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## Parenting Practices as a Moderator of Exposure to Community Violence.

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**PARENTING PRACTICES AS A MODERATOR OF  
EXPOSURE TO COMMUNITY VIOLENCE**

**A Dissertation**

**Submitted to the Graduate Faculty of the  
Louisiana State University and Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy**

**in**

**The Department of Psychology**

**by**

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December 2001**

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## ABSTRACT

Numerous studies evidence that urban youth are exposed to epidemic proportions of community violence. Exposure to community violence has been associated with significant levels of distress including aggression, academic difficulties, anxiety, depression, and posttraumatic stress disorder. Although it is clear that children who experience chronic levels of violence exposure are at increased risk for poor developmental outcome, the consequences of exposure are not the same for all children.

Parenting factors found to buffer the effects of community violence exposure include family size, parental presence in the home, family support, parenting resources, family cohesion, and strong parental monitoring. It is less often that actual parenting behavior is examined as a moderator of the relationship between exposure to community violence and childhood functioning.

The purpose of the present study was to examine whether *specific* parenting practices moderate the relationship between exposure to community violence and competent outcome. A sample of 79 children (35 females and 44 males) ages 9 to 13 years and their parents and teachers participated in the study. The sample was 100% African American primarily from low income families living in high crime neighborhoods. Children completed the Kid-SAVE, the Behavior Assessment System for Children – Child Form (BASC), and the Harter Self-Perception Profile for Children. Parents completed the BASC – Parent Form, Social Skills Rating System (SSRS), the Alabama Parenting Questionnaire (APQ). Teachers completed the BASC – Teacher Form. The child's grade point average and standardized test scores were ascertained from academic records.

The construct of “competence” was defined in terms of three developmental tasks: academic performance, social skills/conduct, and self-concept. Multiple regression analyses indicated that parenting quality moderated the relationship between exposure to community violence and academic functioning. Parenting quality was shown to be a significant predictor of social skills/conduct but did not moderate the relationship between violence exposure and social skills outcome. Exposure to community violence was the only significant predictor of children’s self-concept. Multivariate analyses revealed that “resilient” children were exposed to lower levels of community violence and had parents who utilized positive parenting techniques compared to their “maladaptive” counterparts.

## INTRODUCTION

Children who demonstrate competent outcomes in the face of adversity peak the interest of researchers. The construct of “resilience” refers to the class of phenomena involving successful adaptation in the context of significant threats to development (Masten, 1994). During the past decade, there has been a growing interest in the examination of children and youth who display successful adaptation under high-risk conditions. The study of resilience is crucial to identifying the etiology, treatment, and prevention of developmentally adverse outcomes.

Substantial evidence exists that community violence has become an increasingly prevalent part of life for many youth (APA, 1993). Recent studies document the prevalence and effects of exposure to community crime and violence among children, especially among inner-city youth. Perry and colleagues estimated that 4 million children are exposed to a traumatic event each year including community and domestic violence (Perry, Pollard, Blakely, Baker, & Vigilante, 1995). In a low-income neighborhood in New Orleans, a study found that 51% of children were victims of and 91% were witness to some type of violence (Osofsky, Wewers, Hann, & Fick, 1993). Similarly, in a survey of youth in Baton Rouge, Louisiana, 28% of school aged children endorsed hearing gunshots in their neighborhoods (Flowers, Hastings, & Kelley, 2000). Likewise, high rates of violence exposure are reported in studies of inner-city children conducted in Chicago, Los Angeles, and Boston (Garbarino, Dubrow, Kostelny, & Pardo, 1992; Pynoos & Eth, 1986; Taylor, Zuckerman, Harik, & Groves, 1994).

The clinical and empirical literature has focused on the relationship between exposure to community violence, either through witnessing or victimization, and a range of stress symptoms. Children exposed to violent acts are at increased risk for developing numerous mental health problems including posttraumatic stress disorder symptoms,

anxiety, depression, aggression/violence, and academic difficulties (Buka, Stichick, Birdthistle, & Earls, 2001; Gorman-Smith & Tolan, 1998; Horowitz, Weine, & Jekel, 1995; Kliewer, Lepore, Oskin, & Johnson, 1998; Mazza & Reynolds, 1999; Overstreet & Braun, 1999). Additionally, many such problems occur concurrently thereby heightening the possibility for deleterious outcome.

While research documents that urban youth are exposed to community violence at alarmingly high rates, children living in the same neighborhoods are not equally affected by violence exposure. Some children maintain a high level of adaptive behavior under conditions of stress, whereas others display maladjustment and deviant developmental outcome. What factors account for such differences and allow children to sustain their competencies in the face of adversity?

Research investigating potential moderators of violence exposure has focused on child (e.g., intelligence and temperament), family (e.g., cohesion and parenting characteristics), and community (e.g., quality schools and church involvement) characteristics. The identification of protective factors that moderate the relationship between exposure to violence and various outcomes can help elucidate the conditions under which risk (i.e., community violence exposure) leads to adverse development (Holmbeck, 1997). Taking an ecological-transactional approach allows investigators to examine how community violence and child outcome are not the same for all children and appear to be dependent upon the interaction between child, family, and environmental characteristics that exacerbate or ameliorate vulnerability (Cicchetti & Lynch, 1993).

As mentioned, researchers have identified parenting characteristics such as family cohesion, support, and availability as potential moderating factors. However, specific

parenting behavior such as discipline methods, involvement, and monitoring has not been examined thoroughly. Therefore, it was the purpose of this study to identify parenting behaviors that serve as protective factors thus moderating the negative impact of community violence on children. The following review examines the recent research and literature of children's exposure to chronic community violence and its relationship to social, behavioral, and emotional functioning. Domains to be covered in the review include statistics of youth witnesses to community violence, the effects of such exposure, and factors that protect children and serve to ameliorate negative developmental outcome in the face of chronic adversity.

#### Exposure to Community Violence

Community violence plagues the lives of millions of inner city children and has been recognized as a public health crisis of epidemic proportions (Glodich, 1998). Chronic community violence has been defined as the "frequent and continual exposure to the use of guns, knives, and drugs, and random violence" (Osofsky, 1995, p. 782). Each year, millions of American children witness drug transactions, gang violence, and neighborhood slayings. Although random acts of violence are perpetrated in all demographic areas of the United States, community violence is highly associated with urban areas. Community violence and child abuse occur more frequently in areas with higher concentrations of people with inadequate housing, lower income levels, and higher rates of substance abuse (Groves, 1997).

Homicide is the second most prevalent cause of death among all 15- to 24- year olds in the United States, an increase of 153% from 1985 to 1991. Among elementary school children, homicide is the third leading cause of death (Centers for Disease Control and Prevention, 1994a). Homicide is the leading cause of death among African

American adolescent males (Centers for Disease Control and Prevention, 1994b) with a rate close to ten times higher than that of White adolescent males (Jenkins & Bell, 1997). In a study within the schools, 50% of boys and 25% of girls reported being physically attacked by a peer at school (Centers for Disease Control and Prevention, 1992). In their review of adolescent violence, Tolan and Guerra (1994) argue that the prevalence of violence and aggression within America's schools is a direct reflection of a larger culture that tolerates violence.

Violence exposure may occur as direct victimization or, more frequently, consists of witnessing violent acts perpetrated on family members and friends. Current research has failed to consistently demonstrate reliable differences between consequences associated with witnessing community violence versus direct violent victimization (Kliewer et al., 1998; Martinez & Richters, 1993). For example, Kliewer and colleagues (1998) found that direct victimization and witnessing community violence accounted for similar explained variance in children's internalizing symptoms, 13% and 12% respectively.

Extraordinary levels of violence exposure are seen by adolescents as well as children. In a survey of 935 high school students in the Los Angeles area from stratified ethnic, racial, and socioeconomic groups from both high- and low- crime neighborhoods, 45% of the students reported witnessing severe forms of violence including shootings or stabbings in their communities or schools (O'Keefe, 1997). One study of African American youth found that 91% of 9- to 12-year-olds in New Orleans had witnessed some form of violence with 26% having witnessed a shooting and 72% having seen weapons being used (Osofsky et al., 1993). In an examination of adolescents attending school in a low-income neighborhood in Brooklyn, New York, 93% of the students



reported being exposed to at least one violent event in their communities (Mazza & Reynolds, 1999).

Young children are especially vulnerable to witnessing violence when they live in communities characterized by high levels of crime. In a Chicago public housing project, all mothers interviewed reported that their children had been exposed to a shooting before the age of five (Dubrow & Garbarino, 1989). Mothers of 10% of children ages 1-5 years receiving pediatric care at Boston City Hospital reported that their children had witnessed a shooting or stabbing and 47% had heard a gunshot (Taylor et al. 1994).

A study of Head Start children ages three to four years revealed that 57% of the children witnessed mild levels of violence and 8% witnessed severe violence according to parent report. Interestingly, when the young children were questioned, 37% reported being a witness to severe violence - a rate four times higher than parents reported (Shahinfar, Fox, & Leavitt, 2000). Previous studies purport that parents may underestimate children's exposure or reaction to violence because parents become desensitized to these events over time, deny actual exposure, or may actually lack the knowledge of the level of violence exposure (Hill & Jones, 1997).

In summary, a vast number of children directly observe family members, friends, and neighbors as targets of violent acts. Additionally, even when not a direct witness, children often hear repeated accounts of slayings, savage beatings, and gun battles occurring in their neighborhoods. Many children who are victims or witnesses of chronic community violence are deeply affected by the experience. A multitude of untoward consequences may result from such chronic exposure to violent events.

### Posttraumatic Stress Disorder and Consequences of Exposure to Violence

Over the past decade, Americans have begun to recognize the deleterious consequences chronic exposure to community violence can have on children.

Historically, there was disagreement among child researchers about the extent to which children could experience posttraumatic stress symptoms. It once was believed that the diagnosis of posttraumatic stress disorder was inappropriate for children because their reactions to trauma were less severe and more transient than that of adult reactions (Udwin, 1993). Recently, however, researchers have vehemently argued that youth certainly experience detrimental effects of violence exposure.

The pioneering work of Terr documented the psychological and psychiatric sequelae in child victims of trauma, specifically the kidnapped children of Chowchilla (Terr, 1979; Terr, 1981). After years of continuing research in the field, Terr identified two categories of trauma. According to Terr, Type I trauma results from single, acute, unanticipated incidents such as sniper attacks, kidnappings, single assaults, or natural disasters. Type II trauma results from exposure to chronic, multiple events such as continuous neglect, physical and sexual abuse, and community violence. Additionally, Terr clarifies "crossover conditions" that include single events having chronic repercussions as well as continuous, long-standing events with an additional single acute event (Terr, 1991). For example, a child experiencing chronic sexual abuse (Type II trauma) might also experience an acute violent event such as the assault of a sibling or parent (Type I trauma). It is essential when evaluating and treating children exposed to a particular type of trauma to fully consider the possible sources of additional exposure to violence to which the child may have been a victim or witness.

Terr (1991) also identified four specific posttraumatic stress disorder (PTSD) characteristics prevalent in child victims of trauma: (1) repeatedly perceived memories that are commonly visual but may involve tactile, positional, or olfactory sensations; (2) repetitive behavior evident in play and behavioral reenactments; (3) trauma-specific and mundane fears; and (4) pessimistic attitudes about people, life, and the future reflecting a sense of hopelessness.

Pynoos, in his pioneering studies of children who witnessed homicides or other violent acts, found that these children frequently displayed avoidance behavior, reexperienced the traumatic event in dreams, play, or intrusive images, demonstrated increased fears and guilt, and showed symptoms of increased arousal such as sleep disturbances and startle reactions (Pynoos & Eth. 1984; Pynoos & Nader, 1986, 1988).

Therefore, both Terr and Pynoos found enduring patterns of stress responses similar to those found in adults. By 1987, PTSD became an acceptable diagnosis for children who are exposed to traumatic events with criteria first included in the Diagnostic and Statistical Manual of Mental Disorders-Third Edition Revised (American Psychiatric Association, 1987).

The common characteristics of posttraumatic stress disorder in children as defined by Terr (1991) are similar to those in the current Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV; American Psychiatric Association, 1994). DSM-IV criteria for posttraumatic stress disorder in children has six necessary criteria: (1) exposure to a traumatic event; (2) reexperiencing the traumatic event in one or more of the following ways: intrusive images or thoughts, distressing dreams, feelings of reoccurrence, flashbacks, psychological distress at exposure to cues of the traumatic event, or physiological reactivity upon exposure to internal or external cues of the

traumatic event; (3) persistent avoidance of stimuli associated with trauma and numbing of responsiveness indicated in three or more of the following ways: avoidance of thoughts or feelings associated with the trauma, avoidance of activities, places, or people that arouse recollections of the trauma, inability to recall an important aspect of the trauma, diminished interest in activities, detachment from others, restricted range of affect, or sense of a foreshortened future; (4) persistent symptoms of increased arousal such as hypervigilance, difficulty falling or staying asleep, difficulty concentrating, or exaggerated startle response; (5) duration of disturbance for longer than one month; and (6) clinically significant distress or impairment in functioning.

Young children may not have the understanding that they are actually reliving the event. Instead, children may reexperience the traumatic event through behaviors and repetitive play with themes of the trauma expressed (American Psychiatric Association, 1994; Terr, 1988). Children more frequently report intrusive images related to their memories and less frequently complain of flashbacks (Pynoos & Nader, 1988). Hence, it is crucially important to consider the developmental level of the child when examining symptom expression and diagnostic criteria related to traumatic events (McNally, 1996; Terr, 1988). Additionally, experts in the area of child trauma suggest that when evaluating children, examining individual PTSD symptoms may be more beneficial than relying on a diagnosis because many children may not meet full criteria for PTSD although their symptoms clearly are interfering with academic, social, and/or emotional development (Emery & Laumann-Billings, 1998; Putnam, 1997).

Recent empirical studies have examined stress symptoms in children and adolescents in communities characterized by violence and crime. In general, findings suggest that children exposed to violence are more likely to display higher rates of

internalizing and externalizing psychopathology compared to their nonexposed peers. Fitzpatrick and Boldizar (1993) conducted a survey of 221 youths ages 7 to 18 years from low-income housing developments. They found that 27% of their sample met criteria for PTSD with symptoms characterized by avoidance, reexperiencing, and arousal. In a sample of 3,700 high school students, Singer, Anglin, Song, and Lunghofer (1995) demonstrated a significant, positive relationship between exposure to violence and posttraumatic stress, depression, anger, anxiety, and dissociation. Horowitz et al. (1995) found that among urban adolescent girls living in a violent environment, PTSD was significantly correlated with witnessing as well as hearing about violent events. Their rate of PTSD was even higher rate than Fitzpatrick and Boldizar. Finally, Martinez and Richters (1993) found a significant relationship between level of violence exposure and overall distress symptoms including sleep problems, nervousness, intrusive thoughts, and worries about safety.

In addition to assessing the major diagnostic criteria of PTSD, researchers have examined additional psychopathologies associated with witnessing community violence. Although not all results are completely consistent, current research suggests that community violence exposure increases children's and adolescents' risk for anxiety and depression (Kliewer et al., 1998; Lynch & Cicchetti, 1998; Veenema, 2001). In a sample of inner-city males, Gorman-Smith and Tolan (1998) found that exposure to community violence was positively related to depressive symptoms. Martinez and Richters (1993) reported that children exposed to violence experienced greater levels of distress symptoms. Specifically, among fifth and sixth grade children, violence exposure or victimization involving family, friends, or acquaintances was associated with children's reported distress and depressive symptoms, whereas witnessing violence or victimization

involving strangers was not associated with such symptoms. Other studies do not distinguish between family and stranger violence. For example, in a study of 3,735 adolescents, researchers found that level of violence exposure significantly predicted overall trauma as well as individual depression and anxiety scores (Singer et al., 1995). Conversely, other researchers have found no relationship between level of exposure to community violence and internalizing behaviors among children (Cooley-Quille, Turner, & Beidel, 1995).

Some literature suggests that poor recovery from trauma may be dependent upon the developmental level of the child. In a longitudinal study of 1,100 urban adolescents, Schwab-Stone and colleagues (1999) found that violence exposure was more closely related to internalizing symptoms (i.e., anxiety, depression, and somatization) for younger adolescents compared to their older counterparts. Interestingly, the data revealed that, according to self-report, anxiety showed an inverse relationship with externalizing behaviors for this group of youths. Adolescents who described themselves as more anxious were less likely to be aggressive or to engage in antisocial acts. Younger children also have been found to experience more enduring repercussions from trauma (Wallach, 1994). Specifically, younger children report greater levels of depression with poorer overall resilience than older counterparts (Cooley-Quille et al., 1995; Warner & Weist, 1996).

In addition to PTSD and internalizing symptoms, exposure to chronic community violence is associated with other features of psychological maladjustment. Researchers have documented elevated levels of aggression and externalizing behavior problems among children with exposure to chronic community violence. In a sample of African American and Latino males from inner-city neighborhoods in Chicago, exposure to

community violence in the past year was related to current level of aggression after controlling for earlier aggression. Parent, teacher, and youth reports were combined for a total measure of aggressive symptoms in the study (Gorman-Smith & Tolan, 1998). Similarly, higher levels of exposure to community violence have been associated with increases in parental report of antisocial behavior again controlling for early antisocial behavior (Miller, Wasserman, Neugebauer, Gorman-Smith, & Kamboukos, 1999). In addition, adolescents who have witnessed violence may engage in increased self-destructive behaviors such as promiscuity and substance abuse (Jenkins & Bell, 1997).

