

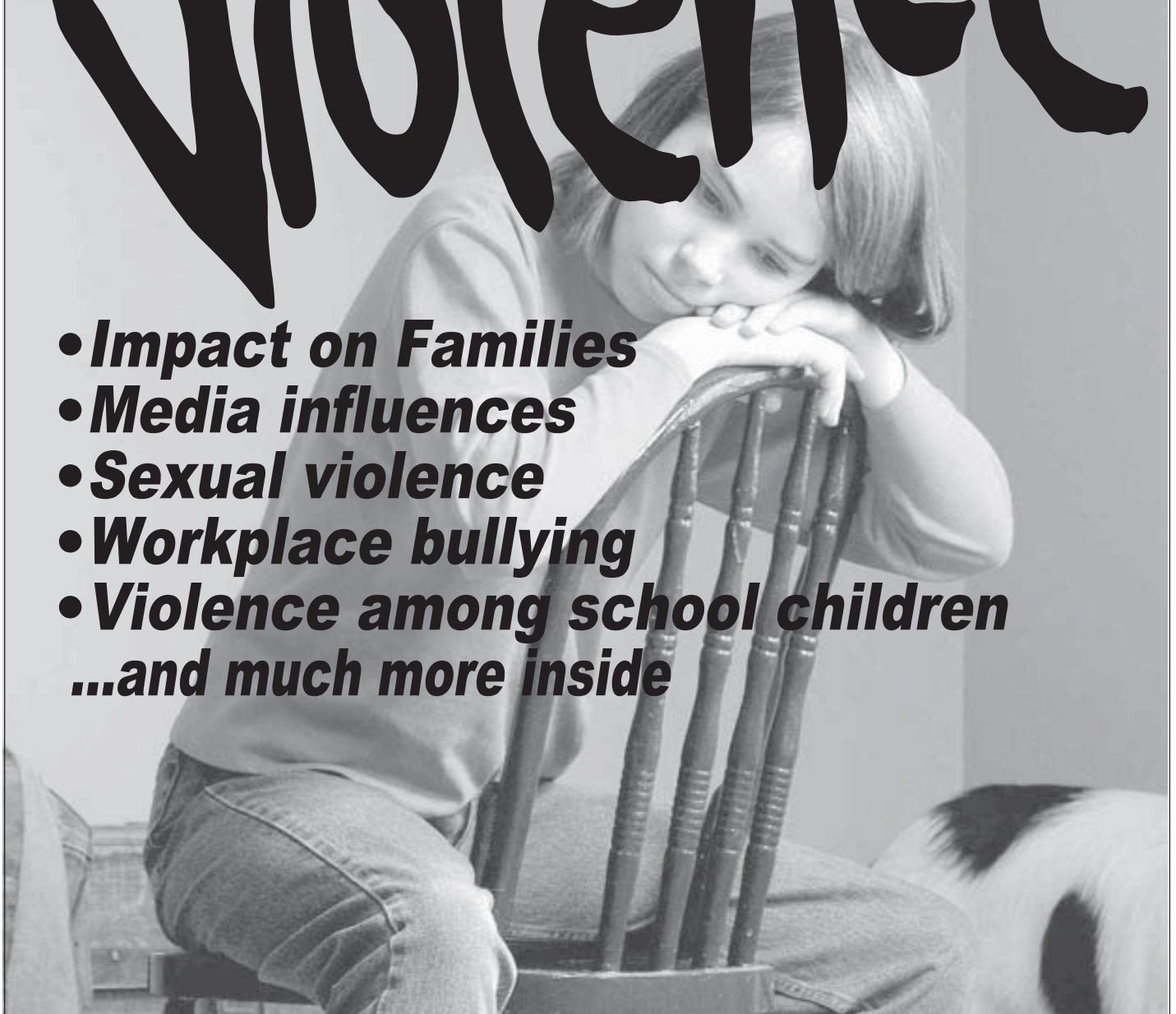
# Mental Health Notes

Published Bi-Annually by the Mental Health Association in Ulster County, Inc. • Spring 2005



# Violence

- ***Impact on Families***
- ***Media influences***
- ***Sexual violence***
- ***Workplace bullying***
- ***Violence among school children***  
***...and much more inside***



Mental Health Association  
in Ulster County, Inc.

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# Message from the CEO

The topic of violence was chosen for this issue before the Hudson Valley Mall shooting on February 13, 2005. That shooting changed many things. It made many things seem much closer. I know that I need to write about it but first I must say what I wanted to say before that shooting.

