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WITNESSING VIOLENCE: THE LINK TO
REACTIVE AGGRESSION

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology:
Child Development

by
Nicole Marie Stevens

June 2005


WITNESSING VIOLENCE: THE LINK TO
REACTIVE AGGRESSION

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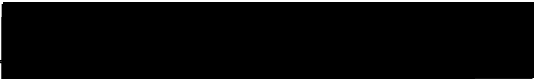
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June 2005


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ABSTRACT

The purpose of this study is to examine the association between witnessing violence and the development of aggressive behavior. Specifically, this study uses a multiple regression correlational (MRC) analytic approach to examine the association between witnessing violence and reactive aggression. It examines the associations between the participants' reactive aggression and post-traumatic stress and insecure attachment. One hundred adult male participants were recruited through classes at California State University San Bernardino to complete a questionnaire packet made up of 6 different surveys. The measures utilized were the Conflict Tactics Scale, the Adolescent Anger Rating Scale, the Inventory of Parent and Peer Attachment, Child Report of Post Traumatic Symptoms, Conduct Disorder, and the Modified Impact of Events Scales. The findings of this study show a positive correlation between reactive aggression and post-traumatic stress. There were also positive correlations between reactive aggression and insecure attachment in the areas of trust, communication and alienation. This study introduces areas

for future research as well as providing information to formulate more explicit anger management programs.

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CHAPTER ONE

LITERATURE REVIEW

Introduction

It is well recognized that adolescence is a time of testing limits and finding oneself. When a child moves into adolescence there is often an increase in family tensions, disagreements and conflict between parent and child (Muzi, 2000). The adolescent begins to form his or her own opinions and beliefs that work as the foundation for the personality they will have as an adult. This can happen as early as age 10. There are three stages of adolescence that all teens go through. The first stage (early adolescence) spans from ages 10-14, the second stage (middle adolescence) ranges from ages 15-17, and the last stage (late adolescence) covers ages 18-22 (Balk, 1995). Late adolescence (or early adulthood) is defined as a time when individuals seek to establish themselves outside of the family home (Balk, 1995; Jordyn & Byrd, 2003) and develop into the adults they are going to be. Many studies include late adolescence (early adulthood) within their parameters, testing individuals through the age of 20 years

old as a critical period in the development of many long standing behaviors, including (Cauce, 2000; Krcmar & Greene, 2000; Clawson & Reese-Weber 2003; Vogel et.al., 2003 and Rosenthal & Wilson, 2003).

When a child reaches adolescence they may begin questioning and testing much of the information they learned as children, trying to find their own beliefs. Adolescents often distance themselves from the family in search of independence and autonomy. In the American culture, families are typically the main source of information for a child. Children learn values, morals, problem solving techniques, and prosocial behavior primarily from their families (Szyndrowski, 1999). When a child enters adolescence they are pulled to outside activities at school or with friends. Many times adolescents turn to support from their peer groups instead of their family. They seek out peers that they can relate to, who have the same type of experiences, behaviors and beliefs. (Muzi, 2000) Yet, the beliefs that they bring to these peer relationships are developed throughout their childhood, and influenced by their family. The same is true for aggression. An individual can be introduced to

aggression in many ways. It can be introduced in the home or the community. The aggressive behaviors that an adolescent develops throughout their youth often develop from their experiences in witnessing violent acts.

Impact of Exposure to Violence on Children

Exposure to violence causes multiple effects that are detrimental to the development of children. There are a wide variety of problems that children can struggle with. These issues can affect different domains of the child's development and can range in degree of severity (Kolbo & Blakely, 1996). Some children who have witnessed violence have been found to have signs of PTSD and experience problems socially, cognitively, emotionally, physically, and behaviorally (Peled, 1998; Szyndrowski, 1999; Edleson, 1999; Singer, 1995). These children also show patterns of aggressiveness [aggressive behavior is defined "as those acts which objectively hurt or injured someone" p. 80] (McCord, 2002), difficulty controlling anger, chronic anxiety, and substance abuse (Szyndrowski, 1999; Singer, 1995) low self-esteem, poor anger management, inability to

problem solve, poor impulse control, aggressive outbursts, and often delinquent behaviors (Szyndrowski, 1999).

Sudermann and Jaffee (1999) note that children can have both externalized and internalized behavior issues.

External behavior is that which is observable by others, such as aggression or destruction of property. It can

include "aggression to siblings and peers, noncompliance with adults and rules, destructiveness, and generalized

anger and irritability" (p. 344). Males have been shown to exhibit more frequent externalized problems, such as

hostility and aggression (Edleson, 1999; Wolfe, 1985;

Kerig, 1998). Szyndrowski (1999) reported that males who

are witness to domestic violence are four times more likely to be abusive in a dating relationship and 1,000 times more

likely to commit violent acts against their own partner or child at an older age (Wolfe, 1985). When referring to

rates of aggression, conduct disorder, and delinquency

males also rate higher than girls (Withecumb, 1997).

Internalized behaviors are those internal to the child and are often emotional in nature and can include "sadness,

withdrawal, fear, anxiety, and somatic complaints" (p.344).

Girls tend to display more internalized problems, such as

depression (Edleson, 1999; Wolfe, 1985; Kerig, 1998). Both these types of behaviors will carry on with a child through adolescents and into adulthood. Given these gender dynamics and the focus of previous research, this study will utilize only males because they are more prone to aggressive and externalized behavior problems.

Exposure to Violence

It is important to briefly look at how children are exposed to violence in order to understanding how witnessing violence affects youth. There are several avenues for violence to introduce itself to a child, but one of the most prominent is within the context of the family. Domestic violence has become a recognized epidemic in the United States. The American Medical Association states that American women are four times more likely to be physically injured by their partner than in a motor vehicle accident (Sudermann & Jaffe, 1999). McNeal & Amato (1998) noted that 16% of married couples engage in some form of violent act every year. Edleson (1999) defined domestic violence "as an act carried out with the intention, or

perceived intention, of causing physical pain or injury"
(Edleson, 1999 p. 843).

It is a common misconception for parents to think that their children do not witness the violence that occurs in the home. It is estimated that 40%-80% of violent episodes in the home are witnessed by children (Sudermann & Jaffe, 1999). Szyndrowski (1999) estimates that between 3.3 million and 25 million children witness some form of domestic violence in the home per year. Additionally, Feerick and Haugaard (1999) report that between 13% and 42% of adults report having witnessed some form of marital violence in their home when they were children.

Of course it would be naive to assume that the only place violence is witnessed is in the home. There are several different avenues in which violence is found in our society. There is violence in the media, in the community, in schools. It is also important to consider the violence that can be seen in the context of street gangs or institutions that adolescents may be in, such as group homes or juvenile hall.