In a study of 935 urban and suburban adolescents, exposure to community and school violence was a significant predictor of adolescent behavior problems over and above those accounted for by sociodemographic factors and family violence for males. Exposure to school violence but not community violence was a significant predictor of acting-out behavior in females (O'Keefe, 1997). The author suggests that females may be more protected from community violence due to restricted activities in dangerous neighborhoods. However, exposure to school violence may be unavoidable for females, thereby resulting in a higher risk for developing behavior problems due to violence exposure at school (O'Keefe, 1997). Similarly, survey data revealed that witnessing and victimization were the strongest predictors of self-reported involvement in violent behaviors in teens (Durant, Cadenhead, Pendergrast, Slavens, & Linder, 1994; Song, Singer, & Anglin, 1998). Durant and colleagues (1994) found that prior exposure to community violence was the strongest predictor of current violent behavior.

Although not thoroughly examined, researchers have begun to investigate the effects of chronic exposure to community violence on academic functioning. Overstreet and Braun (1999) evaluated the direct relationship between exposure to community

violence and academic functioning. Data revealed that exposure to community violence had a weak relationship with academic functioning but that the relationship was intensified under certain circumstances. Specifically, children who perceived high achievement expectations from family and had a very strong moral-religious emphasis were most sensitive and most at risk for poor academic functioning as exposure to community violence increased. In a sample of over 2,000 sixth, eighth, and tenth grade students, researchers found that the frequency of witnessing shootings or stabbings was a significant predictor of lower academic achievement defined by grade retentions and current grades (Schwab-Stone, Ayers, Kasrow, Voyce, & Barrone, 1995).

Examining the interpersonal effects of exposure to community violence on children, Cooley-Quille et al. (1995) found that children exposed to higher levels of community violence demonstrated increased activity level and restlessness as well as impaired social and behavioral functioning. Higher community violence exposure was inversely correlated with social competence in interpersonal functioning according to parental report. Similarly, in a longitudinal study with elementary school students, exposure to chronic community violence predicted peer-rated aggression (Attar & Guerra, 1994). A cross-sectional examination of adolescents in Atlanta, Georgia indicated that previous exposure to violence and victimization were the strongest predictors of use of violence by those teens (DuRant et al., 1994).

A generous amount of research supports the notion that children who are *victims* of physical or sexual abuse experience difficulties in their peer relationships. However, a smaller amount of research has directly evaluated the consequences that *witnessing* chronic community violence can have on children's attachment to caregivers and relationships beyond the family. Osofsky (1995) contends that like other forms of



violence exposure such as maltreatment and abuse, exposure to community violence is likely to have a negative impact on children's abilities to form peer relationships.

In summary, children throughout the United States are being exposed to community violence in epidemic proportions. Violence exposure tends to be associated with a variety of distress symptoms including anxiety, depression, posttraumatic stress disorder, aggression, and disruption in peer relations and academic functioning. Additionally, symptom presentation appears to reflect the child's developmental level. Unfortunately, the plight of youth exposed to community violence often occurs within a larger constellation of risks and adversities that will be reviewed.

#### Accumulation of Risk

In addition to the chronic, direct effects of violence exposure, children living in violent neighborhoods often are plagued by additional adversities. For children, the experience of living in a violent community often occurs within a larger framework of stressors and adversities. The conclusion drawn by Garbarino and associates in their observations of children coping with war and community violence: *risk accumulates, opportunity ameliorates* (Garbarino, 2001; Garbarino & Kostelny, 1996). The model of risk developed by Sameroff and colleagues purports that most children are able to cope with low levels of risk, but it is the accumulation of risk that jeopardizes successful development specifically when no protective factors are at work to compensate (Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987).

Risk factors that exacerbate the effects of violence exposure include substance abuse, unemployment, low socioeconomic status, poverty, poor nutrition, and lack of adequate medical care (Bradley, Whiteside, Mundfrom, & Casey, 1994). Additional familial adversities include absent fathers, instability and conflict, and lower levels of

parental education (Garmezy, 1993; Kotlowitz, 1991). In addition to the high levels of chronic community violence, these additional risk factors often are present in the lives of inner-city children and may exacerbate poor developmental outcome.

The presence of these chronic adversities can negatively affect parenting and caregiving. One of the most important protective factors for children being reared with exposure to violence is the presence of a stable, protective, nurturing adult, typically a parent (Hill, Levermore, Twaite, & Jones, 1996; Richters & Martinez, 1993). However, parents of children who are exposed to violence often suffer from feelings of helplessness and guilt about their inability to protect their children from community violence (Osofsky & Jackson, 1994). In response to living in violent neighborhoods, parents may become overprotective and may discourage autonomy and exploration. Because of the dangerousness of the neighborhoods, parents may attempt to protect their children by keeping them indoors. When parents adopt such a protective style and restrict outdoor play, they deprive their children of important social and emotional experiences. Hence, social isolation, for both the child and parent, may be an undesired outcome of living in a violent neighborhood. Maternal isolation results in reduced opportunities for contact with other parents that typically serve as a source of information about parenting as well as social support (Groves & Zuckerman, 1997; Vig, 1996).

In addition to restrictive parenting styles, parents exposed to violence and other stressors that accompany poverty may become stressed, depressed, and less able to respond to their children's needs. Depressed parents have been found to talk less to their infants and children, display less positive physical affection, and show fewer positive facial expressions to their children (Murray & Cooper, 1997). Additionally, maternal depression has been associated with negative parenting behavior and undesirable

parenting practices such as unresponsiveness, inattentiveness, inconsistent, and inadequate discipline (Gelfand & Teti, 1990). The combination of depression in the mother coupled with the above risk factors increases the risk of poor developmental outcome for children living in violent communities.

Several factors related to the characteristics of the traumatic event mediate the relationship between violence exposure and the development of stress related symptoms. One such example is the proximity of the event. In a study of children attending school where a sniper shot 14 students, researchers found a linear relationship between other students' proximity to the shootings and subsequent symptoms such that those on the playground near the shooting realized the most severe symptoms (Nader, Pynoos, Fairbanks, & Frederick, 1990). Similarly, the relationship with the victim affects the child's reaction to a trauma. As expected, children who display the most severe symptoms are those who are closest to the victims. In a study of high school students, family victimization correlated with psychological distress at the same level as personal victimization suggesting that a child can experience negative consequences from witnessing violent acts (Jenkins & Bell, 1994). Additionally, various studies suggest that witnessing a parent's death or victimization is one of the most stressful life events that a child can experience (Eth & Pynoos, 1994; Terr, 1991). Internal and external compensatory factors that serve to buffer the negative effects of violence exposure and to protect children who are at-risk will be discussed.

#### Factors that Mediate and Moderate the Effects of Exposure to Violence

Although research has consistently documented that children and youth exposed to chronic levels of community violence are at increased risk for deleterious effects, an additional theme has emerged from studies on the effects of exposure to community

violence: Not all children living and being reared in violent neighborhoods experience its untoward consequences. That is, despite living in adverse conditions, some children achieve adequate developmental outcome. As eloquently stated by Garmezy and Masten (1994), “positive outcomes in the face of multiple adversities typically are not randomly distributed; they tend to be related systematically to positive characteristics of families, communities, and the children themselves.” The processes through which such protective factors operate to shield children from the undesirable outcomes of exposure to community violence remain poorly understood.

Researchers have begun to examine factors that promote resilience and buffer and/or compensate for the effects of community violence exposure. Resiliency generally refers to the ability of some children to have positive outcomes despite risk, to have the ability to recover from trauma, and to sustain competence under stress (Werner, 2000). Resilience under adverse conditions is a process involving the interactive relationships between stressors and compensatory factors (Doll & Lyon, 1998; Mazza & Overstreet, 2000). These protective factors are defined in terms of their moderating abilities, i.e., moderator analyses evaluate the relationship between a moderator variable (e.g., intelligence) and the predictor (e.g., exposure to community violence) and, if significant, indicates that the impact of the predictor on the outcome (e.g., psychopathology) varies according to the level of the moderator (Holmbeck, 1997). Delineation of such protective factors allows for the further understanding of the relationship between risk and outcome.

Protective factors operating in the lives of resilient children that consistently have been supported by the literature include a child’s internal resources, family cohesion and a caring adult, and support within the community (Garmezy, 1983; Hughes, 1997). As mentioned in the accumulation of risk model, it is the direction of the relationship

between chronic adversity and these compensatory factors that guides developmental outcome.

Various factors within children are associated positively with their ability to overcome adversity. As early as infancy, temperament and cognitive factors that enable children to use their own internal resources promote resiliency in children in disadvantaged settings. The most important individual characteristic that is associated positively with the ability to overcome adversity is average to above-average intelligence, especially verbal abilities and problem solving skills. Furthermore, children who are engaging, sociable, self-reliant, and confident are more resilient when faced with adversity (Marans & Cohen, 1993; Werner, 2000).

The child coping literature theorizes that children's appraisals and coping strategies are paramount to understanding resilience in response to violence exposure. Dodge, Bates, and Pettit (1990) suggest that deficits in processing social information mediate the relationship between exposure to violence and later child externalizing problems. For example, Dodge and colleagues (1990) report that a bias to attribute hostile intentions to neutral actions of others, a lack of adequate problem solving strategies, and a failure to attend to relevant social cues all are factors that affect aggressive outcome in children at-risk. Additionally, children with a high, internalized locus of control tend to function more effectively in high risk situations.

In the Kauai Longitudinal Study, the "vulnerable, but invincible" children possessed well-developed problem solving and communication skills. Additionally, these resilient children were reported by teachers to be sociable as well as independent. Characteristics shared by the resilient children of Kauai included sociability with peers

and adults, a reflective rather than impulsive dominant cognitive style, and an internal locus of control (Werner & Smith, 1982).

Resilient children living in violent neighborhoods are likely to obtain significant support from community resources including friends, schools, and churches. Even when the location of the school is in a violent area, a positive school climate can provide structure and a nurturing, predictable environment. Teachers and daycare providers can serve as positive role models and provide emotional support to children. A trusting, supportive relationship with an adult outside of the immediate family has been found to be a protective factor for children at-risk for negative outcomes (Jenkins & Smith, 1991). Similarly, churches often are important sources of social support to children and families exposed to community violence. Social networks provided by such community organizations foster prosocial skills in children and can increase opportunities for positive peer and adult relationships thereby moderating the effects of community violence on children (Werner, 2000).

Crucial to the emergence of a resilient child growing up amidst community violence is the presence of a relationship with a protective, caring parent or caretaker (Masten et al., 1999; Trickett, 1997). For example, children who perceived greater familial support showed less anxiety even when exposed to higher levels of community violence (Hill et al., 1996). In a study in Columbia, most resilient, young adults who grew up in neighborhoods characterized by high levels of violence perceived their mothers as stronger and more supportive with an emphasis on teaching the value of education and work compared to the mothers of persistent and temporary criminal offenders (Klevens & Roca, 1999). According to Kaufman and Zigler (1987), children

who experience a supportive relationship with one parent have a lower likelihood of transmitting violence across generations.

Additional parental characteristics such as maternal education and competence are associated with better outcomes in children and can serve to buffer the deleterious effects of violent communities (Cicchetti & Lynch, 1993). Martinez and Richters (1993) found distress symptoms in children were related to maternal education. That is, children of less educated mothers displayed higher rates of distress symptomatology from violence exposure than children of mothers with higher education levels. In a second study, the authors found that level of community violence exposure was not predictive of adaptational success or failure; rather, adaptational status was related to characteristics of the children's homes. The authors concluded that it was not merely the accumulation of environmental adversities that gave rise to deviant outcome in these children. Rather, it was only when these additional adversities undermined the stability and/or safety levels of the children's homes that the odds of their adaptational success decreased (Richters & Martinez, 1993).

In a study of African American children ages 10 to 15 years, Overstreet and Dempsey (1999) evaluated the availability of family support as a moderator of exposure to community violence. After controlling for age, gender, and concurrent life stress, availability of family support, defined as mother's presence in the home and family size, moderated the relationship between exposure to community violence and depressive symptoms but not the relationship between exposure to community violence and PTSD symptoms. The authors concluded that children living without their mother's present were at increased risk for the development of depressive symptoms when living in violent communities. This research is consistent with theories of the accumulative quality of

multiple risks, i.e., when children are in a vulnerable state (exposed to violence), exposure to additional stressors (absent mothers) may allow them to be more susceptible to the untoward effects of the violence exposure (Garbarino et al., 1992).

Similarly, specific parenting characteristics have been related to resilience in children. The effects of parenting practices on children's social, emotional, and behavioral outcome will be examined.

#### Parental Influences on Child Resilience

In the study of children who successfully adapt despite living in adverse conditions, one would be amiss not to consider the role of parental influence on children's developmental outcome. Studies evaluating the role of family cohesion, involvement, adaptability, routines, and support generally have found that families with high levels of such qualities have children who demonstrate successful adaptation (Kliewer & Kung, 1998; Vuchinich, Bank, & Patterson, 1992; Wyman, Cowen, Work, & Parker, 1991). Resilient children tend to come from families with well-balanced discipline, consistently enforced rules, parental involvement, and strong parental monitoring (Rutter, 1979; Werner & Smith, 1982). Research examining the relationship between family practices and participation in antisocial behavior among inner-city youth has demonstrated an effect of family cohesion (Gorman-Smith, Tolan, Zelli, & Huesmann, 1996) and family conflict (DuRant et al., 1994). The studies cited demonstrate the direct effects that family interaction patterns have on child adjustment, thus, a possible protective factor for children at-risk. Recently, researchers have begun to examine the buffering effect of family relationships on children at-risk specifically due to chronic exposure to community violence.



Longitudinal studies have demonstrated the powerful effect that the quality of parenting has on promoting resiliency among youth at-risk for poor developmental outcome. Masten and colleagues (1999) followed 205 children over 10 years to evaluate adaptational systems and competent outcome in the context of adversity. Higher intellectual functioning and parenting resources were associated with better academic, conduct, and social performance. Four indicators were averaged to form the “parenting quality” composite based on parent and child interview as well as questionnaires assessing warmth, connectedness, rejection, and closeness. Parenting quality accounted for conduct in childhood and conduct, academic, and social performance by adolescence after controlling for IQ and SES suggesting that the role of parenting uniquely contributed to competent outcome.

In a landmark study by Richters and Martinez (1993), the authors found that children’s adaptational success or failure was not directly related to level of community violence exposure. Interestingly, children’s adaptational status was significantly related to the characteristics of the children’s homes, specifically the stability and safety. The authors concluded that successful children were from families who were able to prevent the stressors associated with living in multi-risk environments from invading the children’s microsystem, i.e., the family. Adaptational success was based on functioning in two domains: academic functioning as indexed by teacher ratings of academic performance in the average to excellent range and social-emotional functioning in the normal range as indexed by parent report of behavior problems on the CBCL. Hence, the definition of social-emotional success was defined by an absence of behavior problems according to parent report.

A survey of the literature from the past two decades indicates that there are a multitude of studies examining parental influences on children's internalizing and externalizing symptoms. Based on a review of the existing literature, Darling and Steinberg (1993) argue that there is a need to distinguish between broad parenting styles and specific parenting behaviors. Their theoretical distinction between parenting styles and parenting practices was a significant contribution to the study of parenting and its affect on children. Parenting style is defined as a stable complex of attitudes and beliefs that form the context in which parenting behaviors occur. For example, authoritarian parents may believe that being punitive is the primary method to gain child obedience. Parenting practices are defined as specific, goal directed behaviors through which parents perform their parental duties. Use of verbal praise or spanking to enhance compliance are examples of parenting practices. According to Darling and Steinberg's model, parenting styles and parenting practices differentially affect child outcome. Parenting practices are proposed to have a direct effect on children's outcome because the actual behaviors of parents have an immediate, direct consequence for the child. Conversely, one's parenting style has an indirect effect on a child's outcome. Darling and Steinberg suggest that parenting style acts as a moderator of the relationship between parenting practices and child outcome. According to their differentiation between parenting styles and parenting practices, it is of use to consider specific parenting practices rather than broad parenting styles when examining parental influences on child behavior.

Outside of the violence exposure literature, multitudes of data support the theories that parenting practices have a direct influence on child behavior and compliance. Based on decades of research with antisocial children, Patterson and colleagues have concluded that family management is a key factor in the development of child behavior problems.

Specific family management skills that the authors have found to be related to child behavior include monitoring, discipline, positive reinforcement, problem solving, and parent involvement (Dishion, Reid, & Patterson, 1988; Patterson, 1982; Patterson, 1986). Alterations of parenting behavior have been found to be effective in the remediation of child oppositionality and conduct disorder (Adams & Kelley, 1992; Serketich & Dumas, 1996; Webster-Stratton & Hammond, 1990), attention-deficit/hyperactivity disorder (Abikoff & Hechtman, 1996; Anastopoulos & Barkley, 1990), and anxiety disorders (Kearney & Silverman, 1995). It is the basic tenet of various therapeutic techniques, such as family, behavioral, and multisystemic therapy, that behavior problems are best conceptualized within the context of the child's family as an interactive system (e.g., Haley, 1976; Minuchin, 1974; Patterson, 1986). These empirically based theories contend that parents are an intimate, integral part of the child's life, coping styles, adaptive styles, and maladaptive behaviors. As such, it was the goal of the current study to examine the ability of parenting practices to moderate the relationship between exposure to community violence and child outcome.

