

FROM CHAOS TO CALM
UNDERSTANDING ANGER IN URBAN ADOLESCENT MALES

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Understanding Anger in Urban Adolescent Males
by
June Mardell Montgomery

(ABSTRACT)

This work is based on the premise that uncontrolled anger contributes to the violence committed by adolescent boys 13-17 years of age. In fact, in all countries, young males are both the principal perpetrators and victims of homicide (World Health Organization, 2002). Identifying the underlying reasons for the anger is instrumental in controlling this emotion and in developing and implementing effective violence prevention methods that may lead to a decrease in adolescent violence. Violence in urban America committed specifically by the adolescent male is a serious problem and one that has stimulated the interest of this writer.

The purpose of this dissertation is to provide classroom teachers, school administrators, counselors, and parents with insights, strategies, and techniques to understand and help the chronically angry child. Further, my purpose is to review and describe existing knowledge to provide a basis for action in managing these children. Dealing with an angry child is frustrating as well as challenging if one does not understand anger—its possible causes and effects. Since 95% of juvenile homicides are committed by boys under the age of 18, it is fitting that this work focuses on adolescent males (Supporting Our Sons, 2003).

DEDICATION

This dissertation is dedicated with love, gratitude, and affection to my parents, Marie and Percell Montgomery, grandmother, Rev. Viola D. Armstead, my children, Eddie, Stephanie, and Michael, my five granddaughters, Sanas, Jordan, Audriana, Harmony, and Sela, and to my sisters, Bettye and Cheryl.

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HARLEM

What happens to a dream deferred?

Does it dry up
like a raisin in the sun?
Or fester like a sore—
and then run?

Does it stink like rotten meat?

Or crust and sugar over—
Like a syrupy sweet?

Maybe it just sags
like a heavy load

Or does it explode?

—Poem by Langston Hughes

INTRODUCTION

At a June 2007 graduation party, a 17 year-old teen fell to the floor after three teens fired 15 to 20 shots into a crowd. Seventeen-year-old Ryan was killed the night before he was due to graduate from high school. He died in a hospital bed on his graduation day. ("Teen Killed," 2007)

What does happen to a dream deferred? For many urban children, dreams are either deferred or lost forever. Hope eludes their lives, and without hope there is little reason to dream. Some children find it difficult to visualize a dream and almost impossible to realize one in a nefarious and deleterious environment festured with violence, poverty, and deprivation. Success for them becomes an unattainable entity. The children become prey to the environment by succumbing to its ways, and they model what they see. Daily, they see models of failure and people engaged in destructive and antisocial behaviors. Their models become the norm and the measure for what is right, honest, and acceptable—as they perceive them. The ability to overcome poverty, frustrations, and deprivations is a real possibility. However, it is an odious environment that destroys beliefs and dreams—making success merely an illusion.

Kozol (1995) stated that factual questions asked about the environment, health care, or public schools do not explain the hopelessness, despair, and sadness found among people in large inner cities. This attention to facts merely skims the surface of concerns. One must strive to seek answers to important questions that go beyond these concrete issues. Kozol (1995) wrote:

One wants instead to know how certain people hold up under terrible ordeal, [sic] how many more do not, how human beings devalue other people's lives, how numbness and destructiveness are universalized, how human pity is at length extinguished and the shunning of the vulnerable can come in time to be perceived as natural behavior. (p. 186)

Because poverty is often equated with violence, it is not unusual to find individuals in our society that fear the poor. To them that fear appears real, and if this is the case, then how do we face those we fear? Pretending that the poor simply do not exist is a mistake and consequently does not help the cause. The problems of troubled youth (whether in large inner cities, rural

areas, or suburbia) will not disappear by turning away from the issues or by adopting a *laissez-faire* attitude when confronted with them. We must ask ourselves, “What can we do to direct these youngsters in leading a more productive life?” To disregard the existence of troubled children, poor or not, is not an option to solving their problems. We can neither hide them nor wish them away; therefore, “How does a nation deal with those whom it has cursed?” (Kozol, 1995, p. 186)

Child advocates struggle daily attempting to solve the problems of our youth; however, a significant number of them expend an exorbitant amount of time and effort—albeit with valid intentions—attempting to answer surface questions or trying to repair the destruction left by an angry youth. Their actions do not delve to the root of the problem; therefore, they find themselves reacting to the violence rather than focusing on proactive and preventive measures that are necessary to control anger and anomalous behavior. In the meantime, the angry youth are on a daily rampage—committing violent crimes and wreaking havoc throughout our neighborhoods and communities.

Youth violence is widespread in the United States and reported as the second leading cause of death for young people between the ages of 10 and 24 (Centers for Disease Control and Prevention [CDC], 2008a, 2008b). For this reason, youth violence is a public concern.

- In 2005, 5,686 young people ages 10 to 24 were murdered—an average of 16 each day.
- Among 10 to 24 year-olds, 86% (4,901) of the homicide victims were male and 14% (785) were female.
- Among homicide victims ages 10 to 24 years-old, 82% were killed with a firearm.
- Among 10 to 24 year-olds, homicide is the leading cause of death for African Americans; the second leading cause of death for Hispanics and Asian/Pacific Islanders; and the third leading cause of death for American Indians and Alaska Natives.
- Homicide rates among non-Hispanic, African American males 10 to 24 years of age (58.3 per 100,000) exceed those of Hispanic males (20.9 per 100, 000) and non-Hispanic, White males in the same age group (3.3 per 100,000).
- In 2006, more than 720,000 young people ages 10 to 24 were treated in emergency departments for injuries sustained from violence.

- In 2007, of a nationally representative sample of students in grades 9-12, 4.2 % reported being in a physical fight one or more times in the previous 12 months that resulted in injuries that had to be treated by a health-care provider.

Parents, teachers, community leaders, and school administrators frequently engage in serious dialogue about school violence and angry youths. In our attempts to address the problem of teen violence and negative student behavior, we implement various programs, policies, and procedures in our schools—sometimes without success (meaning a desirable change is not evident in students’ behavior). Bullying is now a problem of frequent concern for school leaders. Bullying is a maladaptive behavior that appears to contribute to the problem of violence in children (Harris & Petrie, 2003).

This work is based on the premise that uncontrolled anger contributes to the violence committed by adolescent boys 13-17 years of age. In fact, in all countries, young males are both the principal perpetrators and victims of homicide (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Identifying the underlying reasons for the anger is instrumental in controlling this emotion and in developing and implementing effective violence prevention methods that may lead to a decrease in adolescent violence. Violence in urban America committed specifically by the adolescent male is a serious problem and one that has stimulated the interest of this writer.

The Writer

I am an educator currently residing in York County, Virginia, with over thirty years of experience as a teacher and administrator in public schools. I have taught graduate and undergraduate level courses at two universities. During my teaching career, I have taught children from all levels of the socio-economic ladder in suburban, rural, and urban areas and children in all elementary and middle school grades.

Some of the elementary and middle school students in my classes through the years have found themselves in difficult conflicts with adults and their peers. Any seemingly small matter such as asking, “Do you have your homework?” could escalate into uncontrollable anger. If a student stepped on the clean white sneakers of one of these angry students, the innocent act sometimes resulted in a fight. These actual incidents involving African American male students occurred when I taught in an urban school setting. My interest in children’s anger began during this time. Media reports helped heightened my interest with reports of violent acts committed by adolescent males dominating the news. These acts of violence were not only occurring in my

hometown but in communities all over the United States. Efforts to help students control their anger proved to be challenging. How could I get to the root or cause of their anger? I could see that these students were clearly in pain, but what was causing their pain? How could I help them find some peace in their daily lives? I pondered these questions daily and became more determined to discover some answers. I delved into this area more—searching and learning.

My hope is that this project will answer many questions concerning anger in children—particularly anger in the adolescent male, and that you will find the information helpful in many ways as you work with children.

Purpose

The purpose of this work is to provide classroom teachers, school administrators, counselors, and parents with insights, strategies, and techniques to understand and help the chronically angry child. Further, my purpose is to review and describe existing knowledge to provide a basis for action in managing these children. Dealing with an angry child is frustrating as well as challenging if one does not understand anger—its possible causes and effects. Because it is postulated that anger is the stimulus impelling the violent acts among adolescent boys, the study of anger in adolescent boys is of particular interest.

Having some background knowledge of anger and how it is identified, is expected to reduce the amount of time and energy given to applying ineffective strategies and measures that may or may not help children deal with their feelings. Problem-solving based on unsupported assumptions about anger-related conditions is fuel for a quandary. Armed with useful information about anger, school personnel have a beginning point for engaging in meaningful dialogue with children before a problem erupts or escalates into serious deviant behavior. School personnel, who prepare themselves with the necessary information to detect potential problems in a child's personal life, are positioned to assess the environmental affects on a child's quality of life and intervene in the earliest stages of anger development. In addition, an opportunity is available to address the social and emotional growth and development of the child as it pertains to uncontrolled anger. To prevent or control deviant behavior, one must know where to focus time and effort. Troubled children who are hurting emotionally do whatever is necessary to ease their pain, even if it means inflicting pain on someone else. Since time is crucial, any time spent floundering is counterproductive.

Audience

With the ongoing adolescent acts of violence in our nation and communities, the intent of this guide is to be of value to school personnel, parents, and other care-takers of children. Attention directed to more proactive measures and strategies for controlling adolescent anger, is one step in the right direction to help reduce adolescent violence. Classroom management improves, giving teachers more time to teach, and students more opportunity to learn. Communities and schools can again return to safe and secure environments conducive for all children and adults.

How to Read This Work

This dissertation addresses adolescent anger and some of the perceived causes of anger as identified in the research. Anger management strategies and their effectiveness are discussed. The work is not all inclusive. The reader always is advised to consult a healthcare professional for any medical or clinical diagnosis of anger and anger-related behavior.

Nine chapters comprise this project. *Chapter 1* contains the background of anger. *Chapter 2* includes anger-related behaviors in adolescents. *Chapter 3* includes an explanation of anger and aggression and the types of anger. *Chapter 4* contains the factors related to anger in children, and *Chapter 5* includes guidelines for identifying and managing anger in children. Outcomes and consequences of anger are also contained in *Chapter 5*. Approaches to managing anger at school and home comprise *Chapter 6*. *Chapter 7* contains actual anger-related case studies. *Chapter 8* includes anger-control strategies. *Chapter 9* includes a summary of resources and suggestions for anger-control and the sources for assistance in dealing with angry youths. *Chapter 10* ends this dissertation with implications for practice and future research

Definitions of Terms

All terms discussed in this dissertation are defined to provide clarity. Constitutive and operational definitions are in Table A1 (see Appendix A).

Conclusions

Finally, my hope is that this work will: (1) serve as a catalyst for the further study of anger in adolescents, (2) find broad applicability, (3) add to the body of knowledge on the subject of anger in children, and (4) find use in helping children experiencing uncontrolled anger.

The angry student can interrupt the teaching and learning process in any classroom and at any time. Thinking and planning ahead for possible anger-related episodes prepare the classroom

teacher for handling these angry situations quickly and effectively. Proactive behavior is far more effective than time spent reacting to the angry youth.

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CHAPTER 1

ADOLESCENT ANGER: THE BACKGROUND

On September 24, 2009, 16-year-old Derrion Albert was walking from school to a nearby bus stop when he was attacked by a group of teens and beaten to death. According to his family, Derrion was beaten because he did not want to join a gang. The high school sophomore from Fenger High School in Chicago, died from blunt trauma three hours after the beating (“Teen Beaten,” 2009)

Homicide remains one of the leading causes of juvenile deaths (Snyder & Sickmund, 2006). In 2002, about 1,600 persons under age 18 were murdered in the U.S. Fifty-one per-cent of these juveniles were White, 47% were Black, and 4% were either American Indian or Asian. During this time, White youth constituted 78% of the U.S. juvenile population and Black youth 16%, but the Black youth murder rate was 4 times the White rate (Snyder & Sickmund, 2006). Even with a reported decline in homicide mortality, it continues to be the leading cause of death for young Black males 15 to 24 years of age (National Center for Health Statistics, 2002); therefore, it remains a serious local, state, and national youth health challenge.

According to data from confidential interviews with youth, race and ethnicity have little effect on the proportion of racial and ethnic groups that engage in nonfatal violent acts, but racial and ethnic differences in homicide rates exist (U.S. Department of Health and Human Services [DHHS], 2001). For the African American adolescent male alone, the statistical data present a frightening image that is difficult to ignore. In their national report Snyder & Sickmund (2006) wrote:

- In 2002, a greater percentage of Black juveniles than White juveniles were killed with a firearm—54% vs. 44%.
- Seventy-six percent of the victims of Black juvenile murder offenders were Black.
- Black juveniles were more likely to kill with firearms than were youth of other races—80%.

Pick up your newspaper or turn on your television to see daily reports concerning the African American adolescent male. Black male teens kill Black male teens. They kill each

other—seemingly without much thought of the human destruction and pain suffered by all families and friends left behind. No one wins—neither the victim nor the perpetrator. Sadly, gun violence is a routine occurrence in the lives of some of our nation’s children.

These questions quickly come to mind as I try to understand a reason for another violent act committed by one of our youth. Are there any answers to these questions or any solutions to this problem?

- ❖ *What is causing the anger in our youth?*
- ❖ *Why are our young people killing and maiming each other?*
- ❖ *Why are our young people killing themselves?*
- ❖ *Why is there such a blatant or callous disregard for human life?*
- ❖ *Why would a teen randomly fire a gun and kill a peer?*
- ❖ *Why are our youth so prone to anger to the point of losing all control?*
- ❖ *What could be so desperately wrong in a child’s life to cause that child to commit a violent act—regardless of outcomes or consequences?*
- ❖ *Where did the apparent breakdown begin in the child’s short life?*

Young Black males in particular are in danger in our society, faced with a number of risk factors that place them in increasing danger—antisocial parents, poor school performance, weak social ties, broken homes, and television violence.

My intent is not to paint a biased picture of violence among African American adolescent males. However, because of the violent acts they commit against their same-race peers, violence among African American adolescent males is a major concern requiring attention. Data concerning violence as it pertains to adolescent members of other ethnic groups are appropriately considered. I believe that the inclusion of other ethnic groups in the study of adolescent violence and how these groups affect the homicide rate in the United States is necessary for a more accurate and realistic account in studying the adolescent male.

Today’s children are living in a world that is much different from the world of their parents and grandparents. Our world today is full of danger and violence around every corner. Violence is the greatest danger to children—especially, youth violence. Children have to protect themselves on the streets, at school, and at home. Immediate action is needed to protect our greatest human resource—our children.

Review of Literature

In the following paragraphs, a review of the literature pertaining to the adolescent male in different areas and situations—community, home, school, media, and firearms and their influence on the adolescent’s behavior—is presented. This background information shows the prevalence of danger facing children and demonstrates why the study of anger is timely and important in solving the problem of youth violence in the United States.

Death is permanent. People who are interested in the welfare of our youth work diligently to find answers. Let us take a look at some of the areas linked to anger.

Adolescent Violence and Firearms

American children are more at risk of being harmed as a result of firearm use than the children of any other industrialized nation. In one year, guns killed no children in Japan, 19 in Great Britain, 57 in Germany, 109 in France, 153 in Canada, and 5,285 in the United States (Centers for Disease Control and Prevention [CDC], 1997).

The Children’s Defense Fund (2008) reported that in 2005 alone, the first increase in violence resulting from firearm use since 1994, 3,006 teens died from gun violence, more than the total number of American service men and women who died in combat in Iraq and Afghanistan since the beginning of those wars in 2003 through 2006. This number of children would fill 120 public school classrooms of 25 students each. Sixty-nine of these deaths were preschoolers. Almost 90 percent were boys (2,654). In 2005, one child or teen was killed every three hours, eight every day, and 58 children and teens every week.

- 1,972 were homicide victims
- 404 were under age 15
- 1,624 were White
- 1,271 were Black
- 614 were Latino (Individuals that are of Hispanic/Latino origin can be of any race; therefore, these 614 deaths are included in the four race categories).
- 60 were Asian or Pacific Islander
- 51 were American Indian or Alaskan Native
- White children and teens were nine times as likely as Hispanics and non-Hispanic Black children and teens to commit suicide by using a gun (60%).

- Black children and teens were more likely than non-Hispanic White juveniles to be victims of firearm homicide (37%).

These data show that our children are in danger—whether they are victims or perpetrators. Again, no one wins in an act of violence. Many children are innocent victims caught in the line of gunfire—sometimes targeted for no apparent logical reason. Take for example the four-year-old boy shot through the arm while riding his bicycle. The child’s mother recently moved out of her dangerous neighborhood and returned to get more of her belongings when her child was shot (Macaulay, 2007). Unfortunately, some would say that these children are just in the wrong place at the wrong time. Nevertheless, the human destruction is unfathomable.

Adolescents turn to violence as a way of protecting themselves from the perils of the streets and to gain control over their surroundings. As a means of protection, they usually arm themselves with a firearm. According to Snyder & Sickmund (2006), Black juveniles were more likely to commit murders with firearms than were youth of other races. Males are 10 times more likely than females to commit murder (Garbarino, 1999). The Centers for Disease Control (2008a) reported on the results from a national 39-state survey and 22 local surveys taken among students in grades 9-12. State and local education and health agencies conducted the surveys and found that the prevalence of having carried a gun was higher among Black male students (11.2%) and Hispanic male students (10.4%) than White male students (7.8%). A Black male has a 1 in 72 chance of being killed by a gun before his 30th birthday while a White male has a 1 in 344 chance.

Adolescent males commit insidious acts of violence daily throughout our country, and the human destruction is disturbing. More than 800,000 young people ages 10 to 24 (Centers for Disease Control, 2006) were injured in 2002 from violent acts. Between 1980 and 2002, 46,600 juveniles were murdered—50% were murdered with a firearm, and more than three-fourths (78%) of the victims ages 15-17 were murdered with a firearm (Snyder & Sickmund, 2006). Since 1979, guns have killed 104,419 children and teens (Children’s Defense Fund, 2008). The young people involved in violence are either the victim or the offender. Adolescents experiencing violence or being a victim of it have an increased risk of using violence against others (DuRant, Cadenhead, Pendergrast, Slavens, & Linder, 1994). Youth violence is

devastating physically as well as emotionally for the community and hinders the creation of a safe environment for the adults and children living within.

The epidemic of youth violence peaked in 1993 and showed a decline nationwide, but the problem was not resolved (Department of Health and Human Services, 2001). Even though there was a decrease from 16 children and teens killed daily from firearms in 1993 to 8 daily in 2004, this is support for the continuing existence of the problem. Eight children killed daily is not a call for relaxation and idleness. If the youths involved in violence today begin carrying and using weapons as they did during the peak years from (1983-1993), a resurgence of lethal violence in our country and at that same level, will occur (Department of Health and Human Services).

Newport News, Virginia (an urban city close to my hometown of York County) has seen an increase in youth violence over the past five years. To solicit statistical data revealing this increase, I contacted the Newport News police department's Crime Analysis Unit and was informed that no statistical information was available. As a result, I contacted the librarian of The Daily Press, Inc. (the local newspaper). I was directed to an article written by David Macaulay, a Daily Press reporter. Macaulay (2009b) reported that an increase in youth crime in Newport News occurred between 2004 and 2008 and showed violent offenses in homicides, rapes, robberies, and aggravated assaults. These crimes rose from 128 in 2004 to 214 in 2008. The peak year for juvenile crime was 2007 and continued into 2008. During this time, there were 753 gang members on the Peninsula (surrounding cities and towns) and by 2008, that number increased by 459 (1,212) gang members. Police identified 191 street gangs in Newport News alone, comprising 2,100 members. The police, parents, and community leaders believe that the rise in youth violence is a matter of extreme concern and has caused a struggle for answers to solve this problem.

Some members in the Newport News community express serious concern. One 62 year-old Newport News resident said that in the past, neighbors got involved when kids did wrong. He stated that drug feuds have gotten out of hand in recent years (Macaulay, 2009a). He continues:

The young kids are out of control, he said. There's plenty
of money to be made, but you don't have to kill someone
if they are making \$1 more than you. I don't know
how you can turn them around. I was in the military,

in the Marines. But they have more access to guns than

I had, he said. (p. 1)

Another Newport News community member, a 49 year-old woman who lives in one of the city's developments, (Macaulay, 2009a) recalled:

There seemed to be no end in sight to the violence. When I was a little girl, you could go to sleep with your doors open and nobody would come in your house. I have been in Harbor Homes since October, I've had two shootings in front of my house. One guy was murdered in front of my door. Two weeks ago, another guy got shot and they dragged him into a house across my street.

I can't cope. I'm tired. It's not a family anymore, she added.

Everybody used to look after everybody else's kids. (p. 5)

A doctor, director of the trauma center at one of the local hospitals in Newport News (Macaulay, 2007), said an average of one gunshot victim is paralyzed monthly, and the victims return for treatment a long time after the shootings. He stated that the typical victim is Black, male, aged 18 to 28; has a criminal record; is unemployed; and has easy access to weapons, drugs, and alcohol. The degradation of the family unit and the easy availability of guns in Virginia are to blame for the rise in shootings, according to the doctor. In addition to the gun violence, major cities are now seeing a rise in gang violence.

What can be done? According to the Children's Defense Fund (2008), a start would include:

- Removing guns from the home or store them safely. The presence of guns in the home increases the risk of homicide and suicide.
- Parents need to teach their children alternatives to solving problems. Violence is not the answer to conflict resolution.
- Children must be taught how to manage and control anger.
- Close the gun show loop-hole—guns can be bought at gun shows from unlicensed dealers without a criminal background check.

- Work to support the passage of any Child Access Prevention laws—these laws hold gun owners liable if children can access unsecured weapons in the home and possibly harm themselves and others.
- Support any gun safety legislation that protects children.

In Newport News, Virginia, an effort is being made to get firearms off the streets. The local police established a gun buyback program, and last year's program netted 359 firearms: 70 semiautomatic pistols, 112 revolvers, 83 shotguns, 76 rifles, and 18 other weapons. Newport News will hold a second gun buyback event in the near future. The NBA All Star basketball player Allen Iverson donated \$100,000 to the gun buyback program in Newport News. However, it is important to mention here that gun buyback programs have no effect on gun violence (Department of Health and Human Services, 2001). According to the Department of Health and Human Services (2001), these programs are expensive and have consistently been shown to have no effect on firearm-related homicide and injury. The guns are taken off the street, but there is evidence to suggest that the guns turned in are not functional and that most of the persons turning in their guns have other guns at home.

Hampton is focusing on more educational initiatives to highlight the dangers of using guns. These programs may prove to be more effective in preventing gun violence.

Adolescent Violence and the Home

How parents treat their children usually has a deep and lasting effect on the child's emotional growth and development (Goleman, 1995). Unfortunately, some children are not treated well in the home. Many children are exposed to violent images, including dangerous activities and situations—substance abuse, sexual deviant behavior, physical and emotional abuse, child neglect, and access to weapons. These factors affect the child's behavior at school and in the community and are detrimental to the child's welfare. Other facts that demonstrate that some homes put children at risk are:

- Children in single parent homes experience 50% more risk of violence than children in two-parent family homes (Snyder & Sickmund, 2006).
- Youth are more apt to be violent crime victims if they live in a disadvantaged community—large number of people living in poverty, single-parent families, large number of families receiving public assistance (Snyder & Sickmund, 2006).

- Conflict between parents may lead to behavior problems, low school achievement, and low social competence (Cummings & Davies, 1994).

Snyder and Sickmund (2006) found that a juvenile's risk of becoming a victim of a violent crime is related to factors grouped under the following three categories:

- Individual characteristics—age, gender, race, lifestyle, and friendship patterns.
- Family characteristics—family structure, income, and level of supervision.
- Community characteristics—crime and poverty levels and the age profile of the community's population.

Family conflict is a risk factor for violence among adolescent males. Although children may or may not be the target of the violence in the home when the violence occurs, the effects of violence are nevertheless damaging to children. The children are left emotionally scarred, traumatized, stigmatized, and angry. As a result, they often exhibit symptoms characteristic of post-traumatic stress disorder (PTSD) (Jenkins, 1996). These symptoms are manifested in the form of sleep disturbances, night terrors, intrusive memories and flashbacks, separation anxiety, aggressiveness and hyperactivity, and emotional detachment (McAlister, 1995). Some children experience these symptoms as young as age two.

Violence is a learned behavior, and children learn what they see. They see violence in the home, in the media, in the community, and at school. Children are exposed to violence in their environment from many directions. Among African American adolescents, the use of violence is learned in intimate primary groups, such as families and peer groups (Durant, Cadenhead, Pendergrast, Slavens, & Linder, 1994). Once the violence is learned, the next step is to practice the learning. Children usually repeat what they have been shown.

When children experience parental or partner violence, it teaches them how to handle conflict in relationships. The message perceived by children is that violence is all right and acceptable for resolving conflicts. Children exposed to physical violence as a means of resolving a conflict fail to develop control of aggression, anger, and tension (Miller, Handal, Gilner, & Cross, 1991). These angry emotions become fuel for violent behavior. The United States Department of Health and Human Services [DHHS] (2001) suggests that children learn violent behavior by observing their parents rather than by inheriting a propensity for committing violent acts. Parents must provide their children with positive and alternative solutions to problem-

solving. They must strive to be positive role-models for their children. Partner or parental violence creates the standards by which children measure their relationships with others.

Coughlin (1996) examined aspects of family experience of 194 males at age 10 as predictors of police arrest by age 17. In particular, stepfamilies and single-parent families were studied to determine how these two family structures affected the delinquency of children. The risk of delinquency or arrest by the age of 14 more than doubled for children in these families than for children with two biological parents in residence, but the risk did not increase for delinquency that began between ages 14 and 17. According to Snyder and Sickmund (2006), 38% of Black children, 77% of White children, and 68% of Hispanic children lived with both biological parents in 1997, including non-married parents. Adolescents who live in communities with a lower number of single-parent families and report a higher level of family closeness tend to commit less violence (Knoester & Haynie, 2005). Family structure is a risk factor in the delinquency of children. The home environment plays an important role in all facets of a child's development—socially, mentally, emotionally, and physically. The influence of the home cannot be ignored when one examines the behavior of a child and that child's interaction with others. Children's first teachers are their parents—a parental responsibility that cannot be ignored.

Adolescent Violence and the Neighborhood and Community

Youth in single-family homes experience a 50% greater risk of violence than youth in two-parent families (Lauritsen, 2003). Children are more likely to be a violent crime victim if they live in disadvantaged communities—high percentages of individuals living in poverty, single-parent families with children, unemployed adults and teens, and households receiving public assistance. Lauritsen found that youth were at a greater risk of victimization if they lived in communities with a high concentration of single-parent families and young people and when they were members of families who had recently moved into the neighborhood. Youth who did not know the neighborhood's rules (also known as the street code) and the neighborhood's problem areas placed them at greater danger of being victimized (Lauritsen).

Males significantly reported more exposure to community violence and danger than other groups (Berton & Stabb, 1996; Bowen & Bowen, 1999). Males are more at risk for stranger and non-stranger violence than among young females. Compared with Black and Latino adolescents, White youth face a lower risk of stranger violence in their own neighborhood or community. Living in an unsafe neighborhood affects school attendance and behavior. Many urban

adolescents live in fear and danger (Bowen & Bowen, 1999), and adolescents who are exposed to violence in their neighborhood feel vulnerable with an inability to control their lives (Department of Health and Human Services, 2001).

Exposure to recurring community violence during the adolescent years is related to a wide range of psychological trauma, including anger, anxiety, depression, dissociation, and hostility (Fitzpatrick & Boldizar, 1993; Moses, 1999; Rosenthal, 2000). Anger (16%) had the strongest relationship to exposure to community violence, and depression (4%) was least related to such exposure (Rosenthal, 2000). This suggests that different kinds of exposure to community violence produce different kinds of traumatic symptoms (Rosenthal). Experiencing a high degree of anger as a result of exposure to the violence could possibly cause an increase in community violence—especially in the way of retaliation. There was a positive correlation between witnessing community violence against others and being a victim of such violence ($r = .31$) (Rosenthal). Living in a violent community can impact the people within that community negatively. Children find it difficult to handle the psychological and emotional stress of living in a violent community, and every waking moment is spent trying to stay safe as they daily move about their community. Efforts made to account for psychological stress among adolescents must include attention to exposure to community violence (Rosenthal, 2000; Fitzpatrick & Boldizar, 1993).

Adolescents who live in urban communities with high levels of poverty and unemployment and who are exposed to or are victims of violence carry and use weapons. For street protection and for one's own sense of security, the young adolescent becomes highly motivated to "get himself a gun" (Anderson, 2008). From his experience of life on the streets, the young male knows that his life depends on carrying a gun. Possession of a gun provides instant street credibility and makes it more critical to the young adolescent's survival on the streets (Anderson). The youth feels that he must be prepared when problems arise in the community, so he walks around the community "packing" or carrying his "piece."

DuRant, Getts, Cadenhead, and Woods (1995) conducted a study that examined the social and psychological factors associated with the frequency of carrying a weapon. The study's population was 225 Black adolescents of which ninety-nine (44%) were males living in a high-poverty and high-crime community. The participants ranged in age from 11 to 19 years. Eighty-five percent of the adolescents lived with a female head of household. The participants were

administered an anonymous questionnaire consisting of 171 items constructed from several standardized measures. The participants' names were not placed on the questionnaire. Items in the questionnaire related to weapon-carrying—the number of days that a weapon, such as a gun, knife, or club was carried in the previous 30 days and the frequency that a hidden weapon was carried during the last year. Exposure to or being a victim of violence in the community and exposure to domestic conflict and violence were assessed. Participants were interviewed to assess disciplinary activity in the home. Measures were used to assess various symptoms of depression, expectations about the future, family structure, aspirations, and the subjects' certainty of being alive at age 25.

DuRant et al. (1995) found that nearly 25% of the adolescents reported carrying a weapon during the month before they were interviewed, with over 12% carrying weapons for 4 or more days, and 26.9% revealing that they had carried a hidden weapon during the previous year. Carrying a weapon was significantly associated with greater exposure to previous violence and victimization, older age, more severe corporal punishment, higher depression, higher family conflict, lower purpose in life, and a lower self-appraised probability of being alive at the age of 25 years. Carrying a lethal weapon changes the dynamics of interpersonal conflict by introducing the power to kill (DuRant et al.). Two variables were found to be associated with adolescents' resiliency to the temptations to carry lethal weapons despite living in an odious environment—adolescents who reported higher scores on the purpose in life scale and who thought there was a higher chance that they would live to see age 25 years were less likely to report carrying weapons (DuRant et al.). These adolescents detected some glimmer of hope for their lives.

Adolescent Violence and the School

School-associated student killings, especially those involving multiple victims, have generated much media attention, prompting questions regarding whether rates of school-associated violence is on the rise again (Centers for Disease Control, 2008b). Contrary to public perception, the rate of violent crime in schools showed a decline in 2005 from 13 per 1,000 students ages 12-18 in 1994 to 5 per 1,000 in 2005 (Virginia Youth Violence Project, n. d.). The rates of school-associated killings decreased during the overall period, July 1992 to June 2006, but stabilized during July 1999-June 2006, when 116 students were killed in 109 school-related homicide events—an average of 16.5 student murders a year (Centers for Disease Control, 2008b). During the 2006-2007 school year, 27 homicides and 8 suicides took place at school

(“Teen violence statistics,” 2009), but 1.7 million nonfatal crimes were committed at school, ranging from assault to theft—46 crimes per 1,000 students. This shows that students are more likely to be victims of other types of nonfatal school violence. However, these nonfatal incidents should not be taken lightly, because they can have lasting negative effects on students and their educational experience. Even though few students are murdered at school, every instance of a fatal violent act committed at school is a tragedy. Though violent deaths at schools accounted for less than 1% of the homicides and suicides among children 5-18 years of age, this does not indicate a time to drop one’s guard. This is a time for parents and school personnel to move into a proactive mode. What can be done to prevent behaviors that lead to fatal acts of school violence?

The majority of our schools are safe places, but that requires work and communication with students. Violence in our schools is not acceptable. Acts of violence disrupt the learning process and affect students, the school as a whole, and the community (Centers for Disease Control, 2008c). Fifty-percent of homicide perpetrators usually give warning of the occurrence of violence by making a threat or leaving a note (Centers for Disease Control). The Federal Bureau of Investigation [FBI] (2002), in its school violence study found common traits among those students prone to commit an act of violence:

- The suspects were White males under 18 years of age.
- They had a low tolerance for frustration.
- They experienced a failed love relationship.
- They demonstrated inappropriate humor.
- They had a fascination with violence-filled entertainment.
- They had a lack of trust.
- They were loners.
- They were bullied, victims of bullying, or bystanders.
- They had anger management problems.

However, “Characteristics of past events don’t become predictors of future events when you have such a small number of cases,” said Mary Ellen O’Toole, special agent for the FBI’s National Center for the Analysis of Violent Crime (as cited in Lafee, 2000, p.8).

What can school personnel do? Bucher & Manning (2003) offered these suggestions for making schools safe:

- Improve conditions that can contribute to school violence and aggression, such as intolerance for individual differences.
- Commit to order in the school and a positive school climate.
- Recognize early warning signs of violence without student profiling.
- Write a safety intervention plan and use it.
- Make school a learning community, such as collaboration among teachers.
- Help students choose alternatives to violence.

Do more than discuss violence-prevention strategies at school board and faculty meetings, on talk shows, and in press conferences. Usually, the focus is on how to punish the perpetrator, implement a “new” program, or create quick fixes to the problem. These actions do not get to the root or cause. They merely generate many different opinions, perceptions, and points of view, but little action is directed to determining the precise cause. These simply look good on paper.

