers			52%	41%	7%
Assistant Teachers	3%	32%	32%	14%	19%

Five directors had master's degree in early childhood education, four directors had a bachelor's degree, and the remaining directors had masters and bachelor's degrees in areas other than early childhood education.

Fourteen head teachers had an associate degree (AA) in early childhood education, two had a bachelor's degree, and the remaining head teachers had bachelor's and associate's degrees in areas other than early childhood education.

Nine assistant teachers had some college, five had an associate degree in early childhood education and one had a Child Development Associate degree (CDA), seven had high school diplomas. The remaining assistant teachers had bachelor's and associate's degrees in areas other than early childhood education.

Definition of Violence

In a review of the literature the researcher found and others have noted

that although considerable research has been done on violence and aggression,

there was a lack of agreement about terms and definitions. The definition of

"violence" varied among individuals and organizations. For purposes of this

exploratory study the researcher chose the definition from the book, *Ghosts*

From the Nursery Tracing the Roots of Violence by Robin Karr-Morse and

Meredith S. Wiley (1997). The authors noted in their book that violence takes

many forms--physical, emotional, social, verbal-to name a few. They further

noted it had many definitions and was to some degree a concept that varied with

time and culture. With this explanation they defined violence as behavior not

condoned by law, which was intended to inflict harm on others, behavior that

actively victimized another person by an aggressive act.

It was noted in the literature review there was no consensus about the

definition of violence. Karr-Morse and Wiley (1997) stated the definition varied

among individuals and organizations. In implementing this exploratory study, it

was important to first obtain caregivers perceptions regarding the definition of

violence. Respondents were requested to discuss the context of their work and

what the word "violence" meant to them given the context of their work. In

coding the transcripts the category "context" was used. Who was impacted

emerged as a major theme within this category. Those identified by respondents

who were impacted by community violence were children, families, staff,

community members and service providers. In addition to who was impacted the major finding was several groups were impacted by violence but in different ways. Head teachers and assistant teachers who lived within and outside the communities discussed how children acted out violent acts in the classroom and exhibited aggressive behavior towards other children. Across categories individuals discussed the impact community violence had on staff. They were not sure how to respond to the children's behavior, the uncertainty under which they must function on a daily basis and the fear of working in violent environments were factors. One respondent, a head teacher that lived in the community stated, "It's scary, you don't know what's going to happen to yourself, you can't go out at just any time. You may have to drop to the ground at any time in this community." A director who lived outside the community stated, "It's frightening because of where the program is located and it's their reality and there's nothing they can do about it but just try to stay out of the way when it's happening." As noted in the literature review, the lack of safety in the community surrounding the school had a powerful personal impact on caregivers, families, community members, among others (Zero to Three, 1992).

Another finding was how movement was greatly impacted by community violence. Movement was affected in terms of where the staff took the children and the routes family members used. A director who lived in the community stated, "In the community we know certain areas are high target areas so we avoid them. We know where the concerns are when children are leaving the

program. We remind younger children who are picking up the child about safety when traveling home from the program." Depending on what was going on in the community it affected what routes family members used to bring their children to and from school.

Consistent with the literature review there was not a consensus regarding the definition of violence across respondents. It was apparent from the interviews that respondents did not provide a "textbook" definition for the word violence but rather a definition based on their personal experiences. The researcher used the four categories mentioned by Karr-Morse and Wiley- -physical, emotional, social, and verbal. In addition to these categories the coding required the researcher to add the following five categories--types, acts, location, frequency and consequences to capture caregivers' definitions of violence within the context if their work.

Directors who lived in the communities identified five categories to define violence. They were physical, types, acts, location and consequences. They defined physical violence as personal harm to an adult and/or child or an act of aggression. Community violence was identified as the type of violence of greatest concern. Guns, shooting and fighting were the acts directors stated they had experienced and/or were exposed to. Location of the child care program and adjacent areas were a concern because some areas were violent and therefore they were avoided by the staff. The directors noted that violence resulted in consequences that were harmful to someone and were tragic.

Directors who lived outside the communities identified eight categories to define violence. They were physical, emotional, social, verbal, types, acts, location and frequency. Directors stated that physical violence resulted in bodily harm to others. They stated that violence had an emotional impact on them that resulted in despair, being fearful, nervous and feeling helpless. The social definitions of violence provided by these respondents were destruction to children, parents self-esteem was impacted, dangerous, harmful environment, a need to be protected, negative, disruptive, mistakes were made, violence was permanent, there was no trust, violence affected the entire child care program, it was an affliction within the communities and on the people who lived there, seeing violence, hearing certain things and hearing gunshots were identified as the social impact of violence. Directors stated they viewed someone being verbally threatened as a form of violence. The types of violence identified by directors who lived outside the communities were community and domestic violence. The acts they most often experienced and/or exposed to were drugs, shooting, gang activity, robbery and killing. They also indicated the location of the child care program and the frequency of violent occurrences were factors. When they discussed the frequency they mentioned the violence was sporadic, it happened daily, was unexpected and there was a lot.

Directors who lived outside the communities stated violence impacted the child care program especially as it related to trust and confidence. One respondent stated "they see so much violence in the community it's an everyday

occurrence with the staff and children. They see it everyday, they see it when families come into the program." Directors noted the individuals most affected were low-income, not educated and did not see a future.

Head teachers who lived in the community identified seven categories to define violence. They were physical, emotional, social, types, acts, frequency and consequences. They defined physical violence as hurt, pain, danger, and beating someone. They stated violence had an emotional impact of being scared. Social outcomes were defined as not good, people got hurt, did not know what was going to happen, movement was restricted (could not go outside, the protocol had to be observed, needed to go somewhere and hide), heard so much, children automatically knew to find somewhere to hide. The types included all types of abuse related to children. The acts were anything that hurt a child or person, unkind, hitting, shooting, guns, weapons, inappropriate behavior, uncontrollable actions, fighting, and discipline. They stated the frequency was "so much". The consequences were children die, death, or someone was shot. Nothing was noted for verbal or location.

One respondent stated that as a result of the different types of violence children were exposed to and experienced "they act out, the red flag goes up when you see a child doing something. It is likely something is going on at home. It affects children a lot and the family."

Head teachers who lived outside the communities identified eight categories to define violence. They were physical, emotional, social, verbal,

types, acts, frequency, and consequences. They defined physical violence as hitting someone, bruising someone, or to be violated. They stated violence impacted emotions, mentally hurts someone, individuals feel hurt, wrong, sad, harsh, unhappy, bad, pain, anger, hate, or fearful. Social outcomes were people destroying each other, dangerous, something being destroyed, negative towards individuals, did not appreciate environment, destroying property, something dramatic that has happened, people were afraid to live where they are, movement was restricted, or there was trouble. Verbal violence was verbal abuse, teasing, and name calling. The types of violence were domestic violence and child abuse. The acts were a person was abusive, any unpleasant behavior, guns, robbery, killing, fights, gunshots, and gang activity. They stated the frequency was a lot and out of control. The consequences were people were hurt. Nothing was noted for location.

One respondent noted the impact of violence in the house area was evident, "you see children acting out violent acts and pretending like they are drinking."

Assistant teachers who lived in the communities identified eight categories to define violence. They identified the same categories as head teachers who lived outside the communities. They were physical, emotional, social, verbal, types, acts, frequency and consequences. Physical violence meant a form of punishment and people were physical with each other. The emotional impact was heart breaking, outrageous, senseless, scary, hurtful, and evoked anger.

The social outcomes were children in the community did not feel safe to go outside, children could not stay outside long, children could not play on certain blocks or in certain areas of the community, destruction of a lot of things. Verbal was defined as verbal abuse. The types of violence were community violence, child living in violence, abuse and neglect, children exposed to mistreatment and aggression at home or anywhere, mental abuse, physical abuse, psychological abuse, domestic violence, drug abuse, and alcoholism. The violent acts included gangs, guns, killing, to do things in the classroom that should not be done, hitting someone or a child, bad behavior towards friends, family and neighbors. The frequency was a lot and the consequences were people were hurt and individuals were afraid. Nothing was noted for location.

One respondent noted, "it can be different signs of violence and different kinds of violence." Another respondent stated, "children come into the classroom with the violence, it comes from the outside. One cannot necessarily say it's from the families because they're coming from the streets and they see, they learn through their eyes and ears, they 'copy' from each other."

Assistant teachers who lived outside the communities also identified the same eight categories that were noted by head teachers who lived outside the communities and assistant teachers who lived in the communities. They were physical, emotional, social, verbal, types, acts, frequency, and consequences. Physical violence was defined as torture, anything that was physical, when someone hits a child, life threatening, bodily harm, pushing, biting, scratching,

children hitting each other, or teachers fighting each other. The emotional impact was cruelty, anger, bad, always afraid, devastating affect on a person emotionally. The social outcomes were trouble, disoriented, negative, unable to control self, did not respect others, violence was not nice, and it interfered with daily routine. Verbal was defined as talking about negative things, children disagreeing with each other, words children used, how adults responded to children and using words that hurt. The types of violence were child abuse and sexual harassment. The acts included killing and gang activity. The frequency was an individual expected it and the consequences were it becomes a way of life, rights were violated, and harm was done to individuals. Nothing was noted for location.

One respondent stated, "when children use words such as 'stupid', 'you make me sick', 'I don't like you', it hurts the child's feelings when you say, 'I don't like it, get away', 'I don't have time for you', 'don't bother me'." You have individuals who come to work just to make money yet they tell children "you make me sick', 'you get on my nerves'--that's violence." Another respondent stated, "it has a devastating affect on you emotionally and you're always afraid. It interferes with your whole daily routine and it becomes your way of life."

Exposure to Community Violence

"Exposure to violence" refers to the effects experienced by: (1) individuals directly victimized; (2) individuals indirectly victimized because of their status as a bystander, witness, acquaintance, or loved one of a victim; and (3) individuals indirectly victimized by their awareness of, and anxiety about, the occurrence of violence within settings they occupy (Elliott et al., 1998). Respondents were requested to discuss in what ways they believed violence was an important factor within their service area.

Across categories respondents identified drugs, gangs, exposure to violence either by seeing, hearing, witnessing or seeing evidence of violence as important factors in their service areas. Additional factors identified across categories were the restrictions on movement within the communities and the impact on children. Respondents discussed the emotional impact community violence had on children and due to their exposure to violence they brought certain behaviors into the classroom setting. Across categories respondents noted how children "act out" various violent situations in the classroom.

Directors who lived in the communities stated it was extremely important because they saw the evidence that something had occurred such as an ambulance. The impact on the children was evident because they brought the violence "into" the child care program. One respondent stated, "It makes it harder for us to get our message across if they're seeing something different on the outside." Another respondent stated, "children talk about the police coming

to get them when they're playing."

There was concern for individuals who had to walk in certain areas. It was noted that in some communities gentrification had made a difference since more expensive housing had changed the community and therefore the "temperament" of the community (researcher's description). The costs of the homes were high and therefore were not affordable by community residents.

Directors who lived outside the communities stated that parents who were members of gangs and engaged in gang activity was a factor. For some children, exposure to violence was chronic and close to home. Both the victims and perpetrators of violence might be the parents of very young children (NCCIP, 1991). Due to gang retaliations there were days when the children had to stay inside due to the violence. Personal experiences with violence were also mentioned as a factor--family members had been victims of violence. They stated they "hear and see a lot that's going on."

They stated children brought violence into the classroom because "they flash gang signs, during story time they talk about the violence in the community and in the home, they talk with pride about how the police took one of their parents away." One respondent stated the children talk about situations like they are "normal" but further stated the child care program was a "safe haven" for the children and families. Respondents also discussed the aggressive behavior of children--"a lot of hitting and scratching" was how they described the behavior. Children were constantly exposed to violence and they think it was fine

(desensitized). One respondent stated, "children say things such as "I'm going to stick you, I'm going to cut you up or they may throw furniture." Children have been heard cursing, talking about family members who have guns, or individuals shooting. Directors stated the violence was the result of what was going on outside (in the community and in the home) and then it was brought into the child care program. The children were afraid of the guns and are afraid of being killed at an early age.

Directors stated they needed assistance dealing with the children because what they have tried has not been successful. In the literature review it was noted that special skills required for working with children around the issues of conflict and violence which go beyond those of trained group therapist of 25 years ago, were now needed by many early childhood teachers as part of everyday classroom life. Many teachers reported they were now spending more time dealing with classroom conflicts, which seemed more often to lead to physical aggression and hurt children (Levin, 1994).

The child care program was a factor. The facility may not be secure so the threat of violence was there, it affected the staff because they were accessible to it and they were vulnerable.

Program recruitment was impacted. Individuals could not cross certain boundaries because of the gangs. If children were enrolled the families could not bring them because of the territory. One respondent stated, "when you cross boundaries the violence can be severe which was a factor--the families were

sensitive about their movements, they were careful to stay 'on their side' even though everyone lived in the same area."

Restricted movement was noted as a factor within respondents' service areas. Parents could not bring children to school and therefore the children missed class. The parents were despondent. The children could not go outside, they had boundaries and the boundaries were "very short" stated a respondent which was an issue. Parents have called the child care program and stated they were going to be late because of the shooting, they had to wait until the shooting stopped and the danger was over before they could bring their children to school. Sometimes parents did not show up which meant children missed classes. Due to the gang activity and drug dealing within the vicinity of the child care programs the children had to be kept within a certain area that was "stifling". "Teachers can't do what they normally do with children--the violence in the area restricts the way of life and the way of living," stated a respondent.

The parents were also a factor within service areas. Teachers had witnessed parents shaking their children because they would not do what they wanted them to do. "We see it constantly," stated a respondent. In the literature review it was stated that parents might manifest their fear by imposing an extremely restrictive and punitive style of discipline (including physical assault) on their children. In their efforts to protect their children from the influence of negative forces in the neighborhood, parents might use harsh, restrictive measures to suppress the self-assertive tendencies of children--especially boys-

-so they would not get into trouble with teachers or police. This approach was likely to heighten aggression on the child's part and condone violence as the modus operandi for social control. The result was greater susceptibility to the negative forces within the community (Garbarino, 1992).

Children's family members who were victims of gang violence were also a factor. Family members of children had been killed in the vicinity of the child care program. Many of the children know, and in many instances depended upon, the perpetrators of community violence: gang members were also their brothers, their cousins and uncles, their fathers, or their mothers' boyfriends. "Them" is "us" for many inner-city children. These children were in and of the community; the "problem" of community violence was part of their lives (Garbarino, 1992).

Head teachers who lived in the communities discussed the frequency of the violence that was described as "happening everyday". It was noted they witnessed many drug related crimes and robberies. "Community temperament" (researcher's description) was a factor. "You feel the violence is there because you just see individuals hanging out. The potential for violence is present. As individuals who lived in the community there are feelings of not being safe. The concern is there when you wake up in the morning and when you go to sleep at night," stated a respondent. Caregivers expressed concern about the safety of their own children while they were working. While it was their community they were concerned about their safety. Polls consistently indicated that Americans

were afraid that they or someone they love will be a victim of a violent crime (Ounce of Prevention Fund, 2000). Only one head teacher who lived in the community stated violence was not a factor because she felt "everyone needs to come together and rid the community of violence."

They also discussed the impact of exposure to violence on children and how it was "brought into" the child care program. Children made toy guns and during mealtimes children took the eating utensils and used them like guns.

Restricted movement was a factor for head teachers who lived in the communities. Due to the amount of gang activity and drug dealing children's movement was restricted. One respondent stated, "children like to go outside to the playground but they have to lay flat on the ground." Parents experienced difficulty trying to bring their children to school because they had to walk through drug dealers, gangs, and fighting, among other things. "By the time the children and parents get to the program you know something has happened," stated a respondent.

Head teachers who lived outside the communities stated violence was an important factor in their service area due to the presence of gang members, gang activity and drugs. It was stated there was a lot of drug related activities. The frequency of violent acts was a factor. One head teacher who lived outside the communities stated she did not know whether or not it was a factor and another respondent who did not live in the community stated she worked in the community and was only there between certain hours and because she did not

live in the community what she knew about the community was what she heard from parents.

One head teacher who lived outside the communities but previously lived in the community where she worked talked about her experiences of traveling to work and observing the youth in the community and their behavior (fights, cursing and threatening individuals). She talked about how she "sees" the things that were happening on the streets.

The impact violence had on children was also a factor. The children were exposed to community and family violence, violence in the media; violent video games and they hear the music. "It's everywhere and it's glorified," stated a respondent. Consistent in the literature review was the fact that violence had been identified as a major public health concern in the United States and it appeared to be getting worse. While violence is a concern, our culture of violence was romanticized in our history and in our entertainment (Sautter, 1995). "Children come to school and talk about what's going on in the community and at home. Children do things in the classroom as a result of their exposure to community and domestic violence," stated a respondent. She stated they "try" to teach them to use their words and not hit other children.

The restriction on movement was a factor. Individuals had to take "extra" precautions when they were traveling to work. They had to be aware of their surroundings at all times. One of the outcomes for children and families who experienced or were exposed to violence in their communities was young

children were fearful for their safety in the playgrounds and in their

neighborhoods (Chiland & Young, 1994). One respondent stated, "children are

afraid to come to school, go to the store or come out to play."

The impact violence had on a community was a factor. There was gang

activity within the vicinity of the child care program. "Community temperament"

(researcher's description) was also a factor. One respondent stated, "you can

sense something--you see the people, how they walk, how they see themselves

and it can get violent in the community because individuals don't respect each

other." Another outcome for children and families who experienced or were

exposed to violence in their communities was parents reported feeling helpless

and hopeless about the constant violence in their neighborhoods (Chiland &

Young, 1994). Individuals talked about the amount of violence they "see" in the

community and as a result they could not take the children out and the

individuals who lived in the community could not go anywhere because it was

always shooting and gangs moving throughout the community. One individual

discussed the "violence in the abuse of animals"--the large dogs that she saw in

the community. She stated the dogs were used as attack dogs and for dog

fights. She stated she also saw violence in the lack of cleanliness, broken

bottles and hearing the gunshots in the community. Criminologist, James Q.

Wilson talked about neighborhoods that suffered from the "broken window

syndrome." The term was first used in 1982. The syndrome arises when

unfixed broken windows, uncleared graffiti, overgrown weeded lots and other

signs of decay demoralized a neighborhood's residents (Gilligan, 1996).

Violence connected with gang activity has reached epidemic proportions. Nine out of 10 cities with populations of more than 100,000 have a gang problem (CES, 1997). Assistant teachers who lived in the communities stated violence was a factor due to the frequency of violent acts, gangs, domestic violence, child abuse and neglect and the rising death rate of young children. "Something is always going on the community, it's barely quiet," stated one respondent. In the United States and elsewhere many urban families do not need to turn on their televisions to experience violent acts nor can they turn them off. They hear the sound of gunfire outside their windows. In some places where American children grow up, gunfire is heard constantly (Sautter, 1995). It was also mentioned they "see" and "hear" a lot about the violence. One respondent stated it was so bad in the community the children were "used to" going to school knowing they would have to "drop to the ground". Another respondent stated she felt it was a factor because of the high level of violence and something needed to be done because of the impact it was having on children and families.

One assistant teacher who lived in the community stated she felt it was not a factor because she felt things could be solved without violence. She stated she had not seen any problems in the community. This statement conflicted with a previous statement she made that she saw "a lot of violence in the community". In center-based classrooms, it was not unusual for one member of the teaching team to be a community resident and the other member was not.

Under such circumstances, where the complexity of professional and personal relationships and community issues confounds almost every issue, "hearing" and "seeing" might become highly selective (Garbarino et al., 1992).

They also stated, children "bring the violence to school." The violence was out in the open and therefore the children were exposed to it. One respondent talked about domestic violence and how children "act out" what was occurring in their homes in the housekeeping area. She also mentioned the emotional impact it had on the children. While it was not easy it was especially critical that teachers supported and facilitated the kind of play that could help children meet the social, emotional, and intellectual challenges resulting from their experiences with violence (Levin, 1994).

One respondent stated it was a big factor for her. "Once I go in my house, I barely come back outside, it's a moment when you never know what's going to happen." Americans spend 97% of their time indoors. Many do so because they are afraid to go outside. They stay inside and hope that their attempts to remain physically safe would also reduce the threatening images and thoughts of violence (Sautter, 1995).

Assistant teachers who lived outside the communities stated it was a factor due to the frequency and unpredictable nature of violent acts, gang activity, drugs, concentration of people, and the impact exposure to violence had on children. "Things are happening in the community that they hear about and may not see but they see the evidence of it such as bodies," stated one

respondent. Because the violence was "everywhere" stated a respondent "they don't know where to go". One assistant teacher stated that, "violence was not an important factor because she believed in stopping the violence; things don't have to be violent because individuals should be able to settle things by talking it out." She realized the community she was working in was an important factor.

One assistant teacher who lived outside the community but used to live in the community stated, "coming into a community you have to be aware of certain things. There are parents who have enrolled their children in the child care program yet the staff is afraid of them. Individuals have to get to know the parents, communicate with them that would make it easier. Individuals have to get to know the gang members. It's important because when something occurs or before it occurs the gang members will inform individuals that it is not safe and the children should be taken inside the child care program." In *Caring for Children in Dangerous Times--A Protocol for Responding to Violence*, we were reminded that many early childhood programs had children with family members who belonged to gangs. They wanted their younger relatives to be safe in the center. This confirms the continuous position of the researcher. If out in the community when violence erupted, caregivers should seek the nearest shelter (store, school, church, library, neighbor). Programs should identify "Safe Houses" in the community that staff could seek out in an emergency (Department of Human Services and Children's Services Division, City of Chicago and the Rainbow House Institute for Choosing Non-Violence, 1995). It

was stated, "some people can deal with it and some cannot-once individuals are in the community for a while they learn what to do. She emphasized the children know what to do. You're afraid for the children and you worry about them-if a gang conflict starts on the playground the children know to get on the ground, some of the children may run, it's sad." The respondent further stated, "some of the children can deal with the situation and some cannot--they can't sleep."

