

Understanding Violent Acts in Children: An Interview with Dr. Edward Taylor

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In the aftermath of a series of shootings that occurred in schools over the past school year, public attention is once again focused on violent behavior among young people and what can be done to prevent it. We interviewed Professor Edward Taylor of the University of Illinois School of Social Work to get his views about the mental states of children who commit violent acts. Professor Taylor is Chair of the Mental Health Concentration within the School of Social Work. His research interests include the etiology, diagnoses, prevention, and treatment of childhood neurobiological and behavior disorders.

In Part I of Professor Taylor's comments we focus on the roles of situations and events in childhood violence, the possible role of mental illness, the warning signs, the role of attachment to moral authorities and peers, and what concerned adults can do to intervene before violence occurs. Next month we will follow up this article with information about conflict resolution programs.

Amy: In the past year there have been a number of news stories about students who have become violent and have attacked and even killed other students and teachers. With the beginning of the school year upon us, we think it is a good time to begin to deal with this issue. How can we prevent violence in the schools?

Dr. Taylor: There are two ways to think about this question. The kind of sudden killing that we saw in the schools last year may not have been preventable, in the final analysis, because these were done by children who have mental health needs or social-developmental needs of the most extreme kind. While it's not possible to diagnose the children involved in those incidents based on news stories,

we should focus our attention on how we can deal with preventable violence. We should be thinking about this issue in terms of two different kinds of groups of children. *One group is driven by impulse, by peers, by situational, environmental factors.* They have mental health needs but are not mentally ill in the classical sense. *The other group would be those that have severe mental illness.*

While each group has mental health needs, the first group is more likely to be influenced by situations such as changes at home or in peer relationships. It is critical to pay attention in order to identify children (especially those who may be undergoing stress because of difficult situations in their lives) who have difficulty in controlling their impulses and who become extremely angry or upset with very little pushing or provocation from peers or parents. One of the things educators and school mental health workers can do is to find out from parents whether they think their child may need help controlling his or her impulses. While only a small number of children who have difficulty controlling their impulses will become explosive—that is, damage property or hurt other people—special attention should be given to children who cry, yell, or become disturbed at the “drop of a hat” out of proportion to the event that is taking place.

Parents should be asked if they are having difficulty with children whom other adults have observed as having problems with impulse control. My experience over the years is that most of these parents are waiting for someone to give them suggestions on how to handle their children. . . that they would welcome the assistance of a school counselor, a school social worker, or a school psychologist to help them get their child under control. Most likely these parents are worried, too. Communicating with the families of children who are behaving in ways that

indicate problems with impulse control is a better way to ward off potentially explosive situations than casting a wider net through broad “pencil and paper” screenings. Again, we must remember that poor impulse control is more of an indicator of neuro-developmental and possible mental health problems than it is an indicator of violence. Most children with mental health needs, as well as serious mental illnesses, will not become violent or dangerous.

Teachers, social workers, school counselors, and school psychologists should be trained to look for unexplained changes in the demeanor of children. If parents are going through stress due to marital problems, economic difficulties, illness, or other negative changes in the family, this stress can create situational problems for children that may contribute to anxiety and depression. In most cases, it is not clinical long-term depression, but it is a change in affect or emotion or mood which is often missed. We are learning that when children experience changes in their moods they are more likely to behave in agitated or aggressive ways than do adults who become situationally depressed. Parents and other concerned adults would do well to *anticipate* depression and/or aggression when children face problems that they do not know how to solve. Children don’t know what to do, for instance, when a parent loses a job.

Amy: Why do children act out more than adults do?