The responsibility for safe schools does not begin and end with the school. Parents and community members must get involved to ensure the safety of all students. The onus obviously rests on those of us who are committed to eradicating violence among our youth.

Adolescent Violence and the Media

The average American youngster spends one-third of each day with some form of electronic media and with adolescents engaging in several unhealthful behaviors that impose much costs on society—obesity, lack of exercise, smoking, underage drinking, early sexual activity, and violent behavior (Escobar-Chaves & Anderson, 2008). Boxer, Huesmann, Bushman, O’Brian, and Mocerri (2009) studied 820 youths, including 390 juvenile delinquents and 430 high school students, to examine the relationship between preferences for media violence and involvement in violence and aggression. Boxer et al. found that violent media preferences contributed significantly to the prediction of violence and aggression in youth.

Federman (1998), in a national television violence study, examined television content and found that: (1) about two-thirds of television programming contains violence, (2) children’s shows contain most of the violence, (3) the violence shown is usually glamorized, and (4) the violent offenders often go unpunished. Children between the ages of 2 and 18 spend an average of 6 hours and 32 minutes daily using such media as television, commercial or self-recorded video, movies, video games, print, radio, recorded music, computer, and the Internet (Kaiser,

1999). The opportunity for exposure to violent media increases the chances of children exhibiting aggressive behavior (Hughes & Hasbrouck, 1996).

American children spend more time watching television than participating in any other activity except sleeping (Hughes & Hasbrouck, 1996). Children from low-income and minority families watch television often, probably due to the lack of alternative activities (Huston, Watkins, & Kundel, 1989). This simply means more exposure to violent television programming. By the age of 18, the average young person will have viewed 200,000 acts of violence on television alone (Huston, Donnerstein, Fairchild, Feshbach, Katz, Murray, Rubinstein, Wilcox, & Zuckerman, 1992).

The interactive nature of media—video games, cable television, music videos, and the Internet—has provided children more opportunity to be exposed to media violence at home (Department of Health and Human Services, 2001). This interactive nature of media violence may affect the behavior of children to a greater degree than exposure to passive media, such as the television (Department of Health and Human Services). Approximately 97% of young people ages 12 to 18 use online communication. Other forms of media need to be explored to determine their effects on children's behavior.

Exposure to violence in the media increases physically and verbally aggressive behavior in children relatively quickly—within hours to days of exposure (Department of Health and Human Services, 2001). Media violence increases aggressive attitudes and emotions, such as anger, that are related to aggressive behavior in children (Department of Health and Human Services).

It is apparent that the television industry must assume some of the responsibility for the violence exhibited by children. Prime time television shows frequently display violent acts. The American Academy of Child and Adolescent Psychiatry [AACAP] (2002) reported that television violence might:

- cause children and teenagers to become “immune” to the horror of violence;
- cause them to gradually accept violence as a way to solve problems;
- cause them to imitate the violence they observe on television; and
- cause them to identify with certain characters, victims, or victimizers

Children who view violent television shows emulate what they see and attempt to incorporate these acts into their personal behavior style. When television violence affects

children's behavior, the violence may surface years later. This means that the violence can go undetected in the early years. A child does not necessarily have to watch violence on television everyday. Sometimes, watching even one violent television program can increase aggressiveness in children (American Academy of Child and Adolescent Psychiatry, 2002). Often, this aggressiveness is acted out in schools and on the streets.

Parental guidance in monitoring the television viewing of their children is important. The (American Academy of Pediatrics [AAP], 2001) recommends several guidelines for parents concerning television programming and their children. A few of these guidelines are: (1) remove the television set from your child's bedroom; (2) discourage television viewing for children younger than 2 years of age, and stress more interactive activities like talking, playing, singing, and reading together; (3) limit children's total media time, including television, to no more than 1 to 2 hours of quality programming per day; (4) use television programming of a controversial nature as a beginning point to initiate discussions about family values, violence, sex and sexuality, and drugs; and (5) view television programs along with children and discuss the content with them.

Adolescent Violence and Absent Fathers

Fathers' absence from children's homes has been called "a social disaster" (Lowry, 2005). Research shows that a father's absence from the home impacts a child negatively. McCurley and Snyder (forthcoming; as cited in Snyder & Sickmund, 2006) explored the factors associated with self-reported law-violating behaviors of youth. Youth, age 17 and not living with both biological parents had a higher prevalence of engaging in problem behaviors than youth that lived with both parents—marijuana use (40% vs. 30%), hard drug use (13% vs. 9%), drug selling (19% vs. 13%), gang involvement (12% vs. 5%), running away from home (25% vs. 13%), vandalism (41% vs. 34%), and assault with the intent to seriously injure (35% vs. 20%).

Rodney and Mupier (1999) investigated the differences in behaviors of African American adolescents living with their biological fathers and adolescents not living with their biological fathers. Father-absent adolescents experienced significantly more problems than did father-present adolescents. Adolescents without their biological fathers living in the home ran away from home, skipped or cut classes, received a school suspension, and faced trouble with the law in greater numbers than adolescents with biological fathers in the home (Rodney & Mupier, 1999).

Wilkinson, Magora, Garcia, and Khurana (2009) examined fatherhood expectations, role participation, and ideals of young urban, minority, crime-involved fathers. The sample was 115, urban, low-income, African American and Latino fathers involved in criminal behavior, especially gun use. The young fathers reported several constraints on their fathering, but provided the behaviors they engaged in that they felt were important—being a financial provider, caring for the basic needs of their child, being a protector and moral teacher, taking the child on outings, spending time with the child, ensuring the child knows who is daddy, setting goals for the future, helping the child to become successful, and acknowledging the need to change personally for the benefit of the child (Wilkinson et al., 2009, p. 954). Thirty fathers in the sample were classified as uninvolved and absent from the life of their child (Wilkinson et al., 2009). Their reasons or justifications for their lack of involvement included problems with their child's mother, criminal activity or incarceration, and lack of financial stability (Wilkinson et al.). Among the 30 absent fathers, 67% were Puerto Rican, 30% were African American, and 3% were multiracial. Only 8% of the Puerto Rican fathers reported providing financial support and care giving for their child, 27% reported being involved in care giving only, 25% reported contributing financially, and 41% described no involvement in caring for their child. African American fathers (83%) were more involved than were Puerto Rican fathers. Wilkinson et al. wrote that the findings for the Puerto Rican fathers may be the result of immigrant status, movement of family members, earlier procreation, and a dispersed family kin network. Young fathers experiencing many disadvantages face multiple challenges that hinder their ability to reach their expectations of fatherhood (Wilkinson et al.). Since the father is not in the home, the responsibility of rearing the children is usually left to the single mother.

According to Snyder & Sickmund (2006), children in single-parent homes are more likely to live in poverty. More than 52% of children living below the poverty level in 2002 were living with a single mother. During that same year, 62% of children receiving public assistance and 61% receiving food stamps lived with a single mother. Black children (52%) were more likely to live in a single-parent home as compared to White and Hispanic children (17% and 26% respectively) (Snyder & Sickmund, 2006). Having both parents in the home is ideal and certainly beneficial to a child's economic well-being.

Black-on-Black Crime

Nationwide, violent crime fell 3.5% during the first six months of 2008 (FBI, 2009), but surged at an alarming rate for young victims and perpetrators (Fox & Swatt, 2008). “It is not that the FBI figures tell an inaccurate story about crime trends in America. Rather, they obscure the divergent tale of two communities—one prosperous and safe, the other poor and crime-ridden” (Fox & Swatt, p. 1). The number of homicides involving Black male juvenile victims increased 31% and as perpetrators 43% (Fox & Swatt). When guns were used, the percentages dramatically increased—54% for Black victims and 47% for Black perpetrators. In 2007, 426 Black adolescents between ages 14 and 17 were killed with a gun—a 43% increase from 2000, and 964 were perpetrators (Fox & Swatt). Homicide involving a gun reached 85% among Black offenders, nearly matching the peak year of 1993. Black-on-Black crime is a major concern for people in Black communities and a concern for those not living in high crime neighborhoods.

Fox and Swatt (2008) blamed the increase on budget cuts in law enforcement, a reduction in police resources, and a shift from attention to high crime communities to transportation, government, and banking institutions. I believe the rationale for juvenile Black-on-Black crime is much more complex than lack of funding and program cuts. Why do Blacks kill Blacks? This is a question that I have pondered for some time now.

Amos N. Wilson (1991), a leading authority on the study of the Black male from a psychological perspective, offers his views as to why Blacks kill Blacks. Wilson explained that when Black people internalize negative stereotypes of themselves and their people and internalize White racist attitudes toward themselves and their people, they often become estranged and alienated from themselves as persons and their people as a group. Wilson explained further:

Internalization of White racist projections onto Afrikan [sic] people motivates in many adolescent Black males a conscious and/or unconscious tendency to disavow membership in the Afrikan ethnocultural [sic] group; a tendency to “disidentify” [sic] with other Afrikan Americans and—with the exception of family and peers—a tendency to feel a certain amount of contempt, hostility or indifference toward other Afrikan Americans and all things “Black” or Afrikan. These tendencies together operate to effectively destroy or

impair any feelings of loyalty to the Afrikan American community, its members, as well as Afrikans the world over. (p. 24)

What does an African American male see, then, when he looks into the eyes of another African American male? Does he see a mirror image of himself? Does he see the hate in himself in the eyes of another? Is the self-disdain enough to kill? Do these young people feel powerless in the world in which they live? As we make people powerless, we promote their violence rather than their control of violence (Wilson, 1991). Comer and Poussaint (1992) explained:

The Black child has been forced to learn to live in two cultures—his own minority culture and the majority one. He has had to teach himself to contain his aggression around Whites, while freely expressing it among Blacks. Although some people call this a survival technique, it contributes to Black-on-Black violence. (p. 11)

Self-contempt is another reason offered for the Black-on-Black violent criminal (Wilson, 1991). What the Black criminal hates in other Blacks are the same characteristics he hates most in himself. By externalizing his self-contempt, he refrains from attacking himself. According to Wilson, he commits *homicide* to keep from committing *suicide*. His violent rages are perverted forms of self-preservation (Wilson). Wilson wrote:

He is compelled, therefore, to externalize his self-contempt, to blame, berate, humiliate others. This, however, throws him in the toil of a vicious cycle. The more he despises others the less he is aware of his self-contempt—and the self-contempt grows more violent and merciless and the more hopeless he becomes. To strike out against others is then a matter of self-preservation. (p. 75)

The Black-on-Black violent criminal not only seethes with self-contempt, he is narcissistic, envious, resentful, and vindictive (Wilson, 1991). He has virtually given up on making something of himself, of becoming a viable and contributing member of society. He hates and envies the freedom of others, their enjoyment of themselves, their enjoyment of their material possessions, and their social standing (Wilson). He does not care for himself or others; therefore, he feels that he has nothing to lose.

Since studies in the area of juvenile Black-on-Black crime have been scarce, it is evident that a significant investment in research of this ethnic and age group is needed. African American males continue to kill each other daily. This simply means that they are in more danger of being killed by another African American male than by anyone of another ethnic group. Living in fear is dreadful by anyone's standards, but living in fear among members of one's own ethnic group is corroding to the spirit.

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CHAPTER 2

ANGER-RELATED BEHAVIORS

A man was yanked from his car and beaten by a group of as many as 15 young people. The group of youths punched, kicked and jumped on the 50-year-old father of 12 after he honked for them to move out of the street. This incident occurred in Milwaukee, December 2005.

A review of the literature in Chapter One offered some insight into the possible causes of uncontrolled anger in children as it relates to adolescent violence. Anger-related behaviors, such as bullying, suicide, assault, homicide, robbery, and gang participation show the devastation experienced by families and communities when children are victims or perpetrators of youth crime. When emotional and psychological help is ignored, misdiagnosed, or underestimated, a massacre may occur, causing unimaginable pain, injury, and death. The targets are often chosen indiscriminately, making this act all the more frightening. Children with uncontrolled anger will continue to attract immediate attention through violent behavior if this problem is ignored.

Bullying

Bullying and being bullied at school are associated with such key violence-related behaviors as carrying weapons, fighting, and sustaining injuries from fighting (Nansel, Overpeck, Haynie, Ruan, & Scheidt, 2003). Boys are more often victims and perpetrators of direct bullying (Olweus, 1993). In 2005, about 28% of 12 to 18-year-old students reported that they had been bullied at school during the last 6 months (Dinkes, Cataldi, & Lin-Kelly, 2007). Nearly 30% of youth in the United States (over 5.7 million) are involved in bullying as either a bully, a target of bullying, or both (Youth Violence Prevention Resource Center, 2009). Given these facts, it is evident why bullying is a national concern for our schools today. One parent calls school bullying a national crisis. The story about this mother's son demonstrates the destructiveness of bullying ("Woman Tells," 2009):

Carl Joseph Walker-Hoover, an eleven year-old boy enjoyed playing football, video games, and basketball with his younger brother. On April 6, 2009, after enduring "relentless" bullying at school, the young boy hanged himself with an extension cord in

his family's home in Springfield, Massachusetts. What could make a child his age despair so much that he would take his own life? That question haunts me to this day, and I will probably never know the answer, Sirdeaner Walker, the child's mother, said (p. 1).

At the time, Walker was telling her story to members of the House Education and Labor Committee as it conducted a hearing on school bullying. She continued:

He had just started secondary school in September, and we had high hopes. But I knew something was wrong, almost from the start. He didn't want to say at first. However, he reluctantly told me of his classmates that constantly called him names, "saying he acted gay and calling him faggot. Hearing that, my heart just broke, she said. ("Woman Tells," 2009, p. 1)

Some bullied teens sometimes take drastic measures to alleviate their pain and frustration associated with bullying by carrying weapons or planning an act of violent revenge. Others, in their desperation, consider or commit suicide. Their intent is to retaliate, at least bring attention to themselves or to relieve the pain.

Bullying is not a new phenomenon, but it appears to be a growing problem in many schools—especially among urban, low socioeconomic, Black and Hispanic, middle and high school youth (Peskin, Tortolero, & Markham, 2006). One of every seven children reports being bullied in school (Crockett, 2003).

What is this behavior called bullying? According to Harris and Petrie (2003), bullying is "intentionally harmful, aggressive behavior of a more powerful person or group of people directed repeatedly toward a less powerful person, usually without provocation" (p. 2). Many people perceive bullies as persons that act tough to hide their feelings of insecurity. They are usually thought of as people with low self-esteem and use bullying as a means to make the self feel better. This perception is far from true. Bullies tend to be confident with high self-esteem (Youth Violence Prevention Resource Center, 2009). Further, bullies are physically aggressive, attitudinally violent, hot-tempered, easily angered, impulsive, and have a low tolerance for frustration (Youth Violence Prevention Resource Center, 2009). One important point to note is that bullying should not be considered a normal aspect of child development.

Bullies have a strong need to dominate others. This is why they prey on the person who is weak, insecure, self-effacing, and socially inept. The victims of bullying often carry the effects of bullying well into adulthood. They have a high risk of suffering depression and other mental problems, including schizophrenia. In rare cases, they commit suicide (U.S. Department of Justice, 2001). Twenty-percent of the student perpetrators of school-associated violent deaths were known to be victims of bullying (Centers for Disease Control, 2008a).

Nansel et al. (2003) found a consistent relationship between bullying and violent behavior—especially for the bullies themselves. Usually they engage in other deviant or delinquent behavior directly into adulthood—vandalism, truancy, shoplifting, drug use, and drop out of school. Sixty percent of boys who were bullies are four times more likely than non-bullies to find themselves convicted of a crime by age 24 (Centers for Disease Control, 2008a).

Significant differences by race and ethnicity exist when bullying occurs (Peskin et al., 2006). When compared to Hispanic students, Black students were more likely to be labeled as bullies (8% vs. 6.5%), victims (15.3% vs. 10.1%), and bully-victims (8.6% vs. 3.7%) (Peskin et al.). Peskin et al. found that bullies picked on Black students, made fun of them, called them names, and hit or pushed them more than twice the prevalence compared to Hispanic students. This suggests that special attention given to the serious problem of bullying and victimization among minority youth is needed.

Olweus (1993) offered measures on three levels to prevent bullying in schools. First, the author addressed measures at the school level to include the entire student population of the school. Next, measures were addressed at the class level, where the target was the class as a whole, and the final measures were at the individual level—to change the behavior or situation of individual students. Some of the recommendations are:

- Organize a school conference day to arrive at an overall long-term plan of action for dealing with bullying.
- Have adult supervision during recess and lunch time.
- Establish parent circles or study groups on bullying in Parent-Teacher Associations.
- Teachers and students should develop a few simple class rules to address bullying.
- Have in place some form of negative consequence for undesirable behavior.

Another form of bullying has surfaced in recent years involving computer use and other forms of technology. This kind of bullying is cyber bullying. Student access to inappropriate

material on the Internet is a major concern of many parents and school personnel. Many students now have access to computers in and away from school where they spend many hours surfing and chatting on the Internet. In the fall of 2005, nearly 100% of the public schools in the United States had access to the Internet compared with 35% in 1994 (National Center for Education Statistics [NCES] 2005).

When students travel the information superhighway, they need to be prepared when confronted with others that misuse or abuse this technology—the cyber bullies. The cyber bully is defined as one who uses e-mail, instant messaging, chat rooms, cell phones, or other forms of information technology to deliberately harass, threaten, or intimidate another person. People who engage in cyber bullying usually send provocative insults or racial or ethnic slurs, post inappropriate and hurtful rumors, send inappropriate pictures and text messages, use profane language, gay bash, attempt to infect the victim's computer with a virus, flood an e-mail inbox with nonsense messages, engage in blackmail, cheat people out of money, try to gain access to personal information like bank account numbers, and pretend to be someone else.

Students can even access the Web via their cell phones. A few months ago, just before school closed for the summer two female students at my school created quite a stir. A friend of the victim, using her cell phone, took a picture of the other female student while spending the night at the student's home. The seventh grade student was wearing only provocative underwear. The picture was sent around the school the next day via a cell phone to other students' cell phones. School administrators stepped into action quickly.

All that is needed is just a touch of a button. In only a few seconds, a photo is uploaded to a website that caters to multimedia messages, where anyone in the world can view, download, and archive the image. The persons viewing the image could be members of your family—a father, uncle, brother, etc. The images could mysteriously show up to haunt you as an adult. Administrators and parents must ensure that students understand the consequences and the long-term effects of using technology inappropriately.

Bullying is a serious problem for school personnel to address, and in doing so could possibly prevent more serious violent behavior in schools. The destructive effects of bullying last a lifetime; therefore, we cannot ignore the problem. Teachers need to be aware that many incidents of bullying take place directly within classrooms; bullying does not occur primarily on playgrounds. For the success of the school's bully-prevention program, the involvement of the

entire school family—cafeteria workers, custodians, bus drivers, teachers, administrators, students, and parents—is needed. All must strive to create an environment where students feel safe and are productive academically, emotionally, and socially.

Adolescent Suicide

The youth suicide rate remains unacceptably high in the United States. In 2006, suicide ranked as the third leading cause of death among young people ages 15-24 (American Association of Suicidology [AAS], 2006). This suicide rate is twice as high in the United States as in 25 other industrialized countries combined (Centers for Disease Control, 1997). Thirty-three thousand, three hundred lives were lost to suicide in 2006, and 4,189 of these were suicides by young people between the ages of 15 and 24 (American Association of Suicidology). Each day, on average, 11.5 youth commit suicide in the United States (American Association of Suicidology). For every completed suicide by youth, it is estimated that 100 to 200 attempts are made (American Association of Suicidology).

The top three methods used in suicides are firearms, strangulation, and poisoning. Firearms remain the most commonly used method of suicide among youth. Firearms are responsible for 47% of lives lost to suicide (Centers for Disease Control, 2008b). More young people survive suicide than those that actually die (Centers for Disease Control); however, in the 10-24 year old age group, approximately 149,000 young people are treated at health-care facilities across the U.S. each year for self-inflicted injuries (Centers for Disease Control).

More boys than girls die from suicide. Between 1981 and 2001 in the 10 to 24 age group, 79% of all juvenile suicide victims were male (Snyder & Sickmund, 2006). According to the American Association of Suicidology (2006), in the past 60 years, the suicide rate quadrupled for males 15 to 24 years of age. Hispanic youth are more likely to attempt suicide than Black and White youth (Centers for Disease Control, 2008b). Although the suicide rate for African American children is lower than for Caucasian children, African American children in the 10-14 age group showed the largest increase in the suicide rate between 1980 and 1995. In 2006, the rate for the African American male ages 10-14 was 1.73 per 100,000 compared to 1.40 per 100,000 for Caucasian males (American Association of Suicidology).

The presence of a gun in the home increases the risk of suicide in the home (Kellermann, Rivara, Somes, Reay, Francisco, Banton, Prodzinski, Fligner, and Hackman, 1992). Firearms account for 47% of all completed suicides (American Association of Suicidology, 2006).

Kellermann et al. found that homes with unsecured loaded handguns were more likely to be the scene of a suicide than homes where the firearm was securely stored. When guns are not stored properly, children find loaded guns and use them to harm themselves or other children, intentionally or unintentionally. Persons who are thinking of purchasing a firearm should think carefully about their reasons for keeping a gun in the home. That same gun could someday become a suicide weapon.

One interesting piece of research by Qin, Mortensen, and Pedersen (2009) illustrated that the more often a family moves, the higher the risk that a child relocating to a new home attempts or commits suicide. Qin et al. stated that children that move frequently suffer a break in their relationships with neighborhood and school friends, experience a disconnection of sports, feel distressed, and worry frequently about the new environment—especially the new school. Even though the authors could not tell whether the frequent moves were the exact cause of the suicides, they stated the importance for children to have stability in their lives for psychosocial well-being. The study focused on children ages 11 to 17.

Suicide is just another serious problem facing children today. We must work to involve ourselves with helping to resolve children's critical issues. Start small. Volunteer at your child's school. Begin in the community by addressing community concerns. Talk with the children in your neighborhood about their concerns. Be aware of the risk factors and keep a vigilant eye out for symptoms. Listed below are potential factors of suicide risk that teenagers may show, and if observed, a professional evaluation is strongly recommended (American Association of Suicidology, 2006):

- Presence of a psychiatric disorder—depression, drug or alcohol, behavior disorders, conduct disorder;
- Impulsive and aggressive behavior, with frequent expressions of rage;
- Increasing use of alcohol or drugs (a total of 30% of adolescent suicides are associated with alcohol and other drugs);
- Family instability;
- Recent severe stressors (e.g., and unplanned pregnancy);
- Thoughts of suicide, death, dying or the afterlife;
- Exposure to another's suicidal behavior (p. 3).

Aggravated Assault

The United States Department of Health and Human Services [DHHS] (2001) defines aggravated assault as:

An unlawful attack by one person upon another wherein the offender uses a weapon or displays it in a threatening manner, or the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness. (p. 17)

The juvenile arrest rate for aggravated assault doubled between 1980 and 1994 and fell consistently through 2004, down 39% from its 1994 peak for juveniles ages 10-17 (Puzzanchera, 2009). Between 1998 and 2007, juvenile arrests for aggravated assault decreased more for males (22%) than for females (17%) (Puzzanchera). Although the aggravated assault rate declined, it was less for Black (12%) than for White juveniles (27%). The Black proportion of juvenile arrests for aggravated assault was 41%, of the total arrests in 2007 (Puzzanchera).

One area in need of attention is the juvenile arrests that disproportionately involve minorities. Although Black youth accounted for 17% of the youth population ages 10 through 17 in 2007, they were involved in 51% of juvenile Violent Crime Index arrests and 32% of juvenile Property Crime Index arrests (Puzzanchera, 2009). Black juveniles are disproportionately in contact with the juvenile justice system. For example, Black juveniles were more than 10 as likely be arrested for robbery than White youth in 2007 (Puzzanchera). Support for initiatives to reduce the overrepresentation of minority contact with the juvenile justice system cannot be ignored. One way to address this problem is by expanding delinquency prevention efforts in minority communities.

By 2007, the juvenile aggravated assault arrest rate declined 5%--the lowest point since the late 1980's (Puzzanchera, 2009). Overall, the most encouraging news is that the rate of juvenile arrests for violent crimes (murder, forcible rape, robbery, and aggravated assault) declined—2% decline in overall juvenile arrests and 3% decline in juvenile arrest for violent crimes from 2006 to 2007 (Puzzanchera). The reports are positive; however, the trend should not provide a rationale for complacency.

What contributed to the decline? According to *Juvenile Homicide* (2006), the decline was due to:

- More jobs for young adults and single parents,
- Community policing,
- Reduction in the crack cocaine market, and
- Increase in after-school programs that kept kids off the streets.

The juvenile arrest rate for simple assault for juveniles 10-17, increased 156% between 1980 and 1997, declined slightly through 2002, then increased again through 2006 (Puzzanchera, 2009). The rate dropped 3% in 2007, just 6% less than the 1997 peak. The 2007 juvenile arrest rate for simple assault was greater than the 1980 rate for most racial groups. Between 1980 and 2003, simple assault arrest rates increased for White (134%), Black (134%), and American Indian youth (111%). The rate for Asian youth (23%) increased much less (Snyder & Sickmund, 2006). Younger teens were more likely to be victims of simple assault than older teens at the height of the juvenile crime period in 1993, but as 2004 grew near, younger and older teens had similar rates of simple assault—about 40 victimizations per 1,000 persons (Bureau of Justice Statistics, 2005).

Simple assault does not involve a deadly weapon or other types of aggravation, but simple assault may get out of control and escalate into some form of aggravated assault—possibly murder. In earlier years, a dispute between two kids would have warranted name-calling, some pushing, or wrestling— or even “talking about one’s mother.” Now, the results of a dispute may turn into something much more sinister—someone may pull out a handgun and begin firing. Another child may be killed.

Juvenile Murder

The juvenile arrest rate for murder showed a decline nationally, reaching a level in 2004 that was 77% below the 1993 peak (Snyder, 2006). Although the nation experienced some relief, children murdering children continued to be a reality and one of much concern (see Adolescents and Firearms in this document). In 2006, 5,958 children and young adults (ages 10-24) were murdered, and 87% (5,159) were male victims (Centers for Disease Control, 2009). Among juveniles age 17 or younger, Black youth were 5 times more likely to be the victim of a homicide as Whites (Bureau of Justice Statistics, 2005).

One urban city in particular drew media attention during the fall of 2009 with its plight of children murders. In the city of Chicago, 36 children have been murdered since December 2008—about one every week. During the school years of 2006-2007 and 2007-2008, 31 and 27

students, respectively, were murdered. This prompted community leaders to seek national attention regarding its youth violence problem, because the slayings were not receiving the attention they deserved from the mainstream media. In one on-line report Patton (2009) wrote that when children of color are victimized, the mainstream media often remains conspicuously silent or provide scant coverage at best. Patton pointed out that the silence about the murders of 36 Black youth tells her that a great part of the White mainstream media has long been numb to Black suffering, and that the lives of Black children have no intrinsic value in this country. Megan's Law, Amber Alert, and The Laci and Conner Act have all been federal legislation inspired by the murder of young White people. Who will legislate on behalf of the 36 young Black and Latino children killed in Chicago (Patton)? Patton asked this question: Who will legislate on behalf of Black and Latino children killed in other cities and states?

Chicago citizens criticized Mayor, Richard Daley recently for taking a nonchalant attitude about the children dying daily in his city. "It's all over, the same thing," he said. "You go to a large city or small city, it's all over America. It's not unique to one community or one city" ("Minority Youngsters," 2009, p. 2). It seems that as a society, numbness and indifference to adolescent violence is almost normal. We have become somewhat desensitized, almost to the point of acceptance. I see this kind of apathy in the surrounding communities where I live. We must do something to make this world a safer place for our children. It has to start at home.

The "streets" rear the children today because of a weakened family structure. Parents must find the time to invest in their children. Implement strong parenting groups in schools and communities with a focus on improving parenting skills. We must find the time to nurture our children and not leave the responsibility of child-rearing and nurturing to the streets, television, and other technology. One Chicago community activist said that the best mentoring organization in the United States of America is street gangs ("Children Dying," 2009). If children do not feel love and safe at home, the danger of becoming a gang member appears to be inevitable. The gang becomes the family, according to one York County police officer.

Studies have found that child killers have several characteristics in common. Hill-Smith, Hugo, Hughes, Fonagy, and Hartman (2002) found the following characteristics or symptoms significantly common among adolescents that kill—the adolescents come from a lower socio-economic status; they experience harsh parenting from both mother and father (more so from the mother than the father); and they are excluded from school often. Children who murder have

criminally violent family members—parents, siblings, aunts, uncles, and grandparents—that have committed homicide and other violent acts (assault, battery, rape, armed robbery, stabbing, and shooting); they have membership in a gang; they experience severe educational difficulties; and they abuse alcohol (Busch, Zagar, Hughes, Arbit, & Bussell, 1990). These characteristics help to offer an advantage in the early identification of children at-risk for exhibiting aberrant behaviors. Parents and school personnel, with the support from community leaders and officials at the city, state, and local agencies, can begin a dialogue about the possibility of preventing future horrendous acts of adolescent violence.

Robbery

Robbery is defined as “the taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear” (U.S. Department of Justice, Federal Bureau of Investigation [FBI], 2007, p. 1). It is important to note that the offender does not need to display a weapon for the crime to be categorized as a robbery. Juveniles were twice as likely as adults to commit robberies in groups (Snyder & Sickmund, 1999). Snyder & Sickmund (1999) offered examples of robbery situations:

- A bank robbery with masked gunmen demanding money,
- A tourist attacked by a gang of young men that steals the tourist’s wallet and other valuables, and
- A school bully demanding lunch money from another student by threatening to harm the student.

After peaking in 1993, robbery arrest rates fell substantially for all four race groups—Black, White, Asian, and American Indian (ages 10-17)—in 2007 (Office of Juvenile Justice and Delinquency Prevention [OJJDP] 2008). Persons of Hispanic ethnicity may be of any race; therefore, arrests of Hispanics are not reported separately. The Office of Juvenile Justice and Delinquency Prevention reported that for Black juveniles, the robbery arrest rate peaked in 1993 and then fell 63% by 2004. The arrest rate for Asian juveniles peaked in 1996 and fell 73% by 2004. Between 1988 and 1995, White juveniles experienced a 90% robbery arrest rate increase, but between 1995 and 2004, the rate fell 63%. American Indian juveniles’ robbery arrest rate increased in the late 1980s and early 1990s, peaked in 1995, and then fell 76% between 1995 and 2004—its lowest level in two decades. However, between 2004 and 2008 the robbery arrest rate

grew substantially. By 2008, the arrest rates were above the 2004 level for Black youth (56%), Asian youth (12%), White youth (30%), and American Indian youth (49%).

The nation's capitol experienced an upsurge in the percentage of robberies committed by juveniles from 2004 to 2006 (Stewart, 2006). Youth violence is an ongoing and pervasive concern. About 42% of the people arrested for robbery in the District of Columbia were juveniles 17 years old or younger in 2006. City officials are working to reduce the number of juvenile robberies by finding ways to get students off the street and engage them in constructive and meaningful activities. Officials hope that the establishment of city-directed programs and centers will help. Some ideas currently under discussion include establishing a youth employment program, organizing video game tournaments, swimming, and participating in college preparatory programs. Encouraging parents to monitor their children's whereabouts is important in combating this problem. Take time to find out where your children are going before they leave the house. Ask your children what time they will return home. Inquire about your children's friends. When children are idle, they may be more likely to commit a violent act or engage in some other form of deviant behavior. Keeping children busy by engaging them in structured activities is another step in the right direction.

Massacres

Of the 11 top worst school massacres worldwide, only five (see Table 2) occurred in the United States (Listverse, 2008). These massacres have proven to be five too many considering the number of lives that were lost (120) and the number injured (over 125). The age-range of the perpetrators was 16-55. Two teens under the age of 19 caused the Columbine High School Massacre; a 16 year-old caused one rampage; in another, one perpetrator was 19; two political groups were responsible for two of the massacres; and six perpetrators were adults over the age of 21. Details of the top five massacres are given in order of occurrence (Listverse).

- The first school massacre occurred May 18, 1927, when a former school board member Andrew Kehoe set off three bombs killing many students at Bath Consolidated (Elementary) School in Bath Township, Michigan. Fifty-five year-old Kehoe later killed the superintendent and himself. This massacre will be remembered as the deadliest **mass** elementary school murder in United States history.
- Thirty-nine years later, in 1966, the University of Texas Clock Tower shootings occurred. Charles Whitman, a 25 year old student began his shooting spree by killing his wife and

mother the night before the tower shootings. The next day, Whitman went to the observation deck of the University of Texas at Austin's Tower and began his shooting rampage that lasted for 96 minutes. He killed 14 people—shooting passersby in the city and campus below and wounding 31. The total number of murders is sometimes reported as 15, including the killing of the unborn child of one of his victims. Whitman was shot dead by police.

- Littleton Colorado's Columbine High School Massacre occurred 33 years after the University of Texas killings. In 1999, eighteen year-old Eric Harris and 17 year-old Dylan Klebold opened fire on their classmates, killing 15 and injuring 24 students. The two students later killed themselves.
- Six years later, 16 year-old Jeff Weise began his killings by murdering his grandfather and his grandfather's girlfriend. He then drove to Red Lake Senior High School in Minnesota, where he was a student and killed five fellow students, a teacher, and a security guard. He later shot himself in the head.
- The deadliest peacetime shooting incident by a single gunman in United States history on or off a school campus occurred on April 16, 2007, at Virginia Polytechnic Institute and State University in Blacksburg, Virginia. Seung-Hui Cho went on a killing rampage in two separate attacks—approximately two hours apart—killing 32 people and wounding 25 others. Cho ended the rampage by committing suicide.

