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TRAINING SYSTEM

Center for Substance Abuse Prevention

Drug-Free Communities by the Year 2000

NEW AND EMERGING ISSUES

AOD-Related Violence Prevention

Tools for planning in your community

Excerpts from the Participant Manual

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U.S. Department of Health and Human Services
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Center for Substance Abuse Prevention
PreventionWORKS!

APPENDICES

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*Not included in this excerpt.

Appendix A

Perspectives on Violence and Violence Prevention in America

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PERSPECTIVES ON VIOLENCE AND VIOLENCE PREVENTION IN AMERICA

INTRODUCTION

As violent crime in this country worsens and as the gap between U.S. death rates and those of other industrialized countries becomes more pronounced, the American public is demanding to know what has gone wrong and is insisting that something be done about it. The problem of violence in our society needs little introduction; we are aware of its pervasiveness through daily reports in the media, with sensationalized accounts of the latest horrors in street crime and other mayhem. Witness the following:

- In South Central Los Angeles, gang violence takes place regularly;
- In drug-infested neighborhoods, distributors engage in life-threatening disputes for territory and use terror to exercise control over frightened residents;
- In New York, terrorists blow up skyscrapers and plot to blow up more skyscrapers and traffic-choked tunnels; and
- In Los Angeles, plans of terrorists to incite a race war were uncovered in time to prevent the bombing of the largest African-American church in the city.

Violence strikes not only in places where we have come to expect it but also where we used to feel safe and protected from personal harm:

- In a tranquil Maryland suburb, a mother taking her child to day care becomes entangled in a seat belt during a carjacking and is dragged to her death, while her child, still in a car seat, is tossed like litter out of the speeding automobile;
- In a San Francisco law office, an unknown gunman bursts in and indiscriminately kills nine members of the firm;
- At a public swimming pool in Washington, DC, a gunman shoots randomly at youngsters enjoying the water on a warm summer day;
- In homes across the country, women are abused by their domestic partners;

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* *Written for the Center for Substance Abuse and Prevention (CSAP) Training System (CTS) New and Emerging Issues project by Mary R. Casement, M.A.; Diane Marie St. George; Kathleen A. Tallent; and Doreen M. Bonnett, M.S.W. The authors wish to acknowledge the assistance of Leonard Epstein, M.S.W., and Deborah Galvin, Ph.D., of the Center for Substance Abuse Prevention. Thanks also go to Stephen B. Thomas, Ph.D., of Emory University for his review and guidance.*

- In homes, schools, and day care centers, about 2.5 million cases of child abuse are reported annually;

- In parking lots, homes, city streets, parks, and other sites, thousands of women are raped every year;

- At work sites, untold numbers of workers are abused in racially- or sexually-related acts of violence or are regularly exposed to verbal abuse from a supervisor or coworker;

- In prisons, mental institutions, the armed forces, dormitories, and countless other locations, men, women, and children are harassed for being different in some way from the "majority";

- On freeways, youths kill by lobbing rocks from overpasses and gunmen shoot at passengers, sometimes for no other reason than they feel like killing someone; and

- All over America, racial epithets are used to label people, and cross-burnings and desecration of churches, temples, and synagogues take place.

These events tear at the very fabric of life in American cities, towns, and rural areas. Prevention efforts that will begin to decrease problems of such monstrous proportions and with such profound social and human consequences offer what may be our only hope of slowing down the occurrence of violence in our country.

In a letter presented to a 1993 Congressional Hearing on the violence problem, Brandon Green, a 7-year-old boy who lives in Washington, D.C. told national leaders how violence has affected his life. He included this plea: **"This violence must stop!"** His letter (reproduced on the next two pages) can serve as a call to action for all communities where youngsters like Brandon hope for change.

The paper is intended as an overview of AOD-related violence in terms of the scope of the problem, research to date on possible risk factors for AOD-related violence, theories relating AOD use and violence, the implications of a public health approach to violence, and a description of some promising prevention programs. It should not be regarded as a definitive statement of the problem of AOD-related violence, but rather as a starting point from which communities can begin to identify AOD-related violence problems, select appropriate prevention strategies, and plan specific prevention activities.

My name is Brandon Green. I am seven years old. Last December I went to see Aladdin at Union Station. When the movie was over somebody got shot in the head. I do not like violence. I do not like people shooting and killing each other.

THIS VIOLENCE MUST STOP!

Violence has happened to me. One day my brother and I went to play basketball. Those boys took our bikes. They kicked me in the chest and threw me off the bike. I was extremely angry. Also someone broke into my neighbors house. I felt scared.

My other neighbor's truck was broken in to. I felt sad and afraid. I don't like war either. The main idea is that I don't like killing at all! I would like to see Peace and NO MORE VIOLENCE! No more Violence would mean my Grandmother could go anywhere She wants. I could play Wherever I want. People would care about each other. Nobody would cry anymore because of violence. I want to be a basketball player and bricklayer When I grow up. The way I get to do That is to get an education, stay away from drugs and bad children. I will pray every night for peace on earth.

* Testimony of seven-year-old Brandon Green before the Senate Subcommittee on Children, Families, Drugs, and Alcoholism and the House Select Committee on Children, Youth, and Families. *Hearings in Support of S.561, Child and Family Services and Law Enforcement and Partnership Act.* Washington, DC, March 10, 1993.

DEFINITIONS OF VIOLENCE

No single definition of violence exists. Definitions vary, depending on the perspective of the definer. The dictionary defines violence as "physical force employed so as to violate, damage, or abuse." In the literature, violence is variously described as "behaviors by individuals that intentionally threaten, attempt (to), or inflict physical harm on others" (Reiss and Roth, 1993) and as "the use of physical force with the intent of causing injury or death" (Rosenberg, Stark, and Zahn, 1986). CSAP defines violence as "an act that causes physical, psychological, and emotional harm to an individual, family, or community." Despite the variations, all these definitions have one thing in common: they all define violence as the intentional infliction of some type of harm. CSAP's definition is particularly useful, because it recognizes the psychological and emotional consequences of violence.

A variety of acts are considered violent. For example:

- Childhood aggressive behavior;
- Sexual violence;
- Violence in families;
- Violence connected with economic and territorial disputes in illegal market activities;
- Male-to-male violence;
- Bias-related violence; and
- Riots and other civil disturbances (Reiss and Roth, 1993).

Many other categories of violence are cited in the literature. For example, some experts study violence according to where it takes place:

- Home;
- School;
- Street;
- Workplace; and
- Criminal justice system.

Other classification methods consider:

- Type of injury;
- Perpetrators;
- Victims;
- Etiology; and
- Prevention strategies.

SCOPE OF THE PROBLEM

National Statistics

In 1990, approximately 32 percent of the 19 million crime victimizations in the United States were violent (Reiss and Roth, 1993). Approximately 2.2 million individuals are violently injured every year (U.S. Public Health Service, 1991). The types of violence that lead to death and injury are highlighted below.

- **Homicide and Assaultive Injuries.** The rates of homicide have reached staggering proportions and are steadily increasing. The 20 to 24 age group has had the highest homicide rates since 1986. The rates of this group have ranged from a low of 14.8 per 100,000 in 1985 to a high of 19.2 per 100,000 in 1989. The sharpest increase in homicide rates occurred among young people ages 15 to 19 years, from 8.4 per 100,000 in 1985 to 13.3 per 100,000 in 1989, an increase of over 58 percent (National Center for Injury Prevention and Control, 1993).

  The majority of young homicide victims are male. In 1989, the rate of homicide for males between the ages of 15 and 19 was 21.63 per 100,000. In contrast, the homicide rate for females in the same age group that same year was 4.56 per 100,000 (National Center for Injury Prevention and Control, 1993).

  In particular, homicides and injuries by firearms constitute a public health crisis in this country (Rosenberg and Fenley, 1991). Overall, the percent of homicides due to firearms has changed little. In 1980, firearms were used in 63.7 percent of all homicides in the United States (Rosenberg et al., 1986). In 1991, the FBI reported 66.3 percent of homicides were committed with a firearm. Though the rate has not risen markedly, the actual number is larger because the total population has grown.

  According to Rosenberg and Fenley (1991), "During 1986 and 1987, the number of people who died from firearm injuries in the United States . . . was greater than the number of casualties suffered during the entire eight and one-half years of conflict in Vietnam." (It is important to note that this number includes both intentional and unintentional injuries.)

