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## Child Abuse & Neglect



# Impact of a universal school-based violence prevention program on violent delinquency: Distinctive benefits for youth with maltreatment histories<sup>☆</sup>

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### ABSTRACT

**Objective:** Child maltreatment constitutes a strong risk factor for violent delinquency in adolescence, with cumulative experiences of maltreatment creating increasingly greater risk. Our previous work demonstrated that a universal school-based violence prevention program could provide a protective impact for youth at risk for violent delinquency due to child maltreatment history. In this study we conducted a follow-up to determine if participation in a school-based violence prevention program in grade 9 continued to provide a buffering effect on engaging in acts of violent delinquency for maltreated youth, 2 years post-intervention.

**Methods:** Secondary analyses were conducted using data from a cluster randomized controlled trial of a comprehensive school-based violence prevention program. Students ( $N = 1,722$ ; 52.8% female) from 20 schools participated in 21 75-min lessons in grade 9 health classes. Individual data (i.e., gender, child maltreatment experiences, and violent delinquency in grade 9) and school-level data (i.e., student perception of safety averaged across students in each school) were entered in a multilevel model to predict violent delinquency at the end of grade 11.

**Results:** Individual- and school-level factors predicting violent delinquency in grade 11 replicated previous findings from grade 9: being male, experiencing child maltreatment, being violent in grade 9, and attending a school with a lower perceived sense of safety among the entire student body increased violent delinquency. The cross-level interaction of individual maltreatment history and school-level intervention was also replicated: in non-intervention schools, youth with more maltreatment in their background were increasingly likely to engage in violent delinquency. The strength of this relationship was significantly attenuated in intervention schools.

**Conclusions:** Follow-up findings are consistent with the buffering effect of the prevention program previously found post-intervention for the subsample of youth with maltreatment histories.

**Practice implications:** A relative inexpensive school-based violence prevention program that has been shown to reduce dating violence among the whole student body also creates a protective effect for maltreated youth with respect to lowering their likelihood of engaging in violent delinquency.

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## Introduction

Child maltreatment interferes with healthy development and contributes to a range of negative psychological and physical health outcomes (Kim, Cicchetti, Rogosch, & Manly, 2009). Children who experience abuse are more likely to be diagnosed with a psychological disorder and to show difficulties with early attachment, emotional regulation, peer relationships, school adjustment, and pro-social behaviors (Cyr, Euser, Bakermans-Kranenburg, & Van Ijzendoorn, 2010; Wekerle & Wolfe, 2003). Child maltreatment history raises the risk of numerous health-risk behaviors such as smoking, substance use, and early and promiscuous sexuality (Dube et al., 2006; Edwards, Dube, Felitti, & Anda, 2007; Hussey, Chang, & Kotch, 2006), and substantially increases risk for delinquent and violent behaviors (Lansford et al., 2007; Maas, Herrenkohl, & Sousa, 2008). The relationship between child maltreatment and delinquency suggests that severe or cumulative experiences of child maltreatment are particularly detrimental with respect to future conduct (Maas et al., 2008; Margolin et al., 2009).

It is clear that experiences of child abuse and maltreatment show a dosage effect. That is, a greater number of abuse experiences and types exert an increasingly more detrimental impact. The Adverse Childhood Experiences Study (Felitti et al., 1998) utilized a sample of more than 8,500 adults accessed through a large HMO and found a dosage–response relationship between experiences of childhood maltreatment and other adverse effects (such as parental incarceration, mental health problems, and/or substance abuse, parental separation or divorce), and a wide range of physical and mental health outcomes including heart disease, cancer, and liver disease. In some areas of health, experiences of abuse eclipse associations previously attributed to certain causes. For example, the negative psychosocial sequelae and fetal deaths commonly attributed to adolescent pregnancy seem to result from underlying adverse childhood experiences rather than adolescent pregnancy *per se* (Hillis et al., 2004). The mechanisms by which adverse childhood experiences lead to poor pregnancy and birth outcomes remains to be clarified, and may include mechanisms such as low self-efficacy, high stress, and difficulties with anger, all of which could interfere with accessing good prenatal care.