Is the nation on edge wondering when the next shooting rampage will occur? This thought may be on the minds of some students, educators, and parents as we continue to hear and read about the violence among children. The next angry child expelled from school may return as the next perpetrator of a school massacre.

What do we know about students when they enter the classroom? Newman (2007) wrote that in our desire to protect a student's privacy and not to negatively influence the next year's teacher, we refrain from passing on information that could provide the necessary facts as to the psychological profile of the student. When students enter college, what is known about them other than their scores on the Scholastic Aptitude Test (SAT) and demographic data? If the psychological profile of Cho had been available, would knowledge of this information have prevented the tragedy?

Table 2

School Massacres in the United States

Massacre	Place	Year	Age of perpetrator	Number killed
Bath Consolidated School	Bath Township, Michigan	1927	55	45
University of Texas Clock Tower	Austin, Texas	1966	25	14
Columbine High School	Jefferson County, Colorado	1999	17 and 18	15
Red Lake High School	Red Lake Minnesota	2005	16	10
Virginia Tech	Blacksburg, Virginia	2007	23	32

Note. From Listverse, (2008, January 1). Archives-top 10 worst school massacres. Retrieved from <http://www.listverse.com/2008/01/01/top-10-worst-school-massacres/>

Seung-Hui Cho's mental-health records have been located—two years after the massacre. Seung Hui Cho's estate executor and the Cho family agreed to honor Virginia Tech's request to make public the counseling records from the Virginia Tech Cook Counseling Center. Interestingly, Cho denied any thoughts of suicide or homicide. He did admit to being depressed and experiencing panic attacks, especially when he had to talk to people. The records can be located on-line ("Virginia Tech," 2009).

Working with children proactively rather than continuing in a reactive mode is paramount to helping children cope with life's problems. Newman (2007) presented a few insights into the characteristics of a school shooter. They may prove to be helpful in preventing a school rampage:

- Rampage shootings are not spontaneous. They are planned and warnings are given before-hand.
- School shooters usually broadcast their intentions. They want to attract attention of the students that have, for the most part, ignored them.
- School shooters are problem-solvers. Their desire is to transform their reputation of being "nobody" into being "somebody"—somebody more glamorous and more notorious Newman wrote: "Sadly, becoming violent, going out in a blaze of glory, and ending it all by taking other people with them is one script that plays out in popular culture and provides a road map for notoriety" (p. B20).
- The perpetrators are usually so depressed that they want to die. They usually die by their own hands or by what is called "suicide by cop." This means situating oneself to be killed by the police. The shooter finds this a more glamorous way to die; however, by taking the lives of many others, they ensure their place in history (Newman, 2007 p. B20).

Quality time given to children cannot be stressed enough. Teachers must listen, study, and watch their students for subtle and obvious signs of emotional distress. Listen in on their social conversations, if they are loud enough to be heard—in the classroom, cafeteria, or the playground. You will learn a multitude of information—some of it is just youth chatter, but other dialogue could hint at a potential problem. Talk with them whenever the opportunity arises. Listen to them. Discuss children's concerns with them—their heartaches, worries, home and relationship concerns could one day avert a catastrophe. Developing a relationship with your

children and students is one sure way to gain their trust and respect. Attention to the needs of a child could one day deter danger and save many lives.

Gangs

Gang problems are on the rise in the United States (Egley & O'Donnell, 2007), and approximately 3,550 areas with a population of 2,500 or more experienced gang problems in 2007. Snyder and Sickmund (2006) explained that 8 out of 10 cities with a population of over 50,000 reported gang problems. This means that most Americans live in or near areas that have problems with gangs. Gang members are more likely than nonmembers to have a gun to use when committing a crime (Snyder & Sickmund, 2006). With a gun, the gang member has a more aggressive confidence level and a heightened sense of security—more than an unarmed youth (Snyder & Sickmund, 2006). Given this false sense of confidence and security, it is quite easy for a simple dispute to escalate into an act of violence.

Egley and O'Donnell (2007) reported the results from the 2006 National Youth Gang Survey. The report showed that the number of gang members in the United States in 2007 was an estimated 788,000, and active gangs were about 27,000. Sixty percent of gang locations were in large cities and suburban counties, and these housed an estimated 80% of gang members. Youth gang members are mostly males (approximately 94%) and predominantly minorities (Snyder & Sickmund, 2006). Estimated figures of the race and ethnicity of United States gang members in 2004 follows (Snyder & Sickmund, 2006):

- Hispanic 49%
- Black 37%
- White 8%
- Asian 5%
- Other 1%
- Total 100%

What are the motivational factors guiding youth to join gangs? According to Snyder and Sickmund (2006), and a survey of gang members in Rochester, NY, 54% of the gang members stated they had followed the lead of friends or family members who were members of gangs; 19% joined for protection; and 15% joined for fun and excitement. Gangs take on a sense of family—the gang fills voids for the at-risk adolescent—voids that are not filled at home. Consequently, the gang becomes the family and a sense of belonging develops. The at-risk

adolescent finds trust, acceptance, and devotion from gang participation, and the gang members protect and defend each other. A gang member will kill for another gang member. Adolescents who have antisocial and delinquent peers are at a high risk of becoming violent (U. S. Department of Health and Human Services, 2001).

Regardless of the reason for joining a gang, the benefits and rewards of membership are not positive. The gang's program of activities usually includes such acts of crime as aggravated assault, drug sales, robbery, larceny/theft, burglary, and auto theft. Gang homicides usually occur in cities having populations over 100,000 people. Gang activity is in middle and high schools. Principals of schools with a student population over 1,000 were about 4 times more likely to report gang activity in their school as opposed to schools with a population under 500 (Snyder & Sickmund, 2006).

Unfortunately, gang members are more likely to experience violent victimization and a greater frequency of victimization, than non-gang members (Taylor, Peterson, Esbensen & Freng, 2007). Gang members commit more crime and violence than delinquents that are not members of a gang (Snyder & Sickmund, 2006). A support for initiatives designed to reduce gang membership and activity is important to children's safety and health.

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CHAPTER 3

ANGER: AN EXPLANATION

Anger is one letter short of danger.

--Author Unknown

Anger is an emotion that has not been favored by research (Averill, 1982; Novaco, 1976; Rothenberg, 1971). Most research has focused on overt aggressive behavior and hostility (Biaggio, 1980; Lohr, Hamburger, & Bonge, 1988; Novaco, 1976; Torestad, 1990) with little attention to anger. In the literature, anger and aggression are used interchangeably (Lohr et al.), and distinctions are rarely made between the two behaviors. The treatment of anger and aggression as one behavior has resulted in confusion when attempting to define them. Rothenberg (1971) stated that “Almost invariably anger has not been considered an independent topic worthy of direct investigation but has been subsumed under a general category such as aggression, emotion, or affect” (p. 86). This categorization has led to “confused definitions, misconceptions, and simplistic theories” (Rothenberg, 1971, p. 86).

Anger

Rothenberg (1971) defined anger as an assertive, communicative state that is an alternative and a defense against anxiety and is not the same as aggression or true destructiveness. Novaco (1975) wrote that anger is a strong emotional response to provocation that has autonomic and central nervous system and cognitive components. Avrill (1983) described anger as a normal, usually healthy, human emotion, and anger arousal as an unavoidable aspect of living that is mostly triggered by interpersonal interactions. Buss (1961) conceptualized anger as a response with facial-skeletal and autonomic components. According to these definitions, anger contains behavioral, emotional, cognitive, and physiologic components.

Types of Anger

Anger is a normal emotion, and everyone experiences anger at some point and time in life. However, most people can control their anger and resolve conflicts in a meaningful and productive manner. The anger that is out-of-control is the anger that can create serious concerns

for all involved. To manage emotions, it is important to understand the types of anger. Once the type of anger you are experiencing is identified, you are able to take the necessary steps needed to resolve your anger problem. Although anger is a part of life, some people are angrier than others. The following anger-type characteristics can help identify a child's degree of anger (Peacock, 2000).

Explosive, Passive, and Implosive Anger

People with **explosive** anger are over reactive to some trigger or cause. Anything can trigger an explosive rage. The individuals lose control, but the anger is not deep-seated. Explosive anger can lead to a loss of respect from peers, poor relationships, and health concerns. Following the explosive episode, the person may show remorse or embarrassment for the angry outburst.

Passive anger is the type of anger that people do not release: they hold it in. This anger can lead to poor self-esteem, poor relationships, and health concerns. They may feel that showing anger is unacceptable, so they pretend that everything is fine when it really is not. People with passive anger are uncomfortable expressing their feelings; therefore, they begin to feel sorry for themselves. Their self-esteem is negatively affected as a result.

Implosive anger is the type of anger that is usually invisible to others. The emotions are out of control, but usually persons experiencing this type of anger usually do not know that they are angry. This anger may be difficult to uncover, and professional help is needed to deal with these situations. Children that experience this type of anger have probably experienced repeated abuse— either emotionally or physically by one's peers or the child has been bullied repeatedly. The school shooter is an example of one with implosive anger.

State and Trait Anger

An important limitation in the research on the measurement of anger and hostility is that the state-trait distinction has not been considered (Spielberger, Jacobs, Russell, & Crane, 1983). Because it was important to include a state-trait component to anger measures, Spielberger et al. (1983) began formulating working definitions of these two constructs. Spielberger et al. conceptualized anger as an emotional state that changes in intensity and as a relatively stable personality **trait** (one's general propensity to become angry). Spielberger et al. defined the terms in more detail:

State anger (S-Anger) is an emotional state or condition that consists of subjective

feelings of tension, annoyance, irritation, fury and rage, with concomitant activation or arousal of the autonomic nervous system. We further assumed that S-Anger can vary in intensity and fluctuate over time as a function of perceived affronts or injustice, or frustration resulting from the blocking of goal-directed behavior.

Trait anger (T-Anger) was defined in terms of individual differences in the frequency that S-Anger was experienced over time. It was assumed that persons high in T-Anger were more likely to perceive a wide range of situations as anger-provoking (e.g., annoying, irritating, frustrating), and to respond to such situations with elevations in state anger. In addition to experiencing the arousal of S-Anger more often, persons high in T-Anger were expected to experience more intense elevations in S-Anger whenever annoying or frustrating conditions were encountered. (pp. 168-169)

Overview of Anger Theories

Anger and its control have been significant practical and theoretical issues in Western culture for some time (Simon & Strongman, 1995). Despite a proliferation of theory and empirical research on emotion, in general, psychologists do not have much to say about anger (Simon & Strongman, 1995). However, the theories of emotion remain important to research. The theory adopted will inevitably affect the model of intervention.

The **cognitive-behavioral theory's** approach examines the thinking processes, emotions, and behaviors of individuals experiencing anger (Duffy, n.d.). The three components of this model are physiological (how the body responds), psychological (the effects of negative and distorted thinking), and behavioral (the way one reacts or behaves) (Duffy). In relation to assessment and intervention, it is important to address all three aspects. This theory is also referred to as the cognitive-behavioral modification theory.

Novaco (1976) wrote that the **stress theory** is based on irrational interpretation of stressful events (irrational thinking). The two main components involved in stress are physiological and psychological. The individual responds to events, real or imagined in these two ways. The degree of anger or stress that is experienced depends on how a person perceives

and interprets the event or situation (Scott, 2008). According to Scott, attitudes cause anger and stress.

The **general strain theory** (Agnew, 1992) examines how specific forms of strain—emotional abuse, physical abuse, sexual abuse, homelessness and being a victim of robbery, violence or theft, deprivation, monetary dissatisfaction and unemployment—lead to crime and drug use. Agnew (1992) wrote that strain from external forces can cause many negative feelings in an individual, including disappointment, depression, and fear, but the feeling that is most applicable to crime is anger.

The **pathology theory** of anger assigns diagnostic labels to clinically diagnosed conditions that have been linked to violent behavior (Sprague & Walker, 2000). The pathological labels associated with violent behavior include: (a) antisocial personality disorder, (b) conduct disorder, (c) oppositional defiant disorder, (d) attention deficit hyperactivity disorder, (e) learning disability, and (f) emotional disturbance (Sprague & Walker, 2000, p. 371).

The **sociocultural theory** (Learning Theories Knowledgebase, 2010) suggests that higher order thinking develops out of social interactions. Specifically, the child's development is influenced by culture, peers and adults. Vygotsky (Learning Theories Knowledgebase) emphasized the importance of cultural tools on the development of the child—computers and books. The sociocultural theory is widely accepted in teaching and education. Decisions about a child's school performance should not be based on the child alone. An examination of the child's social world is needed to make accurate decisions about growth and development.

These are brief descriptions of anger theories, but they are more complex than what is presented. This effort is to describe the important idea of each theory and their components for consideration when studying anger in children and adolescents.

Aggression

Lorenz (1963) wrote that aggression is the “fighting instinct in beast and man which is directed against members of the same species” (p. ix). Buss (1961) defined aggression as an “instrumental response that administers punishment” (p. 1). All aggressive responses have two characteristics in common: (1) the delivery of violent stimuli and (2) an interpersonal contact (Buss). Buss defined aggression as an instrumental response and anger as an emotional reaction. Siegel (1984) described aggression as behavior that may be motivated by anger and is directed toward other persons or objects in the environment.

In examining the definitions of anger and aggression, the terms are not the same. Aggression includes a destructive component, whereas anger does not involve destructiveness, physical harm, or pain to another (Rothenberg, 1971). One can experience the emotion of anger without exhibiting aggressive behaviors. Anger has a constructive communication aspect, whereas aggression does not (Rothenberg). When anger is accompanied by clear communication, it demonstrates a sign of respect (Rothenberg).

To eliminate confusion in this book, a simplified definition of anger is used that is more related to Novaco's explanation of the term (Novaco, 1975). Anger is defined as an emotional response to provocation that has autonomic behavior. This definition will be used to explain the antecedents of anger in adolescent males.

Reactive and Proactive Youth Aggression

The distinction between the two subtypes of aggression—reactive and proactive aggression (Brown, Atkins, Osborne, & Milnamow, 1996; Dodge & Coie, 1987)—is important to understanding aggression as a whole. Reactive aggression and proactive aggression are characterized differently. Reactive aggression has the following characteristics: defensive response to a threat that is immediate and often misperceived, “hot-blooded,” and automatic (Dodge, Lochman, Harnish, Bates, & Petit, 1997). Children exhibiting reactive aggression usually have problems in their interpersonal relationships including relationships with significant adults (Dodge, 1991). Their anger results in excessive emotional and forceful responses. Teachers usually label these students as having “a short fuse” because they have a low tolerance for frustration, tend to respond impulsively, and are easily threatened (McAdams, 2002). School personnel's approach to handling children with reactive aggression include: family involvement, violence reduction initiatives, relationship building, cognitive restructuring, self-control instruction, and social skills training (McAdams).

Proactive aggression is not an emotion-laden response to a threat (McAdams, 2002). This aggression type is highly organized, cold-blooded, and premeditated—not automatic (Dodge, Lockman, Harnish, Bates, & Petit, 1997). Instead of responding to conflict with others like the reactive aggressor, the proactive aggressor initiates aggressive situations (Sterba & Davis, 1999). Their goal is specifically for personal gain, and they are usually characterized as a bully (McAdams). Because of the proactive aggressor's predatory, remorseless, and internalized nature, proactive aggression is often considered the more serious of the two types of aggression

(McAdams). The approaches used with the child who exhibits proactive aggression behavior at school include: the use of reinforcement techniques, application of logical consequence, social problem-solving instruction, moral education, social skills instruction, and family involvement (McAdams).

The Brain and Anger

Although anger is an emotion that has value, the presence of anger can have serious emotional, health, and social consequences (Gardner & Moore, 2008). Anger is the behavioral manifestation of physiological arousal (Buss, 1961); this relates to how the body responds when one is angry. Anger has been linked to several adverse health-related issues—hypertension, heart disease, cancer, and depression (“Effects of Anger”), but does anger affect the brain?

Anger comes from the amygdala the part of the brain that is almond-shaped and deals with emotion and vigilance (Riley, 2009). The part of the brain that controls emotions is located in an area of the brain called the sub-cortical region (James, 2010). The primary concern of this region of the brain is self-preservation (Riley, 2009). James wrote that when we are threatened in some way, the emotional brain has four responses to choose from: attack, submit, freeze, or run. When the emotional brain is over-stimulated, it reaches the exploding point—out-of-control anger. An important part of an anger management program should be focused on an awareness of how one’s emotional brain is triggered and how to calm it before it becomes uncontrollable (James, 2010).

Major Depressive Disorder

What goes on in people’s brains when they become angry? Dougherty, Rauch, Deckersbach, Marci, Loh, Shin, Alpert, Fischman, and Fava (2004) studied the neural basis of anger in 30 subjects. The subjects were placed into three groups, (10 per group) to answer this question. The first group was unmedicated patients with major depressive disorder with anger attacks (MDD + A), the second group consisted of unmedicated patients with MDD without anger attacks (MDD – A), and the third group was composed of healthy volunteers. Dougherty et al. found that the blood flow increased more in the left ventromedial prefrontal cortex in the control group than the patients with MDD + A. The blood flow increases in the left ventromedial prefrontal cortex of the MDD – A group was about the same as the control group. In addition, when the control group experienced anger, an inverse relationship was found between blood flow changes in the left ventromedial prefrontal cortex and the left amygdala. When the MDD + A

group experienced anger, there was a positive correlation between blood flow changes in the left ventromedial prefrontal cortex and the left amygdala. In the MDD – A group, no link was found between blood flow changes in the left ventromedial prefrontal cortex and the left amygdala. It stands to reason that the left ventromedial prefrontal cortex and the left amygdala show decrease functioning in persons with MDD + A when they become angry, and about a third of patients with major depression are prone to anger attacks. The ventral area of the prefrontal cortex is the thinking region of the brain that orchestrates thoughts and is used to initiate appropriate actions. One of the functions of the prefrontal cortex is to moderate the arousal coming from the amygdala—the part of the brain that is responsible for processing and memory of emotional reactions and events. Angry feelings arising in the amygdala are normally cooled by prefrontal cortex activity (Riley, 2009).

Biopsychosocial Factors and Anger

The biopsychosocial model (Engel, 1977) is based on a holistic view in the treatment of individuals with health concerns. The biopsychosocial model's approach to treatment posits that biological, psychological, and social factors all play a significant role in the treatment of disease and illness. The biomedical model, previously used did not consider the social and psychological behavioral dimensions of illness (Engel). Health is best understood with the inclusion of biological, psychological, and social factors rather than biological factors alone. The following study incorporated the biopsychosocial model to study homicidal delinquents.

Zagar, Arbit, Sylvies, Busch, and Hughes (1990) matched 30 homicidal delinquents with 30 nonviolent delinquents on age, sex, and socioeconomic status. Both groups received a battery of tests: physical, psychological, educational, psychiatric, and social examinations.

Homicidal adolescents were found to have four symptoms that differentiated them from the nonviolent group: (1) criminally violent families, (2) gang participation, (3) alcohol abuse, and (4) severe educational difficulties, including retardation, lowered perceptual and Full Scale IQ's, attention deficit-hyperactivity disorder (ADHD), attention deficit disorder (ADD) and central nervous system (CNS) conditions (Zagar et al.). The homicidal adolescents differed from the nonviolent delinquents on hallucinations, overdoses, and acts of physical abuse. The two groups were similar in terms of neonatal problems and psychiatric hospitalization (Zagar et al.). The homicidal adolescents when compared to the nonviolent delinquents showed the following: 63% of the homicidal adolescents came from one-parent families as compared to 70% for the

nonviolent delinquents and 6% lived in a step-parent home situation versus 13% for the nonviolent group. However, 30% of the homicidal adolescents lived with two biological parents versus 17% for the nonviolent delinquents. The homicidal juveniles had higher rates of neurological, neonatal, and systemic conditions, including “head injury, visual and speech impairment, sleep disturbance and headache, jaundice and asthma,” when compared to the nonviolent delinquents (Zagar et al. 1990, p. 1239).

Homicidal delinquents were found to have more health-related conditions than nonviolent delinquents. Non violent delinquents are adolescents that have been adjudicated for offenses of criminal property damage, theft, truancy, violating court order, curfew, or probation (Zagar et al.). Zagar et al. explained that it is important for clinicians, teachers, judges, and researchers to understand that homicidal adolescents are different from other adolescents and delinquents. They are at greater risk for an accumulation of biological, psychological, and social issues. These findings are beneficial to parents, teachers, and other care-givers of children as they consider these findings when studying children. Inclusion of *biopsychosocial* factors is necessary for whole assessment of the child.

Discrimination-Induced Anger and Alcohol Use

A Black adolescent can be provoked to anger because of racial discrimination. Is there a relationship existing between racial discrimination-induced anger and alcohol use among Black adolescents? In a study of 134 Black adolescents, Terrell, Miller, Foster, and Watkins (2006) found that racial discrimination-induced anger was not a significant predictor of alcohol dependency among Black adolescents.

The participants were administered two measures—the Black Anger Measure (BAM) designed to identify the extent of Blacks anger at Whites as a result of discrimination and an alcoholism screening questionnaire titled Cut Down, Annoyed, Guilty, Eye Opener (CAGE) (Ewing, 1984) that consisted of four questions. If the adolescent answered “yes” to any two of the questions, the adolescent was considered to be alcohol dependent.

One limitation of this study was the age of the participants—14 to 18 years of age—meant that they had not consumed alcohol long enough to become dependent (Terrell et al.). Another limitation was the low socioeconomic levels of the participants that did not allow them to purchase alcohol due to limited funds (Terrell et al.). However, the researchers did find that the extent to which study participants reported experiencing racial discrimination-induced anger

was also a significant predictor of drinking behaviors. Adolescents with higher racial-induced anger scores tended to drink more than the adolescents with lower scores (Terrell et al.). The more adolescents reported experiencing racial discrimination-induced anger, the more they reported drinking alcohol. Anger resulting from racial discrimination may lead to an increase in alcohol consumption. Adolescents tend to make poor decisions as a result of alcohol abuse; therefore ways of coping when discriminated against should be explored. Terrell et al. suggested that health care professionals who treat Black adolescents for alcohol abuse should help them explore ways to improve their coping skills when faced with discrimination. More study in this area is needed.

Trauma and Anger

Affective dysregulation is at the core of disturbances caused by childhood trauma resulting in long-term impairments in functioning including affect, impulsivity, and anger control problems (Plattner, Karnik, Jo, Hall, Schallauer, Carrion, Feucht, & Steiner, 2007). Delinquent populations have high levels of trauma and maladaptive aggression (Carrion & Steiner, 2000). Traumatic experiences are stressful events that shatter one's sense of security and safety ("Healing Emotional and Psychological Trauma," n. d.). The following study explores the role that trauma plays in delinquency by focusing on the delinquent's reactions to stressful situations and events through their expressed emotions, which are often the preceding actions of delinquent and violent behaviors (Plattner et al.).

Plattner et al. (2007) studied the structure of emotions and affective dysregulation in juvenile delinquents. Fifty-six juvenile delinquents from a local juvenile center and 169 students from a local high school were studied. All participants completed state and trait measurements. Plattner et al. found that the delinquent youth when compared to the high school sample, exhibited significantly higher levels of negative state emotions and negative trait emotions. The delinquent youth also showed high levels of trauma and trauma-related psychopathology—traumatic events such as, physical abuse and neglect, emotional abuse and neglect, and sexual abuse. These trauma events affected the state and trait emotions in delinquents. The severity of these trauma events, especially emotional abuse and witness to violence, is associated with higher levels of negative state emotions, specifically anger and sadness (Plattner et al.). Delinquent adolescents appear to have different experiences of negative emotions that may be

related to childhood trauma experiences as compared to non-delinquent adolescents (Plattner et al.).

Juvenile delinquent adolescents have a myriad of health concerns that appear to contribute to their anger and deviant behavior. Parents, school personnel, and other care-givers of children must observe children closely for signs of these behaviors and seek the necessary medical attention immediately. If these problems are revealed, especially in the child-study process and in test results, corrective efforts can begin.

Anger and Drugs

Anger has a direct effect on adolescent risk behavior (Curry & Youngblade, 2006). Some of these outcomes or risk behaviors include illegal drug use, gambling, tobacco and alcohol use, delinquency, inappropriate aggressiveness and violence, school failure, and unsafe sexual activity (Curry & Youngblade, 2006). Anger was found to be significantly associated with increases in smoking, drinking, and marijuana use particularly among urban adolescents of color (Nichols, Mahadeo, Bryant & Botvin, 2008). Adolescents are known to use cigarettes, alcohol, and marijuana to cope with feelings of aggression and anger. Some adolescents engage in more than one type of risk behavior creating a major health concern.

Curry and Youngblade (2006) found that anger was more strongly associated with risk behavior for adolescents with low self-restraint, than for those with high self-restraint. Adolescents with low self-restraint may find themselves reacting to sensitive situations rather than taking time for reflecting before engaging in harmful or negative acts. The child needs to be taught how to handle a difficult situation without the use of violence. Conflict-resolution strategies are offered by the guidance department in most schools, so if you find yourself with an angry child in your classroom, involve your guidance department. It is important to point out that conflict-resolution programs will only work with the adolescent who has a desire to be law-abiding. In other words, he has not been fully “caught up” in the streets. The culture of the street does not allow backing down as is needed in conflict mediation (Anderson, 2000).

Anger can be turned inward, where a person becomes withdrawn, hopeless, and filled with despair or the person can turn anger outward, where he or she is likely to destroy property or threaten others (Peacock, 2000). Internally worrying about a personal problem or recalling a past negative experience can make one angry (Peacock) also causing other emotions to surface.

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CHAPTER 4

FACTORS RELATED TO ANGER IN CHILDREN

On August 30, 2008, police arrested a 17-year-old boy and charged him with murder of a Hampton teen. The victim was walking on the street when a vehicle pulled up and the suspect got out of the car. The two teens had a verbal altercation, and the suspect shot him twice before running away. The victim was pronounced dead at the scene.

Peacock (2000) stated that the factors influencing how much anger affects a person include sex, race, cultural background, family background, self-esteem, and age. The sex, race, and cultural background of people contribute to their emotional makeup, and their experiences and differences define who they are. Because of their differences, others may sometimes treat them with some degree of injustice, triggering some form of anger. How they respond depends on how they feel about themselves and their perception of the injustice shown.

Family background is important to how a person handles anger. Children watch and emulate their parents and the way they handle most situations, including anger. If children observe yelling, screaming, and engaging in physical altercations in dealing with problem situations, it will increase their chances of repeating the same behaviors. If a parent is docile, is taken advantage of or dominated by a spouse, does not speak up for him or herself, the child believes that the behavior exhibited by the parent is acceptable. Often, these negative behaviors play a role in creating problems in the child's relationships.

People who have a healthy sense of self can handle conflict with little effort. They possess the skill necessary for effective communication, and they are capable of handling problematic situations with ease. They ignore situations that simply are not important enough to warrant their attention, time, and effort; therefore, they are able to "let go" of a problem situation without provocation.

Unfortunately, there are those individuals who cannot control anger as easily as others. They are faced with numerous risk factors that can lead to the development of anger and aggressive behaviors. An environmental factor, such as unsafe neighborhoods greatly affect

children. Victimization and exposure to violence are common experiences for youth living in economically disadvantaged, urban neighborhoods (Margolin & Gordis, 2000).

When anger is expressed in verbally or physically violent ways, determining the cause of the anger deserves immediate attention. The prevailing question to ask is simply: “What caused the anger”? Frazier (1995) wrote that when we are angry, typically it has little to do with the real issue. We end up fighting about a false issue. “Identifying the real problem or a deeper feeling disguised by the anger (loneliness, not feeling loved, sadness, thirst for strokes) is seldom easy” (Frazier, 1995, p. 125). Attempts to disguise or camouflage the real meaning of the anger can be successful, thus making the actual cause of the anger illusive.

Treating symptoms of anger rather than reasons for the anger in children is ineffective in determining causation. Time is crucial, because youth violence remains a serious problem in the United States. What is required is the successful development and implementation of prevention and intervention methods for urban adolescents who are at-risk of engaging in violent behavior. Controlled anger in adolescents will ensure the safety and security of our children, homes, communities, and schools.

A Theory of Anger

“The most important discoveries about youth violence over the past 20 years have been those related to the prevalence of it in their daily lives and close relationships” (Marcus, 2005, p. 442). Anger is a natural and biologically necessary emotion to humans (Gardner, 2008). However, when violence becomes uncontrollable, it can wreak havoc. The magnitude of youth violence led to the interest in anger and the context for this book. This writer’s position on the prevalence of violence involving adolescent males is based on the theory that uncontrolled anger is a cause of adolescent violence.

Researchers who have ventured to study anger have suggested several possible antecedents that could result in uncontrolled anger leading to violent behavior. First, a definition of the concept *antecedent* as it relates to this work is important. *Antecedents* are causes, factors, reasons why, reasons for, or explanations for a particular event or experience. A large number of antecedents to anger were found in the literature. Among them were *interpersonal variables, shame, guilt, self-esteem, age, gender, race/ethnicity, child abuse, socioeconomic condition, adult background anger, neighborhood crime, unemployment, underemployment, and police mistreatment*. These have been brought together in Figure 1. The category “*Other*” is included

in the figure as a placeholder for other undiscovered, unexplained contributing variables to anger in adolescents that may be revealed while helping children work through their anger-related issues.

As depicted in Figure 1, both **personal/psychological** and **environmental** variables contribute to adolescent anger. Among the personal/psychological variables are: (a) **social conditions**—interpersonal relationships, (b) **emotional conditions**—shame, guilt, and self-esteem, and (c) **physical status**—age, gender, and race/ethnicity. The **environmental variables** are: (a) **home conditions**—child abuse, socioeconomic condition, and adult background anger and (b) **community conditions**—neighborhood crime, unemployment, underemployment, and police mistreatment.

It is asserted in Figure 1 that anger leads to such deviant behavior as violence, hostility, and aggression (Gardner & Moore, 2008). Disciplinary actions resulting as consequences of this behavior are often decided by school administrators, guidance counselors, and in extreme cases, juvenile court officers. They are included in the model so that the reader can see the model in its entirety. All components of the model are necessary for a clear interpretation of the variables and for the effects these variables may have on anger.

The outcomes of anger are known—aggression, hostility, and violence, but the reasons underlying the anger are speculative. Identifying the *antecedents* of anger is important to helping troubled youth, the key to extirpating violence among teens, and a timely endeavor. Attention to the factors associated with anger is instrumental in anger management and in the development and implementation of effective anger reduction methods. These efforts may lead to a decrease in urban adolescent misbehavior.

Personal/Psychological Variables and Anger in Children

Do children's interpersonal relationships influence or generate anger? In the literature search, few studies relating to the interpersonal relationships of children were found, but the studies found reported that there is a relationship between children's social interactions and anger.

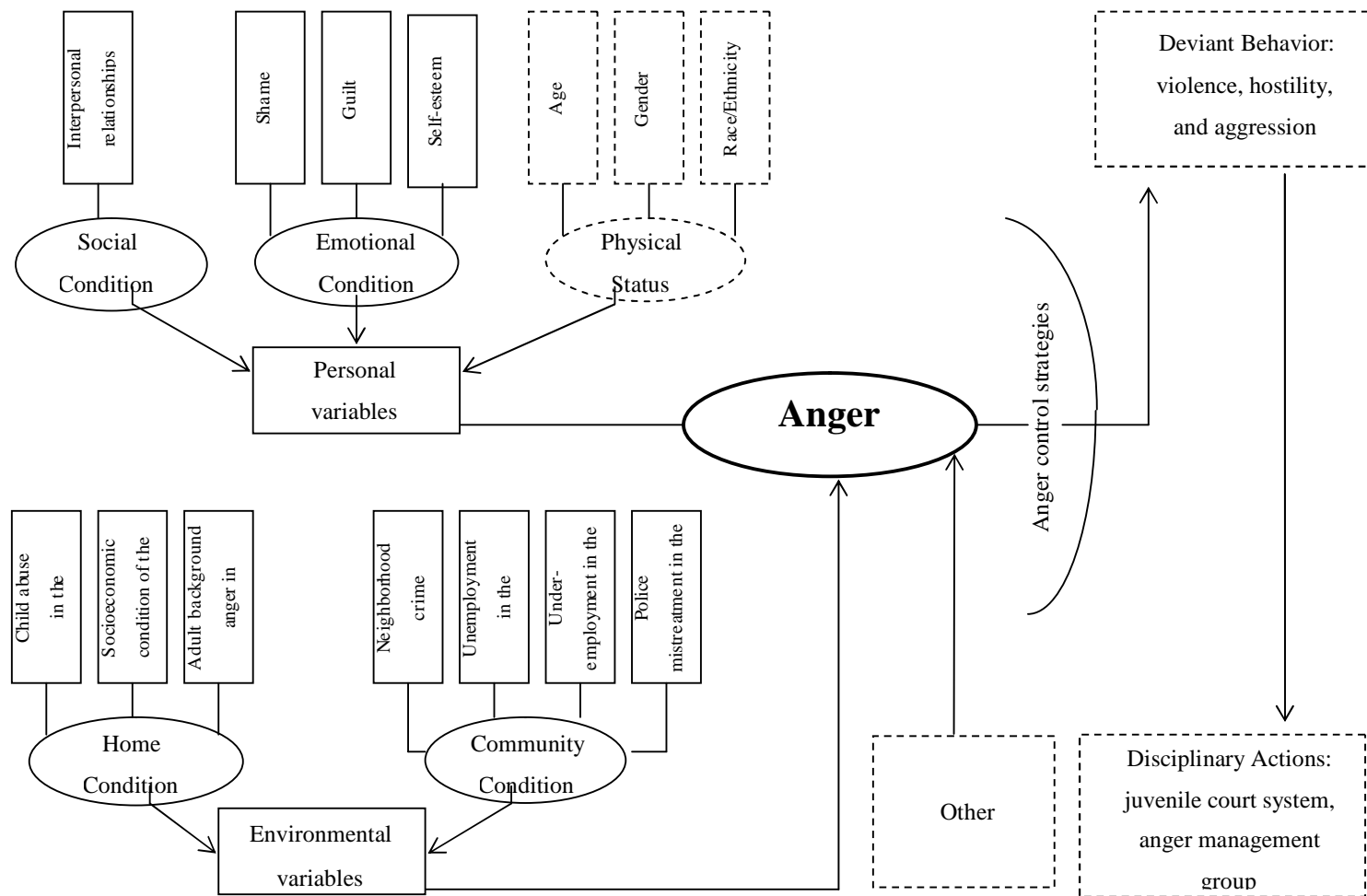


Figure 1. A theory of anger in adolescents. Variables in broken circles and boxes are not included in the dissertation.