Media violence is by far one of the most common ways that children are exposed to violence. There have been

several studies that have linked the amount of violence seen on T.V. to aggressive acts by children (Groves, 1997). Children often imitate the violent behavior they see on T.V. and can become desensitized to the violence that occurs in real life (Groves, 1997).

Additionally, there are numerous ways that violence can be witnessed in the community, especially in neighborhoods with fewer economic resources. Community violence, or street violence, are ongoing events that occur in public out of the home and involves, typically, non-sexual violence (Rosenthal, 2000). A study in Louisiana showed that 90% of all elementary school children have witnessed violence, and more than 50% of these children have been victims of violence (Groves, 1997). Witnessing violence at any age can result in serious trauma for any child or adult. This trauma can result in the presence of symptoms of post-traumatic stress, including aggressive behavior (Groves, 1997).

The social group that adolescents associate with can encourage aggressive behavior found in adolescents. For instance if an already aggressive teen associates with a peer group that is also aggressive, as in a gang

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environment, then their violent behavior will be supported and thrive (Kashani, et.al., 1999).

Family violence or community violence, it is recognized that both can have a significant impact on the aggression that a teen can foster. How then can professionals determine which factor influenced a specific individual? The age that an individual develops aggressive behavior often is the key to exploring the source of influence (Fraser, 1996). If the aggression develops at a young age, then it is likely attributed to the family, due to a young child's limited social experience. If the aggressive behavior begins in adolescence, then there is a greater likelihood that community violence has influenced the behavior (Fraser, 1996). The exposure to media violence on T.V. must also be considered when looking at the age of exposure. Children exposed to violence on T.V. at a young age in the home could skew the results of any study. It is important to remember that no matter when an individual witnesses violence they will remember it throughout their life. A traumatic experience of any form is not easily forgotten, the memory and behavior developed

because of it will remain with the child, if untreated professionally, throughout the remainder of their life.

It is important to remember that witnessing violence alone is not the sole cause of aggressive behaviors. An individual could have aggressive tendencies but not have been exposed to much violence in their life. Additionally there are members of society who have witnessed horrible acts of violence but are not aggressive themselves.

Witnessing violence is a variable that compounded with other variables can lead an individual to aggressive behaviors. Additionally if a person suffers from a preexisting psychological disorder, it can be compounded by witnessing violence.

This study will consider the aggressive behavior (proactive or reactive) that can be developed by witnessing violence when compounded with post traumatic stress and insecure attachment. Proactive aggression is deliberate behavior that is controlled by external positive reinforcements (Crick & Dodge, 1996). This form of aggression is "cold blooded", controlled, preemptive, less emotional, and driven by the thought of reward (Dodge et al., 1997). Reactive aggression is a response to a

(Dodge, et.al., 1997). Reactive aggression can be associated with peer rejection, externalizing symptoms, low self-control, and the tendency to make a problem solving situation a hostile one (Little et.al., 2003). These symptoms can cause an individual to be viewed negatively by their peer group, causing further problems in their ability to thrive in a social situation.

It is important to remember when looking at this form of aggression that the child's perception of the intent of another is what causes the reaction, not the actual intent of the provocateur (Dodge & Coie, 1987). Individuals with reactive aggression are known as having a bias toward attributing the hostile intent of others (Smithmyer & Hubbard, 2000). An event (or stimuli) will occur that the child will perceive as hostile, because that is their expectation. They will then react in a defensive or retaliatory manner, being "pushed" by the initially perceived hostile act (Dodge & Coie, 1987). Marcus & Kramer (2001) report that often overarousal or physiological reactivity lie at the base of reactive aggression. The overarousal of reactive aggression can impact positive social development in individuals.

In a study by Rose-Krasnor et.al. (1996) three different themes were considered when looking at reactive aggression, social effectiveness, positive interaction with peers and adults, and social competence. These three themes helped to describe the deficiencies of individuals who are reactively aggressive. Social effectiveness, is described as the ability of a child to be able to meet their own needs in social interaction. Children who are reactively aggressive cannot do this because of their inability to accurately weigh others intentions. Positive interaction with peers and adults follows along these lines because reactive aggressive individuals have difficulty with positive interaction and therefore cannot meet their own social needs. Social competence is a mixture of the first two themes, the ability to achieve personal social goals while maintaining positive social relationships with others. The three themes mentioned are key for an individual's social development, if there is a difficulty here, then social development can be delayed.

Individuals who are high in reactive aggression have poor social skills and do not have a healthy understanding of other people's motives or intentions, they feel as

though others are out to harm them, and therefore constantly have their guard up. For example, Little et.al. found that reactively aggressive individuals often have deficiencies when processing social information (2003). These deficits in processing social information can lead individuals to forming biases when considering the intentions of other people. These types of bias can lead people to over attribute hostility when in a provocation situation. Two possible origins for the development of this type of aggression suggested in the literature are post-traumatic stress and insecure attachment.

Post Traumatic Stress and Reactive Aggression

It is believed that traumatic experiences can elicit stress responses that will affect the mental health of an individual (Barnett, 1997). Withecomb (1997) suggests that many children who are exposed to violence develop PTSD. Sudermann & Jaffee (2000) noted that "56% of a sample of children in a women's shelter met the full criteria for PTSD" (p. 345), and a majority of the other children displayed some symptoms of the disorder. Watching another person be physically or verbally assaulted can be a

traumatizing or terrorizing experience for a child (Barnett, 1997). Violence in the home typically occurs repeatedly over a matter of time and hence the child is observing these abusive acts repeatedly, causing greater trauma to the child (Sudermann & Jaffee, 2000). The symptoms of PTSD vary in intensity depending on the specifics of the traumatic event. These specifics include the child's relation to the victim, the child's proximity to the event, and the presence of a parent to mediate the intensity of the event (Groves, 1997). The typical reactions for children with PTSD are physical symptoms, anxiety and fear, guilt and denial, behavioral disturbances, and behavioral regressions (Barnett, 1997), difficulty sleeping, irritability, outbursts of anger, difficulty concentrating, hypervigilance, and an exaggerated startle response (Sudermann & Jaffee, 2000).

As noted previously, children who suffer from repeated traumatic experiences can develop reactive aggression in adolescence (Dodge, 1991). These children feel they need to protect themselves from perceived harm. They do this by acting out aggressively toward the person that they are in conflict with. When they are presented with conflict they

have problems interpreting other people's intentions. A similar process appears to be evident for PTSD. Only recently has PTSD been considered as a possible outcome for children as a result of violent situations. Most studies in the past have not tested children for the symptoms of PTSD, so there is still much to be learned in this area. When looking at PTSD it is important to remember that several of the symptoms of PTSD are similar to those of other mental disorders (Horton & Cruise, 1997). Symptoms such as physical aggression and disruptive behaviors overlap with the symptoms of conduct disorder (CD) (Reebye, et.al., 2000; Sommers-Flanagan & Sommers-Flanagan, 1998). Therefore professionals must be careful when diagnosing an individual with PTSD or CD.