I have worked in mental health for over 20 years. I fought to separate the issue of violence and mental health. In most of the general public's mind and perception, any one with mental illness is violent and needs to be feared. Somehow our culture had found a way to "explain away" violence. However, it is not the truth. People with mental health problems and/or illnesses are no more apt to be violent than anyone. This message needs to be continually sent – we cannot abdicate our own responsibility for the prevalence of violence by blaming it on one segment of our population.

Today, I am fighting to "rejoin" violence as a mental health issue. However, I am doing it to educate and enlighten the "lucky" people who don't know that the victims of violence, be it sexual abuse, physical abuse, domestic violence, witness to violence, war victim, etc., are the ones more likely to have a mental health problem and/or illness. Some studies indicate that well over 50% of persons with severe mental illness have been victims of violence in childhood and adulthood. Violence is a mental health issue and prevention of violence should be on any mental health advocate's Top Ten List.

Back to the shooting at the Hudson Valley Mall – every person who has gone to the Hudson Valley Mall or lives close to it had an emotional reaction to that shooting. It affected our mental health. MHA worked diligently after that shooting to let people know about their "normal reactions" to this abnormal event. It is important to acknowledge this



Ellen Pendegar, CEO

reaction and the many ways we can take care of ourselves and each other to maintain good mental health. The shooting also made us question, "How can someone do this?" – obviously there was an emotional/mental health component to his actions. But I hope that we do not use this incident to justify continuing our stigmatization of people with mental health problems/illnesses. We must take other action. Each one of us needs to examine our role to be "interveners" in someone else's life. Clearly there were signs of Robert Bonelli's struggles, how much of us knew about them – what did we do with this information? Are we capable of acknowledging that in our culture, violence is an accepted mode of response to problems? It is not mental illnesses that support this choice but rather our culture's. Therefore, violence can occur if someone is under tremendous personal stress. However, I propose that we find non-violent solutions to dealing with stress, anger and rage. We must find safe ways to intervene, reach out to those we know are in emotional pain. We must offer help and make available the best possible, evidence based services. The MHA knows that mental health services and treatments work. People can be helped. Don't stand by and watch someone struggle – intervene in some way. You may be saving a life.

# Violence: just a childhood phase?

## *American Academy of Child and Adolescent Psychiatry*

There is a great concern about the incidence of violent behavior among children. This complex and troubling issue needs to be carefully understood by parents, teachers, and other adults.

Children as young as preschoolers can show violent behavior. Violent behavior in a child at any age always needs to be taken seriously. It should not be quickly dismissed as *just a phase they're going through!*

### **Range of Violent Behavior**

Violent behavior in children and adolescents can include a wide range of behaviors: explosive temper tantrums, physical aggression, fighting, threats or attempts to hurt others (including homicidal thoughts), use of weapons, cruelty toward animals, fire setting, intentional destruction of property and vandalism.

### **Factors Which Increase Risk of Violent Behavior**

Numerous research studies have concluded that a complex interaction or combination of factors leads to an increased risk of violence.



These factors include:

- Previous aggressive or violent

behavior

- Being the victim of physical abuse and/or sexual abuse
- Exposure to violence in the home and/or community
- Genetic (family heredity) factors
- Exposure to violence in media (TV, movies, etc.)
- Use of drugs and/or alcohol
- Presence of firearms in home
- Combination of stressful family socioeconomic factors (poverty, severe deprivation, marital breakup, single parenting, unemployment, loss of support from extended family)

### **What are the warning signs for violent behavior in children?**

Children who have several risk factors and show the following behaviors should be carefully evaluated:

- Intense anger
  - Frequent loss of temper or blow-ups
  - Extreme irritability
  - Extreme impulsiveness
  - Becoming easily frustrated
- Parents and teachers should be careful not to minimize these behaviors in children.*

### **What can be done if a child exhibits violent behavior?**

Whenever a parent or other adult is concerned, they should immediately arrange for a comprehensive evaluation by a qualified mental health professional. Early treatment by a professional can often help.

### **What prevents violent behavior**

Most importantly, efforts should be directed at dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media. Clearly, violence leads to violence.

