Efficacy of a brief intervention on attitudes to reduce school violence: A randomized clinical trial

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1. Introduction

School violence includes behaviors ranging from verbal aggressions to humiliation, social exclusion, physical harm, and the destruction of property (Allen, 2009; Benbenishty & Astor, 2005), and it comprises diverse categories, such as disruption in the classroom, problems concerning discipline, and peer maltreatment (Olweus, 1993; Walker, 1995). Its prevalence has been analyzed in countries like the USA, Spain, Australia, the UK, or Germany, finding that between 20 and 30% of the students were involved in different forms of school violence (Defensor del Pueblo, 2007; Department of Health and Human Services & Center for Disease Control and Prevention, 2006; Wolke, Woods, Stanford, & Schulz, 2001).

In addition to the magnitude of the problem, we must take into account the consequences this phenomenon can have on the mental health and future behavior of youths. Continued exposure to violence is related to the development of: (a) psychosomatic problems such as enuresis, sleeping problems, or loss of appetite (Gini & Pozzoli, 2009); (b) emotional problems in victims and bullies, which interfere with concentration and students’ capacity, fomenting poor academic achievement (Schwartz & Gorman, 2003; Van der Wal, De Wit, & Hirasing, 2003); (c) low self-esteem, depression, and suicidal ideation (Brunstein, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Evans, Hawton, & Rodham, 2004; Van der Wal et al., 2003); and (d) antisocial behaviors, such as delinquent behaviors or drug abuse, which, in turn, cause legal, economic, and social problems (Chereji, Pintea, & David, 2012; García, Moral, Frías, Valdivia, & Díaz, 2012; Luk, Wang, & Simons-Morton, 2012; Woods & White, 2005). This has contributed to an increase in the awareness of this problem in recent years, leading to the proliferation of numerous prevention programs (Cooper, Lutenbacher, Faccia, & Hepworth, 2003; Smith, Ananiadou, & Cowie, 2003). In a recent systematic review (Jiménez Barbero, Ruiz Hernández, Llor Esteban, & Pérez García, 2012), it was reported that the main components of these interventions were: (a) global approach policies, underlining the democratic participation of all school members, which are usually the main part of long-term interventions (Thompson & Sharp, 1999); (b) the classroom climate, based on student–student and teacher–student relations (Roland & Galloway, 2002); (c) peer support systems (Cowie, 2000); (d) school playground intervention (Cunningham et al., 1998); (e) classroom activities as part of the Study Plan (Olweus, 1993; Smith & Sharp, 1994); and (f) specific work with bullied students or students at risk of being bullied (Ross, 2003).

Recently, some studies have examined the influence of adolescents’ attitudes on their behavior in situations of school violence (Andreou, Didaskalou, & Vlachou, 2008; Baldry, 2004; Gellman, 2006; Sahin, 2012). These findings suggest an association between students’ attitudes and the phenomenon of bullying (Salminen & Voeten, 2004), and report a predisposition in bullies to favorable
attitudes towards the use of violence in peer relations (Stevens, Van Oost, & De Bourdeaudhuij, 2000). It has also been reported that adolescents’ aggressive behaviors in the educational setting are more affective or emotional than instrumental, therefore tending to be more impulsive than premeditated (Crpanzano, Frick, & Terranova, 2010). Studies on attitudes and behavior have confirmed that most behaviors are spontaneous, and that attitudes are, to a great extent, guided by automatic psychological processes; therefore, the relation between behavior and attitude tends to increase when participants do not carry out deliberative processes while they behave (Fazio, 2007; Krauss, 1995).

On the basis of these results, an intervention aimed at modeling adolescents’ habitual attitudes towards the phenomenon of school violence could significantly reduce violent episodes (Zun, Downey, & Rosen, 2004). However, most of the programs aimed at prevention of bullying follow a global approach like that proposed by Olweus (1993, 1996, 2005), requiring a multidisciplinary approach, as well as its integration in the study plans, and this could be complex and expensive for most school centers (Farrell, Meyer, & White, 2001; Olweus, 1996; Twemlow et al., 2001). But it is increasingly essential to develop brief and easy-to-implement interventions that do not require large investments in human and material resources (Baldry & Farrington, 2004; Berry & Hunt, 2009; Rahey & Craig, 2002). For this purpose, we propose as the main goal of this study, to examine the efficacy of a brief intervention program to modify adolescents’ attitudes towards school violence.

2. Method

2.1. Participants

The sample was obtained from a Secondary Education Institute of Murcia (Spain), during the 2010–2011 school term. We selected this school because it was in a neighborhood with a population of similar sociodemographic characteristics to those of the rest of the urban population of that area. The study comprised students aged between 12 and 15 years. Adolescents who presented special educational needs or who were in psychological or psychiatric treatment were excluded from the study. Participants who did not pass a sincerity questionnaires included in the instrument were also ruled out of the study. The study was approved by the Ethics and Clinical Research Committee of the main hospital of Murcia.