It has been found that an overwhelming number of incarcerated juveniles meet the criteria for conduct disorder (Kashani, et.al., 1999). Since there is a profound amount of overlap between the symptoms of CD and PTSD it is possible to mistake one disorder for the other. Therefore, in this study subjects will be screened for conduct disorder.

them to be classified under PTSD. Individuals with CD may not have experienced these traumatic incidents and the root for the disorder may lie elsewhere.

PTSD and CD are not the only areas of psychological disruption that can lead to aggressive behaviors. Another area examined in this study that is specifically related to reactive aggression is insecure attachment.

Attachment Theory

An attachment theory perspective suggests that the problems experienced by children exposed to violence can be due to emotional distress and family instability. Attachment is described by Bowlby (1988) as "the propensity to make intimate emotional bonds to particular individuals as a basic component of human nature" (p. 120-121). These bonds serve as a survival function, mainly in terms of protection (Bowlby, 1988). There are three different attachment styles proposed by Bowlby, the secure attachment, anxious resistant attachment, and anxious avoidant attachment. A securely attached individual knows that their caregiver will be available and responsive in a frightening or traumatic situation. Secure attachment

allows a child to feel free to explore their surroundings knowing that they have a secure base to refer back to (Bowlby, 1988). Anxious resistant attachment is a form of insecure attachment. In these circumstances the child is uncertain if his caregiver will be available or responsive when called upon. The caregivers tend to be available in some circumstances, but not all. This type of environment can certainly be found when there is violence in the family (Bowlby, 1988). The anxious avoidant attachment is also a form of insecure attachment. This is found when the child is expecting to be rejected by the parent when in need of support. The child formulates the idea that the parent will not be there for them and therefore becomes avoidant of the parent (Bowlby, 1988). All of this can be found in households where violence takes place.

Lawson (2001) suggests that aggressive behavior in children who come from abusive families could be a result of insecure attachment. McCord (1961) noted that aggressive people tend to emerge from an environment that is full of parental rejection, familial discord, punitive discipline, and inconsistency. If a child's primary caregiver is experiencing abuse then they might be less

responsive to the child, as the stress that is associated with abuse can reduce a mother's ability to fully satisfy her child's emotional and physical needs (Peled, 1998). Violence in the family can interrupt the parent-child bond and place the child at risk for behavioral problems (Barnett, 1997). Children who have an insecure attachment with their primary caregiver have been found to display anger, anxiety, fear, or grief (Lawson, 2001), along with a multitude of other possible problems.

The second possible origin of reactive aggression discussed in the literature is based on attachment theory. Dodge et.al. (1997) discuss how physical abuse, rejection by parents, loss of parents, peer social rejection, and stressful disorganized home life are possible causes for this type of aggression. All of these examples can be found in homes where violence is occurring. Dodge (1991) asks one to consider the role that secure attachment has in the development of feelings of safety and security, as well as the potential for empathy and accurate understanding and trust in others. As noted previously, feelings of rejection and maltreatment by parents can cause an individual to experience reactive aggression. It is not

uncommon to find insecurely attached children in a domestic violence situation (Dodge, 1991).

Attachment Theory and Reactive Aggression

The anger expressed by children with insecure attachment is often reactive in nature (Dodge, 1991). Given that children who are insecurely attached have trust and security issues, it is not hard to see how they would not trust or understand others' intentions. When coming from an atmosphere that experiences violence, these children will be accustomed to expecting violent reactions from other people when experiencing conflict. They do not expect anyone to protect them, so they react to situations of conflict with others aggressively to protect themselves, expecting the other person to act aggressively toward them. For example if two children are arguing over who gets to play with a ball, the insecurely attached child expects hostile or aggressive actions from the other child and therefore acts first to protect himself from harm (Dodge, 1991).

Bowlby's attachment theory states that the bond a child develops their parent/caregiver is predictive of how

successful the individual will be in developing close relationships with others later in life (Kesner & McKenry, 1998). This can be attributed to the development of an individual's internal working model. A person's internal working model develops in early life and stays with them throughout adulthood. This is the internal monologue that goes on and dictates an individual's perception of the world. An insecurely attached person will not see the world as a safe place and often not have trust in other people. In circumstances where a person has experienced abuse or witnessed violence, their internal working model will tell them that people are out to hurt them, because that has been their past experience. If an individual has been rejected or neglected in the past, their internal working model will dictate that all personal relationships can be rejecting or neglectful. In an attempt to protect oneself, the individual may act aggressively toward the other individual. This biased perception of the intentions of others will affect every relationship the individual has.

An insecure internal working model can also attribute to problems processing social information. Negative social

expectations, which can emerge from an insecure working model, can lead a child to negative interaction with others (Rose-Kradnor et.al., 1996). These negative interactions can then lead people to strike out toward others in an aggressive manner. If the individual has a skewed perception of another person's intention, they will automatically be in self defense mode. This can lead to negative social interaction where the other person will no longer attempt to have a positive relationship. This can then reaffirm the individual's initial assumption that people cannot be trusted and that personal relationships are rejecting.

Purpose of the Study

There have been countless studies that have examined aggression. They have developed typologies of different types of aggression, examined possible roots of aggression, and postulated models that attempt to explain aggression. This study will look at reactive aggression that may develop from growing up exposed to violence, while investigating the association of different variables that may correlate with the behavior.

It is important to understand the basis for the aggression that an individual has in order to help them overcome it. As described previously, there are two different types of aggression, proactive and reactive. Even when an individual becomes an adult they still typically display a distinctive type of aggression, and each type of aggression should be treated in a specific manner focusing on the characteristics of the type of aggression. Knowing the roots of an adult's aggression and how it relates to experiences they had as a child or adolescent will help researchers and treatment professionals develop more comprehensive programs that can focus on the causes for their anger, not just how to manage it.

This study, utilizing a regression analytic approach, examined factors that predict reactive aggression. In the study adult participants were asked to answer the survey questions with the mind set that they had when they were adolescents. A number of different predictor variables were considered regarding their contribution to aggression: witnessing violence, insecure attachment and the presence of PTSD. The dependent variable in this study is reactive

aggression. It is hypothesized that there will be a significant correlation between individuals who have witnessed violence in the home and their participation in higher levels of aggressive behavior at a younger age. It is also hypothesized that among the individuals that have witnessed violence, reactive aggression will be significantly correlated with PTSD and insecure attachment. This study is the first step in understanding why individuals develop different forms of aggression after witnessing violence.