### **In addition, the following strategies can lessen or prevent violent behavior:**

- Prevention of child abuse (use of programs such as parent training, family support programs, etc.)
- Sex education and parenting programs for adolescents
- Early intervention programs for violent youngsters
- Monitoring child's viewing of violence on TV/videos/movies

# Beating the bully at *her* own game

*Times Herald-Record*  
November 20, 2004



When the topic of bullying arises, boys are most often portrayed as the perpetrators. However, a news story in the *Times Herald-Record* notes that: while bullying is not new for teens, experts say that gossiping, name calling and rumor spreading has become more pervasive and wicked – particularly among teenage girls.

"Girls are more likely to be non-physical, and it goes on and on," said Cheryl Dellasega, a Penn State University humanities professor and coauthor of "Girl Wars: 12 Tried and True Strategies for Ending Female Bullying."

The newspaper story further indicates that about one in three students are involved in bullying as either a perpetrator or a target. Factor in the witnesses, also known as the *torn bystanders*, and just about everyone participates in the psychological form of bully violence.

### **Signs your child is being bullied**

- Your child does not want to go to school and loses interest in school
- Has trouble sleeping and experiences bad dreams
- Has lost their appetite
- Appears sad or depressed when they come home; is anxious and suffers from low self-esteem.

# MHA Board President's Message

This issue of Mental Health Notes talks about *violence*. My thesaurus presents several synonyms for the word: "aggression, fighting, hostility, cruelty, brutality" to name but a few. Violence may be physical, inducing bodily harm. Or, it may be psychological, like the damaging effects of name calling and isolation.

In the aftermath of the recent act of violence at the Hudson Valley Mall in Kingston, I am proud and comforted to note how MHA responded immediately with public media statements, web site information, and resources about the "normal" range of responses to traumatic events, and ways to cope more effectively.

At [www.mhainulster.org](http://www.mhainulster.org) you will learn that trauma or stress produces many symptoms. Our range of responses to extreme stress, "Fight, Flight and Freeze" – are survival mechanisms hard-wired into every human being since the days when our caveman ancestors were confronted with threats to their existence.

But this is the 21<sup>st</sup> Century. Surely we must have evolved more appropriate coping mecha-



Caren Fairweather, President  
MHA Board of Directors

nisms by now? Unfortunately, observation and history tells us that the "fight response" is as alive and well around the globe today as it ever was. Yet, we do have alternatives! Gandhi made non-violence a household word in the early part of the 20<sup>th</sup> century. Research confirms that non-violence skills may be learned. Conflict resolution, anger management, community building, and appreciating diversity are among the behaviors that promote and support non-violence. These are the very tools that MHA promotes through its programs and advocacy efforts. We thank you for your support and membership that allows MHA to avail these vital resources to everyone in our community.

## Roots of violence in schools

*Excerpted from: Exposure to Urban Violence: Contamination of the School Environment.*

Students in some schools regularly confront violence. Teachers find themselves spending increasing amounts of time dealing with students' violent and disruptive behavior. Exposure to violence most affects students and teachers in schools that are marked by high levels of poverty and low academic achievement.

Every day approximately 100,000 children are assaulted at school. Additionally, 5,000 teachers are threatened with physical assault and 200 are actually attacked. Approximately one of every eight students has reported carrying some form of weapon to school. Twenty percent of students have reported that threats involving a weapon and/or threats of assault in school represent a major problem for them. However, the most frequently reported forms of violence in school are pushing and shoving. Most of the violence to which students are exposed occurs in their home neighborhood and in the neighborhood surrounding the school rather than in the school itself.

A school setting is *contaminated* by the attitudes, expectations, and behaviors that students and teachers carry from other settings into the school, as well as their immediate experiences within the schools. Exposure to violence generates a sense of fear and leads to acts intended to reduce or control fear. Exposure to violence is psychologically toxic. This exposure may produce:

- generalized emotional distress

*see School Violence  
continued on Pg. 5*

May is  
Mental Health Month  
and your mental matters  
to the people of  
**mha**

# Up to 10% of reported sexual violence victims are males

## **Florida Council Against Sexual Violence**

Males are victimized by sexual violence-whether as children, teens or adults. Sexual violence can be anything from inappropriate sexual touching, sexual exploitation of children, unwanted nonconsensual sexual advances, sexual harassment or forcible sex. All have immense impact on the male victim.

One out of seven boys will be the victim of some type of sexual violence before age 18.

