International Journal of Research in Social Sciences
Volume 8, Issue 8 (August 2018)
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

Increasing Violence Among Teenagers and Children

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Abstract

Violent behavior in children and adolescents can include a wide range of behaviors: explosive temper tantrums, physical aggression,, fighting, threats or attempts to hurt others (including thoughts of wanting to kill others), use of weapons, cruelty toward animals, fire setting, intentional destruction of property and vandalism. Whenever a parent or other adult is concerned, they should immediately arrange for a comprehensive evaluation by a qualified mental health professional. Early treatment by a professional can often help. The goals of treatment typically focus on helping the child to: learn how to control his/her anger; express anger and frustrations in appropriate ways; be responsible for his/her actions; and accept consequences. In addition, family conflicts, school problems, and community issues must be addressed. There is no single explanation for the violence caused by youth. Many different things cause violent behavior in children. The more these things are present in a child's life, the more likely he or she is to commit an act of violence. Behavior will change depending on a child's age and gender. Violent behavior may be targeted at parents, other children, friends, or other family members. Arguments are a natural part of family life, and these can certainly start to happen more often, as your child enters their teenage years. Sometimes conflicts will turn into blazing rows, with your teenager insulting you or swearing. This can be hurtful and frustrating for any parent to deal with. Although a certain level of anger and frustration is common from teenagers, it is not acceptable for your teenager to use aggression, threats or become violent towards you.

Key words:*Adolescent, Violent behavior, Ecological perspective,****Mood disorders , Frustration***

Introduction

A young person who is acting in an aggressive or violent way is quite likely to be struggling with their feelings or it could be a reaction to something that they are going through which they may have kept to themselves. Is this behaviour something that has been a bolt

unexpectedly? On the other hand, is it something that perhaps has been increasing as they have been developing? It is important to try to put a timeline on when and how it started and what triggers could have been the catalyst.We often find that there could be underlying emotional and mental health issues in the young people and they may be suffering from depression, anxiety or even harming themselves. Other triggers could include situations such as family breakdown, bullying or substance misuse. It is important to keep in mind that no child wants to behave in this way, frighten the people they love but it may have got out of control and they may be struggling on how to manage their feelings.

Mood disorders First, are there mood issues? Kids who are bipolar, in their manic stages, very frequently become aggressive. They lose self-control, they become impulsive. On the other end of the spectrum, when they become depressed, although aggression is less common, they can become irritable, and sometimes that irritability and cantankerousness causes kids to lash out.

Psychosis The psychotic illnesses may also manifest with aggression. For example, kids with schizophrenia are often responding to internal stimuli that can become disturbing. Sometimes kids with schizophrenia become mistrustful or suspicious—or full-blown paranoid—and they wind up striking out because of their own fear.

Frustration Kids who have problems with cognition (what's now called intellectual impairment) or communication (including autism) may also manifest with aggression. When children with these conditions become aggressive, they often do so because they have difficulty dealing with their anxiety or frustration and can't verbalize their feelings as others do. The aggression may also be a form of impulsivity.

Impulsivity And then there are the disruptive behavior disorders. In children with ADHD, the most common of them, impulsivity and poor decision-making can lead to behavior that's interpreted as aggressive. These children often don't consider the consequences of their actions, which may come across as callous or malicious when they're really just not thinking.

Risk Factors in Childhood

The first decade of life encompasses a vast period of human development. Infants form attachments to parents or other loving adults and begin to become aware of themselves as separate beings. As toddlers, they begin to talk, to assert themselves, to explore the world around them, and to extend their emotional and social bonds to people other than their parents.

The start of school is a milestone in children's continuing social and intellectual development. Other children become more important in their lives, though still not as important as family members. They begin to empathize with others and hone their sense of right and wrong. As they progress through elementary school, children gain valuable reasoning and problem-solving skills as well as social skills.

Exposure to or involvement in violence can disrupt normal development of both children and adolescents, with profound effects on their mental, physical, and emotional health. In addition, exposure to violence affects children and adolescents differently at different stages of development .

Young children exposed to violence may have nightmares or be afraid to go to sleep, fear being left alone, or regress to earlier behavior, such as baby talk or bed-wetting. They may exhibit excessive irritability or excitability. Violence in the family, especially, may inhibit young children's ability to form trusting relationships and develop independence.