Assistant teachers who lived outside the communities also discussed the impact on children and how they "act out" in the classroom. "The children see the violence and they try to do it themselves. The children see the gang members, drug dealers and people on the corner" that makes violence a factor in their service area. The children also talked about the violence. Aggression against teachers was mentioned as a factor. One respondent described experiences of one child who bit her wrist, another child threw a book at her and another child threw a chair. She stated the children were not only physically violent but verbally violent as well. She felt this was "acceptable at home". Children were sometimes upset about the violence and they came to school and wanted to talk about what had happened. In the book *Children in Danger-- Coping with the Consequences of Community Violence* (Garbarino et al., 1992), the authors noted that what children could tell us about injury, danger and childhood trauma depended on what adults were prepared to hear. Adults must be willing to listen to children express themselves as they sought to construct a narrative account of their lives. At the same time, adults must be willing to hear

children struggle with the confusion that comes when they must make sense of what fundamentally does not make sense (Garbarino et al., 1992).

Relatives of children enrolled in the child care program who become victims of violence were a factor. Teachers were affected because it was relatives of children who attended the child care program who were involved in or victims of gang activities.

The community was impacted by the gang and drug activities. One respondent stated, "they're shooting and fighting out there and they have children who are enrolled in the child care program." The "concentration of people" in the community was mentioned as a factor. It was mentioned that individuals had to be "vigilant" to stay alive. The 1991 National Survey of Children and Parents sponsored by the National Commission on Children reported that parents worried a great deal about their ability to protect their children from violence and keep them safe even in their own neighborhoods. Low-income and minority parents reported the greatest worries (NCCIP, 1994).

Impact on Practice

In the researcher's efforts to explore "how caregivers perceived or felt about violence and how it affected what they did with children," caregivers were asked to discuss the violence they had been exposed to and/or experienced and how it affected what they did with children. They were asked to respond based on their experiences and observations.

Directors who lived in the communities stated they had been exposed to

boys walking in groups on the street, they could be heard saying gang words, seen throwing gang signs, gathered at their cars and blocking the streets. They were also exposed to the "after affects" of domestic violence when mothers arrived at the program and had been beaten up by their spouses or other partners which they saw a lot. As the director of the child care program, they felt a need to address the issue with the parent if they had a good rapport with them, if not they would delegate the responsibility to another staff member who did. Richters, Martinez and Osofsky found significant relationships between children's reported exposure to community violence and interfamily conflict as measured by the Conflict Tactics Scale. The data emphasized the importance of including measures of family violence in studies of exposure to community violence to determine differential exposure and to study the combined impact on children being raised in violent homes and in violent neighborhoods (Osofsky, 1995).

They have experienced being on the playground with the children when gunshots had been fired. One respondent stated, "at a previous program where I worked I did not live in the community, I was still standing up wondering what was going on so I had to learn what to do. The assistant teacher who lived in the community explained what I needed to do if it happened again." They had experienced parents (fathers were specifically mentioned) of the children who had been killed as a result of gang violence. They had to address the incident with the children enrolled in the child care program.

Directors who lived in the communities stated they had to make sure

children were safe, comfortable and happy. When dealing with the "after affects" of the children who had witnessed domestic violence additional support was provided to the children. It was noted the principles of support for children who had witnessed domestic violence were the same as for those who witnessed community violence: supportive listening to the child's worries, validation of his/her feelings, and providing a safe, secure, and predictable school environment for the child (Family Communications, Inc., 1998). They set limits for children who exhibited aggressive behavior in the classrooms and provided counseling when needed.

Directors who lived outside the communities stated they had been exposed to sweeps in the community and they witnessed relatives of the children being lined up by the police. Police officers had come into the child care program without notice and had put the program on "lock down" and program staff was not informed of what was happening. "It makes you nervous, the reaction of the staff and children. The children are watching their relatives being lined up, handcuffed and arrested by the police. The children are crying, trying to get the attention of their family member in the line-up," stated a respondent. There were factors that might lead to a more severe response to the traumatic event and those that might result in a less severe response for a child. A child's proximity to an event was a factor. A child who was a first-hand witness to a violent event was likely to be much more strongly affected than a child who was shielded from full sight of the violence or only heard about the event. Familiarity

with the victim, perpetrator, or both, strongly increased the intensity of a child's response to witnessing violence. The involvement of a parent or someone very close to the child--as either the victim or perpetrator in a violent event-resulted in a much stronger impact on the child witness (Zero to Three, 1996). "The parents come running to rescue their children from the program. You're at a loss to explain to the staff, children and families about what has happened because you don't know. The program is suppose to be a 'safe haven' for the children but they see what is going on outside," stated a respondent. Fred Rogers' letter in *The Safe Haven Training Project--Helping Teachers and Child Care Providers Support Children and Families who Witness Violence in their Communities*, he wrote: the more we learned about how children are affected by witnessing violence, the more we realize how important it is that children have "safe havens" in their lives. A "safe haven" is a place like the child care center or school, or church or synagogue, or home where a child can know that there is an adult there who can truthfully say, "you are safe here" (Family Communications, Inc., 1998).

They were also exposed to children who "act out" violence in the classroom as a result of their exposure to violence either through seeing it or hearing it. A director stated, "the children pinch, grab other children, karate chop other children, one child bit another child that resulted in a serious injury." Violent children usually come from violent families where children observed parents resolve conflict by violent means and learned to solve their personal

conflicts and stress in similar manners. In these families, violence was modeled as a problem-solving strategy. Violence was often a learned response to conflict and frustration (Page et al., 1992). They have also witnessed those children who "take care of each other and cuddled each other."

They were also exposed to children's conversations about daddy was in jail, daddy hit mommy that they stated was heard all the time. "Children hear and see things in their homes and repeat it at school," one director noted, "this was forbidden at one time—what went on in the home stayed in the home." "It's the stories coming back that's difficult," stated another respondent.

They have been exposed to families fighting each other while children were present. The fighting affected the children and staff. It was especially difficult for staff to know what the children were exposed to especially when they wanted to talk about their experiences. "They're exposed to the gangs and gang activity in the communities and they see the anger in parents," stated a respondent.

Directors who lived outside the communities stated their program enrollment was impacted because families were afraid to bring their children to the child care program. They had experienced a lack of communication between the child care program and the police when it came to community violence. Osofsky had noted that law enforcement officers, families and others frequently overlooked children when an incident of community or family violence occurred (Osofsky, 1995). One respondent stated, "they think we know everything-you

have to build trust with the families that the program is a 'safe haven' even if there is a violent world outside they have to be sure their children are safe." There was shooting in the vicinity of one program. The entire program was shut down in the event the situation escalated.

Directors had personally experienced violence. They had experienced violence either as victims, witnesses or had family members who had been victims of violence.

Directors who lived outside the communities talked about the protocol that was in place. They made sure the teachers knew the protocol. In 1995 a special Task Force of the Head Start Education Advisory Board of the City of Chicago Department of Human Services, Children's Services Division with funding from the U.S. Department of Health and Human Services Head Start was convened to develop a protocol for responding to violence. The protocol was developed to provide child care professionals with a plan to respond to violence in or around centers/classrooms, how to deal with a violent adult in or near a center, gangs' neutral zones (a one or two block area where gang members would agree to make a safe zone for young children), notifying parents about a violent incident, suspected child abuse, a child armed with a weapon and when to call the police (Department of Human Services and Children's Services Division, City of Chicago and the Rainbow House Institute for Choosing Non-Violence, 1995).

One respondent stated, "while it is not normal if something occurs the children are ready to respond as well. Everyone knows what to do; you stop and

drop if you hear gunshots. You lay down on the classroom floor. As the director you check to make sure everything is fine, call the police and determine whether or not something else needs to be done. Individuals think it is normal (desensitized). The children who have been exposed to violence know the protocol and what to do." One director stated, "she was not shocked any more about what she sees or how the children respond." Another director stated, "I'm overwhelmed because a lot of times the children have more street smarts than we do. They say and do things and you're amazed at the things they do. Since they know all that street smarts how do you include that into their daily activities? The children understand the streets, they understand slang that we don't understand, they're able to tell you the whole story, who did it, when they did it, why the gang wars on going on, they will tell you not to go outside because you might get hit because they're looking for a specific person, everything—it's difficult to hear this from a preschooler."

Children who found guns in the classroom were a concern. Sometimes children think real guns are play guns. Some play guns look real—children may find it difficult to tell the difference. It has been noted that child care staff have found real guns in their classrooms more than once (Levin, 1994). A gun was found in a classroom. Upon inspecting the classroom, the gun was found along with bullets. The gun looked like a play gun but it was real. It was noted that it was a negative experience for everyone when one thinks about what could have happened. They have experienced gunfire and having to move the children from

the classroom to a safe area of the building.

There was a domestic violence incident and one parent took a child and came to the child care program looking for the other parent. The Director stated, "the incident was right on our doorstep. You read about it and see it on TV but it's different when you actually experience it."

Parents act as informants for the child care program staff. Parents called or came in to inform the program staff "something is getting ready to go down." One director stated it helped them to be prepared before the incident occurred. "Sometimes they will call and tell us something is going to happen and therefore they are going to keep their child at home," stated a respondent.

As directors they had to respond to situations in a supportive manner. One director stated it was important not to "blow things out of proportion because the children are watching how they handle situations." She also noted, "teachers respond differently to situations and her goal is help the teaching staff and families understand that it's important not to label the children as violent."

In the past, children had been allowed to assist with various tasks but now a staff member must accompany them. As a result of the safety concerns it made it difficult to teach the children self-help skills. The staff always had to be aware there was a potential for harm (vigilant). Children could not play outside due to the community violence and they had other restrictions. One director stated, "it was difficult for the teaching staff because they were trying to teach the children how to interact appropriately with each other but violence was what they

see and understand. The children are confused because they don't know what to do, they don't know how to interact with each other." There was not much good evidence related to the effects of <u>chronicity</u> of exposure to violence, it was likely that experiencing violence repeatedly over the years may be devastating to the social and emotional development of a young children, who learn, from what they see, that violence was a usual and acceptable way to respond to other people (Zero to Three, 1996). They only know how to interact with certain people. Caregivers provided activities for the children to help them cope with the violence and build their self-esteem.

Individuals had to think about safety all the time and what policies and procedures were in place to ensure protection for the children, families and staff. They were not able to focus their attention 100% of the time because there was never a time they could afford not to think about the safety of the children and their own. "You have to be on your toes all the time," stated one director.

Classroom arrangements were changed to meet the needs of the children, more open space was provided and various age-appropriate materials were provided in quantities. This was done to avoid conflicts between children about sharing. One director stated, "by making children share and not respecting their rights it creates more violence in children because it makes them more aggressive." Another director stated, "the children hit each other a lot in the classroom. It's a challenge trying to create a classroom environment into a community where children can deal with each other without hitting and being so

angry--some of them may be experiencing it, seeing it on TV, or watching their parents." Heavy television viewing during preschool years was particularly strongly related to aggression. Further review of the literature on the effects of media violence on children stated several studies have found that children whose parents used physical punishment were more likely to be aggressive themselves or to become more aggressive after exposure to television violence (Page et al., 1992).

Parents' philosophy conflicted with the child care program's philosophy as it related to expectations for children. They had to be a role model for everyone. One respondent stated, "she nor her staff is equipped to deal with all the issues children face. They're usually the first point of contact yet they are not equipped to handle the issue(s)." The literature review indicated front-line workers needed in-service consultation about how to deliver services in communities where violence was epidemic. These efforts must coordinate child and family services with mental health professionals and law enforcement (Carnegie Corporation of New York, 1994).

Head teachers who lived in the communities stated they had been exposed to a lot of gunshots, fights, drug raids, robberies and rape. They have been exposed to individuals arguing while out in the community. There was a concern about the "models" that children see in their communities. One head teacher who lived in the community talked about the insensitivity of the police. She felt the police behavior was not always appropriate when they responded to

situations. They were not sensitive to the fact children were present and witnessed how they handled situations. "They don't care if you see them beating the person," stated the respondent. They also have been exposed to murder. One respondent stated, "after they picked up the body, I walked by and looked at the individual's brains which had spilled out on the sidewalk." Another head teacher experienced individuals running towards them shooting which upset the children and teachers. Everyone had to drop to the ground until it was safe to return to the building. Teachers, child care providers, health care and social services workers, and the police know children who were victims or witnesses to violence. These professionals might have to deal with the immediate physical aftermath of violence or may find themselves coping with its ongoing psychological effects--for example, the disruptive classroom behavior typical of traumatized children. Whatever their connection to young children and violence, community helpers were also likely to be hurting and in need of relief and support (Zero to Three, 1996).

Head teachers who lived in the communities stated they had experienced aggressive behavior from the children (one teacher was kicked by a child). They had experienced children who had died--"they're here one day and gone the next." The head teachers stated they were very protective of the children. One head teacher stated that she tried to cut down on running; she also does not allow individuals to come near the children even if one or several of the children know the individual. She stated, "we're responsible for the children, we don't

know the person but the child might know the person but we don't know them. So anything can happen." Another head teacher stated, "before children are taken outside they are reminded about being vigilant. Children are told where they are going, they are told to be aware of what might happen. The protocol is practiced in the classroom--when you hear a gunshot just lay flat on the ground and wait until it is safe to continue the walk and try to get back to the building. If it's safe to get back to the building." This might mean keeping children inside much of the time in addition to giving children specific instructions about what to do if they hear gunshots. The literature review stated that while these practices may be warranted and logical adaptations to neighborhood violence, they conflict with the normal developmental tasks of exploring the world: being involved with peers and community activities and shifting from complete dependence on the family to experiences of increased independence (Groves et al., 1993).

Another respondent described the experience of being on the playground and shooting started. The protocol was followed. "If you try to get all the children into the building you're risking someone getting shot. It makes you very uneasy and paranoid. It can be a car backfiring and the children look at you and you're not able to distinguish whether or not it's a gunshot or a car backfiring." Due to gunshots, children had to drop to the floor of the classroom, roll and try to cover themselves. Head teachers stated they spent more time talking about violence prevention, talking about things that were not violent and how children should take care of themselves. At one program they did not allow fighting, guns

or children in the housekeeping area because they might have a knife. They talked to the children about hitting, running, and things that could hurt one another.

One head teacher observed a robbery; the individual then approached her and attempted to rob her. The head teacher discussed the impact this experience had on her.

The children received a lot of support from the head teachers. One head teacher stated, "they make sure they say 'good morning' in order to get the child's day off to a good start." Another head teacher stated, "children don't know how to let it out, adults will cry, curse, scream, they don't know so they come to school, and it's like 'throwing up' everything has to come out—so they tell us and we have to listen and support them." Head teachers also discussed the importance of talking to children about their experiences and feelings. In one program families were included in the discussions because their support was needed at home. Research indicated the strongest buffer for young children was a supportive relationship with parents. Family-centered approaches would help parents understand the effects of violence—both in the family and in the community on young children (Carnegie, 1994).

There were certain playgrounds they could not take the children to and there were certain times they could not go outside because of what was going on in the community. There were also certain areas in the community that had to be avoided. In some instances, they could not "venture" out into the community;

they had to stay close to the vicinity of the program because they never knew what might happen.

Shared space presented issues for some programs. There were some things they could not do with the children inside the child care program because they shared space with other programs. It required that staff was always on the alert to note who was coming in and out of the building. They were not able to focus on the children because they had to be aware of who was in the building and for what purpose.

Head teachers who lived outside the communities had been exposed to shooting, fighting, police activity, seeing ambulances, hearing about the violence, arguing in the immediate vicinity of the child care program, individuals cursing in close proximity to the program and murder. They were also exposed to children who came to school and talked about what was going on at home and in the community. One head teacher described a murder that individuals witnessed. At the time of the murder no one realized it was a family member of a staff person. Family members of children enrolled in the program that was killed as a result of violence was a concern. They had also been exposed to "community memorials" for individuals that had been victims of violence, children killed as a result of drive-by shootings and children being aware of these shootings. They had also been exposed to evidence that something had occurred—two examples that were given were seeing ambulances, the presence of police and seeing areas taped off with yellow tape where a robbery had occurred and someone was shot.

Head teachers who lived outside the communities had experienced being caught in the middle of a gang war and there was no where to go, following shooting outside individuals coming to the child care program seeking safety, children who were aggressive towards other children, children who "acted out" in the classroom, children who were aggressive towards the teacher, shooting on the playground when the children were outside, during shootings bullets had come through the classroom and teachers and children had to seek safety.

One child threatened to "kill" the teacher because she had placed him in timeout. Teachers have been hit and kicked by children. One child told his teacher he was going to "cut her throat". Another child hit and injured another child when the child's parent arrived and the child told the parent what happened the parent told the child if he hurt the child again he was going to "kick his so and so." Deborah Prothrow-Smith, M.D. an assistant dean in the Harvard School of Public Health, during a 1991 presentation to public health professionals entitled "Adolescent Violence and the Prevention of Violence," noted that parents participated in the escalation of violence.

One head teacher shared the experience of walking outside the door of the child care program and a man was shot right in front of her and came towards her. Another head teacher talked about her personal experience with violence. She was abused as a child and stated it affected her interactions with children. She was more supportive as a result of her personal experiences.

They did not like to take the children outside but when they were taken out

the time was shortened for their safety. Violence affected how they worked with children because they must ensure that children knew the protocol in the event of an incident. Children were told if they heard any strange noises they were to observe the protocol. Teachers stated they knew they are supposed to take the children outside but they could not because they were worried that one of the children might be harmed (shot) while in their care. Teachers were aware of the tone of voice they used with children. They also talked to the children about not hurting other children. They used various strategies to support children. Activities were provided for children to help them feel better. Daily schedules/plans were affected due to the amount of support that was needed for children. Supervision was a concern for teachers. The housekeeping and block areas were mentioned as areas of concern (especially the block area) because they never knew when a child might lash out at another child and one child said, "that's what my daddy did to my mommy."

Teachers talked to children about "appropriate behavior". One teacher noted they had to be careful what they said because children would go home and tell their parents "what the teacher said" and it created a tension between parents and the teachers. There were parents who did not want to expose their children to violence that was "outside" the child care program. They were afraid for their child and themselves. Osofsky conducted a survey to identify issues of trust and safety among a group of African American parents and children living in an inner-city environment with a high rate of violence. Thirty-five percent of the

parents reported that they did not feel their children were safe walking to school and 54% did not feel their children were safe playing in their neighborhood. Only 17% of these parents felt that the children were very safe doing these activities. However, the majority (62%) felt that the children were very safe at home and 30% felt they were very safe at school. These data was consistent with the responses of 250 African American elementary school children, ages 8-12, from the same neighborhoods who reported that they felt much safer at home and school than when walking to school or playing in their neighborhood (Osofsky, 1995). It created a tension between the teachers and parents because they did not know what to teach the children to keep them safe. Parents viewed the program as safe "inside" and an opportunity not to have their children exposed to the violence.

One head teacher stated, "instead of teaching or focusing on self-help skills, letters and numbers you have to teach them what to do in case someone brought a gun and they find it either in the classroom or at home or if there is violence outside or if they are molested." She noted, "that when she first started teaching individuals talked about guns and domestic violence occasionally, now it is everyday. Children even talk about different things, they talk about guns, fighting, their parents fighting, how they can't go outside." She stated she had taken a class that dealt with violence that was different from when she first attended school. She stated she would never think of taking such a class.

Assistant teachers who lived in the communities had been exposed to the

"bad language" that children "brought" to school, hearing about community violence, aggressive behavior of children, shooting, fighting, stabbings, rape, drug activity, arriving at work and finding a dead body in the vicinity of the child care program, blood splattered on buildings from shootings or stabbings, they were exposed to violence coming to and from work. Children knew about the violence and made statements about why individuals were killed. They had also been exposed to "inappropriate sexual acts, the girls say inappropriate things and make sexual gestures, and the boys expose themselves," stated a respondent.

Assistant teachers who lived in the communities had experienced shooting in the vicinity of the child care program, while in the park the police was chasing a man with a gun. They have also experienced taking the children to the playground and hearing a car backfire and one of children kept giving the teachers the look that they are shooting-are we going back in the building—with a questioning expression on his face. The respondent stated, "a child should not have to feel that way."

One assistant teacher stated she was a victim of violence within the community where she worked which made it difficult. Another assistant teacher stated she had personal experiences with domestic violence and various violent situations within her family. Another assistant teacher stated she was attacked but was able to escape and get to a safe place.

Assistant teachers tried to provide support to the children. Individuals

were affected because they did not know when to expect violence to occur. "It just happens and you have to be ready to deal with it. The child or the situation. Children bring situations to school which require support from the teacher," stated one respondent. They talk to the children and tell them what they should and should not do. They tried to explain to children what was happening in the community. One respondent stated, "I try not to let the violence affect what I do with children. However, children receive a mixed message. Children have one person telling them it is fine to use violence but when they come to the child care program there are different expectations. They try to teach them the difference between right and wrong and they read books to the children."

One respondent stated, "these are some difficult children, she gets her respect and she does not tolerate inappropriate behavior from the children." She corrects them immediately.

Assistant teachers who lived outside the communities had been exposed to shootings, stabbings, fighting, rape, theft, children come to school and want to talk about their experiences, and the domestic violence they had witnessed.

Assistant teachers who lived outside the communities had experienced individuals running from the scene of a shooting, aggression towards the teacher and aggressive behavior toward other children. A child bit one teacher and the more she tried to redirect the child the more aggressive he became and started biting himself. Two children were playing and one child balled up his fist and punched the other child in the mouth. One respondent stated, "you may not

experience it personally but you hear about it, read about it so technically we experience it but not personally--when you're on the street you are exposed to it."