#### Parenting Practices as a Moderator of the Relationship between Exposure to Violence and Developmental Outcome

As indicated, the primary goal of this study was to evaluate the moderating effects of parenting behaviors on the relationship between exposure to community violence and competent childhood development. According to Baron and Kenny (1986), a "moderator" is an independent variable that affects the direction and/or strength of the relationship between predictor and outcome variables. A moderating effect is represented by an interaction between the predictor or independent variable and the proposed moderator variable. A significant moderator effect indicates that the causal relationship

between an independent and dependent variable changes according to the level of the moderator. Significant main effects of the independent variables also may be present but are not conceptually relevant to testing the moderator. As such, the present study evaluated whether the relationship between exposure to community violence and academic functioning, social skills, and self-concept varied as a function of parenting behavior.

### Summary and Purpose

Numerous studies evidence that urban youth are exposed to epidemic proportions of community violence (Bell & Jenkins, 1993; Kliwer, et al., 1998; Schwab-Stone et al., 1999). Exposure to community violence has been associated with significant levels of distress including symptoms of aggression and behavior problems (Gorman-Smith & Tolan, 1998; Miller et al., 1999), academic functioning difficulties (Overstreet & Braun, 1999), anxiety and depression (Kliwer et al., 1998; Schwab-Stone et al., 1995), and posttraumatic stress disorder (Horowitz et al., 1995). Although it is clear that children who experience chronic levels of violence exposure are at increased risk for poor developmental outcome, the consequences of exposure are not the same for all children.

The study of adaptation under such circumstances is crucial to the understanding of the etiology as well as the prevention and treatment of the deleterious effects of exposure to community violence. The construct of resilience among urban youth has been a focus of literature in the past decade with particular attention to factors that ameliorate or protect children from adverse conditions. The types of mediating and/or moderating variables operating in the lives of resilient children generally fall into three categories including a child's internal resources, family cohesion and a caring adult, and support within the community (Garmezy, 1983; Hughes, 1997).

Factors within the child that promote successful adaptation include temperament and average to above-average intelligence. Additional internal resources include self-reliance, sociability, and confidence (Werner, 2000). Resilient children living in violent neighborhoods are likely to obtain significant support from community resources including schools, churches, and friends. Finally, in the study of children living among chronic adversity, characteristics of the parent have been found to play a role in child outcome. Parenting factors found to promote resilience and buffer the effects of community violence exposure include family size and presence in the home (Overstreet & Dempsey, 1999), family support (Klevens & Roca, 1999), parenting resources (Masten et al., 1999), and family cohesion (Gorman-Smith et al., 1996).

When studying the potential protective factor of parenting, researchers often focus on “parenting styles”, “parental beliefs”, or “family relationship characteristics.” It is less often that actual parenting practices are examined. Specific parenting behaviors utilized to discipline (e.g., praising, spanking, threatening, and rewarding), to monitor (e.g., leaving notes, setting a curfew, and supervising outings with friends), and to be involved (e.g., talking with child, playing games, and helping with homework) have not been thoroughly examined with regards to promoting resilience among youth exposed to community violence. Additionally, many studies of successful adaptation in children exposed to multiple risks define “resilience” as an absence of a specific symptom or problem, rather than competent outcome defined as average academic performance, social-emotional functioning, etc.

It was the purpose of the current study to examine whether *specific* parenting practices moderated the relationship between exposure to community violence and competent outcome. Hence, parenting behaviors were examined as a potential protective

factor for children exposed to community violence. The construct of “competence” was defined in terms of three age-developmental tasks: academic performance, social skills/conduct, and self-concept. These three dimensions of successful adaptation were examined through multiple measures across informants. It was hypothesized that, among inner city children exposed to community violence, children whose parents supervised them adequately, were actively involved in their lives, and utilized positive discipline techniques would realize greater levels of successful adaptation than children of uninvolved, punitive parents. That is, amongst children at-risk for poor academic and social/emotional functioning due to chronic exposure to community violence, it was expected that children with caregivers who provided support, involvement, structure, and consistent discipline would display greater levels of socio-emotional success.

## METHOD

### Participants

A sample of 79 children ages 9 to 13 years ( $M = 11.10$ ,  $SD = 1.29$ ) and their parents and teachers participated in the study. Students and parents were voluntarily recruited from out-patient hospital clinics serving primarily low income families from high crime neighborhoods in New Orleans, Louisiana. Participants in the study sample were 100% African American and included 44 boys and 35 girls. Demographic data revealed that 26% of the children in sample lived in homes with married parents, 24% of parents were divorced, and 17% of parents cohabitated with their partners. Additional demographic characteristics of the sample are presented in Table 1.

Measures were administered to a total of 232 children and parents. The children’s respective reading/language teachers were invited by mail to participate. Of the total sample of 232 parent-child pairs, some questionnaires were not completed due to time

Table 1Demographic Characteristics

N = 79		<u>Frequency</u>	<u>Percent</u>
<b>Gender</b>			
Male		44	55.7
Female		35	44.3
<b>Age</b>			
9		9	11.4
10		19	24.1
11		21	26.6
12		15	19.0
13		15	19.0
<b>Relationship of Respondent</b>			
Mother		56	70.9
Father		5	6.3
Other Relative		18	22.8
<b>Marital Status</b>			
Married		21	26.6
Divorced		19	24.1
Single		17	21.5
Living Together		14	17.7
Widow		8	10.1
<b>Family Income</b>			
Under 10,000		21	26.6
11-20,000		29	36.7
21-30,000		12	15.2
31-40,000		11	13.9
41-50,000		5	6.3
Above 50,000		1	1.3
<b>Child's Age</b>			
Mean	11.10		
Standard Deviation	1.29		

constraints and 18 measures were invalid due to elevated F or L validity scores on the BASC or visually apparent response sets, such as responding “1” to all items on the questionnaire. Additionally, 68 of the teachers of the children did not respond to the voluntary participation in the study thereby not allowing use of the child-parent data. Finally, 3 of the children did not have IOWA scores present in their academic records. Thus, 79 of the 232 parent-child pairs had complete data sets yielding a sample of 34% of the original respondents. The sample size for the present study was consistent with the recommended number for conducting meaningful regression analyses (Aiken & West, 1991).

### Procedure

Informed consent was obtained from parents and teachers, and assent was obtained from child participants during their wait for out-patient pediatric appointments. Subjects were informed that the researchers were interested in obtaining confidential information about the child’s exposure to community violence as well as the child’s academic and behavioral history. Questionnaire packets were distributed individually to parent and child, and questions were read aloud to younger participants. Participants were assured that their responses were confidential, and there was no requirement to place their name directly onto questionnaires. Packets were numerically coded with the children’s names and schools separate from the packets. Children completed the KID-SAVE, Harter SPPC, and BASC – Self Report Form. Parents completed the BASC – Parent Form, APQ, SSRS-Social Skills Subscale, a demographic sheet, and a consent to release. After completion of the packets, parents and children were debriefed and given a telephone number to contact if any of the questions were of concern to them. Referral



cards also were available for local agencies that specialize in violence exposed and traumatized children for interested participants.

Academic information was gathered from teachers and schools. Teachers were mailed a letter requesting their voluntary participation in the study. If teachers agreed to participate, they completed a consent form and the BASC - Teacher Form. Self-addressed stamped envelopes were included in teacher and school packets to ease return of materials. Additionally, standardized test scores and report card grades were obtained from schools either through the mail or researchers collected the data directly from the school.

### Measures

KID-SAVE. The KID-SAVE (Flowers, Hastings, & Kelley, 2000, see Appendix A) is a measure of violence exposure for children in grades 3 through 7. The scales consist of 35 items loading onto three subscales: Traumatic Violence, Indirect Violence, and Interpersonal Aggression. A three point Likert scale is utilized for the frequency (0 = Never, 1 = Sometimes, 2 = A lot) and impact (0 = Not at all upsetting, 1 = Somewhat upsetting, 2 = Very upsetting) scales. Three faces accompany the three levels of impact to assist children in identifying an appropriate answer (i.e., smile, frown, very upset). Scores for each subscale can range from 0 to 70 with higher scores representing greater violence exposure. The scale has demonstrated adequate reliability and validity (Flowers, Hastings, & Kelley, 2000; Flowers, Lanclos, & Kelley, 2000).

Harter Self-Perception Profile for Children (SPPC). The SPPC (Harter, 1985, see Appendix B) is a 36-item self-report measure of various domains of competence and adequacy as well as a global evaluation of self-worth. The SPPC is comprised of five domain-specific subscales including Scholastic Competence, Social Acceptance, Athletic

Competence, Physical Appearance, and Behavioral Conduct and one global self-worth subscale. Internal reliabilities ranged between .71 and .86 (Harter, 1985) and test-retest reliability was found to be stable (Granleese & Joseph, 1994).

Behavior Assessment System for Children (BASC), Parent, Teacher, and Student Versions. The BASC (Reynolds & Kamphaus, 1992, see Appendix C) measures numerous aspects of behavior and personality in children including both positive (adaptive) as well as negative (clinical) dimensions. Parent and teacher scales consist of 131 and 109 items, respectively, and are available for three age levels including preschool (4-5), child (6-11), and adolescent (12-18). The described behaviors are rated on a 4-point scale from 1 = Never to 4 = Almost Always. The self-report measure contains 152 and 186 items for children (8-11 years) and adolescents (12-18 years), respectively, that are rated on a "True/False" format. Individual subscales for teacher and parent versions are grouped according to clinical composites of Internalizing Problems (Anxiety, Depression, Somatization), Externalizing Problems (Hyperactivity, Aggression, Conduct Problems), School Problems (Attention Problems, Learning Problems), and Adaptive Skills (Adaptability, Social Skills, Leadership, Study Skills). Composite scores for the self-report include Clinical Maladjustment (Anxiety, Atypicality, Locus of Control, Social Stress), School Maladjustment (Attitude to School, Attitude to Teachers), and Personal Adjustment (Relations with Parents, Interpersonal Relations, Self-Reliance, and Self-Esteem). All versions of the BASC include a "faking bad" (F) validity scale designed from standardization data. Additionally, the BASC – Self Report Form includes a "faking good" (L) index. The manual reports internal consistency reliabilities, test-retest reliabilities, and inter-rater reliabilities for the scales (no inter-rater reliability for the self-report) averaging over .70 each. Validity of the scale consisting of factorial

validity, construct and concurrent validity, and divergent validity has been established with various populations and clinical groups.

Social Skills Rating System (SSRS). The SSRS (Gresham & Elliott, 1990, see Appendix D) is a norm-referenced rating scale that assesses the social behavior of children and adolescents ages 3 to 18 years. The questionnaire is comprised of three separate rating forms for teachers, parents, and students. The number of items ranges from 40-57 for the teacher form, 49-55 for the parent form, and 34-39 for the student form. Responses are completed on a 3-point Likert scale. The measures are comprised of three scales: Social Skills (teacher, parent, and student forms), Problem Behaviors (teacher and parent forms), and Academic Competence (teacher form). The Social Skills scale consists of the following subscales: Cooperation, Assertion, Self-Control, Responsibility (parent version only), and Empathy (student version only). The SSRS was standardized on a national sample of more than 4000 students. Psychometric properties of the measures generally are in the excellent range. Evidence is available for the content, criterion, and construct validity of the SSRS in the manual as well as in numerous additional studies. The Social Skills scale was used for the present study.

Alabama Parenting Questionnaire (APQ). The APQ (Shelton, Frick, & Wootton, 1996, see Appendix E) is designed to assess parenting practices. The APQ contains 42-items and consists of six subscales measuring concepts of parenting: Involvement, Positive Parenting, Poor Monitoring/Supervision, Inconsistent Discipline, Corporal Punishment, and Other Discipline Practices. Items are rated along a Likert scale ranging from 1=Never to 5=Always. Items are phrased in specific behavioral terms such as “You play games with your child” and “You threaten to punish your child.” Evidence for adequate reliability and validity estimates has been demonstrated as well as adequate

ability to predict a disruptive behavior disorder diagnosis (Shelton, Frick, & Wootton, 1996). The Involvement, Positive Parenting, Poor Monitoring/Supervision, and Inconsistent Discipline subscales were used in the present study.

Demographic Questionnaire. The demographic form (see Appendix F) ascertained data from caregivers including their age, marital status, and relationship to the child. Additionally, their highest education level, occupation, and income level were obtained to determine socioeconomic status. The child's age and gender also was ascertained.

#### Composite Competence Scores

Composite scores for the present study were derived from performance in three competence areas in childhood based on prior research and developmental theory (e.g., Masten et al., 1999). Data were collected from multiple methods and informants including school records review, a demographic questionnaire, and standardized rating scales for parent, teacher, and child. Composite scores were derived for each competence domain (i.e., academic, social/conduct, and self-concept) by summing the standardized scores on the respective parameters. Higher scores indicate greater overall developmental competence. Competence measures, reliability data, and content descriptions are listed in Table 2.

Academic Composite. Academic functioning was assessed by the child's grade point average from school records from the beginning of the current school year to present quarter, the composite score from child's most recent IOWA standardized test score obtained through school records, the Study Skills subscale from the teacher version of the BASC, and the inverse of the School Problems subscale of the teacher BASC.

**Table 2****Measures of Competence**

Construct	Description of Measure
<b>Academic Composite (<math>\alpha = .78</math>)</b>	
Grade point average	Average of all subjects for prior year
Achievement	IOWA composite score
BASC-T – Study Skills	Completes work, is organized, studies
BASC-T – Inverse School Problems	Attention and learning problems
<b>Social Skills/Conduct Composite (<math>\alpha = .77</math>)</b>	
BASC-P – Adaptive Skills	Adjusts well to changes
BASC-P – Inverse Externalizing Problems	Aggression, conduct problems
BASC-T – Adaptive Skills	Adjusts well to changes
BASC-T – Inverse Externalizing Problems	Aggression, conduct problems
BASC-S – Relationship with Parents	Overall relationship with parents
BASC-S – Interpersonal Relationships	Positive social life and relationships
SSRS-P – Social Skills Subscale	Social behavior with peers
<b>Self-Concept Composite (<math>\alpha = .54</math>)</b>	
Harter – Physical Appearance	Perception of looks, height/weight
Harter – Athletic Competence	Sports and outdoor games ability
Harter – Behavioral Conduct	Perception of his/her behavior
Harter – Scholastic Competence	Perception of academic abilities
Harter – Social Competence	Accepted by peers; feels popular
Harter – Global Self Worth	Overall perception of one's life
BASC-S – Self Esteem	Feels good about self
BASC-S – Self Reliance	Ability to make decisions
BASC-S – Inverse Sense of Inadequacy	Feelings of failure and inability

**Note:** BASC, Behavior Assessment System for Children, Parent, Teacher, and Self; SSRS-P, Social Skills Rating System, Parent; Harter, Harter Self Perception Profile for Children

**Social Skills/Conduct Composite.** The child's social skills/conduct was defined by seven factors based on parent, teacher, and child ratings on the BASC and parent ratings on the SSRS. Specifically, the Adaptive Skills (parent and teacher), the inverse of the Externalizing subscales (parent and teacher), and the Relationship with Parents and Interpersonal Relationships subscales (child) from the BASC forms and the Social Skills subscale of the parent SSRS were computed for the composite.

**Self-Concept Composite.** The child self-concept index was derived from subscale scores of the Harter's Self-Perception Profile for Children (i.e., Physical Appearance, Athletic Competence, Behavioral Conduct, Scholastic Competence, Social Competence, and Global Self-Worth) and the BASC – Self Report Form, specifically the Self-Esteem, Self-Reliance, and the inverse of the Sense of Inadequacy subscales.

## RESULTS

### **Descriptive Statistics**

The percentage of males and females reporting exposure to community violence suggests that the majority of children in the sample witnessed or experienced violent events. For example, 87% of the children heard gunshots in their neighborhoods, 42% witnessed a robbery, and 74% knew someone killed by violence. Significantly more boys (41%) than girls (27%) reported being a victim of aggression,  $\chi^2 (N=79) = 9.23, p < .01$ . Additionally, 43% of boys and 19% of girls witnessed someone get shot,  $\chi^2 (N=79) = 4.57, p < .05$ . No other significant gender differences were found at  $p < .05$ . Race effects were not examined due to the sample consisting of 100% African American children and families.

**Table 3**

**Means, Standard Deviations, and Zero-Order Correlations Among Control, Predictor, and Outcome Variables (N=79)**

Variable	2	3	4	5	6	7	8	M	SD
1. Age	.17	-.21	-.04	.13	.15	-.07	-.01	11.10	1.29
2. SES		-.26*	.02	.28*	.31**	.15	-.18	35.67	12.18
3. Violence Exposure			-.06	-.29**	-.26*	-.25*	.04	50.24	8.18
4. Parenting Quality				.24*	.38**	.14	-.01	48.88	8.27
5. Academic Functioning					.37**	.12	-.02	186.24	37.70
6. Social Skills/Conduct						.37**	-.06	399.83	37.56
7. Self-Concept							-.07	445.31	29.82
8. Gender							--	44 males 35 females	

\*  $p < .05$ ; \*\*  $p < .01$

Means, standard deviations, and zero-order correlations among control, predictor, and competence composites (academic functioning, social skills/conduct, and self-concept) are presented in Table 3. Zero-order correlations revealed that community violence exposure was significantly related to SES ( $r = -.26$ ,  $p < .05$ ), academic functioning ( $r = -.29$ ,  $p < .01$ ), social skills/conduct ( $r = -.26$ ,  $p < .05$ ), and self-concept ( $r = -.25$ ,  $p < .05$ ). Specifically, as exposure to community violence increased, the three domains of competence decreased. Parenting quality was associated with academic

functioning ( $r = .24, p < .05$ ) and social skills/conduct ( $r = .38, p < .01$ ) such that positive parenting behaviors were associated with more adaptive social behavior and higher academic ability.