Elementary school children who live in violent neighborhoods may also experience sleep disturbances and be less likely to explore their environment. In addition, they can become frightened, anxious, depressed, and aggressive. They may have trouble concentrating in school. Because they understand that violence is intentional, they may worry about what they could have done to prevent or stop it).

Violence also affects parents. Adults living in violent households or neighborhoods may not be able to keep their children safe or to protect them from harmful influences. Some parents living in unsafe neighborhoods do not let their children play outside. While this solution may safeguard children temporarily, it can also impede healthy development. Parents in these situations understandably feel helpless and hopeless. Those who have been traumatized by violence themselves may, like their children, become anxious, withdrawn, or depressed. Under such circumstances, parents cannot respond spontaneously and joyously to their children, making it difficult for children to develop strong, secure attachments to their parents. Forming a bond with a loving, responsive parent or other adult caregiver is an essential factor in healthy development. Children and families exposed to or involved in violence may want to seek professional advice in addressing their mental, physical, and emotional health concerns.

Adolescent Aggression and Violence

Violence results from aggressive behavior. When intensity of behavior increases and impact becomes more severe, aggression become violence. Relationship between normal behavior

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and violent behavior is shown in figure 1. It is important to understand that not all aggressive behavior is antisocial/ criminal and not all antisocial behavior is violence.

Factors Related to Aggression and Violence in Adolescents.

Violence is a learned behavior and exposure to violence at home teaches adolescent how to use violence to exert social control over others and to resolve interpersonal conflicts. Substance misuse is associated with an increased risk of exposure to violence. Adolescents with mental illness are at risk of becoming violent and adolescents with opposition defiant disorder, conduct disorder or intermittent explosive disorder often resort to heightened aggressive and to have 'killer instinct' to win. Sometimes, this behavior continues on side the sport too. Hate crimes including terror acts are not uncommon and sometimes adolescents are forced to participate in it. Easy access to weapons including five arms increases chances of violence.

Dating Violence

Violence during the time spent together with a friend is not uncommon. Dating violence can take many forms including physical abuse (i.e., hitting, slapping, biting, punching); psychological abuse (for example: constant criticism, threats, insults, emotional outburst, etc), sexual abuse (i.e., unwanted touching, kissing or fondling, sexual intercourse, date rape, use of date drugs to obtain sexual contact, etc).

Parents and teachers are required to teach adolescents about the dating violence and how to cope with it. Parental monitoring is also required. Awareness and educational programs should be organized to create awareness and facilitate learning appropriate skills for dealing with dating violence. The adolescent girls should be equipped with assertive skills required to say "no" to sexual advantages of the boyfriend.

Co-ercion and abuse

Abuse or maltreatment constitutes all forms of physical, sexual and/or emotional ill-treatment, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity, in the context of a relationship of responsibility, trust or power.Child abuse is widely prevalent irrespective of caste, religion, socioeconomic status, regional, and other factors. While sitting in our chambers we tend to overlook the glaring signs /symptoms of child abuse because of shortage of time but the high index of suspicion should always alert the concerned doctor to look