CHAPTER TWO

METHODS

Participants

Originally there were 100 adult male participants in this study. However, the need for retrospective reflection of when individuals were adolescents led us to want to limit those who were not yet middle aged. Twenty-three of the participant's surveys were eliminated from the study because they were over 40. The age range of these participants is from 18 to 40, with a mean age of 25.81 with a standard deviation of 5.11. The participants varied in ethnicity, 60% Caucasian, 24% Hispanic, 9% African American, 3% Asian, and 3% of other cultures. When looking at past behaviors 72% of the participants had previously been in a physical altercation. Twelve percent of the participants had previously been incarcerated and 7% had been involved in a gang. Participants were also screened to eliminate those who met the criteria for conduct disorder. The 100 participants in this study do not meet the criteria for this disorder in the period prior to the age of 18.

The participants were recruited on a local college campus (California State University San Bernardino). Any students that met the criteria were invited to participate in the study. The students were invited through the teachers of primarily psychology classes. The female students in these classes were also invited to take a questionnaire packet to an adult male at home for completion.

Procedure

The questionnaire packets were distributed and collected through the instructors of different psychology classes. The students were given the option to take the packets home for convenience. They then returned the packets back to their instructors. The packets consisted of 6 questionnaires designed to assess the following topics: the amount of violence witnessed in the home and the community, the type of aggression they display, level of attachment the subject has to their parent/primary caregiver, any symptoms of post traumatic stress and conduct disorder.

Consent

The Institutional Review Board at California State University San Bernardino reviewed this proposal and gave their permission for this study to take place. Permission was obtained from the individual instructors who provided access to their classrooms. Each participant was given a letter of informed consent that explained the purpose of the study and what types of questions were asked. Willing participants marked the page giving their consent to participate in the study. They were advised that they did not have to participate and could withdraw from the study at any time. Due to the sensitive nature of the questions asked, the participants were not asked to provide their names or any identifying information. They were asked to grant consent by marking a "X" instead of providing their signature.

A debriefing statement was provided to the participants. The debriefing statement discussed the study in more detail and revealed the hypothesis of the study. In both the consent forms and the debriefing statements the participants were invited to contact the researchers if

they had any concerns about their participation in the study.

Measures

Demographic Information

A limited amount of demographic information on the subjects was collected. The subjects were asked to give their age, gender, and ethnicity. They provided information on their youngest act of aggressive behavior, and were also asked to provide information about possible incarceration or gang activity.

Conflict Tactics Scale

The CTS was used to assess the amount of violence witnessed in the home. The CTS is a 17-item scale with questions that address increasingly violent attempts to manage conflicts. It is measured on a 6-point Likert-type response ranging from 0 (never) to 5 (more than once a month). The CTS is divided into 3 parts: reasoning, verbal aggression, and physical aggression (Rosen, 2001). The participants are asked to recall how many times in the past year they recall their parents using various methods for conflict resolution. These methods range from discussing

the issue calmly to hitting someone with something hard. The CTS has three forms, conflict with brother or sister, conflict with parents, and mother-father conflict resolution. For the purpose of this study the CTS for the mother-father conflict resolution will be used, the other two forms were omitted due to their irrelevance to the topic of the study (Straus & Gelles 1990).

The CTS is a very popular scale that has been used and validated in numerous studies. Straus & Gelles (1986) report the total score, for the whole measure, of internal consistency with an alpha coefficient of .82.

To score the CTS the subscales are divided and scored individually. The reasoning portion of the scale are items A through E, the verbal aggression items are F through J, and the physical aggression items are K through O. The score for the chronicity of conflict tactics are the sum of the items in each subscale. The higher the sum, the more frequent that tactic is used.

Adolescent Anger Rating Scale

The AAR is a scale designed to measure two distinctive types of aggression (proactive and reactive) and to help identify the type of aggression found in an individual

(Burney & Kromrey, 2001). It was designed for adolescents aging 11-19 years of age. This scale is a 41-item inventory using a 4-point Likert-type response ranging from 1 (hardly ever) to 4 (very often). Twenty items measure proactive aggression, and the other 8 questions measured reactive aggression. There are also 13 questions that measure the level of anger control that the participants exercise. Each question begins with the prompt "when I am angry, I...", and is followed by an action or feeling that the participants rate.

The AARS is a popular measure that has been validated in several studies. It shows good internal consistency with an alpha coefficient of .90 for the total score. The reactive aggression portion of the scale also showed good internal consistency with an alpha coefficient of .82.

(Burney & Kromrey, 2001). To score the AARS you find the sum of each subscale (proactive, reactive, and anger control) and also the total score of all the scales. The type of anger is determined by which subscale score is the greatest.

Inventory of Parent and Peer Attachment

The IPPA consists of three 25-item surveys that measure a persons attachment to parents and peers. The scale inventory has 3 separate scales to measure attachment for mothers, fathers, and close friends. For the purpose of this study only the scale relating to mothers was used, because they are typically the primary care giver and also typically the victim in domestic violence situations.

(Armsden & Greenberg, 1987) Each scale has 3 subscales measuring trust, communication, and alienation. The IPPA is measured on a 5-point Likert-type scale ranging from 1 (almost never or never true) to 5 (almost always or always true).

The IPPA is a very popular scale that has excellent concurrent validity. The original form of the IPPA did not measure the attachment for mothers and fathers separately. The internal consistency for the three subscales were .91 (trust) .91 (communication), and .86 (alienation). All three subscales are scored independently but the use of the total score is recommended over the use of individual scores. The score for attachment for mothers and fathers

is the sum of the items after reverse scoring for particular items (3,6,8,9,10,11,14,17,18,23).

Child Report of Posttraumatic Symptoms

The CROPS is a 25-item instrument used for measuring posttraumatic symptoms in children through self-report. The participants are asked to rate how often they display a particular behavior or feel a certain way (0-none, 1-some, and 2-lots). The original measure also had a 30-item scale (PROPS) for parents to complete as well. It was believed by the authors of this scale that children could not always report accurately on their own behavior, so the parents were questioned as well. Since the parents are not available in this study, they will not be questioned. The participants in this study are older than the children that this scale was designed for (4-8 grade). It is believed that the participants in this study will be better judges of their own behavior because of their age and the study will not be compromised from omitting the second half of the questionnaire (Greenwald & Rubin 1999).

The CROPS was validated in a study by Greenwald & Rubin (1999), the mean score in this study for males was 19.7 and had an alpha score of .91 showing good internal

consistency. The scale is scored by finding the sum of the item responses, the range for the scores are 0-50. Higher scores on this scale reflect higher degrees of posttraumatic symptoms.

Conduct Disorder

Conduct disorder was measured by taking the 15 behaviors listed in the DSM IV and created a questionnaire out of them. The subjects were asked if they had performed the behavior with in a year, the past six months or never. To meet the criteria for conduct disorder the subjects must have demonstrated three of the behaviors in the past year, and at least on of them in the past six months. The Cronbach alpha score obtained for these items in this study was .85.

Conduct disorder is difficult to measure in adolescents. Most established measures are looking at younger children and use a teacher or parent report to make the diagnosis. Using the guidelines of the DSM IV and having the subjects report on their own behavior will give an accurate account of the presence of CD in the subjects of this study. This will allow for the researchers to take

CD into consideration when looking at the results for the PTSD scale.