Social Conditions

Anger is one of a number of typically aversive emotions that children often experience in interpersonal relationships (Gaines et al., 1998). At whom do people usually become angry? It may surprise one to know that the typical target of anger is a loved one or a friend (Averill, 1983).

Interpersonal relationships and anger in children. When anger occurs within a friendship, it is a source of stress and strain (von Salisch & Vogelgesang, 2005). More than 40 years ago, Elkind (1970) wrote that adolescents suffer from egocentrism—a term used to describe the inability to recognize one’s behavior on others. Consequently, egocentrism may have an effect on the interpersonal skills of adolescents. Interpersonal skills are necessary for maintaining healthy relationships.

Anger is directed more frequently at friends and family members, and Avrill (1983) suggested several reasons why some people would become angry with those they know as oppose to strangers and people they like: (1) close contact with loved ones and friends increases the chances that a provocation will occur, (2) perceived wrongs committed by loved ones are more likely to be cumulative and distressing, (3) there is a stronger motivation to get loved ones to change their ways, and (4) knowledge of what to expect from loved ones leads to greater confidence—meaning less inhibition in the expression of anger.

To develop wholesome relationships, children need to develop more prosocial means of interacting with each other and a tolerance for individual differences. Prosocial behavior is simply the result of having age-appropriate role-taking or perspective-taking skills. Respecting the rights of others, empathizing, and cooperating with others are essential skills to developing positive interpersonal relationships. Any delay in acquiring these skills can cause children to misread societal expectations, to misinterpret the actions and intentions of individuals, and to disrespect the rights of others.

Researchers have examined children’s anger and violence and its connection to interpersonal relationships (Fabes & Eisenberg, 1992; Whitesell & Harter, 1996; Silver, Field, Sanders, & Diego, 2000). Overt anger provocations and reactions, anger-provoking situations between friends and acquaintances, and thoughts of violence among adolescents were examined.

Fabes and Eisenberg (1992) examined the overt anger provocations and reactions of 69 preschoolers to determine how the children coped with interpersonal anger and found that the

most common cause of anger was conflict over material possessions. Physical assault was the second frequently observed cause. When children were angered by their peers, they were likely to cope by either venting or actively ignoring the provocateur (Fabes & Eisenberg). Boys were more likely than girls to respond to anger conflict by venting, whereas girls were more likely to ignore the provocateur. The actions of (33 boys and 36 girls) were observed and recorded. The findings of this study demonstrate that children's social interactions (beginning at an early age) are sources of anger conflicts. Because of this, the conflicts are sources of interpersonal stress (Fabes & Eisenberg). However, Fabes and Eisenberg wrote that socially competent and popular children coped with anger in ways that were direct and active and in ways that decreased further conflict and damage to their social relationships.

In contrast to the findings of Fabes and Eisenberg (1992), Whitesell and Harter (1996) varied the critical features of events—provocation, intent, and apology along with the interpersonal context of events to examine the interpersonal context of emotions between best friends and casual acquaintances, such as classmates. The study consisted of 96 subjects—48 boys and 48 girls. The participants were preadolescent (11-12 years of age) and young adolescent (13-15 years of age).

Twelve subjects were randomly assigned to each of eight groups—6 boys and 6 girls. The groups corresponded to the eight different story combinations involving—intention, provocation, and apology. Two identical versions of a hypothetical story were presented to the subjects except for the type of peer involved—best friend or classmate. For example, the children were first read a story in which the *best friend* intentionally and without provocation called the subject bad names and did not apologize next heard the same story, but this time, the *classmates* intentionally and without provocation called the subject bad names and did not apologize. The situations involving best friends elicited higher ratings of personal violation, more intense and longer negative emotion (sadness, hurt feelings, and anger) and more attempts at coping to preserve the relationship than did the situations involving classmates (Whitesell & Harter, 1996).

These findings suggest that children may hold their friends to a higher standard than others. Children may find it difficult to believe that a friend would hurt them. When they realize the harm done to them by a friend, anger increases. Would this mistreatment cause a child to express some degree of cynicism toward people as a result of suffering cruelty inflicted by a friend? This question is worth exploring.

Silver, Field, Sanders, and Diego (2000) conducted a study involving 89 adolescents to determine whether or not they worried about becoming violent. The adolescents were asked to respond to the statement: “Sometimes I get so angry that I worry I will become violent.” Thirty-one of the adolescents responded affirmatively to the statement. These adolescents made up the anger group, and they were compared to the remaining 58 adolescents that comprised the non-anger group. Independent *t* tests were conducted to compare the two groups on the following variables: (1) intimacy with parents, (2) family support, (3) closeness with siblings, (4) opposite-sex friends, (5) dating, (6) boyfriend/girlfriend, (7) grade point average, (8) depression, and (9) drug use. The anger group, compared to the non-anger group had (1) less intimacy with parents, (2) less family support, (3) less closeness with siblings, (4) more opposite-sex friends, (5) more frequent dating, (6) more frequently having a boyfriend or girlfriend, (7) lower grade-point average, (8) higher depression scale scores, and (9) more frequent marijuana use. The findings of this study confirm that angry adolescents experience family, emotional, and academic problems (Silver et al. 2000) more so than their non-angry peers.

Since angry conflicts are common occurrences in children’s interactions, strategies for coping with anger are an important aspect of their social functioning and development (Fabes & Eisenberg, 1992; Whitesell & Harter, 1996). The use of effective coping-strategies can diffuse many conflicts, avoid the potential eruption of violent behavior, and affect the outcome of the relationship. Because anger appears to be affected by the actions of others, it has great potential for influencing children’s relationships. At some point in children’s social experiences, they will more than likely find themselves in the midst of an angry conflict with another person.

Immediate attention must be given to determine the cause of the contention. A focus on the cause is important to the resolution of the conflict; to the possibility of a positive outcome of the relationship; and to the successful handling of similar situations that may arise in the future. Interacting with others is inevitable; therefore, early guidance and intervention on managing anger can be helpful to children as they interact with friends, family members, and casual acquaintances. Further study concerning children’s social and emotional development as it relates to the state of their mental health is needed.

Emotional Conditions

“To be exposed and humiliated in the public eye is an agony for almost all” (Gaylin, 1984, p. 70). Gaylin wrote these words 40 years ago, but is shame really about being humiliated

in the public's eye? Public exposure and disapproval does not appear to be prerequisites for the feeling of shame (Tangney, Miller, Flicker & Barlow, 1996).

Shame and anger in children. Tangney, Wagner, Hill-Barlow, Marschall, and Gramzow (1996) wrote that the shamed person feels worthless and powerless. As a result, the person begins to experience feelings of shrinking and being small. The shamed person further experiences feelings of diminishment and a deterioration of the spirit. The experience of shame is directly about the self (Konstam, Chernoff, & Deveney, 2001). This means that some negative behavior or failure is perceived as a direct reflection of a defect of self (Tangney, Wagner et al.). "I did that horrible thing, and therefore I am an unworthy, incompetent or bad person" (Tangney, Miller et al., 1996). When awareness of the self is lost, one no longer identifies with his or her own feelings, needs, and desires, but with the self-protective process one has developed to avoid the shame and humiliation (Clark, 1995). Consequently, anger develops as a defense-mechanism against shame.

One defense-mechanism adolescents use as a protection against shame is referred to as self-righteous anger (Clark, 1995). This "is anger with bravado and the defensiveness of someone justifying himself or herself" (Clark, 1995, p. 130). Self-righteous anger is used to accuse someone of a perceived wrong and it usually results in distancing. Clark explained:

A comment made such as "You Jerk! How dare you treat me that way! You are always cruel!" creates distance. Self-righteous anger is often shaming of the other. It is an effort to take control by pushing the other away rather than letting oneself feel the pain of a break in the relationship by being pushed away: "You can't fire me, I quit!" (p. 130)

Clark (1995) wrote that adolescents demonstrating self-righteous anger take offense at anything that might remotely seem like an insult and has the possibility to bring shame. They act as if someone is always out "to get" them. They act as if they are always about to be attacked and humiliated, and they defend against this expectation by attacking first. "Their radar is finely tuned, and they will fire all cannons at the slightest blip on the screen, even if it is only a butterfly" (Clark, 1995, p. 131). Their whole system is designed to strike out first—to avoid being humiliated and feeling the emotion of shame. It is the, "I'll get you before you get me" mentality. According to Tangney, Wagner et al. (1996), shame involves a sense of exposure and

disapproval from outside sources, and self-directed hostility is redirected toward others involved in the shame-eliciting situation.

Little is known about shame's developmental course after early childhood (Reimer, 1996); therefore, the evolution and consequences of shame during the adolescence years is not known. Increased understanding of the development and experience of shame during the adolescence growth period is important to adolescents' emotional development. Reimer explained that adults seem to experience shame and guilt as distinct emotions with contrasting interpersonal consequences, but the distinction is not as apparent in children's descriptions of these two emotions. The nature of shame and how it is perceived by adolescents, the effect of this emotion on adolescent anger, and the affects of its consequences need to be further explored.

Guilt and anger in children. In contrast to shame, when one feels guilt, one feels bad about one's behavior. Williams and Bybee (1994) defined guilt as "an unpleasant emotion with a strong component of self-blame that arises from real or imagined antisocial or immoral actions, substandard behavior, or acts that cause another person to feel distress" (p. 617). The behavior is negatively evaluated, with a corresponding sense of tension, remorse, and regret over the bad act (Tangney, Wagner et al., 1996). As a result, the feelings—tension, remorse, and regret—cause the individual to develop a need to take corrective action, such as apologizing, undoing, or in some way repairing the harm that was done (Tangney, Wagner et al.). This action reflects one with a healthy conscience and may serve as a deterrent against anticipated wrong doings (Williams & Bybee). It appears that a control-mechanism comes in to play when experiencing the emotion of guilt. In other words, and in this context, the guilt appears to serve as a check on aggression.

Many studies related to guilt also included shame. The terms are sometimes used interchangeably in the literature (Tangney, Miller et al., 1996). One reason could be that a guilt experience can easily transform into a shame experience in certain situations (Tangney, Miller et al.). Tangney, Miller et al. wrote that a guilt experience that begins with the notion of "Oh, look at what a horrible thing I have done," but then generalized to the self, "...and aren't I a horrible person" lands a person directly in the middle of a shame experience (p.801).

Williams and Bybee (1994) conducted a study to examine the changes in the percentage of students in grades 5, 8, and 11 who spontaneously mention a particular type of situation as guilt-producing. All participants attended an ethnically diverse school in urban neighborhoods.

Two hundred-forty students participated in the study—123 male and 117 female. The study was conducted in the students' regular classrooms, and teachers, principals, or parents were not permitted to see the students' responses due to confidentiality.

Students were asked to write about three different events involving guilt—type of situation, individuals involved, and the guilt-producing incident (Williams & Bybee, 1994). For type of situation, the percentage of students reporting guilt from inaction, neglect of responsibilities, and failure to attain goals increased from grade 5 to grade 11. Guilt over inaction was mentioned by twice as many girls compared with boys. In grades 8 and 11, a higher percentage of students mentioned girlfriends or boyfriends as the individuals involved in the incident. Boys were more likely than girls to mention adults and casual acquaintances. For the last category, guilt-producing incident, guilt over damaging property, breaking objects, fighting, and uncontrollable events was seen less at higher grade levels. The percentage of students mentioning substance abuse, truancy, stealing, and the victimization of animals peaked at grade 8. Reports of guilt over inconsiderate behaviors, lying, and internal thoughts were highest at grades 8 and 11. More boys compared to girls reported guilt over property damage and victimizing animals. These findings imply that as students get older, their cognitive reasoning abilities improve.

Tangney, Wagner et al. (1996) explored the relation of shame proneness and guilt proneness to constructive vs. destructive responses to anger among 302 children in grades 4-6, 427 adolescents in grades 7-11, 176 college students, and 194 adults. Tangney, Wagner et al. found that shame proneness, across all ages, was related to maladaptive responses to anger, including hateful intentions; direct, indirect, and displaced aggression; self-directed hostility; and negative consequences. Guilt proneness was associated with constructive means of handling anger, including constructive intentions, corrective measures and peaceful discussion with the target of the anger, cognitive reappraisals of the target's role, and positive long-term consequences (Tangney, Wagner et al.).

These findings suggest that guilt-prone individuals are not impaired by feelings of shame. Consequently, they may feel more able to take proactive measures to correct a negative situation. Whether they do, however, depends on the individual's conscience level. Guilt may not be a factor contributing to anger in children, but the absence of this emotion in an individual increases the probability of engaging in some form of deviant behavior. An individual without a

conscience and feelings of guilt about some deviant act that has been committed is a real danger to society.

Self-esteem and anger in children. When one does not like or approve of one's self, the consequences are sometimes detrimental to self as well as to others. Low self-esteem is associated with an increase in anger and hostility, because threats to an already low sense of self are likely to be aversive (Averill, 1982). Low self-esteem individuals not only have a negative view of themselves, they have a negative view of the people around them. This negative mind state is like a time bomb—creating a stage for attack. Anger and hostility are usually precipitated by threats to self-esteem of an interpersonal nature, for example, insults or undue criticism (Waschull & Kernis, 1996; Zimmerman, Copeland, Shope, & Dielman, 1997).

If one's self-esteem were high, would this lead to better adjustment, such as improved school performance or reduced antisocial behavior? Baumeister, Campbell, Krueger, and Vohs (2003) stated that there is weak support for the view that high self-esteem leads to better adjustment. Trzesniewski, Donnellan, Moffitt, Robins, Poulton, and Caspi, (2006) suggested that “if good things are happening in one's life, then self-esteem is high, and if bad things are happening in life, then self esteem is low” (p. 381). This means that self-esteem is a consequence rather than a cause of positive social adjustment (Trzesniewski et al., 2006). The research literature on the importance of self-esteem is inconclusive does not support the consequence or cause side of the debate (Trzesniewski et al.). However, self-esteem is related to future outcomes of social and personal growth and significance (Trzesniewski et al.).

Trzesniewski et al. (2006) explored the answer to the question, “Is low self-esteem a risk factor for important life outcomes”? The participants were members of the Dunedin Multidisciplinary Health and Development Study—a complete birth cohort. Of these individuals, 1,037 participated in the first follow-up assessment at age three years and made up the basic sample for the remainder of the study. Follow-ups were performed again at ages 5, 7, 9, 11, 13, 15, 18, 21, and recently at age 26 years (Trzesniewski et al.). At this time 980 (96%) of the participants were still alive.

Trzesniewski et al. (2006) found that adolescents with low self-esteem grew up to have more mental health problems during adulthood than adolescents with high self-esteem. Adolescents with low self-esteem had more physical health problems during their adult life than those adolescents with high self-esteem. Adolescents with low self-esteem grew up to have more

criminal convictions during adulthood than adolescents with high self-esteem. These findings suggest that self-esteem does predict real-world consequences (Trzesniewski et al.).

Both stability of self-esteem and level of self-esteem have been studied (Kernis, Granneman, & Mathis, 1991; Washull & Kernis, 1996). Washull and Kernis (1996) defined stability of self-esteem “as the magnitude of short-term fluctuations that people exhibit in their contextually based self-esteem” (p. 4). This means the extent to which one’s self-esteem is stable or unstable (Kernis et al., 1991). Washull and Kernis (1996) examined the extent to which level and stability of fifth grade children’s self-esteem predicted intrinsic motivation and related achievement behaviors, and reasons for anger. It was found that low self-esteem and unstable self-esteem were both correlated with greater tendencies to become angry. The reason for this is the self-esteem-threatening aspects of aversive interpersonal situations.

Fong, Vogel, and Vogel (2008) examined various factors that were predictors of school violence—anger management, self concept, attachment to teachers, attachment to school, supervision, ok to lie, gender, and grade level. Fong et al. found that youth who experienced behavioral problems in school had low self-esteem, a decreased ability to control their anger, less commitment to school, weaker bonds with teachers, and less parental supervision after school.

What causes low self-esteem in children, and in particular, adolescents? It would be important to explore the factors that may contribute to adolescents’ self-concept problems, such as appearance, peer taunting, and uncaring parents and teachers. Programs designed to reduce school violence should include a component to strengthen students’ self-esteem (Fong et al., 2008). Parents must make every effort to provide supervision for their children after school. Parents that do not supervise their children invite trouble. Wright and Fitzpatrick (2004) wrote that lack of parental supervision and harsh discipline are associated with delinquent and violent behavior.

The successful development of a positive self-esteem may serve to create a positive attitude when confronted with challenging situations. A positive attitude is a deterrent against internalizing adverse situations. It is the ability not to take everything personally—not to “sweat the small stuff.” A positive sense of self may serve to control the emotion of anger and protect youth from committing deviant behaviors.

Physical Status

Age and anger in children. Adolescence has long been considered a difficult period in child development. This developmental stage has been characterized as one of rebellion (White, 1997). Erikson (1950) referred to the adolescence stage (12 to 18 years) as the stage of identity vs. role confusion—meaning youths do not know who they are to themselves or to others. At this stage, adolescents are often rebellious against parental rules, often negative, and argumentative. Sometimes, adolescents are not successful in working their way through the identity crisis. As a result, disturbing symptoms or warning signs become visible. The warning signs include a decline in grades, oppositional and deviant behaviors, eating disorders, depression, stress, gender identity problems, or explosive and destructive anger. The explosive anger usually leads to serious violence. It becomes essential that these warning signs are not ignored and that help is offered immediately.

Haapasalo and Tremblay (1994) found that a child's age seems to have an effect on parental behavior, because punishment and rules usually decrease from age 10 to age 12. The lack of rules creates a state of instability in adolescents and becomes fuel for deviant behavior. The U.S. Department of Health and Human Services [DHHS] (2001) reported that serious violence begins mostly between the ages of 12 and 20. Approximately 85% of people who become involved in serious violence by the age of 27 reported that they experienced their first act of violence between the ages of 12 and 20.

According to the U.S. Department of Health and Human Services (2001), the peak age of onset of serious violence is 16 for African American males and somewhat later for White males (age 18). At age 16, about 5 percent of male adolescents report their first serious violent act. These statistical data suggest that parents and caregivers must be aware of this volatile stage of development. The indicators point to danger—that an unhealthy emotional state could possibly contribute to the development of uncontrolled anger and consequently lead to deviant behavior in adolescents.

The research found pertaining to age focused mostly on age and aggressive behavior in adolescents and was presented in the context of juvenile delinquency and violence. No research was found directly identifying age as a factor or antecedent in experiencing the emotion of anger. More research is needed in this area.

Gender and anger in children. A popularly held belief is that males experience more episodes of anger than females (Stoppard, 1996), and that they are perceived to be more comfortable with expressing anger than women even though they are viewed as emotionally inexpressive (Sharkin, 1993). Although females are viewed as more emotionally expressive than males, they are least expressive with the emotion of anger. Consequently, it is often assumed that they have more difficulty acknowledging and expressing the emotion of anger (Tavris, 1989).

An explanation for this finding could possibly be attributed to parenting practices. At a young age, men are taught to be emotionally inexpressive, except when it comes to the emotion of anger and rage. Because men tend to show a limited array of emotions with the exception of anger, anger is considered the primary male emotion (Sharkin, 1993). It is often targeted as the potential problem for treatment within the context of counseling, and the emotion that needs to be controlled (Sharkin). Sharkin pointed out that gender is believed to have a significant influence on how problems with anger are displayed. Swaim, Henry, & Kelly (2006) reported higher levels of aggression in boys than in girls and higher levels of anger were associated with higher incidence of verbal harassment, threats, physical aggression, and fights.

Buntaine and Costenbader (1997) conducted a study with elementary school-aged children (287 boys and 270 girls) to determine if there were gender differences with regard to anger. The subjects were from urban, suburban, and rural school districts. The suburban and rural samples were predominantly White (88% and 82%, respectively). The urban sample was predominantly Black (57%). Children from the urban school setting reported significantly more anger (27%) than children in the rural (9%) and suburban (14%) districts. Analyses were performed to determine if there were significant differences between boys and girls with regard to the level of self-reported anger for the individual situations described. Significant differences were found between the males and females for their level of anger on item # 3: "Someone hit you with a stick by accident," (boys $M = 1.89$) and (girls 1.68), and item # 9: "Your best friend didn't invite you to a party," (boys $M = 2.13$) and (girls 2.38) (p. 629). Boys recorded more anger when they were hit by accident. Girls reported more anger when they were not invited to a best friend's party. It appears that girls tend to place a higher value on a social situation than boys (Buntaine & Costenbader, 1997). No significant differences were found for the other eight situations on the questionnaire.

Significant differences were found between boys and girls in the way that they reportedly express their anger. Males were significantly more likely to express their anger physically by (hitting, kicking, punching, etc.). In addition, girls were significantly more likely than boys to diffuse anger by “talking about it,” or “spending quiet time alone,” whereas boys were significantly more likely to do “something physical” to get over their feelings of anger. These findings suggest that gender differences are significant in the expression of anger. Boys are more likely than girls to respond forcefully and aggressively to anger. They tend to exhibit more overt hostility when angered, whereas girls are more likely to respond in a more civil manner. Although the studies reviewed in this section did not include the adolescent population, the findings are pertinent in the study of adolescent behavior. Research that contrasts the degree or level of anger in adolescent boys and girls would be of value in the study of anger in the adolescent age group.

Race/ethnicity and anger in children. The research found on racial and ethnic differences in juvenile behavior was in the context of juvenile crime. Since juvenile crime is an outcome variable in this study on anger, it is important to discuss how serious juvenile offending is reported as it relates to race and ethnicity.

The United States Census Bureau (2000) indicates a person’s race in one of five categories: (1) American Indian or Alaska Native, (2) Asian, (3) Black or African American, (4) Native Hawaiian or other Pacific Islander, and (5) White. A sixth racial category, “Some other Race” is included to allow census respondents to select more than one race if applicable. There are two minimum categories for ethnicity—*Hispanic or Latino* and *Not Hispanic or Latino*. For the persons who study crime, data related to one’s ethnicity is limited to a determination of whether a person is of Hispanic origin (Hawkins, Laub, & Lauritsen, 1998).

According to the U.S. Census Bureau (2000), Hispanics are self-identified persons of Spanish-speaking origin, and may be of any race (Hawkins et al., 1998) This may explain why those who study crime focus on racial comparisons as opposed to ethnic comparisons in the collection of crime data. Hawkins et al. explained that the inconsistencies in the crime data contrasting Hispanics and non-Hispanics make it difficult to collect accurate data. The same inconsistencies apply when comparing Asians and Native Americans. Therefore, comparisons between ***Blacks*** and ***Whites*** are usually reported. For clarity, the crime data reported in this work is based on Black and White racial comparisons.

One important point to note is that overrepresentation does not necessarily imply discrimination, according to crime reports. Minority juveniles are overrepresented within the juvenile justice system (Snyder & Sickmund, 2006). In 2002, Black juveniles constituted only 16% of the juvenile population and 29% of the delinquency caseload (473,100). The nature and volume of crime committed by minority youth may be factors in overrepresentation and the manner in which the justice system processes the different cases. However, questions regarding the causes of disparity and overrepresentation remain a concern at the local, state, and national levels.

How is anger expression linked to race? Because no significant effect has been found, race appears to be a risk marker rather than a risk factor for the onset of violence (U.S. Department of Health and Human Services, 2001). Race is associated with other known risk factors, such as living in poor neighborhoods and single-parent families, doing poorly in school, and exposure to violence, gangs, and crime (U.S. Department of Health and Human Services); therefore, the link between race and violence seems to be based mostly on social and political distinctions rather than biological differences (U.S. Department of Health and Human Services).

African Americans experience more negative emotions in everyday life—especially anger (Mabry & Kiecolt, 2005). Because no previous studies have focused on race and anger, Mabry & Kiecolt (2005) decided to investigate anger in race and the stress process with adult participants. Three areas were addressed (Mabry & Kiecolt, 2005):

(1) race differences in feeling and expressing anger, (2) the affect of sense of control and mistrust on the relationship between race and anger, and (3) race differences and how sense of control and mistrust affect feeling and anger. The survey used to collect data had a section on emotions with questions about anger—especially angry feelings. Of the 1,460 respondents who were administered the emotions portion of the survey, 978 were asked questions about mistrust of others. The analysis in the study included 937 respondents who were African American or White.

Mabry and Kiecolt (2005) found that African Americans and Whites did not show differences on the frequency of anger or anger expression, but African Americans had a higher intensity of anger than Whites. White respondents were not as mistrustful as African Americans.

These findings, according to (Mabry & Kiecolt, 2005) suggest having a sense of control reduces the three aspects of anger—frequency, intensity, and expression—more for African

Americans than for Whites. No studies were found linking anger in adolescent males with race. The few studies found linked gender and anger with adults.

Environmental Variables and Anger in Children

Evidence suggests that exposure to community violence poses a serious threat to adolescents' well-being (Gardner & Brooks-Gunn, 2000). Violence in the family also affects a child's life negatively—including child abuse. Exposure to violence affects children's physical health and safety, social relations, and academic achievement (Gardner & Brooks-Gunn).

Home Condition

Child abuse and anger in children. The majority of child abusers are family members (Lawson, 2009). Children look to their family for protection; unfortunately, this is not the case for children who are abused. Children who are raised in an abusive environment suffer from a variety of emotional and deviant characteristics (McGaha & Leoni, 1995). These children have been found to suffer from low self-esteem, depression, anger, and other acting-out behaviors. This finding indicates a connection between abuse and anger. Adolescents arrested for violent crimes had been found to be victims of severe child abuse and were prone to behave in a violent manner toward family members and caretakers (National Child Abuse Statistics, n.d.)

McGaha and Leoni (1995) investigated the differences between incarcerated juveniles from substance-abusing families and those from non-substance-abusing families—specifically alcoholic abuse. The study participants were 68 youths that were incarcerated at a state-operated juvenile facility for delinquents. McGaha and Leoni (1995) found that 40 (59%) of the 68 youths were from alcoholic homes, and twenty-eight (41%) were not from chemically dependent homes.

In the area of child abuse, McGaha and Leoni (1995) found that 17 (43%) of the juveniles from alcoholic families scored in the highest range of the child abuse sub-scale compared to only 6 (21%) of those from non-alcoholic families. Five of the young men from alcoholic families reported that they were hospitalized as a result of parental abuse. None of the juveniles from non-alcoholic families reported this type of abuse. Twenty-seven (68%) of the juveniles from alcoholic families reported being hit by a parent hard enough to leave a bruise, as compared to 7 (23%) of those from nonalcoholic families. The abused adolescents responded by engaging in anti-social behaviors.). Children living with an alcoholic parent or parents experience more family dysfunction than children from non-alcoholic homes. Children from alcoholic homes are

exposed to higher levels of family violence and abuse; they respond by running away from home; and they, like their parents, become substance abusers (McGaha & Leoni, 1995).

Delinquency may be a way to express anger caused by parental abuse or rejection, and that “a delinquent life-style may be a defense mechanism or coping strategy used to suppress feelings of doubt, shame, and fear that one develops in an alcoholic home” (McGaha & Leoni, 1995, p. 481). *(A series of subscales were developed to measure family and individual variables, such as abuse and neglect, runaway and delinquent behavior, and family violence. The subscales were developed by the researchers with the assistance of practicing professionals in human service fields—juvenile court and child welfare)* (McGaha & Leoni, 1995).

Eisenman (1993) conducted a study to identify the characteristics of adolescent felons in a prison treatment program. The population (N = 43) of male offenders’ ages ranged from 14 to 25 years with a modal age of 16. About one-third were Black, Hispanic, and White, respectively. More than 50% of the offenders were anti-social and anti-authority. They “did not know how to be anything other than be a criminal” (Eisenman, 1993, p. 695). Almost all of the offenders had come from an abusive family background. While growing up, they had been subjected to physical, psychological, or sexual abuse from one or both parents, usually the father. Often, the parents were not law-abiding citizens.

Many of the youth came from parents who used cocaine. In some cases, the parents encouraged their children to use drugs with them, or did not discourage their children from using drugs. Less than 50% of the White offenders were involved in gangs like the Skinheads or Stoners—Skinheads is a racist, neo-Nazi, anti-Black, anti-Jewish pro-violence group; the Stoners are pro-drugs and their name is derived from “getting stoned” (Eisenman, 1993, p. 696). Over half of the Black and Hispanic offenders were gang members—Blacks belonged to the Crips or the Bloods, and the Hispanics belonged to various other gangs (Eisenman). Parental abuse by dysfunctional and criminal parents contributed to the engagement of these young men in a life of crime (Eisenman). People who engage in crime and are anti-society, hurtful to others, and unremorseful are very dangerous to society (Eisenman). It is conceivable that parental abuse can cause the abuser to experience anger, rejection, and frustration which can then lead to delinquency and finally incarceration.

Socioeconomic condition and anger in children. Children from poor socioeconomic levels are more prone to anger than children from other levels of the socioeconomic spectrum.

Brantlinger (1991) interviewed adolescents from high- and low-socioeconomic backgrounds about how they perceived their own and others' disciplinary actions and consequences in school. The high-income students reported fewer incidents of misbehavior and these were usually playful, whereas the low-income youth reported problems resulting from anger (Brantlinger). Low-income youngsters reported a larger number and variety of penalties that were usually disproportionate to the behaviors and were humiliating in nature. Brantlinger stated:

It is suggested that inequitable school conditions for low-income students influence their behaviors, and disciplinary practices contribute to their anger and alienation. Moreover, low-income adolescents' acting-out or withdrawal behaviors are likely to be perceived by others as signs of emotional disturbances and not as legitimate responses to social class inequities in school and society. (p. 36)

The effects of poverty on adolescents were addressed in a book by Goldstein (1990). Goldstein conducted 250 interviews with youth from juvenile residential facilities. When asked to give their perspective on the causes of juvenile delinquency, diverse family dysfunctions were the most frequent causes cited. One student responded:

I think kids get in trouble because, while they are growing up, their parents have low-income jobs and housing, and they see that they are not getting enough. And they see other people making money, and they have nowhere to turn to, so they think the only way to get the things that they want to get is by robbing and stealing. And they think if they steal it will make them feel higher. So that is what they rob for [*sic*]. (p. 54)

Adult background anger and anger in children. Children who are exposed to family conflict and violence develop different styles of expressing anger than children who are not exposed to family violence and conflict (Wolf & Foshee, 2003). Adolescents who have experienced family violence have been exposed to destructive direct anger expression (Wolf & Foshee, 2003). When adolescents' feelings are suppressed during the experience of family violence, they may use indirect responses to anger—fantasizing about yelling or hurting someone (Wolf & Foshee, 2003). An adolescent with a constructive anger style tries to handle the problem using effective conflict-resolution skills (Wolf & Foshee, 2003).

Wolf and Foshee, (2003) studied how anger expression style mediates the relationship between exposure to family violence and dating violence by adolescents. The participants were 1,965 eighth- and ninth-grade students from a rural county in North Carolina. Adolescents were first asked if they had been on a date. Questions about dating violence were asked if the adolescent' answer to the question was "yes" (Wolf & Foshee, 2003). The participants were grouped into two categories—daters and nondaters. Among the nondaters were, 27% Black, 73% White. Among the daters, 18% were Black and 82% were White. Wolf and Foshee (2003) found that family violence is associated with dating violence perpetration by males and females. Girls who have experienced family violence as compared to those who have not, have more destructive direct anger expression style, destructive indirect anger expression style and less constructive anger expression styles. For boys, experiencing family violence is associated with destructive direct anger expression style and destructive indirect anger styles, but is not associated with constructive anger expression style. According to Wolf and Foshee adolescents who have a destructive indirect anger expression style—fantasizing about hurting others—are likely to be perpetrators of dating violence.