  Of all homicides in 1980, 32.9 percent were committed by a friend or acquaintance of the victim, 15.8 percent were committed by a family member, and 12.8 percent were committed by a stranger (Rosenberg et al., 1986). Moreover, 1989 data on cases in which the offender was a relative of the victim show that 59 percent of the assaults were by a spouse (41 percent) or

ex-spouse (18 percent) (Reiss and Roth, 1993). The remaining assaultive family members were parents or children of the victim.

- **Domestic Violence.** Violence between domestic partners is a category of violence that often goes unrecognized, yet is pervasive throughout our society. In this type of violence, the male partner is usually the perpetrator. Research has shown that at least one in ten women is abused every year by the man with whom she lives (Jaffe et al., 1990).

- **Child Abuse.** Child abuse is linked to domestic violence. One study of 906 children living in women's shelters showed that nearly 50 percent had suffered physical and sexual abuse (Layzer et al., 1986). In 1974, approximately 60,000 cases of child abuse and neglect were reported. This number rose to 1.1 million in 1980 and more than doubled to 2.4 million in 1988 (Reiss and Roth, 1993). The rapid increase could be due to an expanded definition of child abuse to include such elements as emotional abuse, and to improved recognition of child abuse and neglect cases by professionals.

- **Rape.** The incidence of rape also is on the rise. Since 1977, the number of rapes in the United States has increased by 21 percent, the largest increase among all types of violent acts. According to Rosenberg and Fenley (1991), "Estimates indicate that between 9,750,000 and 16,500,000 women have been victims of a completed rape at least once in their lifetimes." These large estimates suggest that between one and two of every ten adult females in the current U.S. population have been victims of a completed rape at least once in their lifetimes.

- **Bias-Related Violence.** Bias-related violence has always occurred but the reported acts, such as assaults and homicides, were included with other crime statistics. The Hate Crime Statistics Act of 1990 requires the FBI to collect data on bias-related crimes separately. In 1991, a total of 4,558 hate crime incidents were reported. Racial bias motivated 60 percent of bias-related offenses reported, religious bias motivated 20 percent, and biases toward ethnic groups and homosexuals motivated 10 percent (Federal Bureau of Investigation, date unknown).

Variations In Occurrence Of Violence

The rate of occurrence of violent crime varies according to geographic location, gender, age, ethnicity, and community characteristics, as summarized below.

- **International Comparisons.** Studies have consistently shown that violent crime rates in the United States exceed those of most other developed countries. For example, the U.S. homicide rate ranked third among all

industrialized countries between 1981 and 1986 (Reiss and Roth, 1993). The U.S. homicide rate was slightly higher than 8 per 100,000 and was surpassed only by that of the Bahamas and Ecuador (Reiss and Roth, 1993). These statistics also demonstrate the vast differences between the U.S. homicide rate and that of England (less than 1 per 100,000) and other European countries (Reiss and Roth, 1993).

- **Gender and Age.** Whether as victims or perpetrators, males are more likely than females to be involved in violence, with one exception. Females are more often victims of rape and partner assaults. Regarding age, generally the risk of victimization peaks between the ages of 16 to 19 for both males and females and declines with each succeeding age grouping. The age of offenders tends to be slightly older than victims, with the greatest number falling in the 25-29 year age group (Reiss and Roth, 1993)

- **Ethnicity.** Bureau of Justice Statistics for 1990 show that the rates for violent crime victimization were 39.7 for African Americans, 37.3 for Hispanics, and 28.2 for whites. Comparable data for Native Americans are not available, but the Indian Health Service reports that since at least 1955, the homicide rate for Native Americans is greater than for whites but is less than the rate for all other ethnic groups combined (Indian Health Service, 1988).

- **Community Comparisons.** In general, larger communities have higher rates of violent crime than do smaller communities (Reiss and Roth, 1993). Our largest cities (1,000,000 or more people) have higher rates of violent crime than all other cities. For cities of less than 250,000 people, the rate of violent crime increases as the size of the city increases. Beginning in 1979, cities of 250,000 to 499,999 people exceeded the crime rate of cities 500,000 to 999,999 people.

  Between 1973 and 1989, each year's violent crime rate was highest for cities, followed by suburban areas, and then rural areas (Federal Bureau of Investigation, 1992).

Populations at Risk

More is known about the victims of violent crime than about the perpetrators (Reiss and Roth, 1993). Statistics show higher victimization rates among individuals who are male, young, and members of minority groups. For example, in 1988, homicide was the leading cause of death for African-American males aged 15 to 34, with a rate of approximately 105 per 100,000 (Centers for Disease Control and Prevention, 1993). In addition, the homicide mortality rate among young African-American males aged 15 to 24 has risen 54 percent since 1985 (Centers for Disease Control and Prevention, 1993).

Although less is known about perpetrators of violent crime, they tend to share common characteristics with their victims. Recent statistics showed that 71.5 percent of White perpetrators committed violent acts toward other Whites, and 83.9 percent of African-American perpetrators committed violent acts toward other African Americans (Federal Bureau of Investigation, 1992). This trend is particularly notable for aggravated assault. "White-on-White" assaults represent 76.4 percent of the assaults against Whites, and "Black-on-Black" assaults represent 88.2 percent of the assaults against African Americans (Federal Bureau of Investigation, 1992).

Statistics indicate that young people are at high risk of becoming involved in violence. In 1992, the Centers for Disease Control (now the Centers for Disease Control and Prevention) reported national data on behaviors related to unintentional and intentional injuries among 12,272 students in the United States in 1991. The data were collected from components of the Centers for Disease Control's Youth Risk Behavior Surveillance System (Kolbe, 1990). Thirty-three States and local sites collect the survey data annually from a sample of students in grades 9 through 12.

Survey results show that from 34 percent to 56 percent of students had been in at least one physical fight during the 12 months preceding the survey. In every site, male students were more likely than female students to report having been in a physical fight. From 16 percent to 39 percent of students carried a weapon such as a gun, knife, or club at least one day during the 30 days preceding the survey. Of those students who carried weapons, 5 percent to 41 percent most often carried a handgun. In every site, male students were more likely than female students to have carried a weapon.

The U.S. Department of Justice "School Crime Survey Report" summarizes data based on a nationally representative sample of more than 10,000 students. It estimates that 9 percent of the students ages 12 to 19 were crime victims in or around their school during the 6-month survey period. Approximately 2 percent of students reported experiencing one or more violent crimes, and 7 percent reported at least one property crime. Fifteen percent of the students said their school had gangs, and 16 percent reported that a teacher had been attacked or threatened at their school.

The Centers for Disease Control conducted the National Adolescent Student Health Survey (NASHS) from November 1987 to January 1988. This collaborative effort represented the most comprehensive attempt to gather national data on the health status of adolescents since the 1961 School Health Education Study. The NASHS was designed to measure knowledge, attitudes, and behaviors of eighth and tenth graders.

The NASHS data also show that violence and victimization are common in the Nation's schools and communities. During the year before the survey, 39 percent of the students had been in at least one physical fight. In addition, 34 percent reported being threatened and 13 percent reported being attacked while on school property. Approximately 14 percent of all students reported having a knife on school property (23 percent of male students) at least

once in the preceding year. Only 1.7 percent of the students reported having carried a gun to school during that year, but 33 percent believed they could get a handgun if they wanted one. Fighting was generally not perceived to be a very serious threat to one's health but was perceived to result in serious school sanctions, such as suspension.

To measure when fighting was deemed appropriate, the survey presented students with vignettes. Results show that 72 percent of students believe that fighting is appropriate if someone hurts someone they care about, 78 percent consider fighting appropriate if someone hits them, 49 percent consider fighting appropriate if someone insults a member of their family, and 45 percent consider fighting appropriate if someone steals from them. In contrast, 82 percent of students were aware that joining a gang would not avoid fights, and 73 percent knew that ignoring an insult was a good way to avoid fights. The fact that only 33 percent of students knew that almost half of all homicides involved alcohol should be cause for concern.

The NASHS data show that since the seventh grade, only a small portion of students (43 percent) received any exposure to conflict resolution skills within the context of school health education. The study highlights important factors that should be included in any violence prevention program for this population. For example, parental approval (82 percent), school rules (82 percent), and potential for injury (83 percent) are important factors that influence the decision about whether to fight when provoked. Peer approval was another important factor for 64 percent of students. Clearly, effective violence prevention efforts must include parental involvement, strong school sanctions with consequences, and consideration of the social norms of peer pressure.