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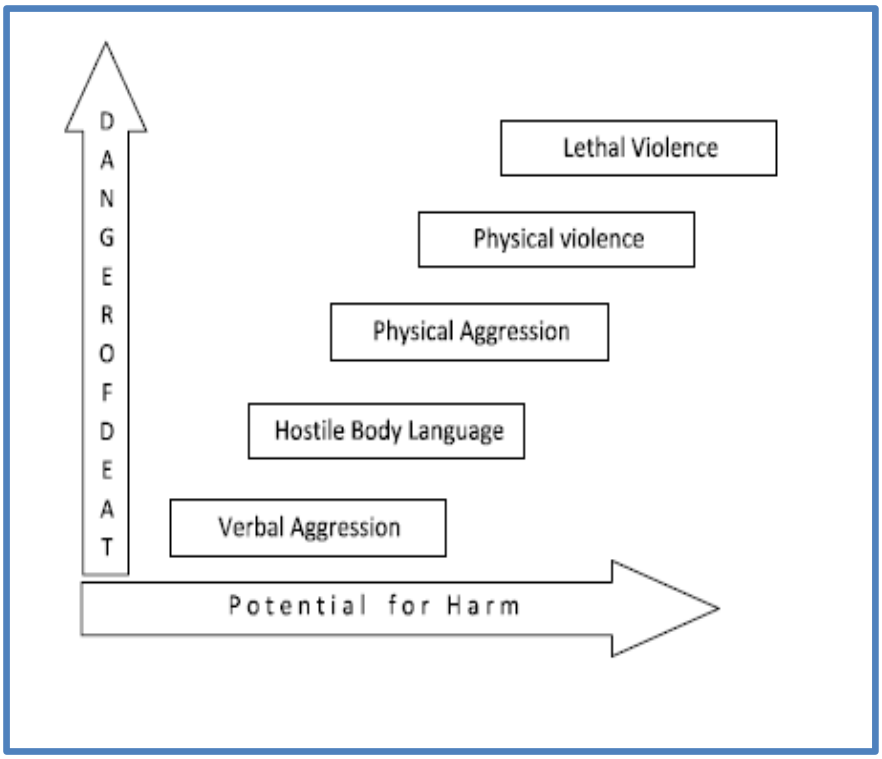
deeper in a sympathetic and child friendly manner and whatever may be the reasons enough time and attention should be devoted on this child.

The role and responsibilities of the attending clinician in cases of child abuse broadly has two aspects; (1) to provide immediate medical care and (2) to ensure the future safety and welfare of the child but most often we either fail or choose to ignore the second aspect because of lack of knowledge/experience of handling such situations or fear of getting involved in the legal situations. But the truth is by avoiding we invite more problems for ourselves and always carry guilt of not acting in a justified manner to save the life / dignity of a child.Immediate goal should be to take care of the medical condition and provide him/her with the best that center can offer. In case of any life threatening injuries, recent sexual assault or potentially grievous injuries police has to informed immediately and meanwhile medical care should be continued and if the child needs to be referred best available first aid treatment should be instituted before transporting the child. In other conditions, depending upon the situation, either the family or the care taker or the child welfare committee of the district or the child helpline (telephone number - 1098) or the NGOs dealing with the welfare of the children can be contacted.



Violence in Adolescents

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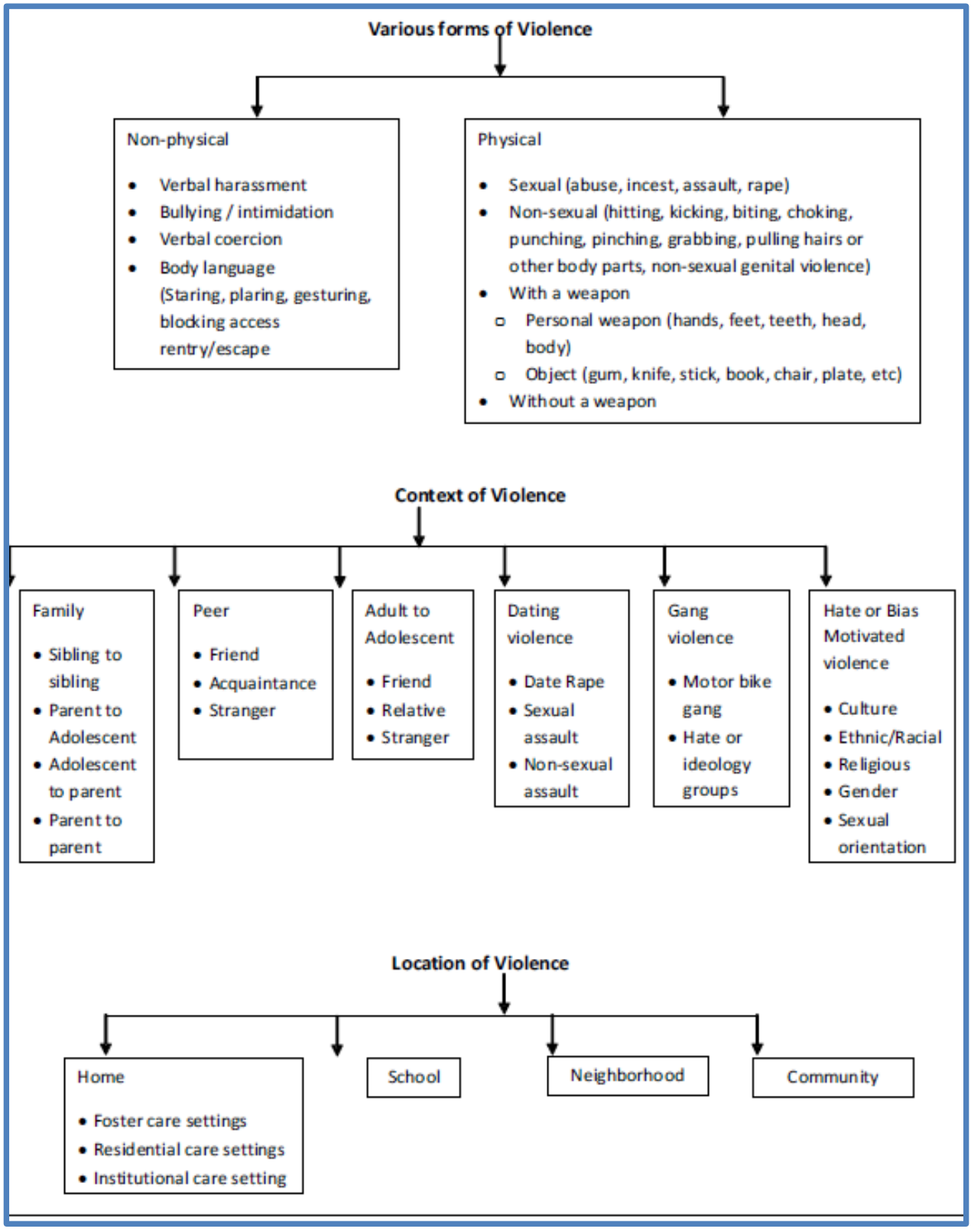