Cummings, Ballard, & El-Sheikh (1991) and his colleagues have examined the responses of children to anger between others, which they term background anger (Cummings, Ballard, & El-Sheikh, 1991; Cummings, Ballard, El-Sheikh, & Lake, 1991). The researchers examined the responses of children and adolescents (9-19 years of age) to adult anger. The forms of anger expression studied were destructive, aggressive, nonverbal, verbal, and criticism. Children were presented with video taped segments of angry and friendly (constructive, affectionate, nonverbal, verbal, complimentary) interactions, and were asked questions concerning their responses. All ages identified 93% of angry interactions as angry, 3% as sad, and 4% as happy or okay. Next, children's emotional responses to inter-adult anger were reported. Cummings, Ballard, & El-Sheikh (1991) found that the children had negative emotional responses for angry adult interactions more often than the other scenarios. The children's rate of response to anger were mad, 24%; sad, 21%; scared, 10%; and okay or happy, 45%. Girls ($M = 1.01$) reported more anger than boys in response to adult angry situations ($M = 0.42$). Nineteen girls (63%) reported anger in response to 49 anger incidents (33% of all incidents), with a mean intensity rating of 3.09. Twelve boys (40%) described anger in response to 22 anger incidents (15% of all

incidents). The mean intensity rating for boys was 2.86. Destructive anger and verbal anger generated more anger in children than did criticism.

Cummings, Ballard, El-Sheikh, and Lake (1991) studied children's responses to adult anger as a function of degree of resolution of conflict. They found that unresolved anger responses (27%) elicited more anger than partially resolved anger responses (21%), and that partially resolved anger responses (21%) elicited more anger than resolved anger responses (9%). When anger was identified as an emotional response, the mean intensity ratings were 2.52 for resolved anger, 2.92 for partially resolved anger, and 3.31 for unresolved anger. Forty-seven percent of children found at least one anger incident to be anger-inducing. One unexpected finding was that after age 10, boys experienced more sadness as a result of anger than girls (Cummings, Ballard, El-Sheikh, & Lake 1991).

Children do experience anger as a result of observing angry interactions between adults. By engaging in more civil interactions with each other, adults can ease the emotional distress children experience as a result of adverse adult behavior. Teaching children healthier ways to handle conflict improves how children interact and tolerate differences in others. Parents are role-models for their children.

Community Condition

Neighborhood crime and anger in children. Research on neighborhood crime and anger in children is sparse. The studies found related to neighborhood crime were in the context of aggression and delinquency. Although no studies were found to support the hypothesis that neighborhood crime was a causal factor in the expression of anger in children, it is possible that children's experiences with neighborhood stressors or exposure to violent imagery may cause them to express anger in some way. Children who experience the stress of violence exposure face poor school performance, elevated risk of engaging in deviant behavior, and other social ills (Margolin, 2005; Patchin, Huebner, McCluskey, Varano, & Bynum, 2006). Over the past 10 to 15 years, much attention has been directed to identifying these stressors and protective factors associated with child and adolescent adjustment (Dubow, Edwards, & Ippolito, 1997).

Exposure to stressful events and experiences during childhood can affect children's emotional state and coping ability. Attar, Guerra, and Tolan (1994) identified two categories of stressors that affect the child—major life stressors and chronic neighborhood stressors. Poverty, unemployment, and crime are those neighborhood stressors that are likely to affect all

individuals in that setting, and major life stressors include events and experiences, such as loss of a loved one and a family's financial loss (Attar et al.). The inability to handle life's stressors effectively can be a cause to lose control and experience uncontrolled anger.

Unemployment and anger in children. Overall, at the time of this writing, employment has not been successful for anyone, especially adolescents. For the month of January 2010, the unemployment rate fell from 10.0 to 9.7 nationwide (Bureau of Labor Statistics, 2010). The unemployment rates for most major worker groups are: adult men (10.0%), teenagers (26.4%), Blacks (16.5%), and Hispanics (12.6 %) (Bureau of Labor Statistics). The jobless rate for adult women fell to 7.9% and the rate for Whites fell to 8.7%.

Several studies were found that addressed the issue of *why* unemployment difficulty plagued the Black male, but no studies were found that showed a direct relationship between unemployment and adolescent anger. Knowing that the frustration of being unemployed, for whatever the reasons, may induce anger. Further investigation is needed in this area.

Underemployment and anger in children. The *quality* of employment—underemployment (low wages, low hours, and discouraged workers)—causes further problems for the adolescent male. For example, lack of preparation for a gainful occupation can result in underemployment and few opportunities for success. If the adolescent has dropped out of high school, his chances for quality employment will be difficult. Many minority youth do not have adequate role models—meaning others performing a wide variety of roles in the work arena. They lack a connection with others who are capable of sharing information about different jobs, such as appropriate work behavior and expectations. The schools have not spent enough time helping inner-city youth understand different occupations and the skills necessary to obtain them or how to pursue a career more purposefully. Given the state of the economy today, preparation is the key.

There were no studies found that showed a relationship between underemployment and anger. Since underemployment is related to deviant behavior—an outcome of uncontrolled anger, it would be interesting to discover if there is a connection between underemployment and anger in adolescents.

Police mistreatment and anger in children. Is police mistreatment connected in any way to anger in the adolescent male? No definitive proof was found to support this belief. Given

human nature, one could assume that mistreatment in any form could possibly induce anger. More research is needed in this area. The following statistics may be of interest:

In a 2005 study released by the Juvenile Justice Department's (Institute for Southern Studies, 2009) found that in both 2002 and 2005, White, Black, and Hispanic drivers were stopped by police at similar rates, while Blacks and Hispanics were more likely than Whites to be searched by police. Other disparities in treatment were found among demographic groups in 2005:

- Male drivers were 3 times more likely than female drivers to be arrested.
- Black drivers (4.5%) were twice as likely as White drivers (2.1%) to be arrested.
- Black drivers (9.5%) were searched more by police than White drivers (3.6%).
- Blacks (4.4%) and Hispanics (2.3%) experienced more police force at higher rates than Whites (1.2%). The type of force used was pushing, pointing a gun, or using chemical spray.
- Younger persons, age 16-17, (20.2%) had higher rates of police contact than older persons, age 65 and older, (8.3%). Persons in the 18-24 age range had the highest police contact (29.3%).

The former Governor of Virginia, Mark R. Warner (Buettner, 2003), unveiled a report and model training guidelines issued by an Advisory Panel on Bias-Based Policing created by the General Assembly. One of the orders issued to officers informs them that they are prohibited from stopping, detaining, or arresting a person based on race, sex, sexual orientation, gender, national origin, or religion. This report is the result of a perception in minority communities that racial profiling does in fact occur (Buettner, 2003). Comer and Poussaint (1992) wrote that the mistreatment of people by police says, "You are unimportant, of low value; you don't belong," and such abuse and rejection bring out anger and rage (p. 387).

With understanding and accepting of cultural differences, we may see a decline in unfair practices and treatment toward others.

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CHAPTER 5

IDENTIFYING AND MANAGING UNCONTROLLED ANGER IN CHILDREN

An angry student is talking loudly to a teacher who is trying to restrain another student in the hallway at the time a fight is about to ensue: “Naw, don’t say nothin’. Let’im go! I got somethin’ for him. He’s always puttin’ his nose in my bizness. Let’im go! I can take care myself.”

Out-of-control anger or rage is unhealthy anger—unhealthy for the angered person and the victim (Blum, 2001). This type of anger is damaging, aggressive, and destructive (Blum). The receiver of this rage is left feeling violated, abused, and physically and emotionally harmed (Blum). Identifying patterns and changes in children’s behavior provides opportunity for early intervention—time for developing and implementing child safety measures to control anger. Early detection helps in maintaining safe home and school environments.

When is a child’ anger determined out-of-control? What are the early detection signs? Peacock (2000) offered these early warning signs signaling a change in a child’s behavior;

- An increase in nervousness and anxiety.
- A disinterest in activities that were previously enjoyed.
- Problems eating and sleeping.
- A decline in school performance.
- An increase in fighting, skipping school, shoplifting, or using drugs.

Anger may be triggered by fear, a sense of inadequacy, panic, embarrassment, insecurity, frustration, and a feeling of belittlement (Blum, 2001). The obvious physical signs of uncontrolled anger are yelling, screaming, hitting walls, throwing objects, and kicking chairs.

The teacher or parent may notice other signs of impending conflict:

- Raised voice.
- Agitated body movement.
- Intrusion into somebody’s personal space.
- Pacing up and down.
- Demolishing a piece of paper or scribbling on a class book.

- Change in facial expression, such as frowning or glaring eyes.
- Changes in eye contact—excessive contact or no contact.
- Sudden change in body language or posture.
- Signs of rapid mood swings.

Some children show their anger by bullying (Verdick & Lisovskis, 2003) (see *Bullying*, Chapter 2). Bullies act out their angry feelings by harassing or hurting others. It appears that they want the people they bully to feel as bad as they do. Some children, according to Verdick and Lisovskis (2003), show their anger by:

- Giving the person “dirty” looks.
- Spreading embarrassing rumors.
- Rolling their eyes whenever the person says or does anything.
- Revealing the other person’s secrets.
- Trying to get other people to gang up on the person.
- Refusing to speak to the other person—“giving the silent treatment or the “cold shoulder.”
- Playing mind games is another way that children show anger. The child says one thing and means something else.

In my experiences as a classroom teacher, I have seen angered children use foul language, engage in bullying, call another person derogatory names, smack lips, roll eyes, cry, or become defiant. According to Peacock (2000), clenched fists, pointed fingers, scowling, and drumming fingers are examples of body language that show rudeness and hostility toward another person. Once any of the early signs of impending anger are observed, they should not be ignored.

Knowing the stages of the anger cycle (Blum, 2001) may help diffuse a potentially explosive situation involving students experiencing uncontrollable anger. The various stages of anger and the behavioral changes evident at each stage are identified in the anger cycle. Calming a potentially dangerous situation is dependent on the point of intervention. Blum recommends Stage One as the intervention point. The child is rational and capable of listening to reason at this stage. The cycle of anger is presented in five stages and explained:

Stage One: Agitation and early warning signs

The problem or conflict begins at this stage when something happens to agitate the thoughts and feelings of a person capable of vengeful rage. The incident is interpreted as a major threat to this person's self-esteem and self-image. Intervening at this stage will stop the anger from leaping out of control.

Stage Two: Escalation

At this stage, the body begins to respond to adrenalin. The early warning signs of rage are pronounced. The angered persons may begin to mutter or talk to themselves as temperatures rise. The longer the escalation period lasts, the less likely the persons are able to respond to reason.

Stage Three: Crisis

The situation is out of control. The angered person has exploded into a fit of rage. Blum (2001) states, "But the words 'blind rage' are very apt, as the person who has it is blind to all but their [sic] own expression of anger" (p. 54). The person is not capable of reasoning, and all involved are placed in danger.

Stage Four: Peaking and recovery

The situation is beginning to calm but continues to be unstable. The anger subsides but remains easy to rekindle, if inappropriate intervention is introduced. Feelings are still confused and vulnerable. This is the stage where school personnel often attempt careless disciplinarian intervention, triggering another outburst of rage.

State Five: Post crisis, depression and negativity

Because the crisis stage is tiring, the angered individuals are left feeling exhausted. During stage five, the ability to listen to reason is restored albeit with unhappy and anxious feelings about the situation. The persons are fearful of the consequences of their actions that were ignored during the time of rage. Guilt and remorse gives the opportunity for the persons to apologize and make amends. The anger cycle can be reignited during this stage of recovery. It usually takes about two hours or more for the individuals to calm down after a serious outburst of rage. Allow the person involved in a violent situation at least forty-five minutes to calm down before making an attempt to ask questions concerning the incident.

At the beginning stages of an angry conflict, the teacher or parent may choose the option of using extinction before actually intervening. Extinction is another strategy used to diffuse anger. This involves ignoring the problem and hoping it resolves itself. Blum (2001) offers

advantages and disadvantages of using extinction and intervention. To ignore the problem gives the student more time to rage, or the problem could calm down or disappear if ignored.

Extinction is an effective de-escalating technique if timing is on target about the situation and the characters involved. Deciding to intervene could restore order immediately, if successful.

However, a failed intervention could cause the student's behavior to escalate into a crisis state and full-blown rage. Direct intervention is the strategy that teachers use the most, and it is the one that usually brings about disastrous results. So, why do teachers use this strategy? One reason is that teachers may not be aware of the options about anger themselves. If the teacher is successful with direct intervention, it gains them the respect of other teachers. "It is the only strategy that the significant minority of macho pupil disrupters think [*sic*] is real discipline" (Blum, 2001, p. 59).

The classroom teacher can effectively respond to an anger situation and diffuse it using additional strategies as suggested by Blum (2001):

1. Distract the pupil—try to get the student's attention directed to something else.
2. Teacher control—try to keep your "buttons" from being pushed by the angered student; this prevents a confrontation with the student.
3. Relocate the student—try to move the student away from the student with whom there is a conflict.
4. Relocate (teacher or student)—if the student is angry with you, either you or the student should relocate; you can send the student to another teacher's classroom for a cool-down period, or ask another teacher to remain with the student if you relocate.
5. Change materials and teaching styles—have engaging, interesting, and fun activities; find the learning styles of the student, and give opportunity for structured movement around the classroom.
6. Change your mindset—do something different. Offer praise, and reward acceptable behavior and attempts. Strive to be proactive by offering positive reinforcements.
7. Physical closeness—view the School's Policy or Code of Conduct where clear advice on physical contact and closeness should be presented.
8. Calming body language—hands behind the back can calm a difficult situation; use a body position that is side on rather than head on.

9. Using jokes and humor— never try to belittle the student using humor; you must know your student well to use this strategy.

Many signs can indicate the onset of out-of-control anger. The keys to a peaceful classroom and home are preparation and knowledge. Be prepared by recognizing the early signs of a child's anger. Know the stages of the anger cycle and when to intervene. Preparation and knowledge are instrumental in helping to maintain order and peace in the classroom and home environments. Civil behavior among students is quickly restored.

Risk Factors Contributing to Out-of-Control Anger in Children

Out-of-control anger is destructive (Peacock, 2000). It can lead to broken relationships, lost opportunities, and respect—especially self-respect. In some individuals, out-of-control anger results in low sense of self as well as health problems, such as heart problems, high blood pressure, and high anxiety. Peacock stated that extreme anger can lead to violent behavior, criminal behavior, or suicide. Anger risk factors give insight into effective intervention strategies and identify the children who would benefit from them.

Many risk factors influence the development of anger and aggressive behaviors in children (Blake & Hamrin, 2007). Some of these factors are biological, such as difficult temperament, social cognition deficiencies, and social information processing deficits (Blake & Hamrin, 2007). Five stages comprise social information processing: cognitive perception and appraisal, formulation and selection of goals and responses, and behavioral enactment (Crick & Dodge, 1994). Aggressive children perceive non-threatening environmental cues as threatening or dangerous, and their misinterpretations justify their negative and aggressive responses. Additional risk factors are:

Physical and emotional

Repeated frustration, rejection, or other emotional abuse can lead to excessive anger. Anger can increase in teens that are teased or treated as outsiders. An example is the child who is constantly bullied at school daily. Contextual experiences with parents who provide harsh discipline, poor problem solving, and poor monitoring of children's behavior are anger-inducing. Negative peer relationships leads to anger.

Environmental stress

Children growing up in noisy, crowded, or dangerous neighborhoods may experience uncontrolled anger. Children living in dysfunctional families where there is violence and anger may emulate these behaviors and act out what they have seen.

Traumatic experience

A divorce in the family or death of a family member may trigger uncontrolled anger. Losing one's home and possessions as a result of a natural disaster—fire or flood, may lead to out-of-control anger, because these experiences cause a person to experience grief and anxiety.

Social Factors

Personal illness or pain may cause one to feel anger. The constant pressure to control disease or other chronic illness can overwhelm an individual. Poor parent health, parental rejection, low socioeconomic status and parental criminality may lead to anger and aggression. Family conflicts often result in anger and aggression.

Mental disorder

Anger may be a sign of depression, an eating disorder, or a brain injury. In rare situations, a person may become out-of-control as a result of a brain injury or illness.

The risk factors that lead to out-of control anger fall into several categories making it a significant problem worthy of attention. A wide-range of health outcomes are linked to uncontrolled anger—physical, social, mental, or environmental in nature. Recognizing the early signs of out-of-control anger and using appropriate strategies to bring the anger under control protects and maintains a safe and orderly environment at school and home.

Help for the Child with Out-of-Control Anger

Out-of-control anger is unhealthy anger, because it is expressed in ways that damages relationships (Blum, 2001). It is aggressive and destructive and can cause harm to self and others. Out-of-control anger is described as rage—rage is a mix of explosive and unfocused emotions (Blum). The person experiencing the rage personally attacks the other person, verbally and physically. At this stage of anger—Stage Three: crisis (see The Anger Cycle in this chapter), no rational communication with the angry student is possible at this point. The danger of violence is at its highest due to the explosive nature of expression. Blum wrote, “Rage offers the illusion of a strong resolution to a problem for the people who suffer it” (p. 50). Unfortunately,

rage frightens people and introduces insecurity into the relationship. There was no duration time given for the explosion of anger at Stage Three of the cycle.

Conflict is an important and expected part of social development. How a person deals with conflict is key to maintaining healthy personal and interpersonal relationships, and self-control. When anger is out of control, the loss is great—respect for self and others is sacrificed. Specific prevention and remediation strategies must be in place to deal with the child experiencing out-of-control anger:

First, school administrators should ensure that classroom teachers possess effective classroom management skills. How capable is the teacher in managing those little nagging problems children bring to the classroom daily?

“His hand is on my desk.”

“She’s calling me names.”

“He took my pencil.”

“Make him leave me alone.”

“I had it first.”

“He said something about my mama.”

“What you lookin’ at me for?”

If these small problems are not resolved by the classroom teacher, they can easily escalate into something much more serious; therefore, they cannot be ignored. Sending the student to an administrator every time there is a problem is not effective—especially for the classroom teacher. The teacher relinquishes responsibility for the students’ behavior to someone else which sends a negative message to students. The unspoken message is, “I cannot control my class or discipline my students effectively.” Each classroom teacher should handle these small problems within the classroom.

Managing students’ behavior includes establishing and implementing effective classroom procedures and routines. The frequent occurrence of students’ nagging problems will gradually disappear. By maintaining a structured environment with classroom rules lets students know what is expected of them. Students are able to learn in a classroom that is relaxed and pleasant. Prepare for the students before they arrive to class. A “bell ringer” activity—something to start students thinking—is effective for limiting discipline problems. Engage students the moment

they walk into the classroom. Prepare classroom activities that capture the attention of the students.

If the classroom teacher is experiencing difficulty handling these small concerns, the classroom becomes a “time bomb” setting the stage for students to explode. If students are involved with their work and know what is expected, there is little time for classroom disruptions. Effective classroom management is the key to controlling discipline problems in the classroom. Praise your students for “good” behavior. Teachers should accentuate the positive in their disciplinary approach to students. Praise is part of effective classroom management.

Second, the child experiencing frequent anger may need a teacher’s referral to participate in an **anger management group**. This is the time to involve the school’s guidance department. By participating in an anger management groups, students explore the degrees of anger, and they are taught ways to cool down after a conflict. More importantly, students are taught that anger is a normal emotion and that it is all right to become angry. It is **how** we handle anger that makes it a positive or a negative experience.

Third, **conflict resolution** and **peer mediation** are two interventions that focus on teaching students to manage their own conflict; however, few research articles on the efficacy of conflict-resolution and peer mediation groups have been published (Johnson & Johnson, 1996; Smith, Miller, & Robinson, 2002). There were no articles found to support whether or not conflict-resolution and peer mediation resolved conflicts with students experiencing out-of-control anger.

Johnson and Johnson (1996) wrote the following about conflict-resolution and peer mediation programs: (a) untrained students use conflict strategies that create destructive outcomes by ignoring the importance of their ongoing relationships, (b) conflict-resolution and peer mediation programs do seem to be effective in teaching students integrative negotiation and mediation procedures—solving the problem on which a conflict is based, (c) after training, students tend to use these conflict skills, which leads to constructive outcomes, and (d) students’ success in resolving their conflicts constructively results in reducing the numbers of student-student conflicts (p. 459).

Students learn to accept anger and conflict as parts of life and view them as opportunities for growth. The skills students learn in conflict-resolution and peer mediation programs include (McConnell, 1996, p. v):

- communication of feelings
- constructive responses to anger
- tolerance of differences
- control over personal responses to conflict
- identification of common interests
- analytical thinking
- creative use of optional behaviors
- creation of a win/win orientation to problem-solving

Children learn to develop healthy personal relationships at school, home, and work from mastery of these skills.

Smith et al. (2002) conducted research on conflict-resolution and peer mediation in three middle schools focusing on the school-wide impact of these two programs on student attitudes toward conflict and found that the programs did not result in significant school-wide change in student attitudes toward conflict and communication or in teacher attitudes about school climate. However, the total number of disciplinary incidents per month declined at each school following the initiation of the peer mediation program. The decline in disciplinary incidents following peer mediation program implementation, indicate promising improvement in students' behavior.

Reports in which school personnel and parents claim positive results from conflict-resolution and peer mediation programs are mostly anecdotal (Smith et al., 2002). Although the two programs appeal to teachers, school leaders, and parents, these programs lack the data for them to be examined more closely—substantive data that document improvements in *how* students resolve their conflicts (Smith et al.).

Classroom teachers spend much time and energy managing students' conflicts. The interruption to teaching and learning negatively affects student achievement and creates stress for the teacher and students. The student experiencing out-of-control anger increases tension in others and creates fear in persons witnessing the rage. The consequences of poorly managed school conflicts cause much damage; therefore, using effective strategies to deal with out-of-control anger restores peace and harmony to the school setting.

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CHAPTER 6

APPROACHES TO ANGER MANAGEMENT IN CHILDREN AT SCHOOL AND HOME

*“Listen a hundred times; ponder a thousand times;
speak once.” –Turkish proverb*

Managing Anger in the Classroom

Anger that is manifested as aggressive and violent behavior can have serious emotional, health, and social consequences (Gardner & Moore, 2008). Even though anger is a natural, primary, and necessary emotion, when out of control it can result in serious consequences. For example, anger can function as a secondary emotion by serving as a response to another emotional state, such as fear (Gardner & Moore). Fear is often associated with a strong feeling of uncontrollability and vulnerability that can become a stimulus for the secondary emotion of anger (Gardner & Moore). Sometimes, an embarrassing situation can transform into the secondary emotion of anger. The following classroom situation is an example:

A classroom teacher reprimands a student in front of the class. The student starts to mumble words under his breath. The teacher raises her voice and snaps, “What did you say?” “Who do you think you’re talking to young man?” The other students are looking and listening to the teacher on the verge of losing control. The student gets up out of his seat, pushes his chair to the floor, and walks out of the classroom.

What was the immediate emotional response from the student? It probably was the embarrassment in the presence of his peers. Embarrassment is difficult for even an adult to handle—especially in the presence of others and even more so for children. When the student pushed the chair to the floor, his embarrassment transformed into the secondary emotion of anger. The embarrassment became the primary emotion that caused the student to behave angrily.

Anger creates a sense of power, and this may explain the lack of fear sometimes students demonstrate towards a teacher. The student does whatever is necessary to “save face” in the presence of peers. The teacher then writes a referral on the student and sends the student to the

office to meet with an administrator—a referral that was a result of the teacher’s escalation of the situation from embarrassment to anger. Consequently, the student suffers from the teacher’s lack of understanding of the situation.

Classroom teachers must take caution not to “set up” or create situations that cause students to react with anger. Angry individuals react when something or someone has usually “pushed their buttons” or “triggered” the expression of anger. Discovering this “trigger” is important. Understanding exactly what is causing the anger in an individual is a major approach to decreasing angry outbursts and the negative behaviors associated with individuals experiencing out-of-control anger.

What is the cause of the following student’s anger? The student angrily snaps, “What?” in response to the teacher’s question, “Do you have your homework?” The glare in the student’s eyes is piercing. This child is not happy and needs immediate attention. Attention given with patience, calmness, warmth, friendliness, and understanding keeps the situation from becoming uncontrollable. If the student feels that the teacher cares and is trustworthy, the situation quickly resolves. Reach out and talk with the student. Once trust is established, the student is more accepting of others and begins to develop self-trust. If the student’s needs are ignored, the propensity for harmful behavior is a real possibility. Teachers seeking to dominate children doom themselves to failure (Haberman, 1994). Teachers working to empower students become effective when using certain “gentle” strategies as suggested by Haberman. The following strategies reduce the chance of angry classroom situations from arising:

- Never use shame or humiliation.
- Never scream or harangue.
- Never get caught in escalating punishments to force compliance.
- Model cooperation with the adults in your school.
- Defuse, sidestep, or redirect all challenges to your authority. Never confront your students in the presence of others.
- Listen, hear, remember, and use your students’ ideas.
- Put your students before subject matter. Use their interests.
- Respect students’ expressions of ideas.
- Be a source of encouragement by praising the good work of students.
- Create activities at which students can succeed; success engenders further effort.

When dealing with angry students keep the following questions in mind as you work to resolve the situation:

- *Why is this child behaving angrily?*
- *What has caused this child to react in this way?*
- *Is something going on in this child's life that may cause this kind of behavior?*
- *Did I do or say something to provoke this negative behavior in the student?*

Consistent use of these “gentle” strategies may eliminate teacher and student stress. When faced with a situation involving an angry student, a gentle approach decreases anxiety and fear. A humanistic approach is effective when dealing with angry students, because genuine interest in the student is evident. Empathy and understanding are calming factors in resolving conflict.

Reactive Versus Proactive Positions in Handling Conflict

Teachers need not react to students' negative behaviors. A proactive position is far more productive and helps teachers to maintain their emotional balance when dealing with an angry student. In this work, a reactive position means that a conflict situation is resolved via office referral, suspension, or expulsion. The teacher lacks preparation in conflict-resolution; therefore, the only option is to react. The establishment of a student-teacher relationship is not evident. The human relations component is missing, causing the student to feel disconnected from the teacher and vice versus. The teacher is unaware of successful strategies to use that could potentially bring the situation under control.

A proactive stance demonstrates well thought-out plans before a conflict develops. Relationships are established, and students are convinced that the adults care about their well-being. Clear expectations, class routines and procedures are in place, giving teachers the opportunity to teach rather than deal with conflicts. The teacher is armed with effective anger-control strategies and knows the safe point of intervention.

Remaining calm and proactive supports quick and clear thinking; teachers who react, do not solve problems. The better the teacher knows the student, the more able the teacher can detect the child's physiological state. The better teachers know themselves, the more they are likely to recognize their own anger level.

Time spent on developing meaningful teacher-student relationships, is less time needed for dealing with rule infractions. An understanding teacher attitude helps to relieve tension involved in potentially explosive situations.

Anger can be useful or harmful depending on how it is managed. The reactive person may have a tendency to become angry more frequently, whereas the proactive person is usually armed with strategies to deal with different challenging situations as they arise. The responsibility for maintaining a safe and orderly classroom environment ultimately rests on the classroom teacher.

Passive Anger in Children

Behaviors associated with overt anger cannot be missed, but what about the angry child who has hidden or passive anger symptoms? Hidden anger is found in children who are passive-aggressive, meaning their anger is not as obvious or easy to recognize as out-of-control anger. Children's passive lack of compliance can incite trained professionals to employ ineffective punitive responses. The responses confirm for the child, according to the child's perception, the unjust and hurtful nature of the adults (Marquoit, 2004). Validating the student's hidden anger restores the student's trust in adults and the adult's view of the student (Marquoit). Seven symptoms of passive anger (EzineArticles, 2009) the classroom teacher should be able to recognize in students are:

1. **Self-Sabotage**— student chooses friends that are unreliable, student is an underachiever, and accident prone.
2. **Self-Blame**—student apologizes frequently, critical of self, and invites criticism.
3. **Secretive Behavior**—student is a backstabber, gossips, cons, puts people down, cynical, and bitter.
4. **Self-Sacrifice**—student plays the martyr.
5. **Manipulative**—student provokes others, patronizes, fake illnesses, sabotage relationships, withhold money and other resources to manipulate people.
6. **Detached**—student lacks emotion and numbs pain with alcohol and other drugs.
7. **Escape**—ignores a problem to the point of becoming phobic.

Children's passive anger symptoms are ignored as being not as serious as aggressive anger symptoms, but this anger requires serious attention. Passive anger produces the same health problems as out-of-control anger—depression, heart disease, and other serious illnesses.

Recognizing some of the symptoms associated with passive anger issues in children is beneficial to their health and to the development of successful relationships.

Anger Control in Teachers

Teachers have the option to walk away from a situation until a more appropriate time—usually after the angry student is calm and is able to approach the problem rationally. The following strategies, based on Roper (1998) and personal experience can help teachers handle anger and the physical outcomes of anger and stress:

1. Do deep breathing and hand-muscle exercises. Quiet yourself within and focus attention elsewhere. Play easy listening or classical instrumental music. Listening to soft, relaxing music reduces your heart rate and blood pressure.
2. Think of something that is pleasant in your life—something to make you smile. Think of your goals and aspirations that are not school-related.
3. Identify whether or not you feel angry or excited when you are witnessing an angry incident. Be sure to follow school policies and nonviolent intervention techniques to help you remain control. Do not underestimate the effects an angry encounter can have on you and your students.
4. If the whole class has been affected by witnessing the angry encounter, stop the lesson. Have the class do simple exercises or play an indoor game. Take the class for a stroll around the school is helpful in restoring calm. The students have the opportunity to restore themselves to a relaxing state by engaging in a physical activity.
5. Teachers have left school feeling anger. If this is the case, as soon as you arrive home, take a brisk walk. If possible, go for a swim. Any form of exercise is beneficial to your health, and relief is felt within minutes.
6. Avoid competitive games in the classroom if you do not have strong classroom management skills. Competitive games can escalate angry behavior. (p. 367)

Review classroom procedures and routines with your students. Involving the parents of the angry child is important when there are problems in the classroom. Their help and support is vital in helping to resolve the conflict with the child. If a discipline plan is recommended for the students, the students' parents must be involved in creating and implementing the plan. It will take collective efforts to eliminate inappropriate behavior in the classroom.

Anger inevitably occurs in our interactions with others. How people react to anger determines the outcome of the situation. It takes self-control to refrain from reacting when someone pushes our “buttons.” Role-playing situations that could cause an angry outburst can be preparation for the actual situation. Using anger-management skills effectively minimizes negative student behavior and consequences and helps to create a school environment that is healthy and positive for all.

Managing Anger at Home

A child’s first experience observing positive interpersonal relationships should begin in the home. As parents relate to each other in the home, the child takes notice. Children learn what they see and they emulate these behaviors; therefore, it is important for parents to set a positive example when exchanging angry feelings. Children observe how parents interact with other family members, with neighbors, and the individuals they come in contact with in the business community. Children do not need to see their parents exhibiting out-of-control behavior. Parents taking the necessary steps to deal with their own anger positively, teach the child a life-long lesson on how to establish and maintain successful interpersonal relationships. Emphasize to the child that screaming and yelling are not effective ways of dealing with conflict. Speak calmly and directly to make a point understood. If no resolution is evident, demonstrate how walking away from a volatile situation is an effective strategy; returning only when tempers calm. Refrain from power struggles with a child when handling anger-related behaviors. Say what you mean, and mean what you say. Do not send a child mixed messages when communicating. This confuses a child and impedes good decision-making. Speak with confidence and control—behave as an adult, and remember that the interaction with the child is not a competition. Some advice to parents who want to serve as good role models for their children follows:

1. Model appropriate communication skills when engaged in business and personal affairs. Remain calm and direct. If needed, take time to be alone before handling a conflict; return to the situation later. Do not argue with a partner in the presence of a child. The child becomes nervous and may show signs of increased anxiety, such as biting nails and crying. More can be accomplished with a calm attitude than one that is out-of-control.
2. Be careful not to speak disparagingly about your child’s teacher. The child loses respect for the teacher and does not feel a need to follow school or classroom rules. An effective

teacher-student relationship is jeopardized. If there is a concern involving the teacher, arrange a conference appointment to discuss the matter.

3. Children want and need structure. Rules are important in rearing children. Give your child consistent responsibilities at home to complete daily. Set a time to complete homework assignments. Tell your child the time to be in the house for the evening. When your child's whereabouts are not monitored, the risk of getting into difficult situations increases. This is potentially harmful to your child. Set reasonable consequences for broken rules. Teach your child that there are consequences for every action and that life is choice-driven.
4. Do not uphold a child in wrongdoing or encourage the child to create excuses for being irresponsible. The message sent is, "I can do wrong and my parents will protect me. They will even help me lie to my teacher and other adults in my school." Children need to be taught how to take responsibility for their own actions.
5. When your child is upset or angry, talk with your child to find out the reason for the anger. Sometimes, taking the child out to a restaurant, movie, a walk around a mall or park, or a trip to an ice cream parlor sets the stage for effective and open communication. Ask to find out the reason for the anger and then listen. Once the child shares the reason for feeling angry, find ways to help solve this problem with your child while offering support, empathy, and understanding. Do not make light of your child's problem.
6. When children have conflicts with friends in the neighborhood, do not teach the child to handle the problem with violence. If you find that you must speak with the parent of the child that is part of the conflict, use this opportunity to teach your child anger-management skills by the way you handle the situation. Parents that fight and use inappropriate language with one another are sending a negative message to their child that violence is the right way to handle a conflict.
7. Parent involvement in school is important—not only when there is a conflict or problem. Keep the lines of communication open between home and school at all times. Communicate with your child's teachers to find out how your child is relating with his peers and the adults in the school. Ensure your child's success in school by providing a home environment conducive to studying and learning.

8. Monitor what your child is watching on television. What is your child doing on the computer? What video games is your child playing? Is your child listening to music that glorifies violence to any specific gender, culture, or group? Talk about media violence with your child and the dangers involved. The media make violence seem fine and normal when actually the violence is linked to aggressive behavior in children.
9. Make it a point to know your child's friends and acquaintances. Introduce yourself to the parents of these friends. Visit the homes of friends before allowing overnight visits. Know beyond a shadow of doubt that the friends' homes are safe places. Parents should be sure that their children are in healthy relationships—relationships with children that have shared morals and values.
10. Encourage your child to play outside, because today's children are not getting enough physical activity. Children spend an exorbitant amount of time sitting with some form of technology. They are at risk for many health-related illnesses as a result. Exercise is important for one's emotional and physical health.