Dr. Taylor: When children experience depression, whether it is situational, as in the case of adjusting to a crisis or change, or whether it is clinical, biological, long-term depression, they tend to become more agitated (show signs of getting quickly upset, answering tersely, crying easily, pacing, etc.) than usual. This agitation can easily push a child into aggressive activities. For example, a child who normally would not shove another child or be verbally aggressive may suddenly exhibit these behaviors. One reason is that children who are dealing with frightening feelings that they do not understand undergo changes in the way they perceive the world. Because they are so young they have very few experiences in life that would suggest

to them alternative ways of solving problems. On top of that, depression depletes our energy, making it hard for us to solve problems. While older teens and adults may express their sadness through withdrawal, children often tend to express it through agitation, aggressive behavior, and dropping out of their usual activities. When this happens, someone needs to recognize the symptoms and begin to talk to the child about what is going on in his or her life. Immediate attention needs to be given to a child who suddenly stops enjoying his or her daily activities and peers, or for no known reason drops out of previously enjoyed activities. And, obviously, any child who talks about suicide, is obsessed with ideas of hurting others, or harms animals, should be evaluated by a mental health professional.

Amy: Who should be responsible for talking to parents about children?

Dr. Taylor: While there are many people who can do it, this role is a natural one for school social workers and school psychologists. They are trained to deal with parents’ responses, which may include anger, talking about problems only partly related to the child, or denial. Some parents will welcome help and want more information. The scariest situation is when families become angry. Social workers and psychologists have the training to deal with a family that reacts in anger to an attempt to communicate about a child. Social workers and psychologists are trained to deal with a variety of family reactions and help parents better communicate about their child.

The teachers, who are on the front-line, are in the best position to identify the changes in a child and start the referral process. Parents need to know before the school year starts and problems are identified that teachers are trained and have a responsibility to identify “special needs” children.

Amy: What about other students’ roles?

Dr. Taylor: That’s a difficult question. Students should be taught to report when other children are having difficulty, but it’s very difficult for a child to identify and to have responsibility for prevention.

The bigger thing is that students have to be made to feel safe to be able to report to teachers and counselors when they are being threatened by other children, or when they feel upset and worried.

Amy: Most parents are more likely to be dealing with the situation of providing for the safety of their own children, rather than dealing with the prevention of violent behavior in their own children. As a responsible parent, how can one teach children to notice warning signs and to take appropriate action without stigmatizing themselves?

Dr. Taylor: It is easy to say that good communication with children is important. We all want and idealize that as parents. But children have their own private lives, their own personalities, and their own temperaments. It is not necessarily a sign that a family doesn't have good communication when children don't tell parents everything that is going on in their lives.

The first thing we want to do is convince children that their safety is a dual responsibility. It's the child's responsibility and it's the parents' responsibility. Part of the child's responsibility is trying to avoid danger. Children need specific information and training from the home on how to stay away from potential trouble. There are some children who just naturally avoid getting caught up in arguments and in dares, but some children need to be taught that skill. Teaching kids about not agitating, about not taking a dare, about not getting in fights, is a part of what we want to do. That's being idealistic, the idea that we, as parents, are going to do that successfully.

The second part is letting children know that they can safely come to parents and that parents will take action to keep them safe. That becomes a very difficult thing to do. When children are being victimized and harassed on school buses and playgrounds, parents have to take a very strong proactive stand. They have to become involved with the school and start to turn in names, insist that the school call the parents of the children that are harassing, and have the counselors get involved.

One of the things that is most important from a mental health point of view is that the children who are victimizing other children get seen by counseling personnel and get into groups that deal with their aggressiveness. Schools sometimes need the pressure of parents to push that. Unfortunately, many schools simply do not have the personnel to do it. That means parents in those schools need to start forming parent committees, they need to be talking to the schools about a parent riding the buses, and they need to have parents at each of the bus stops. These are things that in some communities are a "must" to do.

Amy: A recent news story describes how a normal dance competition among young girls led to extreme competitiveness which resulted in the victimization of one of the girls. This would probably fall under the category of situationally triggered behavior. What are some things children need help with in order to avoid becoming violent, as happened in this incident?

Dr. Taylor: This sounds like the kind of event in which a child has not been helped with impulse control, with values clarification, or with the process of learning how to form alternative solutions. Research shows that one of the biggest identifying marks of children who are going to get into conduct problems and legal problems are children who have difficulty forming alternative solutions, as well as children who cannot use mitigating information.