One assistant teacher shared her personal experience with violence. She was taking her child to school when shooting started. There was nowhere to go so they had to lie on the ground. They had to stay on the ground until the police arrived.

They were especially cautious outside noted respondents. One respondent described outside as being "surrounded". Teachers tried to support and nurture the children. Explanations were provided to children about what was going on. When children witnessed a situation one respondent stated they brought the children inside and tried to focus on something "positive" rather than what they were seeing or hearing. The protocol was reviewed with the children. Another respondent stated, "she tries her best to explain to the children what is occurring but tries to avoid it if she can because she does not like the violence." Teachers stated they read books to the children and try to incorporate different things into their lesson plans.

One respondent stated that she tried not to ask any questions of children that related to home. Another respondent stated they had to be careful with the children. Children would do things and tell their parents other things the teacher "did to them". It caused confrontations and tension between parents and the staff because they believed what the child said. Teachers had to perform their daily health checks. "Teachers have to be careful because you can be told a lie

by a child or lied on and it falls back on the teacher and they may find themselves in court," stated a respondent.

Impact of Violence

Participants in the exploratory study were asked to discuss in what ways they believed violence impacted what teachers/directors did with children. Across categories the following were identified as areas that were affected: Interactions with children, interactions with families, tension was created between home and school, staff morale and behavior, emotional well-being of staff, professional development of staff--how to respond to and support children who had been exposed to violence, children's play, children's behavior and discipline, daily activities/program planning, time, safety of children and staff and daily health checks.

Directors who lived in the communities stated violence impacted what teachers/directors did with children in two ways: (1) interactions with children and (2) program planning. One director stated that teachers needed to understand how violence could affect a child and be able to sit with that child and provide what the child needed. She also stated that teachers needed to "make sure the child knew he was in a safe environment and things happen, it's part of life and he doesn't have to be a part of a violent situation. While they may not be able to explain the 'why' they need to try to explain the situation to the child in a way he understands."

Another director who lived in the community stated, "violence impacts

greatly what is done with children. Teachers can't talk about what they have planned for the day when the community is in an uproar and the children are coming through a battlefield to get here. What teachers want to present is not important to the children. You have to deal with what the child is experiencing before you can do anything else." The director stated that everyone knows each other in the community and when something happened in the community it had an effect on the entire program. "It doesn't bypass us, we hear about it, the children talk about it, the teacher has to talk to them about it, the children talk about how they feel and many of them know different things that go on more than they need to know." Many people think that infants and young children who witness violence are "too young to know what happened." They "don't take it in." They won't remember." Infants and young children can be overwhelmed by their exposure to violence, especially--as is likely to be the case with very young children--when both victims and perpetrators are well-known and emotionally important to the child and the violence occurs in or near the child's own home (Zero to Three, 1996). It was also mentioned that teachers had to set limits and more time was spent on discipline which was very difficult for teachers.

Directors who lived outside the communities also stated they were greatly impacted. In addition to interactions with children and program planning the directors stated: (1) staff morale; (2) staff behavior such as temperament and tone of voice was affected; (3) staff's personal experiences with violence was an issue; (4) teachers did not have the training; (5) children's play was impacted; (6)

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there was a tension between home and school; and (7) their movements were restricted.

One director discussed the aggressive play in children she had observed. "There are children who yell and say negative things, they come to school and beat another child to death--you watch the faces of the teachers and how it affects them." Teachers stated they found it difficult to teach children to be social and respectful because they were exposed to community and television violence. "It's a dilemma, here's television and here's real life and we're here in this school and you can't say it's not real--it doesn't work, it makes it difficult for teachers to give children what they need later in school."

Two directors mentioned teachers' personal experiences with violence. One director noted that teachers experienced violence themselves, both inside and outside. "Teachers don't get it because they are also in the same situation." Another director stated, "teachers have their own personal experiences with violence which impacted how they responded to the children--instead of trying to support and nurture the children they might be more inclined to want to hit the child." Many adults were so overwhelmed by constant exposure to violence in the media, on the streets, within their communities, in their homes and the world that they become hopeless, desensitized, or disempowered to act (NAEYC, 1993). Adults confronted by community violence might adopt a range of denial and avoidance responses. They might be unable to listen and attend to children's needs (Elliott et al., 1998). A director acknowledged that teachers

were not supervised at all times, a director had to trust teachers to do the right thing but they did not always know this was the case. There was a concern that due to a teacher's personal experiences with violence it might affect their relationship with families as well.

The impact violence had on staff that lived in the communities where they worked and therefore were exposed to violence on a daily basis was a concern. They were part of the communities and sometimes their issues were brought into the workplace. It affected their ability to be effective teachers because they were dealing with the same issues.

Staff morale was impacted because teachers were afraid to be in the communities. It was difficult for teachers to support children if their morale was low. Teachers had to be aware of the protocol at all times should something happen, and they had to know what was happening and how to respond. One director stated that policies and procedures needed to be put in place because teachers' emotions were impacted. "With the relationships they form with families they take the despair home—everyone is still on the job after hours," stated a respondent. Domestic violence was mentioned as a critical issue, how it impacted staff at work and then it was taken home.

Staff's interactions with children were also noted. One director stated, "teachers are in 'training' they have to know how to approach children because it is stressful for them when they come to school." Another director stated, "young teachers and new teachers don't understand that violence plays an important

role in children's lives. A teacher will express they can't deal with a specific child and would rather refer a child than to try and work with the child."

A director stated, "the majority of teachers turn a deaf ear to family members and the children that are experiencing problems in the home because they don't know how to deal with it--in order to accept what the parent is saying, it means the teacher has to change the way they work with children."

Teachers stated they looked for the signs in the children to know when they wanted to be left alone. It was stated, "some children want to eat all day and they need to be aware when a child has been abused." It was also stated that teachers don't know how to respond to children "who beat, shake, hit and kick dolls." A teacher expressed the difficulty in that children come from violent communities and violent homes. "A child may take a french fry and make a gun and teachers are not prepared to deal with the whole violence issue."

It was noted that due to gang activity children were kept inside the classroom on certain days. The potential for gang retaliation was a factor. The 1991 National Survey of Children and Parents sponsored by the National Commission on Children reported that parents worried a great deal about their ability to protect their children from violence and keep them safe even in their own neighborhoods. Low-income and minority parents reported the greatest worries (NCCIP, 1994). Parents were informants and because they lived in the communities they were often aware of the potential for gang activity. They informed the staff and have requested the children be kept inside.

Program staff felt a need to provide a "safe haven" for children. "Community violence makes an individual want to protect children and let them see different sides of the world--when you see more violence it makes you want to hold on to the children and make them feel safe--one morning someone was shot before the children arrived for school and they already knew about it," stated a respondent. Staff read books to children to help them deal with the violence.

There was a tension between home and school regarding expectations noted respondents. It was stated that children were taught to do certain things at school; they go home and return the next day doing the same thing. It was a feeling among teaching staff they were not making an impact. A respondent stated, "Teacher's complain, they feel they are not making a difference in children's lives, what they're doing doesn't matter. Teachers feel like second mothers." One director stated that teachers were encouraged to treat children nice and love them because sometimes when the children go home they were not treated that way.

Head teachers who lived outside the communities talked about the great impact community violence had on them and how it made them feel uncertain and apprehensive. As was noted by directors they also discussed the tension between home and school, their interactions with children, children's behavior in the classroom and how their ability to implement daily activities was impacted. "If a child is experiencing violence in the home or in their community it makes a

teacher's job harder." Other themes among this group were violence was not the answer and how important it was for teachers to be role models. "Teachers have to maintain a discipline within themselves, they have to patient, they have to want to work with children, understand them, know how to talk to them, nurture and support them especially if they are angry."

It was noted by respondents that interactions with children was impacted. Teachers tried to give children "extra love and attention" because the children were exposed to violence in their homes. They had become more sensitive to children. Instead of thinking about children's behavior in a negative way they tried to "get to the bottom" of why they were behaving the way they were. Efforts were made to address children's self esteem and to talk to parents about how to talk to their children. One respondent stated she was conscious of the tone of voice she used with children. The need to talk to children often (which was identified as a time factor for teachers) and the topics that had to be addressed by teachers (primarily related to safety) was noted. "You have to talk about drugs because children have found bags and picked them up not knowing what they had." An entire week was spent talking about drug bags. There was a fear about talking to children because teachers were concerned about the parents and their responses. "They want to know why are you teaching my child about the bag?" Teachers felt a need to address these and other topics because they felt it was not addressed at home. They felt children were exposed to a lot and therefore they felt a "responsibility" to address topics that would keep children

safe.

Caregivers had feelings of uncertainty. Teachers were impacted because violence was "unexpected". They always had to be aware when things occurred and how to respond. "You can't panic because you have to get to the children immediately."

Caregivers noted they were apprehensive. Teachers did not know what was going on and therefore they did not know what to do. Children experienced violence in the home and it impacted the teacher because of the children's behavior in the classroom. "It puts you on guard--it makes you apprehensive to say something to a child and it makes you apprehensive and leery of the parent. You don't know who is responsible for the violence the child is experiencing. You're in a damned if you do, damned if you don't situation," stated a respondent.

There was a tension between home and school. Teachers tried to comfort children and get them to talk about their experiences and feelings. When the child goes home and tells his parents what happened at school the parent comes back and accuses teaching staff of "being in their business" which made it difficult. Another part of the tension between home and school was how violence was addressed and presented. A teacher stated when attempts were made to address children's inappropriate behavior the children told them that was what they have learned at home from family members. She noted that violence was addressed one way in the child care program but it was exposed to

children differently because of family members. Another tension noted was teachers trying to enforce a healthy environment in the classroom and communicate with children. Deborah Prothrow-Stith, M.D. an assistant dean in the Harvard School of Public Health during a 1991 presentation to public health professionals entitled "Adolescent Violence and the Prevention of Violence," noted that parents participated in the escalation of violence. Children in classrooms have told her, "My momma would beat me up if I got beat up. I have to go back and beat the person so I don't get beaten" (DiCanio, 1993). A respondent stated, "the children see a lot of violence in their homes, on television and they bring a lot of violence to school and it makes it hard in the classroom to communicate with the child because parents have told their child to hit another child if they're hit or if anything is done to them."

Children's behavior in the classroom was a concern. Due to children's behavior in the classroom teachers had to revise their plans for the day. A respondent stated, "a lot of times I let the children direct which way the plan for the day is going to go." The way children are disciplined has changed. "When you discipline a child things are different because a lot of children are not afraid of things they are told—they're not afraid of the consequences." Time out is no longer used noted one respondent but opportunities are provided for children to talk about what happened and their response to the situation. "A lot of children are more afraid of getting a spanking and what their parents are going to hit them with."

Daily activities were impacted. Various activities were used in the classroom to calm the children. Teachers talked to the children often. Teachers might hear about what was going on but might not see it. "The children usually have seen or heard about the violence that has occurred so teachers talk with them during group time." One respondent stated, "I try to teach the children what I learned in school but the violence has a great impact on them." The teacher shared an experience of teaching an activity. In the middle of the activity children called her over and she thought it was related to the activity and the children started "representing" to the teacher. She stated the children knew the gang name and signs. Another respondent stated, "depending on the child if they are always doing negative things you try to direct their attention to an activity to make them feel like they don't have to be violent, they don't have to hit, kick, bite, scratch, run and hit other children."

Safety of the children was a concern. Respondents stated children had to be taught how to protect themselves because of child abuse in the home. Teachers felt a "responsibility" to teach children about their safety because it impacted them to see the harm that was done to children. Teachers were also impacted because they had to find different ways to talk to children about various safety concerns to make them feel comfortable about coming to school. Children were told not to travel alone, travel a route that was safe, and if it was not safe at home go somewhere that was safe, among other topics.

Daily health checks were a priority. Teachers stated they had to pay

closer attention to children when they arrived for school due to the number of child abuse cases. A respondent stated, "child abuse is a form of violence and we have to go further than we did before because there are more cases of child abuse and teachers are mandated reporters. It makes you more suspicious of what children say, it makes teachers listen more to what children are saying especially when they're playing because that's when they find out about situations." The respondent made it clear--"we're not dipping for information it's what we hear--children talk about their parents going to jail and their various activities such as drug use."

Teachers were impacted by the need to focus on positive things, places and activities in the communities. They tried not to focus on the negative things because individuals lived and worked in the communities. Children were encouraged to ask their family members to take them to "positive places" in the community because it had "a positive impact on children to try to help them feel good about the community they live in," stated a respondent.

Head teachers who lived in the communities identified time, safety, apprehension, tension between home and school, domestic violence and children's play, as areas that were impacted.

Due to the amount of time children spent in child care settings teachers felt a responsibility to teach children there were other ways to handle problems other than using violence. Teachers felt it was their "responsibility" because children were not taught at home.

Safety was a concern. Before going to the playground someone from the staff goes first to make sure it was safe to take the children. An incident was shared that when a staff member went to check the playground there was a man in the playground and before she could return to the program an ambulance arrived and removed the man. The staff did not know what happened but it was a frightening experience for them. A respondent stated "we're not 100% on our job with our children because of what's happening on the outside of the classroom. The violence interrupts a lot of what we could be doing with children. We have to stay on alert because of where we are." The difficulty of recruiting teachers in communities where violence was an issue was mentioned because teachers were uneasy because they did not know what to expect. A respondent noted, "it's hard working in an environment where everyday it can be something different."

Teachers stated they had to do more, they stated "a lot". There had been violence in the classroom between family members and parents who had conflict with staff. There were "protocol meetings" to discuss how to handle different situations. The protocol varied, one respondent stated you can follow the guidelines inside a building but you can't follow them outside the building when you have children. During the interviews teachers were consistent in making a distinction between "inside and outside protocol" and the need to be vigilant. They talked about there not being safe places to walk in the communities because they did not know what might happen and it made them uneasy.

Teachers had to monitor building entrances and other areas so they knew who was in the building. "It helps the children feel safe because they are told the program is a safe place." The need to provide a "safe haven" for children and families was noted. Teachers talked about the need for children to feel safe when they attended school because they were exposed to violence all the time. "When they come to the program they shouldn't have to deal with what they deal with at home and outside the program," noted a respondent. Teachers felt a "responsibility" to protect children from seeing or hearing violence while at school. "They should not be exposed to violence at the program", stated one respondent. David Hamburg, President of the Carnegie Corporation of New York, reminded us that a "safe haven" was critical for human children. Human children need protected early years spent with caring adults. If children did not have such protection, if they did not feel safe and secure with trusted adults, they would develop their own strategies for achieving safety, security, and survival. Strategies developed prematurely and based on fear, rather than trust, are almost always rigid and limiting. If children are to be prepared to act in more caring and less violent ways, they must be provided with sanctuaries in which to explore caring and non-violent ways of behaving (NCCIP, 1994).

Tension between home and school were factors. Conversations were held with parents about closer supervision of what their children were seeing. It was also mentioned that children were exposed to violence everyday and children were living in violent homes. Teachers found this difficult because they

did not know what to do or how to help. A respondent stated, "a child will come to school and talk about something that happened at home but will also state that he is not suppose to tell anyone"—the teachers are in a "catch 22" because they are not able to say anything to the parent. For those teachers who tell children how to respond to situations, parents come to school and tell them "my child told me what you said." Teachers are placed in a position of trying to explain to parents how their actions impacted their children. Other family members were mentioned as a factor. "Children are exposed to other family members who are disrespectful to the child—they curse at the child and do other things that are disrespectful," stated a respondent.

Domestic violence was a concern. Teachers stated they tried to provide "a safe haven for parents" because domestic violence situations had escalated where protection had been needed. Teachers expressed frustration over providing support for a family and then they go back to the same situation.

Children's play was a concern for caregivers. They stated that during play children played police and robber, they pretended to be selling drugs, or they would tell another "child don't move because I'm going to shoot you."

Assistant teachers who lived in the communities identified the following that impacted their work with children: children's behavior, interactions with children, safety, and daily activities.

Children's behavior was a concern. When children experienced difficulties at home it was "brought" into the classroom. It was stated, "children

come to school with other things on their mind. It's a violent situation they have witnessed or heard in their home. They're not interested in the classroom activities."

Interactions with children were a factor. One respondent stated, "a lot of times we nurture them like a mother rather than follow the lesson plan—many of the children need the special attention." One respondent stated that when teachers knew something had happened in a home they tried to anticipate the child's needs. It might not be evident immediately it might be weeks later when the child might seek attention or become withdrawn. She stated, "they never bring up a situation they are aware of unless the child talks about it first. Teachers need to be prepared to solve conflict in the classroom and how to react so they don't respond negatively to children. Teachers also need to be prepared to respond to children's questions."

Teachers stated they had to avoid certain areas in the communities which had a big impact on them. "We don't want the children placed in a situation that could be harmful." Teachers worried about what could possibly happen to them outside. Certain areas were avoided where it was known that gang members gathered and there could possibly be a problem.

Teachers read books to children about love and friendship. There were classroom rules, children were encouraged to talk about their feelings during large group time, and art activities were provided. One respondent talked about the difficulty of "trying" to discuss violence with young children-"it's difficult, the

best you can do is try to explain."

Assistant teachers who lived outside the communities identified interactions with children, children's behavior and tension between home and school as areas that were impacted by what they did with children.

Interactions with children were a factor. Assistant teachers stated they talked to the children often. Children were told not to play with guns, not to pretend like they were shooting guns, not to use drugs, try to be friends with each other, try to help each other, get an education, and if they saw trouble go the other way. One respondent stated she told the children "what God says and what she thinks they should do." Another respondent shared the following, "on a day- to-day basis children ask questions. They will ask about or tell you about a family member who was shot and will ask your opinion. They are seeking answers from you. The child will then ask if they are going to be shot that day (they're not sure about their own safety). A teacher has to be able to respond no matter what and we don't know what is going to happen from day to day and it affects children." Another respondent added another perspective about the difficulty--"when children want to talk about the violence and you have to respond to them to the "best of your knowledge" it is difficult for those teachers who don't live in the community because they are not aware of what is going on. You try to comfort the child and tell him he's going to be fine."

Children's behavior was a concern. It was noted that some children lived in violent homes and "it carries over into the classroom." One respondent stated,

"if you live in one situation and go into another it's difficult to adjust-some children have to hit someone everyday and we try talking to the children."

Tension between home and school were factors. They were impacted greatly stated one respondent. "They only have the children for a short period of time and it's difficult for teachers to instill or try to instill their voice and not use their hands. At home they're taught to use their hands because words are not heard." She expressed the difficulty in managing the classroom when you have children who are difficult to handle due to their "violent behavior". It was noted that when children were in the care of teachers they tried to teach them the right things. When they go home there were families that were supportive and then there were some that were not. "The children come back the next day and we just start all over. It becomes part of their daily routine," noted a respondent.

Another respondent discussed how teachers had to be careful how they handled children to ensure they "don't make any marks/bruises on them." Teachers stated they had to watch their nails to make sure they did not scratch children. It was noted that parents could be difficult and it depended on the individual how they would respond to the teacher when given an explanation of what happened. A respondent stated, "parents can blow things out of proportion--you have to be careful and make sure nothing happens. If you accidentally leave a mark on a child they can or would say something happened."

Community violence gives you a "paranoid nature" stated a respondent.

When the children were taken outside they talked to the children, held their hands, made them stay in line so if violence should occur the teachers would be able to keep them together.

Respondents stated they provided a variety of activities to "keep the children's minds off hurting each other." Teachers tried to show children what behaviors were appropriate. "It's difficult to teach a child that acts out. Staff/child ratios makes it difficult to work with children and makes it difficult to individualize and support children who are experiencing difficulties."

A lot of times teachers are placed in situations where they don't know if what they are doing is the right thing. They feel a need to be careful and stated they need support in this area.

Degree of Violence

Respondents were asked how serious the violence was in their service area. Across categories the degree of violence fell between some to extreme. For directors who lived within and outside the communities the degree of violence fell between some to extreme. Several factors were noted between these groups. The time of year, time of day, volatility, frequency, amount and evidence.

Table 3

Degree of Violence

Degree of Violence	All Respondents
None	1.36%
Very Little	17.8%
Some	36.9%
Extreme	33%
Some/Extreme	9.58%
Beyond Extreme	1.36%

The time of year was a factor. It was noted that violence was extreme during the summer months because "everyone is hanging out." Directors noted it declined during the fall and winter months. One director even noted she looked forward to the fall in order to have a break from the violence.

The time of day was mentioned as a factor. In some communities, violence might decrease during the daytime hours. Respondents discussed the "volatility" within their respective communities. The researcher refers to this as "community temperament". One director stated "it depends on what's going on in the community that makes the 'seriousness' of the violence fluctuate-if you see a lot of people outside everything is good, if you don't see anyone you need to get up and get out fast." Another director responded by saying "it's some violence 'for now'. " She emphasized the "present" the "for now". Fear of retaliation and drive-by shootings had an impact on communities.

Respondents stated the frequency was a contributing factor. Hearing about violence that had occurred in the community was daily. One respondent stated, "there's not a day that you don't hear about someone getting killed or something happening in the community—someone is always getting killed or hurt." The children were often aware of incidents before the staff. When they arrived at school they wanted to talk about what had happened. It was stated that the children talked daily about what was going on in their home as well as in the community. Children talked about "my daddy hit my mommy" and they acted out "spanking the baby" in the dramatic play area. The amount of violence within communities was also mentioned as a concern. Respondents stated that domestic violence, gang activity and activity related to drugs was increasing in communities. Respondents noted they saw evidence that something had occurred. Individuals heard sirens, while they did not know where they were going they were aware something had occurred. They also heard the ambulances responding to calls.