School Personnel and Anger Management

Administrators

Classroom discipline is not the responsibility of the school's administrators. When a problem arises in the classroom, the first point of contact is usually with the classroom teacher. The teacher knows the child's behavior at school, and the parent knows the child's feelings and behaviors at home. The classroom teacher, the parent, and possibly the student should be the first to try and resolve anger-related conflicts. Administrators should refrain from any involvement until the teacher and the parent have communicated. If the parent is not satisfied after conferencing with the teacher, the administrator should be contacted. Help in reaching a mutually acceptable resolution to the problem the child is having in the classroom requires the involvement of an administrator at this point.

Guidance

The school's guidance department should be contacted when the child's anger problem appears to be more severe than originally thought; that is, the child appears to be in need of counseling, may be recommended for child study procedures, or may benefit by joining one of the anger management group programs. Recommendations for the child to participate in any guidance-related programs may surface during a conference involving the classroom teacher, the

parent, a guidance counselor, and possibly the child. During such meetings, information is shared that may show the child's behavior patterns and growth, attitudes, personality, interests, strengths, weaknesses, and academic performances in each teacher's class. A decision is made that hopefully is in the best interest of the child. This meeting may lead to a recommendation to study the child further—the child study process. The child study process is more in-depth and requires certain personnel to secure more detailed information into the possible causes of a child's behavior and academic problems—social, medical, psychological, and educational reports. Another meeting is convened to study the results of these investigations.

Teacher Grade Level Team

Taking concerns to peers pertaining to a student with behavior problems related to anger can be beneficial. Grade level meetings give the classroom teacher the opportunity to find out if other teachers are having the same problems or if the teacher's class is the only one in which the student usually misbehaves. If the child misbehaves in one particular teacher's class, the teacher should find out how the other teachers manage their classes and relate to this particular student. Encourage these teachers to share their strategies. All teachers involved with this student should brainstorm possible solutions that could make a positive change in the child's behavior and attitude. Teachers should think creatively about possible strategies for changing the child's negative behavior. Begin by analyzing the child's strengths and weaknesses; include the child's likes and dislikes. Recognize the child's strengths and use this as a starting point for change.

As a classroom teacher, my work is already “cut out” for me this school year. I have a quiet but angry student in one of my classes. After dismissal from class recently, I caught up with the student in the hallway. His quietness, angry expression, and apathy in class concerned me, so I decided to talk with him after class. I calmly approached him and asked, “What is the matter?” The student leaned up against the wall, his eyes looking at the floor, and he said, “Nothin’ is the matter. I just don’t like school.” “Tell me, I said, how long have you felt this way?” He responded quietly and emphatically, “Since kindergarten.” This child is currently in grade 7.

After this short verbal exchange, I decided that I would do everything within my power to try and change this student's attitude about school. I actually look forward to seeing this student each day; therefore, my goal is to create a smile on his face and a positive attitude about school.

My desire is for this student to be happy to come to class daily. In a recent study, it was found that children that are more connected to school had more social confidence, less stress, and more behavior control (Rice, Kang, Weaver, & Howell, 2008). Establishing a positive connection with school may increase a student's confidence. An increase in opportunities for the student to become involved in engaging classroom activities including cooperative learning activities may encourage positive interactions with classmates and the classroom teacher.

In this chapter, approaches to managing anger at school and home have been presented to help teachers and parents understand and support children when they experience out-of-control anger. Teaching children how to cope with anger-related issues is important to their emotional health and well-being. Out-of-control anger damages relationships and one's self-esteem. Using effective strategies to manage anger at school and home teaches the child how to manage conflicts rationally and civilly. I have attempted to show classroom teachers the importance of recognizing and managing anger when they have anger experiences. Hopefully, the strategies for teacher anger management can calm and restore inner peace. The approaches and strategies offered could make a difference in teaching and students' success in the classroom. The available resources at school help students work through anger-related problems and teach them how to adjust to social challenges. Incidents of engaging in aggressive behaviors in classrooms to handle conflict may decrease.

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CHAPTER 7

CASE STUDIES FROM THE CLASSROOM

“Out of the Mouths of Babes...”

This remark was directed to me out of the mouth of a seventh grade White, male student. When I asked the student for his homework, he became irritated. The student had not completed homework assignments for the last three days. When I reminded him of this fact, the student then became visibly angry. On his way back to his seat, He mumbled, “I wish I could just slap the black off of her!”

Andy, age 12

Actual Classroom Experiences

Since I began my work with children, the “trip” has been rewarding and quite interesting to say the least and the pleasure continues with the dawning of each new day. Daily, I travel to my school with a sense of excitement and anticipation. You see, I don’t know what awaits me there, and that in itself eliminates any hint of boredom. Recently in class, one of my students was humming when she was supposed to have been working. Showing slight irritation, I asked, “Who is that singing?” The students all answered together, “Amy.” Amy looked at me smiling. I did not smile back. I said, “Amy, would you like to come to the front of the class and serenade us?” Thinking she would decline, to my surprise she got up from her seat, walked to the front of the class, and started singing! What a great start to the day! I could not help but laugh.

First, please allow me to present a little background information about myself. It will help in painting this picture of my experiences thus far.

I began my career in education in 1971 as an elementary school teacher. After teaching grade three for about seven years, I decided to stop teaching to pursue my dream, a career in musical theatre. However, life’s circumstances dictated otherwise. To establish some form of security and stability for my two children (at that time) and for myself, a single parent, I decided to re-enter the teaching profession.

Since returning to education, I have served as an assistant principal, a building principal of two elementary schools, an adjunct college professor—having taught undergraduate and

graduate courses (at two separate universities), and a middle school teacher. I have worked with urban, suburban, and rural youngsters. These students have come from all spectrums of the economic ladder—upper, middle, and the lower socio-economic levels. My classes have consisted of children from a variety of cultures and backgrounds. At one middle school, I was chosen by my peers as the “Teacher of the Year.”

There are some quite interesting stories to tell about my experiences in the field of education. For the sake of remaining on track with this project, I will share, what I believe to be, some very captivating stories with my interactions and relationships with children. Some of these experiences have invoked a range of emotions in me—I have cried, laughed, become angry, have been visibly upset, and have wondered “Why” certain things have happened. I have even second-guessed my career choice.

These are actual experiences, and some are anger-related and some are not. Some just show the problems that children bring to the classroom that can be fuel for creating angry situations and invoking inner anger. I have also included my approach to handling each situation. The names of the students have been changed to protect their identities.

Andy

The first situation opened this chapter. When Andy stated that he wished that “I wish I could just slap the black off of her,” the statement took me aback momentarily. You see, I realized that this statement had been around for years long before Andy’s parents were born. I knew that he had to have heard this from someone much older. Because of the racial implications of the statement, I had to involve a school administrator. The administrator assigned a one-day, in-school detention for the incident and telephoned the parent. Because I had asked the child for his missing homework, the parent said that I was “picking” on him. She requested that the child be removed from my class. I have never met or seen the parent. However, I did have the opportunity to tell Andy that “the black” did not come off.

Note: In this situation, I remained calm and interjected a little humor.

Dontae

Dontae, age 13 had a habit of not completing homework assignments. I took Dontae aside one day after class to talk to him about putting forth the effort to be a better student. As I spoke with him, he kept his head bowed. I asked him if things were all right

at home. He answered, "Yeah." I said, "Excuse me?" He quietly answered this time correctly, "Yes." I continued. "If things are all right at home, then why aren't you doing your homework?" He paused for a few minutes and said, "My mama is always in my bedroom with her boyfriend, and I can't do my homework. I had to eat, so my grandma came to my house to pick up me and my sisters to feed us. She took us to her house. By the time I got back home, it was too late to do my homework and my mama and her boyfriend was still in my room. I slept on the couch."

Note: I taught this child in the sixth grade and later became his mentor. I also taught his three sisters. All three girls became mothers in the eighth grade. I was successful in reaching this student before the year was out. I was not successful with his sisters, even though I tried. I brought Dontae home with me to spend some time with my family and me. He had fun playing with my youngest son. I tracked Dontae through grades seventh and eighth and continued my contact with him in high school. I remember him saying to me just before he left the middle school: "Ms. Montgomery, will you come to my high school graduation when I graduate?" I smiled and answered, "If I am breathing, I will be there." I was there standing at my aisle seat—positioned so that he could see me as he marched down the aisle. He saw me, and I saw him through my tears. Dontae is now in his junior year of college—the first and only person in his family to graduate from high school, and he will be the first and only one to graduate from college. His dad has been in prison for the past 15 or more years.

Gary

Gary, age 14, was angry because he had to live with his grandmother, and he offered this reason for acting out at school. Gary's mother was on crack cocaine and his father was incarcerated. The approach I used with him is considered "the tough love approach." I did not join his pity party. I simply told him that I was sorry that he was unable to live with his parents, but he could be living in foster care rather than with his grandmother. I even told him that he could be living somewhere in a park. "Nevertheless," I said, I expect you to work. Doing nothing is not an option in this class." He looked at me for a few seconds. I continued. "I don't want you to end up like your parents. Your ticket out is your education. Do you understand me?" The student stopped complaining and started to apply himself more at school. I lost contact after he left my class.

Note: Changing this student's mindset was important. He needed "tough love" to end the process of feeling sorry for himself.

Tywon

Tywon, age 15 in the seventh grade, was a walking time bomb. Tywon had no respect for anyone, including himself. He referred to teachers and students as "Dawg." I asked him a question in class one day pertaining to what I was teaching. His response was, "I don't know, Dawg. Leave me alone." I gently reminded him that my name was Ms. Montgomery, not "Dawg." Then I added, "Please don't refer to me again as your "Dawg." He slid down into his seat and looked away. I ended my talk with, "I like you, and I think that we are going to get along just fine." A couple of months later, Tywon was confronted by the police officer housed at our school (we had three security guards and two police officers in-house). The police officer simply asked him why he was in the hallway. I was on my way to the office, so I observed this exchange. Tywon said to the police officer, "You aint' my f_ _ _ ing daddy, so leave me the f_ _ _ alone, Dawg." I stopped walking and I turned and looked at Tywon. I beckoned for him to come to me. I quietly said, "Sweetheart, it is disrespectful to talk to any adult like that, especially a police officer with a gun. You would never say that to me, and I know it." The gun did not faze Tywon. I continued. "I know that you can behave better than this. I think you are a nice young man and that you are afraid to show it. I need you to apologize at a time when you will mean it." He said, "Yes'M'am." Tywon apologized to the officer before I returned to my classroom. At the beginning of the next school year, Tywon was expelled from school in the eighth grade. I wanted so much to help him.

Note: Calming body language, kind words, and a caring touch calmed this student. I knew this student, so I felt comfortable in placing my hand gently on his shoulder. It worked in my favor in this particular situation.

Mystery Student

Our school was being renovated a couple of years ago. The faculty and staff were housed in trailers. I was outside on the way to my trailer when I heard the voice of a high school male directly across the street from the trailers. The high school students had just loaded the school bus for home. I heard, "Hey Bitch!" I immediately thought to myself, "He should not be talking to another student in this manner. I sort of frowned, shook my head

*in disbelief, and continued to walk. I looked across the street and saw some of the high school teachers and administrators, so I decided to stay on my side of the street and attend to my own business. A couple of steps later, I heard the same words, this time a little louder, “Hey Bitch!” I glanced across the street again and saw a bus load of White high school students looking directly at me. I thought again, “Surely, it must be someone behind me.” Again, I ignored the greeting. As I proceeded up the steps to my trailer, I heard the voice a little louder than the last time. “Hey Bitch!” I looked around again. The students were laughing and pointing at me. I noticed that the voice was coming from the rear of the bus. This third time, I reacted. **Yes, reacted.** I turned around, walked across the street, knocked on the bus door, and **told** the driver to open the door. I boarded the bus. As I boarded the bus, the quietness was deafening. Softly, I walked to the back of the bus where a group of boys were sitting. I quietly said, “Is someone here trying to get my attention?” “If so you have it.” No one said a word. Then I said, “I thought so.” “Would you want someone to call your mother a bitch?” I was looking at all of the boys in the back of the bus—not knowing where to focus my attention. I think they could see the fire in my eyes, and no one said one word. I continued, “You have one more time to call me a bitch, and I will show you exactly what a bitch is!” I turned and walked off of the bus. I realized that this was not one of my more diplomatic moments with children. I immediately reported the incident to my principal and to the high school principal and assistant principal. Nothing was done for about two days until I threatened to report the incident to someone at the central office. I was told that “they” found out who the student was and suspended him for three days. I was not told the name of the student (lucky for him) or given the opportunity to speak with him or his parents (lucky for them). After three years, I don’t believe anyone was held accountable for this incident. I was angry, but my anger was somewhat controlled. I thought about my own two sons. Neither one ever would have called any female such a name regardless of race or age.*

Note: This incident was included as an example of teacher anger. Yes, teachers do become angry. My personality played a large part in the way I handled this situation, and at no time did I lose control. However, this method is not recommended for others.

Kiera

Kiera was a 14 year old seventh grader with a two-year-old child. I did not know that she was the mother of a two year old until I asked her for an assignment. Visibly angered, Kiera snapped, "I ain't have no time to do no work last night. Ms. Montgomery, you don't understand. I have a two year old child at home. My mama keeps him while I'm at school and when I get home she have to go to work. When she go to work, I have to look after my child." I listened to this seventh grade youngster go on about her child. As I listened, I began to empathize. I looked at her with a faint smile and said O.K. She was right. I did not understand what it was like to have a child at twelve years old. I could only imagine, and when I did, I did not like what I was feeling. After this, I allowed her to complete her assignments in class.

Note: Again, I empathized with this young female child's home situation. I scheduled a conference with her, and we discussed ways in which she could keep up with her class assignments. Modifications and accommodations were put in place to aid in her success.

Raykeem

Raykeem, age 13 became angry with me because he had not completed an assignment. I asked him for it, and he proceeded to tell me that he did not do it. I asked him to take out a clean sheet of paper and prepare to complete the assignment in another classroom. As he walked out of the room, he mumbled, "If you won't no teacher, I'd "steal" on your ass." "Steal" is slang for hit or beat up. Because this student physically threatened me, according to policy, I wrote a referral and sent him to an administrator. The student was suspended for three days. After a conference with his mother, the student apologized to me. The remainder of the year was without incident.

Note: Maintaining teacher control was important in keeping this situation from escalating. I did not react to the threat or allow the student to "push my buttons." The possibility of a confrontation was averted.

"Horse" and Clarence

"Horse," as he was affectionately called, was a tall eighth grader that weighed about 200 pounds. He was a White kid that seemed to always have a "beef" with Clarence, a Black kid from "the hood." Clarence was just as tall as "Horse" but not quite as heavy. I

knew that he was not too fond of "Horse." One day in the classroom as we were returning from the cafeteria, a problem between the two started. I saw the two tall boys standing face to face—definitely in each other's space. I knew that I had to do something quickly before things got out of control. I knew the two boys and both of them respected me as their teacher. I had developed a rapport with both students, so I felt safe doing what I did. I walked over to the two boys and stood right between them—looking up at them both. "Horse," panting, said, "Move out of the way Ms. Webb (my married name). I don't want to hurt you." "Stop, Horse and let's talk about this," I said. "I know you are not going to hurt me." Clarence was just standing there waiting for "Horse" to move. I turned and looked up at Clarence. "Sit down," I said. Clarence looked at me and smiled. He said, "I don't want to hurt you Mrs. Webb," and he turned and went to his desk. Clarence sat down and "Horse" walked to his seat and sat down. "Whew!" This was what I said when I knew that the situation was under control.

Note: A friendly relationship had been established with both students, therefore it was not difficult to keep this situation under control.

Unknown Students

Two seventh grade students, a boy and a girl, became uncontrollably angry to the point of fighting. I witnessed the fight, and it is one that I will remember for a long time. A male fighting a female is something that is unthinkable to me, and it does not sit well in my mind. Fighting is unthinkable, because it is such violent behavior. I could not break up the fight. I looked around and yelled for help. The students came from out of the "woodwork" to watch the fight. They gathered around in a circle and cheered the two out-of-control students. I thought the boy was going to kill this girl. The security guards finally showed up, seemingly after a long time had passed. I'm sure it was only a few minutes, however. The two students were taken away to the office. The scene I had just witnessed made me cry. I think about it today, and tears still well up in my eyes, and this happened about seven years ago. After the students returned from suspension, I had the opportunity to speak to the male student one day in the hallway. I told him how disappointed I was by his actions. I gave him the whole spiel about why men should not hit women and how a man who beats up on women is considered a coward. I told him how his behavior made me cry. The young man listened to me and did not say a word.

“Please don’t ever do this again”, I said. The boy responded, “Yes’M’am,” and he walked away.

Note: I become somewhat emotional each time I think of this incident. I honestly don’t know what I could have done differently. Neither of these students was in my class, so the opportunity to know them was not available to me.

Trevan

Trevan was recently given a set of papers that had been graded. They were all F’s, because Trevan had not put forth any effort at all to complete his assignments correctly. It is important to mention that Trevan has an IEP, an (Individual Education Plan). Not trying at all in the classroom is not part of Trevan’s handicapping condition, and it certainly is not an option in my class. I expected Trevan to try. I still do. I noticed that Trevan had thrown his graded papers in the trash. I politely said to him that his papers need to go home for his parents to see. I asked him to take his papers out of the trash. He roared, “I ain’t goin’ in no trash. I don’t need them papers. I told him that I was going to meet with his parents to show them the quality of work he was doing. Trevan responded, “Show’em then. I don’t care!” To avoid an altercation, I went to the trash and retrieved his papers. I will meet with his parents soon. Things are beginning to look up as far as Trevan is concerned. I have been giving him a lot of “warm fuzzies” and encouragement, and he has responded positively. I have praised the smallest thing he has done, for example, just clearing his desk. I feel confident that I will have him just where I want him before long. He does not know that I am on a mission as far as he is concerned.

Note: Trevan’s behavior and negative attitude have improved tremendously. However, his interests are not related to school or school-related activities. He is in the 7th grade and his desire is to work in his grandfather’s car mechanic shop—now.

The students I no longer teach continue to stay on my mind. I think often about those students with whom I have lost contact, and I wonder how they are doing. I wish them well. As a classroom teacher, I have taken pride in myself for being quite effective in handling the discipline problems that I have encountered in my classrooms. I have managed my students without the presence of fear. Very rarely have I had to send children to the office for discipline concerns. Handling the discipline problems of my

students is my responsibility—it is my job to find solutions that will cause a change in the attitude and behavior of these students, and most of the time, I have done just that.

Disruptive students can destroy the feeling tone of the classroom. They can destroy the teacher’s formulated plans and the classroom environment. The following strategies have worked for me in the classroom, and hopefully you will find them helpful when working with your students: (See Chapter 6 for more strategies).

- Avoid reacting to students (responding to the student in an offended or angry manner). A teacher may verbally respond to a student’s actions at a time when the student’s behavior, if not serious, is better ignored. By responding negatively, the teacher demonstrates an emotional reaction to the child’s behavior and a lack of control. As a result, the student’s behavior becomes more disruptive. The teacher must remain calm without engaging in behavior that could worsen a situation.
- Learn who your students are; establish rapport with your students. Know your students as people—engage in “non-school” related conversations to learn who they are—their likes and dislikes. Friendly conversations with students usually take place in the classroom before class starts, sometimes during class, in the school’s cafeteria, the hallways, and after school. Consider any of these questions to initiate the conversation:

How are you doing? How do you feel?

Why do you look so sad today?

Why are you looking so happy?

What is your hobby?

What are some of the things you do when you get home from school?

What frightens you?

Are you involved in sports?

Did you see _____ (the name of a movie)? Ask questions about the movie.

Who is Lil Wayne? (a famous rapper)

Where do you live? Do your grandparents live close to where you live?

Do you have siblings? Are they younger or older? How do you get along with your siblings?

Where do your parents work?

What do you do on weekends?

A friendly conversation with your students will reveal the students' humanistic characteristics and give insight into the students' home-life. Teachers have the freedom to choose where, when, and how to talk with their students, but establishing a student-teacher relationship is important, especially when the student may one day show signs of uncontrolled anger. Encourage students to ask you questions. They need to see your human side, too.

- Communicate with the parents of your students.
- Be prepared in the classroom with well-written lesson plans.
- Talk with the child outside of the classroom and not in front of others.
- Praise your students frequently.
- Don't carry problems into the next day.
- Refrain from holding a grudge. You are the adult.
- Ignore some situations that are not too important. Sometimes, it is just better to let some things go.
- Notice little things about your students—new shoes, hair cuts, jewelry, new clothes, new glasses, etc.
- Handle your students differently; not all of your students are alike.
- Establish procedures and routines in the classroom.
- Involve students in establishing classroom rules.

Unfortunately, many teachers blame the troubled student for a disruption rather than finding out the actual cause. You can see how important it is to allow students to express their feelings. Talk with them. Very often what is needed by a troubled student is someone to listen and to know someone cares. Writing referrals on students every time they misbehave is easy. Winning them over takes time and effort but surely pays off when a problem arises. You just may be that teacher the student listens to during a particularly challenging conflict situation and the one to help bring it to a successful end.

CHAPTER 8

ANGER-CONTROL STRATEGIES

It's all right letting yourself go, as long as you can get yourself back.

–Mick Jagger

Children learn how to respond to frustrations in healthy or unhealthy ways (Aden & Leffler, 2001). Anger is an emotion caused by frustration (Levinson, 2006), and responding to frustrating situations with out-of-control anger is damaging. When children have trouble controlling anger, the lack of control triggers serious health-related concerns that effects one's physical and emotional health (Blake & Hamrin, 2007). The medical problems linked to uncontrolled anger are heart disease, high blood pressure, chronic lower back pain, and stomach ailments; the mental health concerns are depression, eating disorders, substance abuse, suicidal tendencies, and alcohol or other addictions (“Anger Management,” 2006).

Many children are being excluded from school as a direct result of out-of-control anger (Humphrey & Brooks, 2006). Anger is an emotion of stress, tension, and desperation. Uncontrolled anger causes violence (Blake& Hamrin, 2007; Levinson, 2006; Robin, 1997). Deffenbacher, Lynch, Oetting, and Kemper (1996) wrote that high trait angry individuals “tend to express their anger in more dysfunctional, often intimidating and abrasive ways, leading them to experience more frequent and severe anger-related consequences” (p. 149). Keeping anger in check is healthy, but when anger is out of control, help is necessary. Anger treatment is essential to emotional, vocational, social (interpersonal), and physical well being.

What are the current approaches to anger management? Blake and Hamrin (2007) found through an extensive review of the literature that “cognitive-behavioral and skills-based approaches are the most widely studied and empirically **validated** treatments for anger and aggression in youth” (p. 209). Other commonly used anger-management strategies and techniques include, “affective education, relaxation training, cognitive restructuring, problem-solving skills, social skills training, and conflict resolution” (Blake & Hamrin, 2007, p. 209). The studies listed were chosen based on the study by Blake and Hamrin (2007). The innovative strategies discussed address the problem of managing anger, but no validation was found for these strategies. The anger management strategies are as follows:

Relaxation Breathing Exercise

Gaines and Barry (2008) studied the effectiveness of relaxation breathing exercises on six male adolescents in a residential juvenile justice program. The young men were recommended by the program's superintendent because of their anger and impulse control problems. The study's design was a single-subject design with multiple baselines across six participants on two behavioral measures (Gaines & Barry). Scores were taken daily for each participant using two measures: a score for behavior and checks given for using inappropriate language. Scores for behavior ranged from 0% to 100%, with the higher score reflecting less aggression.

The program staff at the facility measured the two behavioral indicators initially. Once the relaxation breathing exercise was introduced, each participant was given a schedule and daily checklist to self-monitor. The purposes were to monitor compliance, provide proof that it was being done, and to cross-reference with the two behavioral indicators measured by the program staff. Each participant was instructed in the practice of relaxation breathing exercise.

The pattern of breathing follows:

- Inhale for the count of four
- Hold that breath for a count of seven
- Exhale for a count of eight
- Repeat the cycle five times (Weil, 1998).

The participants did the relaxation breathing exercise three times a day—morning, noon, and evening (before going to sleep). The participants also used the exercise at any point during the day when they felt out-of-control anger.

Overall, the benefits of relaxation breathing exercise were mixed with benefits demonstrated for a few participants. Although the results were inconsistent among all participants, the results from the anecdotal data were positive. The participants reported that they found the exercise useful and helpful in managing anger.

Attribution Retraining Programs

Hudley, Britsch, Wakefield, Smith, Demorat, and Cho (1998) studied the effects of an attribution retraining program, called the Brain Power Program. The purpose of the Brain Power Program was developed to reduce peer directed aggression in 384 African American and Latino boys enrolled in the third through sixth grades in four urban schools.

The Brain Power Program is a 12-lesson intervention curriculum designed for grades three to six. The lessons are divided into three components that are designed to: (a) teach participants to accurately detect social cues, (b) teach participants to associate unclear or inconsistent social cues with attributions to “uncontrollable” or “accidental” causes, and (c) show participants how to link appropriate non-aggressive responses to unclear negative social outcomes. The newly acquired skills were applied by making the connection between unbiased thinking and less aggressive responses.

The participants were assigned to three groups: (a) the attribution retraining program, (b) an attention group, and (c) a no-attention control group. The attribution retraining group participated in the Brain Power Program, and the attention group received training in nonsocial problem-solving skills.

Outcome measures included the Social Skills Rating System (Gresham & Elliot, 1990) that teachers used to rate students’ behavior. The Social Skills Rating System measures self-control and behavior. On the questionnaire are items to rate the participants concerning their temper control, response to peer teasing, and response to physical action by others. Teacher ratings were collected prior to intervention, during intervention, six months after intervention, and 12 months after all intervention activities. The Brain Power Program was found to improve the positive social behavior of ethnic minority males and that the behavior changes were related to changes in students’ perceptions.

Anger Control Training (ACT)

In Anger Control Training (ACT) (Feindler & Starr, 2003), instructors teach children that anger is a healthy emotion and that anger becomes a problem when it is expressed inappropriately and hurts others. Children and adolescents learn to recognize the “triggers” of their anger and how to express anger in certain situations.

Anger Control Training is an approach to anger management with a focus on three parts of the anger experience: physiological responses, cognitive processes, and behavioral responses (Novaco, 1975). In the physiological area, children recognize and label the intensity of their anger—are they “boiling mad,” “getting steamed,” or feeling “stone cold” (Feindler & Starr, 2003, p. 158). Children recognize the physical signs of their anger, such as tensed muscles and a fast heart rate. During this training phase, children’s anger experience is validated as a normal

emotion and that their anger intensity is under their control. Children learn to master arousal management skills—deep breathing, imagery, and relaxation skills.

The cognitive phase of training addresses the cognitive deficiencies and distortions of anger. Cognitive restructuring strategies help the adolescents identify their distorted manner of thinking. Adolescents engage in self-coaching of attributions to select a more appropriate behavioral response to their anger.

Verbal and nonverbal aggression and withdrawal are the typical responses to interpersonal conflicts and perceived provocation (Feindler & Starr, 2003). Once the child learns to manage physiological and cognitive processes, the child still has to respond appropriately to the anger-provoking situation. How the child responds to the situation is important for maintaining healthy relationships. During behavioral training, the adolescent has the opportunity to practice problem-solving skills, assertiveness training, and communication skills related to effective conflict resolution. Group suggestions and practice sessions using the skills, prepare the adolescent for success in handling anger-related conflicts in real life situations.

Rational-Emotive Behavior Therapy (REBT)

In 1955, Dr. Albert Ellis, a clinical psychologist trained in psychoanalysis, became concerned with the slow progress of his clients, but he noticed that his patients improved substantially once they changed their way of thinking about themselves and their problems (REBT Network, 2006). Dr. Ellis thought that therapy would improve if the focus was on the client's beliefs, and the method known as Rational Emotive Behavioral Therapy was developed (REBT Network). Rational Emotive Behavioral Therapy is based on the belief that events do not cause emotions; emotional reactions depend on beliefs about the events or situations (Levinson, 2006). The beliefs are either rational or irrational (Levinson). Levinson wrote the following:

REBT maintains that the primary irrational belief leading to anger is the demand that "Things *should* be the way I want them to be." Anger is created by some type of demand, and that demand typically is formulated with words such as *should, must, ought to, have to*, etc. To avoid becoming angry, avoid making demands" (p. 189).

Sharp and McCallum (2004) conducted a study designed to address the usefulness of a Rational Emotive Behavior Therapy training program that included all of the following: (1) an anger management component, (2) specific Rational Emotive Behavioral Therapy-based

training, (3) group intervention, and (4) students in a general school setting (p. 43). The participants in this study were 16 seventh and eighth grade middle school students from a rural community.

The school counselor referred the students for the study based on their involvement in numerous anger-related conflicts and office referrals. Eleven students in grade seven and ten students in grade eight were initially referred and selected to participate in the study; however, three seventh grade students and two eighth grade students were eliminated from the data analysis because they moved from the area before the study concluded. The final sample consisted of eleven males (six in grade seven and five in grade eight) and five females (two in grade seven and three in grade eight). The students' ages ranged from 12 years 3 months to 15 years. The average age was 13 years 5 months. Two of the participants were African Americans in the seventh grade group, one African American in the eighth grade group, and all other participants were Caucasian. This racial distribution reflected the school's community.

Students participated in an anger management program based on the principles of rational emotive behavior theory (Levinson, 2006). All participants took a pre-test designed to assess the knowledge of the content to be learned in the anger management training program. The training program activities included "role playing, small group brainstorming and discussion, and completion of worksheets" (Sharp & McCallum, 2004, p. 44). Students participated in the anger management program one hour a week—conducted on school grounds and in a classroom setting. The same pre-test was given as a post-test during the final training session and after an 8-week follow-up period

To determine if the Rational Emotive Behavioral Therapy program helped the participants manage their anger in anger-inducing situations at school, records of office referrals for each student were obtained. Weekly office referrals and responses to anger-inducing situations were used to evaluate the effectiveness of the training program. After participating in the Rational Emotive Behavioral Therapy-based anger management program, Sharp and McCallum (2004) found that the sixteen students earned significantly higher post-test scores on a test of Rational Emotive Behavioral Therapy concepts, and this knowledge was retained after an 8-week follow-up period. Participants' level of rational thinking and their (stated) actions in anger-inducing situations were evaluated. Rationality of stated actions and thinking increased for the participants in grade 7 and decreased for the participants in grade 8. The participants showed

success in the use of Rational Emotive Behavioral Therapy-based principles, and some success in applying these principles in anger-inducing situations.

Innovative Strategies

Rap Therapy and Anger Management

Rap therapy was designed to reach urban minority adolescents using rap music and to develop pro-social skills in a group setting (DeCarlo, 2000). Group counseling is recognized as a legitimate treatment option (DeCarlo). The ideal group setting provides adolescents with the peer interactions they need in a pro-social environment by: (a) permitting reciprocal exchange of thoughts and feelings and (b) by fostering self-disclosures not found in one-on-one counseling sessions, which are usually perceived as coercive or intrusive (DeCarlo, 2000, p. 40). However, according to (DeCarlo), group counseling for today's youth has been unsuccessful. The missing component has been the interpersonal connection and the omission of real-life experiences from these group sessions—cultural experiences.

Because academic courses are not aligned or integrated, there is a limitation in developing effective social skills training programs across the curriculum for adolescents with behavior problems (DeCarlo, 2000). Many researchers in this area have focused more on cognitive mediators of adolescents' behavioral problems and not on their cultural experiences or environment (DeCarlo). Attention is needed to the cultural experiences of the adolescent and the demands that their environment place on them (DeCarlo). According to (DeCarlo), the African American adolescents' invention of rap music seems to fit into this cultural framework. Rap therapy intervention is especially designed to reach urban minority adolescents using nuances of their own culture to change undesirable behavior.

Rap therapy is designed to achieve two significant goals: (a) to increase the adolescent's ability to analyze and change their irrational thoughts and beliefs that lead to inappropriate behaviors; and (b) to provide them with a cultural viewpoint that will promote and develop positive and acceptable behaviors (DeCarlo, 2000, p. 43). This particular music has a strong impact on the mentality of minority adolescents, especially African American adolescents (DeCarlo). Because rap artists usually "rap" about their experiences with inequities in the justice system, racism, and discrimination (DeCarlo), it was important to include rap music as a cultural component in group counseling sessions. It was thought that the inclusion of rap music would bring more meaning to the counseling sessions by capturing the adolescents' attention and by

relating the music to real-life experiences. Through their music, the “rappers” explore their feelings further by indicating how their developmental needs are not met.

Most “rappers” come from an urban environment where their lives have been void of hope, meaning, and love, and many urban adolescents continue to live in such an environment. Often one can hear the words of violence and anger directed to society. The “rappers” demonstrate through their clothing their desire not to conform to the ways of main-stream society. The rap model targets six at-risk areas: identity, morality, judgment and decision making, anger management, impulse control, and crime and punishment. Each area is analyzed using the lyrics of rap music. DeCarlo (2000) wrote that the participants are expected to develop skills in pro-social conflict resolution, develop an understanding of the role of “self” in social responsibility, and develop strategies to improve communication and interaction patterns in group-work with adolescents

The adolescents participate in group activities where they analyze the lyrics of rap music for irrational thinking or belief systems and replace them with pro-social options. When the rap music is of a positive nature, the adolescents are encouraged to use the lyrics as guides for appropriate ways of responding in interpersonal relationships. Contrary to popular belief, not all rap music advocates death or destruction. Much of rap music addresses the developmental needs of the individual (DeCarlo, 2000) and can be used as a platform to develop social behaviors in adolescents. Learning the culture of adolescents is important to bringing about desired behavioral changes.