Modified Impact of Events Scale

The Modified Impact of Events Scale is also referred to as the Community violence scale. It is a 14-item scale that measures the amount of violent events experienced and the degree in which these experiences "bothered" the participant. The participants are first asked to answer "yes" or "no" to whether or not they or someone they know has experienced different violent events (e.g. being robbed or stabbed). Then the participants answer on a 5-point Likert-type scale who it happened to (self, family member, friend, acquaintance, or stranger) and also how much it bothered them (1= didn't bother through 5= really, really bothered you). Asking how much an event bothered the participant measures the amount of distress the event caused them. It is believed the lower the score of distress the more comfortable the participant is with the action, supporting social learning theory. The participants were also asked whether or not they had ever committed that kind of act toward another person, simply answering yes or no.

Horowitz et.al. (1979) reported the test retest reliability for the Impact of Events Scale as $r=.87$. The scale is scored by assigning a "yes" answer the number 1, and a "no" answer the number 0. Then the number is multiplied by the response they chose for the degree the action bothered them. For example if they answer "yes" (1) to being stabbed and reported that it really, really bothered them (5) then the score for this item would be 5. All of the items are then summed and the total score represents how comfortable the participant is with violence. The lower the score, the more comfortable the participant is with the action.

CHAPTER THREE

RESULTS

Of the 77 participants the mean age was 25.81 with a standard deviation of 5.11 and a range of 18-40 years of age. Of these 77 participants 70% reported being in a fight at some point in life. The mean age that these fights occurred was 7.61 years old with a standard deviation of 6.31 and ranging from 0-29. When reporting on witnessing physical violence in the home 43% of the population reported witnessing paternal physical violence and 34% reported witnessing maternal physical violence. The mean scores for attachment variables were 32.47 with a standard deviation of 8.94 and a range of 34 for trust, 17.57 with a standard deviation of 5.39 and a range of 20 for communication, and 16.56 with a standard deviation of 6.79 and a range of 29 for alienation. For post traumatic stress the mean score was 15.61 with a standard deviation of 9.56 and range of 43. Reactive aggression had a mean score of 15.03, a standard deviation of 4.96 and a range of 24.

A stepwise hierarchical regression equation was conducted to predict reactive aggression among those that had witnessed maternal physical violence. Because this was an exploratory study, it was not hypothesized that any one variable was more correlated than another. Therefore all variables that were consistent with the literature and whose simple correlation was significant were entered into the analysis. At step one, PTSD significantly explained .30 percent of the variance ($p < .01$) of reactive aggression. At step two, parental alienation added an additional .07 percent of variance ($p < .01$), bringing total explained variance to .37 percent ($p < .01$). Parental trust and communication did not explain a significant amount of variance.

CHAPTER FOUR

DISCUSSION

There were two proposed hypotheses in this study. The first hypothesis was that individuals who witnessed violence in their homes would be more likely to exhibit violent behaviors at a younger age. This hypothesis was not supported. While it is possible that there is not a developmental trend regarding exposure to violence, the most likely explanation for this lack of support for the hypothesis is that there was only one specific question regarding age of violent acts. It may be that a single item did not prove to be adequate in assessing the age of the participants when they behaved in a violent manner. In retrospect, there needed to be more information collected about a variety of violent behaviors a participant may have had, and at what age they occurred, in order to attempt to determine their association with witnessing violence. Without having specific information about what age an individual was when they began exhibiting various violent behaviors, researchers cannot accurately find relationships between witnessing violence in the home and developing

aggressive behaviors at an early age. Any future research would need to ensure that there is further information gathered on age of incidents of aggressive behavior.

The second hypothesis stated that adolescents who have witnessed violence and engaged in reactive aggression would also report higher levels of PTSD and insecure attachment. As predicted there was a significant correlation between participants' level of reactive aggression and symptoms of PTSD. This is consistent with the research conducted by Dodge (1991). Individuals who suffer from PTSD feel the need to protect themselves from perceived harm. They will act out aggressively toward a person they feel is a threat to them in order to protect themselves from possible harm. Dodge's explanation is consistent with the findings of this study where individuals who suffer from PTSD also are found to be reactively aggressive. These individuals often perceive others' intentions incorrectly and believe that they will be harmed if they do not act aggressively in order to defend themselves. Individuals who are reactively aggressive have a profound lack of trust for other people.

Also, as predicted, there were correlations between reactive aggression and insecure attachment. Specifically

there was a significant correlation between reactive aggression and maternal trust, communication, and alienation. While there were significant correlations between reactive aggression and all three tested areas of attachment, only alienation was predictive of reactive aggression when utilizing hierarchical regression. Due to the multicollinearity of the attachment variables a stepwise hierarchical regression analysis is likely to reject the other two factors when performing a regressive analysis. However, outside of this statistical explanation, it is possible that alienation is a more extreme form of insecure attachment because it can be compounded by lack of trust and communication as well. It would be reasonable to believe that if a person is alienated from their primary caregiver then they will also have poor communication or lack of trust, or both. Dodge (1991) discusses the significance of trust in a relationship between child and primary caregiver. When a person is unable to trust, they are often found to be reactively aggressive. The literature does not currently discuss alienation and its role in reactive aggression. Being that alienation was

predictive of reactive aggression in this study, it leaves opens questions for further research in this area.

Interestingly, while there was a significant correlation between reactive aggression and witnessing maternal violence in the home, there was not one between reactive aggression and witnessing paternal violence. This was an unexpected finding due to the common stereotype that when violence occurs in the home, it is on the part of the male figure. Typically men are more aggressive than women so when domestic violence is studied, it is most commonly studied on the part of the paternal figure. A possible explanation for these findings could be linked to the importance of a relationship between a person and their primary caregiver, typically their mother. If the primary caregiver is the individual in the home that is displaying violent actions, this could have a more detrimental effect on the relationship than if that behavior is exhibited in a secondary attachment figure as fathers often are, thus affecting their psychosocial development. As described by Bowlby (1988) a securely attached individual knows that their caregiver will be available or responsive in a troubling or traumatic experience. If the caregiver is the

one creating this situation there is no comfort for the child. The findings of this study coincide with the findings of Lawson (2001), stating that individuals who are insecurely attached with their mother often show signs of anger, anxiety, fear, or grief. The anger often developed is reactive in nature, as found in this study and in the research by Dodge (1991).