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Precautions to take in Dealing with Adolescents Victim of Violence

- A detailed hand written history to be recorded separately from child and accompanying person
- All factors leading to violence
- Written consent for Medical examination from parents
- Appropriate samples to be collected for lab tests.
- Record to be kept confidential and in secure place.

The Protection of Children from Sexual Offences Act 2012 (POCSO) came into force from 14 th November, 2012. The Protection of Children from Sexual Offences Act, 2012 has been drafted to strengthen the legal provisions for the protection of children from sexual abuse and exploitation. For the first time, a special law has been passed to address the issue of sexual offences against children. The salient features of the landmark act are appended below :

1. The Protection of Children from Sexual Offences Act, 2012 defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography.
2. The Act provides for stringent punishments, which have been graded as per the gravity of the offence. The punishments range from simple to rigorous imprisonment of varying periods. There is also provision for fine, which is to be decided by the Court
3. An offence is treated as "aggravated" when committed by a person in a position of trust or authority of child such as a member of security forces, police officer, public servant, etc.
4. Punishments for Offences covered in the Act are:
    - Penetrative Sexual Assault (Section 3) on a child – Not less than seven years which may extend to imprisonment for life, and fine (Section 4)
    - Aggravated Penetrative Sexual Assault (Section 5) – Not less than ten years which may extend to imprisonment for life, and fine (Section 6)
    - Sexual Assault (Section 7) i.e. sexual contact without penetration – Not less than three years which may extend to five years, and fine (Section 8)
    - Aggravated Sexual Assault (Section 9) by a person in authority – Not less than five years which may extend to seven years, and fine (Section 10)
    - Sexual Harassment of the Child (Section 11) – Three years and fine (Section 12)
    - Use of Child for Pornographic Purposes (Section 13) – Five years and fine and in the event of subsequent conviction, seven years and fine (Section 14 (1))
5. The Act provides for the establishment of Special Courts for trial of offences under the Act, keeping the best interest of the child as of paramount importance at every stage of the judicial process. The Act incorporates child friendly procedures for reporting, recording of evidence, investigation and trial of offences.