Art

Can art control anger in troubled adolescents? Groves and Huber (2003) set out to answer this question. They used art to help students at an alternative school manage their anger. The adolescents at the alternative facility had been placed there because of their inability to function successfully in a regular classroom setting. Placement at this school begins with the recommendation of the classroom teacher and a hearing request by the home school’s principal. The result of the hearing could possibly place a student in this special facility.

Accompanying the students to their new school are their files containing failed opportunities that resulted into the alternative placement. Once the adolescent is placed in this alternative setting, the primary function of the school is to teach consequences and control using a full-time staff consisting of a director, therapist, caseworker, lead instructor, and three

paraprofessionals (Groves & Huber, 2003). To help students with a successful behavioral change, the art instructors were asked to develop and teach an art program to include both the manipulation of materials and an understanding of the creative process. The overall goal of the program was to use the creative process to help students manage anger. The adolescents assigned to this class were boys aged twelve through fifteen. The average reading level of the students was at the fourth grade level; therefore, the materials and resources were chosen to accommodate this deficit (Groves & Huber).

The art instructor first began the art class by introducing the students to some of the world's greatest artists (e.g., Michelangelo, Mary Cassatt, Vincent Van Gogh, Gauguin, and Picasso) and by reading a story about the featured artists to prepare the students for the concept to be taught. The lessons ranged from simple art activities to more complex projects involving design, composition, and color. At the beginning of each project, the teacher and the students wrote out the steps to the creative process and reviewed them. The art activities included making plaster masks—a type of mask that is constructed on the student's face requiring both trust and patience—and a mural project requiring group work. The mural was later transferred to the wall. The focus was more on the creative process than the quality of the artwork. The students eventually learned to respect each other's thoughts and ideas, they developed self-control, and they learned respect, began to trust, and formed a community (Groves & Huber, 2003).

Through participation in the art program, the students learned acceptance and achievement, (Groves & Huber, 2003) because the teacher reinforced the individuality of art and each person's interpretation was given merit. The creative process proved to be a viable and effective tool in anger management.

Emotional Fitness Training (EFT)

Emotional Fitness Training (EFT) (Aden & Leffler, 2001) was developed by Katherine Gordy Levine (Emotional Fitness Training, 1995). The program is designed to help children, adolescents, and adults manage anger and other overpowering emotions. The program's focus is emotional strengthening (Aden & Leffler). The Emotional Fitness program is designed to fit the needs of the individual. The program includes exercises in emotional self-awareness, relaxation techniques, and the acceptance of things and events that cannot be changed (Aden & Leffler). Emotional coaching is available if needed. Emotional Fitness Training programs are used in schools where they complement psychodynamic therapy and behavior modification programs

that are already in place for the student experiencing anger management problems (Aden & Leffler).

There is a consensus among educators that comprehensive science-based anger management programs would positively impact the school's climate by helping students manage their anger (Office of Safe Schools, 2001). A variety of anger management programs was presented in this chapter to help manage anger in children. Children benefit from learning how to control anger during the early ages. When they do, children are better able to increase their chances of developing healthy relationships during the adolescent years, and they decrease their chances of developing physical and mental health illnesses. Individuals are entitled to feel and experience the different emotions, but change is needed when these emotional feelings create problems in their lives and in the lives of others. Teaching children to manage anger will help them avoid the damaging effects of anger on their physical, social, and emotional health.

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CHAPTER 9

SUMMARY:

RESOURCES AND SUGGESTIONS FOR MANAGING ANGER IN CHILDREN

“An idea that is developed and put into action is more important than an idea that exists only as an idea.” –Buddha

One of the greatest challenges of educators is managing angry students in the academic setting (Leaman, 2006). Anger that is out of control produces dangerous outcomes and consequences, such as poor school performance, interpersonal conflicts, and verbal or physical assaults. Anger frequently leads to violence if no intervention is in place to assist the angered child (Office of Safe Schools, 2001). Early indicators of violent behavior are “deficient skills in empathy, impulse control, social problem solving, anger management, and assertiveness” (Office of Safe Schools, 2001, p. 1). Out-of-control anger harms others emotionally and physically. Teaching children anger-control strategies reduces aggression and helps maintain a safe and orderly environment.

Anger affects many aspects of a child’s life—home, school, and social. Reactive and punitive behaviors are ineffective in dealing with the out-of-control angry child (Nelson, 1997). Using effective resources and strategies help the child change self-defeating behaviors to positive and socially acceptable behaviors. Effective strategies enable an angry person to de-escalate, not escalate to the level of exploding (Leaman, 2006). The challenge for educators is to understand the dynamics of anger and to be able to intervene effectively (Leaman).

Parents and teachers may find the resources presented in this chapter of value as they work to manage anger in children. The resources for children are especially designed and written for children to help them understand the emotion of anger on their level of understanding. Professional assistance in managing anger is always a useful option.

School and Community Resources

The first step in dealing with the out-of-control angry child begins with seeking the help of professionals to bring about order, understanding, and balance in the child’s life. Too often children manifest anger in counterproductive ways with destructive and disastrous results (Leaman, 2001). Their anger issues are unresolved, and a skilled anger-management professional

is needed to transform a situation *from chaos to calm*. The following professionals are available to offer some guidance and assistance to help children who are experiencing an anger crisis.

The classroom teacher is available to provide information concerning a child's academic, emotional, and social behavior. An observant teacher notes changes in mood and behavior over time. The teacher can provide a description of the interaction with peers and adults. The teacher can explain changes in a child's attitude in the classroom, especially in daily situations and during times of stress. Information from the teacher is valuable and should not be ignored ("Job Description Teacher," n.d.).

The school guidance counselor is responsible for helping students develop skills in the areas of personal and social growth. Activities, such as individual and group counseling are provided to meet the developmental, preventive, and remedial needs of students. The school counselor interprets test results and other student data to help in decision-making concerning the child. Educational placement of students is accomplished through appropriate educational assessment strategies ("Job Description of the School Counselor," 2007).

The school psychologist identifies and assesses the learning, development, and mental characteristics and needs of children. Group and individual counseling services are offered to children. The school psychologist performs assessments and uses the data to recommend needed interventions and academic placement. Consultation with parents, teachers, other school personnel, and community agencies is provided to improve the learning and adjustment of students ("Job Description of the School Psychologist," 2007).

The school social worker is responsible for strengthening the school/home/community relationship. The child's behavior problems are evaluated and possible causes are identified. The social worker makes home visits to assess the home environment and family relationships. Information involving cultural and diversity competence is offered along with helping students, families, and school personnel access available opportunities and resources to maximize a student's potential ("School Social Worker Job Description and Evaluation Standards," 2009).

The family counselor has the responsibility of helping people with stress-related concerns, mental health issues, behavioral problems, and family matters. A family counselor can offer services to individuals or an entire family. The counselor asks questions about feelings involving the home situation to try to uncover the nature of individual or family problems. One of the major functions of the family counselor is helping children adapt to difficult situations and

problems, including uncontrolled anger (“Marriage and Family Counselor Job Description,” 2010).

A *child psychologist*’s responsibilities are similar to those of the counselor and social worker. The child psychologist helps to treat such mental health issues as anxiety, suicide, peer pressure, and coping with death. A psychologist is trained to be non-judgmental and strives to ensure the safety of the child from the initial meeting. Causal factors are identified through extensive therapy (“Child Psychologist,” n.d.).

A *minister* is the spiritual leader of an organized religion. The minister is someone who may or may not be trained to counsel individuals, couples, and families. Services are sometimes offered with spiritual guidelines for use in solving problems and conflicts. The minister encourages individuals through the disciplines of scripture and prayer and with grace and love. Many ministers recommend that one may want to seek the services of outside health-care professionals to help in troubling situations (“Survey-Senior Minister/Pastor,” n.d.).

The *school nurse* identifies problems and disabilities in children and recommends treatment. Screenings are held for vision, hearing, bone, growth, and other physical conditions and the findings are evaluated for deficits. The school nurse can identify a child’s pattern of clinic visits and initiate a referral to parents or community health resources for intervention, remediation, and follow through. Some school nurses visit the homes of students to assess the family’s needs as related to students’ health. Health assessments are important to the child study process to aid in making effective decisions in addressing student academic behavior (“School Nurse Job Description,” n.d.).

The *family doctor* assesses and treats a wide range of conditions and ailments. The doctor diagnoses illnesses and prescribes and administers treatment for individuals suffering from injury or disease. Counseling is part of the family doctor’s responsibilities. This counseling may be on diet, hygiene, emotional health, or preventive health care. An examination of a patient’s medical history is needed to interpret diagnostic tests (“Family Practice Doctor Job Description,” n.d.).

Childhood anger management clinics are places where children’s anger issues are treated with therapy. The child’s pediatrician or family doctor usually refers the child to an anger management clinic for evaluation and management of a child with aggression and anger management problems. Treatment is individualized with a strong emphasis on teaching behavior

modification strategies. The family is usually involved in the child's therapy to resolve their issues quickly ("Brandt Therapy Clinic," n.d.).

Anger Assessments

An unclear definition of anger complicates attempts to measure anger and aggression in children and adolescents--Kassinove and Sukholdosky's study (as cited in Blake & Hamrin, 2007). Clinicians attempting to measure anger understand the need for a comprehensive psychiatric assessment to obtain the necessary information pertaining to an anger-related problem (Blake & Hamrin). An accurate assessment depends on information from the following areas: "past psychiatric history, family history, developmental/social history, and psychosocial stressors from multiple informants" (Blake & Hamrin, 2007, p. 210). A number of anger measurements are designed to assess anger, and some are presented for consideration in diagnosing and controlling anger in children and adolescents.

Interview Protocol

The author constructed an instrument to identify the causes of anger in adolescent males. The instrument is a tool for use by teachers, administrators, and others for collecting information from students on the reasons for their anger. This instrument provides the interviewer with a consistent format for questioning. The protocol introduction is part of the interview protocol (see Appendix B for the introduction to the protocol and Appendix C for the interview protocol.). The introduction's purpose is to introduce the test administrator, the protocol, and the questioning process to interviewees.

The interview protocol consists of 35-questions with probes that are associated with 11 domains of anger in children as identified in the review of literature—***interpersonal relationships, shame, guilt, self-esteem, child abuse, socioeconomic condition, adult background anger, neighborhood crime, unemployment, underemployment, and police mistreatment***. Each question has a set of probes for increasing the accuracy of information received from interviewees.

The interview questions are written in the language of the adolescents for ease in comprehension. The questions are open-ended in nature so that the test administrator can ask the respondents for factual answers as well as opinions about events. It is important that the adolescents are comfortable with the questions and that the questions are in the language they

use daily. By using the language of the adolescents, the chances of obtaining useful data increases.

The interview protocol is included in the appendix for the reader to review or use with adolescent males. Of course, any testing of children requires parental permission and the permission of the school district's instructional accountability/research and evaluation department. Establishing specific testing guidelines, aids in obtaining the desired results without harm to the participants.

The **risks** associated with this instrument are believed to be more than minimal, and they should be explained to the parents and the participants before testing. The following are examples of possible behaviors participants may experience:

Psychological risks

Rehashing/recounting child abuse, neglect, sexual abuse, verbal abuse could lead to depression, sadness, or low self-esteem. This could be manifested in self-directed violence, violence directed at others, or suicide. Talking about things that causes pain may affect one's current mental state.

In-house counseling is considered a strategy to minimize this risk. The examiner needs to be aware of the risks to be vigilant to the participants' reactions to the interview questions.

Social risks

Taking this test may stigmatize the participants or their families as having a problem or being different from others in their community. The participants may be less stigmatized if the interview takes place in a familiar setting—their school.

Legal risks

If one of the participants share with the examiner information related to child abuse, the examiner is obligated by law to report that information to the proper authorities. This places the individual responsible for the illegal behaviors at risk of legal action, e.g. prosecution and incarceration. It is important to report any child abuse information to the school's administrator.

Benefits

The interview results have the following potential **benefits**: The identified antecedents of anger could help parents, teachers, and other youth workers identify conditions and situations that may predict anger in adolescents. Test results may identify strategies to reduce anger and create a situation more conducive to learning. The more parents and school personnel know

about the emotion of anger, the more they are able to help children successfully manage their anger.

Aggression Questionnaire (AQ)

The Aggression Questionnaire (AQ) (Buss & Warren, 1992) is a self-report inventory for children and adults for measuring aggressive tendencies and the ability to direct those responses in positive ways. This instrument is used for ages 9 to 88 years and takes only 10 minutes to complete. The Aggression Questionnaire consists of 34 items and is written on a third grade reading level. The respondent rates each item on a 5-point scale ranging from “Not at all like me” to “Completely like me.” The categories of measurement are: physical aggression, verbal aggression, anger, hostility, and indirect aggression.

Revised Behavior Problem Checklist (RBPC)

The Revised Behavior Problem Checklist (RBPC) (Quay & Peterson, 1996) is used to rate problem behaviors observed in adolescents and young children 5 to 18 years of age. Eighty-nine items comprise this instrument. The Revised Behavior Problem Checklist measures the following:

Conduct disorder (22 items)—the focus is on physical aggression, difficulty controlling anger, disobedience, defiance, and opposition.

Socialized aggression (17 items)—this includes misbehavior in the presence of others—including stealing, substance abuse, truancy, gang membership, and lying.

Attention problems-immaturity (16 items)—the focus is on symptoms associated with attention deficit disorder.

Anxiety-withdrawal (11 items)—these items measure poor self-esteem and self-confidence, highly sensitive to criticism and rejection, fearfulness, and fear of failure.

Psychotic behavior (6 items)—these items measure speech disturbance, strange ideation, delusions, and impaired reality.

Motor tension-excess 5 items)—the focus is on symptoms of over activity including restlessness, tension, and nervousness.

State-Trait Anger Expression Inventory-2

The State-Trait Anger Expression Inventory-2 [STAXI-2] (Spielberger, 1999) was developed to address the state-trait components in anger. The STAXI-2 measures the experience, expression, and control of anger in adolescents and adults ages 16 to 63 years and

assesses the components of anger and anger expression for evaluations of normal and abnormal personality and the effects of these components on hypertension and coronary heart disease. It is a 57-item inventory consisting of 6-scales; 5-subscales—state anger, trait anger, anger-in, anger-out, anger control and an Anger Expression Index that measures total anger expression. Anger-in is defined as how often a person experiences but does not express angry feelings, and anger-out is defined as how often a person engages in aggressive behavior when motivated by angry feelings (Spielberger, Krasner, & Solomon, 1988). The STAXI-2 is the integration of the State-Trait Anger scale (Spielberger, Jacobs, Russell, & Crane, 1983) and the Anger Expression (AX) Scale (Spielberger et al., 1988).

Children’s Inventory of Anger (ChIA)

The Children’s Inventory of Anger (Nelson & Finch, 2000) is a self-report inventory that identifies the kinds of situations that provoke anger in particular children and the intensity of their anger response. The instrument contains 39 items and requires approximately 10 minutes for the child to complete. This is one of the few instruments available that evaluates children’s perceptions of their own anger. This assessment is used with ages 6 to 16, is written on a grade 3 reading level, and can be read aloud to young children or those with reading difficulties. The Children’s Inventory of Anger has been useful in measuring change following the implementation of anger management intervention strategies.

Child Behavior Checklist for Ages 6-18 (CBCL/6-18)

The Child Behavior Checklist for Ages 6-18 (CBCL/6-18) (Achenbach, 2001) contains reports from parents, guardians, and other close relatives regarding competencies and behavioral/emotional problems. Parents provide information for 20 competence items pertaining to their child’s activities, social relationships, and school performance. This assessment is comprised of 118 items describing specific behavioral and emotional problems and two open-ended items for reporting additional problems. Parents rate their child for how true each item is now or within the past 6 months using a 3-point scale—0 = not true (as far as you know), 1 = somewhat or sometimes true, 2 = very true or often true.

Adolescent Anger Rating Scale (AARS)

The Adolescent Anger Rating Scale (AARS) (Burney, 2001) can be used for identifying anger in adolescent males. The cover page for this instrument (see Appendix C) is included to show the necessary information if it is desired for use.

The AARS is designed to assess three aspects of anger: total anger, specific types of anger (instrumental anger and reactive anger), and anger control in adolescents 11 to 19 years of age. *Instrumental anger* is a negative emotion that sparks a delayed response resulting in a desired and planned goal of revenge or retaliation. *Reactive anger* is an immediate angry response to a perceived negative, threatening, or fearful situation.

The AARS is a 41-item, self-report, Likert-type rating scale designed to identify an adolescent's typical modes of anger expression and anger control. Thirteen items of the AARS subscale are used to assess anger control (AC). AC subscale raw scores range from 13 to 52. Higher AC scores reflect greater self-endorsements of anger control. The AARS is appropriate for use in clinical settings as a screening measure for social maladjustment behaviors and as a measure of treatment effects.

Other Sources of Assistance: Anger Management Books

Listed below are books pertaining to anger management and aggression in children. Techniques, tips, strategies, and other helpful information are provided to help the reader understand and control anger in children at school and home. Games and fun activities are offered. These books are written for school personnel, parents, and children to offer assistance. You may find the list of suggested books useful as you work to understand children with anger management and aggression issues.

Books for Teachers and Counselors

Eggert, L. L. (2007). *Anger management for youth: Stemming aggression and violence*.

Bloomington, IN: Solution Tree.

Offers information to group leaders on how to teach anger management techniques to adolescents; identifies key concepts about anger and anger management, provides practical advice on how to organize a group; features a sequenced series of modules for anger-management skills training.

Fitzell, S. G. (2007). *Transforming anger to personal power: An anger management curriculum for Grades 6-12*. Champaign, IL: Research Press.

This resource provides educators and mental health professionals with a unique approach for teaching anger management to middle and high school students. The goal of the

program is to help students realize that they have the power to take control of their lives and emotions and choose healthy responses to anger.

Greene, R. W. (2005). *The explosive child*. New York: Harper Collins.

This author offers advice to parents and teachers on identifying the cause of a child's frustration and working with the child to develop coping skills.

Henley, M. (1997). *Teaching self-control*. Bloomington, IN: Solution Tree.

This program includes role-plays, simulations, learning center activities, and children's literature that can be used to teach self-control skills.

Luhn-Wolfe, R. (1992). *Managing anger: Methods for a happier and healthier life*. Ontario, CAN: Crisp Learning.

The author offers exercises and self-tests to provide individual assessment of the causes and effects of anger.

Marris, B., & Rae, T. (2006). *Teaching anger management and problem-solving skills for 9-12 year olds*. Thousand Oaks, CA: Sage.

This is an innovative resource for teachers of 9-12 year olds who have difficult behavior. It helps children safely address typical problems through activities and group discussion.

Potter-Efron, R. T. (2005). *Handbook of anger management: Individual, couple, family, and group approaches*. Abingdon, Oxfordshire UK: Haworth.

Offers therapists and counselors with a comprehensive review of anger and aggression management techniques; examines rages, aggression, hostility, resentment, hatred, anger avoidance, and chronic anger.

Potter-Efron, R., & Potter-Efron, P. S. (2006). *Letting go of anger: The eleven most common anger styles and what to do about them (2nd Edition)*. Oakland, CA: New Harbinger.

Provides step-by-step help for overcoming eleven identified anger patterns; focuses on how to communicate in healthier, more effective ways.

Quill, C. (2009). *Anger and anger management*. New York: Rosen.

Describes the causes, symptoms, and treatment options for uncontrolled anger; examines how anger relates to self-esteem; identifies the effects anger can have on personal relationships; and other related topics.

Simmonds, J. (2003). *Seeing red: An anger management and peacemaking curriculum for kids: A resource for teachers, social workers, and youth leaders*. Jackson, TN: New Society Publishers.

The author offers anger management and peacemaking strategies for children ages six through twelve.

Stevenson, H. C. (2003). *Playing with anger: Teaching coping skills to African American boys through athletics and culture*. New York: Praeger,

The author presents a history of culturally relevant Black youth and behavior before going into sports-related anger management interventions through the medium of basketball and martial arts.

Wilde, J. (2002). *Anger management in schools: Alternatives to student violence*. Lanham, MD: Scarecrow Press.

Explains how teachers can use the Rational Emotive Behavior Therapy (REBT) model to encourage students to acknowledge and change feelings that are causing problems in their lives to avoid classroom violence.

Books for Parents

Childre, D., & Rozman, D. (2003). *Transforming anger: The heartmath solution for letting go of rage, frustration, and irritation*. Oakland, CA: New Harbinger.

Presents information on how to release and resist angry feelings and shows how to use scientifically proven techniques to transform the body's physical response to anger into a more positive expression.

Eifert, G. H., McKay, M., & Forsyth, J. P. (2006). *Act on life not anger: The new acceptance and commitment therapy guide for problem anger*. Oakland, CA: New Harbinger.

Based on principles of Acceptance and Commitment Therapy the author provides techniques for dealing with anger by helping readers change their relationship with anger and how to respond to it; offers strategies on how to develop compassion for self and others.

Faupel, A. (1998). *Anger management: A practical guide*. Abingdon, Oxfordshire UK: David Fulton.

Describes strategies for managing anger, beginning with a look at the causes and consequences of getting angry, and considers a variety of approaches to managing personal anger, and the emotional outbreaks of others.

Favaro, P. J. (2006). *Anger management: 6 critical steps to a calmer life*. Franklin Lakes, NJ: New Page Books.

Presents a practical guide to anger management, and provides real-life examples and strategies for controlling difficult situations and overcoming frustrations.

Fitzell, S. G. (2004). *Transforming anger to personal power*. Champaign, IL: Research Press.

This program was developed as an alternative to out-of-school suspension. It helps students take control of their lives and choose healthier responses to anger. This program is for grades 6-12.

Fox, L. (2000). *I am so angry I could scream: Helping children deal with anger*. New York: Harper Collins.

The author writes about a little girl who finally loses her temper. A sympathetic aunt helps her work through her anger.

Golden, B. (2003). *Healthy anger: How to help children and teens manage their anger*. New York: Oxford University Press.

Assures parents it is all right if their children get angry, because anger is a natural emotion. Parents will be able to identify the emotions associated with anger and recognize the motivations behind the anger.

Hoy, L. J. (2006). *What's good about anger? Expanded anger management course with faq.* Oak Brook, IL: CounselCare Connection.

Discusses anger management and focuses on how to express angry emotions without negative connotations; examines triggers for anger, when anger is good; provides information on managing conflict, forgiveness, cognitive distortions, and more.

Kellner, M. H. (2003). *Staying in control: Anger management skills for parents of young adolescents.* Champaign, IL: Research Press.

Presents information on how to control and prevent anger in teens, with specific exercises and step-by-step logs that help to identify anger triggers and anger-provoking situations.

McKay, G. D. (2004). *Calming the family storm: Anger management for moms, dads, and all the kids.* Atascadero, CA: Impact.

The author offers families practical suggestions and tools for help in effectively dealing with the inevitable anger that arises in everyday family life.

Wiener, V. (1000). *Winning the war against youth gangs: A guide for teens, families, and communities.* Santa Barbara, CA: Greenwood Press.

This guide for teenagers, their families, and communities addresses the youth gang issue in understandable, manageable language.

Kipnis, Aaron (2002). *Angry young men: How parents, teachers, and counselors can help.* San Francisco, CA: Jossey-Bass.

The author stresses the need to learn to understand and address the needs of young males, especially minority males.

Books for Children

Biron-Dekel, K. (2006). *Anger's way out: A dealing with feeling book.* Bloomington, IN: AuthorHouse.

This book contains a story that allows the young reader to grasp the concept of the mind/body connection in a simple and engaging way. The main character deals with anger.

Hershorn, M. (2002). *60 second anger management: Quick tips to handle explosive feelings*. Pittsburgh, PA: New Horizon Press.

The author shows how to cope with overt and hidden anger in crisis, road rage, and verbal abuse.

Hershorn, M. (2003). *Cool it! Teen tips to keep hot tempers from boiling over*. Pittsburgh, PA: New Horizon Press.

The author helps teens discover their stressors and identify their real feelings using relevant case histories covering issues of self-worth, self-esteem, assertiveness, sibling rivalry, substance abuse, rejection and parental divorce.

Lohmann, R. C. (2009). *The anger workbook for teens. Activities to help you deal with anger and frustration (Instant help)*. Oakland, CA: Newharbinger.

The author offers forty-two activities and exercises adolescents can do to examine what makes them angry and learn to communicate their feelings more effectively.

Moser, A. (1994). *Don't rant and rave on Wednesdays! The children's anger control book*. Kansas City, MO: Landmark.

The author explains the causes of anger and offers methods that can help children reduce the amount of anger they feel. Techniques for controlling behavior are offered.

Potter-Efron, R. (1993). *How to control our anger before it controls you: A guide for teenagers*. New York: Carol.

The author presents a technique designed to help understand the roots and nature of anger. Readers learn to reduce angry reactions using simple instructions and exercises.

Seaward, B., & Bartlett, L. (2002). *Hot stones and funny bones. Teens helping teens cope with stress and anger*. Deerfield Beach, FL: HCI Teens.

This book was designed especially for teens. It offers anger-management techniques from a mental-health professional.

Shapiro, L. E. (1994). *The anger control tool kit*. King of Prussia, PA: The Center for Applied Psychology.

This is a book and video that gives techniques and methods used to help children who have difficulty controlling anger. Numerous reproducible charts, checklists, and behavioral contracts are included—for ages 6-12.

Verdick, E., & Lisovskis, M. (2003). *How to take the grrr out of anger*. Minneapolis, MN: Free Spirit.

This book offers strategies to help children manage anger. Tips are blended with ideas, jokes, and funny cartoons.

Warren, N. C. (1999). *Make anger your ally*. Alexandria, VA: Living Books.

This book reveals how to make anger work for you rather than against you and reveals how to master anger and transform its energy into a dynamic force for positive living.

Wilde, J. (1997). *Hot stuff to help kids chill out: The anger management book*. Richmond, IN: LRG.

This author discusses stress and anger management activities for children and adolescents.

Wilde, J. (2000). *More hot stuff to help kids chill out: The anger and stress management book*. Richmond, IN: LRG.

A follow-up to the original “Hot Stuff” provides kids with new ideas to cope with anger and hostility. This book also contains information on managing stress, an important part of an anger management program.

Journals

In this section, I have presented a list of scholarly journals that contain articles written by scholars and experts in their chosen fields of study. You will find articles written about children’s health, welfare, and safety. Additionally, articles are written about children’s physical, emotional, and social development. These articles are written by authors who have researched the topics of interest. These journals can be found at any college library, some public libraries, and online.

A

Adolescence

Adolescent Psychiatry

American Journal of Family Therapy

American Journal of Psychiatry

Annals of Behavioral Medicine

B

Behavior Therapy

Behavioral and Brain Sciences

Behavior Research and Therapy

Behavioral Disorders

C

Child Abuse & Neglect

Child Development

Child Psychiatry and Human Development

Child Welfare

Children & Youth

D

Developmental Psychology

E

Early Childhood Development and Care

Education and Treatment of Children

Education and Urban Society

Emotional & Behavioral Difficulties

Exceptional Children

F

Family Journal

Family Relations

Family Violence

Future of Children

H

Handbook of Communication and Emotion

Health and Psychology

I

International journal of Behavioral Development

J

Journal of Adolescence

Journal of Adolescence Health

Journal of At-Risk Issues

Journal of Black Studies

Journal of Child Psychology and Psychiatry

Journal of Counseling and Development

Journal of Family Violence

Journal of Interpersonal Violence

Journal of Positive Behavior Interventions

Journal of School Health

Journal of School Violence

Journal of Youth and Adolescence

M

Middle School Journal

Merrill-Palmer Quarterly

Middle School Journal

N

New England Journal of Medicine

P

Peabody Journal of Education

Professional School Counseling

Psychology in the Schools

Psychiatric Annals

R

Reaching Today's Youth
Reclaiming Children & Youth

S

Scholastic Early Childhood Today
School Administrator
School Psychology Quarterly
Social Forces
Social Work Research

T

The American Journal of Psychology

U

Urban Education

W

Welfare

Y

Youth & Society

Anger Management Web-sites

Anger management web sites offer strategies, techniques, and skills directly from the computer. The sites provide information that is usually quick and convenient. Web sites allow the visitor to seek information from the privacy of one's home, any time of day or night. Visitors can shop from home, save money, and download products. For any medical diagnosis related to anger management, please seek the advice of a trained physician.

<http://www.ncdjdp.org>

The Department of Juvenile Justice service for the state of North Carolina offers services for youth by establishing and maintaining a juvenile justice system that promotes juvenile delinquency prevention, intervention, and treatment. Though this site's focus is on the youth of North Carolina, the broad topics covered on the site, such as anger management is useful to anyone interested in children's anger issues.

<http://www.bam.gov>

This site offers ideas and tools to help with stress, conflict, and other pressures. The site is maintained by the Centers for Disease Control of the Department of Health and Human Services. Help for children in several areas including: diseases, food and nutrition, physical activity, and safety are found on this site. Children will find this site colorful, fun, and exciting.

<http://library.unlv.edu>

This site is operated by University Libraries—University of Nevada, Las Vegas. The site is an excellent resource for locating books. For example, under subject, choose anger management from the drop menu. A list of books for various ages results. Your search can be narrowed.

http://www.any-book-in-print.com/grades_912/anger_912.htm

Books for students in grades 9-12, grades 6-8, and K-5 are found on this site. This is a useful site for locating books on anger control. The site also offers books in counseling and other areas of mental health. Therapeutic games and cartoons can be purchased. This site is operated by Paperbacks For Educators. This is an excellent resource for children.

<http://www.apa.org/topics/controlanger.html>

American Psychological Association operates this site. A variety of psychology topics is offered—addictions, bullying, depression, and emotional health to name a few. In the search bar, type in anger and many anger-related topics will appear that describe anger and anger management. The site offers different strategies for controlling anger and determining whether counseling would be useful.

<http://www.kidshealth.org>

This site is for parents, young children, and teens. Help with issues facing children and teens and positive parenting and health issues for adults. Nemours Center for Children's Health Media operates this site. Nemours Center for Children's Health Media is a national leader in healthcare education. Video programs are offered. Information on a variety of topics can be found on this site. This is an excellent resource for children and their parents.

www.crenet.org

Crenet.org is designed to provide targeted search terms to enhance the users online search experience. Conflict Resolution Network helps to create safe and orderly schools. This organization offers strategies on how to create civil communities by making conflict resolution education available to all. This site would be more attractive to school personnel. I found the site useful.

www.parentingtoolbox.com

Tips and techniques (on a number of developmental topics) for helping children of all ages are presented. Helpful information on a variety of topics is given to parents. This site is operated by Ron Huxley. Huxley is a Licensed Marriage and Family Therapist. He specializes in trauma, attachment, and nontraditional families (like divorced, step, and adoptive families). This site appears to be useful for parents who are dealing with problem children.

www.psychpage.com

At the time of this writing, this site is undergoing renovations and not all content is posted; however, PsychPage is a web site with information for parents to help their child with anger-related problems. The site has a link to books related to families, relationships, and parenting. I think the site will be able to provide useful information when renovations are completed.

www.schoolmediation.com

School Mediation Associates is a site featuring school conflict resolution and mediation information. This organization is an international leader in resolving conflict in schools. School Mediation Associates helped to create the peer mediation concept 25 years ago. This organization facilitates difficult conversations among adults and train educators and young people using programs that build relationships, improve school climate, and increase academic success. This is an excellent resource for school personnel.

<http://www.eudcationworld.com>

Education World is a site where teachers can gather and share ideas. This is a complete online resource where educators can research materials they are looking for to improve classroom management and instruction. Information can be found on aggression, bullying, anger management, and more. Use the search bar to type in the subject. This is a useful site for educators.

<http://www.angerchillout.com>

This site offers a unique approach to some of the important issues children are facing today. Jerry Wilde, the author of the site deals with children and their parents on anger-related issues. Jerry Wilde is an assistant professor of educational psychology for Indiana University East. Book, games, and videos are offered.

Managing Anger = Stress

This site offers solutions for controlling the stress that can cause rage and tools for managing and understanding anger. A list of books is recommended for visitors to this site. For quick tips and techniques, this site is recommended.

Why Is Everyone So Cranky?

Leslie Charles is a Certified Speaking Professional who speaks from her personal experience as once having been a cranky person. Quizzes, inspiration, and more to help the angry person are found on this site. The author outlines ten social trends that have created the anger epidemic of our culture and how to combat it. The information on this site is beneficial for all ages.

Growth Central

This site is directed by Rich Pfeiffer, a Licensed Marriage and Family Therapist, a Psychotherapist, and a nationally Certified Anger Management Specialist-V. Growth Central offers help for families, relationships, anger control and anger management, assertiveness, anxiety, panic, binge, and compulsive eating. You will find free information and mental health resources relating to many areas. I recommend this site for those looking to improve personal growth.