According to the Bureau of Justice Statistics, approximately 8-10 percent of reported rapes involve male victims. If this figure seems low, keep in mind that rape is one of the most underreported crimes in America. Being a male rape victim may increase the chances of this crime going unreported due to shame, humiliation, or embarrassment on the part of the victim. In fact, males may be less likely to report sexual victimization due to society's refusal or reluctance to accept their victimization and by the victim's belief that he must be strong and "tough it out" in silence.

Although most sexual violence of males is perpetrated by other males, it is not necessarily perpetrated by homosexual males. Pedophiles who molest boys are not expressing a homosexual desire any more than pedophiles that molest girls are practicing heterosexual behaviors. In fact many perpetrators of sexual violence toward boys and men would identify as "straight" and may be married or have a girlfriend.

It is important to remember that whether you're a child or adult victim, the major factors in any sexual

assault are aggression and force, not an expression of sexuality or desire. Remember that sexual violence is about power and control over another person.

### **Impact of Sexual Violence**

If you or someone you know has been a male victim of sexual violence, it is important to understand and recognize some of the feelings and behaviors that may be occurring.

Male survivors-whether sexually abused as children or as adults- may experience fear, anger and an overwhelming sense of loss of control over their bodies and selves, especially if they have been raised to believe that showing emotions is wrong or weak. The male survivor may also feel dirty, ashamed and guilty that he wasn't *strong enough* to protect himself from such an assault.

If the male survivor is heterosexual, he may believe that the assault means that he is gay or will become gay. Sexual identity may become an issue after a sexual assault of a male.

Males who are gay, bisexual or transgender may suffer from many of the same types of trauma as heterosexual male victims do. However, the gay victim may feel he is to blame for the sexual violence because of his lifestyle. Gay, bisexual and transgender men must also consider society's homophobic attitudes in deciding whether or not to report or seek services.

Adult victims may experience depression, inability to express feelings, sexual identity issues, low self-esteem, trust issues, intimacy and interpersonal relationships issues and drug and alcohol abuse.



## **School Violence**

*cont. from Pg. 4*

- disruptions in interpersonal relationships
- problems with aggression, conduct disorder, and truancy
- cognitive, psychological, and physical issues related to learning and teaching
- physical symptoms, such as chronic fatigue.

The effects of exposure to violence in schools may spread to others within the school setting. This spread, or *contagion*, changes the school setting in ways that negatively alter school interactions and interfere with the schools' capacity to achieve its educational and social goals. Widespread concern about violence within a school may reduce the quality of teaching, disrupt classroom discipline, limit teachers' availability to students before or after the school day, and reduce students' motivation to attend school and/or willingness to participate in extracurricular activities.

# Violent rape has dramatic physical and psychological impact on victims



## **National Center for Injury Prevention**

Of all crimes, rape is one of the most underreported, making it difficult to count. The National Women's Study found that 84% of women did not report their rapes to police.

- According to the National Violence Against Women Survey, 1 in 6 women and 1 in 33 men in the United States has experienced an attempted or completed rape at some time in their lives.

- In 8 out of 10 rape cases, the victim knew the perpetrator.

- According to the Youth Risk Behavior Surveillance System (YRBSS), a national survey of high school students, approximately 9% of students reported having been forced

to have sexual intercourse against their will in their lifetime. Female students (11.9%) were more likely than male students (6.1%) to report having been sexually assaulted. Overall, 12.3% of Black students, 10.4% of Hispanic students, and 7.3% of White students reported forced sexual intercourse.

- Based on a review of state records pertaining to child abuse and neglect, 86,830 children in the United States experienced sexual abuse in 2001.

## **CONSEQUENCES**

### Physical

- Many long-lasting physical symptoms and illnesses have been associated with sexual victimization including chronic pelvic pain; premenstrual syndrome; gastrointes-

tinal disorders; and a variety of chronic pain disorders, including headache, back pain, and facial pain.

- Between 4% and 30% of rape victims contract sexually transmitted diseases, including HIV.

- A longitudinal study in the United States estimated that over 32,000 pregnancies result each year from rape in victims age 12 to 45 years .

### Psychological

#### *Immediate Impacts*

Sexual violence victims exhibit a variety of psychological symptoms that are similar to those of victims of other types of trauma, such as war and natural disaster.

- Immediate reactions to rape include shock, disbelief, denial, fear, confusion, anxiety, and withdrawal

- Symptoms of Post-Traumatic Stress Disorder (PTSD) are usually present immediately after a rape.

Victims may experience emotional detachment, sleep disturbances, and flashbacks. Approximately one third of rape victims have symptoms that continue for three months or become chronic .