#### Tests for Moderators of Exposure to Community Violence

Hierarchical regression analyses were conducted to evaluate the hypothesized relationships between exposure to violence and parenting quality to competent outcome. Three hierarchical regression analyses were conducted with academic functioning, social skills/conduct, and self-concept as outcome variables. Prior to conducting the regression analyses, exposure to community violence and the moderator variables were centered around their means to control for multicollinearity as recommended by Aiken & West (1991).

In each of the three regression analyses, age and gender were entered in Steps 1 and 2 to control for gender differences and age of the child in the overall regression equations. The remaining variables were entered in the following order. SES was entered as a control variable in Step 3 as SES frequently has been observed as a correlate of parenting quality as well as child and adolescent competence. Exposure to community violence was entered at Step 4 followed by parenting quality at Step 5. In this hierarchical manner, any significant effect of parenting quality would not be due to shared variance with age and gender of child or social status of the family. Once main effects were controlled, the interaction of parenting quality with adversity (i.e., violence exposure) was entered at Step 6 to determine whether the impact of exposure to



community violence varied as a function of parenting quality. Results of the regression analyses containing variables entered at each step, the percentage of variance accounted for at each step, the change in variance accounted for, the unstandardized beta weights for each variable, and the significance level at each step are presented in Tables 4-6.

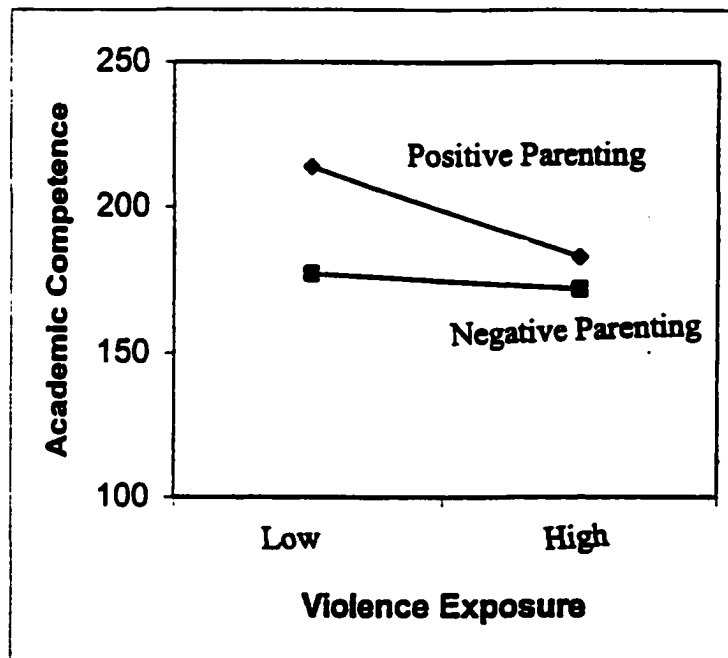
In the regression equation in which academic competence served as the dependent variable, SES, Violence Exposure, and Parenting Quality made significant contributions in predicting academic competence. Social status uniquely accounted for 7% of the variance ( $\Delta R^2 = .07, p < .05$ ), while Violence Exposure ( $\Delta R^2 = .04, p < .05$ ) and Parenting Quality ( $\Delta R^2 = .06, p < .05$ ) uniquely accounted for 4% and 6% of the variance, respectively. The Exposure to Violence x Parenting Quality interaction entered in the last step accounted for an additional 5% of the variance ( $\Delta R^2 = .05, p < .05$ ). The plot of Exposure to Violence x Parenting Quality interaction (see Figure 1) revealed that children with lower quality parenting were at the greatest risk for decreased academic functioning regardless of the level of violence exposure. Children with low levels of violence exposure with parents utilized positive parenting strategies realized the greatest academic abilities. A total of 24% of the variance in overall academic functioning was accounted for by the regression equation.

**Table 4****Hierarchical Regression Analysis Evaluating the Moderating Effects of Parenting Quality on Academic Competence**

Step	Academic Functioning		
	R <sup>2</sup>	Δ R <sup>2</sup>	B <sup>a</sup>
1. Age	.02	.02	2.39
2. Gender	.02	.00	-2.53
3. SES	.09	.07	7.61*
4. Exposure to Violence	.13	.04	9.35*
5. Parenting Quality	.19	.06	8.02*
6. Exposure to Violence x Parenting Quality	.24	.05	8.26*
Entire Model	F (6, 72) = 3.75**		

<sup>a</sup> Unstandardized regression weights for the final equation

\* p &lt; .05; \*\* p &lt; .01



**Figure 1**

**Interaction of Exposure to Community Violence and Parenting Quality on Academic Competence.**

Table 5 presents results of the regression analyses evaluating the moderating effects of parenting quality on social skills/conduct. Social skills/conduct was predicted by SES and parenting quality. Specifically, higher SES ( $\Delta R^2 = .08, p < .05$ ) and positive parenting ( $\Delta R^2 = .14, p < .05$ ) were significantly associated with more adaptive social skills and conduct. The interaction term of Exposure to Community Violence x Parenting Quality entered at Step 6 did not make a unique contribution in predicting social skills/conduct. Thus, the hypothesis of parenting quality moderating the relationship

between exposure to community violence and competent social skills outcome was not supported.

**Table 5**

**Hierarchical Regression Analysis Evaluating the Moderating Effects of Parenting Quality on Social Skills / Conduct**

Step	Social Skills / Conduct		
	R <sup>2</sup>	Δ R <sup>2</sup>	B <sup>a</sup>
1. Age	.03	.03	4.11
2. Gender	.03	.00	.73
3. SES	.11	.08	9.37*
4. Exposure to Violence	.12	.01	4.67
5. Parenting Quality	.26	.14	11.12*
6. Exposure to Violence x Parenting Quality	.26	.00	-.79
Entire Model	F (6, 72) = 4.25**		

<sup>a</sup> Unstandardized regression weights for the final equation

\* p < .05; p < .01

In the regression analysis with self-concept as the dependent variable, a positive effect for Violence Exposure was found. No other significant effects were identified for age, gender, SES, or parenting quality (Table 6). Additionally, the interaction between exposure to community violence and parenting quality also was shown to be not

significant indicating that the measures of parenting quality did not moderate the effects of exposure to community violence on self-concept. A total of 9% of the variance in self-concept was accounted for by the equation.

**Table 6**

**Hierarchical Regression Analysis Evaluating the Moderating Effects of Parenting Quality on Self-Concept**

Step	Self-Concept		
	R <sup>2</sup>	Δ R <sup>2</sup>	B <sup>a</sup>
1. Age	.00	.00	-3.77
2. Gender	.01	.01	-2.08
3. SES	.04	.03	3.26
4. Exposure to Violence	.05	.01	6.16*
5. Parenting Quality	.09	.04	3.71
6. Exposure to Violence x Parenting Quality	.09	.00	.60
Entire Model	F (6, 72) = 1.18		

<sup>a</sup> Unstandardized regression weights for the final equation

\* p < .05

**Analysis of High and Low Adversity Groups**

A second approach for analysis was utilized to evaluate the hypothesis that children with high levels of violence exposure and poor parenting quality were at greatest

risk for poor developmental outcome. A multivariate analysis of covariance was conducted to evaluate the relationship between exposure to community violence, parenting quality, and competent outcome as reported by the parent, teacher, and child. This approach allowed us to test the interaction of violence exposure and parenting quality while comparing “high risk” and “low risk” groups. As in prior analyses, the demographic variable of SES was controlled. The independent variables examined included the KID-SAVE Total Frequency score and Parenting Quality as assessed by the APQ Total Score, and the dependent variables included the three composite measures of resilience previously described: academic competence, social skills/conduct, and self-concept. Low and High Violence Groups and High and Low Parenting Quality Groups represented high (+ 1 SD) and low (-1 SD) scores on the Total Violence Frequency scale and the Total score on the APQ. Significant differences were found between the High and Low Parenting Quality groups (Wilks’ lambda = .32,  $F(3, 18) = 5.70$ ,  $p < .05$ ). The interaction of Violence Exposure and Parenting Quality was not significant. Follow-up analyses on each of the three dependent variables revealed a main effect for Parenting Quality on the Academic ( $F(1, 28) = 4.51$ ,  $p < .05$ ) and the Social Skills/Conduct ( $F(1, 28) = 6.21$ ,  $p < .05$ ) composites. Means and standard deviations of the three dependent variables for the two parenting groups are shown in Table 7.

**Table 7****Means and Standard Deviations for Resilience Composite Measures – Parenting Quality**

	<u>Positive Parenting</u>		<u>Negative Parenting</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Academic Composite *	190.80	34.05	164.37	35.59
Social Skills / Conduct Composite *	411.39	34.78	378.00	43.77
Self-Concept Composite	449.51	24.07	438.11	29.93

\* $p < .05$ **Analysis of High and Low Competence Groups**

Additional analyses examined the concept of resilience by categorizing individuals into High and Low Competence groups. Individuals were classified in the “Resilient” or “Maladaptive” groups if the linear combination of their three competence domains was one standard deviation above (Resilient) or one standard deviation below (Maladaptive) the sample mean. These cut scores yielded 15 Resilient and 13 Maladaptive children. Individuals within one standard deviation of the sample mean were not included in the following analyses.

A multivariate analysis of covariance was conducted to examine differences between resilient and maladaptive individuals on parenting quality and exposure to

violence. As described above, the independent variable of childhood competence included two levels, Resilience and Maladaptive outcome, and was derived from the linear combination of the competence scores. The dependent variables included the total APQ score and total Kid-SAVE score. SES was employed as a covariate. Significant differences were found on the dependent measures, Wilks' lambda = .69,  $F(2, 24) = 5.50$ ,  $p < .05$ . Follow-up analyses of variance were significant for Parenting Quality,  $F(1, 25) = 10.89$ ,  $p < .01$ , and Exposure to Violence,  $F(1, 25) = 6.27$ ,  $p < .05$ . Results indicated that resilient individuals were exposed to lower levels of community violence and had parents who demonstrated positive parenting behaviors compared to their maladaptive counterparts. Table 8 contains means and standard deviations on the dependent variables for the competence groups.

**Table 8**

**Means and Standard Deviations for Competence Groups**

	<u>Resilient</u>		<u>Maladaptive</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
APQ Total*	52.28	9.30	42.21	6.73
Kid-SAVE Total*	42.73	5.80	50.54	10.36

\* $p < .05$

Following the significant finding that parenting quality was related to children's overall competence, further analyses were conducted on the subscales of the Alabama



Parenting Questionnaire to determine if a particular aspect of parenting quality (i.e., monitoring vs. involvement vs. discipline) better predicted overall academic and social functioning and self-concept. A multiple regression analysis was performed with the Positive Parenting, Involvement, Monitoring/Supervision, and Inconsistent Discipline subscales of the APQ as the predictor variables. The linear combination of the three competence domains (academic, social skills/conduct, and self-concept) served as the outcome variable. Stepwise regression revealed the Positive Parenting subscale of the APQ to be a significant predictor of overall competence,  $R^2 = .12$ ,  $F(1, 77) = 10.68$ ,  $p < .01$ . The remaining three subscales did not account for any significant variance in competence above that accounted for by Positive Parenting.

Finally, discriminant function analyses corroborated the results of the MANCOVA when classifying children into Resilient and Maladaptive competence groups. Using parenting quality and violence exposure as predictors, both variables emerged as significant discriminating predictors correctly classifying 71.43% of the students.

#### Predictive Ability of the Alabama Parenting Questionnaire

A series of multiple regression analyses were conducted to determine if the four aspects of parenting quality predicted individual types of violence exposure (i.e., Traumatic Violence, Interpersonal Aggression, and Indirect Violence). Each analysis included the four scales of the APQ as the predictor variables. The stepwise regression equation with the Kid-SAVE Interpersonal Aggression subscale ( $R^2 = .05$ , adjusted  $R^2 =$

.04,  $F(1, 77) = 4.17$ ,  $p < .05$ ) was significant. Specifically, Parental Monitoring was a significant predictor of exposure to Interpersonal Aggression.

## DISCUSSION

The rates of exposure to community violence observed in the study are consistent with the markedly high levels of children exposed to violence in other urban communities (e.g., Mazza & Reynolds, 1999; O'Keefe, 1997; Osofsky et al., 1993). The majority of children in the sample heard gunshots in their neighborhoods (87%) and knew someone who has been killed by violence (74%). Empirical literature has well documented the relationship between exposure to community violence, either through witnessing or victimization, and a range of internalizing and externalizing symptoms (e.g., Gorman-Smith & Tolan, 1998; Kliwer et al., 1998; Lynch & Cicchetti, 1998; Schwab-Stone et al., 1999). Research also has shown that characteristics of the family may buffer the effect of adversity for children at-risk for adverse developmental outcome (Gorman-Smith et al., 1996; Masten et al., 1999; Richters & Martinez, 1993). The goal of present study was to examine the relationship between exposure to community violence and children's social functioning, academic competence, and self-concept and the extent to which parenting quality moderated the relationship between these variables.

Findings of this study indicated that parenting quality moderated the relationship between exposure to community violence and children's academic functioning. The significant interaction between exposure to violence and parenting quality indicated that children being reared with parents who utilized positive parenting techniques maintained

a higher level of academic abilities when faced with exposure to community violence. Results indicated that children who were exposed to low levels of community violence and had parents who were involved and monitored children appropriately realized the highest academic performance. Children of parents who did not demonstrate positive parenting behaviors achieved lower academic scores regardless of the level of exposure to violence. These results corroborate previous works concluding that exposure to community violence resulted in increased academic difficulties (Dyson, 1989; Pynoos & Nader, 1988; Schwab-Stone et al., 1995). Overall, the findings from this study regarding academic outcome for children at risk suggest that parenting quality plays a great role in protecting children from the negative effects of violence exposure.

Parenting quality also was observed to predict children's social and behavioral functioning such that children with parents who utilized positive parenting behaviors had the highest levels of adaptive social skills and conduct. For children growing up amidst chronic adversity, the unique role of parenting behaviors on child outcome after SES and exposure to violence were controlled is consistent with recent data highlighting the protective role of parenting quality with respect to antisocial behavior (Masten et al., 1999). Additionally, when the individual aspects of parenting quality were examined, Positive Parenting emerged as the primary attribute of parenting behavior that predicted childhood competence. Characteristics that defined "positive parenting" in this study included praising a child, rewarding a child for good behavior, hugging and kissing when the child has done something good, complimenting a child for doing a good job, etc. The

unique role of positive parenting in children's functioning highlights a meaningful component to be evaluated when working with families living amidst adversity. Finally, parenting quality was not observed to moderate the relationship between exposure to community violence and children's social skills and conduct. That is, the relationship between exposure to community violence and children's social behaviors did not vary as a function of parenting quality.

When evaluating the relationship between violence exposure and self-concept, the level of community violence witnessed by a child significantly predicted self-concept such that children with lower levels of exposure realized higher levels of self-concept. Although our measure of parenting quality emerged as a moderator of violence exposure when academic competence was considered as the outcome, our data did not provide support for the hypothesis that parenting quality moderated the relation between violence exposure and self-concept. Two explanations are proposed for such findings. The lack of a significant effect may be due to a true nonexistence of relationship between parenting quality, violence exposure, and self-concept. The lack of moderation of self-concept also may be related to the model defined as "self-concept" in our study. The self-concept composite was derived from the five subscales of the Harter Self-Perception Profile for Children and three subscales from the BASC – Self Report Form. However, the reliability indicator conducted on the self-concept composite was low ( $\alpha = .54$ ) and may account for the lack of significant findings.

Results of this study regarding socioeconomic status are consistent with the widely reported association of SES with academic achievement, parenting quality, and adversity exposure (e.g., Masten et al., 1999). SES played a unique role in predicting academic competence and social skills/conduct in the present study. These results may reflect the additional stressors associated with SES such as poverty, parental education, child IQ, life stressors, etc.

The relationship between exposure to community violence and measures of competent functioning was not congruent with several prior studies reporting higher levels of distress among children with higher rates of violence exposure (Gorman-Smith & Tolan, 1998; Martinez & Richters, 1993; O'Keefe, 1997). Although exposure to community violence uniquely predicted academic competence and self-concept, exposure was not a direct predictor of social functioning in the present study. The lack of such an effect may be related to the presence or absence of additional adversities that may differentially affect social behavior. The experience of growing up amidst violence often occurs within a larger framework of stressors. Specifically, children who are in a vulnerable state due to chronic adversity are especially at-risk and susceptible to the deleterious effects of violence exposure due to the accumulation of risk (Garbarino, 2001; Garbarino & Kostelny, 1996). Socio-economic status, a risk factor consistently found in the literature to exacerbate the effect of violence exposure, was examined in the present study. Results indicated that SES was significantly predictive of academic and social functioning such that children from families of a lower socio-economic category had

lower scholastic scores and more behavioral problems. Thus, SES, rather than level of violence exposure, better predicted children's social skills outcome.

The present study addressed several limitations in the resilience and violence exposure literature by employing a multi-method, multi-informant design to assess a range of children's functioning amidst chronic violence exposure. Data were collected from parents, teachers, and children as well as through academic records. This study also augmented the previous works by evaluating the influence of *specific* parenting behaviors and parental involvement for children exposed to violence. Our findings, like those of previous researchers (Kliewer & Kung, 1998; Masten et al., 1999; Rutter, 1979), demonstrated the effects of family interaction patterns on child adjustment. Specifically, parents who were more involved and utilized more positive discipline techniques had children with higher academic scores and better social functioning regardless of the level of violence exposure. Overall, the findings of this study highlight the importance of examining parenting practices when evaluating children and families. The findings particularly suggest that parenting behaviors are related to children's academic performance in children at-risk for poor developmental outcome due to exposure to community violence.