There was a reference that implied that individuals had become "desensitized" to the violence, while it is extreme a respondent stated, "it's there and that's just the way it is." Many adults are so overwhelmed by constant exposure to violence in the media, on the streets, within their communities, in their homes and the world that they become hopeless, desensitized, or disempowered to act (NAEYC, 1993). Two directors responded there was very little violence. One of the directors lived in the community and the other outside

the community. The director who lived outside the community used to live in the community where she was employed. It should be noted their responses conflicted with previous statements about the increase in domestic violence within the community and the fact that violence was an issue but the community was changing.

Head teachers who lived in the communities stated the seriousness of the violence in their service area was between some to extreme due to the gang activity. Head teachers who lived outside the communities identified the following factors: increased police presence, caregivers were protective of their own children, there were concerns for children's safety, caregivers relationships with families, time of day, community residency, children's behavior, and the Chicago Housing Authority.

There was increased police presence within the community. Several respondents stated the police were around all the time. While it was noted there was police presence, it was stated, "a bullet doesn't have a name on it."

Caregivers were protective of their own children. Their children were not permitted to go outside. If they did it was for a specific purpose. "I can't let my baby outside," stated a respondent. They "avoid over exposure"--they arrive earlier than an activity was planned in order to combine one activity with other activities and they left as soon as the activity was over. It was noted they were afraid of their own children being caught in gun crossfire and killed.

Caregivers were concerned about the children's safety. Teachers were

afraid to take the children outside because they were afraid for their safety. "I can't take this--I don't want any of the children hurt because that means the end to my career, I'm going to go crazy if a child is hurt," stated a teacher. She also talked about conflicting administrative policies. She tried to assist a child who was a victim of child abuse and she was not supported by the program administration.

Family members who were killed were related to children enrolled in the child care program, known by other children in the program and also might be known by program staff impacted everyone. Osofsky noted that an area of concern for children who were exposed to chronic violence was loss and grief reactions. Young children living in high-crime and high violence areas must deal with death more frequently and at younger ages than other children (Osofsky et al., 1993). Children cried in school and following the funerals of individuals it was often more difficult for staff. Teachers heard the stories and rumors about what happened. As noted by the directors the time of day was a factor. It was stated, "they did not see it during the time they were there or it was not visible during the day."

Teachers stated they did not live in the communities and therefore they did not know what was going on in the communities. One respondent shared the following perspective, "it depends on who you talk to if you don't live in the community--you will get different responses, you may talk to someone and they may say it's extremely bad and someone may say somewhat bad, it depends on

what you look at and how you perceive things." "If you don't live in the community and you don't hardly see anything and "someone tells something" you may say it's somewhat bad but if you live in the community and you see everything that goes on in the community then it's going to be extremely bad for the individual and the community." Another respondent stated she reads the community newspaper (her response was some).

The children's behavior was a concern for caregivers. "It's in the classroom because children act it out," stated a respondent.

The residents of the Chicago Housing Authority development were of major concern. It was noted that due to Chicago Housing Authority relocations in various communities and more resident monitoring it had been helpful.

Assistant teachers who lived within the communities noted it was extreme due to the time of year (summer) and the drive-by shootings. One respondent stated it was beyond extreme because the violence was everywhere and individuals were getting killed or hurt. "You don't see it but you hear about—you see the ambulance coming and going and you see the police." For those who responded very little they qualified their responses by saying "it's calm now," "at this point but you never know when it can pick up," and by saying "now" (emphasizing the "present").

Assistant teachers who lived outside the communities stated it was between some to extreme because it depended on whether or not the gangs were at war that it became extreme during these times. It was noted the gang

members "try to keep it down to give the children a chance to get home from school and the parents time to get home from work. When they know everyone is leaving out for school they try to shoot from 10:00 A.M. to 2:00 P.M. because they know when the children get out of school. They try to watch the safety of the children. The gang members try to do their shooting in the evening when everyone is in bed. On the weekends, who can say?" It was also noted that in the areas where there were Chicago Housing Authority developments it was problematic. The relocation has been helpful but individuals were still in the communities. Another respondent stated that when they arrived at work they heard that someone had been shot near the program or within the community that was a concern because the violence was within the vicinity of the child care program. For those individuals who responded very little they stated it was because they did not live in the community and what they knew was what they heard and the staff tried to stay in "safe situations".

Respondents were asked to discuss the feelings, reactions and consequences they have experienced as a result of their exposure to or experience with violence. A director who lived in the community stated that she was worried about the children's future, "I wonder if they're going to make it, I wonder how far they will get as far as an education. At what point will someone intervene?" She talked about her previous employment experience and how she felt out of place because she didn't know what to do. She felt like she didn't fit in because she did not live in the community. She stated she was "naïve".

Directors who lived outside the communities stated they were worried, angry, and affected emotionally and mentally. They also stated they felt safer due to police presence. A director who lived outside the community stated the police presence made her feel safer. She felt a need to be visible in the community so individuals knew who they were and would become familiar with the program services. She stated she "feels like the messenger and therefore had to be ready--when you experience violence you don't believe it, you read about it, see it in the newspaper, and on television. When it happens to you it is real and you are scared. Individuals have to know the people and know why the violence is occurring."

Directors who lived outside the communities also stated they felt bad, sad, hurt, cynical, and angry. Many factors contributed to these feelings. One was the connection they felt with the children and their experiences in the home and community. Children talked about their experiences and how it made them feel. They were concerned about the impact exposure to violence had on the children. One respondent stated that she "wants to take all the children and hold them and protect them but the reality is that she cannot protect them." They felt a need to ensure children "feel" safe in school because they did not know what happened after hours.

Relationships with families were also a factor. The staff knew individuals (family members of children enrolled in the program was mentioned often) who had been killed as a result of community violence. One respondent stated, "it

destroys you, you feel sorry for the family." What individuals did in the community to "destroy the community" contributed to the feelings of being cynical and angry. One director stated, "she was angry with the teachers while she realized it was not their fault because they had not been properly trained to deal with the various situations, it's hard for them to understand and be able to support the children." As a result the respondent stated, "that due to her anger she "pushes the bar" and she pushes the staff as much as she could to get them to understand that it's not about them it's about the children."

Directors talked about conflicting feelings and how they "try" to be a "role model" for everyone even though they felt a different way inside all the time. They want to tell children "things are going to be fine" but in the back of their minds they know it was not true because the child was going back to the same environment. One respondent talked about the "emotional pull" being a director had on a person. She stated, "the position caused stress because they were concerned about the whole picture." As the director they had to look at the safety of the children, staff and also provide an "open door for families and sometimes it's very stressful." She talked about the need to "separate yourself" at times. "Directors have to deal with it all and it's depressing," stated another respondent.

Directors discussed how "devastating" the consequences were. The time of year was identified as one factor. It was noted that if there was a lot of violence during the summer months it usually carried over for a few months in

the school year that impacted the program attendance. Another consequence identified by directors was the behaviors they observed in children who were exposed to violence—children crying, saying words that were not appropriate; children who became aggressive towards teachers when they were angry. One director stated the consequences were not always negative. When individuals were able to help a family "it's a reward" and it helps to keep them going to know they had helped someone.

Directors talked about how "times have changed". They talked about growing up during a time when "the individuals in the village raised the children in the community and provided protection. When individuals fought they used their fists and when it was over you had some bandages and ice and you went about your business the next day." Due to the change in time individuals were using guns and other items and the consequences were great. "It's scary," stated one director. They talked about the sadness and fear of what children were exposed to in their communities and home and the consequences of knowing this was the society they lived in.

One director talked about the "hopelessness" on the part of the parents and their feelings toward parents. "They want the best for their children but they're not doing anything. They look to the child care program staff to 'fix it'. They hide their own pain of abuse. Much of what the staff sees in the program is a direct result of what the child is experiencing outside the program." Another director who lived outside the community stated the community is in a "state of

hopelessness." The authorities do not take the violence seriously. They ignore it and act like they are used to it (desensitized).

Relationships with families were difficult. One respondent stated, "it's difficult dealing with the children because you don't want them to hurt each other. If a child hurts another child you have to tell the parent who gets very angry." One director experienced an incident when the parent of an injured child wanted to come into the program and do something to the child who injured her child.

Directors were concerned about what happened to children on the weekends. "It's like putting a bandage on a bad wound. During the course of a year you may see several 'partners' picking up a child because the mother is changing relationships but not working to resolve the problems," stated a respondent.

Head teachers who lived in the communities stated they had no control over their situation. "They don't like the violence and they are scared, angry, distorted and most of the time felt sympathetic." In addition, they discussed their personal experiences with violence. They lived in the communities and "they see and hear about the violence and they also have friends and family members who have been impacted by the violence (victims or witnesses)." One respondent stated, "this is a community, you feel some of the security should come from the gang members--we try to service them and you would think they wouldn't let this happen when their own children are involved." They stated they are frightened because they can get hurt--"bullets don't have a name."

The teachers stated they were "devastated because they're constantly surrounded and bombarded with violent situations and living in violent communities." Their movements were restricted because they were afraid to go out because they did not know what might happen. There were certain areas they had to avoid. "If you see a lot of young men standing around you don't go there. You don't know what's going to happen." Respondents did not like the children to play outside or in the park. "If something happens we have to keep the children safe until we're able to get them back to the building." An analysis of 1990 Chicago murders by location shows that 538 of the 851 total were committed outdoors, with 432 occurring in a "public way" (i.e., street, alley, park) (Bell & Jenkins, 1993).

Not being aware of the protocol was a consequence. One respondent described a shooting that occurred while outside and the children dropped to the ground and covered their heads but the respondent did not know what to do. The children had to tell her what to do and "reprimanded her for not following the protocol."

Another consequence of community violence was the impact on attendance. When gangs were at war in the community, parents were not able to "cross the line" because of gang territory. A respondent noted, "at times it's a matter of crossing the street." A family member tried to bring a child to school and was stopped and beaten. The parent had to take the child out of the school and move. It was a violation of crossing gang turf. One respondent stated, "it

makes me mad, sad, it's stupid but that's the way it is, they can't walk in certain places. Children act out situations in the classroom. One child acted out a scenario about the handling of drug money."

Their relationships with families were affected. "You must explain to parents about their actions, you have to think about how or should you say something to the parents." The respondent stated she made an effort to make expectations clear with parents from the first day of enrollment. Situations between families might erupt in the child care program. Family members have fought in the classroom. One respondent stated, "that a lot of work has been required in this area because the children's safety was threatened. Families within the child care program had children who had been beat up by gang members. Teachers provided support to families whose children had been beat up by gang members. It's been necessary for parents to sit in the child care program to help protect their children from outsiders."

A head teacher who lived in the community stated she was not impacted because she was used to the violence (desensitized). It has been noted in the literature review that we were all responsible for the fact that a level of violence has become "acceptable" in communities. Communities have to be empowered not to be so accepting of the violence, of gunshots, of trauma (Zero to Three, 1992). Another respondent noted that times have changed, individuals don't fight like they used to. They now get a group together to beat a person up, stab or shoot individuals. They've done it so long it's like it's "normal". Her objective

was to make the children and families "feel safe" in the program. She stated it was difficult sometimes because the program policies on discipline conflicted with family policy. "They will take their child in the bathroom and shut the door. Teachers feel they are in a no win situation. Sometimes teachers have to concentrate on the classrooms but they also have to try to monitor what might be happening to a child in the bathroom. It's hard sometimes."

Head teachers who lived outside the communities stated they were scared, nervous, angry, disappointed, and sad. Three respondents who lived outside the communities stated they were not afraid. One stated it was because the community was changing. Another respondent stated that while she was not afraid she would like to "feel patience and warmth in the community." She stated she is more afraid of the dogs because sometimes they were walked without a leash or on a leash that was not strong for a large dog who could possibly turn on its owner. One respondent stated, "there's a lot of anger because you're looking for solutions and how they can be used. We work in a community like any other community." Another respondent talked about how it felt to be "unsure" as to what to do when faced with a violent situation. "You feel angry and unsafe dealing with the what do I do feeling." Another respondent stated, "she calls the program first to let the staff know she's on her way so they can look out for her because she's frightened and worried. There are low-income families here who are respectable people but for now the majority rules by gang violence and drugs. They want to show children there are other ways to

behave."

Relatives of children were being killed. They were gang members. The deaths were brutal. One example that was given was gunshots to the head. They were concerned about the impact community violence had on the children. They felt sorry for the children who were exposed to or experienced violence. They talked about children who must attend funerals of parents and relatives at a young age. They were concerned about their siblings because many were close in age. Sometimes children lost both their parents. Many families only had one parent. Due to the violence a parent might be removed from the home or they might go to jail or was killed.

Teachers also had personal relationships with the individuals who were killed. Respondents stated they were supportive of their child, the teachers and the program. The deaths were unexpected. "You see them one day they're gone the next," stated a respondent. The teachers felt sad for the children and they must be able to support children when they returned to the classroom. One teacher talked about "trying to get prepared" before a child returned to school to answer the child's questions about death. Another respondent stated, "that she was hurt that someone she knew was killed and was a relative of one of the children enrolled in the program. The child was very close to the person and talks about him a lot." The teacher noted she tried to provide support and reassurance.

One head teacher who lived outside the community discussed her

personal experience with violence and how it impacted her. She stated that she was withdrawn and had difficulties trusting people. She was suspicious of people and questioned their motives. This was related to the violence she was currently experiencing as well as the domestic violence she was exposed to growing up. In addition, the respondent stated that she grew up in a violent community and saw things that she should not have seen and found herself trying to protect other children in the community from the violence. She used prayer and writing as her outlets.

Children had to be carefully supervised due to the "community temperament" (researcher's emphasis). Individuals don't know what's going to happen. "There's the fighting as a result of the drugs that often becomes violent," stated one respondent. Children also had to be supervised because they brought weapons to school. One respondent stated a child gave her a gun. The child brought the gun to school because "she wanted to get someone that was hurting her." Another respondent stated she was afraid. "When you have problems with children, the child could bring something to school the next day to get you or tell their parents and they could be waiting for you after work to get you—I'm afraid, you never know who's going to do something to you and who's not going to do anything to you."

Another consequence was children acting out which could be severe. A respondent stated she was sad and horrified after witnessing a child striking another child and seriously injuring the child. She stated that in all her time of

teaching she had never seen that before. In addition, because children were exposed to violence they "act out" what they see. One respondent discussed how children walk like the gang members and they sing songs that were not appropriate. When they "try" to tell the children the songs were not appropriate the children tell them that their parents listen to the music. She stated, "it was difficult because they tell them one thing at school and they go home and it's different." She also stated, "that due to the children's exposure to a lot of things that during a drug presentation, the children could name the drugs before the police officer could make his presentation."

Another consequence was silence. One respondent discussed the tension between co-workers. "Your peers get upset with you and they lash out at you for something you could not prevent. If a child does something to you (hit or kick) and you try to discuss it with a peer or the parent the feedback could be negative from either of them. As a result you decide not to say anything. Then you feel like why should you say anything." When teachers repress or deny painful feelings that have emerged in their role as teachers and caregivers, "domains of silence" may, and often do, prevail (Garbarino et al., 1992).

Due to child abuse and neglect children might be removed from the home and placed in foster homes. One respondent stated, "things are different now, there was a time when a child could go outside and play and not have to worry about someone shooting, they didn't have to worry about going home--feeling safe at home rather than being abused physically or sexually. There's a lot more

to worry about today."

Assistant teachers who lived in the communities talked about their personal experiences with violence. Assistant teachers stated they felt sad because children get hurt, another respondent stated she felt sad because she was almost shot as a child, another respondent stated she was hurt because she was a victim and friends had been killed, they're afraid of the violence, they're angry, they feel bad, they don't like the violence. One respondent stated, "I feel like I don't know what I feel like because I am so frustrated and feel so helpless." Another respondent noted, "she has a lot of feelings because of her personal experiences with violence and when she becomes aware of something that has happened in a child's home it brings back memories of what she went through and what it has taken for her to survive." They noted they grew up in the communities where they now worked and how the communities had changed due to violence. "It's like two different communities," stated one respondent. Respondents felt because they were in low-income communities individuals did not listen to the residents. "It's a reality, we live here and it is 'really' a community and we have survived it. We are survivors." One respondent stated, "she felt safer because the majority of the people in the community knew her."

Another respondent stated they have to watch their backs all the time. With their personal experiences with violence, individuals "don't bring it to work with them." They try to keep their experiences related to their own communities separate from their work experiences. She stated she has not seen a counselor

yet. She described the violence as extreme and difficult. The respondent stated that she could not listen anymore. "You're lying in the bed at night and you can hear what's going on outside--you see what's going on, the drug deals, it seems like they never sleep." She stated it's depressing and overwhelming. The respondent's family is concerned about her. She stated, "she keeps it to herself (silence) because it's so hard." Another respondent who lived in the community stated, "she wished she could participate in community groups but feel it is 'risky' because there are too many things happening in the community. As a participant they don't know where other individuals are coming from and therefore it's scary."

One respondent described a shooting that occurred. She stated they knew something was wrong because the individuals were walking down the blocks and they never walk down the block (community temperament). "It was the worse feeling someone could experience outside," stated the respondent.

Another respondent stated that it impacted their families because they lived in the community. Their children did not have the freedom to go outside. They were afraid for their own children in the community and therefore restricted their activities. One respondent stated, "a community with a lot of violence keeps you from participating in a lot of activities. Bike riding was dangerous due to the gang activity. If individuals don't have the income to take their child outside the community and expose them to other things it's hard." Another respondent stated, "if you go outside there is no guarantees an individual will

make it back in."

Assistant teachers who lived outside the communities stated they felt sad, emotional, teary, paranoid and moody. They felt a full range of moods due to what children were exposed to and they had difficulty understanding the violence. It was also noted the shootings and potential for harm makes one feel "no job is worth one's life." "It's even more unsettling to be in the classroom and have to worry about a bullet coming through the window. You're afraid to go outside the building." The respondent had refused to go outside the building due to fear. She stated, "the shooting is upsetting to the children and it affects me the same way--a person came running pass with a gun which was not pleasant to see, it's frightening."

Because they knew individuals who had been killed they felt sadness, sorrow, pain and hurt. They knew parents, family members or they heard about other people in the community who had been killed. One respondent described a shooting that occurred near the child care program. She saw several individuals lying in the street but did not find out until the next day that one of the individuals that was killed was someone she knew.

Assistant teachers indicated they see and hear about the violence, they also see the evidence that something is wrong such as the ambulance siren, police cars and lights. Individuals are scared and uncertain because they don't know what can happen and they don't know the people, in particular, they don't know the good people from the bad people. "You have to watch everything

because you don't know who's out, what's going on and who lives in the
community. You have to be careful of what you do, what you say and who you
are with."

Movements in the community were restricted because of gang territory
and the location of the program. One respondent was confronted by gang
members, which scared her. She feels the confrontation with gang members to
do her job was not worth getting hurt. Individuals had to know which streets to
travel. The respondent noted that where she worked should not determine how
she moved about the community.

One respondent noted, "they were also afraid for the children, they feared
for their lives as well as their own because they did not know what to do.
Children come to school and act out violent crimes. They also want to talk about
what has happened at home and in the community. Teachers have to be
supportive regardless of what they are aware of and how they are feeling."

Staff Recruitment

It was noted in the review of the literature that educators needed to
address the safety of their schools because violence and the threat of violence
might affect students' and teachers' desire to attend school (Price & Everett,
1997). In addition, individuals' perceptions and personal experiences with
violence might impact administrators' ability to attract and retain teachers.
Respondents were asked about the difficulty in recruiting teachers for their child
care program due to community violence. Across categories respondents stated

it was not difficult to recruit teachers for their child care programs. One respondent stated, "you would think it would be a problem but it is not." Two other respondents stated, "while it is not difficult, there's turnover." They described the turnover as "individuals coming and going." For those who expressed it was difficult several factors were mentioned regarding their experiences in recruiting staff.

Several explanations were given regarding why it was not difficult to recruit teachers for child care programs. Jobs were offered to parents and community members first as a practice in most child care programs. Individuals that had left the community but were raised in the community did not have a problem coming back. An assistant teacher who lived outside the community stated she grew up in the community and expressed a need to return to the community (an obligation). She felt a need to be in the community because that was where she came from and maybe she could do something to help a child. A vast majority lived in the community or lived in "connecting" communities. "It's not difficult unless it's an individual of another ethnic group. Examples given by the respondent were European Americans and Hispanics. Individuals don't want to come to this part of the city. People who live in the community don't feel that way." An assistant teacher who lived in the community stated, "If they had to hire staff that lived outside the community it would be hard."

Staff members who resided in the communities at one time and individuals who had either already had the experience, either in their own

communities or in other places where they have worked was mentioned as reasons why it was not difficult to recruit staff for the child care programs. A respondent stated, "that's the population of individuals who are usually comfortable working in these communities. They're comfortable coming here, they stay, and they know how to react in situations like this. What to tell the parents, how to avoid the gang affiliations. They know it is violence around, you may not always see it because it happens in the evening. They come because children need to be served. The children come in the next day after a violent event and they're talking about. It seems like it is normal to them. There was a killing in the vicinity of the program during a time when children were arriving at school."

It was noted that "most individuals who are committed to the child care profession know the programs are located in the worst parts of the city and therefore there is not a need to sell them on where they are." Recruitment might not be an issue because the child care program was located in an area perceived to be "non-threatening".

Staff turnover was especially low among individuals who were recruited from the communities. "Individuals who are looking for employment need a job and they stay. Everyone is looking for employment. Due to welfare reform individuals are looking for jobs even though they're not qualified but they're willing to go to school." An assistant teacher who lived in the community stated, "it's not difficult to recruit teachers, it's violence everywhere. You may be risking

your life, but you also need to work, so it's a chance you take coming and going. You have to pray; whatever is going to happen is going to happen anyway."

College graduates were looking for experience in child care programs. The child care program served as a "training ground". It was noted, "they don't stay long; they get the experience and move on. The teachers that stay a long time are from the community. They may have moved away but they know the community. The people who have come in, they're considered to be the gatekeepers of the community. They have stayed in spite of all of the things that have happened."