It also is of interest that students consider the potential for injury important when deciding whether to fight, but they do not perceive injury as a very likely outcome of fighting. Therefore, violence prevention programs must include information on the nonfatal physical and mental consequences of fighting. Youth must learn that most victims live with the scars, the suffering, and the pain caused by violence.

The Cost of Violence

Crime costs society an estimated $54,000 per attempted or completed rape, $19,200 per robbery, and $16,000 per assault (Reiss and Roth, 1993). These costs include the victims' monetary loss, lost productivity, and response by law enforcement. Another cost of violence is the cost of maintaining prisons. In 1990, it cost approximately $15,500 to keep a person in prison (State or Federal) for one year (Bureau of Justice Statistics, 1992b).

Many costs cannot be calculated, including pervasive fear in communities, destruction of families, and deterioration of resources such as parks and playgrounds. Also not included in the estimates are costs associated with alcohol and other drug (AOD) abuse and addiction among victims and families trying to cope with the violence.

The impact of violence can be measured in the years of potential life lost (YPLL) due to violent crimes. For example, if the average length of life for males were 65, then a death at age 20 would result in a 45-year loss of potential life. The average annual YPLL for homicide is approximately 656,000 (Reiss and Roth, 1993).

These YPLL calculations are particularly striking when groups are separated by race, gender, and age. In terms of YPLL, homicide ranks third for White males aged 15 to 19, while homicide ranks first for African-American males aged 15 to 29 (Centers for Disease Control, 1993). Therefore, homicide causes more YPLL for males aged 15 to 19 than does heart disease, AIDS, or cancer (Centers for Disease Control, 1993). In general, homicide ranks fifth (712,122 YPLL) for all races combined (Centers for Disease Control, 1993). The YPLL by homicide is drastically higher for African-American males than for any other group.

In addition to lives lost, violence takes its toll on the nation's health in terms of injuries. Many victims of violence are permanently disabled, and some need a respirator or other apparatus. In some cases, victims' productivity may be diminished, if not permanently then temporarily, while he or she recuperates.

FACTORS ASSOCIATED WITH VIOLENCE IN THE UNITED STATES

A number of community and family problems as well as individual traits have been linked to the likelihood that someone will become a victim or perpetrator of violent acts. Some of the key factors that place people at risk for violence are highlighted below. No one risk factor is more important than another and violence does not generally occur in the presence of only one risk factor. Rather it is the accumulation of many factors that puts one at risk.

Gender

In general, males are more likely than females to be perpetrators or victims of violence. Ninety percent of all murders are committed by males, and 78 percent of all murder victims are male (Federal Bureau of Investigation, 1992). This gender differential has been borne out by many studies of violence.

Race

The Uniform Crime Reports for 1991 tabulated data on violent offender characteristics. Of those offenders whose race was known, 43 percent were White, and 57 percent were non-White (55.1 percent African American and 1.9 percent other) (Federal Bureau of Investigation, 1992). The race of an individual has been correlated with violence, both for victims and offenders. For example, race was a significant factor in an evaluation of Kansas City homicide (Mitchell and Daniels, 1989). But when poverty is taken into account, there appears to be no racial bias (Prothrow-Stith, 1988). Thus, poverty is more of a risk factor

for violence than race. One reason that violence rates among African Americans are high is that African Americans are disproportionately represented among the poor in this country. An examination of children living in poverty showed that 13 percent of White children are poor, compared with 45 percent of African-American children and 41 percent of Hispanic children (Dryfoos, 1990).

These statistics show that, for whatever reason, race seems to play a part in differential risk for violence. Therefore, the National Center for Health Statistics has identified violence as a major contributing factor to the decreased life expectancy for African Americans (Isaacs, 1992). Life expectancy for African-American males in the year 1990 was 64.5, but overall it was 75.4 (NCHS, 1993). There has been a consistent downward trend in the life expectancy for African-American males, even while overall life expectancy has been increasing.

Poverty

Poverty is a term that encompasses several factors, such as income, housing conditions, dependence on government assistance, and quality of schools. Poverty is one of the few risk factors that is consistently mentioned in prominent literature about violence, such as Fingerhut, Ingram, and Feldman (1992); Price, Desmond, and Smith (1991); Sullivan (1991); and U.S. Department of Health and Human Services (1991).

McDowall (1986) made an interesting observation from his review of Detroit homicide data over a 52-year time span (1926-1978): As poverty increased, so did homicide. The Bureau of Justice Statistics rates show that those persons with annual family incomes of less than $7,500 have the highest violent crime victimization rates, and the rates decrease as income increases (Bureau of Justice Statistics, 1992a). Poverty also differentiates among the victims of injury from violence. In the population over 11 years of age, the injury rate is 19.2 for those with incomes under $10,000, compared to 7.7 for those with incomes of $30,000 and above (Harlow, 1989).

High Population Density

The National Crime Victimization Survey results show that residents of central cities have the highest probability of experiencing violent crimes (Bureau of Justice Statistics, 1992a). One study of homicides among 15- to 19-year-olds showed that the rate of firearm homicide was 27.7 in core counties (metropolitan counties that contain the primary central city of a Metropolitan Statistical Area with a 1980 population of at least one million residents) compared with a rate of 2.9 in nonmetropolitan counties. In a study carried out in Kansas City, people at high risk for victimization or perpetration lived within a cluster of four inner-city zip code zones. (Mitchell and Daniels, 1989). This trend is borne out for non-firearm homicides as well (Fingerhut et al, 1989).

Urban areas where the risk of violence is high frequently show indications of unstable community life, including reduced neighbor-to-neighbor interaction and high residential

mobility. These conditions often result in lack of natural surveillance of public places and loss of informal organizations that support standards of acceptable behavior. These conditions may also contribute to higher risk of violence.

Cultural Acceptance of Violent Behavior

The acceptance of violence in society is yet another factor that allows violent behavior to be so prevalent (Division of Injury Control, 1991; Price, Desmond, and Smith, 1991). Several social norms reinforce violence in society, including "Real men are strong, tough, competitive and hide their feelings," "Spare the rod and spoil the child," and "When a woman says no, she really means yes" (LaCerva, 1990).

Media Portrayal of Violence

Violence in the media, especially television, is prolific. An estimated 80 percent of all television programming contains violent acts. By age 18, young people will have been exposed to as many as 18,000 televised murders and 800 suicides (Hechinger, 1990). Studies have documented that media violence is a contributing factor to violence and aggression in youth (Centerwall, 1992; Division of Injury Control, 1991; Rosenberg, 1989; Spivak, 1989).

Besides showing high numbers of violent acts, media depictions are problematic because they glorify violence. Portrayals of violence on television and in movies are heroic: "The heroes choose violence as a first response; they are almost always successful; they are almost always rewarded; and they are rarely hurt badly. Furthermore, the entire scenario is presented as entertainment and is sometimes even humorous" (Prothrow-Stith and Spivak, 1992, p. 807).

Violence in the Environment

Persons experience violence in alarming proportions in their environments. In a study of urban elementary school children by Richters and Martinez (1993), 30 percent had seen someone being mugged or being pursued by a gang. One of the effects of this constant exposure is desensitization. For instance, in interviews about violence conducted with elementary school children on the day after an incident of weapon carrying by a student in the school, none of the children even mentioned the incident to the researchers (Richters and Martinez, 1991). But such exposure can lead to violence. In fact, the most important factor in the development of violent behavior may be the experiential and environmental component (Lewis, 1992).

Witnessing Victimization of Others

Covictimization is a risk factor for violent behavior. Covictimization is defined as the "experience of direct observation of violent assault of another person including incest, sexual abuse, sexual assault, aggravated physical assault, armed robbery, arson and murder"

(Shakoor and Chalmers, 1990). In their study of 1,035 10- to 19-year-old African Americans, Shakoor and Chalmers found that 75 percent of males and 70 percent of females had witnessed a shooting, stabbing, robbery, or killing.

Family Violence

Being victimized at home places an adolescent at increased risk for becoming a perpetrator of violence (Lewis, 1992; Spivak, 1989). Two studies (Widom, 1989; Spivak, 1989) showed that victims of physical abuse and neglect were found to be at higher risk for later violent criminal behavior when age, sex, and race were controlled for.