- Recording the statement of the child at the residence of the child or at the place of his choice, preferably by a woman police officer not below the rank of sub-inspector
- No child to be detained in the police station in the night for any reason.
- Police officer to not be in uniform while recording the statement of the child
- The statement of the child to be recorded as spoken by the child
- Assistance of an interpreter or translator or an expert as per the need of the child
- Assistance of special educator or any person familiar with the manner of communication of the child in case child is disabled
- Medical examination of the child to be conducted in the presence of the parent of the child or any other person in whom the child has trust or confidence.
- In case the victim is a girl child, the medical examination shall be conducted by a woman doctor.
- Frequent breaks for the child during trial
- Child not to be called repeatedly to testify
- No aggressive questioning or character assassination of the child
- In-camera trial of cases

6. The Act recognizes that the intent to commit an offence, even when unsuccessful for whatever reason, needs to be penalized. The attempt to commit an offence under the Act has been made liable for punishment for upto half the punishment prescribed for the commission of the offence.
7. The Act also provides for punishment for abetment of the offence, which is the same as for the commission of the offence. The Act makes it mandatory to report commission of an offence and also the recording of complaint and failure to do so would make a person liable for punishment of imprisonment for six months or / and with fine.
8. For the more heinous offences of Penetrative Sexual Assault, Aggravated Penetrative Sexual Assault, Sexual Assault and Aggravated Sexual Assault, the burden of proof is shifted to the accused. This provision has been made keeping in view the greater vulnerability and innocence of children. At the same time, to prevent misuse of the law, punishment has been provided for making false complaint or proving false information with malicious intent. Such punishment has been kept relatively light (six months) to encourage reporting. If false complaint is made against a child, punishment is higher (one year) (Section 22)
9. The media has been barred from disclosing the identity of the child without the permission of the Special Court. The punishment for breaching this provision by media may be from six months to one year (Section 23)
10. For speedy trial, the Act provides for the evidence of the child to be recorded within a period of 30 days. Also, the Special Court is to complete the trial within a period of one year, as far as possible (Section 35).
11. To provide for relief and rehabilitation of the child, as soon as the complaint is made to the Special Juvenile Police Unit (SJPU) or local police, these will make immediate arrangements to give the child, care and protection such as admitting the child into

shelter home or to the nearest hospital within twenty-four hours of the report. The SJPU or the local police are also required to report the matter to the Child Welfare Committee within 24 hours of recording the complaint, for long term rehabilitation of the child.

12. The Act casts a duty on the Central and State Governments to spread awareness through media including the television, radio and the print media at regular intervals to make the general public, children as well as their parents and guardians aware of the provisions of this Act.
13. The National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights (SCPCRs) have been made the designated authority to monitor the implementation of the Act.

Conclusions

Scientists have identified a number of personal characteristics and environmental conditions that put children and adolescents at risk of violent behavior and some that seem to protect them from the effects of risk. These risk and protective factors can be found in every area of life, they exert different effects at different stages of development, they tend to appear in clusters, and they appear to gain strength in numbers. The public health approach to youth violence involves identifying risk and protective factors, determining when in the life course they typically come into play, designing preventive programs that can be put in place at just the right time to be most effective, and making the public aware of these findings.Many years of research have yielded valuable insights into the risk factors involved in the onset and developmental course of violence. Less work has been done on protective factors, but that situation is changing. Risk and protective factors exist in every area of life -- individual, family, school, peer group, and community. Individual characteristics interact in complex ways with a child's or adolescent's environment to produce violent behavior.Risk and protective factors vary in predictive power depending on when in the course of human development they occur. As children move from infancy to early adulthood, some risk factors will become more important and others less important. Substance use, for example, is a far more powerful risk factor at age 9 than it is at age 14.Risk factors do not operate in isolation -- the more risk factors a child or young person is exposed to, the greater the likelihood that he or she will become violent. Risk factors can be buffered by protective factors, however. An adolescent with an intolerant attitude toward violence is unlikely to engage in violence, even if he or she is associating with delinquent peers, a major risk factor for violence at that age.Risk factors increase the likelihood that a young person will become violent, but they may not actually cause a young person to become violent. Scientists view them as reliable predictors or even as probable causes of youth violence. They are useful for identifying vulnerable populations that may be amenable to intervention efforts.Risk markers such as race or ethnicity are frequently confused with risk factors; risk markers have no causal relation to violence.

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