For those who stated it was difficult to recruit teachers for the child care program they cited several reasons. A person experienced a violent act and left the child care program. A teacher left because of the violence and was uncomfortable working in the community. For those who were not used to the community, it's frightening for them and they don't want to come. Individuals feel safer around the school than they do when they go beyond the immediate area.

Individuals who did not want to come into the communities were stated as a reason. Individuals came for the interview but once they saw the community they did not want to work in the communities. It was noted that once the address was given individuals did not want to come. If they came and saw the building where the child care program was located some were fine. However, family members expressed concern about their safety and apprehension about their employment at the program. Emphasis was placed on the building being

secured. One respondent stated, "you may have days where you can't go to your car, or you can't go to the bus stop because of the shooting." Co-workers and family members were concerned. They're told, "don't go there", "and be careful". She also talked about co-workers having to "check-in" daily with family members to let them know they were safe because they were concerned about their work environment.

Perceptions about the communities were a factor in the ability to recruit staff. It was noted communities were changing in some areas and hopefully the perception of some communities would change as well. A respondent shared this perspective, "it used to be a problem when European Americans applied; they don't apply anymore. They look at the community and are afraid, you can see the fear in them and they talk about where they left their car and request if someone could watch them when they leave. The fear is all in their faces to the point their eyes want to pop out of their heads. Even when you tell people where you work you get a reaction so you know individuals you're trying to recruit and others react the same way." Another respondent who lived in the community stated, "individuals don't understand that sometimes there are 'good days' in the community and sometimes there are 'bad days' in the community. People have their own preconceived ideas about the community—'the ghetto'. Individuals base their decisions on that alone. What they don't understand is that if you don't mess with the gang members they won't mess with you. The teachers are there to do a job."

Child care salaries, the shortage of teachers and location were factors that impacted staff recruitment. "Other jobs pay more and require less. It's demanding working with children and families." One respondent stated, individuals have families to support and they want to prepare for retirement, which they can't do on what they are paid as child care providers. It was noted it was a shortage of teachers and therefore it was difficult to find good teachers. One respondent noted, "some teachers don't like to teach, some teachers are mean, there are teachers who don't care especially when a child needs help." Another respondent stated, "location was a factor when trying to attract good teachers who are not familiar with the community but have heard about it, it's very hard to do."

The children were a factor as well stated a teacher who lived outside the communities. She noted, "statements have been made about how difficult the children are to work with. The children have various issues they're dealing with. It's a high stress community and it brings on stress in individuals."

Teachers who did not want to deal with conflicts with family members were a factor. An assistant teacher who lived outside the communities stated that family members "come in with attitudes and want to start things. Things that could be talked about were difficult to address because family members were hot tempered. It's difficult to get through to them." She believed the community violence had some influence on families' behaviors. "It's hard", stated another teacher. "Individuals have been in child care but have moved on to other

professions because it was so much going on and they don't want to be held accountable for what they say to a child, they don't want to stay and fight it out."

One respondent stated who was a head teacher that lived in the community, "it's about 70/30" and shared the following perspective. "If an individual is committed to the profession and they need a job they will take it. If the individual has a family they will probably have second thoughts about working in a community that has a high percentage of robbery, rape and murder. They'll think before they come. In the child care profession once you become involved with children you become immuned to the violence and it's hard to get away. There are places where you just won't accept a position if it's offered because the possibility is there that you could be shot for no reason, not that they're shooting at an individual but they're shooting on a daily basis. They can't take the chance because they have a family and they value their own life. You get to know people in the community and what's going on. When things happen it's usually at night or when people are at work or there is not a lot of people around. Everyone knows each other, they observe things and people, there are people outside who watch, and they know who should be in the community and who should not. The respondent concluded by saying, she's not intimidated by the community, it's her community because she knows everyone."

Interviews with Prospective Teachers

Respondents were asked how the issue of community violence was raised in interviews with prospective teachers. Over half of the respondents stated the issue of community violence was not raised in interviews. In *Caring for Children in Dangerous Times--A Protocol for Responding to Violence* (Department of Human Services and Children's Services Division, City of Chicago and the Rainbow House Institute for Choosing Non-Violence, 1995), it was recommended that when developing interview questions early childhood development principles were important to consider. Questions related to violence were an important part of an interview. How a person viewed personal violence, one's understanding about the ways an adult could be violent or abusive towards children and others, with words, attitudes, etc. was important information. For those respondents that stated the issue was discussed it was: (1) initiated by the director as part of the interview or (2) initiated by the applicant. The common theme across categories regarding the reason the issue was not raised was because many who sought employment either lived in or used to live in the communities or they lived nearby and therefore were familiar with the communities.

The directors who lived in the communities did not raise the issue of community violence during interviews. It was stated that many who sought employment either used to live in the community or close by so they were familiar with the community. Those directors who lived outside the communities

shared several perspectives regarding their interview process. One director stated, "I know from experience people shy away from certain areas. We put it on the line, if you don't bother them, most times you won't get bothered. We try and come and go, it's difficult to figure out by yourself and it's a security issue. You have to learn how to 'blend in' with the people and keep moving. I don't really bring it up unless it's brought up." She shared a personal experience of interviewing for a position and didn't know the history of the community. She accepted a position and told someone where she was going to work and the individual was shocked—do you know what area you're going to be in?" She emphasized again her theory—"I don't bother you, you don't bother me."

Another director stated they were in the process of interviewing for a position and the issue was revisited with staff. The staff shared their concerns and feelings. She stated the discussion focused on the safety of the building. Once individuals were inside the building everyone felt safe and secure but outside the building was an issue. They have been trying to get additional lighting to increase the "feeling" of security. However, the recognized the violence was still an issue.

Another director stated that individuals were uncomfortable discussing this issue. She noted, it was not discussed in staff meetings because staff members were involved in abusive relationships and were exposed to different things. She stated "it's swept under the rug." Another respondent stated that violence was throughout the city and not just in one community. Their responses were coded

into three categories. They were: (1) interview discussion topic(s), (2) reasons for not discussing, and (3) applicant experiences.

When interviewing prospective applicants, directors stated they were honest with individuals. They wanted individuals to know in advance what they were committing to before they started work. When the issue was raised by an applicant, directors expressed a willingness to answer any question. They asked if the applicant was familiar with the community. Another director added that if community violence was not discussed then individuals would not stay if they accepted the position. Information was also included in a packet for the prospective applicants to review.

Children's behavior was addressed during the interview. One director stated she informed applicants "the children come with baggage." They also discussed how individuals would deal with families. They inquired about how they felt about working with low-income families and how they would handle various situations should they arise.

The issue of community violence was not raised during interviews due to fear the applicant would not return. "When you tell individuals about the families and the community, applicants get scared and their facial expressions change." One director stated, "It's not a topic that is discussed. The individuals that would be afraid to come here don't come for the interview."

For those programs that raised the issue about community violence it was raised with applicants "before they came for the interview". When individuals

responded to an advertisement and heard where the program was located they were no longer interested. When applicants were told the location of the program they did not show up for the interview. As a result, the location of the program was discussed in advance. Individuals have declined positions that had accepted a position or individuals worked for a few days and did not return.

Overall, head teachers who lived in the communities stated the issue was not raised during interviews or they were not sure. This was possible because they might not be involved in the interview process, therefore there was no response regarding applicant experiences. Two respondents stated it was not discussed with them because they lived in the community and "it was not anything the director could tell them about the community." For those who indicated it was raised in interviews they stated applicants were told the truth and they were told about the danger. Applicants were asked about their concerns.

The safety of the children was discussed with applicants. Candidates were given scenarios to respond to. The purpose was to determine how the applicant would respond to different situations. Situations noted were in the classroom, with families or if someone brought a gun to school.

Head teachers who lived in the communities noted everyone was aware of violence or the threat of violence. They also noted, an individual does not go around thinking they are going to be a victim of violence but everyone needs to be aware and conscious. Nothing was shared regarding applicant experiences.

Over half of the head teachers who lived outside the communities stated

the issue was not raised during interviews or they were not sure. One respondent stated it was the responsibility of the director. The other reasons stated were the same because they lived in the communities and "it didn't matter because there is violence everywhere." It was noted that for the individuals that were interviewed if they were from the community they know how much violence there was. In the review of the literature it was noted that individuals were responsible for the fact that a level of violence has become "acceptable" in communities. Communities had to become empowered not to be so accepting of violence, gunshots and trauma (Zero to Three, 1992). Another respondent stated, "a lot of them said they had to come in and get familiar with the community. They would not if they showed fear because that's what you're going to get from the families. If they know an individual is afraid of them, they're going to come at the individual that way. If they are treated with respect then respect is returned. There are a lot of gangs, guns and shooting in the community but it is everywhere. You come to do a job and all you can do is your best and communicate with families, open up and keep a level head." For head teachers who lived outside the communities who indicated it was raised in interviews they stated during the interview they discussed the community and inquired about how individuals would feel coming into a community where a violent situation could occur. In the event of gunshots, how they would protect the children? Do they feel they could protect the children? Would they want to run first and leave the children? The protocol was discussed on how to protect

the children.

Individuals were informed about what routes to take within the communities. Applicants were informed that parents talked to staff members about what was going on in the community. Applicants were told that staff traveled in pairs and the staff tried to get to know people in the communities.

Head teachers who lived outside the communities stated if the issue of community violence was brought up in an interview it might make a person more uncomfortable. Unless it was someone that was not aware of the community but that was rare. They had no responses for applicant experiences.

Over half the assistant teachers who lived in the communities stated the issue of community violence was not raised in their interview or they did not know. One respondent stated the reason it was not raised in her interview it was not an issue. The director knew she lived in the community. During the interview, the director only mentioned that it was dangerous in the afternoon.

During the interview "outside versus inside safety" was discussed with prospective applicants. It was mentioned that when individuals go outside there was gunfire everywhere. Once individuals were inside the building they were fine. Applicants were told the building was a "safe haven" for teachers and the children.

When individuals came "into" the community they had to understand they were coming to take care of business or work and no one was going to bother them. "The gang members don't bother you unless you bother them." An

individual should not inquire about their activities. It was noted, "individuals who are working in the community especially with the children, they're not going to bother and they're not going to let anyone else bother them. (The gang members provide safe passage for staff). They don't bother individuals, they are in close proximity to the program and they watch individuals get in and out of their cars; they get to know who the program staff are and others who provide services to the program. They have to mind their business. If an individual goes outside their business and start getting into their business, there will be problems. People have to remember they view the program as their school."

Information about the applicant was discussed. Inquiries were made of applicants regarding how they would handle a violent situation or what they would do if there were a child living in a violent home? Individuals were told about where they were going to work and they inquired about their ability to work in an environment where violence was an issue.

Assistant teachers who lived in the communities stated, "it's not really discussed because for those teachers who don't live in the community, they have an idea of what goes on but they're not familiar with it. If something is brought up that happened over the weekend in the community, they will ask. It has to be brought to their attention. They don't ask." They did not have responses regarding applicant experiences.

Over half of the assistant teachers who lived outside the communities stated the issue was not raised in interviews with them or they did not know

because the director conducted the interview. One respondent stated that even though she lived outside the community it was not shared with her because she lived in the community at one time and was not afraid. She was familiar with the community because she lived there at one time. Another respondent added a spiritual perspective. She stated, "she knew the community and she had a strong faith in God and he would keep her wherever she was."

During interviews with prospective applicants children and their "mood swings" were discussed with applicants. They also discussed children who came to school and made guns to play with. It happened on a daily basis and therefore it had to be talked about everyday with the children. They discussed children who came from violent settings, gangs, among other situations.

The community was discussed with applicants. They were told what to expect and what was going on. Individuals were taken around the community. The "safety nest" was also discussed. Because individuals had been there community members had come to know them.

One respondent stated some things were shared, but it was not the main topic. Violence was discussed but not a lot. The respondent was told how to travel to work and to be careful because she did not know the community. The director emphasized to the respondent that she was new to the community and since no one knew her she would be "watched closely" to see what she was doing there.

Assistant teachers who lived outside the communities had no responses

regarding the reasons the issue of community violence was not discussed nor information about applicant experiences.

Staff Retention

Respondents were asked what impact violence had on their ability to retain staff. If teachers had left the child care program had any indicated they had left due to community violence. Ninety-one percent of respondents stated they were not aware of any teachers who left the program due to community violence. Respondents stated that individuals left for better opportunities such as better pay or promotions; personal problems at home, personal reasons or the difficulty they experienced working with children and families. One teacher left who found it difficult to adjust to the families and the violence. The individual would become very emotional after "sweeps" and felt she needed to work where there was no violence. Another teacher left because "she found the children's behavior challenging." A director stated that a teacher left because it was difficult to work with the children. The individual did not have the skills that were needed.

There is the potential to become a victim that might influence a person's decision to leave a program. A teacher left because she was approached and threatened by gang members. One director stated, "over time it could become an issue because a staff member was approached but it did not end in violence, however, it could have gone either way. It's in the back of your mind so teachers may end up leaving sooner then they would otherwise." Another director talked

about the security measures the program had in place but due to drugs and drive-by shootings teachers had expressed they could not handle the situation and have left. The violence would happen mostly on Friday evenings. Sometimes they would be attacked by community youth and their feeling was "it was not worth it." One teacher stated, "it is too dangerous, you hear the gunshots in the morning when you're coming in and in the evening when you're leaving—everyone is afraid."

Many stated this was not an issue because the majority of the staff was from the community, reside nearby or grew up in the community. Also, for some programs individuals "feel safer" because the community was changing and therefore the residents were changing.

One director emphasized that while she did not live in the community she spent 90% of her time in the community and therefore felt she was part of the community. She further stated that she got involved and made efforts to get to know the people in the community.

Resources and Supports

Respondents were asked about the resources and supports they were aware of that were provided to directors or teachers who were exposed to or experienced violence. Across categories 57.5% of respondents indicated they were aware of resources/ supports that were provided to teachers/directors and 42.5% responded they were not aware of any. Across all categories workshops were identified as a resource but the majority of the workshops focused on

domestic violence. Secondly, across categories except for directors who lived in the communities, police presence and the CAPS program was identified as a resource. In many communities across the nation, different versions of community policing are being implemented. A goal of the Community Patrol Officer Programs (CPOP) was to discourage crime by creating or maintaining stable neighborhoods. In a sample of 2,314 municipal and county police and sheriffs' departments, 50% had either implemented or were in the process of implementing community policing (Elliott et al., 1998). Studies showed neighborhood residents felt safer knowing there was a familiar police officer around (DiCanio, 1993). The second largest police force in the country is in the city of Chicago. The Chicago Police Department has implemented the Community Alternative Policing Strategy Program also known as CAPS. The organizing principle was that police and community residents needed to work together to solve the problems in the community (Chicago Department of Public Health, 2001).

The resources that were identified were coded into three categories: internal, external and other.

Directors who lived in the communities identified external resources they were aware of which were workshops offered by the Chicago Department of Human Services, The Child Care Initiative and the Illinois Resource and Referral. One Director referenced a violence curriculum but did not know the name of the curriculum.

Thirty-seven percent of directors who lived outside the communities stated they were not aware of any resources that were available. For those directors who lived outside the communities who were familiar with resources, 16.7% identified the following external resources: the Chicago Police Department's CAPS program, workshops offered by the Chicago Department of Human Services, community groups and the Choosing Non-Violence Curriculum. Three directors identified the CAPS program as a resource. The internal resources they identified were program support, workshops, and mental health consultants. One director stated "she's in a situation where she feels she needs support but is currently taking courses that allow her to network with other individuals." She "uses the educational program as an opportunity to share concerns and issues with others who offer support and guidance."

Head teachers who lived in the communities (24%) stated they were not aware of any resources and supports that were available. These respondents as did directors who lived outside the communities identified the Chicago Police Department's CAPS program as a resource. The head teachers also viewed community meetings as a resource. The internal resources they identified were program support, counseling and security measures implemented by their respective programs. One head teacher noted she viewed the director as a resource and support in that staff could meet with the director to discuss issues and concerns. Another teacher who lived in the community noted she was aware of some resources that could be provided to teachers to help them deal

with domestic violence. The respondent could not remember the name of the provider. Another respondent stated she attended training but could not remember the name of the program. Another respondent stated she was not aware of any resources but she depended on her spirituality "she comes and prays and thanks God that she has been safe."

The majority of resources and supports identified by head teachers who lived outside the communities (28.5%) were internal. More than one respondent as a resource and support identified the director. Characteristics mentioned were the director was accessible and supportive. Co-worker's support was also noted. A respondent stated that teachers talk among themselves because many teachers had teenage children. Polls consistently indicated that Americans were afraid that they or someone they love would be a victim of a violent crime. They talked about their own children and how they were being affected. Additional internal resources identified were: program trainings, workshops offered on the following topics—stress reduction, alcoholism, drug addiction, domestic violence, how to protect families, non-violence program and an Anti-Bias program had been offered. Installation of security systems was viewed as a support. One respondent stated the provision of resources and supports was not a priority for their program. The external resources identified were police presence, police escort service when they were outside and the alderman.

Assistant teachers who lived in the communities (28.5%) were aware of resources and supports that were available. Their responses were similar to

head teachers who lived outside the communities. The majority of resources identified by assistant teachers were internal—program trainings/workshops, social worker, and the availability of a teacher handbook. The director was also identified as a resource and source of support. The external resources they identified were police presence, the Chicago Police Department's CAPS program and access to community groups. Other resources identified were pamphlets about what was going on in the community and community newspapers, magazines and videos. One respondent stated that shared space presented security problems. Another respondent stated that limited counseling was available. "Anything long-term an individual had to cover the costs. The respondent noted individuals could not afford this type of support because of the salaries they are paid."

Assistant teachers who lived outside the communities (78%) were not aware of any resources and supports. For those who were aware they identified program support, mental health support, and domestic violence meetings as resources. Three respondents mentioned literature related to violence was made available to staff. In one program the director discussed the information with the staff and then the information was posted for additional reference. One respondent stated "the staff needs the support during staff meetings." Another respondent stated, "police presence is important. The police have been present and there have been minimum problems but when they're not present things are bad. They know the situation in the community and therefore they should be

present."

Awareness of Resources and Supports

Table 4

Awareness of Resources and Supports

Awareness of Resources and Supports	Awareness of Resources and Supports
Yes	57.5%
None	42.5%
	100%

Resource and Supports Needed

Respondents were asked about the resources and supports that were needed for directors and teachers working in communities where exposure to violence was an issue. Across all categories increased police presence and more training/workshops were identified as the resources that were needed for teachers and directors working in communities where exposure to violence was an issue.

Directors stated that training was needed to keep staff morale up and make children and families feel comfortable. Proposed training/workshop topics were: Choosing Non-Violence Curriculum, gang awareness, workshops for children, and presentations from the Chicago Police Department but from individuals who knew child development. In addition, mental health workshops

were needed for staff to have an opportunity to talk about how they were feeling and how to deal with the children. More violence training was needed for teachers since violence played such a large part in most of the communities where teachers worked. One director stated that teachers needed training on violence, how to be street smart and how to understand what was going on in the community they were working in. College courses on how to deal with violence were also mentioned as a resource that was needed. Access to mental health services was also needed for teachers who had been or were victims of domestic violence. It was also noted by one respondent that more mental health services were needed for children.

Directors also stated that program support and access to community people who had been victims of violent crimes would be helpful. One respondent stated that directors needed to know what was going on in the community so they did not become desensitized to the issue. "As directors, we don't get 'close enough' to the real situations. We get in our cars and go." Respondents stated that, community violence affected everyone; individuals want to say that it does not but it does. "Individuals tried to make the distinction that we're here and they're there. The truth is we're right here with them. Individuals reach a point that they are in it so much and everyday one begins to think it's not happening." A director who lived outside the community where she worked stated that for an entire year she did not watch the news, didn't listen to the radio and at the time of the interview she had stopped reading the

newspaper because it made her cry. She stated, "An individual had to come to the realization that a person can't save the world." If an individual tried it would drain the life out of them and then as an individual you're not any good to anyone."

A director stated that when she talked to her staff "she tells them to keep their perspective on the situation so they are not overwhelmed because the children are going to act based on how they react." The director stated that "she functions as the 'buffer' because teachers were not able to handle some children and they 'fall apart'. She feels that teachers need to be proactive rather than reactive."

Directors also stated that more networking with directors who worked in high violence communities was needed. "Quarterly, bi-annual meetings for directors who work in similar situations to meet and discuss concerns together, share resources, just to have someone to talk to would be helpful. A facilitator was needed who had experience in this area. This would be especially helpful for new directors that were choosing to work in violent communities but have not had the experience. They could learn from experienced directors."

Another respondent noted that all directors should have a mentor whether or not they worked in or outside violent communities. It should be a mentor that was familiar with their circumstances. "Directors need a place where they can be honest." The respondent stated, " a lot of directors are not honest about how they are feeling or about what's going on because they are embarrassed or

intimidated. Isolation is a factor. We feel like we're the only one things are happening to. Everything comes back to the director and we're not trained to handle the situations. God forbid if something happens to one of the children then you take all the weight on your shoulders."

Directors stated more support is needed from the Chicago Department of Human Services to provide trainings. It was also noted, "you don't know what to do if someone came into the program with a gun, how to keep the children safe on the playground, how can you keep them safe if you're not the police, where are the vulnerable areas in the community, what happened in the community the night before that program staff need to know. We don't know unless parents tell us." Overall, directors stated they needed support. "Directors need support because we can't always depend on parents for information because there are some things they won't tell you because they are also in the gangs--the staff just crosses their fingers and take the children outside." Directors state there is not enough information from the Chicago Department of Human Services and the Chicago Police Department.