No Positive Male Role Models

About 25 percent of American children live in a single-parent home, primarily female-headed households (Dryfoos, 1990). Female-headed households are more likely to be poor. Eleven percent of all families live in poverty compared with 46 percent of all female-headed families with children (Dryfoos, 1990). Lack of positive role models and family disintegration are variables that are positively correlated with adolescent violence (Sullivan, 1991).

Gang Membership

Gang membership has been linked to violence by a number of researchers. Violence that derives from gang membership might be related to "turf" disputes or by-products of the drug trade (Division of Injury Control, 1991). However, Prothrow-Stith (1988) contends that not all gangs are involved in drug dealing, and only 1 percent of all homicides are gang related. But in some areas, such as Los Angeles, as many as 16 percent of the homicides have resulted from disputes between rival gangs (Meehan and O'Carroll, 1992). Gangs also have been linked to another risk factor: poverty.

"Drug use is prevalent among youth gangs, although the kind of drug and the intensity of its use seem to vary greatly" (Spergel, 1992, p. 132). Often, alcohol and other drugs act as "social lubricants" that deepen the cohesiveness of the gang (Spergel, 1992). For example, "studies of California gangs suggest that Hispanic and African-American gangs may use alcohol to achieve different behavioral states--Hispanic gang members seeking a rather frenzied *locura*, blacks seeking a reserved cool--both of which facilitate violent behavior" (Reiss and Roth, 1993, p. 199).

Illegal Drug Markets

As illegal markets penetrate unstable or deteriorating neighborhoods, violence increases. Illegal activities undermine traditional status symbols and replace them with expensive material possessions. Violence often results as one group or individual tries to obtain these

status symbols from another group or individual. Furthermore, disputes often involve boundaries and control of a territory for marketing drugs and prostitution or involve the collection of fees for drugs or services. Other forms of violence include assaults and fights with dealers, rivals, and buyers over paraphernalia, quality, and theft of drugs.

Finally, the violent elements of the community adversely affect the lives of the law-abiding citizens when "law abiding members of a community lose faith that public authorities can or will maintain order" (Reiss and Roth, 1993, p. 16). At this point, the law-abiding groups begin to acquire firearms, further escalating the potential for violence.

Accessibility of Firearms

Weapons, especially firearms, are an integral component of violence. The Bureau of Alcohol, Tobacco and Firearms estimates that there are more than 200 million firearms (handguns, rifles, and shotguns) present in communities (Children's Safety Network, 1991). Out of the 21,505 homicides committed in 1991, 66.3 percent were committed with a firearm, and an additional 15.8 percent were committed with a knife or other cutting instrument (Federal Bureau of Investigation, 1992). The link between firearms and violence is exemplified by a Washington, DC study that showed a 25 percent decrease in firearm homicides and a 23 percent decrease in firearm suicides after the enactment of stricter gun licensing legislation in 1976 and 1977 (Loftin, McDowall, Wiersema, and Cottey, 1991).

Ready availability of weapons and the predominant use of them in homicides makes them a risk factor for violence (Division of Injury Control, 1991; Green and Kreuter, 1991; U.S. Department of Health and Human Services, 1991). However, controversy exists about whether the accessibility of the weapon dictates whether a violent event will occur. For example, proponents of restrictions on gun ownership cite evidence that firearm mortality is high (Block, 1989) and that accidental deaths from firearms are too common (Zimring and Hawkins, 1989). Conversely, opponents of gun control claim that weapons serve legitimate purposes such as self-defense and that violence is a social issue, not a gun issue (Menendez, 1992; Noel, 1992; Sceats, 1992). They argue that in the absence of a weapon, the events would occur through other means. But in Washington, DC, there was no increase in non-firearm homicides or suicides after the gun control legislation was enacted (Loftin et al., 1991).

Availability of firearms can be said to cause fatalities under circumstances in which an individual acting on impulse seeks any convenient weapon to inflict harm on someone (Division of Injury Control, 1991). The contention therefore is that if a firearm were not available, the result of an altercation would be less severe.

Juvenile Delinquency

Engaging in other delinquent activities puts one at risk for being victimized (Mitchell and Daniels, 1989). Youths who engage in delinquency are two to three times more likely than

nonoffenders to become the victims of violent crime (Lauritsen, Laub, and Sampson, 1992). For example, in Los Angeles, 13 percent of the 2,162 homicides resulted from drug trafficking (Meehan and O'Carroll, 1992).

THE LINK BETWEEN AOD USE AND VIOLENCE

A complex chain of interconnections appears to link AOD use and violence.

- AOD abuse precedes violence when abusers who need money to support their habits commit crimes that may result in injury or death.
- Violence precedes AOD abuse when people become substance abusers to blunt post-traumatic stress that results from being a victim or a witness to violence, or to prevent their own violent tendencies.
- Drug trafficking is related to both violence and AOD abuse.

It has been estimated that alcohol and other drugs are associated with 49 percent of murders, 68 percent of manslaughter charges, 38 percent of child abuse cases, 52 percent of rapes, 62 percent of assaults, and up to 50 percent of spouse abuse cases (Office for Substance Abuse Prevention, 1989). As discussed below, correlations between violence and alcohol and other drugs have been found to vary according to the effects of the drugs that are consumed, the type of violent act, and the individual using the drug.

Physical and Psychological Effects of Using Drugs

Effects of drug use vary, but the drug with one of the strongest associations to violent behavior is alcohol. "Alcohol use by the offender, victim, or both, is found to precede or accompany roughly one-half to two-thirds of homicides and serious assaults" (Cohen et al., 1991). One study of a Canadian community showed that in 42 percent of the violent crimes that occurred, either the perpetrator or the victim had been drinking (Pernanen, 1989).

A strong relationship also has been found between the pharmacologic effect of stimulants (such as amphetamines and PCP) and violence. Research has shown that intake of stimulants may lead to aggressive behavior that results in violence (Centers for Disease Control, 1986). Previous research has resulted in mixed conclusions regarding the relationship of hallucinogens and barbiturates to violence. In addition, no relationship has been found to date between violence and the pharmacologic effects of such drugs as opiates, marijuana, and solvents (for example, glue, gasoline, kerosene, and aerosols) (Cohen et al., 1991).

Theories Regarding Violence and AOD Use

Various models have been developed that attempt to clarify the complex relationship between violence and AOD use. In general, previous theories concerning the relationship between violence and alcohol and other drugs can be categorized under three separate headings: (1) causal; (2) common origin; and (3) complex interplay (Cohen et al., 1991).

- **Causal Theories.** Causal theories hypothesize a direct link between violence and alcohol and other drugs. There is general agreement among experts that consumption of alcohol or other drugs will not directly result in violent behavior (Cohen et al., 1991). Most agree that the degree to which alcohol or other drugs affects violent behavior depends on a variety of biological, environmental, and cultural factors. However, debate continues on whether exposure to violence has a direct causal relationship to patterns of AOD use. In a study of 127 alcoholic women, Miller et al. (1990) found that almost three-fourths of subjects had experienced some form of sexual abuse. In addition, 52 percent of the alcoholic women had experienced moderate violence, and 68 percent had been subjected to emotional abuse.