#### *Long-term Impacts*

- Rape victims often experience anxiety, guilt, nervousness, phobias, substance abuse, sleep disturbances, depression, alienation, and sexual dysfunction. They often distrust others and replay the assault in their minds, and are at increased risk of revictimization.

- Women reporting forced sex are at significantly greater risk of depression and PTSD than those who have not been abused.

- Women with a history of sexual assault are more likely to attempt

**see Rape**

**continued on Pg. 7**

## **Rape : cont. from Pg. 6**

or commit suicide than other women.

### **Social**

•Rape can strain relationships because of its negative effect on the victim's family, friends, and intimate partners.

### **Health Behaviors**

•Victims of sexual violence are more likely than non-victims to engage in risky sexual behavior including having unprotected sex, having sex at an early age, having multiple sex partners, teen pregnancy, and trading sex for food, money, or other items. Some researchers view these consequences of sexual violence as vulnerability factors for future victimization.

•Rape victims are more likely than non-victims to smoke cigarettes, overeat, drink alcohol.

### **GROUPS AT RISK**

Women are more likely to be victims of sexual violence than men. However, these findings may be somewhat influenced by reluctance among men to report sexual violence.

### **RELATIONSHIP BETWEEN VICTIM AND PERPETRATOR**

•In 8 out of 10 rape cases, the victim knew the perpetrator.

•In the National Violence Against Women Survey, 64% of women and 16% of men reported being raped, physically assaulted, or stalked by an intimate partner.

•In the National Women's Study, intimate partners (current or former spouses or boyfriends) represented 19% of perpetrators, family members represented 27% of perpetrators, and 29% were relatives, friends or acquaintances. Only 22% of perpetrators were strangers.

### **VULNERABILITY FACTORS**

Research has identified the fol-

lowing vulnerability factors for sexual violence:

•**Young age** Young women are at higher risk of being raped than older women. More than half of all rapes (54%) of women occur before age 18; 22% occur before age 12.



•**Drug or alcohol use.**

Drug and alcohol use may place women in settings where they are more likely to encounter potential perpetrators.

•**Prior history of sexual violence.** A study conducted in the United States found that women raped before the age of 18 were twice as likely to be raped as adults.

•**Multiple sexual partners.** Women with many sexual partners are at increased risk of experiencing sexual abuse .

•**Poverty.** Poverty may make the daily lives of women and children dangerous (e.g. walking alone at night, less parental supervision) and put them at greater risk for experiencing sexual violence. In addition, poor women may be at risk for sexual violence because their economic status forces them into certain high risk occupations,

including prostitution.

### **PERPETRATOR RISK FACTORS**

The following factors have been identified as increasing the risk that a man will commit rape:

#### **Individual Factors**

- Alcohol and drug use
- Coercive sexual fantasies
- Impulsive/antisocial tendencies
- Preference for impersonal sex
- Hostility towards women
- History of sexual abuse as a child
- Childhood violence witness

#### **Relationship Factors**

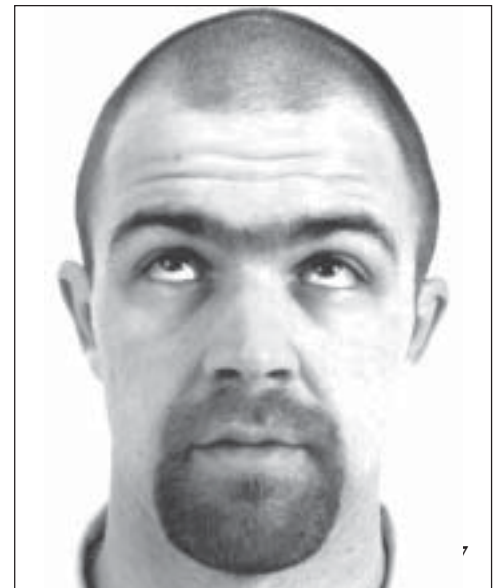
- Associate with sexually aggressive and delinquent peers
- Family environment characterized by physical violence
- Strongly patriarchal relationship
- Emotionally unsupported family environment

#### **Community Factors**

- Poverty, mediated through forms of male identity crisis
- Lack of job opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual assault within the community
- Weak sanctions against perpetrators of sexual violence

#### **Societal Factors**

- Societal norms that support male superiority and sexual entitlement
- Weak gender equity laws



# • MHA BULLETIN BOARD •

## MIND Your Health - May is Mental Health Month

For more than 50 years, Mental Health Month has helped improve the health and lives of millions of Americans. This year, the Mental Health Association in Ulster County would like even more people to know that caring for their minds as well as their bodies helps keep them productive, healthy and happy in all aspects of life: at work, at home and at school. To get this message to the public, Mental Health Associations nationwide are promoting the idea Mind Your Health focusing on the mind-body connection. It highlights the latest research that draws more clearly than ever the link between our mental and physical health.