Directors stated more communication was needed with various agencies regarding the issue of violence in the community. Directors stated, "They needed information as to what was going on and why. More community meetings were needed and increased police presence was also needed." One respondent stated the Chicago Police Department's CAPS program had been helpful.

Head teachers who lived in the communities also stated they needed workshops/trainings. "Non-violence training was needed. It's hard because someone is needed who is sensitive to the situation to conduct the trainings. If someone is retained who is not exposed to the situations, they may go in one direction and the staff may need something else." Another respondent stated that preferably someone from the community would conduct the workshops.

In addition to the workshops/trainings the police was noted as a major resource. "Representatives from the CAPS program could provide a presentation geared toward teachers--how to be aware and alert, what to say, how to assess if something was going to happen, how teachers should deal with children if someone should enter the building and what are the appropriate words to use with the children." Respondents expressed the need for police support to increase their awareness. Information about the resources that were available from the Police Department would be helpful in addition to a community newsletter distributed by the Department that would let individuals know what was going on so when they were outside on walks they knew what existed. Protection was mentioned as a support that was needed. One respondent stated, "police presence is a good support."

Additional resources/supports identified were an on-site support system consisting of teachers, counseling for any type of violence they might be exposed to and legal support was needed. One respondent stated that she experienced violence in the community as well as family members and they had

to use their own family support system.

Head Teachers who lived outside the communities identified the following workshops/trainings they felt were needed: (1) How to deal with violence, (2) Stress Management, and (3) Anti-drug programs.

"Workshops to inform staff about gang activity in the community were needed so teachers knew what they should or should not do with children." Information about the gangs in the community was needed as well as the safest routes to travel. One respondent stated "teachers need more workshops, more understanding and more support for the children."

It was noted that teachers who worked together needed to support each other. "More consideration between co-workers to leave together and stay together and to be more aware of surroundings is needed." Respondents stated that more teacher support was needed that included social services. One respondent stated she "works things out on her own." Teachers stated they needed to know what was going on. A respondent discussed the need for teachers to have more information about the children enrolled in the program. The teacher stated more information was needed about the children they served for "their own protection".

Increased police presence was identified as a need for many respondents. "There should be a special unit within the department. There is a high presence for city events but other than that they are not visible. The Police Department and community need to come together. Depending on where you

live the police are more supportive and visible than they are in other communities. There is a difference between what is done on the south side versus the north side of the city." Teachers felt more protection was needed for them to "feel" safe.

Free self-defense classes were mentioned as a needed support. It was felt it would be helpful to know how to handle themselves in certain situations and make them "feel" safe. One respondent stated "I want to advocate for non-violence but at the same time, the flipside is I need to know how to defend myself if I had to."

Community meetings where individuals could express their feelings and thoughts on violence were also mentioned. More resourceful community papers were needed so individuals knew what is going on in communities. Respondents wanted information about when an incident happened, and where it happened. It was stated this was needed instead of the Sun-Times which does not focus on news specific to communities. Literature would be helpful especially information related to gangs, violence and dress protocol—what colors to wear or not wear. "This is still part of violence," one respondent stated.

Assistant teachers who lived in the communities also stated increased police presence and faster access to the police was needed. They also stated more workshops/trainings were needed on violence and how to handle it, street safety, drugs, child abuse and how to respond to children in a positive way. Teachers needed a better understanding of what the children were experiencing

daily.

Payment for long-term counseling was identified as a need. "A lot of times people come running through and get into the restrooms. The staff has to deal with this everyday and you can't get out. It's stressful and by the end of the week you're messed up and you think about a particular incident all year. When the truce is broken it can be very stressful and it is felt during this time and more services should be available." A social worker was mentioned as an additional resource and support that was needed.

Increased security was identified as a support that was needed. Accessibility, building safety, public buildings were identified, as concerns that made individuals feel vulnerable. Individuals felt they were not safe inside or outside. "You have people running in here, running for their life. People come in the building soliciting and trying to sell stolen merchandise." A respondent noted that a staff member was robbed at gunpoint.

Conflicts with policies were an issue for teachers. Respondents discussed the lack of security. To secure themselves they locked the door, which conflicted with some administrative policies. Parents were supportive because they wanted their children kept in a safe environment but there was a tension with administration. Teachers wanted to be safe in the workplace.

Two assistant teachers who lived in the communities provided the following perspective. Individuals who lived in the communities have an idea about what's going on but individuals who come into the community and are not

familiar with it and someone starts explaining it to them, they would not have the same understanding and the same feelings about the community as individuals who live there. When individuals think about or talk about similar communities they only focus on the negative aspects of the community but the community has its good points and it's good times when you're not seeing someone get shot or robbed. "It's a non-equal situation." Block club meetings are a good resource especially for those just coming into the community. The meetings would provide an opportunity for individuals to talk about the negative as well as what they're doing to bring back the community.

Another assistant teacher stated that "more resources need to be invested in communities, the violence is a result of community need. It needs to be a long-term investment not a one time investment and then everything is forgotten again."

Assistant teachers who lived outside the communities stated that workshops on how to deal with violence and how to work with children were needed. "A lot of resources are needed as to how to deal with difficult children. More awareness is needed. A teacher finds themselves in a position of sitting back and allowing the child to 'act out for one to two hours' because you don't know what to do." It was mentioned there are a lot of programs available but they are "not violence specific". Assistant teachers who lived outside the communities identified the following as the resources and supports they felt were needed.

A place to discuss ways to prevent violence and keep children from harm-
-the Chicago Police Department's CAPS program was mentioned as a possible
resource to assist in this effort. They also indicated more police presence during
opening and closing times would be a support for child care programs.

They felt support groups or a center where individuals could go if they
needed help was needed. People in the community needed to work more
closely with the alderman and other elected officials. More recreation and other
activities to keep children and youth off the street were needed.

There were vacant properties in many areas that individuals had to pass
daily going to and from work. It was stated that something needed to be placed
there, lighting needed to be improved and the properties needed to be secured
because one did not know who might be in the building even during daylight
hours.

More resources were needed that were provided on-site. A mental health
consultant was identified as a need. It was stated that preferably the individual
should be a female since the majority of staffs and families were
female/female-headed households. "It's a feeling that individuals would be more
comfortable," stated a respondent. Assurance and lots of support from the
program director was also mentioned as a needed support.

Books and Internet access to download reading packets was identified as
resources that were needed. Background information was needed on each child
when they were enrolled. Teachers felt this information would be helpful in

working with the children.

Two assistant teachers who lived outside the communities added the following perspectives "we need patience, imagination and caring." The other added a spiritual perspective. She stated her main source was prayer. "I pray everyday before I come, pray while I am here and I pray on my way out of here and that is my biggest source of help. Prayer is my comfort."

Caregiver Impact

Respondents were asked about the impact violence had on their role as caregivers. Across categories the majority of respondents stated violence had some to very much impacted on their role as caregiver. The largest percentage (42%) stated community violence very much impacted them; followed by some impact. The majority of directors stated violence very much impacted their role as caregiver. Head teachers and assistant teachers were divided between some impact and very much impacted their role.

Five respondents stated that violence had no impact on their role. Two of the respondents were directors who lived in the communities and one assistant teacher who lived in the community and the remaining two were assistant teachers who lived outside the communities. Because the individual had not been harmed and nothing had happened to her she felt violence did not have an impact on her role as caregiver (victim of violence). No directors responded that violence had very little impact on them. Head teachers who responded violence had very little impact on them stated that individuals needed to be aware of their

surroundings and listen to children and parents because "a lot of information comes in that way and they will let you know what's going on." In addition, it was noted—"I don't have a problem with the violence-I go to work and I come home." One assistant teacher who lived in the community who stated violence had very little impact on her said she was there to do a job and was not there to "spy" on what was going on in the community. She was there to protect the children.

One director who lived in the community who responded that violence had no impact on her role as a caregiver stated that while she had been exposed to violence it was not "a lot". This response conflicted with her previous comments made during the interview about the increase in domestic violence, increased gang activity and presence such as gang members blocking the street so that cars and other vehicles could not pass, increase in drugs, ambulance response calls and evidence that prostitution was on the rise in the community.

For those who responded that violence had some impact to very much impacted their role. The factors were:

The impact violence has on communities. What affected the community impacted families and program staff. "Violence is detrimental to the family and the community." "If you work in a violent community it affects everything including the program, curriculum, the children, it touches everything," stated a respondent.

Relationships with families and the community were impacted. One respondent stated, "As teachers they're expected to do a lot of things that are

above and beyond teachers' duties to support children." Another respondent

stated, "She feels like leaving her job and finding employment where she would

not be attached to families or the community—somewhere to put in her time and

go home." One director who lived outside the community stated that no matter

what someone does or how one may try to be in and out of the community, the

individual was still attached to the community, the families and what was going

on in the community. The child care program was like their home and it required

that they run the program and be responsible for what happened. Individuals

had to be involved in order to support the staff and families. Whenever there

was news about violence in a school they never talked about the parents, the

principal or teachers, they only talked about the children. One can imagine the

stress they were experiencing but you never see their faces, you only see the

children and families of other children. Everyone was affected. A head teacher

who lived in the community expressed her frustration in trying to travel back and

forth to work and interact with families—"it actually pisses me the fuck off." The

respondent shared the following perspective—you try to intervene and you place

yourself at risk. You can't go to parents anymore to talk about their child

because they question your motive toward their child. The respondent

intervened in a matter and was questioned as to why she interfered and that she

should have let the fight continue. "It's messed up not knowing how to respond."

Domestic violence also impacted staff. Parents are not always open about

what's occurring in their home that may be affecting their child. "It hits close to

home," stated a respondent. Staff knew family members who were victims. They were either injured or killed. Situations that were volatile were unsettling for staff because they never knew if a situation might occur in the child care program.

The impact violence had on children was a factor. Teachers worked with children daily and it made them more aware of the affect of violence on children. A respondent stated that if she were not working with children she would not be aware of the impact. She's more conscious as a result. Children's behavior was difficult which made it difficult for teachers. "Trying to teach children to live in a world to solve their problems without using violence has become part of the daily curriculum." It was stated that when teachers were trying to teach and a child lashed out at another child it had an impact. Children's play was also challenging for teachers. "If the environment is violent what teachers are trying to teach children is not relevant due to what they are exposed to. Teachers are trying to teach one thing and they see the opposite of what is being taught". Some day's children cannot go outside due to gang wars. If children are not able to go outside it impacts their behavior. Children are exposed to violence in their homes. Children talk about it and reenact it. "Children tell you everything that's going on in their homes, in some cases it's scarier than what's going on in the community because you can control what goes on in your home but you can't control what goes on in the community." Then there is the child who comes to school and tells the teacher what happened but also states they're not suppose

to tell because they will get in trouble. Teachers are at a loss as to what to do. It was stated that when teachers try to explain things to children in one way they will come back and tell them what is suppose to happen.

Circumstances determined the impact of violence on caregivers. There was a conflict between families that greatly impacted a program. When there was police presence then individuals felt "safe enough". It also depended on other programs that were housed within a building and the type of clientele they served.

Individuals' personal experiences with violence had an impact. There were staff members who had been personally impacted by violence. "It impacts how the work is done, what is said, when things are done, what the response may be or may not be. No victim said I want to be a victim of violent crimes. No child has said that I want to be in a home where I am victimized. No adult has said hit me in the head as many times as you want. It has an impact."

Dealing with uncertainty had an impact on caregivers. "It's terrifying to see children one day and the next day they may be gone because something happened in their family. It's complicated because you don't know from day to day what's going to happen to the children."

Respondents stated the frequency of community violence had an impact. Respondents stated they see violence everyday, they feel it as well as see the impact it has on families. "There is violence everyday, it's like a death trap coming to work," stated a respondent.

Caregivers expressed concern about their safety in the workplace. Building facilities were mentioned as a concern. Program staff had to be alert in the building because they did not always know who might be in the building. One respondent stated that she's afraid to go to the bathroom because she cannot relax while in the bathroom due to fear. Teachers wanted a safe place to work and the salaries to compensate them for the risks they take. It was emphasized, "money is good but what good is it if you're dodging bullets when you take the children outside." Staff wanted to be safe traveling to and from work, most importantly they expressed they wanted the children kept safe that are entrusted to them. Taking the children outside was another concern. The time of the year was a factor. It was noted that when it is "hot outside" violence escalated. In addition, gang members were starting to use dogs. Teachers were afraid because they had to be aware of shootings, dogs and other gang activity. One respondent stated that she was so frightened to go outside that "her heart beats so fast." They also had to watch the children carefully because they approached people the staff did not know. Teaching staff also expressed concerns about children "who attack them". A child who was angry threw an object at a teacher that missed her. When the issue was raised with the administrative staff it was not addressed. Another respondent stated, "if a child does not like the teacher they will act out on you. You can't teach a child who doesn't like you--the child is kicked, scratched and spit on the teacher."

A director who lived outside the community stated that violence was

"always on your mind" and therefore there was an emotional impact. Individuals "wake up in the night" when something comes to their mind about how they can best support a family. Another director stated that it's their responsibility to set the tone in the program. They had to make everyone "feel" safe. "It's a bluff thing—individuals have to keep their chin up." The director stated there are three strategies that were needed: (1) get to know people in the community, (2) get out and network, (3) find out the cause of the violence that occurred. If the director does not feel safe then everyone else will not either. The individual compared her job to that of a fireman. There were times when she was afraid but had to push forward. The fireman goes through a building because it's his job and he wants to do it but at the same time the fact remains he's at risk. One assistant teacher who lived outside the community stated that individuals say they are not going to take their work home with them but it's not true. The respondent stated that because certain things have happened once she gets home she breaks down and cries, it does have an impact on the individual. Things happen over the weekend with children and then you hear about it. Individuals see things on the news that are familiar to them. The respondent stated that an individual doesn't want to hear too much about what's going on. Individuals come to work on Monday and hear about what happened over the weekend. They experienced the losses and are concerned about the children who are exposed to the violence. Mondays are very difficult. The children talk about what happened over the weekend. Depending on their descriptions such as my daddy

got drunk, the individual feels that was "a good weekend" for the child versus my daddy got locked up; my mommy did not cook all weekend, that's a "bad weekend". The children see everything that goes on not knowing they're not supposed to repeat it but they tell everything. Respondents also expressed their concerns about their own children.

There was a lack of professional development related to the impact of community violence on children. Classes were needed for individuals in the early childhood profession who work with children who are exposed to violence. "The world has changed, the early childhood curriculum needs to be revisited and changed to address current issues that individuals face in early childhood programs." The child care staff was usually the first point of contact if something occurred (it was mentioned the police did not respond) and they were not equipped to handle the issues they were confronted with. It was also mentioned that if child care staff was more knowledgeable in this area they could be more effective as advocates.

Table 5

Caregiver Impact

Caregiver	None	Very Little	Some Impact	Very Much Impacts
Director	40%	0%	16%	31%
Head Teacher	0%	46%	44%	34.5%
Assistant Teacher	60%	54%	40%	34.5%

Table 6

Caregiver Impact

Caregiver Impact - Very Much Impacts

None	7%
Very Little	15%
Some Impact	34%
Very Little/Some Impact	1%
Very Much Impacts	42%
Some Impact/Very Much Impacts	1%

Because of the small sample size in this exploratory study and because the study was limited to low-income communities in Chicago the data must be interpreted with caution. However, the information contained in this study suggested several conclusions regarding caregivers' perceptions of community violence and how their practice with young children was impacted.

This exploratory study brought to the surface the varied perceptions of caregivers regarding community violence within the context of their work. It was evident from this study that caregivers' work was greatly impacted by exposure to community violence and in many ways. The degree of exposure to community violence and caregivers' personal experiences with violence were also factors. Within the context of caregivers work several groups were impacted by violence however what this study has indicated is that each "group" was affected in a different ways. Caregivers had adopted various coping strategies in order to

work in communities where exposure to violence was an issue. There was a constant need to adjust as a result many had become immuned and in some cases desensitized to the violence. It's "accepted" as part of their day-to-day operations. Caregivers talked in terms of their strategies being "automatic" in order to keep themselves and the children in their care safe.

This study also brought to surface various aspects of community dynamics. In this exploratory study the researcher introduced the terminology, "community temperament" to describe the "movements" and how individuals within communities function. Community temperament emerged as the central theme of this exploratory study. It was the tension created as a result of the communities' temperament that led to other tensions both between and within other systems. While exposure to violence was an issue for caregivers working in low-income communities the researcher and respondents noted how community members in particular gang members made efforts to provide "safe passage" (researcher's terminology) to individuals, caregivers and children within the child care program. Because children enrolled in the program and staff members might be family members of gang members, individuals made efforts to get the word out through various sources about potential gang conflict. Gang members might act as informants by notifying child care staff of potential conflict. The "word" goes out to parents who in turn informed the staff in person or by phone, anonymous phone calls were made to child care programs to let them know when something was going to occur in the communities. Gang members

"reserve" certain hours for shooting, fighting and other activities that presented potential harm to avoid harming child care staff or the children. The need to get to know the gang members was important because of the protection they could provide. Individuals watched and come to know the "movements" within the communities that signaled something might happen. The researcher used the terminology, "community temperament" to describe these movements and signals.

Throughout the literature review and the interviews with respondents, references were made to the importance of "safe havens" for children and the importance of the child care program serving as a safe haven for children. Many caregivers used this terminology to describe their programs however it conflicted with the statements about the amount of and kinds of violence that caregivers and children were exposed to daily both inside and outside the child care program. The exposure to violence did not lend itself to a "safe haven" for either.

Violence was perceived differently by individuals who lived and worked in the communities versus those who worked in violent communities but lived outside the communities. There was an inside and outside perspective. One major finding was the majority of directors did not live in the communities where they worked.

Directors were not particularly aware of the varied strategies used by teachers with children outside the protocols that were in place for the program.

Directors did not appear to be aware of the various issues teachers struggled with on a daily basis in order to function in the classroom.

The recruitment and retention of child care staff within communities depended heavily on the availability of current community residents, individuals who used to live in the communities where they worked, individuals who resided in other communities where exposure to violence was an issue and individuals who lived in adjacent communities. Central to this was the "familiarity" with the community and the "comfort level and acceptance" of the violence within the communities. The impact of the relocation of residents of the Chicago Housing Authority and the availability of potential applicants was an issue. Individuals' perceptions of communities were a key factor in recruitment of staff. Community violence was not a key factor in the retention of child care staff. Primarily, child care staff resigned for more compensation and benefits.

Caregivers were overwhelmed and expressed the difficulties they experienced in the classroom working with children who were exposed to violence. They noted they were not and are not prepared for the various issues that arise in the classroom and community settings. Children's challenging behaviors was especially difficult for caregivers.

Caregivers were in a constant state of "hypervigilance". The need to always be "on guard" both inside and outside the child care program, impacted on their practice with children. They were not able to focus on the children and implement their daily plans due to the constant need to be aware of their

surroundings and be able to act quickly in the event of a violent situation.

The lack of and need for resources and supports for staff was evident. Program administration often addressed how caregivers should care for themselves and the children but little had been done to provide support to the caregivers especially related to mental health. There was agreement and recognition that caregivers were second to families in terms of their potential impact upon children's development. Administration and others generally overlooked caregivers when an incident of community or family violence occurred. The negative affects of exposure to violence on caregivers' impacted their ability to care for themselves and the children they served.

The Chicago Police Department was identified as a major support for child care program staff. Caregivers need and wanted the support of law enforcement officials. Their presence especially within the immediate vicinity of child care programs was noted as a support caregivers would welcome.

This exploratory study holds important implications for future research on caregivers perceptions of community violence and how practice was impacted. It was especially important to determine those resources and supports that caregivers would find beneficial to support their work in communities where exposure to violence was an issue. All of these aspects are important for further study.

LOYOLA UNIVERSITY CHICAGO

AN EXPLORATORY STUDY: EARLY CHILDHOOD

CAREGIVERS' PERCEPTIONS OF COMMUNITY VIOLENCE

AND ITS IMPACT ON PRACTICE

VOLUME II

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE GRADUATE SCHOOL

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

PROGRAM IN RESEARCH METHODOLOGY & HUMAN DEVELOPMENT

BY

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CHAPTER V

CONCLUSION AND IMPLICATIONS FOR RESEARCH AND PRACTICE

In the introduction, it was noted that Gandhi stated, "poverty is the worst form of violence" (Gilligan, 1996). To reduce violence in communities and homes, we must reduce poverty in the United States. The income level that defines official poverty in the United States is just under $14,000 for a family of three (Groves, 2002).

Published research studies on early childhood caregivers' perceptions of community violence and its impact on how it affects how they work with children were limited. Joy D. Osofsky noted that research was still limited regarding the effects of children's exposure to violence, adverse effects of family violence, and the effects of exposure to media violence. While limited, there was information, research data and resources regarding the impact of violence on children and families but it failed to adequately address caregivers. With the increasing number of children in child care settings, it was important for early childhood professionals, families, community members, law enforcement officials, policymakers, among others, that an exploratory study of the impact of community violence on caregivers and their practice with children was conducted. The potential negative effects on caregivers and their ability to implement appropriate early care and education practices are important. It is

especially important to determine the resources and supports that would be helpful for caregivers working in communities where exposure to violence is an issue.

The researcher experienced two challenges in implementing this study. The first challenge involved a candid conversation with a director who expressed her disagreement with the definition of "inside" that was used for purposes of the study. One of the findings from this study was the majority of directors did not reside in the communities where they worked. The term "inside" was used to identify those individuals who lived within the communities where they worked. The director was concerned because "she spent more time in the community where she worked than she did in the community where she lived." She discussed the importance of building relationships with community residents and others and her on-going efforts to get to know everyone in the community. The director noted her high level of involvement and continued support of community programs and activities. She felt there were directors who were highly involved in the communities where they worked and therefore viewed themselves as part of the communities. She expressed concern that these directors would be excluded from the study due to their residency, yet they would have contributions to make to the study. The need for researchers to develop categories in order to "compare and contrast" people and phenomenon might in fact create this type of "sensitivity" for participants. In designing research studies researchers need to be aware and sensitive to how we develop criteria and define participants.