This study had several limitations. Chief among them was the poor reliability of the self-concept competence domain. Although both the BASC-Self Report Form and the Harter Self-Perception Profile for Children have adequate reliability measures, when several subscales were combined from the two questionnaires for the present study as a

measure of “self-concept,” the alpha level was low ( $\alpha = .54$ ). As such, results regarding the moderating effect of parenting practices on children’s self-concept must be interpreted with caution given the poor reliability of our model of “self-concept.”

Second, some of the findings in our study may be specific to the socio-ecological characteristics of the subjects. Specifically, focusing only on urban, African American families may be considered a strength of the study as a disproportionate number of minority children live in poverty and are at increased risk for academic and behavioral difficulties minorities (Eggebeen & Lichter, 1991). However, a sample of 100% of African American families also may limit the extent to which our findings are applicable to families of other ethnicities. Inclusion of a more stratified sample would increase the external validity of the findings.

This study represented the first attempt to examine the influences of specific parenting practices on childhood resiliency within the context of exposure to community violence. However, the study may have been limited by the lack of differentiation between witnessing violent events and being a victim of violence. Some research has failed to demonstrate reliable differences between negative outcome associated with witnessing community violence versus direct violent victimization (Kliewer et al., 1998; Martinez & Richters, 1993). However, additional work is necessary to further differentiate the effects of victimization versus witnessing violent acts within a resiliency framework.

Our data suggest that parenting factors moderated the relationship between exposure to community violence and academic outcome. More work is needed to replicate these findings as well as to evaluate the relationship between community violence exposure and parenting practices when viewed in the light of additional stressors and adversities such as availability of social support, poverty, substance abuse, domestic violence exposure, parental psychopathology, etc.

Further work is necessary to examine other potential protective factors that may explain why some children are more affected by violence exposure than others. Factors within the child as well as the child's environment need additional examination. Future research examining these protective factors may allow for better identification of children who are most at risk for psychological problems due to witnessing community violence. Furthermore, it is important for future research to evaluate the processes through which children's psychological symptomatology is exacerbated or mitigated subsequent to exposure to community violence. The processes through which protective factors operate to shield children from the undesirable outcomes of exposure to community violence remain poorly understood. The identification of such processes as well as the mediating and moderating variables of exposure to violence will allow for better preventative and treatment efforts for child victims.



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## **APPENDIX A**

### **KID-SAVE**

# KID - SAVE

This is a survey about your experience with bad things that you have seen, heard of, or have happened to you in the past year. Please answer each question honestly. There are no right or wrong answers.

## DIRECTIONS

First, circle one of these choices about how often the event happens. If you circle "Never" then STOP HERE. If you circle "Sometimes" or "Always" then go across.

### HOW OFTEN IT HAPPENS

I have seen someone get hit.

Never Sometimes Always

### HOW UPSETTING IT WAS

Not at all Somewhat Very

	HOW OFTEN IT HAPPENS			HOW UPSETTING IT WAS		
1. I have seen someone carry a gun.	Never	Sometimes	A lot	Not at all	Somewhat	Very
2. I have heard about someone getting attacked with a knife.	Never	Sometimes	A lot	Not at all	Somewhat	Very
3. I have seen the police arrest someone.	Never	Sometimes	A lot	Not at all	Somewhat	Very
4. Someone has pulled a gun on me.	Never	Sometimes	A lot	Not at all	Somewhat	Very
5. I have seen someone pull a knife on someone else.	Never	Sometimes	A lot	Not at all	Somewhat	Very
6. I have heard about a friend of mine getting shot.	Never	Sometimes	A lot	Not at all	Somewhat	Very
7. I have seen someone get badly hurt.	Never	Sometimes	A lot	Not at all	Somewhat	Very
8. Someone has pulled a knife on me.	Never	Sometimes	A lot	Not at all	Somewhat	Very
9. I have seen someone get killed.	Never	Sometimes	A lot	Not at all	Somewhat	Very
10. I have heard about drive by shootings in my neighborhood.	Never	Sometimes	A lot	Not at all	Somewhat	Very
11. I have seen a family member get shot.	Never	Sometimes	A lot	Not at all	Somewhat	Very
12. Grown-ups scream at me at home.	Never	Sometimes	A lot	Not at all	Somewhat	Very
13. I have seen a grown-up hit a kid.	Never	Sometimes	A lot	Not at all	Somewhat	Very
14. Someone has threatened to beat me up.	Never	Sometimes	A lot	Not at all	Somewhat	Very
15. I have seen people scream at each other.	Never	Sometimes	A lot	Not at all	Somewhat	Very
16. I hear gunshots in my neighborhood.	Never	Sometimes	A lot	Not at all	Somewhat	Very
17. I have seen someone carry a knife.	Never	Sometimes	A lot	Not at all	Somewhat	Very

	HOW OFTEN IT HAPPENS			HOW UPSETTING IT WAS		
18. Grown-ups hit me at home.	Never	Sometimes	A lot	Not at all	Somewhat	Very
19. I have seen a friend of mine get shot.	Never	Sometimes	A lot	Not at all	Somewhat	Very
20. I have run for cover when people started shooting.	Never	Sometimes	A lot	Not at all	Somewhat	Very
21. I have seen a kid hit a grown-up.	Never	Sometimes	A lot	Not at all	Somewhat	Very
22. I have heard about someone getting killed.	Never	Sometimes	A lot	Not at all	Somewhat	Very
23. I have seen someone pull a gun on someone else.	Never	Sometimes	A lot	Not at all	Somewhat	Very
24. I have been attacked with a knife.	Never	Sometimes	A lot	Not at all	Somewhat	Very
25. I have been badly hurt.	Never	Sometimes	A lot	Not at all	Somewhat	Very
26. I have heard about someone getting beat up.	Never	Sometimes	A lot	Not at all	Somewhat	Very
27. I have seen someone get beat up.	Never	Sometimes	A lot	Not at all	Somewhat	Very
28. Someone my age hits me.	Never	Sometimes	A lot	Not at all	Somewhat	Very
29. I have seen someone get attacked with a knife.	Never	Sometimes	A lot	Not at all	Somewhat	Very
30. I have heard of someone carrying a gun in my neighborhood.	Never	Sometimes	A lot	Not at all	Somewhat	Very
31. I have seen a drive-by shooting.	Never	Sometimes	A lot	Not at all	Somewhat	Very
32. I have heard about a family member getting shot.	Never	Sometimes	A lot	Not at all	Somewhat	Very
33. I have seen a car get stolen.	Never	Sometimes	A lot	Not at all	Somewhat	Very
34. I have heard about someone getting shot.	Never	Sometimes	A lot	Not at all	Somewhat	Very
35. I have seen someone getting shot.	Never	Sometimes	A lot	Not at all	Somewhat	Very

## **APPENDIX B**

### **HARTER SELF-PERCEPTION PROFILE FOR CHILDREN**



# What I Am Like

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Group \_\_\_\_\_

Boy or Girl (circle which)

## SAMPLE SENTENCE

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
(a)	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would rather play outdoors in their spare time	BUT	Other kids would rather watch T.V.	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are very <i>good</i> at their school work	BUT	Other kids <i>worry</i> about whether they can do the school work assigned to them.	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids find it <i>hard</i> to make friends	BUT	Other kids find it's pretty <i>easy</i> to make friends.	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do very <i>well</i> at all kinds of sports	BUT	Other kids <i>don't</i> feel that they are very good when it comes to sports.	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with the way they look	BUT	Other kids are <i>not</i> happy with the way they look.	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often do <i>not</i> like the way they <i>behave</i>	BUT	Other kids usually <i>like</i> the way they behave.	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are often <i>unhappy</i> with themselves	BUT	Other kids are pretty <i>pleased</i> with themselves.	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel like they are <i>just as smart</i> as as other kids their age	BUT	Other kids aren't so sure and <i>wonder</i> if they are as smart.	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids have <i>alot</i> of friends	BUT	Other kids <i>don't</i> have very many friends.	<input type="checkbox"/>

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
9.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish they could be alot better at sports	BUT	Other kids feel they are good enough at sports.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with their height and weight	BUT	Other kids wish their height or weight were <i>different</i> .	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually do the <i>right</i> thing	BUT	Other kids often <i>don't</i> do the right thing.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>don't</i> like the way they are leading their life	BUT	Other kids <i>do</i> like the way they are leading their life.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are pretty <i>slow</i> in finishing their school work	BUT	Other kids can do their school work <i>quickly</i> .	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would like to have alot more friends	BUT	Other kids have as many friends as they want.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think they could do well at just about any new sports activity they haven't tried before	BUT	Other kids are afraid they might <i>not</i> do well at sports they haven't ever tried.	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their body was <i>different</i>	BUT	Other kids <i>like</i> their body the way it is.	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually <i>act</i> the way they know they are <i>supposed</i> to	BUT	Other kids often <i>don't</i> act the way they are supposed to.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with themselves as a person	BUT	Other kids are often <i>not</i> happy with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often <i>forget</i> what they learn	BUT	Other kids can remember things <i>easily</i> .	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are always doing things with <i>alot</i> of kids	BUT	Other kids usually do things <i>by themselves</i> .	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
21.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are <i>better</i> than others their age at sports	BUT	Other kids <i>don't</i> feel they can play as well.	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their physical appearance (how they look) was <i>different</i>	BUT	Other kids <i>like</i> their physical appearance the way it is.	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually get in <i>trouble</i> because of things they do	BUT	Other kids usually <i>don't</i> do things that get them in trouble.	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>like</i> the kind of <i>person</i> they are	BUT	Other kids often wish they were someone else.	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do <i>very well</i> at their classwork	BUT	Other kids <i>don't</i> do very well at their classwork.	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish that more people their age liked them	BUT	Other kids feel that most people their age <i>do</i> like them.	<input type="checkbox"/>	<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>	In games and sports some kids usually <i>watch</i> instead of play	BUT	Other kids usually <i>play</i> rather than just watch.	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish something about their face or hair looked <i>different</i>	BUT	Other kids <i>like</i> their face and hair the way they are.	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do things they know they <i>shouldn't</i> do	BUT	Other kids <i>hardly ever</i> do things they know they shouldn't do.	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are very <i>happy</i> being the way they are	BUT	Other kids wish they were <i>different</i> .	<input type="checkbox"/>	<input type="checkbox"/>
31.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids have <i>trouble</i> figuring out the answers in school	BUT	Other kids almost <i>always</i> can figure out the answers.	<input type="checkbox"/>	<input type="checkbox"/>
32.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>popular</i> with others their age	BUT	Other kids are <i>not</i> very popular.	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
33.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't do well at new outdoor games	BUT	Other kids are good at new games right away.	<input type="checkbox"/>	<input type="checkbox"/>
34.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think that they are good looking	BUT	Other kids think that they are not very good looking.	<input type="checkbox"/>	<input type="checkbox"/>
35.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids behave themselves very well	BUT	Other kids often find it hard to behave themselves.	<input type="checkbox"/>	<input type="checkbox"/>
36.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are not very happy with the way they do alot of things	BUT	Other kids think the way they do things is fine.	<input type="checkbox"/>	<input type="checkbox"/>

san Harter, Ph.D., University of Denver, 1985

## **APPENDIX C**

### **BEHAVIOR ASSESSMENT SYSTEM FOR CHILDREN PARENT, TEACHER, AND STUDENT FORMS**

# BASC - Parent 6-11 years

Child's name \_\_\_\_\_  
 Date \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Sex: ☐ Female ☐ Male Other data \_\_\_\_\_

Your name \_\_\_\_\_  
 Sex: ☐ Female ☐ Male  
 Relationship to child:  
☐ Mother ☐ Father ☐ Guardian ☐ Other \_\_\_\_\_

- |                                                             |         |                                                                    |         |
|-------------------------------------------------------------|---------|--------------------------------------------------------------------|---------|
| 1. Adjusts well to new teachers.                            | N S O A | 36. Is easily soothed when angry.                                  | N S O A |
| 2. Threatens to hurt others.                                | N S O A | 37. Teases others.                                                 | N S O A |
| 3. Worries.                                                 | N S O A | 38. Worries about what parents think.                              | N S O A |
| 4. Listens to directions.                                   | N S O A | 39. Forgets things.                                                | N S O A |
| 5. Rocks back and forth for long periods of time.           | N S O A | 40. Repeats one activity over and over.                            | N S O A |
| 6. Runs away from home.                                     | N S O A | 41. Uses foul language.                                            | N S O A |
| 7. Says, "I don't have any friends."                        | N S O A | 42. Says, "Nobody understands me."                                 | N S O A |
| 8. Cannot wait to take turn.                                | N S O A | 43. Needs too much supervision.                                    | N S O A |
| 9. Attends after-school activities.                         | N S O A | 44. Is a "self-starter."                                           | N S O A |
| 10. Says, "please" and "thank you."                         | N S O A | 45. Has a sense of humor.                                          | N S O A |
| 11. Complains of shortness of breath.                       | N S O A | 46. Complains of pain.                                             | N S O A |
| 12. Readily starts up conversations with new people.        | N S O A | 47. Avoids competing with other children.                          | N S O A |
| 13. Plays with fire.                                        | N S O A | 48. Gets upset when plans are changed.                             | N S O A |
| 14. "Shows off."                                            | N S O A | 49. Argues with parents.                                           | N S O A |
| 15. Is too serious.                                         | N S O A | 50. Says, "I get nervous during tests" or "Tests make me nervous." | N S O A |
| 16. Wets bed.                                               | N S O A | 51. Is easily distracted.                                          | N S O A |
| 17. Tries to hurt self.                                     | N S O A | 52. Picks at things like own hair, nails, or clothing.             | N S O A |
| 18. Has friends who are in trouble.                         | N S O A | 53. Shows a lack of concern for others' feelings.                  | N S O A |
| 19. Says, "I want to kill myself."                          | N S O A | 54. Is easily frustrated.                                          | N S O A |
| 20. Leaves seat during meals.                               | N S O A | 55. Is restless during movies.                                     | N S O A |
| 21. Joins clubs or social groups.                           | N S O A | 56. Has lots of ideas.                                             | N S O A |
| 22. Encourages others to do their best.                     | N S O A | 57. Volunteers to help with things.                                | N S O A |
| 23. Complains of dizziness.                                 | N S O A | 58. Vomits.                                                        | N S O A |
| 24. Will change direction to avoid having to greet someone. | N S O A | 59. Is snvy with other children.                                   | N S O A |
| 25. Dares other children to do things.                      | N S O A | 60. Is a "sore loser."                                             | N S O A |
| 26. Stutters.                                               | N S O A | 61. Tries too hard to please others.                               | N S O A |
| 27. Says, "I'm afraid I'll hurt someone."                   | N S O A | 62. Daydreams.                                                     | N S O A |
| 28. Is in trouble with the police.                          | N S O A | 63. Has to stay after school for punishment.                       | N S O A |
| 29. Cries easily.                                           | N S O A | 64. Is easily upset.                                               | N S O A |
| 30. Throws tantrums.                                        | N S O A | 65. Fiddles with things while at meals.                            | N S O A |
| 31. Uses medication.                                        | N S O A | 66. Is good at getting people to work together.                    | N S O A |
| 32. Congratulates others when good things happen to them.   | N S O A | 67. Uses appropriate table manners.                                | N S O A |
| 33. Complains of being cold.                                | N S O A | 68. Has ear infections.                                            | N S O A |
| 34. Hits other children.                                    | N S O A | 69. Has toileting accidents.                                       | N S O A |
| 35. Has eye problems.                                       | N S O A | 70. Makes frequent visits to the doctor.                           | N S O A |

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## Remember:

Indicate how frequently each behavior occurs by circling

N — Never    S — Sometimes    O — Often    A — Almost always

71. Adjusts well to changes in routine.	N	S	O	A	105. Is a "good sport."	N	S	O	A
72. Is critical of others.	N	S	O	A	106. Calls other children names.	N	S	O	A
73. Is afraid of dying.	N	S	O	A	107. Says, "I'm afraid I will make a mistake."	N	S	O	A
74. Gives up easily when learning something new.	N	S	O	A	108. Completes work on time.	N	S	O	A
75. Seems out of touch with reality.	N	S	O	A	109. Plays in toilet.	N	S	O	A
76. Lies to get out of trouble.	N	S	O	A	110. Has been suspended from school.	N	S	O	A
77. Complains about not having friends.	N	S	O	A	111. Says, "Nobody likes me."	N	S	O	A
78. Interrupts others when they are speaking.	N	S	O	A	112. Makes loud noises when playing.	N	S	O	A
79. Is creative.	N	S	O	A	113. Will speak up if the situation calls for it.	N	S	O	A
80. Makes suggestions without offending others.	N	S	O	A	114. Responds when spoken to.	N	S	O	A
81. Has headaches.	N	S	O	A	115. Has difficulty breathing.	N	S	O	A
82. Refuses to join group activities.	N	S	O	A	116. Avoids other children.	N	S	O	A
83. Shares toys or possessions with other children.	N	S	O	A	117. Adjusts well to changes in family plans.	N	S	O	A
84. Complains about rules.	N	S	O	A	118. Argues when denied own way.	N	S	O	A
85. Worries about things that cannot be changed.	N	S	O	A	119. Says, "I'm not very good at this."	N	S	O	A
86. Completes homework from start to finish without taking a break.	N	S	O	A	120. Listens attentively.	N	S	O	A
87. Eats things that are not food.	N	S	O	A	121. Hears sounds that are not there.	N	S	O	A
88. Gets into trouble in the neighborhood.	N	S	O	A	122. Lies.	N	S	O	A
89. Changes mood quickly.	N	S	O	A	123. Is sad.	N	S	O	A
90. Is overly active.	N	S	O	A	124. Climbs on things.	N	S	O	A
91. Gives good suggestions for solving problems.	N	S	O	A	125. Makes decisions easily.	N	S	O	A
92. Politely asks for help.	N	S	O	A	126. Tries to bring out the best in other people.	N	S	O	A
93. Has allergic reactions.	N	S	O	A	127. Complains of heart beating too fast.	N	S	O	A
94. Shows fear of strangers.	N	S	O	A	128. Clings to parent in strange surroundings.	N	S	O	A
95. Breaks other children's things.	N	S	O	A	129. Is cruel to animals.	N	S	O	A
96. Worries about what teachers think.	N	S	O	A	130. Worries about schoolwork.	N	S	O	A
97. Complains about being unable to block out unwanted thoughts.	N	S	O	A	131. Sees things that are not there.	N	S	O	A
98. Gets in trouble.	N	S	O	A	132. Sleeps with parents.	N	S	O	A
99. Says, "I want to die" or "I wish I were dead."	N	S	O	A	133. Says, "I'm so ugly."	N	S	O	A
100. Has seizures.	N	S	O	A	134. Has a hearing problem.	N	S	O	A
101. Is usually chosen as a leader.	N	S	O	A	135. Is energetic.	N	S	O	A
102. Compliments others.	N	S	O	A	136. Shows interest in others' ideas.	N	S	O	A
103. Gets sick.	N	S	O	A	137. Has stomach problems.	N	S	O	A
104. Begins conversations appropriately.	N	S	O	A	138. Offers help to other children.	N	S	O	A

Please be sure you have marked all items.