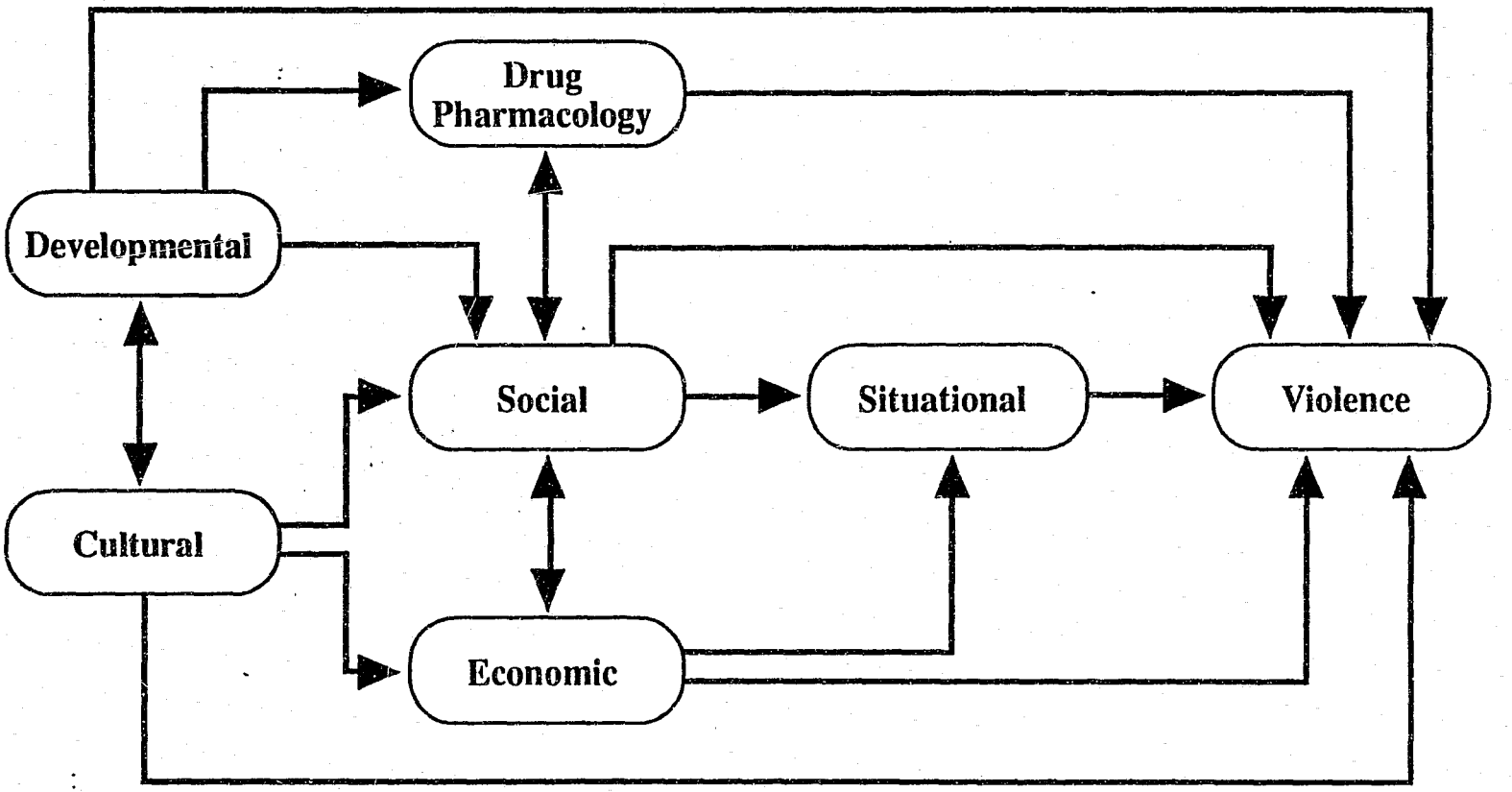
- **Common Origin.** Subscribers to common origin theories believe that violence and AOD use are closely related and stem from related risk factors. According to this theory, both AOD-related problems and violent acts could be the result of multiple factors such as a dysfunctional family environment, socioeconomic conditions, power issues, and discrimination (Cohen et al., 1991). For example, paternal violence was found to be a significant predictor of future alcohol abuse in a sample of females (Miller et al., 1990).

- **Complex Interplay.** These theories state that "violence, drugs, and other factors exacerbate one another" (Cohen et al., 1991). Proponents of these theories hold that numerous individual, community, and environmental factors predispose an individual to become involved in AOD use and violence. Some experts have derived frameworks to depict the complex interrelationship between violence, alcohol and other drugs, and multiple environmental factors.

One pioneering model is the tripartite framework developed by Goldstein (1986). This model identified three types of relationships between violence and alcohol and other drugs: (1) psychopharmacological; (2) economic compulsive; and (3) systemic. Psychopharmacological effects lead people to become behaviorally or psychologically impaired as a result of drug use and to act out violently. Economic compulsive effects refer to economic crimes, such as armed robbery, committed to finance personal drug use. Systemic effects refer to violence within the drug distribution system.

A second useful framework used to explain the relationship between violence and alcohol and other drugs was developed by Collins (1990) as a means of reconceptualizing Goldstein's (1986) framework (see Figure 1). In this model, two major factors are associated with violence in general--antecedent influences and current conditions. Antecedent influences

Figure 1. Framework for AOD-Related Violence



Source: Collins, J. (1990). Summary thoughts about drugs and violence. *Drugs and Violence: Causes, Correlates, and Consequences*, 3, NIDA Monograph Series, No. 103.

have occurred in the past and consist of developmental influences (such as early injury or neglect, and socialization experiences) and cultural influences (such as norms, values, and beliefs) (Collins, 1990). Current conditions occur at about the same time as the violence and fall into four categories: (1) drug pharmacology; (2) social; (3) economic; and (4) situational. Drug pharmacology refers to the effect of an ingested drug that may impair thinking and judgment and contribute to unstable emotions. Social conditions refer to the reduced level of community organization and social control. Economic conditions are related to the business of selling alcohol and other drugs and the need to get money to purchase alcohol and other drugs. Situational conditions refer to the time, place, and triggering event (such as an argument) of the violent act (Collins, 1990).

Patterns of AOD-Related Violence

Differences in patterns of AOD use and violence exist across cultures. A positive association between AOD use and violence has been identified in several countries populated by Europeans and their descendants including Australia, Finland, Sweden, South Africa, Canada, and the United States (Reiss and Roth, 1993). However, findings from non-European cultures have not been consistent with those from European cultures. Some studies find a strong connection between AOD use and violence in some non-European cultures, while a negative connection is found in others.

Research also has examined the relationship between AOD use and violence across cultures in the United States. Spunt et al. (1990) investigated whether the relationship between AOD use and violence differed in a sample of Hispanic, African-American, and White male and female street drug users from New York City. Using Goldstein's (1986) classifications, the researchers coded types of violent acts committed during an 8-week period by study participants. Hispanic and White males committed the greatest number of acts of violence. Fifty percent of Hispanic males and 36 percent of White males committed violent acts as a result of psychopharmacological effects of drugs, compared to 23 percent of African-American males (Spunt et al., 1990). African-American males were slightly more likely to commit violence of a systemic nature (related to drug distribution) than Hispanics or White males. Thirty-one percent of African-American males committed violence with systemic causes, compared to 27 percent of Hispanic males and 19 percent of White males (Spunt et al., 1990). There were few violent events with an economic-compulsive dimension for the male subjects. In addition, there were no significant differences in behaviors among White, African-American, or Hispanic females.

In general, alcohol was the drug most strongly associated with violence for White males and Hispanic females. Heroin was the drug most associated with violence for White females. Alcohol and heroin were equally likely to be associated with violence for Hispanic males, and cocaine was the drug primarily associated with the violence of African-American males and females (Spunt et al., 1990).

There are several theories to explain this observed difference in violence and AOD-related behavior among cultural groups:

- **Norms or Customs of a Cultural Group.** Cultural norms or customs are related to differences in violence and AOD-related behavior among groups. For example, males who are farmers in the Camba tribe go on rum-drinking binges twice a month, with no aggression observed during or between these times (Reiss & Roth, 1993). In contrast, Finnish Lapps participate in knife fights while on alcohol binges but are not abnormally violent when sober (Reiss & Roth, 1993).

- **Social Stressors.** Some cultural groups experience more stress than others as a result of racism and its consequences, such as discrimination and denied opportunity, which can lead to violent behavior.

- **Cultural Expectations.** The effects of alcohol on violent behavior seem to be controlled to some extent by what one's culture deems appropriate (Reiss & Roth, 1993). For example, in the United States, rowdy or aggressive behavior by drunken males is often excused. In addition, it appears that some individuals can control their aggressive or violent behavior depending on the social situation. For example, Burns (1980) discussed the case of four male youths who, when surrounded by their elders, appeared quiet and calm. However, this same group committed aggressive and intimidating acts, such as displaying weapons, when not in the company of their elders.

THE PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION

The prevention of violence has become a national issue among public health professionals. Violence is a social problem, not merely a legal one. This fact is supported by data that show that 46 percent of all violent acts are committed among persons who know each other.