The MHA knows that mental

health matters in every aspect and at every stage of your life. Taking good care of your mental health is vital to your overall health and well-being. Mental health is essential to our children's overall health and well-being. Early diagnosis and treatment of mental health problems can help children reach their full potential. We know that mental health problems are real, common and treatable and that mental illnesses are as treatable as most physical illnesses.

Here are a few things you can do to relieve stress in your life and improve your mental health:

1. Eat healthfully.
2. Get enough rest.
3. Exercise regularly.
4. Do an activity you enjoy.

5. Prioritize your workload.
6. Take one thing at a time.
7. Learn to say "no" when you can.
8. Be willing to compromise.
9. Talk your problems out with others.
10. Seek professional help when you need it.

The Mental Health Association in Ulster County works with the National Mental Health Association and 340 affiliates nationwide to improve mental health for all through advocacy, education, research and service.

For more information on our program and services available to you, contact us at 845 336-4747 or visit us on the web at [www.mhainulster.com](http://www.mhainulster.com).

## 17th annual MHA Mental Health Awards program

The Mental Health Association is pleased to announce the 17<sup>th</sup> Annual Mental Health Awards Program. This program gives recognition to volunteers, programs and the media for their outstanding achievements and contributions to the promotion of mental health in our community.

The **2005 MHA Mental Health Program Award** will be presented to the Pilot Industries Supported Work Program of Ulster-Greene ARC. This program is being recognized for their consistent good work at the Malden Thruway Rest Stop. Marna McCabe is the program manager and Laurie Kelly is the Executive Director of Ulster-Greene ARC.

The **2005 MHA Media Award** will be presented to the Poughkeepsie Journal, the Daily Freeman and RNN Television for their sensitivity in reporting the 8 shooting incident at the Hudson

Valley Mall and its emotional aftermath.

The **2005 MHA Mental Health Volunteer of the Year Award** will go to Gloria Brink in recognition of her 12 years of dedicated service as a Compeer Volunteer.

The MHA also presents two Memorial Awards to individuals in the community who have made a significant difference in the lives of persons or families living with mental illness.

This year two **Mike Adesso Memorial Awards** will be presented. One to the Town of Ulster Police, Paul Watzka Chief, for their high level of professionalism in responding to the needs of staff and residents of Tuytenbridge Community Residence. And to the Kingston City police, Gerald Keller, Chief, for their ongoing commitment to the safety of the residents at the Henry Street Apartments in Kingston.

This year a **Special Recognition Award** will be presented to Scott Germain, General Manager of the Hudson Valley Mall for his leadership and sensitivity to the emotional aftermath of the Mall shooting of February 13, 2005.

The **Harry Hall Memorial Award** will be presented to Penny Bishop, Peer Advocate – PEOPLE, Inc. for her many years of advocacy and especially for her tireless dedication to the clients and the operation of the ACT Team.

The MHA Annual Mental Health Awards will be presented at the Annual Awards Program to be held at Wiltwyck Golf Club on Wednesday, May 18, 2005, beginning at 5:00 p.m.

If you would like more information on the awards program or would like to attend, please call 845 336-4747, ext. 123 or 142.

# Bullying in the workplace

The Work Doctor®

An international phenomenon, workplace bullying is experienced by one out of six employees. Statistics indicate that 50% of the bullying is perpetrated by women on women; 30% by men on women; 12% by men on men; 8% by women on men. Here are some examples of manipulative bullying practices:

## Violations of civil norms, policies or laws

- faking uncontrollable mood swings in front of groups to terrorize
- interfering with a person's paycheck, paid leaves, holidays, benefits
- making verbal put-downs or insults not necessarily based on gender, race, accent or language, or disability
- using confidential information about a person to humiliate him or her
- stealing credit for work done by others
- boasting about owning a weapon or proficiency in its use
- threatening a person with retaliation if a complaint is filed — informal, formal or legal
- assigning the person to an unsafe hazardous work against regulations
- refusing to accommodate a person's medically warranted disability
- threatening to intimidate the person's children or partner
- subjecting a person to health-endangering tasks following return from disability rehabilitation