# **BASC - Parent 12-18 years**

Child's name \_\_\_\_\_  
 Date \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Sex: ☐ Female ☐ Male Other data \_\_\_\_\_

Your name \_\_\_\_\_  
 Sex: ☐ Female ☐ Male  
 Relationship to child:  
☐ Mother ☐ Father ☐ Guardian ☐ Other \_\_\_\_\_

1. Compliments others. N S O A
2. Bullies others. N S O A
3. Has trouble getting to sleep. N S O A
4. Forgets things. N S O A
5. Sees things that are not there. N S O A
6. Is in trouble with the police. N S O A
7. Says, "I want to kill myself." N S O A
8. Needs too much supervision. N S O A
9. Is creative. N S O A
10. Complains of shortness of breath. N S O A
11. Avoids competing with other adolescents. N S O A
12. Begins conversations appropriately. N S O A
13. Dares other children to do things. N S O A
14. Says, "I'm not very good at this." N S O A
15. Stutters. N S O A
16. Has strange ideas. N S O A
17. Steals at home. N S O A
18. Complains about being teased. N S O A
19. Is restless during movies. N S O A
20. Makes decisions easily. N S O A
21. Complains of being cold. N S O A
22. Will change direction to avoid having to greet someone. N S O A
23. Encourages others to do their best. N S O A
24. Orders others around. N S O A
25. Says, "I'm afraid I will make a mistake." N S O A
26. Plays with fire. N S O A
27. Runs away from home overnight. N S O A
28. Fouts. N S O A
29. Acts without thinking. N S O A
30. Is energetic. N S O A
31. Complains of chest pain. N S O A
32. Drinks alcoholic beverages. N S O A

33. Politely asks for help. N S O A
34. Is a "sore loser." N S O A
35. Is nervous. N S O A
36. Has a short attention span. N S O A
37. Seems out of touch with reality. N S O A
38. Smokes or chews tobacco. N S O A
39. Cries easily. N S O A
40. Throws tantrums. N S O A
41. Has lots of ideas. N S O A
42. Complains of dizziness. N S O A
43. Is sly with adults. N S O A
44. Responds when spoken to. N S O A
45. Argues when carried own way. N S O A
46. Gets ill before a major school test. N S O A
47. Completes work on time. N S O A
48. Stares blankly. N S O A
49. Complains about police or other law enforcement officers. N S O A
50. Says, "I hate myself." N S O A
51. Cannot wait to take turn. N S O A
52. Is usually chosen as a leader. N S O A
53. Has headaches. N S O A
54. Refuses to join group activities. N S O A
55. Uses appropriate table manners. N S O A
56. Threatens to hurt others. N S O A
57. Wakes up scared after dreams. N S O A
58. Complains about being unable to block out unwanted thoughts. N S O A
59. Has been suspended from school. N S O A
60. Is sad. N S O A
61. Interrupts parents when they are talking on the phone. N S O A
62. Will speak up if the situation calls for it. N S O A
63. Has allergic reactions. N S O A
64. Is more influenced by friends than by parents. N S O A

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## Remember:

Indicate how frequently each behavior occurs by circling

N — Never    S — Sometimes    O — Often    A — Almost always

65. Says, "please" and "thank you."	N S O A	96. Shows interest in others' ideas.	N S O A
66. Blames others.	N S O A	97. Teases others.	N S O A
67. Is fearful.	N S O A	98. Worries.	N S O A
68. Has trouble concentrating.	N S O A	99. Completes homework from start to finish without taking a break.	N S O A
69. Tries to hurt self.	N S O A	100. Gets lost.	N S O A
70. Uses foul language.	N S O A	101. Lies to get out of trouble.	N S O A
71. Changes moods quickly.	N S O A	102. Says, "Nobody likes me."	N S O A
72. Taps foot or pencil.	N S O A	103. Interrupts others when they are speaking.	N S O A
73. Is good at getting people to work together.	N S O A	104. Gives good suggestions for solving problems.	N S O A
74. Complains about health.	N S O A	105. Has stomach problems.	N S O A
75. Avoids other adolescents.	N S O A	106. Refuses to talk.	N S O A
76. Tries to bring out the best in other people.	N S O A	107. Makes suggestions without offending others.	N S O A
77. Hits other children.	N S O A	108. Breaks other children's things.	N S O A
78. Worries about things that cannot be changed.	N S O A	109. Is afraid of dying.	N S O A
79. Listens to directions.	N S O A	110. Is easily distracted.	N S O A
80. Repeats one activity over and over.	N S O A	111. Hears sounds that are not there.	N S O A
81. Gets into trouble in the neighborhood.	N S O A	112. Uses illegal drugs.	N S O A
82. Says, "Nobody understands me."	N S O A	113. Says, "I want to die" or "I wish I were dead."	N S O A
83. Is overly active.	N S O A	114. Fiddles with things while at meals.	N S O A
84. Attends after-school activities.	N S O A	115. Is a "self-starter."	N S O A
85. Complains of being not.	N S O A	116. Complains of pain.	N S O A
86. Is shy with other adolescents.	N S O A	117. Has trouble making new friends.	N S O A
87. Volunteers to help with things.	N S O A	118. Smiles at others.	N S O A
88. Is cruel to animals.	N S O A	119. Has muscle spasms.	N S O A
89. Sleeps with parents.	N S O A	120. Has a hearing problem.	N S O A
90. Eats things that are not food.	N S O A	121. Says, "I'm afraid I'll hurt someone."	N S O A
91. Lies.	N S O A	122. Has friends who are in trouble.	N S O A
92. Is easily upset.	N S O A	123. Has seizures.	N S O A
93. Uses medication.	N S O A	124. Has eye problems.	N S O A
94. Joins clubs or social groups.	N S O A	125. Works well under pressure.	N S O A
95. Makes frequent visits to the doctor.	N S O A	126. Gets sick.	N S O A

Please be sure you have marked all items.



# Remember:

Indicate how frequently each behavior occurs by circling

ever S — Sometimes O — Often A — Almost always

5. Adjusts well to changes in routine.	N S O A	112. Is a "good sport."	N S O A
6. Calls other children names.	N S O A	113. Complains about rules.	N S O A
7. Is fearful.	N S O A	114. Gets ill before a major school test.	N S O A
8. Has trouble concentrating.	N S O A	115. Forgets things.	N S O A
9. Complains about being unable to block out unwanted thoughts.	N S O A	116. Hears sounds that are not there.	N S O A
10. Is truant.	N S O A	117. Has been suspended from school.	N S O A
11. Cries easily.	N S O A	118. Is sad.	N S O A
12. Interrupts others when they are speaking.	N S O A	119. Acts silly.	N S O A
13. Gives good suggestions for solving problems.	N S O A	120. Works well under pressure.	N S O A
14. Has spelling problems.	N S O A	121. Has poor handwriting or printing.	N S O A
15. Politely asks for help.	N S O A	122. Admits mistakes.	N S O A
16. Complains of pain.	N S O A	123. Has headaches.	N S O A
17. Reads.	N S O A	124. Has good study habits.	N S O A
18. Is chosen last by other children for games.	N S O A	125. Is shy with adults.	N S O A
19. Seems to take setbacks in stride.	N S O A	126. Has trouble shifting gears from one task to another.	N S O A
20. Shows off.	N S O A	127. Hits other children.	N S O A
21. Expresses self-doubt before tests.	N S O A	128. Says, "I'm not very good at this."	N S O A
22. Listens attentively.	N S O A	129. Listens to directions.	N S O A
23. Chews clothing or blankets.	N S O A	130. Babble to self.	N S O A
24. Uses foul language.	N S O A	131. Has friends who are in trouble.	N S O A
25. Is easily upset.	N S O A	132. Says, "I want to die" or "I wish I were dead."	N S O A
26. Makes loud noises when playing.	N S O A	133. Is overly active.	N S O A
27. Is good at getting people to work together.	N S O A	134. Joins clubs or social organizations.	N S O A
28. Has problems with mathematics.	N S O A	135. Completes assignments incorrectly because of not following instructions.	N S O A
29. Congratulates others when good things happen to them.	N S O A	136. Offers to help other children.	N S O A
30. Gets sick.	N S O A	137. Has fevers.	N S O A
31. Completes homework.	N S O A	138. Uses the school library.	N S O A
32. Has trouble making new friends.	N S O A	139. Refuses to join group activities.	N S O A
33. Teases others.	N S O A	140. Is a "sore loser."	N S O A
34. Repeats one thought over and over.	N S O A	141. Has strange ideas.	N S O A
35. Has reading problems.	N S O A	142. Has eye problems.	N S O A
36. Has seizures.	N S O A	143. Has a hearing problem.	N S O A
37. Hurries through assignments.	N S O A	144. Cannot wait to take turn.	N S O A
38. Throws tantrums.	N S O A	145. Is usually chosen as a leader.	N S O A
39. Sings or hums to self.	N S O A	146. Rocks back and forth for long periods of time.	N S O A
40. Makes suggestions without offending others.	N S O A	147. Shows interest in others' ideas.	N S O A
41. Asks to make up missed assignments.	N S O A	148. Is well organized.	N S O A

Please be sure you have marked all items.

BASC - Teacher Form 12-18 years

Child's name _____				Your name _____			
Date _____		Birth date _____		Age _____		Position _____	
School _____		Grade _____		What type of class do you teach? _____		How long have you known this child? _____	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Other data _____							

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Shows interest in others' ideas.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>2. Dares other children to do things.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>3. Expresses self-doubt before tests.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>4. Listens to directions.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>5. Seems out of touch with reality.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>6. Steals at school.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>7. Says, "I don't have any friends."</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>8. Disrupts the schoolwork of other children.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>9. Is usually chosen as a leader.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>10. Says that textbooks are hard to understand.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>11. Complains of dizziness.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>12. Uses the school library.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>13. Refuses to talk.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>14. Tries to bring out the best in other people.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>15. Is a "sore loser."</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>16. Has trouble deciding which courses to take at school.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>17. Uses medication.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>18. Tries to hurt self.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>19. Is in trouble with the police.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>20. Says, "Nobody understands me."</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>21. Rushes through assigned work.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>22. Joins clubs or social groups.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>23. Has problems with mathematics.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>24. Complains of pain.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>25. Takes careful notes during lectures.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>26. Uses foul language.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>27. Has a hearing problem.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>28. Threatens to hurt others.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>29. Sees things that are not there.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>30. Complains about police or other law enforcement officers.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>31. Bothers other children when they are working.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>32. Does extra credit.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>33. Complains about rules.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>34. Acts without thinking.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>35. Throws tantrums.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> </table>	1. Shows interest in others' ideas.	N	S	O	A	2. Dares other children to do things.	N	S	O	A	3. Expresses self-doubt before tests.	N	S	O	A	4. Listens to directions.	N	S	O	A	5. Seems out of touch with reality.	N	S	O	A	6. Steals at school.	N	S	O	A	7. Says, "I don't have any friends."	N	S	O	A	8. Disrupts the schoolwork of other children.	N	S	O	A	9. Is usually chosen as a leader.	N	S	O	A	10. Says that textbooks are hard to understand.	N	S	O	A	11. 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Completes assignments incorrectly because of not following instructions.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>46. Complains of shortness of breath.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>47. Studies with other students.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>48. Refuses to join group activities.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>49. Admits mistakes.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>50. Brags to others about getting into trouble.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>51. Says, "I'm afraid I will make a mistake."</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>52. Has eye problems.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>53. Sings or hums to self.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>54. Skips classes at school.</td><td>N</td><td>S</td><td>O</td><td>A</td></tr> <tr><td>55. 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N	S	O	A	47. Studies with other students.	N	S	O	A	48. Refuses to join group activities.	N	S	O	A	49. Admits mistakes.	N	S	O	A	50. Brags to others about getting into trouble.	N	S	O	A	51. Says, "I'm afraid I will make a mistake."	N	S	O	A	52. Has eye problems.	N	S	O	A	53. Sings or hums to self.	N	S	O	A	54. Skips classes at school.	N	S	O	A	55. Says, "I hate myself."	N	S	O	A	56. Is overly active.	N	S	O	A	57. Is creative.	N	S	O	A	58. Gets failing school grades.	N	S	O	A	59. Has headaches.	N	S	O	A	60. Works hard, even in courses he or she does not like.	N	S	O	A	61. Will change direction to avoid having to greet someone.	N	S	O	A	62. Makes suggestions without offending others.	N	S	O	A	63. Orders others around.	N	S	O	A	64. Babbles to self.	N	S	O	A	65. Has been suspended from school.	N	S	O	A	66. Taps foot or pencil.	N	S	O	A	67. Reads assigned chapters.	N	S	O	A	68. Breaks other children's things.	N	S	O	A	69. Is easily upset.	N	S	O	A	70. Has seizures.	N	S	O	A
1. Shows interest in others' ideas.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
2. Dares other children to do things.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
3. Expresses self-doubt before tests.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
4. Listens to directions.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
5. Seems out of touch with reality.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
6. Steals at school.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
7. Says, "I don't have any friends."	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
8. Disrupts the schoolwork of other children.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
9. Is usually chosen as a leader.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
10. Says that textbooks are hard to understand.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
11. Complains of dizziness.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
12. Uses the school library.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
13. Refuses to talk.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
14. Tries to bring out the best in other people.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
15. Is a "sore loser."	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
16. Has trouble deciding which courses to take at school.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
17. Uses medication.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
18. Tries to hurt self.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
19. Is in trouble with the police.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
20. Says, "Nobody understands me."	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
21. Rushes through assigned work.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
22. Joins clubs or social groups.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
23. Has problems with mathematics.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
24. Complains of pain.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
25. Takes careful notes during lectures.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
26. Uses foul language.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
27. Has a hearing problem.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
28. Threatens to hurt others.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
29. Sees things that are not there.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
30. Complains about police or other law enforcement officers.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
31. Bothers other children when they are working.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
32. Does extra credit.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
33. Complains about rules.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
34. Acts without thinking.	N	S	O	A																																																																																																																																																																																																																																																																																																																																																											
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## Remember:

Indicate how frequently each behavior occurs by circling

Never    S — Sometimes    O — Often    A — Almost always

71. Says, "please" and "thank you."	N S O A
72. Hits other children.	N S O A
73. Worries about things that cannot be changed.	N S O A
74. Does not pay attention to lectures.	N S O A
75. Gets lost.	N S O A
76. Uses illegal drugs.	N S O A
77. Says, "I want to die" or "I wish I were dead."	N S O A
78. Hurries through assignments.	N S O A
79. Gives good suggestions for solving problems.	N S O A
80. Has poor handwriting or printing.	N S O A
81. Complains of being hot.	N S O A
82. Completes homework.	N S O A
83. Is shy with adults.	N S O A
84. Politely asks for help.	N S O A
85. Bullies others.	N S O A
86. Says, "I'm not very good at this."	N S O A
87. Forgets things.	N S O A
88. Eats things that are not food.	N S O A
89. Cheats in school.	N S O A
90. Cries easily.	N S O A
91. Interrupts others when they are speaking.	N S O A
92. Attends after-school activities.	N S O A
93. Does not complete tests.	N S O A
94. Complains of blurred vision.	N S O A
95. Asks to make up missed assignments.	N S O A
96. Is chosen last by other children for games.	N S O A
97. Compliments others.	N S O A
98. Talks back to teachers.	N S O A
99. Repeats one thought over and over.	N S O A
100. Is truant.	N S O A
101. Talks too loud.	N S O A
102. Has good study habits.	N S O A
Stutters.	N S O A
104. Makes careless errors.	N S O A

105. Offers help to other children.	N S O A
106. Calls other children names.	N S O A
107. Worries.	N S O A
108. Is easily distracted from classwork.	N S O A
109. Complains about being unable to block out unwanted thoughts.	N S O A
110. Drinks alcoholic beverages.	N S O A
111. Says, "Nobody likes me."	N S O A
112. Cannot wait to take turn.	N S O A
113. Has lots of ideas.	N S O A
114. Has reading problems.	N S O A
115. Complains of being cold.	N S O A
116. Analyzes the nature of a problem before starting to solve it.	N S O A
117. Has trouble making new friends.	N S O A
118. Encourages others to do their best.	N S O A
119. Teases others.	N S O A
120. Is nervous.	N S O A
121. Has trouble concentrating.	N S O A
122. Hears sounds that are not there.	N S O A
123. Has friends who are in trouble.	N S O A
124. Says, "I want to kill myself."	N S O A
125. Acts silly.	N S O A
126. Makes decisions easily.	N S O A
127. Has spelling problems.	N S O A
128. Complains about health.	N S O A
129. Appears confident before tests.	N S O A
130. Avoids other children.	N S O A
131. Volunteers to help with others.	N S O A
132. Blames others.	N S O A
133. Sleeps during class.	N S O A
134. Smokes or chews tobacco.	N S O A
135. Calls out in class.	N S O A
136. Is well organized.	N S O A
137. Is good at getting people to work together.	N S O A
138. Reads.	N S O A

Please be sure you have marked all items.