Of the 268 students who were potentially eligible, 16 were ruled out due to diverse exclusion criteria, so the final sample comprised 252 participants: 130 (51.58%) males and 122 (48.41%) females. The mean and median age of the adolescents was 13.54 and 14, respectively (SD = .85).

2.2. Measures

The instrument used to assess the efficacy of the program was a self-administered questionnaire made up of 201 items. This questionnaire tapped the target variables (Attitudes towards Violence and Perceived Violence), as well as sociodemographic variables (age, sex, parents’ cultural level, and family structure), and the moderator variables (parental style, externalization, and impulsivity).

Age was categorized into two groups: I (12 and 13 years) and II (14 and 15 years). Family co-existence was divided into 4 categories: (1) I live with both my parents, (2) I live with my mother, (3) I live with my father, or (4) I don’t live with my parents. Parents’ educational level was categorized as: (1) no studies, (2) elementary studies, (3) middle studies, and (4) university studies.

2.2.1. Attitudes towards Violence

We used the “Cuestionario de Actitud Hacia la Violencia” (CAHV-25; in English, the Questionnaire of Attitudes towards Violence; Ruiz Hernández, Llor, Puebla, & Llor Esteban, 2009). This instrument has 4 factors: Violence as a form of Fun (7 items, Cronbach’s α = .78); Violence to improve Self-esteem (5 items, Cronbach’s α = .78); Violence to Cope with Problems and Social Relations (6 items, Cronbach’s α = .68); and Violence perceived as Legitimate (7 items, Cronbach’s α = .72). The level of total internal consistency of the instrument was .90.

2.2.2. Perceived Violence

From the conclusions obtained in a recently published systematic review (Jiménez Barbero et al., 2012), we prepared an ad hoc scale made up of ten indicators: (1) insulting; (2) giving nicknames; (3) laughing at someone; (4) hitting; (5) spitting; (6) badmouthing someone; (7) threatening; (8) blackmailing; (9) isolating, and (10) rejecting. These items were rated on a 5-point Likert-type scale that measured the frequency of the behaviors, ranging from 1 (Never) to 5 (Daily). The scale presented internal consistency values equal to or higher than .90 for the assessment of violence perceived by the student. It was based on instruments used by other authors who employed students’ self-reports of classroom and playground violence as an outcome variable of the efficacy of intervention programs aimed at reducing school bullying (Frey et al., 2005; Salmivalli, Kaukiainen, & Voeten, 2005).

2.2.3. Externalization

We used the self-administered questionnaire, Youth Self-Report (YSR; Achenbach, 1991), designed to obtain information directly from children and adolescents between ages 11 and 18 years about diverse behavior problems. For the present study, we used the items that measure the factors Verbal Aggressiveness, Behavior Problems, and Attention-Seeking, due to their greater internal consistency, according to validation studies in Spanish with this instrument (Lemos Giráldez, Valdejo Seco, & Sandoval Mena, 2002).

2.2.4. Impulsivity

We used Barratt’s (1985) Impulsivity Scale in its validated Spanish version (Luengo, Carrillo de la Peña, & Otero, 1991), which has levels of internal consistency near .90. We used the motor subscale of this instrument because we considered it the most appropriate for this study (Ruiz Hernández et al., 2010).

2.2.5. Parental styles

We used the “Cuestionario sobre Estilos Disciplinarios de los Padres” [Parents’ Disciplinary Style Questionnaire], elaborated and validated by Torrente Hernández and Vazsonyi (2008). This self-administered instrument is made up of 52 items, which classify parental styles as inductive, authoritarian, permissive, and over-protective, based on the educational patterns described by Baumrind (1991). The reliability analyses of the questionnaire have provided Cronbach alpha values of α = .77 for paternal styles, and α = .69 for maternal styles.

2.2.6. Sincerity

Due to the problems of sincerity usually present in adolescents’ self-reports, two control methods were included in the instrument: the Sincerity subscale of the “Cuestionario de Auto-Control Infantil y Adolescente” (CACIA; in English, the Children and Adolescents’ Self-Control Questionnaire: Capafons & Silva, 1998), which we considered appropriate because it is short (only 14 items), simple, and easy to understand; and one self-reported sincerity question.

2.3. Procedure

Following the recommendations of CONSORT (Moher et al., 2010), a controlled and randomized design was used to assess the effects of the brief intervention program, “Count on Me.” Ten classrooms (five from 1st grade and five from 2nd grade) were randomly assigned to the intervention or to a waiting-list (1:1). Randomization was done...
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