Beyond physical health outcomes, multiple forms of abuse had a cumulative effect in predicting anger and hostility among a sample of 554 youth (Teicher, Samson, Polcari, & McGreenery, 2006). Poly-victimization has been shown to predict higher rates of psychiatric disorders in a nationally representative sample of more than 2,000 youth in the United States aged 2–17 (Finkelhor, Ormrod, & Turner, 2007), as well as higher rates of delinquency, independent of diagnoses of depressive, posttraumatic, and substance use disorders (Ford, Elhai, Connor, & Frueh, 2010). At the extreme end of the dosage continuum, some researchers and policy makers have contended that severe, early, chronic experiences of abuse and neglect may lead to the profound damage in psychological development that, in turn, sets the context for the perpetration of severe and lethal violence against others (Garbarino, 1999; Karr-Morse & Wiley, 1997).

Child maltreatment extends well beyond the cases known to child protection agencies and 21.9% of youth in aforementioned nationally representative sample have experienced some form of child maltreatment and/or witnessed domestic violence (Finkelhor, Ormrod, & Turner, 2009). Accordingly, universal prevention has been touted as an essential yet under-utilized component of a comprehensive intervention and prevention strategy (Chaffin & Schmidt, 2006; Hammond, Haegerich, & Saul, 2009). In addition to universal prevention initiatives provided to all individuals regardless of risk level, selected and indicated prevention are also important for maltreated children who may require specialized programming (Wolfe et al., 2003).

The Fourth R is a universal approach to the prevention that focuses on the underlying relationship dynamics common to dating violence, unsafe sex, substance use, and peer violence (Wolfe, Jaffe, & Crooks, 2006; see [www.youthrelationships.org](http://www.youthrelationships.org) for more program information). The cornerstone of the program is a 21-session classroom-based curriculum that emphasizes knowledge, awareness, and skill development pertaining to developmentally relevant issues of personal safety in relationships, sexual health, and substance use. The focus on skill development through role play exercises that break complex skills down into manageable segments is a particularly unique aspect. As part of a comprehensive, universal prevention strategy, the lessons are taught by trained classroom teachers and fulfill state/provincial curriculum requirements. Other components include a Youth Action Committee that conducts school-wide awareness campaigns and prevention activities, extensive teacher training, and parent information.

The Fourth R has been demonstrated to provide a protective effect on delinquency for maltreated youth at post-test. Using data from our cluster randomized controlled trial of the Fourth R with students from 20 schools, we found student perception of safety (aggregated at the school level) predicted lower rates of delinquency over and above all individual-level predictors at the end of grade 9 (Crooks, Scott, Wolfe, Chiodo, & Killip, 2007). Furthermore, being a Fourth R intervention school buffered the impact of child maltreatment history on the development of violent delinquency. This school-level moderating effect among youth with maltreatment backgrounds was unexpected because schools had implemented the prevention program for only 1 year. In addition to this benefit for youth with maltreatment histories, the Fourth R conferred positive benefits on behavior among the whole sample. At 2 year follow-up, the Fourth R was found to significantly reduce dating violence and increase condom use among students, relative to peers attending control schools who received regular health class (Wolfe, Crooks, Chiodo, & Jaffe, 2009). Reductions in substance use were not found among the full sample.

In their call for research identifying potentially protective contexts, Foster and Brooks-Gunn (2009) identified our previous study of predictors of violent delinquency as one of the few examples to date to investigate school level effects as a moderator of the impact of child maltreatment. Due to this scarcity of research identifying contextual influences on maltreated youth, the question of duration of the protective impact on the subsample of youth with self-identified histories of child maltreatment is paramount. Therefore, the purpose of this study is to examine the stability of these effects 2 years later. That is, does

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