The public approach to violence prevention differs substantially from the criminal justice approach. The criminal justice approach focuses on improving law enforcement technology (increasing the number of officers and enhancing their surveillance and investigative capabilities) and deterrence (stiffer penalties and longer prison terms). The public health approach derives its focus from its goal of preserving, promoting, and improving health.

The first element of the public health approach is to prevent disease or injury from occurring. Childhood immunization is an example of this element. The second element is finding and focusing care on those most likely to be affected. In some cases, the entire population may be deemed at risk and the preventive measure is directed to everyone. Water purification is an example. In other cases, the intervention be may targeted to a special population. For example, influenza shots are encouraged for older adults and people with

chronic illness because they are most susceptible to infection and likely to suffer serious consequences if infected. Populations at greatest risk are identified by reporting statistics on death and injury (surveillance) and analyzing them to find common characteristics among the persons affected, such as age or gender, as well as the places, times, and other circumstances associated with the occurrence of illness or injury (epidemiology).

The third element of the public health approach is its interdisciplinary nature. The factors that promote health and prevent disease are numerous and complex. Therefore, not only

medical science, but behavioral, social, and political sciences, law, and engineering must be involved in finding and implementing preventive measures.

And finally, the public health approach relies on continuing evaluation to determine the effectiveness of preventive measures in reducing illness and injury and to determine among a range of alternatives, which is most effective and efficient.

Dr. Deborah Prothrow-Stith, a prominent spokesperson for use of public health methods, points out that we have focused on controlling violence by punishing perpetrators. This approach, she says, is akin to preventing lung cancer death by performing surgery instead of teaching people how to quit smoking.

Dr. Mark L. Rosenberg (1989), Director of the Injury Control Division of the Centers for Disease Control, points out:

> When we say that violence is a public health problem, we make the point that it is a problem that can be resolved, that it is not an unalterable fact of life. Here the emphasis is on the word *problem*, and it reflects our personal and public health belief that our actions can bring about change for the better (p. 151).

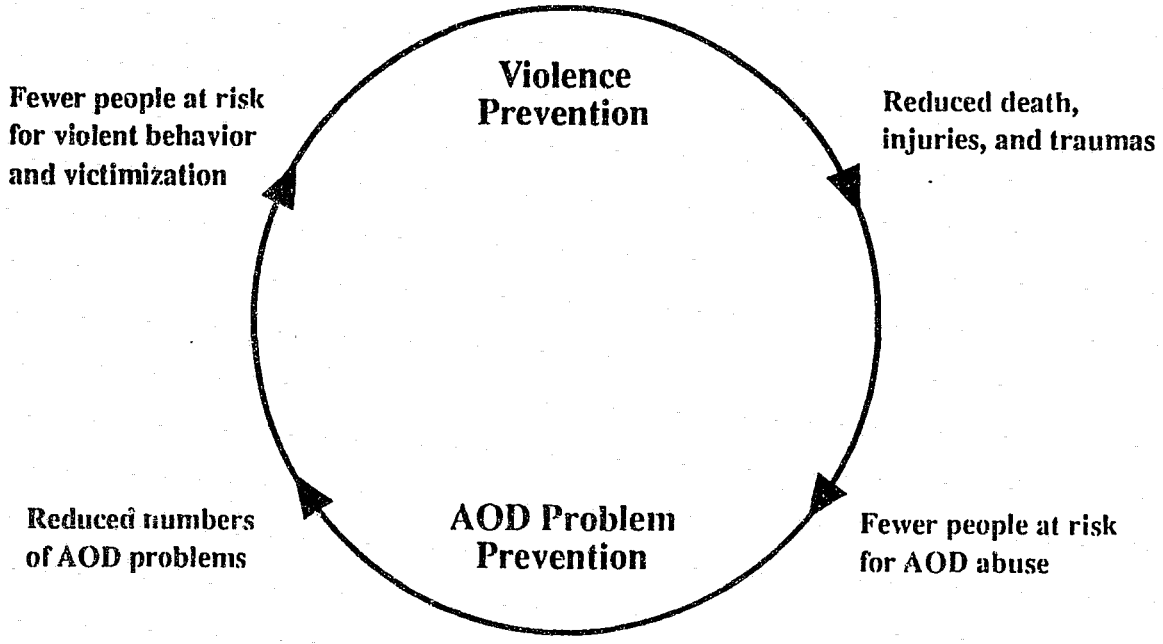
Experts agree that criminal justice approaches are needed, but they should be supplemented by prevention efforts based on public health approaches. Dr. Prothrow-Stith (1981), in her book, *Deadly Consequences*, provides a useful perspective:

> I am convinced we can change public attitudes toward violence and that we can change violent behavior. What is required is a broad array of strategies; strategies that teach new ways of coping with anger and aggressive feelings. I believe we can and we must mobilize schools, the media, industry, government, churches, community organizations, and every organized unit within our society to deliver the message (p. 28).

Although we have only recently begun to use public health strategies against violence, reducing deaths and injury from violent and abusive behavior has attained high priority in the *Healthy People 2000 National Health Promotion and Disease Prevention Objectives* (U.S. Public Health Service, 1991). The advantage of the public health approach is that it allows

us to prevent related problems in a multidisciplinary effort. For example, programs that prevent AOD abuse also can help prevent and combat violence. As violence subsides, many AOD risk factors that are associated with exposure to violence will be reduced. The long-range effect will be a reduction in the AOD abuse problem itself as the number of individuals at risk declines (see Figure 2).

Figure 2. Hypothetical Model: Interrelationship Between Violence Prevention and AOD Problem Prevention



SUCCESSFUL PREVENTION PROGRAMS

Perhaps more important than unraveling the complex web of causes and effects is recognizing that AOD problem prevention and violence prevention share the public health orientation to problem solving and that prevention efforts using a unified approach can mitigate both problems. Although many worthwhile AOD prevention efforts are under way, they are beyond the scope of this paper. Instead, a sample of promising violence prevention programs are described (also see Tables 1 and 2, following this section). Because these programs address risk and protective factors similar to those for AOD problems, they may serve to prevent such problems in addition to preventing violence. Therefore, the activities included in these programs may prove useful as part of a comprehensive AOD-violence prevention effort.

The types of activities fall into many categories, including conflict resolution training, peer education, mentoring, instructional activities, therapeutic activities, recreational activities, parenting skills training, and home visitation. The program descriptions below are examples. Many more programs are under way nationwide, and information about them may be obtained from VIOline, part of PREVline, CSAP's electronic communication system.

- **Bowie State Violence Prevention Education Project.** This is a primary prevention project that serves African-American youth in Prince George's County, Maryland. The driving theme of the program is the African proverb that "It takes a village to raise a child." The program takes the entire community of the child into account. For example, the project's curriculum materials were specifically designed for use in every setting in which a child may come into contact during the course of a normal day. Distinct curriculum materials are provided for a child's school, church, home, and community. The curriculum materials also are Afrocentric, focusing on issues of cultural pride. For example, the materials include a Kwanzaa workbook for the children. This program exemplifies how the unique cultural beliefs and values of a community can be applied in a prevention setting.

- **PACT Violence Prevention Project.** The PACT Project stands for Positive Adolescent Choices Training and was developed at Wright State University in Dayton, Ohio. The program was designed in response to the lack of culturally sensitive training materials that address the issue of interpersonal violence among African-American youth. The PACT Project is based on social learning theory, which states that children learn skills by modeling and interacting with parents, adults, peers, and others in the community. The PACT Project staff were sensitive to the fact that African-American youth are highly oriented toward their own ethnic group for social comparison purposes. Therefore, the PACT Project has developed violence prevention training materials that feature African-American male role models. One product of the

program is a video-based training program for African-American youth titled "Dealing with Anger."

- **Special Initiatives Team.** The Special Initiatives Team is a component of the Mental Health Programs Branch of the Indian Health Service (IHS). The program offers consultation on community assessment, program planning, and program development regarding violent behavior among Native Americans. The team works in all areas of violence, including domestic violence, child physical and sexual abuse, and elder abuse. The program was formed in 1986 in response to the increased incidence of violence in American Indian/Alaska Native communities. The team consults with Native American communities, tribal organizations, and IHS units on the development of prevention strategies. The team makes an effort to integrate cultural, historical, and environmental factors relevant to the specific American Indian/Alaska Native communities served.