An example might be that a child is standing in line and thinks the person behind him has pushed him and prepares to react. After assessing the situation the child realizes that the person behind him actually fell. He adjusts his reaction based on the knowledge that he was not really pushed. In that case the child is using mitigating information to inform his reaction. In the case you mention, it seems as though there are problems with impulse control, with the formation of alternative solutions, as well as with the use of mitigating information. All of those problems could be a part of a severe mental illness, but they could also be a part of social learning, how we are taught

to respect authority, how we are trained to respond in difficult situations, and what we think our peers expect us to do. That is one of the biggest issues.

When you think about attachment, we often think about attachment from a hierarchical point of view, and one of the most important issues in understanding violence is peer- and gang-related violence. A lot of times we talk about “gangs” and they are really not formal gangs, they are closely-knit cohorts of kids. The issue is that if on the hierarchy of attachment, I am more attached to my peer group than I am to adult authority figures. . . I may know that my parents don’t want me to use knives, don’t want me to fight, and I hate disappointing them, but it is more important for me not to disappoint the group which is at the highest point in my attachment hierarchy, which is my peers. Therefore, in a situation where I am angry, my question to myself is, “What would my peers want me to do?” And if I am running around with kids who say, “You should have stuck her, she deserved to be cut. . .,” I practice that over and over again and so when I get into a situation where I listen to my impulse, I am losing my ability to make choices. What I have practiced and who I most don’t want to disappoint are my peers. That is how violence often takes place. Now when, in the aftermath, these children get caught, they are embarrassed and many times upset that they have disappointed their parents. It is very understandable. It is not that they don’t want to follow their parents, it’s that their parents are at a lower point in the hierarchy of attachment, so that after the act is done, they simply feel trapped that they had to please the group that is more important to them.

Amy: What about the issue of social status?

Dr. Taylor: That becomes part of how I pick who is in the hierarchy of attachment. It depends on how I perceive gaining status. The value that I give status plays into how I place my attachment. We would hope that we are constantly shifting how we want status. We would hope that children have such strong attachment to a moral figure that even when they’re in a situation when status with a peer is the most important—that when push comes to shove—

they go back to a hierarchical idea of attachment, so that it is more important for them to feel or to fear that they have disappointed the moral figure than disappointed peers or gained status. That’s what keeps a lot of kids out of trouble. One of the things we want to be watching is when children seem to be placing higher attachment or having greater allegiance to other children across environmental situations than for parents, grandparents, and authority types of figures. Every child will talk back to a parent or to a teacher—they’re trying to gain a little bit of status, but most children reach a point where they will not cross the line, such as cursing at a teacher, because of the detrimental nature of it or the disappointment it will cause to the moral authority. Other children lose sight of that and keep trying to gain status by “upping the ante” in, for example, how they talk to the teacher. I think those are signs of children who need to have a comprehensive mental health assessment and be placed in social skills groups.

One of the things we have found is that the most successful way of dealing with conduct problems is giving social skills training for the child and parental training for the family. Just attacking the problem with the child almost never works. This does not mean the parents are “bad,” but does imply that the parenting methods are not effective for their child. So now we’re talking about a great deal of personnel power, money, problems of getting parents who may not have time or are embarrassed. Getting parents to training can be a very difficult task. It takes a lot of persistence and a lot of organizational power to do this. Most schools in their counseling programs, and unfortunately many community mental health programs, simply don’t have that power. I must also point out that some children in addition to needing social skills and conflict resolution training, will not be able to control their impulses without medication treatment.

Internet Resources

National Alliance for the Mentally Ill
<http://www.nami.org>

American Academy of Child and Adolescent
Psychiatry: Facts for Families
http://www.aacap.org/info_families/index.htm

Justice Information Center, Juvenile Justice Page
Documents, Violence and Victimization
<http://www.ncjrs.org/jjvict.htm>

Early Warning, Timely Response:
A Guide to Safe Schools
[http://www.ed.gov/offices/OSERS/OSEP/
earlywrn.html](http://www.ed.gov/offices/OSERS/OSEP/earlywrn.html)

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