BASC - Student / Self Report 8-11 years

Your name _____		School _____	
Age _____		Age _____	
Birth date _____		Sex: <input type="checkbox"/> Girl <input type="checkbox"/> Boy Other data _____	
Date _____		Date _____	

<p>1. I think I am very creative. T F</p> <p>2. School has too many rules. T F</p> <p>3. People expect too much from me. T F</p> <p>4. I need help to get along with others. T F</p> <p>5. I often have nightmares. T F</p> <p>6. My parents are often proud of me. T F</p> <p>7. I hear things that others cannot hear. T F</p> <p>8. Life is getting worse and worse. T F</p> <p>9. My teacher gets mad at me for nothing. T F</p> <p>10. I quit easily. T F</p> <p>11. I wish I were someone else. T F</p> <p>Other people always find things wrong with me. T F</p> <p>13. I am dependable. T F</p> <p>14. People get mad at me, even when I don't do anything wrong. T F</p> <p>15. I hate school. T F</p> <p>16. I worry a lot of the time. T F</p> <p>17. I am always nice to teachers. T F</p> <p>18. Sometimes voices tell me to do bad things. T F</p> <p>19. Nothing ever goes right for me. T F</p> <p>20. I am always disappointed with my grades. T F</p> <p>21. Other children are happier than I am. T F</p> <p>22. My parents have too much control over my life. T F</p> <p>23. I have never been in a car. T F</p> <p>24. I wish there were no report cards. T F</p> <p>25. I see weird things. T F</p> <p>26. Sometimes my teacher makes me feel stupid. T F</p>	<p>27. When I am wrong I can change things to be right again. T F</p> <p>28. I don't care about school. T F</p> <p>29. I can't stop myself from making mistakes. T F</p> <p>30. My friends are usually kind to me. T F</p> <p>31. I am afraid I might do something bad. T F</p> <p>32. My parents think I am dumb. T F</p> <p>33. I go from happy to mad very fast. T F</p> <p>34. No one understands me. T F</p> <p>35. When I get a bad grade, it's usually because the teacher doesn't like me. T F</p> <p>36. When I take tests, I can't think. T F</p> <p>37. I like who I am. T F</p> <p>38. I wish I were invited to more parties. T F</p> <p>39. I can usually solve a difficult problem by myself. T F</p> <p>40. My parents control my life. T F</p> <p>41. I don't like thinking about school. T F</p> <p>42. I am bothered by thoughts about death. T F</p> <p>43. My teacher cares about me. T F</p> <p>44. I cannot stop myself from doing bad things. T F</p> <p>45. Adults have a better life than I do. T F</p> <p>46. I cover up my work when the teacher walks by. T F</p> <p>47. People say bad things to me. T F</p> <p>48. What I want never seems to matter. T F</p> <p>49. My feelings get hurt easily. T F</p> <p>50. I prefer to be alone most of the time. T F</p> <p>51. I hear voices in my head. T F</p> <p>52. Teachers mostly look for the bad things that you do. T F</p>	<p>53. If I have a problem, I can usually work it out. T F</p> <p>54. School is boring. T F</p> <p>55. I get blamed for things I can't help. T F</p> <p>56. My classmates don't like me. T F</p> <p>57. I often worry about something bad happening to me. T F</p> <p>58. My mother and father help me if I ask them to. T F</p> <p>59. I cannot control my thoughts. T F</p> <p>60. I am always in trouble with someone. T F</p> <p>61. Most teachers are unfair. T F</p> <p>62. I want to do better, but I can't. T F</p> <p>63. I like the way I look. T F</p> <p>64. People act as if they don't hear me. T F</p> <p>65. My teacher doesn't have to help me very much. T F</p> <p>66. My parents blame too many of their problems on me. T F</p> <p>67. Superman is a real person. T F</p> <p>68. I worry about what other people think about me. T F</p> <p>69. My parents trust me. T F</p> <p>70. Sometimes, when alone, I hear my name. T F</p> <p>71. I am good at only one or two things. T F</p> <p>72. It is hard for me to keep my mind on schoolwork. T F</p> <p>73. I feel out of place around people. T F</p> <p>74. Bad things just happen. T F</p> <p>75. Little things bother me a lot. T F</p> <p>76. Nobody ever listens to me. T F</p> <p>77. Other kids hate to be with me. T F</p>
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I am good at being myself.	T F	103. I am a dependable friend.	T F	125. I am good at making decisions.	T F
My school feels good to me.	T F	104. I can hardly wait to quit school.	T F	129. I can't wait for school to be over.	T F
My parents often nag me about doing chores at home.	T F	105. It doesn't matter if I say I am sorry, people are still mad at me.	T F	130. My parents expect too much from me.	T F
My classmates make fun of me.	T F	106. People think I am fun to be with.	T F	131. Other children don't like to be with me.	T F
I worry when I go to bed at night.	T F	107. I am bothered by not getting enough sleep.	T F	132. I feel guilty about things.	T F
I like to show my report card to my mother and father.	T F	108. I like to be close to my parents.	T F	133. My parents don't think much of me.	T F
I itch on the inside.	T F	109. I have many accidents.	T F	134. I see things that others cannot see.	T F
I think I am dumb next to my friends.	T F	110. I used to be happier.	T F	135. I prefer not to be noticed.	T F
My teacher understands me.	T F	111. My teacher is always telling me what to do.	T F	136. My teacher is often proud of me.	T F
I usually fail.	T F	112. Tests are not fair to most people.	T F	137. I give up easily.	T F
I wish I were different.	T F	113. I have nice hair.	T F	138. I am nice looking.	T F
Sometimes I feel lonely, even when there are people with me.	T F	114. I am lonely.	T F	139. I feel someone will tell me I do things the wrong way.	T F
I am good at schoolwork.	T F	115. I like to answer questions in class.	T F	140. I always do homework on time.	T F
I can't seem to control what happens to me.	T F	116. Things go wrong for me, even when I try hard.	T F	141. My parents are always telling me what to do.	T F
I drink 50 glasses of milk every day.	T F	117. Nobody likes me.	T F	142. Other people make fun of me.	T F
I am nervous.	T F	118. I get nervous when things do not go the right way for me.	T F	143. I am afraid of a lot of things.	T F
My parents like to help with my homework.	T F	119. I have no teeth.	T F	144. I have never been to sleep.	T F
My skin feels funny sometimes.	T F	120. Sometimes I want to hurt myself.	T F	145. Sometimes I can't stop what I am doing.	T F
I am always in trouble at home.	T F	121. I just don't care anymore.	T F	146. Nothing about me is right.	T F
Most of the time, you have to cheat to win.	T F	122. I never have time to do all my schoolwork.	T F	147. I often get sick before tests.	T F
I want to be more independent, but it scares me.	T F	123. I am bothered by rumors about me or my friends.	T F	148. I am bothered by teasing from others.	T F
I am blamed for a lot of things I don't do.	T F	124. My mother and father like my friends.	T F	149. My parents listen to what I say.	T F
I worry about disappointing my parents.	T F	125. I worry about what is going to happen.	T F	150. I worry over tests at school.	T F
I always have bad luck.	T F	126. I have too many problems.	T F	151. Nothing goes my way.	T F
Others have respect for me.	T F	127. I am good at showing others how to do things.	T F	152. I smile and laugh a lot.	T F

Please be sure you have marked all items.

BASC - Student / Self Report 12-18 years

Your name _____			School _____		
First _____	Middle _____	Last _____			
Date _____		Birth date _____	Age _____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Other data _____
Month _____	Day _____	Year _____	Month _____	Day _____	Year _____

<p>1. I am good at making new friends. T F</p> <p>2. I can't seem to control what happens to me. T F</p> <p>3. I don't like thinking about school. T F</p> <p>4. I like who I am. T F</p> <p>5. I am afraid of a lot of things. T F</p> <p>6. I like to argue. T F</p> <p>7. I don't seem to do anything right. T F</p> <p>8. People act as if they don't hear me. T F</p> <p>9. I always go to bed on time. T F</p> <p>10. I am an important person in my family. T F</p> <p>11. Someone wants to hurt me. T F</p> <p>12. Teachers are neat people. T F</p> <p>13. Stealing something from a store is exciting. T F</p> <p>14. I never quite reach my goal. T F</p> <p>15. I am a healthy person. T F</p> <p>16. I am a likable person. T F</p> <p>17. My parents expect too much from me. T F</p> <p>18. School is a waste of time. T F</p> <p>19. I worry about what other people think about me. T F</p> <p>20. I like it when my friends dare me to do something. T F</p> <p>21. No one understands me. T F</p> <p>22. Sometimes I feel lonely, even when there are people with me. T F</p> <p>23. I like everyone I meet. T F</p> <p>24. I hear voices in my head. T F</p> <p>25. My teacher understands me. T F</p> <p>26. I have not seen a car in at least six months. T F</p> <p>27. When I take tests, I can't think. T F</p> <p>28. I have fainting spells. T F</p> <p>29. Little things bother me a lot. T F</p> <p>30. I have been in the principal's office at least five times. T F</p> <p>31. I am good at making decisions. T F</p>	<p>32. I need help to get along with others. T F</p> <p>33. My parents blame too many of their problems on me. T F</p> <p>34. I wish there were no report cards. T F</p> <p>35. My looks bother me. T F</p> <p>36. My feelings get hurt easily. T F</p> <p>37. I like to be scared. T F</p> <p>38. I just don't care anymore. T F</p> <p>39. Other people are against me. T F</p> <p>40. I always do homework on time. T F</p> <p>41. My mother and father help me if I ask them to. T F</p> <p>42. Sometimes I want to hurt myself. T F</p> <p>43. My teachers want too much. T F</p> <p>44. The local newspaper has a story about me almost every day. T F</p> <p>45. I don't like other people to know my grades. T F</p> <p>46. I am afraid I have cancer. T F</p> <p>47. Others have respect for me. T F</p> <p>48. My parents control my life. T F</p> <p>49. I hate school. T F</p> <p>50. I worry about little things. T F</p> <p>51. I like to play rough sports. T F</p> <p>52. I think I am dumb next to my friends. T F</p> <p>53. I am left out of things. T F</p> <p>54. I get mad at my parents sometimes. T F</p> <p>55. Sometimes I do things over and over and can't stop. T F</p> <p>56. My teacher is always telling me what to do. T F</p> <p>57. What I want never seems to matter. T F</p> <p>58. I usually fail. T F</p> <p>59. Other people are healthier than I am. T F</p> <p>60. I worry about what is going to happen. T F</p> <p>61. I see weird things. T F</p> <p>62. I am good at showing others how to do things. T F</p>	<p>63. People think I am fun to be with. T F</p> <p>64. I can't cope with all my responsibilities at home. T F</p> <p>65. I don't care about school. T F</p> <p>66. I wish I were someone else. T F</p> <p>67. I am afraid of being "put down" by a teacher. T F</p> <p>68. I would rather work for the FBI than be a teacher. T F</p> <p>69. I never have anything to do that is really fun. T F</p> <p>70. Sometimes I feel as if I am invisible. T F</p> <p>71. My social life is just perfect. T F</p> <p>72. My parents trust me. T F</p> <p>73. I itch on the inside. T F</p> <p>74. Most teachers are unfair. T F</p> <p>75. Superman is a real person. T F</p> <p>76. I want to do better, but I can't. T F</p> <p>77. I often have headaches. T F</p> <p>78. I enjoy making new friends. T F</p> <p>79. I am blamed for a lot of things I don't do. T F</p> <p>80. My school feels good to me. T F</p> <p>81. I have trouble making up my mind. T F</p> <p>82. I love thunderstorms. T F</p> <p>83. Nothing goes my way. T F</p> <p>84. I feel really "stressed out." T F</p> <p>85. I always think before I act. T F</p> <p>86. When I am angry, I throw things. T F</p> <p>87. Most teachers are lazy. T F</p> <p>88. People say bad things to me. T F</p> <p>89. Tests are not fair to most people. T F</p> <p>90. Sometimes my ears hurt for no reason. T F</p> <p>91. My classmates don't like me. T F</p> <p>92. I go from happy to mad very fast. T F</p> <p>93. I am dependable. T F</p>
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1. I am close to others.	T F	125. People like me because I am easy to talk to.	T F	156. My friends are usually kind to me.	T F
2. People get mad at me, even when I don't do anything wrong.	T F	126. People expect too much from me.	T F	157. Bad things just happen.	T F
3. I can hardly wait to quit school.	T F	127. I get bored in school.	T F	158. School is boring.	T F
4. I get upset about my looks.	T F	128. I like the way I look.	T F	159. I wish I were different.	T F
5. I worry a lot of the time.	T F	129. I often worry about something bad happening to me.	T F	160. I get nervous when things do not go the right way for me.	T F
6. I like motorcycles.	T F	130. I like loud music.	T F	161. I get into fights at school.	T F
7. Nothing about me is right.	T F	131. Life is getting worse and worse.	T F	162. I am good at only one or two things.	T F
8. I feel that others do not like the way I do things.	T F	132. Other children are happier than I am.	T F	163. Other people always find things wrong with me.	T F
9. I feel bad when people criticize me.	T F	133. I tell the truth every single time.	T F	164. I am the most popular person in town.	T F
10. My parents are often proud of me.	T F	134. My parents listen to what I say.	T F	165. I help make decisions at home.	T F
11. My skin feels funny sometimes.	T F	135. I have many accidents.	T F	166. I often have bad dreams.	T F
12. Teachers mostly look for the bad things that you do.	T F	136. My teacher cares about me.	T F	167. My teacher is often proud of me.	T F
13. Nothing ever goes right for me.	T F	137. I take a plane trip from New York to Chicago at least twice a week.	T F	168. Television does not really exist.	T F
14. I am always disappointed with my grades.	T F	138. I do not like to be called on in class.	T F	169. I quit easily.	T F
15. My stomach gets upset more than most people.	T F	139. Sore throats are a common problem of mine.	T F	170. I have trouble swallowing my food.	T F
16. I am liked by others.	T F	140. I enjoy meeting others.	T F	171. I am slow to make new friends.	T F
17. I can't stop myself from making mistakes.	T F	141. I get blamed for things I can't help.	T F	172. My parents are always telling me what to do.	T F
18. Finishing my work is important to me.	T F	142. I am nice looking.	T F	173. I have nice hair.	T F
19. I feel guilty about things.	T F	143. I am nervous.	T F	174. I worry when I go to bed at night.	T F
20. I like to ride in a car that is going fast.	T F	144. I like to take chances.	T F	175. I think it would be exciting to steal things.	T F
21. Nobody ever listens to me.	T F	145. Adults have a better life than I do.	T F	176. I always have bad luck.	T F
22. I am lonely.	T F	146. I feel out of place around people.	T F	177. My friends have more fun than I do.	T F
23. I sometimes get mad.	T F	147. I always do what my parents tell me.	T F	178. I have some bad habits.	T F
24. I cannot control my thoughts.	T F	148. I like to make up strange stories.	T F	179. I still have fits of temper.	T F
25. I hide my work when the teacher walks by.	T F	149. My mother and father like my friends.	T F	180. I like to be close to my parents.	T F
26. My parents are always right.	T F	150. I am sometimes jealous.	T F	181. I have just returned from a nine-month trip on an ocean liner.	T F
27. When you fail at something, give up and go on to something else.	T F	151. I am seldom happy with my efforts at school.	T F	182. I often get sick before tests.	T F
28. Often I feel sick in my stomach.	T F	152. I think I have heart trouble.	T F	183. I am a dependable friend.	T F
29. Other kids hate to be with me.	T F	153. Nobody likes me.	T F	184. Other children don't like to be with me.	T F
30. Sometimes, when alone, I hear my name.	T F	154. Sometimes voices tell me to do bad things.	T F	185. I cannot stop myself from doing bad things.	T F
31. I like to make decisions on my own.	T F	155. When I am wrong I can change things to be right again.	T F	186. I am someone you can rely on.	T F

Please be sure you have marked all items.