Limitations

Perhaps the most pronounced limitation to this study was asking adults to answer questions about their thoughts, feelings, and actions when they were teenagers. The only real way of assessing adolescent aggression is by studying aggressive adolescents. The original proposal of this study was to utilize an adolescent population through the probation department. Unfortunately, this could not be done in this study because of the sensitive nature of some of the questionnaires and the protective nature of the probation department. There was no way to ensure to probation's satisfaction that the adolescent participants would not have been emotionally upset or bothered by such sensitive questions. However, there were benefits to using

adult participants in this study. It shows the importance of remembering that the effects of a childhood trauma can last throughout adulthood. And even when dealing with an adult who has aggressive tendencies, they must be dealt with in an appropriate manner for their type of aggression. Teaching anger management to an adult who is proactively aggressive and uses violence to get things that they want from other people is the not same process as teaching anger management to someone who is reactively aggressive. An individual who is reactively aggressive sees the world as a dangerous place where they cannot trust that other people will not hurt them. Their aggressive acts are self-protection.

The participants in this study were all from a healthy non-clinical sample of individuals. No participants met the criteria for conduct disorder, but there was evidence of post traumatic stress. It would be interesting to see how the results of this study would be different with a clinical population. Also, the overall majority of the sample reported not witnessing much violence in the community or home. This could be due to a number of factors. With performing a retrospective study the

participants could have neglected to report accurate answers in an attempt to remember a more pleasant past or just because they forgot. The results of this study could be drastically different when dealing with a population who has witnessed a high amount of violence and who are in clinical range for their aggressive behaviors, such as prisoners.

Another possible limitation to this study was the way in which the participants' information was collected. All participants in this study were connected to a college student. This could lead to different demographic variables that could skew the results of the study, for instance 60% of the sample population was Caucasian. There are many different cultural aspects of family life that were not discussed or taken into consideration when conducting this study. Another factor that was not taken into consideration was the level of education and income level of the participants. These demographic issues can influence the experiences of the participants. For instance if a participant has a higher level of education or income the experiences they had when growing up could be drastically different than someone with a lower education

or income. The area that an individual lives in while growing up can influence their experiences as well. If an individual grows up in an area with a lot of community violence, they will witness more violence than someone who grew up in a safer neighborhood. All of these areas, as well as the level of aggression a person exhibits could possible skew the results of this study. The results of this same study could possibly be different if given to individuals who were all characterized as extremely aggressive. Nevertheless, the outcomes of this study can be beneficial for future research and programs.

Implications for Future Research and Intervention

There are many possible implications from this study. It shows that there needs to be further research of this kind studying aggressive adolescent males. It is possible that when an adult is thinking back to a painful period in their life, their memories, thoughts, and feelings will not be the same as they were when they were going through the trauma. The thoughts and responses of a teenage are drastically different than those of an adult. It is difficult for an adult to think in the same manner as an

adolescent. Adults are less likely to be able to give an accurate response about their thoughts or feelings from when they were younger, especially in relation to a traumatic experience. This could be partially due to the egocentric nature of teenagers. When an individual is in their adolescent years they are still highly egocentric and do not often grow out of it until early adulthood (Muži, 2000). The only way to accurately measure adolescent aggression is to work directly with an adolescent population.

Another avenue for future research lies in the finding of alienation from a parent being predictive of reactive aggression. There is not much information regarding this topic in the literature at this time. It could be said that when a person is alienated from their primary caregiver, they also lack trust or communication. The idea of feeling alienated from ones primary caregiver, does not come without feelings of distrust, or lack of communication. It seems impossible to feel alienated from a person, but to have a secure line of communication, or a firm trust base. Therefore, it is possible that feelings of alienation are compounded by lack of trust or

communication, possibly accounting for the predictability of reactive aggression.

When looking at a study involving adolescent aggression, the underlining question is how will this study help?

Having the basic knowledge that there is more than one type of aggression shows that there needs to be a variety of anger management programs available to people. Currently the majority of anger management classes are very generic and not at all specific to the types of aggression that a person can harbor. Professionals working with aggressive individuals need to be introduced to the different types of aggression and have a firm understanding of the differences between them. When dealing with an individual who is reactively aggressive the focus should be on trust and the knowledge that people are not out to hurt them. The basis of this type of program would be clinical in nature with a foundation of building trust in others. The premise of reactive aggression is self-preservation, an individual would need to learn first and foremost that people are not out to hurt them and that the world is not always a dangerous place. This knowledge will not only be beneficial to individuals from a clinical stand point but

also to anyone working in law enforcement or directly with adolescents. It might never be known what the root of and individual's aggression is, but if they can at least be treated for they type of aggression they exhibit, it will be more beneficial than a generic anger management course.

APPENDIX A
LETTER OF INSTRUCTION TO PARTICIPANTS

Instructions

For participants

- 1) After obtaining the sealed packet from the researcher, take the packet home or to a quiet area to complete.
- 2) Unseal the packet and read the informed consent form.
- 3) If you agree to give your consent mark the form with a "X". Your name is not needed on the form. For confidentiality purposes we ask that you leave your name off the form.
- 4) Please read the instructions and complete the questionnaires.
- 5) After you have completed the surveys, place the packet and the signed informed consent form in the provided envelope.
- 6) Seal the envelope.
- 7) Read the provided debriefing statement. If you have any questions or concerns please contact the listed individuals.
- 8) Return the sealed packet to the designated office on your college campus. The location is printed on the outside of the return envelope.

APPENDIX B
INFORMED CONSENT FORM

Informed Consent Form

You are invited to participate in a research project being conducted by Nicole Stevens, graduate student, and Dr. David Chavez, Associate Professor of Psychology at California State University San Bernardino (CSUSB). This study has been approved by the Institutional Review Boards for CSUSB and for the campus you are associated with. The purpose of this study is to examine the development and stressors of aggressive behavior.

Each participant will be asked to complete a packet of five questionnaires. The packet should take approximately 45 minutes to complete. You will be asked questions about your feelings and beliefs as well as questions about your relationship with your mother (or female primary care provider). You will also be asked questions about the relationship your parents (or caregivers) have with each other. The questionnaires will also inquire about your past experiences with witnessing, and involvement, in aggressive or violent behavior. It is not anticipated that your participation in this study will present and social, physical, or psychological danger, although questions may cause you to remember stressful situations from your past. If you are disturbed about the feelings these questions provoke please take advantage of the counseling centers provided. Also, be aware that there are not personal benefits for seen for the participants.

You are **NOT** to put your name on the packet. All of the information gathered will be anonymous. At no time will the researchers be present in the testing process and they will have no indication of your identity. Your participation in this study is completely voluntary, you may withdraw your consent at anytime. After completion of the study the results will be available to you upon request.

Dr. David Chavez
Associate Professor
Psychology Department
California State University
San Bernardino, Ca 92407
(909) 880-5000

Nicole Stevens
Graduate
Research Assistant

I have read the above description and understand the study's nature and purpose. I agree to participate in this study and am currently over the age of 18 years old. (If you agree with the previous statement, please indicate so by placing an "X" on the provided space below)

I agree: _____ Date _____ Age: _____

APPENDIX C
SURVEY

Demographic Information

Please answer the following questions honestly. The responses will be used for statistical purposes only.