The second challenge faced by the researcher was the need to decline the participation of some of the individuals who wanted to be interviewed for this study. The researcher used purposive sampling (also known as theoretical sampling) or criterion-based selection to select participants for this study. Participation in the study was voluntary and the researcher experienced personal conflict in declining some individuals' offers to participate. Caregivers were eager to share their experiences. The researcher believes the study was enhanced due to the participants' feeling their contributions would lead to change. One respondent stated, "I am glad you are doing this research, it tells me that someone is looking at this issue and it will finally be talked about. It is an issue which needs to be addressed on an on-going basis." Another acknowledged the reciprocal value of the study. She stated she realized the information was for the purposes of the researcher's dissertation but she thanked the researcher because "it will help caregivers as well." Several respondents shared their concerns for the researcher's safety and expressed their concern regarding potential retaliation. One respondent inquired, "do you realize what you are doing-many people are not going to be happy about what you have done."

While this is only an exploratory study, the researcher is indebted to the caregivers who participated. For the researcher this was an opportunity to share the caregivers' experiences and tell their stories. While this study was limited to Chicago, it was the researcher's belief the participants have shared the

experiences of many caregivers across this country who are working in communities where exposure to violence is an issue. In the literature, children were often referred to as the "silent victims" due to their exposure to violence. In responding to the question regarding the definition of violence within the "context" of their work, respondents did not provide a "textbook" definition for the word. While self-reports, caregivers shared not only their experiences related to exposure to community violence but also their personal experiences with other forms of violence. An assistant teacher stated, "we witness a number of violent things that have happened in the child care program, the staff was traumatized by the events and had to deal with it for a long time." The researcher proposes that we should include caregivers among the "silent victims". Another respondent stated, "I always see us as a community, not only a community but citizens that need to raise our voices. With some proof this is happening to the children and I don't know, I guess what they do research on, they research on many things but if they do research on violence in communities, I'm pretty sure they will find out what's happening and how that affects us, our new generation, on our children. It's probably not much that I can do, but maybe I can bring a lot to the children and the parents by working with them on a daily basis."

The researcher's awareness was raised regarding the amount of violence caregivers are exposed to, especially their personal experiences with violence. This was especially evident among respondents who lived and worked in violent communities. Caregivers have experienced community violence as children and

adults. They have experienced the deaths of family members as a result of community violence; their children have been violated. One caregiver stated, "I have been almost shot about three or four times as a child. I was visiting a relative and the bullets kept coming through the window, you know, sometimes it's sad to me, really sad." Another respondent stated that as a result of her personal experiences with violence she was withdrawn and found it difficult to trust people. Caregivers are involved in domestic situations that are stressful. One director stated, "they don't get it because they're in it themselves." One respondent stated that individuals "try" to leave their personal business at home but that is not always the case and it affects how they interact with the children. One respondent stated that as a result of her personal experiences with domestic violence she was more sensitive to the children.

Respondents shared several incidents of aggression from young children towards them and other children. Respondents expressed "fear" for their own safety. One respondent noted that she attempted to obtain support from the program's administrative staff and was told not to address the issue. Respondents also expressed fear about parents' responses to incidents that have occurred in the classroom. They expressed they are always "watching" so children are not hurt because it is difficult to explain to a parent how and why their child was injured in the classroom. Parents become very angry, noted several respondents. One respondent shared an incident where a parent confronted a child regarding an injury he had inflicted on her child, an issue

which has not been discussed openly in the child care profession.

This exploratory study brought to the surface the psychological/mental health support needed for caregivers who are working in communities where exposure to violence is an issue. Administration and others generally overlooked caregivers when an incident of community or family violence occurred. The negative affects on caregivers' impacted their ability to care for themselves and the children they served. Respondents made statements that indicated they were "desensitized" to the violence. Throughout the transcripts, the researcher noted respondents used the word "a lot" to describe the amount of violence they were exposed to. They stated they used family members, staff members and their religion and spirituality as support and coping strategies.

Respondents stated that violence had an impact on their interactions with children because they were "not sure" how to respond to children who raised questions about violence, or exhibited challenging behaviors. They expressed the need for support around appropriate classroom practices. Respondents stated they do not know what to do; they want to do the right thing but are not sure what that is. They indicated what they learned in school is not helpful to them in the classrooms, especially dealing with children with challenging behaviors. One respondent stated, that she has found herself in a position of "just sitting" because she did not know what to do.

They further stated they were greatly impacted due to a climate of "uncertainty" and "volatility" under which they were expected to function on a

daily basis and the fear they experienced working in violent environments. One respondent stated that when it came time to take the children outside her "heart beats really fast".

"Community temperament" (researcher's terminology) created tension for caregivers. Community temperament creates a tension that adds to other risk factors that may be present that contribute to community and other forms of violence. The tension centered on the uncertainty and the potential volatility within communities. One respondent stated, "it's scary, you don't know what's going to happen to yourself, you can't go out at just anytime. You may have to drop to the ground at any time in this community." Another respondent stated, "it just seems like the violence is really like calmed down a whole lot over here in this community at this point, but you never know when it can pick up."

Caregivers who came into contact with children who had been exposed to violence felt they did not have the skills necessary to support children and families and feel unprepared to work with children who were exposed to violence. Family violence and child abuse and neglect was central to the respondents' discussions about community violence. Caregivers felt they had a professional and personal responsibility to educate children about alternatives to violence, how to keep themselves safe in the communities and at home. Many respondents expressed strong feelings about the need to "help children protect themselves." Some respondents noted they felt it was important for the teachers to assume this responsibility because they felt families were not teaching their

children at home. One respondent noted, "I think as teachers we should teach children there are other means of solving problems without using violence."

That there was not a direct relationship between community violence and staff retention was an unexpected finding. Individuals who had resigned from child care programs left for increased salaries and/or the availability of benefit plans. Groves (2002) noted the more high-risk the population, the lower the staff salaries and the fewer supports there were in the classroom. The most important determinant of staff turnover among the adult work environment variables is staff salaries. Teaching staffs earning the lowest salaries are twice as likely to leave their jobs as those earning the highest salaries. Turnover is a particularly serious concern in child care because of its harmful effects on children. In 1997, the turnover rate reported by directors was 31 percent for all teaching staff. By contrast, the turnover rate in 1994-95, the last year data were available, was 6.6 percent for all public school teachers, and 3.1 percent for public kindergarten and 16 percent for private kindergarten teachers (Center for the Child Care Workforce, 1998).

Continued advocacy is needed in the early care and education profession to secure benefits for child care providers that include health insurance with options for referrals to mental health services. Currently, in the United States there are 41 million individuals who are uninsured (Robert Wood Johnson Foundation, 2003). In Chicago, 592,667 individuals lack insurance (Gilead Outreach and Referral Center, 2003). Among the uninsured are caregivers. The

issue of the uninsured is critical and will take a collective national movement not only among the early care and education profession but also communities at large to address this crisis.

According to *Worthy Work, Unlivable Wages, The National Child Care Staffing Study, 1988-1997* (Center for the Child Care Workforce, 1998), a substantial number of child care programs have improved their level of health coverage, especially for teachers (not assistant teachers). The majority of programs still offer their teaching staff limited or no health insurance, despite heavy exposure to illness in child care employment. Anecdotal reports suggested that teaching staff frequently do not use partially paid health benefits due their inability to afford the premium, an issue that is common across industries. Staff whose premiums were fully paid by the program may face additional charges when they seek health care services. Due to extremely low salaries, these costs may be difficult or impossible to meet, especially in the case of chronic or catastrophic illness. One respondent stated that she had declined services for counseling because she could not afford to pay the consultation fees. Another respondent stated that limited counseling was available--"anything long-term an individual has to cover the costs. We can't afford this type of support because of the salaries we're paid."

It is important to note the direct relationship between the ability to recruit and retain staff and the correlation with community residency. What emerged from the interviews was that the majority of applicants were born in the

communities where they worked, previously or currently lived in the communities or had some familiarity with the communities through other relationships. Overall, directors did not live in the communities where they worked. This study also revealed that the Chicago Housing Authority relocation program had impacted many programs' staff availability for employment.

There are a lack of resources and supports that are available for caregivers. This is supported by the literature review. Published materials address how caregivers can support children and families. The support identified as most helpful to child care providers is police presence and the Chicago Police Department's Chicago Alternative Policing Strategy program. However, it was noted police personnel often are insensitive to the presence of children as first responders. Respondents stated that police have entered the child care programs without notice to conduct "sweeps". Program staff was informed "after-the-fact". While the sweeps were taking place they did not know what to say to the children or others who might be present. Police personnel have implemented line-ups in the presence of children. Program staff has to provide support to children who are crying out for family members who are involved in the line-ups. One director noted police personnel look to the child care staff for assistance and they are not equipped to handle certain situations.

The relationship between caregivers and families surfaced as a point of tension. The tension centers on expectations, communication and differences in the settings. Families need to understand the effects of violence on young

children--both in the community and in the family. The research indicated the strongest buffer for young children was a supportive relationship with parents. Parent education and family support programs could help them understand how important they are in the lives of their children. Families need support in developing skills in nonviolent conflict resolution and have access to programs that prevent child abuse and neglect (Carnegie, 1994). Respondents stated they felt they were not making a difference in the lives of the children. They "try" to teach children one thing in the classroom but children are told something different in their homes. Caregivers noted, "each day feels like they are starting all over again." The researcher noted throughout the interviews caregivers used the word "try" in describing their interactions with children and other classroom practices. The constant use of the word "try" implies a critical need for resources to support caregivers with classroom practices.

It was noted that many children know, and in many instances often depend upon, the perpetrators of community violence: gang members were also their brothers, their cousins and uncles, their fathers, or their mothers' boyfriends. Garbarino (1992) stated, "them" is "us" for many inner-city children. The children were in and of the community; the "problem" of community violence was part of their lives. The researcher notes this profile of "who" gang members are implies only males are gang members. While research has shown the majority of gang members are male, this statement fails to recognize females' involvement in gang activities. The use of terminology "them" and "us" creates

division between individuals that leads to tension. It is this terminology that contributes to conflicts, wars, and disagreements. There are no "them" and "us". It was noted by several respondents that when something happens in communities "everyone" is impacted in some way. In continuing to address the issue of exposure to violence (the researcher includes all forms of violence here), we must be intentional about the language that we use. We must avoid language that divides and seek language that unites individuals in addressing the impact that violence has on individuals and communities. Respondents discussed their frustration with gang members who are family members. However, they also stressed the importance of "getting to know" the family members. Respondents were equally concerned when individuals were killed who were family members. They talked about how supportive they were of their child and the child care program. The researcher proposes that attempts are made to engage family members who are gang members as strategic partners in addressing the issue of community violence. One respondent stated, "They view the child care program as theirs." For the researcher, this is an excellent beginning point for dialogue regarding how the children and caregivers are impacted by exposure to the violence. If gang members are engaged as strategic partners they may assume more ownership. The researcher is concerned this is the piece that is missing from this exploratory study. While it is beyond the scope of this study the researcher feels an exploratory study should be conducted with gang members to assess their perceptions of community

violence and how they view the impact it has on the community especially where child care programs are located. "After all" stated one respondent "it's their children we're serving."

The terminology "war zones" was used throughout the literature to describe communities where violence was an issue. Out of the total number of respondents who lived both within and outside the communities in which they were employed, none referred to the communities as "war zones". Unfortunately, individuals in their research and descriptions of low-income communities have used the same terminology. In using the words "war zones" to describe communities there is not an acknowledgement of the strengths of coping strategies within communities. This term comes from an outsider's view and a deficit perspective. It implies the majority of families are dysfunctional, and it minimizes the roles of community advocates and long-established community organizations such as faith-based programs. It further perpetuates how communities are perceived by others who have not had personal experiences within communities and as a result form opinions based on this type of descriptor, among others. Often times, it is the same individuals who refuse to provide services within these communities due to these perceptions leaving communities under-resourced.

The researcher restates, in describing their respective communities, individuals did not use this terminology. One director who lived outside the communities stated that most of the comments about communities were

negative. She acknowledged this was due to the violence within communities. However, she noted, "that along with the negativity, the community is very warm because when there is no violence, people in the community are out, talking to each other, and they are friendly." She further stated that she felt like she lived in the community when she goes out and greets others. The director stated, "we're part of the families here which gives the staff a sense of belonging. The people in the community look out for you." She concluded by saying, "there are good things along with the violence. There is bonding with the families and it is worth it to come here." Another respondent stated, "I will always see us as a community, because we are a poor community-individuals do not really listen to us. We live here because this is really a community, we have survived it, we are survivors."

The terminology "safe haven" is contradictory. The term "safe haven" comes from the theoretical work of individuals such as Bowlby (1973), Mahler (1975), among others who recognized that the most fundamental emotional need of young children is to feel safe and protected. In her book, *Children Who See Too Much--Lessons From The Child Witness to Violence Project*, Groves (2002) noted that children learn at an early age that it may not be safe to depend on adult caregivers for refuge. In discussing the impact of domestic violence and child abuse and neglect on children, Groves noted that children are robbed of the basic sense of home as a safe haven. She stated that everything must be done to provide a safe environment for children.

The term was used often in the literature to describe settings for children.

Fred Rogers wrote, "the more we all have learned about how children are affected by witnessing violence, the more we realize how important it is that children have "safe havens" in their lives. He stated a "safe haven" was a place like the child care center or school, or church or synagogue, or home where a child can know that there was an adult there who can truthfully say, "you are safe here." (Family Communications, Inc., 1998). David Hamburg, President of the Carnegie Corporation of New York, noted a "safe haven" was critical for human children. If we wish to prepare young children to act in more caring and less violent ways, we must provide them with sanctuaries in which to explore caring and non-violent ways of behaving (NCCIP, 1994). In *Caring for Infants and Toddlers in Violent Environments: Hurt, Healing and Hope* (Zero to Three, 1994), the authors listed the following characteristics that identify an environment that is a "safe haven" for children. It was noted the same characteristics also identify a quality child care environment for infants and toddlers. Indicators of quality can be described in four categories: policy and procedures, environment, caregivers, and program.

Policies and procedures--Whether or not a child has been traumatized by violence they need the security of having a close relationship with two or three very special people.

The environment--Children need to be in an environment that is safe, well organized, and home-like. They need to have a sense of ownership in their

setting, knowing where things belong and predicting where they are.

The caregivers—For every child, the most important person in their child care environment is their primary caregiver. Caregivers of all young children must be attuned to individual differences and must help each child develop a sense of competence and self worth. The caregiver who is consistent, loving and caring provides a buffer for a child who has been traumatized, against the impact of harsh, overwhelming realities.

Throughout this study, respondents referred to the child care program as a "safe haven" for children and families. The study revealed that respondents were pre-occupied with "trying to keep children safe" both inside and outside the child care program. Respondents shared experiences where the child care program or within the vicinity of the child care program was on occasions the "scene of the crime". One respondent stated upon seeing a dead body within the vicinity of the child care program a child said as he was entering the building, "this person had a big mouth, if he hadn't been a snitch and told something to the police then he wouldn't be dead." The respondent further stated, "I use to witness a number of violent things that have happened in centers. I witnessed like I said, a lot of violent things that have happened and it's just amazing how children are taught to cope with things like that and that's what our children see and some of our children you wonder how do they deal with it, how it will affect them later on in life. There are many more incidents." Due to the specificity of some incidents, respondents shared those experiences after the interview was

concluded. They wanted the researcher to be aware of the magnitude of the problem.

Safety concerns related to children involved the need to monitor the bathrooms for parents who might discipline their children at the child care program, teachers who became involved in conflicts, parents who became involved in conflicts between each other, protecting children from other children who might be aggressive, parents who threatened children enrolled in the program who may have injured their child, among other incidents. Outside, caregivers and children were exposed to shootings, stabbings, and fights, among other violent incidents.

Caregivers had to be aware of the differences between the "inside and outside" protocols at all times. Failure to do so could have serious consequences for caregivers and the children they served. It was noted throughout the literature that children who were exposed to violence often are in a "hypervigilant" state. This study brought to the surface that caregivers also experience this "hypervigilance". Respondents noted they always had to be aware of their surroundings both inside their respective programs and outside. One respondent noted that teachers could not focus 100% of their attention on the children because "anything could happen at any time". One respondent stated, "If something happened to one of the children I would go crazy-it means the end of my career." If we (the early care and education profession) are going to continue to use this term to define early childhood settings there is a need to

revisit the term and reach a consensus regarding what components must be in place that ensures that an early childhood setting is "truly" a safe haven for caregivers, children and families. The primary consideration should be a setting that is free of all violence.

Implications for Research and Practice

Urie Bronfenbrenner (1979) noted in his book, *The Ecology of Human Development—Experiments by Nature and Design*, in examining child care settings, as contexts of human development there is a "fixation on the child as the experimental subject." Bronfenbrenner noted by doing so few investigators have examined, or even recognized the possibility that the development of other persons besides children could be affected in important ways due to the care arrangement. He discussed the influence care arrangements had on families (their work, spare time activities and other aspects of their lives). The researcher proposes that caregivers should be included. This applies to caregivers working in conditions that are stressful, spare time activities are restricted due to fear and lack of income, among other factors that restrict their access to resources and supports. Numerous studies have examined the negative effects of exposure to violence on children but there has been insufficient recognition of the impact of exposure to violence on caregivers. The present findings support the importance of this observation. The availability and access to mental health professionals would be beneficial to caregivers who work in communities where exposure to violence is an issue.

There is a need to increase the awareness of the effects on caregivers of cumulative exposure to recurring community violence, including being a witness and dealing with their personal experiences with violence.

Research is needed to determine if community violence is a factor in staff turnover. While individuals leave for more pay and benefits, the real and perceived risk of working in communities where community violence is an issue individuals have indicated they feel the salaries they are paid are "not worth the risk" and feel they should be compensated accordingly. Respondents noted the potential to become a victim might influence a person's decision to resign from a child care program. It was also mentioned, "the possibility is in the back of your mind so teachers may end up leaving sooner than they would otherwise." In addition, research is needed regarding the lack of professional development and support for teachers who leave due to their inability to work with children with challenging behaviors and with families. Several respondents noted individuals left because "they found the children's behavior challenging and they found it difficult to adjust to the families." Assumptions have been made within the profession that caregivers have the skill sets to work with children and develop relationships with families. This study has brought to the surface these are areas of tension for caregivers and some choose to leave the child care profession because they find these situations difficult.

Continued research is needed regarding the impact of working conditions on caregivers. Caregivers want a safe place to work. Conflict with administrative

policies creates a tension for caregivers. Administrative support is needed to address facility and other related security measures to ensure the safety of staff. One respondent stated she was so fearful of who might be in the building she could not use the bathroom. The Center for the Child Care Workforce developed *Creating Better Child Care Jobs: Model Work Standards for Teaching Staff in Center-Based Child Care* to define the components of the adult work environment which enabled teachers to do their jobs well (Center for the Child Care Workforce, 1999). The standards established criteria to assess child care work environments. The authors noted a high-quality child care program needed to carry two marks of distinction: one that recognized an excellent learning environment for children, and one that recognized a high-quality working environment for the adults caring for and educating them. National accreditation standards identified the type of environment and activities necessary to promote children's optimal development, and set forth the qualifications that adults should have in order to meet children's needs. This study has implications for future revisions of the standards to address and ensure good working conditions for caregivers.

Administration and others generally overlooked caregivers when an incident of community or family violence occurs. The negative effects impact providers and their ability to care for themselves and the children they serve. The long-term effects of working in communities where exposure to violence is an issue that requires further study.

These findings have implications for the City of Chicago Department of Human Services, Children's Services Division. In 1995 a protocol for responding to violence was developed, *Caring for Children in Dangerous Times—A Protocol for Responding to Violence*. The plan needs to be reviewed and revised to address concerns raised in this study and to reflect the needs of caregivers.

These findings have implications for both early educators and mental health providers. The observed connection between children's exposure to violence and children's play suggest that teachers and other adults should neither ignore nor minimize the presence of frequent aggressive and antisocial themes in children's play. Classroom based interventions; play therapy among other supports may prove useful for supporting children who are exposed to violence.

These findings have implications related to child care program staffing. Staffing is the sixth component addressed by the National Association for the Education of Young Children in the *1998 Edition—Accreditation Criteria and Procedures* (NAEYC, 1998) the rationale states an important determinant of the quality of a program is the way in which it is staffed. Well-organized staffing patterns facilitate individualized, responsive care and support learning. Research strongly suggests that smaller group sizes and larger numbers of staff to children are related to positive outcomes for children such as increased interaction among adults and children; enhanced language, social and intellectual development in children; and less aggression, more cooperation

among children. Due to the impact of exposure to violence on caregivers and children the current recommended staff-child ratios may need to be revised to enable caregivers to more effectively support children, provide the needed individualization and meet other needs that may arise as a result of exposure to community violence.

These findings have implications with regards to teacher preparation and development for the early care and education profession. Caregivers who come into contact with children who have been exposed to violence feel they do not have the skills necessary to support children and families. Support is needed for caregivers to address classroom practices. These findings also imply that it is important for child care program administrators to evaluate the professional development of caregivers and classroom supervision with respect to the impact of exposure to community violence. The curriculum for the early childhood profession needs to be reviewed and revised to address the impact of exposure to violence on children and caregivers and how practice is impacted. Finally, teachers need support in developing relationships with families.

There are implications regarding the relationship between families and caregivers. Caregivers need support with communicating with families about sensitive issues. Caregivers expressed they often did not know how to approach families to discuss concerns about family violence and other sensitive matters. They especially felt conflicted because the children shared details with the caregivers but then requested of caregivers, "do not tell—I am not suppose to tell

anybody." The researcher has noted difficulties and or tensions arise around issues related to the "family business"--researcher's emphasis. One caregiver stated she felt they were in a "catch 22" because you cannot tell their parent you know what happened to them.