- **Washington Community Violence Prevention Project.** This project is part of the Trauma Service of the Washington Hospital Center in Washington, DC. The program strives to reduce the incidence of homicide and intentional injury in Washington, particularly among youth and young adults, through primary, secondary, and tertiary prevention strategies. Program staff engage in public education about violence prevention and educate youth in conflict resolution and violence prevention techniques. Through the program, youth also are linked with positive role models and participate in outreach services. Program staff profile the knowledge, attitudes, and experiences of youth relative to violence and its risk factors and perform epidemiological studies of homicide and intentional injury.

- **Massachusetts Adolescent Violence Prevention Project.** This project is a component of the Massachusetts Department of Public Health. The focus of the project is to address interpersonal violence among adolescents by strengthening the capacity of communities. To accomplish this goal, the project provides staff, technical assistance, and training to two communities, with the intention of developing coalitions and community-based prevention plans, and implementing and evaluating interventions. Major activities of the program include producing an annual violence prevention resource directory; tracking the progress of project and coalition activities; conducting epidemiological studies of public health indicators within each community; maintaining an advisory board to serve the coalitions; and establishing a violence prevention resource library.

- **Mediascope.** This organization promotes positive social and public health images in the entertainment media. It began as an outgrowth of Carnegie Foundation studies of violence. Mediascope was organized as a way to

promote a more accurate and balanced depiction of violence in films and television. Mediascope advocates use of violence only as a last resort and not as the first response to conflict. Portrayals should focus on the consequences of violence, for the perpetrator as well as the victim, and should not glorify violent acts or people who commit them. Rather than a painless, positive way to resolve conflict, violent acts should be portrayed as reality-based, with victimization and remorse highlighted. Program activities include forums, seminars, and workshops that explore violence in the media, and production of publications and documentaries on the impact of the media. Consulting services also are provided to writers, producers, and directors.

- **The Boston Conflict Resolution Program.** This is a training program for elementary school teachers in the Boston Public Schools and other schools in the surrounding area. It is one activity of the Boston Area Educators for Social Responsibility. The program began in 1989 with a workshop on conflict resolution for students. This workshop evolved into one for teachers so that the conflict resolution knowledge and skills would remain in the school and be available to subsequent classes. The goal of the program is to transform the climate of the classroom and ultimately the entire school to support nonviolent conflict resolution. The teacher training workshop focuses on five themes: collaboration, communication, expression of feelings, appreciation of diversity, and conflict resolution.

- **Teens on Target.** This Oakland, California-based program, created in 1988, is a coalition of parents, elected officials, and representatives of schools and community agencies. The program uses high school students to educate young adolescents about violence and weapon control. The developers of the program believe that using older role models is the most effective means of getting their message across. This program has received media attention and has enhanced community awareness of violence. One of the most notable results of the project was the development of gun- and drug-free zones at local schools.

- **Project SPIRIT.** A prevention effort involving the faith community, called Project SPIRIT, has been developed by the Church Association for Community Services in Washington, DC. Project SPIRIT provides crisis intervention family assistance services; an after-school and coping skills training program for children ages 6 to 14; parent training and self-help support; an evening program for youth ages 12 to 20; information dissemination and outreach; and pastoral counseling. The churches involved in the program are clustering together to support the family. They are attempting to "create" family in the context of the community.

- **Project Rebound.** This project was started through a short-term grant by the Federal Emergency Management Agency in response to the Los Angeles riots in 1992. The project's focus is on individuals suffering from post-traumatic stress (PTS). Research shows that children exposed to violence experience PTS symptoms similar to Vietnam veterans. Dysfunctional behavior related to PTS can put people at risk for victimization and perpetration of violent acts. The major activities of Project Rebound involve counseling PTS victims, operating a telephone hotline, and making referrals to community services. Project Rebound views AOD abuse as directly linked to violence.

- **Healthy Start.** The Healthy Start Program was developed by the Maternal and Child Health (MCH) Branch of the Hawaii Department of Health. This program provides counseling and parenting skills training with the aim of reducing parental stress and preventing child abuse. Program staff begin providing outreach support to parents shortly after their infant is born at the hospital. After the parents and child leave the hospital, program staff continue their services through periodic home visitation. The MCH Branch also provides ongoing needs assessment and case management services, including referrals and parent support groups. In addition, the program provides community education on child abuse prevention.

- **The POWER Project.** POWER stands for People Opening the World's Eyes to Reality. This project takes place at Goldwater Memorial Hospital in New York City. POWER is composed of young people who have been seriously injured as a result of street violence. Ranging between 16 and 34 years of age, all members are wheelchair bound and some are respirator dependent. The group conducts community outreach activities, primarily youth education. Since many project members also have been involved in drug use or sale, they are in a unique position to warn their peers about the dangers of both alcohol and other drugs and violence. The fundamental message of the POWER group to youth is to stay in school and "stay away from guns because violence is truly a dead end street."

- **Community Oriented Police Enforcement (COPE)** program of Baltimore County, Maryland. In this program, police and community members work together to develop positive recreational activities for youth and to provide better lighting for unsafe areas. Since the inception of the COPE program, fear of crime has been reduced by 10 percent and citizens report greater satisfaction with police activities (National Crime Prevention Coalition, 1990).

- **Teens, Crime, and the Community** is operated by the National Institute for Citizen Education in the Law and receives grants from the Office of Juvenile Justice and Delinquency Programs, U.S. Department of Justice. The program consists of a curriculum designed to educate students on how to reduce their

chances of becoming a victim and to encourage them to take action through projects in their schools and communities. Topics include facts about crime victims, particularly teens and crime, substance abuse and its effects, arguments, conflict management, and mediation. This program has resulted in a variety of positive outcomes, including teen-led projects in cross-age tutoring, drug abuse prevention, school watch, and peer counseling. Through these projects, it is hoped that the number of teens who become involved in crime, either as victims or perpetrators, will decrease.

Table 1. Sample Violence Preventon Programs

Name of Program	Types of Activities	Sample Risk Factors Addressed	Sample Protective Factors Built on or Strengthened through the Program
House of Umoja Philadelphia, PA	Residential facility that provides a surrogate family and home environment for gang members and potential gang members. Provides life and social skills training, conflict resolution training, recreational activities, vocational education and counseling, and remedial basic education	Lack of effective communication skills for dealing with conflict Lack of bonding to society Conduct disorders Lack of social bonds and supports Family instability Lack of recreational, religious, and cultural activities	Non-kin support network Problem-solving skills Self-efficacy Positive outlook Healthy expectations Improved social skills
Community Oriented Policing Enforcement (COPE) Baltimore, MD	Recreational and instructional activities for youth, community outreach, better lighting for unsafe areas	Lack of recreational, religious, and cultural activities Urban, high-crime environment	Improved social skills Low prevalence of neighborhood crime
Bowie State Violence Prevention Education Project Bowie, MD	Instructional and cultural awareness activities for African-American youth at school, church, home, and in the community	Racial segregation and discrimination Lack of recreational, religious, and cultural activities Lack of bonding to society Lack of student involvement	Self-efficacy Supportive role models Positive cultural identity Improved social skills Non-kin support network Supportive community networks and social bonds Parents promote learning A school climate that promotes learning, participation, and responsibility

Table 1. Sample Violence Prevention Programs

Name of Program	Types of Activities	Sample Risk Factors Addressed	Sample Protective Factors Built on or Strengthened through the Program
Mediascope Studio City, CA	Promotion of positive social and public health images in the entertainment media; forums, seminars, and workshops that explore violence in the media; production of publications and documentaries on the impact of the media; consulting services to writers, producers, and directors	Televised violence and other media support	More realistic portrayals of media violence, including consequences for the perpetrator as well as the victim Better portrayal of role models as those who use violence only as a last resort
Washington Community Violence Prevention Project Washington, D.C.	Public education, conflict resolution training for youth, mentoring, youth outreach activities	Lack of effective communication skills for dealing with conflict Difficulty bonding with family and peers Weapons possession Lack of bonding to society Urban, high-crime environment Poverty Lack of recreational, religious, and cultural activities Lack of positive role models	Problem-solving skills Supportive community networks and social bonds Positive role models Problem-solving skills Self-efficacy Improved social skills
Boston Conflict Resolution Program Cambridge, MA	Training for elementary school teachers to teach youth in the Boston Public Schools and other schools in the surrounding area. Youth learn about collaboration, communication, expression of feelings, appreciation of diversity, and conflict resolution.	Lack of effective communication skills for dealing with conflict Lack of social skills Racial segregation and discrimination Lack of bonding to society	Problem-solving skills Improved social skills Self-efficacy