## Performance prevention tactics, undermining

- assigning tasks beyond the scope of the person's job
- at every opportunity saying the person is *stupid, incompetent*
- encouraging the person to quit or transfer rather than to face certain mistreatment
- denying leave time that was earned



and justified

- abusing the appraisal process by lying about a person's performance
- claiming person was *insubordinate* for failing to follow arbitrary, personal commands (such as *sit down* or *shut up*)
- making impossible demands—workload, deadlines, duties
- denying training or time to learn skills for new projects or new position

## Tactics of Control, unrelated to getting work done

- using the *silent treatment* to block a person's access to group information required for success
- timing mistreatment to coincide with time when person is known to be vulnerable (day of cancer diagnosis, lost pregnancy, childbirth)
- threatening witnesses of misconduct to keep silent
- threatening job loss, demotion without objective basis (abusing power)
- criticizing the target's personal appearance, family, friends
- making up one's own rules on the fly that are not followed
- starting, or failing to stop, destructive rumors or gossip about the person
- encouraging people to turn against the person being targeted
- rejecting requests for transfer that would provide relief from mistreatment

# Road Rage

All over America drivers are being punished by Road Rage, which compounds the problem by producing Road Rage in the attacked driver. Road Rage retaliation tactics run from yelling and inappropriate gestures to deliberate braking and using a car as a weapon. There have even been reports of physical fights and death by shooting. It is so much of a problem, that at least nine states have considered raising penalties for aggressive drivers and insurance companies are devising ways to deny aggressive drivers insurance. The results of Road Rage include making driving uncomfortable, impeding traffic flow, creating traffic jams and accidents. How does your road rage rate?

**Check off all that apply and look for your Road Rage profile.**

- 1 Mentally Condemn Other Drivers
- 2 Verbally Abuse Other Drivers To Another Passenger In Your Car
- 3 Glare At Another Driver
- 4 Not Allowing Someone To Enter Your Lane
- 5 Don't Let A Driver Pass You
- 6 Inappropriate Speed Passing Another Car
- 7 Revving Your Engine When Mad
- 8 Tailgate A Slower Car
- 9 Honking At A Car In Protest
- 10 Yelling At Another Driver
- 11 Making A Sudden Threatening Manuever
- 12 Cutting Someone Off In Anger

**see Road Rage  
continued on Pg. 11**

# Violent images damaging to children

## AAP Committee on Communications in Pediatrics

Media violence can lead to aggressive behavior in children. By age 18, the average American child will have viewed about 200,000 acts of violence on television alone.

The level of violence during Saturday morning cartoons is higher than the level of violence during prime time. There are 3 to 5 violent acts per hour in prime time, versus 20 to 25 acts per hour on Saturday morning.

Media violence is especially damaging to young children (under age 8) because they cannot easily tell the difference between real life and fantasy. Violent images on television and in movies may seem real to young children. They can be traumatized by viewing these images.

### The violence affects children by:

- Increasing aggressiveness and antisocial behavior.
- Increasing their fear of becoming victims.
- Making them less sensitive to violence and to victims of violence.
- Increasing their appetite for more violence in entertainment and in real life.
- Media violence often fails to show the consequences of violence. This is especially true of cartoons, toy commercials and music videos. As a result, children learn that there are few if any repercussions for committing violent acts.
- Parents can reduce the effect media violence has on children by:
- Limiting the amount of televi-



sion children watch to 1 to 2 hours per day.

- Monitoring the programs children watch and restricting children's viewing of violent programs.
- Monitoring the music videos and films children see, as well as the music children listen to, for violent themes.
- Teaching children alternatives to violence.
- Parents can help children develop media literacy skills by:

- Helping children distinguish between fantasy and reality.
- Teaching them that real-life violence has consequences.
- Watching television with children and discussing the violent acts and images that are portrayed. Ask children to think about what would happen in real life if the same type of violent act were committed. Would anyone die or go to jail? Would anyone be sad? Would the violence solve problems or create them?