Gender: Male Female

Age: _____

Ethnicity: African American
 Caucasian
 Hispanic
 Asian
 Other _____

Are you or have you ever been associated with a gang?

Yes No

If you answered yes, how old were you when you first became associated with the gang? _____

Have you ever been in a fight? Yes No

If you answered yes, how old were you when you had your first fight?

Have you ever been incarcerated? Yes No

If yes, how long have you ever been incarcerated? _____

How many times have you been incarcerated? _____

How old were you the first time you got incarcerated? _____

Please answer the following questions to the best of your ability. There is no right or wrong answer so please answer all the questions truthfully. Do not skip any questions

CTS

Here is a list of things your Mother and Father might have done when they had a conflict. Now taking **all** disagreements into account (not just the most serious one), how often did they do the things listed at any time during the last year that you, your mother, and your father all lived together?

- 0 = Never
- 1 = Once that year
- 2 = Two or three times that year
- 3 = Often, but less than once a month
- 4 = About once a month
- 5 = More than once a month

A. Tried to discuss the issue relatively calmly

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

B. Did discuss the issue relatively calmly

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

C. Got information to back up his/her side of things

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

D. Brought in someone else to help settle things (or tried to)

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

E. Argued heatedly but short of yelling

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

F. Yelled and/or insulted

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

G. Sulked and/or refused to talk about it

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

H. Stomped out of the room

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

I. Threw something (but not at the other) or smashed something

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

J. Threatened to hit or throw something at the other

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

K. Threw something at the *other* person

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

L. Pushed, grabbed, or shoved the other

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

M. Hit (or tried to hit) the other person but *not* with anything

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

N. Hit or tried to hit the other person with something hard

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

O. Threatened to break up the marriage by separation or divorce

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

P. Other. Please describe below:

Father	0	1	2	3	4	5
Mother	0	1	2	3	4	5

AARS

Circle the number that best tells about you when you are angry. Do not skip any questions, there is no right or wrong answer.

1= Hardly ever
2= Sometimes
3= Often
4= Very often

When I am angry, I...

1. Hit right back if someone hits me.

1 2 3 4

2. Cheat to get even.

1 2 3 4

3. Try to work the problem out without fighting.

1 2 3 4

4. Will hurt the person who upset me.

1 2 3 4

5. Leave class without permission.

1 2 3 4

6. Act without thinking.

1 2 3 4

7. Try to understand the feelings of others.

1 2 3 4

8. Bully others.

1 2 3 4

9. Have self-control to walk away to avoid a fight.

1 2 3 4

10. Will find a weapon to deliberately hurt someone.

1 2 3 4

11. Have thoughts about starting fires.

1 2 3 4

12. Have thoughts about how to kill the person who made me angry.

1 2 3 4

13. Do not plan to use a weapon to hurt someone.

1 2 3 4

14. Think about how to make peace with the person who upset me.

1 2 3 4

15. Have a hot temper.

1 2 3 4

16. Plan to destroy property.

1 2 3 4 .

17. Talk loudly.

1 2 3 4

18. Plan to fight.

1 2 3 4

19. Have difficulty controlling my temper.

1 2 3 4

1= Hardly ever

2= Sometimes

3= Often

4= Very often

When I am angry, I...

20. Plan how to talk nicely to avoid arguing.

1 2 3 4

21. Just can't sit still
1 2 3 4
22. Will hurt myself to get back at others.
1 2 3 4
23. Can ignore it when put down by others.
1 2 3 4
24. Try to hurt someone on purpose.
1 2 3 4
25. Pick fights with anyone.
1 2 3 4
26. Use anything as a weapon to fight.
1 2 3 4
27. Have enough self-control not to hit back.
1 2 3 4
28. Set fires on purpose.
1 2 3 4
29. Can't focus on anything else.
1 2 3 4
30. Ignore it when called bad names.
1 2 3 4
31. Take it out on animals.
1 2 3 4
32. Get into trouble because of my temper.
1 2 3 4
33. Avoid people to stay out of trouble.
1 2 3 4

34. Feel relieved after hurting the person who upset me.

1 2 3 4

35. Talk too much.

1 2 3 4

36. Run away from home.

1 2 3 4

37. Walk away to avoid fighting.

1 2 3 4

38. Enjoy hitting and kicking people.

1 2 3 4

39. Get into trouble with the police.

1 2 3 4

40. Still make good choices.

1 2 3 4

41. Break rules.

1 2 3 4

IPPA

Each of the following statements asks about your feeling about your mother, or the woman who has acted as your mother. If you have more than one person acting as your mother (e.g. a natural mother and a stepmother) answer the questions for the one you feel has most influenced you. Please remember to answer these questions the way you would have as a teenager.

Please read each statement and circle the **ONE** number that tells how true the statement is for you now.

- 1 = Almost never or never true
- 2 = Not very often true
- 3 = Sometimes true
- 4 = Often true
- 5 = Almost always or always true

- A. My mother respects my feelings
1 2 3 4 5
- B. I feel my mother does a good job as my mother
1 2 3 4 5
- C. I wish I had a different mother
1 2 3 4 5
- D. My mother accepts me as I am
1 2 3 4 5
- E. I like to get my mother's point of view on things I'm concerned about
1 2 3 4 5
- F. I feel it's no use letting my feelings show around my mother
1 2 3 4 5
- G. My mother can tell when I'm upset about something
1 2 3 4 5
- H. Talking over my problems with my mother makes me feel ashamed or foolish
1 2 3 4 5
- I. My mother expects too much from me
1 2 3 4 5
- J. I get upset easily around my mother
1 2 3 4 5
- K. I get upset a lot more than my mother knows about
1 2 3 4 5

- L. When we discuss things, my mother cares about my point of view
1 2 3 4 5
- M. My mother trusts my judgment
1 2 3 4 5
- N. My mother has her own problems, so I don't bother her with mine
1 2 3 4 5
- O. My mother helps me to understand myself better
1 2 3 4 5
- P. I tell my mother about my problems and troubles
1 2 3 4 5
- Q. I feel angry with my mother
1 2 3 4 5
- R. I don't get much attention from my mother
1 2 3 4 5
- S. My mother helps me to talk about my difficulties
1 2 3 4 5
- T. My mother understands me
1 2 3 4 5
- U. When I am angry about something, my mother tries to be understanding
1 2 3 4 5
- V. I trust my mother
1 2 3 4 5
- W. My mother doesn't understand what I'm going through these days
1 2 3 4 5
- X. I can count on my mother when I need to get something off my chest.
1 2 3 4 5
- Y. If my mother knows something is bothering me, she asks me about it
1 2 3 4 5

CROPS

Mark how true each statement feels for you **in the past week**. Don't skip any, even if you're not sure. There is no right or wrong answer.