Court Services

Online classes are designed for persons unable to attend in-person classes due to busy schedules or the inability to locate classes conveniently near work or home. Court ordered classes are recommended for severe offenders who cannot control their anger. Suggested web sites for online court ordered classes are listed.

www.AngerClassOnline.com

This online anger class is presented by the A. J. Novick Group, Inc. The A. J. Novick Group, Inc. is a comprehensive online anger management class available 24 hours a day. This course is available in all 50 states, Canada, and abroad. This course was developed by Dr. Novick, a Certified Anger Management professional.

www.courtorderedclasses.com

This site is designed for individuals who need to take court ordered classes for court ordered requirements, or at the request of an employer, or for personal reasons. Anger management classes are offered to satisfy a court order, and they are nationally certified.

www.angermgmt.com

The author of this site is Leonard Ingram, a counselor with over twenty-five years of experience. The site offers an anger management course that meets and fulfills the conditions for probation or dismissal stipulated in most court ordered anger management.

www.avaca.net

AVACA is operated by Jennie Lake, an educator with over 25 years of experience. Over 300 different court, probation, and state/county departments across the U. S. utilize Lake's services. Court ordered anger management classes are offered and available in all 50 states, Canada, and abroad.

www.angerhelp.com

Many online programs are offered on this site—relationship, self-esteem, stress, anxiety, and addiction and recovery. The site offers a court ordered program on anger management that reduces levels of anger, especially in provocative situations.

www.daybreakservices.com

Anger management classes are offered to company executives as well as adolescents. The anger management course provides an alternative to long prison terms for violent offenders.

www.iaf.net

Information and directions to locating online court ordered anger management classes in many Virginia cities are offered. This cite also gives the company's name, address, and telephone number where one can seek help on controlling anger.

www.masteringanger.com

This site offers online court ordered anger management classes that are Nationwide Court Accepted. The program was developed, and is maintained by Certified Anger Management Facilitator Carlos Todd, a Licensed Professional Counselor who is Nationally Certified. The course is presented in audio-video format.

Mental Health Organizations

The following organizations, agencies, and associations were found during my search. These organizations are grouped as federal, national, state, and local. The organizations listed promote youth health and safety, identify and promote effective anger management methods and techniques for youth and adults, provide critical information, deliver urgently needed programs and services, and provide information on other safety and mental health issues. Adult mental health issues are also addressed. Members of these organizations work diligently to make positive changes in the lives of children and adults by providing support for their mental health conditions. The development of initiatives to keep individuals safe and healthy is the major goal of these organizations.

Federal Agencies

Centers for Disease Control & Prevention

<http://www.cdc.gov>

The Centers for Disease Control & Prevention is an online communication channel that provides users with credible, reliable health information. The site is designed for educators, students, researchers, healthcare providers, and others.

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

The purpose of the Substance Abuse and Mental Health Services Administration is to reduce the impact of substance abuse and mental illness on America's communities. Some individuals with behavioral health issues rely on public assistance programs for help through this organization.

Environmental Protection Agency

<http://www.epa.gov/>

The mission of this agency is to protect human health and the environment.

Health Resources and Services Administration

<http://www.hrsa.gov>

Health Resources and Services Administration is an agency of the U.S. Department of Health and Human Services. This agency offers healthcare regardless of ability to pay. The primary goal is to improve access to health care services for people who are uninsured, isolated or medically vulnerable.

U.S. Department of Education Safe & Drug-Free Schools

<http://www.ed.gov/offices/OESE/SDFS>

The U.S. Department of Education Safe & Drug-Free Schools administers, coordinates, and recommends policy for improving quality and excellence of programs and activities by providing financial assistance for drug and violence prevention and by supporting other initiatives.

U.S. Department of Justice

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

<http://ojjdp.ncjrs.org>

The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention is an agency that collaborates with other professionals to improve juvenile justice policies and practices. It supports states, local communities, and tribal jurisdictions in their program development efforts that are created to help children.

National Agencies

American Association of Anger Management Providers

<http://www.aaamp.org>

American Association of Anger Management Providers is the largest provider of Executive Coaching/Anger Management in the nation and the preferred provider of coaching for “disruptive physicians.” The organization offers articles, opinions, and news dealing with anger, anger management, and business issues related to the practice, development, and management of anger management organizations.

International Bullying Prevention Association

<http://www.stopbullyingworld.org>

This group is designed to bring educators, students, law enforcement, health care workers, and parents together in a global effort to stop bullying. People are invited to join this organization as it works to take research-based best practices into countries, schools and communities, to make the world a more welcoming and safer place for all.

National Anger Management Association

<http://namass.org>

The National Anger Management Association is an independent, non-profit professional organization for the advancement of anger management services, research, and professional anger management services. Membership is open to anger management professionals including, clinicians, researchers, authors, educators, social services providers, probation officers, and other professionals who work to help others.

National Network for Youth

www.nn4youth.org

The National Network for Youth's purpose is addressing the needs of run-away, homeless, and other disconnected youth.

National Organizations for Youth Safety

<http://www.noys.org>

The National Organizations for Youth Safety is an organization that represents over 80 million youth and adults and continues to grow. This organization is a collaboration of close to 40 national, youth-serving organizations, including non-profit organizations and government agencies, with the common goal of promoting safe and healthy behaviors among the nation's youth.

Safe Kids Worldwide

www.safekids.org

Safe Kids Worldwide is a global network whose mission is to prevent accidental injuries in children—a leading cause of death among children 14 years of age and under.

Safe Youth Organization

<http://www.safeyouth.org>

This organization comes under the National Youth Violence Prevention Resource Center. This is a Federal resource for professional, parents and youth working to prevent violence committed by and against young people.

Students Against Violence Everywhere

www.nationalsave.org

This organization is student operated. Students learn about alternatives to violence. They learn crime prevention and conflict management skills.

United Nations Educational Scientific and Cultural Organization

<http://portal.unesco.org>

This organization rejects violence and aggression to achieve goals and believes that conflicts should be resolved constructively. Channeling the energy behind anger into strategies that are powerful and respectful to others is taught.

Youth Crime Watch America

www.ycwa.org

Youth Crime Watch America has programs across the United States and around the world. The main focus of this organization is on helping children keep their schools and communities safe from crime, drugs, and violence.

State Agencies

The following are mental health organizations in Virginia; however, a few have chapters nationwide. When visiting the site, check for the organization's link to another state.

Central State Hospital

<http://www.csh.dbhds.virginia.gov/>

Central State Hospital is an accredited inpatient facility located in Dinwiddie County, Virginia. This hospital provides mental health care and treatment to mentally ill people who are in need of treatment in a structured, secure environment. Central State Hospital has been treating the citizens of the Commonwealth of Virginia since 1870.

CrisisLink

<http://www.crisislink.org>

CrisisLink is a hotline dedicated to crisis prevention and intervention and response. The organization help individuals who are in immediate crisis. Through programs and services, CrisisLink works to prevent crisis situations before they occur and help de-escalate and stabilize individuals who are in crisis.

Medical College of Virginia Department of Psychiatry

<http://www.vcu.edu/psych>

The Virginia Department of Psychiatry offers programs and services to meet the mental health needs of residents in Richmond, Virginia and the referral needs of clinicians from the state of

Virginia and the Middle-Atlantic region of the United States. The department offers patient care, participates in research, and provides psychiatric education to approximately 680 medical students in Virginia Commonwealth University's School of Medicine and operates training programs for post-doctoral psychologists, M.D./PhD candidates and social work interns.

Mental Health Association of Virginia

<http://www.mhav.org/>

The Mental Health Association of Virginia advocates for services (public and private) and financing to ensure adequate and appropriate detection, treatment, housing, and rehabilitation programs. The organization works with families of consumers, mental health professionals, and others to ensure that the members of the Virginia assembly and members of Virginia's Congressional delegation are aware of the concerns and needs of people with mental health problems.

National Alliance on Mental Illness

<http://www.nami.org/>

The National Alliance on Mental Illness is a mental health advocacy organization. This group works to improve the lives of individuals and families affected by mental illness by focusing on three primary areas: awareness, education, and advocacy.

Virginia Association for Marriage and Family Therapy

<http://www.vamft.org/>

The Virginia Association for Marriage and Family Therapy is the Virginia division of the American Association for Marriage and Family Therapy. This organization is dedicated to promoting well-being in families, couples, individuals, and businesses. Members include Virginians who are family therapists, clinical social workers, clinical nurse practitioners, clinical psychologists, psychiatrists, professional counselors, substance abuse counselors, and other professionals in the mental health field.

Virginia Association for Play Therapy

<http://vapt.cisat.jmu.edu/>

The Virginia Association for Play Therapy offers a forum for the discussion of play therapy ideas and concerns. Two of its specific objectives is to advance play therapy and promote sound play therapy practices. Play therapy is a method of therapy used to help children express their feelings in a natural language—play.

The Commonwealth of Virginia Department of Behavioral Health and Developmental Services

<http://www.dbhds.virginia.gov/>

This organization is a public mental health and substance abuse service system comprised of 16 state facilities and 40 community services boards. The Community Services Boards and facilities serve children and adults who have or who are at risk of mental illness, serious emotional disturbance, intellectual disabilities, or substance abuse.

Youth Alcohol and Drug Abuse Prevention Project

<http://www.yadapp.com/>

The Youth Alcohol and Drug Abuse Prevention Project is a statewide youth leadership project focused on involving teens in making their schools and communities safe and drug-free. The mission of this organization is to develop youth leadership so the youth can foster substance abuse and violence prevention efforts at the state, regional, and local levels.

Local Agencies

Locally, a community services board (CSB) is the point of entry into services related to mental health, intellectual disability, and substance abuse. Check the Community Services Board in your state for the mental health agencies in your local area. The information below lists places and organizations to contact for help in Virginia.

Community Services Board (CSB)

Community Services Board Hampton and Newport News Area

<http://www,hnncsb.org>

Identifies the CSB near you and provides contact information for immediate assistance.

State Facilities

Virginia Department of Behavioral Health and Developmental Services

<http://www.dbhds.virginia.gov/>

This site provides the contact information for Virginia's 16 state psychiatric hospitals and training centers.

Licensed Providers

Virginia Department of Health Professions

<http://www.dhp.state.va.us/>

A list of licensed mental health providers—intellectual disability, substance abuse, brain injury— is found on this site.

Coping with Disaster

Virginia Department of Behavioral Health and Developmental Services

<http://www.dbhds.virginia.gov/>

Public information and training tools are available to the public following a disaster.

2-1-1 Virginia

<http://www.211virginia.org/>

2-1-1 Virginia provides a variety of free health and human service referrals. A certified specialist is available seven days a week from 8:30 A.M. to midnight when you dial 2-1-1.

Links are provided to statewide resources to obtain information and assistance related to health, mental health, substance abuse, and intellectual disabilities, including information especially for children, older adults, deaf and hard of hearing, veterans and homeless citizens. For other healthcare professionals that treat individuals with anger management problems, please check the Yellow pages of your local telephone directory under Mental Health Services.

Conclusion

Everyone experiences the emotion of anger; however, uncontrolled anger creates havoc and endangers home, the workplace, and school. The author has provided background information on adolescent anger and anger-control strategies to help teachers, parents, and other

school personnel understand more about the causes of anger and what can be done to control anger in adolescent males. This dissertation achieves a valued end if its content generates dialogue on anger and anger management among colleagues at the school level, and improves relationships between educational professionals and students, and moves classrooms toward learning-focused cultures.

Change first begins with understanding. The focus of the author has been on content that has the potential to help adults effectively handle adolescents with understanding in difficult, anger-ridden situations. Again, it is important to remind the reader that this book is not all inclusive. It is not intended as a clinical treatment of anger management. It is a resource for those who deal with anger management on a daily basis—the teachers, administrators, counselors, and parents of adolescent boys. Please be advised that you should always consult a healthcare professional for medical or clinical diagnosis of anger and anger-related behavior.

Although one may have at his or her disposal a myriad of resources to help in dealing with the angry child, it is more important to be proactive in meeting the needs of children, thereby heading off situations that may require the application of anger management strategies. Early intervention is the key to an effective solution to anger management.

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CHAPTER 10
IMPLICATIONS FOR PRACTICE AND FURTHER RESEARCH

“I lose my temper, but it’s all over in a minute,” said the student. “So is the hydrogen bomb,” I replied. “But think of the damage it produces!”

—George Sweeting

The purpose of this dissertation was to provide educators, parents, and others, who are interested in children’s anger, with insights, strategies, and techniques to understand and help the chronically angry child. Clearly, children’s anger is an important issue that affects a child’s life in the home, school, and community. When children experience difficulty in managing anger, they experience a decrease in their sense of self and damage in their relationships with others. This work is a beginning point for youth care professionals and parents to help in managing uncontrolled anger in children. The implementation and use of prevention and intervention strategies presented in this work may help to diffuse a potentially volatile situation where anger is uncontrolled. Implications for practice and future research are discussed below.

Implications for Practice

The implications of this work are several. First, this resource can be introduced into preparation programs for school administrators to help them to better understand the emotion of anger and how it works. With this knowledge, they will be better able to handle anger-related issues using effective strategies and techniques among their students and staff members in their schools. Second, the information in this work could be used to generate staff development activities for faculty and staff members that may be beneficial to them as they work with the angry child. Teachers may find the background information of at-risk children useful as they work to understand the problems and concerns students bring to school daily. More focused education may better help classroom teachers to understand anger in adolescents. This information will aid teachers in understanding the whole child, help to improve their decision-making when confronted with angry students, and reduce classroom behavior problems. Third, parents and children may find this work and the related resources useful as they work to understand anger. Parents can sometimes experience difficulty in knowing how to deal with anger-related issues at home involving their child. Fourth, parents should be included in school-

based prevention strategies since poor parenting is linked to uncontrolled anger in children. Fifth, anger management programs should include a cognitive-behavioral component to help children understand the consequences of their actions as a result of uncontrolled anger. Sixth, programs that will help teachers and administrators understand the importance of taking children's reports of bullying seriously is needed in schools. Children have reported that their teachers and administrators have dismissed their complaints of bullying as unimportant childish complaints, therefore their complaints are ignored. Finally, knowledge of anger control strategies and techniques may be helpful to central office personnel in establishing and implementing effective discipline policies and procedures. Discipline rules and consequences should be designed to improve or positively change children's behavior.

Implications for Further Research

As noted earlier, little attention has been paid to establishing a definitive definition for anger. In the literature, anger and aggression are used interchangeably. For future research, studies based on distinguishing anger from aggression would benefit in helping to dismiss any confusion between the two terms and in better understanding anger as an emotion. Although the study of anger is well documented in the literature, more work needs to be done to identify the causes of anger in adolescents. The interview protocol (see Appendix C) was an instrument constructed to identify the causes of anger in adolescent males. The 35 questions with probes are associated with the 11 variables of anger in children as identified in the review of literature. Further study of the contextual variables presented in this work that may be associated with the causes of adolescent anger is needed. Teachers may find more actual classroom case studies related to anger helpful as they work with children. Case studies can demonstrate how teachers use effective strategies and techniques in calming a volatile situation. Getting to the cause of the anger may help to control adolescent violence. Studies on juvenile Black-on-Black crime have been scant; therefore a significant investment in research of this ethnic group is important. Bullying is associated with violence-related behaviors, and bullies prey on the person who is weak, self-effacing, and has low self-esteem. A component on raising children's sense of self should be included in a school-based bullying program. Peskin, Tortolero, and Markham (2006) found that bullies targeted Black students twice the prevalence of Hispanic students. Programs implemented in schools to address racial and cultural differences and tolerance would help to improve interpersonal relationships with others. Special attention is needed to address the

seriousness of bullying and victimizing minority youth. Another area in need of attention is the juvenile arrests that disproportionately involve minorities. Minority children are overrepresented in the justice system, and more research to determine why may help to improve race relations, decrease race-related anger, and establish a sense of fairness among the different ethnic groups. More studies that focus on the connection between anger and the environment are needed. These studies should offer creative ways to improve dangerous communities so that children can begin to feel safe and protected. Additionally, more research on rage could help in understanding the many different aspects of anger and in establishing the differences between uncontrolled anger and rage.

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APPENDICES

Appendix A

Definition of Terms

Table A1

Constitutive and Operational Definitions of Terms

Variable	Constitutive definition	Operational definition
a. Interpersonal relationships	Interactions with other people, such as friends and family members.	Responses to items 1 – 6, Part 1 of the interview ^a protocol
b. Shame	A painful emotion causing one to feel embarrassed or ashamed, (“dumb” or “stupid”—terms used by kids).	Responses to items 7 and 8, Part 1 of the interview protocol
c. Guilt	A gnawing distress or heavy burden arising as a result of having done something wrong; a feeling of blameworthy.	Responses to items 9 – 11, Part 1 of the interview protocol
d. Self-esteem	The evaluation that individuals make about themselves that expresses a self-judgment of approval, disapproval, and personal worth (Rosenberg, 1965).	Responses to items 12 – 15, Part 1 of the interview protocol
e. Child abuse in the home	Intentional use of physical force or intentional omission of care by a parent or caretaker that causes a child to be hurt, maimed, or killed.	Responses to items 16 and 17, Part 2 of the interview protocol

Note. ^aThe interview protocol is in Appendix C.

Table A1 Continued

Constitutive and Operational Definitions of Terms

Variable	Constitutive definition	Operational definition
f. Socioeconomic condition of the home	The state of one's material wealth or financial condition in society as measured by income, location of residence, or tangible objects.	Responses to item 18, Part 2 of the interview protocol
g. Adult background anger in the home	Exposure to arguments, angry communication, verbal and physical conflicts between others (Cummings, Iannotti, & Zahn-Waxler, 1985).	Responses to items 19 and 20, Part 2 of the interview protocol
h. Neighborhood crime	An act committed or omitted where people live near one another that is in violation of a law punishable upon conviction.	Responses to items 21 – 23, Part 2 of the interview protocol
i. Unemployment in the community	Not having work; jobless.	Responses to items 24 – 26, Part 2 of the interview protocol

Table A1 Continued

Constitutive and Operational Definitions of Terms

Variable	Constitutive definition	Operational definition
j. Socioeconomic condition of the home	The state of one’s material wealth or financial condition in society as measured by income, location of residence, or tangible objects.	Responses to item 18, Part 2 of the interview protocol
k. Adult background anger in the home	Exposure to arguments, angry communication, verbal and physical conflicts between others (Cummings, Iannotti, & Zahn-Waxler, 1985).	Responses to items 19 and 20, Part 2 of the interview protocol
l. Neighborhood crime	An act committed or omitted where people live near one another that is in violation of a law punishable upon conviction.	Responses to items 21 – 23, Part 2 of the interview protocol
m. Unemployment in the community	Not having work; jobless.	Responses to items 24 – 26, Part 2 of the interview protocol

Appendix B

Interview Protocol Introduction

PROTOCOL INTRODUCTION

Hi _____. I'm glad to see you. I'm June Montgomery. (*I will try to build rapport by engaging in small talk before beginning the interview and by using an everyday conversational style*). This is the day for my interview with you. I just want to ask you some questions that will help me better understand how you feel about different experiences.

I have been a teacher for many years and I am very concerned about young people and how they feel. The only way I can understand kids better is to actually hear what they have to say. Your input is important to me. Because you are allowing me to interview you, you will be able to teach others, including me, how to better understand why some children become angrier than others. Once the reasons for the anger are understood, teachers and other adults will be able to better work with children to manage their anger. These adults will be able to use anger management methods and strategies that will work. This will prevent young people from harming themselves and others.

I will ask you questions about yourself and questions about your environment. The questions about you will be about your relationships with others and your emotions. I will then ask you questions about your environment including your home and community. The community questions will be related to your neighborhood environment, your efforts to find work, and questions about how you are treated by police officers. The last set of questions I will ask you will be about the strategies you use to deal with your anger.

I want you to answer my questions as honestly and truthfully as possible. Are you ready? If you feel uncomfortable about a particular topic, just let me know, and I will move on to something else. (*I will try returning to the topic later, with different phrasing*). I will ask you to explain some of your answers so that I can understand your point clearly. You may ask me to clarify any question you do not fully understand. You don't have to be concerned about getting into any kind of trouble. I will not use your real name in my study to reveal who you are. Only I will hear your answers.

I will use this tape recorder to record your answers. (*Only if permission has been granted*) I don't want to miss anything you have to say. (*I will start the tape*). No one else will listen to the tape, and it will be destroyed when the study is completed. Are you ready to start? OK, great. Let's get started now. Just relax and let's enjoy talking with each other. OK, first, in your opinion, what "ticks" kids off today?

(*Continue with the interview*)

After the interview:

Thanks so much, (*student's name*) for taking the time to talk with me. I have really enjoyed the time spent with you. I have learned so much from talking with you. Thanks for allowing me to come into your heart and mind. I feel positive that the feelings and thoughts you have shared with me will add to what we already know about the reasons for uncontrolled anger in children. Again, thanks and I wish you much success in your future. (*Shake his hand*) I hope we will meet again soon. Take care (*student's name*).

Note: This protocol has not been used. It is included only as a resource.

Appendix C

Table C3 *Interview Protocol for the Antecedents of Anger in Urban Adolescent Males*

DOMAIN	QUESTION	PROBE	NOTES
<p>PART 1</p> <p>PERSONAL VARIABLES</p> <p>Social</p> <p><u>Interpersonal relationships</u></p>	<p>1. Tell me about your relationships with people. Let's start with your friends. Tell me about your friends.</p>	<ul style="list-style-type: none"> • What are some of the characteristics you like about your friends? • What are characteristics you like least? • What do you think about your relationship with your friends? • How does your relationship with your friends make you feel? • Since you feel this way, what do you do about it? • Tell me about some of the things you do when you are with your friends. • Do you spend much time with your friends? Explain. • How are you influenced by your friends? (Recycle for questions on interpersonal relationships. Substitute friends with brothers, sisters, mom, and dad—see next page) 	

DEMOGRAPHIC INFORMATION

Grade Level: _____ Date of Birth: _____ Age: _____ **Protocol No.** _____
 Admission Date: _____ Legal Status: _____
 Brief description of referral behavior: (See files) _____

DOMAIN	QUESTION	PROBE	NOTES
	<p>2. Now, let's talk about your relationship with your family.</p> <p>3. Tell me about your relationship with your parents or caretakers. We'll start with your mom.</p> <p>4. Tell me about your relationship with your dad.</p> <p>5. Is there an adult you can go to if you need to talk?</p> <p>6. In your relationships with other people, do they know the "real" you? In other words, do you "front?" (meaning do you pretend)</p>	<ul style="list-style-type: none"> • Do you have brothers and sisters? • Are they older or younger than you? (By how many years)? <ul style="list-style-type: none"> • Is this adult a family member? If not, what is your relationship with this adult? Why this particular person? Explain. <ul style="list-style-type: none"> • How does this make you feel? • What do you think about people not knowing the "real" you, and how you feel inside? • What do you do about your feelings? • Do you feel like you "fit in" with friends, family, or others? 	

DOMAIN	QUESTION	PROBE	NOTES
<p>Emotional</p> <p><u>Shame</u></p>	<p>7. Think of situations involving people that have caused you to feel embarrassed, ashamed, (“dumb,” or “stupid”—terms used by kids).</p> <p>8. Do you have a way of protecting yourself if you find yourself in a situation where you may be embarrassed or ashamed?</p>	<ul style="list-style-type: none"> • Tell me about one of those situations. What happened? How? (Probe 2-3 situations) • Who was involved in this situation? Tell me more about it. • What did you think about this situation and those persons or things involved? • How did this situation make you feel? Describe your feelings. • What did you do as a result of your feelings? • What did you <i>really</i> want to do? Why? • Why did you feel this way? • What could you have done for you to feel better? Explain. (Recycle for each situation) <ul style="list-style-type: none"> • Tell me about it. What do you do? Explain. • How do you feel when you do this? • Why do you feel this way? • Could you do anything differently? Explain. • Do you think you could avoid these situations? Explain. 	

DOMAIN	QUESTION	PROBE	NOTES
<p><u>Guilt</u></p>	<p>9. Think of situations where you knew you had done something wrong and felt burdened as a result.</p> <p>10. Have you felt burdened or distressed after doing something wrong to an innocent person?</p>	<ul style="list-style-type: none"> • Tell me about one of those situations. What happened? How? (Probe 2-3 situations) • Who or what was involved in this situation? Tell me more about it. • What did you think about this situation and those persons or things involved? • How did this situation make you feel? Describe your feelings. • What did you do as a result of your feelings? • What did you <i>really</i> want to do? Why? • How did you feel as far as your conscience was concerned? • Why did you feel this way? • What could you have done for you to feel better? (Recycle for each situation) • Tell me about one of those times. What happened? 	

DOMAIN	QUESTION	PROBE	NOTES
<p><u>Self-esteem</u></p>	<p>11. When you do something wrong, does it stay on your conscience?</p> <p>12. Tell me 1-3 qualities you like most about yourself.</p>	<ul style="list-style-type: none"> • Who was involved in this situation? Tell me about this person. • How did this situation make you feel? Describe how you felt. • What did you do to this person as a result of your feelings? • What did you <i>really</i> want to do? Why? • Why did you feel this way? • Will you do it again? Why or why not? Explain. • Why? Explain. • How long does it stay on your mind? • What do you do about it? • How does this make you feel? Describe your feelings. • What do you do about the way you feel? • Explain. • How do these qualities make you feel? Why? 	

DOMAIN	QUESTION	PROBE	NOTES
	<p>13. Tell me 1-3 qualities you like least about yourself.</p> <p>14. Tell me about times you have felt proud of yourself.</p>	<ul style="list-style-type: none"> • What do you think about these qualities? • What do you do as a result of these qualities? • What do you think people like about you? • Do you care what people think about you? • Explain. • How do these qualities make you feel? Why? • What do you think about these qualities? • What do you do as a result of these qualities? • What do people not like about you? • How does this make you feel? • What happened? (Probe 2-3 situations) 	

DOMAIN	QUESTION	PROBE	NOTES
	<p>15. Tell me about times you have not felt proud of yourself.</p>	<ul style="list-style-type: none"> • Who was involved in this situation? • What did you think about this situation and the person(s) involved? • How did you feel? Describe your feelings. • What did you do as a result of your feelings? • What did you <i>really</i> want to do? Why? • Why did you feel this way? • (Probe for each situation) • Who is proud of you? <ul style="list-style-type: none"> • Tell me about one of those times. What happened? How? (Probe 2-3 situations) • Who was involved in this situation? • What did you think about this situation and the person(s) involved? • How did you feel? Describe your feelings. 	

DOMAIN	QUESTION	PROBE	NOTES
<p><u>PART 2</u> ENVIRONMENTAL VARIABLES Home <u>Child abuse in the home</u></p> <p><u>Socioeconomic condition of the home</u></p>	<p>16. Is there a visible scar anywhere on your body as a result of a punishment you've received?</p> <p>17. Have you been harmed by an adult in your family who was suspected of substance abuse—specifically alcohol abuse?</p> <p>18. Tell me what you know about your parents' financial condition.</p>	<ul style="list-style-type: none"> • What did you do as a result of your feelings? • What did you <i>really</i> want to do? Why? • Tell me how you got the scar. • Tell me what happened. How? • Who was involved in this situation? • What did you think about this person(s) and this situation? • What did you think about what was done? • How did you feel about it? • Describe your feelings. • What did you do about it? • Does your family receive any kind of public assistance—check, food stamps, medicine? • What do you think about receiving public assistance? • How does it make you feel? • What do you do? 	

DOMAIN	QUESTION	PROBE	NOTES
<p><u>Adult background anger in the home</u></p>	<p>19. Which best describes the way people in your household communicate and handle conflicts when you can hear them talking in the background?</p> <p>(a) Calm tone of voice, appropriate language, clear explanations</p> <p>(b) Yelling, screaming, abusive and inappropriate language, no clear explanations</p> <p>(c) Unclear, rambling, using words you do not understand</p> <p>20. How do you feel when you hear people in your household arguing in the background?</p>	<ul style="list-style-type: none"> • Was there enough money for you to have the things you needed? Explain. • Was there enough money for you to have the things you wanted? Explain. • Do you feel that other kids have more than you? Explain. 	

DOMAIN	QUESTION	PROBE	NOTES
<p>Community <u>Neighborhood crime</u></p> <p><u>Unemployment in the community</u></p>	<p>21. Does crime exist in your neighborhood?</p> <p>22. Have you participated in a neighborhood crime?</p> <p>23. Do you feel safe in your neighborhood?</p> <p>24. Do you think unemployment is a major problem for you today?</p>	<ul style="list-style-type: none"> • Tell me about what you have seen. (Probe 2-3 situations) • What did you think about what you saw? • How did it make you feel? • What did you do when you saw it? (Recycle these questions for each situation) <ul style="list-style-type: none"> • Explain. • What did you do? • How did you feel about what you did? • What did you think about it? <ul style="list-style-type: none"> • Explain. • Would you feel safer moving to another neighborhood? • Where would you want to go? • Do your parents monitor or restrict your movement or activities in your neighborhood? <ul style="list-style-type: none"> • Explain. • If not, what would you say to be the three major problems of the Black, male teenager today? 	

DOMAIN	QUESTION	PROBE	NOTES
	<p>25. Are your parents with or without a job?</p> <p>26. On a scale from 1-5, with 5 being the most difficult, how hard is it for a teenage boy to find a job? <i>(Make note of boy's race).</i></p>	<ul style="list-style-type: none"> • Tell me about the first one. (Probe 2-3 situations) • Why do you think this is a problem? Explain. • How do you feel about it? • What have you done to get rid of this problem? • Is there something you can do about it? • What would you do to change it? (Recycle these questions for each problem) <ul style="list-style-type: none"> • If not, how do you feel about it? • If so, how do you feel about it? • What do you think about it? • What do you do about it if they are not employed? • If your parents are not working, why? <ul style="list-style-type: none"> • Why? Explain. • How does this make you feel? • What do you think about this? • What do you do about it? 	

DOMAIN	QUESTION	PROBE	NOTES
<p data-bbox="277 331 656 387"><u>Underemployment in the community</u></p> <p data-bbox="277 1082 663 1137"><u>Police mistreatment in the community</u></p>	27. When you had a job, was it the quality of job you wanted?	<ul data-bbox="1131 336 1525 730" style="list-style-type: none"> • Explain. • Were you satisfied with your wages, hours, and the kind of work you did? • What did you think about your job? • How did you feel about it? • What did you do as a result of your feelings about your job? • What would you do to change it? • Do you feel that your opportunities are greatest legally or illegally? 	
	28. Because you did not have adequate or high quality employment, what did you do?	<ul data-bbox="1131 767 1464 890" style="list-style-type: none"> • Explain. • How did you feel? • Why did you feel this way? • What did you think? 	
	29. Did your low or high quality job cause you to behave in any particular way?	<ul data-bbox="1131 927 1406 1082" style="list-style-type: none"> • Explain. • How did you behave? • What did you do? • What did you think? • How did you feel? 	
	30. Please finish this sentence: "In my opinion, police are _____."	<ul data-bbox="1131 1118 1487 1241" style="list-style-type: none"> • Explain. • Why do you feel this way? • What do you do as a result of your feelings? 	

DOMAIN	QUESTION	PROBE	NOTES
<p><u>PART 3</u> <u>Other factors</u></p>	<p>31. It has been reported that police officers stop black males more than other groups. Why do you think this is so?</p> <p>32. It has been reported that poor African Americans and Latinos fear the police the most. What do you think about this statement?</p> <p>33. Would you consider police officers to be friend or foe?</p> <p>34. Explain your reason(s) for being placed in an alternative school program.</p>	<ul style="list-style-type: none"> • Would you change anything about the police? • If so, what would you change? • How would you change it? • Explain. • How do you feel about this? • What do you think about it? • What do you do as a result of knowing this? • Explain. • Why do you feel this way? • What do you do as a result of your feelings? • What is the reason for the fear, in your opinion? • Explain. • Why do you feel this way? • What do you do as a result of your feelings? • How do you feel? • What do you think? • Should you be here? 	

DOMAIN	QUESTION	PROBE	NOTES
<p>Part 4 <u>Anger control strategies</u></p>	<p>35. What are some things you do when you become angry?</p>	<ul style="list-style-type: none"> • Do you retaliate in any way? Explain. • Do you feel that you lose control? If so, why? • Is there anything in particular that makes you angrier than others? If so, what? • Why this particular thing? • Do you think that you will be able not to let that bother you? • If not, how will your life be affected? Your future? • Tell me about them. • How do you feel when you are doing these things? • What do you do to get over the anger? Explain. • What do you think after you get over the anger? • Do you try to do anything to prevent the anger from occurring? Explain. • How do you feel then? • What do you think? 	

Appendix D

Adolescent Anger Rating Scale



Test Booklet

DeAnna McKinnie Burney, PhD

Instructions

Circle the number that best tells about you when you become angry.

Hardly Ever: This response means that you normally do not behave this way.

Sometimes: This response means that you behave this way one to three times a month.

Often: This response means that you behave this way one or more times a week.

Very Often: This response means that you behave this way one or more times a day.

Example:

When I am angry, I...

Hit right back if someone hits me.

Hardly Ever	Some- times	Often	Very Often
1	2	3	4

If you need to change an answer, mark an X through the incorrect number and circle the correct number.

Hit right back if someone hits me.

Hardly Ever	Some- times	Often	Very Often
1	X	3	4

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Author Note

Hebel (2007) reported that 32 monuments line the edge of the Drillfield for the Virginia Tech shooting victims—yes, one has been left for Mr. Cho. One person left a note for him that read, “I feel sad that you did not get the help you so desperately needed.” Most of the messages left for Mr. Cho were for sympathy to his family. This massacre has been difficult to say the least for the Virginia Tech family—even for those of us who are off-campus students. The pain and sadness were felt by all, but the Virginia Tech family has spoken with dignity, love, compassion, and empathy. The light of the “Hokies” continues to shine bright. I am most proud to be a “Hokie.”

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