## Road Rage

continued from Pg. 9

- 13** Fantasizing Physical Violence To Another Driver
- 14** Making An Obscene Gesture
- 15** Getting Out Of Your Car And Using Verbal Abuse
- 16** Going In Pursuit Of Another Car
- 17** Bumping A Car In Anger
- 18** Running A Car Off The Road
- 19** Carry A Weapon In Your Car
- 20** Run Someone Over
- 21** Get Into A Physical Fight
- 22** Shoot At Another Car
- 23** Kill Someone

**Compare the numbers that you checked off to the range of numbers below to find your road rage profile:**

**1-4** You are an Unfriendly Driver who commits mental and verbal acts of unkindness. Use positive thought and take care of any physical impairment in your body, such as, illness, pain or backache that may be causing you to feel out of sorts.

**5-8** You are a Hostile Driver who



visibly communicates displeasure. Remember all people make mistakes. In fact, there is a 4-10% average chance of mistake for any human activity. So lighten up and acquire a supportive driving philosophy!

**9-15** You are a Violent Driver who carries out your hostility. Practice safe driving and try acting out situations in a positive way. Don't challenge or make eye contact with aggressive drivers, just avoid them and

report them to your traffic authorities

**16-19** You are a Contained Road Rage Driver. Reduce the stress in your daily life through exercise, meditation, music, self-hypnosis, stress management classes, reading or hobbies. Make sure you eat properly, take the right vitamins & supplements, and get enough rest.

**20-23** You are an Uncontained Road Rage Driver. Get immediate psychological help.

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## Domestic violence is destructive to children

Jill Astbury, Judy Atkinson, Janet E Duke, Patricia L Easteal, Susan E Kurrle, Paul R Tait and Jane Turner

Domestic violence occurs across most cultures. Women are at a disproportionately high risk of physical, sexual and psychological violence from an intimate person such as a partner or ex-partner. Many children, too, are likely to experience violence from someone they know or be witnesses to violence within their families.

Domestic violence may be physical, sexual or psychological, but all three can be present. Domestic violence is always characterized by the use of coercive control and psychological abuse. Victimization is associated with alterations in the perception of the perpetrator, especially a belief in his or her omnipotence, and alterations in the victim's perception of self. Feelings of self-blame, shame and loss of self-esteem are

extremely common. At the same time, psychological defenses used to cope with violence include denial of its existence and minimization of its severity.

It is becoming increasingly apparent that domestic violence results in a similar outcome for many children, whether they are direct victims or only witnesses of the violence. A number of authors have pointed to a clear link between domestic violence and child abuse, with one being a predictor of the other: it has been estimated that children living in domestic violence situations are up to 15 times more likely to be abused or neglected than children from non-violent homes.

Behavioral and psychological consequences of childhood violence include poor school performance, bed-wetting, aggression (particularly among males), temper tantrums, oppositional be-

havior, self-blame, guilt for the violence between parents, isolation from peers, self-harming behaviour, running away, psychosomatic symptoms, stealing, over-eating, depression, sleep disturbances and excessive anxiety symptoms. Violence by a person in a position of trust impairs the child's ability to trust others and increases the risk of victimization in later life.

Recent research has shown that there are significant and possibly persistent neurobiological effects of trauma experienced in early childhood. Work by researchers has demonstrated the importance of critical periods of exposure to secure parenting: exposure to recurring traumatic experiences in early childhood places a child at much greater risk of long-term psychological, emotional and behavioural problems.

### ABOUT THE MHA

The Mental Health Association in Ulster County, Inc. (MHA) was chartered as a not-for-profit organization in 1959. The goal of the founding group of concerned citizens was to develop a coordinated citizens' movement to promote mental health and to work together toward improved care and treatment for persons with psychiatric disabilities. Continuing the original mission of the MHA, the agency currently sponsors a wide variety of educational, advocacy initiatives, service programs, mental health rehabilitation programs, consumer services and therapeutic foster care. The MHA is one of 340 chapters affiliated with the National Mental Health Association and the MHA in New York State.

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The Mental Health Association in Ulster County, Inc. is very interested in improving our visibility and relationship with the community. To do this, we would like to hear from you. Please take a few minutes to answer the following two questions and either mail to us at **MHA, P.O. Box 2304, Kingston, NY 12402** or e-mail your answers to: **sstrein@mhainulster.com**

1. What do you like and/or find helpful about the Mental Health Notes newsletter and other publications?
2. Is there mental health-related information you would like to see us provide in the future?



## Mental HealthNotes

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in Ulster County, Inc.  
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The MHA Mission: *"To create communities that are dedicated to mental health through the full participation of all persons"*