0 = None
1 = Some
2 = Lots

- A. I daydream
0 1 2
- B. I "space out" when people are talking to me
0 1 2
- C. I find it hard to concentrate
0 1 2
- D. I think about bad things that have happened
0 1 2
- E. I try to forget about bad things that have happened
0 1 2
- F. I avoid reminders of bad things that have happened
0 1 2
- G. I worry that bad things will happen
0 1 2
- H. I do special things to make sure nothing bad happens
0 1 2
- I. I do some things that I'm probably too old for
0 1 2
- J. It is hard for me to go to sleep at night
0 1 2
- K. I have bad dreams or nightmares
0 1 2
- L. I get headaches
0 1 2
- M. I get stomachaches
0 1 2
- N. I feel sick or have pains
0 1 2
- O. I feel tired or have low energy

- 0 1 2
- P. I feel all alone
0 1 2
- Q. I feel strange or different than other kids
0 1 2
- R. I feel like there's something wrong with me
0 1 2
- S. I feel like it's my fault when bad things happen
0 1 2
- T. I'm a jinx, or bad-luck charm
0 1 2
- U. I feel sad or depressed
0 1 2
- V. I don't feel like doing much
0 1 2
- W. Things make me upset or mad
0 1 2
- X. I'm on the lookout for bad things that might happen
0 1 2
- Y. I am nervous or jumpy
0 1 2

CD

For each of the following actions circle the answer that best applies from the time period before the age of 18. If you have ever been incarcerated, please focus on the time before your incarceration began. If you have never taken part in this kind of activity circle "never". If you have taken part in an activity within 6 months of being incarcerated circle "Within 6 months" or if you have taken part in an activity within one year of being incarcerated circle "Within 1 year". Please remember to answer **all** the questions honestly; your identity is unknown to all parties involved with this study.

Please answer according to this scale:

- 1= Almost never or never true
- 2= Not very often true
- 3= Sometimes true
- 4= Often true
- 5= Almost always or always true

1) Frequently a bully to or threatens others

1 2 3 4 5

2) Often starts fights

1 2 3 4 5

3) Used a weapon that could cause serious injury (gun, knife, club, broken glass)

1 2 3 4 5

4) Physical cruelty to people

1 2 3 4 5

5) Physical cruelty to animals

1 2 3 4 5

- 1= Almost never or never true
- 2= Not very often true
- 3= Sometimes true
- 4= Often true
- 5= Almost always or always true

6) Theft with confrontation (armed robbery, extortion, mugging, purse snatching)

- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 7) Forced sex upon someone
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 8) Deliberately set fires to cause serious damage
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 9) Deliberately destroyed the property of others (except fire setting)
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 10) Broke into building, car or house belonging to someone else
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 11) Frequently lied or broke promises to obtain goods or favors or to avoid obligations ("conning" someone)
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 12) Stole valuables without confrontation (burglary, forgery, shoplifting)
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 13) Beginning before age 12, frequently staying out at night against parents' wishes
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 14) Runaway from parents overnight twice or more (once if for an extended period)
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
- 15) Frequent truancy from school before age 13
- | | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

MIES

Sometimes bad things happen to people, like getting beaten up, shot, robbed, etc. Has any of the following events happened to you or someone you know? If yes, circle "yes" and then circle the number referring to how much it bothered you and the letter referring to who it happened to.

How much it
Bothered you

Who it
happened to

- 1= didn't bother
- 2= bothered a little
- 3= bothered a medium amount
- 4= bothered a lot
- 5= really, really bothered

- A= self
- B= family member
- C= friend
- D= acquaintance
- E= stranger

Where did this
Happen at

- 1= Home
- 2= School
- 3= Community
- 4= An Institution

Sometimes we also do these things to other people. For each type of action please circle yes if you have done this to another individual. Remember to answer the questions honestly, your identity is concealed and there will be NO way for your answers be used against you in anyway.

Have you ever:		Stabbed	Have you witnessed:	
Yes	No		Yes	No
			Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4	

Yes	No	Shot	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Beaten with fist/hands	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Beaten with object	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Kicked	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Hit by objects (like thrown stones)	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Sexually Assaulted	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it

			happen: 1 2 3 4
Yes	No	Robbed without weapon	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Robbed with weapon	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Threatened with weapon	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Murdered	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Committed Suicide	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4
Yes	No	Heard or seen guns go off close by	Yes No Bothered you: 1 2 3 4 5 Who it happened to:

		A B C D E Where did it happen: 1 2 3 4
Yes No	Being bothered by or arrested by the police	Yes No Bothered you: 1 2 3 4 5 Who it happened to: A B C D E Where did it happen: 1 2 3 4

APPENDIX D
DEBRIEFING STATEMENT

Debriefing Statement

The study you have just completed was designed to investigate the relationship between witnessing violence and developing aggressive behavior. Specifically, we are interested in examining the types of aggression developed after witnessing different types of violence.

The anonymity of your identity and data results are safeguarded in accordance with professional and ethical guidelines set by the CSUSB Department of Psychology Institutional Review Board and the American Psychological Association. The focus of this research is at a group level and not on an individual level. If you are upset by any of the questions asked or issues raised in this study please do not hesitate to contact the counseling center on your campus or the Community Counseling Center at (909)880-5569. If you are interested in the results of this study, or if you have any questions concerning your participation in this study, please contact Dr. David Chavez at (909)880-5572.

Please do not reveal details about this study to anyone who may be a potential subject, as we will be collecting data over the next few months. Thank you for your participation.

APPENDIX E

PEARSON PRODUCT MOMENT CORRELATIONS BETWEEN WITNESSING
VIOLENCE, ATTACHMENT, POSTTRAUMATIC STRESS DISORDER
SYMPTOMS AND ANGER

Pearson Product Moment Correlations
Between Witnessing Violence,
Attachment, PTSD Symptoms
and Anger

	Age of first fight	Father's Physical Aggression	Mother's Physical Aggression	Parental Attachment - Trust	Parental Attachment communication	Parental Attachment - Alienation	Post Traumatic Stress	Reactive Aggression
Age of first fight	1	.00	-.13	.12	.19	-.09	-.13	-.04
Father's Physical Aggression		1	.72**	-.38**	-.22*	.33**	.23*	.22
Mother's Physical Aggression			1	.34**	.25*	.47**	.15	.25*
Parental Attachment- Trust				1	.87**	-.81**	-.54**	-.46**
Parental Attachment - communication					1	-.76**	-.52**	-.42**
Parental Attachment - Alienation						1	.41**	.44**
Post Traumatic Stress							1	.55**
Reactive Aggression								1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

APPENDIX F
REGRESSION TABLE

REGRESSION TABLE

Model	R Square	Beta	Change Statistic		
			R Square Change	F Change	Sign F
1. PTSD	.30	.54	.30	30.22	.00
2. Parental Alienation	.36	.43	.07	7.27	.01

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