The National Association for the Education of Young Children includes relationships among teachers and families as the third component in the *1998 Edition--Accreditation Criteria and Procedures* (NAEYC, 1998). The rationale for this component states, "Young children are integrally connected to their families. Programs cannot adequately meet the needs of children unless they also recognize the importance of the child's family and establish positive relationships with families based on mutual trust and respect. All communication between programs and families should be two-way, but also based on the concept that parents are and should be the principal influence in their children's lives" (NAEYC, 1998). Caregivers find it difficult to discuss sensitive issues with families and the study surfaced this as an area of tension for caregivers. Caregivers indicated they have not discussed information with parents because they did not want to risk a confrontation.

There are implications for family education. More resources are needed to educate families about their role in violence prevention due to their participation in the "escalation" of violence.

Overall, it is agreed more resources are needed to address community violence. These findings indicate a need to direct resources that address the

consequences of exposure to violence on caregivers. One respondent stated the provision of resources and supports was not a priority for their child care program. These findings indicate that caregiver attitudes and experiences are affected by exposure to violence, and resources should be directed toward supporting caregivers working under such conditions in an effort to reduce stress. These findings can be used as a framework to develop support networks, programs, resources, and program materials. This is needed as an additional support for caregivers.

These findings have implications for the Chicago Police Department. The presence of the Chicago Police in communities and the Chicago Police Department's CAPS program were identified as a major support for child care programs. This presents an opportunity for the development of formal relationships and programs between child care programs and the police department. Respondents expressed a concern about attending community meetings because "they were not sure who the participants were and where they came from." Coordinators of the CAPS program might consider using other strategies to engage the child care community without risk of exposure to retaliation. A geomap of child care programs by police districts also needs to be developed and provided to alderman, district commanders and other key community stakeholders. The geomap could also include an overlay of crime statistics that would allow police personnel to monitor and target specific areas. Sensitivity training is needed for police personnel and others who are often first

responders to violent incidents. Police procedures in the presence of children are of particular concern.

A further implication of these findings is a need for regular meetings of all community organizations to develop linkages and knowledge of available community resources.

Lastly, these findings indicate a need to establish an agency as the single point of contact for caregivers who work with children to serve as a resource to caregivers, children and their families. A "crisis intervention team" would be available to respond and provide on-going support to program staff, children and families.

To date, much of the research has focused on the impact of exposure to violence on children and families. It is the researcher's intention that this exploratory study will contribute to and broaden the knowledge about the impact on caregivers. These findings indicate a need for continued research in this area as well as observational studies to support the self-reports of the participants in this exploratory study.

APPENDIX A

CONSENT FORM

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My name is Jamilah R. Jor'dan and I am a doctoral candidate at Loyola University Chicago. I am conducting research for my doctoral dissertation and my topic is "Early childhood caregivers' perceptions of community violence and its impact on practice".

My dissertation will help to inform individuals within the early childhood profession, policy makers, administrators, among others about the impact violence has on daily program operations and the lack of resources and supports that are available to directors and teachers working in violent communities. In addition, I want to explore through my research how violence may or may not affect staff turnover in child care programs.

Your assistance with this research will be helpful in identifying what resources and supports would be beneficial to you as well as programmatic changes that may need to be made. As part of this research I need to conduct face-to-face one-hour interviews with directors and teachers who work in early childhood programs serving low-income communities.

PARTICIPATION

Participation in this research is voluntary and refusal to participate will involve no penalty. Participants may withdraw at any time without penalty. If you have any questions or need additional information regarding this research please contact Jamilah R. Jor'dan at (312) 554-1300, Ext. 15. If you have questions about your rights as a research participant please contact Loyola University Chicago's Compliance Manager at (773) 508-2689.

STATEMENT OF CONFIDENTIALITY

I understand the data collected will be confidential and the results will be presented in summary and descriptive form only. I will never be identified or contacted because of information I have shared as a result of this interview. I agree to have the interview audio taped and transcribed. The audiotape will be destroyed after the interview has been transcribed.

If this is acceptable to you please sign and date the form below. Thank you for your willingness to participate in this research.

Agreed:

_____   _____
Signature of Researcher   Signature of Participant
Jamilah R. Jor'dan, M.Ed.

_____   _____
Date   Date

APPENDIX B

SCHEDULE (DIRECTORS)

Schedule (Directors)

Early childhood caregivers' perceptions of community violence and its impact on practice.

Demographic Information

Community Area (location of program)_____

Community Area (interviewee's residence)_____

Current position_____

Level of Education_____

Age Under 21_____ 21-30_____ 31-40_____ 41-50_____ 50 or older_____

Male_____ Female_____

Ethnicity_____

Number of years in the early childhood profession_____

Number of years in current position_____

Number of children served_____

Number of teaching staff_____

Number of other staff_____

Ethnicity of children served_____

Recruitment area_____

Director Interview

1. Given the context of your work, what does the word "violence" mean to you?

2. In what ways do you believe that violence is an important factor within your service area?

3. I want to explore "how directors perceive or feel about violence and how it affects what you do with children." Based on your experience and observations could you give me examples of violence you have been exposed to or experienced and how does it affect what you do with children?

4. In what ways do you believe violence impacts what teachers do with children?

5. How serious is violence in your service area?

   No violence_____ Very little violence_____ Some violence_____
   Extreme violence_____

6. As a result of your exposure to or experience with violence what are some of the feelings, reactions, or consequences you have experienced?

7. How difficult is it to recruit teachers for your child care program due to community violence?

8. How has this issue been raised in interviews with propsective teachers?

9. What impact has "violence" had on your ability to retain staff? If teachers have left your child care program, have any indicated they have left due to community violence? (If yes, do you feel it would be possible to interview these individuals?)

10. What resources and supports are you aware of that are provided to directors who are exposed to or experience violence?

11. What kinds of resources and supports do you feel are needed for directors working in communities where exposure to violence is an issue?

12. What impact does violence have on your role as caregiver?
    None_____ Very Little_____ Some Impact_____
    Very much impacts_____

13. Thank you for your time and the information you have shared with me, what additional information would you like to share before we end this interview?

APPENDIX C

SCHEDULE (TEACHERS)

Schedule (Teacher)

Early childhood caregivers' perceptions of community violence and its impact on practice.

Demographic Information

Community Area (location of program)_____

Community Area (interviewee's residence)_____

Current position_____

Level of Education_____

Age Under 21_____ 21-30_____ 31-40_____ 41-50_____ 50 or older_____

Male_____ Female_____

Ethnicity_____

Number of years in the early childhood profession_____

Number of years in current position_____

Number of children served_____

Number of teaching staff_____

Number of other staff_____

Ethnicity of children served_____

Recruitment area_____

Teacher Interview

1.   Given the context of your work, what does the word "violence" mean to you?

2.   In what ways do you believe that violence is an important factor within your service area?

3. I want to explore "how teachers perceive or feel about violence and how it affects what you do with children." Based on your experience and observations could you give me examples of violence you have been exposed to or experienced and how does it affect what you do with children?

4. In what ways do you believe violence impacts what teachers do with children?

5. How serious is violence in your service area?

   No violence_____ Very little violence_____ Some violence_____
   Extreme violence_____

6. As a result of your exposure to or experience with violence what are some of the feelings, reactions, or consequences you have experienced?

7. How difficult is it to recruit teachers for your child care program due to community violence?

8. How has this issue been raised in interviews with propsective teachers?

9. If teachers have left your child care program, have any indicated they have left due to community violence?

10. What resources and supports are you aware of that are provided to teachers who are exposed to or experience violence?

11. What kinds of resources and supports do you feel are needed for teachers working in communities where exposure to violence is an issue?

12. What impact does violence have on your role as caregiver?
    None_____ Very Little_____ Some Impact_____
    Very much impacts_____

13. Thank you for your time and the information you have shared with me, what additional information would you like to share before we end this interview?

REFERENCES

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed. Rev.). Washington, DC: Author.

American Psychological Association and the National Association for the Education of Young Children. (2001). *ACT-Adults and children together against violence*. Washington, DC: Author.

Babchuk, W.A. (1996). *Glaser or Strauss?: Grounded theory and adult education*. Retrieved, February 3, 2003, http://www/anrecs.msu.edu/research/gradpr96.htm.

Bell, C. (September 1991). Traumatic stress and children in danger. *Journal of Health Care for the Poor and Underserved, 2*(1), 175-188.

Bell, C.B., & Jenkins, E.J. (1993). Community violence and children on Chicago's southside. *Psychiatry, 56,* 46-54.

Blau, R. (1990). Gang violence defies any easy answers. *Chicago Tribune,* June 10, Sec. 1, 5.

Bronfenbrenner, U. (1979). *The ecology of human development--Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Butterfield, F. (1995). Crime continues to decline, but experts warn of coming storm of juvenile violence. *The New York Times,* November 19, 8.

Calloway, L.J., & Knapp, C.A. (n.d.). *Using grounded theory to interpret interviews*. Retrieved, February 3, 2003, http://csis.pace.edu/~knapp/AIS95.htm.

Carnegie Corporation of New York. (1994). *Starting points--Meeting the needs of our youngest children: Report of the Carnegie task force on meeting the needs of young children*. New York: Author.

CAPS (2000). *On the beat.* Chicago, IL: Author.

Center for the Child Care Workforce. (1998). *Worthy work, unlivable wages, the national child care staffing study, 1988-1997.* Washington, DC: Author.

Center for the Child Care Workforce. (1999). *Creating better child care jobs: Model work standards for teaching staff in center-based child care.* Washington, DC: Author.

Chicago Department of Public Health. (2001). *Chicago safe start strategic plan 2001-2005.* Chicago, IL: Author.

Children's Defense Fund. (1993). Gun violence casts deepening shadow on children's lives. *CDF Reports, 14*(9), 1-2.

Chiland, C., & Young, J.G. (Eds.). (1994). *Children and violence.* Northvale, NJ: Jason Aronson, Inc.

Cicchetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry, 56,* 96-118.

City of Chicago, Department of Public Health. (n.d.). *What you should know about violence prevention.* Chicago, IL: Author.

Concerned Educators Allied for a Safe Environment (CEASE). (1993). *Violence as a product of injustice--CEASE's statement on violence.* Cambridge, MA: Author.

Connor, S.M., & Wesolowski, K.L. (2003). They're too smart for that: Predicting what children would do in the presence of guns. *Pediatrics, 111*(2), e109-e114.

Crowl, T.K. (1996). *Fundamentals of educational research.* Madison, WI: Brown & Benchwork Publishers.

Department of Human Services and Children's Services Division, City of Chicago and the Rainbow House Institute for Choosing Non-Violence. (1995). *Caring for children in dangerous times-A protocol for responding to violence.* Chicago, IL: City of Chicago, Department of Human Services and Rainbow House.

DiCanio, M. (1993). *The encyclopedia of violence: Origins, attitudes, consequences.* New York: Facts on File, Inc.

Elliott, D.S., Hamburg, B.A., & Williams, K.R. (Eds.). (1998). *Violence in American schools*. New York: Cambridge University Press.

The Economist. (1998). *Chicago's public housing projects*, July 11.

Erikson, E.H. (1963). *Childhood and society*. New York: Norton.

Family Communications, Inc. (1998). *The safe havens training project-Helping teachers and child care providers support children and families who witness violence in their communities*. Pittsburgh, PA: Family Communications, Inc.

Freeman, L.M., Mokros, H., & Poznanski, E.O. (1993). Violent events reported by urban school-aged children: Characteristics and depression correlates. *Journal of the American Academy of Child and Adolescent Psychiatry, 32*, 419-423.

Garbarino, J. (1993). *Let's talk about living in a world with violence*. Chicago, IL: Erikson Institute.

Garbarino, J. (1999). *Lost boys-Why our sons turn violent and how we can save them*. New York: Simon & Schuster Inc.

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger-Coping with the consequences of community violence*. San Francisco, CA: Jossey-Bass Publishers.

Gilead Outreach and Referral Center. (2003). *Gilead center unveils the faces of Illinois' uninsured*. Chicago, IL: Author.

Gilligan, J. (1996). *Reflections of a national epidemic-Violence*. New York: Vintage Books.

Gilligan, J. (1996). *Violence-Our deadly epidemic and its causes*. New York: G.P. Putnam's Sons.

Gross, J. (1989). Epidemic in urban hospitals: Wounds from assault rifles. *The New York Times*, February 21, A1, A15.

Groves, B.M. (2002). *Children who see too much: Lessons from the child witness to violence project*. Boston, MA: Beacon Press.

Groves, B.M., Zuckerman, B., Marans, S., & Cohen, D.J. (January 13,1993). Silent victims-Children who witness violence. *JAMA, 269*(2), 262-264.

Hamburg, D.A. (1992). *Today's children--Creating a future for a generation in crisis*. New York: Random House, Inc.

Hammond, W.R., & Yung, B.R. (Winter 1991). Preventing violence in at-risk African-American youth. *Journal of Health Care for the Poor and Underserved, 2*(3), 359-372.

Institute for Policy Research News, Northwestern University. (Summer 2000). Chicago housing's 'hidden war'. *Institute for Policy Research News, 21*(1).

Johnson, M.E. (2001). *De-escalation strategies of psychiatric nursing staff*. National Institute of Nursing Research. Retrieved February 3, 2003, crispprd 1.0.

Karr-Morse, R., & Wiley, M.S. (1997). *Ghosts from the nursery, tracing the roots of violence*. New York: The Atlantic Monthly Press.

Katch, J. (2001). *Under deadman's skin-Discovering the meaning of children's violent play*. Boston, MA: Beacon Press.

Kuther, T.L. (Winter 1999). A developmental-contextual perspective on youth covictimization by community violence. *Adolescence, 34*(136), 699-714.

Levin, D.E. (1994). *Teaching young children in violent times-Building a peaceable classroom*. Cambridge, MA: Educators for Social Responsibility.

Margolin, G., & Gordis, E.B. (2000). The effects of family and community violence on children. *Annual Reviews Psychology, 51*, 445-479.

Mason, J. (1996). *Qualitative researching*. Thousand Oaks, CA: SAGE Publications, Inc.

Massey, M.S. (1998). *IL. Early childhood violence prevention*. ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC Digest, ED0-PS-98-9).

McCloskey, L.A., & Walker, M. (2000). Posttraumatic stress in children exposed to family violence and single-event trauma. *Journal of the American Academy of Child & Adolescent Psychiatry, 39*, 108-115.

Merritt-Gray, M. & Wuest, J. (n.d.). *Reclaiming self: The process of leaving abusive relationships. Violence against women by men a program of research*. Retrieved, February 3, 2003, http://www/unbf.ca/nursing/faculty/wuest/research4.html.

Moonman, E. (Ed.). (1987). *The violent society*. Totawa, NJ: Frank Cass & Co. Ltd.

NAEYC. (1990). NAEYC position statement on media violence in children's lives. *Young Children, 45* (5), 18-21, Washington, DC: Author.

NAEYC. (1993). NAEYC position statement on violence in the lives of children. *Young Children, 48*(6), 80-84, Washington, DC: Author.

Northwestern University. (Summer 2000). Chicago housing's hidden war. *Institute for Policy Research News, 21*(1), Chicago: Author.

Osofsky, J.D. (1995). The effects of exposure to violence on young children. *American Psychologist, 50*(9), 782-788.

Osofsky, J.D., Wewers, S., Hann, D.M., & Fick, A.C. (1993). Chronic community violence: What is happening to our children? *Psychiatry, 56*, 36-45.

Page, R.M., Becker-Kitchin, S., Solovan, D., Golec, T.L., & Hebert, D.L. (July/August 1992). Interpersonal violence: A priority issue for health education. *Journal of Health Education, July/August, 23*(5), 286-292.

Parry, A., Walker, M., & Heim, C. (1990). *The Rainbow House handbook to a violence-free future for young children-Choosing nonviolence*. Chicago, IL: Rainbow House/Arco Iris.

Price, J.H., & Everett, S.A. (1997). Teachers' perceptions of violence in the public schools: The MetLife Survey. *American Journal of Health Behavior, 21*(3).

Pynoos, R.S., & Nader, K. (1989). Case study: Children's memory and proximity to violence. *American Academy of Child and Adolescent Psychiatry, 28*, 236-241.

Pynoos, R., Nader, K., Frederick, C., Gonda, L., & Stuber, M. (1987). Grief reactions in school age children following a sniper attack at school. *Israeli Journal of Psychiatry Related Sciences, 24*, 53-63.

Richters, J.E., & Martinez, P. (1993). The NIMH community violence project: I. Children as victims of and witnesses to violence. *Psychiatry, 56,* 7-21.

Rocco, T.S. (1997). *Hesitating to disclose: Adult students with invisible disabilities and their experience with understanding and articulating disability.* Retrieved, February 3, 2003, http://www/anrecs.msu.edu/research/gradppr.htm.

Rosenthal, B.S. (2000). Exposure to community violence in adolescence: Trauma symptoms. *Adolescence, 35*(138), 271-284.

Sautter, R.C. (January 1995). Standing up to violence, Kappan Special Report. *Phi Delta Kappan.*

Shonkoff, J.P., & Phillips, D.A. (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press.

Siegel, P.H. (n.d.). *A comment on the application of grounded theory to accounting research.* Retrieved, February 3, 2003, http://business.baylor.edu/Charles_Davis/abo/reporter/summer95/siegel.htm.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research-grounded theory procedures and techniques.* Newbury Park, CA: SAGE Publishers, Inc.

The Annie E. Casey Foundation. (n.d.). *Community safety and justice-A guide to key ideas, effective approaches, and technical assistance resources for making connections cities and site teams.* Baltimore, MD: Author.

The Association of Perioperative Registered Nurses. (1997). *Qualitative and quantitative approaches to nursing research.* Retrieved, January 18, 2003, http://www/aorn.org/journal/research/rc897.htm.

The David and Lucile Packard Foundation. (1999). *The future of children-Domestic violence and children.* Los Angeles, CA: Author.

The Ounce of Prevention Fund. (2000). *Safe start-How early experiences can help reduce violence.* Chicago, IL: Author.

The Robert Wood Johnson Foundation. (n.d.). *Cover the uninsured week.* Princeton, NJ: Author.

U.S. Department of Health and Human Services. (1996). *Child maltreatment 1994: Reports from the states to the national center on child abuse and neglect.* Washington, DC: U.S. Government Printing Office.

University of Illinois Cooperative Extension Service, College of Agricultural, Consumer and Environmental Sciences, University of Illinois at Urbana-Champaign. (1997). *Our violent society.* Urbana-Champaign, IL: Author.

Wallach, L.B. (1994). *IL. Violence and young children's development.* ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC Digest, ED 369578).

Zero to Three/National Center for Clinical Infant Programs. (December 8, 1991). *Can they hope to feel safe again? The impact of community violence on infants, toddlers, their parents and practitioners. A report from the final plenary session seventh biennial national training institute.* Washington, DC: Author.

Zero to Three/National Center for Clinical Infant Programs. (1994). *Caring for infants and toddlers in violent environments: Hurt, healing, and hope.* Arlington, VA: Author.

Zero to Three: National Center for Infants, Toddlers and Families. (1996). *Islands of safety-Assessing and treating young victims of violence.* Washington, DC: Zero to Three: National Center for Infants, Toddlers and Families (formerly known as National Center for Clinical Infant Programs).

VITA

Jamilah R. Jor'dan is President of the Chicago Accreditation Partnership, a joint effort between the City of Chicago and a number of private foundations to improve the quality of child care and Head Start programs in Chicago's low-income communities. The Partnership is the first program of its kind in the nation to assist eligible child care programs in their pursuit of accreditation or reaccreditation.

Previously, Ms. Jor'dan was the accreditation project director of the Chicago Metropolitan Association for the Education of Young Children (Chicago Metro AEYC). There she directed a multi-million dollar accreditation support initiative for early childhood programs.

Ms. Jor'dan has 17 years of experience in the early care and education profession and is a past governing board member, validator, mentor and commissioner for the National Association for the Education of Young Children (NAEYC), an advisory board member for the National Academy of Early Childhood Programs (the accrediting body of the NAEYC); and a mentor for the National Black Child Development Institute and the Early Childhood Development Leadership Institute and taught early childhood education courses for Richard J. Daley College City Colleges of Chicago.

She is a member of the Ecumenical Child Care Network, Chicago

Metropolitan Association for the Education of Young Children, International Association for Infant Massage, Inc., National Association for the Education of Young Children, National Black Child Development Institute, National Parent Teacher Association, Family Support America, World Association for Infant Mental Health. She has authored articles for Contemporary Issues in Early Childhood, Continuance Magazine, PTA Today Magazine, Zero to Three, The Journal of Alternative Education, NAEYC Developmentally Appropriate Practice in Early Childhood, among others. In addition, Ms. Jor'dan has produced award-winning videos for the National PTA. As a result of her work in the early care and education profession, she was featured in Today's Chicago Woman Magazine (July 2001) as one of 100 Women Making A Difference.

Ms. Jor'dan is a Columbia University National Center for Children in Poverty/Hulda B. and Maurice L. Rothschild Foundation Fellow. She holds a bachelor's degree in business administration from DePaul University, a master's degree in early childhood education and infant studies from the Erikson Institute and a doctorate degree in research methodology and human development from Loyola University Chicago.

DISSERTATION APPROVAL SHEET

The dissertation submitted by Jamilah R. Jor'dan has been read and approved
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The final copies have been examined by the director of the dissertation and the
signature which appears below verifies the fact that any necessary changes have
been incorporated and that the dissertation is now given final approval by the
committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for
the degree of Doctor of Philosophy.

_3 - 20 - 03_
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