**APPENDIX D**  
**SOCIAL SKILLS RATING SYSTEM**  
**PARENT FORM**

# Social Skills

## Rating System

## Grades K-6 Social Skills Questionnaire

Frank M. Gresham and Stephen N. Elliott

### Directions

This questionnaire is designed to measure how often your child exhibits certain social skills and how important those skills are to your child's development. Ratings of problem behaviors are also requested. First, complete the information about your child and yourself.

### Student Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last Month Day Year  
 School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: ☐ Female ☐ Male  
Month Day Year  
 Teacher's name \_\_\_\_\_  
 Ethnic group (optional)  
☐ Asian ☐ Indian (Native American)  
☐ Black ☐ White  
☐ Hispanic ☐ Other \_\_\_\_\_  
 How many brothers and sisters does this child have at home?  
☐ None ☐ 1 ☐ 2 ☐ 3 or more

### Parent Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
First Middle Last  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Sex: ☐ Female ☐ Male  
 How are you related to this child?  
☐ Mother ☐ Guardian  
☐ Father ☐ Other \_\_\_\_\_

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 4 10 19 18 17 16 15 14

Form: PE

Next, read each item on pages 2-4 (items 1-55) and think about your child's present behavior. Decide how often your child does the behavior described.

If your child **never** does this behavior, circle the 0.

If your child **sometimes** does this behavior, circle the 1.

If your child **very often** does this behavior, circle the 2.

For items 1-38, you should also rate how important each of these behaviors is for your child's development.

If it is **not important** for your child's development, circle the 0.

If it is **important** for your child's development, circle the 1.

If it is **critical** for your child's development, circle the 2.

Here are two examples:

	How Often?				How Important?		
	Never	Sometimes	Very Often		Not Important	Important	Critical
Shows a sense of humor.	0	1	2		0	1	2
Answers the phone appropriately.	0	1	2		0	1	2

*This parent thought that the child very often showed a sense of humor and that showing a sense of humor was important to the child's development. This parent also thought that the child never answered the phone appropriately and that answering the phone appropriately was critical to the child's development.*

There are no right or wrong answers. You may take as much time as you like.

Please do not skip any items.

FOR OFFICE USE ONLY				Social Skills			How Often?			How Important?		
					Never	Sometimes	Very Often		Not Important	Important	Critical	
C	A	R	S	1.	Uses free time at home in an acceptable way.	0	1	2		0	1	2
				2.	Keeps room clean and neat without being reminded.	0	1	2		0	1	2
				3.	Speaks in an appropriate tone of voice at home.	0	1	2		0	1	2
				4.	Joins group activities without being told to.	0	1	2		0	1	2
				5.	Introduces herself or himself to new people without being told.	0	1	2		0	1	2
				6.	Responds appropriately when hit or pushed by other children.	0	1	2		0	1	2
				7.	Asks sales clerks for information or assistance.	0	1	2		0	1	2
				8.	Attends to speakers at meetings such as in church or youth groups.	0	1	2		0	1	2
				9.	Politely refuses unreasonable requests from others.	0	1	2		0	1	2
				10.	Invites others to your home.	0	1	2		0	1	2
				11.	Congratulates family members on accomplishments.	0	1	2		0	1	2
				12.	Makes friends easily.	0	1	2		0	1	2
				13.	Shows interest in a variety of things.	0	1	2		0	1	2
				14.	Avoids situations that are likely to result in trouble.	0	1	2		0	1	2
				15.	Puts away toys or other household property.	0	1	2		0	1	2
				16.	Volunteers to help family members with tasks.	0	1	2		0	1	2
C	A	R	S	SUMS OF HOW OFTEN COLUMNS								

		How Often?			How Important?		
		Never	Sometimes	Very Often	Not Important	Important	Critical
17. Receives criticism well.		0	1	2	0	1	2
18. Answers the phone appropriately.		0	1	2	0	1	2
19. Helps you with household tasks without being asked.		0	1	2	0	1	2
20. Appropriately questions household rules that may be unfair.		0	1	2	0	1	2
21. Attempts household tasks before asking for your help.		0	1	2	0	1	2
22. Controls temper when arguing with other children.		0	1	2	0	1	2
23. Is liked by others.		0	1	2	0	1	2
24. Starts conversations rather than waiting for others to talk first.		0	1	2	0	1	2
25. Ends disagreements with you calmly.		0	1	2	0	1	2
26. Controls temper in conflict situations with you.		0	1	2	0	1	2
27. Gives compliments to friends or other children in the family.		0	1	2	0	1	2
28. Completes household tasks within a reasonable time.		0	1	2	0	1	2
29. Asks permission before using another family member's property.		0	1	2	0	1	2
30. Is self-confident in social situations such as parties or group outings.		0	1	2	0	1	2
31. Requests permission before leaving the house.		0	1	2	0	1	2
32. Responds appropriately to teasing from friends or relatives of his or her own age.		0	1	2	0	1	2
33. Uses time appropriately while waiting for your help with homework or some other task.		0	1	2	0	1	2
34. Accepts friends' ideas for playing.		0	1	2	0	1	2
35. Easily changes from one activity to another.		0	1	2	0	1	2
36. Cooperates with family members without being asked to do so.		0	1	2	0	1	2
37. Acknowledges compliments or praise from friends.		0	1	2	0	1	2
38. Reports accidents to appropriate persons.		0	1	2	0	1	2
C A R S		SUMS OF HOW OFTEN COLUMNS					

# Social Skills

## Rating System

## Grades 7-12 Social Skills Questionnaire

Frank M. Gresham and Stephen N. Elliott

### Directions

This questionnaire is designed to measure **how often** your child exhibits certain social skills and **how important** those skills are to your child's development. Ratings of problem behaviors are also requested. First, complete the information about your child and yourself.

### Student Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last Month Day Year  
 School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: ☐ Female ☐ Male  
Month Day Year  
 Teacher's name \_\_\_\_\_  
 Ethnic group (optional)  
☐ Asian ☐ Indian (Native American)  
☐ Black ☐ White  
☐ Hispanic ☐ Other \_\_\_\_\_  
 How many brothers and sisters does this child have at home?  
☐ None ☐ 1 ☐ 2 ☐ 3 or more

### Parent Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
First Middle Last  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Sex: ☐ Female ☐ Male  
 How are you related to this child?  
☐ Mother ☐ Guardian  
☐ Father ☐ Other \_\_\_\_\_

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Form: PS

Next, read each item on pages 2-4 (items 1-52) and think about your child's present behavior. Decide how often your child does the behavior described.

If your child **never** does this behavior, circle the 0.

If your child **sometimes** does this behavior, circle the 1.

If your child **very often** does this behavior, circle the 2.

For items 1-40, you should also rate how important each of these behaviors is for your child's development.

If it is **not important** for your child's development, circle the 0.

If it is **important** for your child's development, circle the 1.

If it is **critical** for your child's development, circle the 2.

Here are two examples:

	How Often?				How Important?		
	Never	Sometimes	Very Often		Not Important	Important	Critical
Shows a sense of humor.	0	1	2		0	1	2
Answers the phone appropriately.	0	1	2		0	1	2

*This parent thought that the child very often showed a sense of humor and that showing a sense of humor was important to the child's development. This parent also thought that the child never answered the phone appropriately and that answering the phone appropriately was critical to the child's development.*

There are no right or wrong answers. You may take as much time as you like.

Please do not skip any items.

		How Often?			How Important?		
		Never	Sometimes	Very Often	Not Important	Important	Critical
<b>Social Skills</b>							
	1. Starts conversations rather than waiting for others to talk first.	0	1	2	0	1	2
	2. Helps you with household tasks without being told.	0	1	2	0	1	2
	3. Attempts household tasks before asking for your help.	0	1	2	0	1	2
	4. Participates in organized activities such as sports or clubs.	0	1	2	0	1	2
	5. Politely refuses unreasonable requests from others.	0	1	2	0	1	2
	6. Introduces himself or herself to new people without being told.	0	1	2	0	1	2
	7. Uses free time at home in an acceptable way.	0	1	2	0	1	2
	8. Says nice things about himself or herself when appropriate.	0	1	2	0	1	2
	9. Responds appropriately to teasing from friends or relatives of his or her own age.	0	1	2	0	1	2
	10. Responds appropriately when hit or pushed by other children.	0	1	2	0	1	2
	11. Volunteers to help family members with tasks.	0	1	2	0	1	2
	12. Invites others to your home.	0	1	2	0	1	2
	13. Avoids situations that are likely to result in trouble.	0	1	2	0	1	2
C	A	R	S	SUMS OF HOW OFTEN COLUMNS			

FOR OFFICE USE		Social Skills (cont.)			How Often?			How Important?		
NAME			Never	Sometimes	Very Often	Not Important	Important	Critical		
		14. Makes friends easily.	0	1	2	0	1	2		
		15. Keeps room clean and neat without being reminded.	0	1	2	0	1	2		
		16. Completes household tasks within a reasonable time.	0	1	2	0	1	2		
		17. Shows concern for friends and relatives of his or her own age.	0	1	2	0	1	2		
		18. Controls temper in conflict situations with you.	0	1	2	0	1	2		
		19. Ends disagreements with you calmly.	0	1	2	0	1	2		
		20. Speaks in an appropriate tone of voice at home.	0	1	2	0	1	2		
		21. Acknowledges compliments or praise from friends.	0	1	2	0	1	2		
		22. Controls temper when arguing with other children.	0	1	2	0	1	2		
		23. Appropriately expresses feelings when wronged.	0	1	2	0	1	2		
		24. Follows rules when playing games with others.	0	1	2	0	1	2		
		25. Attends to your instructions.	0	1	2	0	1	2		
		25. Joins group activities without being told to.	0	1	2	0	1	2		
		27. Compromises in conflict situations by changing own ideas to reach agreement.	0	1	2	0	1	2		
		28. Puts away belongings or other household property.	0	1	2	0	1	2		
		29. Waits turn in games or other activities.	0	1	2	0	1	2		
		30. Uses time appropriately while waiting for your help with homework or some other task.	0	1	2	0	1	2		
		31. Receives criticism well.	0	1	2	0	1	2		
		32. Informs you before going out with friends.	0	1	2	0	1	2		
		33. Follows household rules.	0	1	2	0	1	2		
		34. Is self-confident in social situations such as parties or group outings.	0	1	2	0	1	2		
		35. Shows interest in a variety of things.	0	1	2	0	1	2		
		36. Reports accidents to appropriate persons.	0	1	2	0	1	2		
		37. Is liked by others.	0	1	2	0	1	2		
		38. Answers the phone appropriately.	0	1	2	0	1	2		
		39. Asks sales clerks for information or assistance.	0	1	2	0	1	2		
		40. Appears self-confident in social interactions with opposite-sex friends.	0	1	2	0	1	2		
C A R S		SUM OF HOW OFTEN COLUMNS								



**APPENDIX E**  
**ALABAMA PARENTING QUESTIONNAIRE**

**The University of New Orleans  
Alabama Parenting Questionnaire (APQ)  
(Parent Form)**

Child's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Parent Completing Form(Circle one): Mother Father Other: \_\_\_\_\_

**Instructions:** The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5). PLEASE ANSWER ALL ITEMS.

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your child.	1	2	3	4	5
2. You let your child know when he is doing a good job with something.	1	2	3	4	5
3. You threaten to punish your child and then do not actually punish him/her.	1	2	3	4	5
4. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
5. You reward or give something extra to your child for obeying you or behaving well.	1	2	3	4	5
6. Your child fails to leave a note or to let you know where he/she is going.	1	2	3	4	5
7. You play games or do other fun things with your child.	1	2	3	4	5
8. Your child talks you out of being upset after he/she has done something wrong.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
9. You ask your child about his/her day in school.	1	2	3	4	5
10. Your child stays out in the evening past the time he/she is supposed to be home.	1	2	3	4	5
11. You help your child with his/her homework.	1	2	3	4	5
12. You feel that getting your child to obey you is more trouble than it's worth.	1	2	3	4	5
13. You compliment your child when he/she does something well.	1	2	3	4	5
14. You ask your child what his/her plans are for the coming day.	1	2	3	4	5
15. You drive your child to a special activity.	1	2	3	4	5
16. You praise your child if he/she behaves well.	1	2	3	4	5
17. Your child is out with friends you don't know.	1	2	3	4	5
18. You hug or kiss your child when he/she has done something well.	1	2	3	4	5
19. Your child goes out without a set time to be home.	1	2	3	4	5
20. You talk to your child about his/her friends.	1	2	3	4	5
21. Your child is out after dark without an adult with him/her.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
22. You let your child out of a punishment early (like lift restrictions earlier than you originally said).	1	2	3	4	5
23. Your child helps plan family activities.	1	2	3	4	5
24. You get so busy that you forget where your child is and what he/she is doing.	1	2	3	4	5
25. Your child is not punished when he/she has done something wrong.	1	2	3	4	5
26. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	1	2	3	4	5
27. You tell your child that you like it when he/she helps out around the house.	1	2	3	4	5
28. You don't check that your child comes home at the time she/he was supposed to.	1	2	3	4	5
29. You don't tell your child where you are going.	1	2	3	4	5
30. Your child comes home from school more than an hour past the time you expect him/her.	1	2	3	4	5
31. The punishment you give your child depends on your mood.	1	2	3	4	5
32. Your child is at home without adult supervision.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
33. You spank your child with your hand when he/she has done something wrong.	1	2	3	4	5
34. You ignore your child when he/she is misbehaving.	1	2	3	4	5
35. You slap your child when he/she has done something wrong.	1	2	3	4	5
36. You take away privileges or money from your child as a punishment.	1	2	3	4	5
37. You send your child to his/her room as a punishment.	1	2	3	4	5
38. You hit your child with a belt, stick, or other object when he/she has done something wrong.	1	2	3	4	5
39. You yell or scream at your child when he/she has done something wrong.	1	2	3	4	5
40. You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.	1	2	3	4	5
41. You use time out (make him/her sit or stand in a corner) as a punishment.	1	2	3	4	5
42. You give your child extra chores as a punishment.	1	2	3	4	5

**APPENDIX F**  
**DEMOGRAPHIC QUESTIONNAIRE**

## INFORMATION SHEET

**CHILD INFORMATION:** Child Age: \_\_\_\_\_ Child Gender: Boy \_\_\_\_\_ Girl \_\_\_\_\_

**PARENT INFORMATION:**

Age: \_\_\_\_\_

**Marital Status:**

- \_\_\_\_\_ 1. Married
- \_\_\_\_\_ 2. Divorced
- \_\_\_\_\_ 3. Separated
- \_\_\_\_\_ 4. Never Married
- \_\_\_\_\_ 5. Living together
- \_\_\_\_\_ 6. Widow

**Total family income:**

- \_\_\_\_\_ 1. Under \$10,000
- \_\_\_\_\_ 2. 11 - 20,000
- \_\_\_\_\_ 3. 21 - 30,000
- \_\_\_\_\_ 4. 31 - 40,000
- \_\_\_\_\_ 5. 41 - 50,000
- \_\_\_\_\_ 6. Above 50,000

**Your Education:**

- \_\_\_\_\_ 1. Some high school
- \_\_\_\_\_ 2. GED
- \_\_\_\_\_ 3. High school diploma
- \_\_\_\_\_ 4. Some college
- \_\_\_\_\_ 5. College degree
- \_\_\_\_\_ 6. Post college

**Your Relationship to Child:**

- \_\_\_\_\_ 1. Mom
- \_\_\_\_\_ 2. Dad
- \_\_\_\_\_ 3. Stepmother
- \_\_\_\_\_ 4. Stepfather
- \_\_\_\_\_ 5. Grandparent
- \_\_\_\_\_ 6. Aunt/uncle
- \_\_\_\_\_ 7. Other relative
- \_\_\_\_\_ 8. Someone other than family

**Race:**

- \_\_\_\_\_ 1. African American
- \_\_\_\_\_ 2. White
- \_\_\_\_\_ 3. Hispanic
- \_\_\_\_\_ 4. Asian
- \_\_\_\_\_ 5. Other

**Spouse's Education:**

- \_\_\_\_\_ 1. Some high school
- \_\_\_\_\_ 2. GED
- \_\_\_\_\_ 3. High school diploma
- \_\_\_\_\_ 4. Some college
- \_\_\_\_\_ 5. College degree
- \_\_\_\_\_ 6. Post college

**Your Occupation:**

\_\_\_\_\_

**Spouse's Occupation:**

\_\_\_\_\_

How many adults over 18 years old live in your home? \_\_\_\_\_

How many children under 18 years old live in your home? \_\_\_\_\_

## VITA

Nicole Francingues Lanclos was born and reared in New Orleans, Louisiana. She received a bachelor of science degree in psychology from Louisiana State University in 1995 and a master of arts in psychology from Louisiana State University in 1998. She completed an internship in clinical psychology at Louisiana State University Health Sciences Center in New Orleans, Louisiana in 2001. Her future aspirations are to continue working with children and families in a pediatric setting. Nicole is the daughter of Richard and Mary Ann Francingues and the sister of Richard Francingues, II. She is married to David Y. Lanclos, Ph.D., and they recently celebrated the birth of their first child, David Y. Lanclos, II.



# DOCTORAL EXAMINATION AND DISSERTATION REPORT

**Candidate:** Nicole Francingues Lanclos

**Major Field:** Psychology

**Title of Dissertation:** Parenting Practices as a Moderator of Exposure to  
Community Violence

**Approved:**

*Mary L. Kelley*

Major Professor and Chairman

*William E. Shafer*

Dean of the Graduate School

## EXAMINING COMMITTEE:

*James L. Little*

*William E. Shafer*

*James L. Little*

*D. G. Little*

**Date of Examination:**

November 13, 2001