Table 1. Sample Violence Prevention Programs

Name of Program	Types of Activities	Sample Risk Factors Addressed	Sample Protective Factors Built on or Strengthened through the Program
Teens on Target Oakland, CA	Coalition of parents, elected officials, and representatives of schools and community agencies; peer education; development of gun- and drug-free zones at local schools; policy change through participation in public hearings and meetings	Weapons possession Lack of bonding to society Lack of positive role models	Self-efficacy Positive role models Problem-solving skills
Project SPIRIT (Church Association for Community Services) Washington, D.C.	Crisis intervention services, an after-school and coping skills training program for children 6 to 14, parent training and self-help support, an evening program for youth 12 to 20, information dissemination and community outreach, pastoral counseling	Lack of recreational, religious, and cultural activities Poor family management Single-parent families Dysfunctional family environment Conduct disorders Inability to cope with stress	Structured and nurturing family Non-kin support network Family stability and cohesiveness Improved social skills Positive outlook Problem-solving skills
Healthy Start Honolulu, HI	Home visitation that provides counseling and parenting skills training designed to reduce parental stress and prevent child abuse	Single-parent families AOD abuse Dysfunctional family environment Inadequate parenting Lack of education about child rearing Prolonged marital stress Lack of bonding to society	Structured and nurturing family Family stability and cohesiveness Non-kin support network
People Opening the World's Eyes to Reality (POWER) New York, NY	Community outreach, primarily youth and peer education	Weapons possession School failure and dropout	Knowledge about consequences of gun use Academic success

Table 1. Sample Violence Prevention Programs

Name of Program	Types of Activities	Sample Risk Factors Addressed	Sample Protective Factors Built on or Strengthened through the Program
Save Our Sons and Daughters (SOSAD) Detroit, MI	Newsletter dissemination, speeches nationwide about violence prevention, 24-hour hotline, youth empowerment and development initiatives, and cultural and recreational activities for youth	Lack of recreational, religious, and cultural activities Lack of bonding to society Conduct disorders	Social skills Self-efficacy Positive outlook Problem-solving skills
Community Youth Gang Services Los Angeles, CA	Crisis intervention, community mobilization, teaching at-risk students about gang prevention, parent-teacher education, job development, and graffiti removal	Poverty, racial segregation, and discrimination Lack of bonding to society Few or fragmented support services Low-income Urban, high-crime environment	Adequate family income Low unemployment Self-efficacy Positive outlook Access to adequate social services
Seattle Community Policing Program Seattle, WA	Several key activities, including the Criminal Trespass Program, the Narcotics Activity Reports Program, and the Drug Trafficking Civil Abatement Program	High-crime environment AOD abuse	Reduction in drug trafficking Low prevalence of neighborhood crime

Table 2. Descriptions of Violence Prevention Activities

There are many schools of thought as to what constitutes effective strategies for violence prevention. Although a variety of strategies are used by violence prevention programs, few have received rigorous evaluation. Included in the list below are strategies that experts believe show promise. Not listed are indirect strategies, such as coalition building and public education, which may also be important accompaniments to effective programs. Experts also recognize that no single strategy is likely to succeed; communities need to consider a variety of violence prevention strategies to achieve impacts.

Type of Activity	Description
Conflict Resolution	Conflict resolution strategies provide individuals with training in such areas as anger management, problem solving, and cooperation. This approach often is used with young children but can be used with any age group. The setting can range from a school to a community center. Conflict resolution activities include role playing situations that involve conflict or engaging in interactions that involve sharing or cooperation. One particular form of conflict resolution is mediation. Mediation is conducted between two or more disputing parties. The goal of mediation is a peaceful solution to a dispute, rather than the use of violent or destructive tactics. Peer mediation sometimes is used to prevent violence in schools.
Work and Academic Experience	Work and academic experience provides an individual with the education and skills needed to succeed in a job or at school. In addition to helping an individual develop a career, work and academic experience helps increase an individual's self-esteem and develops his or her position in society. It is important in developing such strategies to ensure that work and academic experience complement one another. A strategy that emphasizes work experience to such an extent that it interferes with academic performance would not be desirable.
Therapeutic Activities	Therapeutic activities aid in the healthy physical and psychological functioning of an individual. Therapeutic activities can be used to assist perpetrators, victims, and witnesses to violence. Therapeutic activities include counseling, foster care, day care, residential treatment programs, and crisis management services.

Table 2. Descriptions of Violence Prevention Activities

Type of Activity	Description
Instructional	Instructional activities provide information that increases an individual's knowledge base or skill level. An example is firearm safety education, which teaches the safe handling of firearms by individuals. The goal is to reduce the rate of firearm injuries and deaths. Another example is information and educational campaigns aimed at the general public about important issues or facts. When the public has knowledge and awareness about an issue, the likelihood of action to address the issue increases.
Peer Education	Peer education involves instructional activities and outreach activities conducted by members of one's age group. For example, programs designed for teenagers would be conducted by teenagers.
Social Skills Training	Social skills training assists individuals in interacting positively with others. Social skills training consists of a variety of interventions, such as anger management, conflict resolution, and team building.
Mentoring	Adult mentors are positive role models who provide encouragement and standards of conduct for young people. Ideally, adult mentors have attained some standard that younger individuals strive to emulate.
Parenting Skills	Parenting skills training teaches essential skills that help individuals to become more effective parents. These parenting skills include understanding stages of development, communicating with young children, disciplining children effectively, and nurturing emotional and social development.
Home Visitation	Home visitation programs are implemented to determine whether a family is functioning positively and to provide guidance through home-based training of parenting skills.
Recreational Activities	Recreational activities provide a structured environment for individuals to release stress or anger. Recreational activities provide productive ways for youths to spend their leisure time. These activities often are conducted in groups, which fosters the development of social skills and team building. Participation in recreational activities also increases self-esteem in participants.

Table 2. Descriptions of Violence Prevention Activities

Type of Activity	Description
Policy Change and Legal/Regulatory	Legal strategies are designed to change the system in a way that decrease the likelihood of harm. For example, gun control laws are designed to decrease the number of individuals with firearms, thus decreasing the number of firearm-related injuries and deaths. Given the link between alcohol abuse and violence, regulating access to alcohol is one way to decrease the number of alcohol-related injuries and deaths associated with violent activities.
Site Modification	Modification of the physical environment refers to any intentional change in the environment. In terms of violence prevention, such changes involve increasing the safety of an area through increased lighting, construction of concrete barriers, and assignment of additional police officers to the neighborhood.

CONCLUSION

The growing problem of violence in our communities can be addressed using multifaceted approaches to reach a variety of different groups. Community-based AOD abuse prevention efforts can use violence prevention strategies to reduce the toll of intentional injuries on American society. Linking violence prevention and AOD problem prevention efforts will yield a wide variety of benefits. Training in application of effective prevention models can help communities deal with the problem of violence.

Community-based organizations are in an excellent position to help stop the violence. As one expert on violence prevention observed:

. . . some communities (neighborhoods) have been able to reduce or alleviate the problem by collective action. This suggests an understanding of the problem by its victims that probably equals or surpasses that of social scientists. It also highlights the fact that features of community life are important to the occurrence and control of violence (Collins, 1990).

Peace can begin now! Members of communities plagued by violence can combat this tragic problem and exert leadership in America's fight against violence.

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Appendix C

Annotated Bibliography of Selected Violence Literature

ANNOTATED BIBLIOGRAPHY OF SELECTED VIOLENCE LITERATURE

Books

American Psychological Association. (1993). Violence and youth: Psychology's response. Volume I: Summary report of the American Psychological Association Commission on Violence and Youth. Washington, DC: American Psychological Association.

> This book details a summary report of the American Psychological Association's Commission on Violence and Youth. The purpose of this commission is to apply findings of past and current research to the troubling national problem of youth violence. This book contains effective interventions, recommendations for psychological research and recommended public policy. Recommendations of the commission include: early childhood interventions; school-based interventions; heightened awareness of cultural diversity; development of the mass media's potential to be part of the solution to violence; limited access to firearms by children and youth; reduction of youth involvement with alcohol and other drugs; psychological health services for young perpetrators, victims, and witnesses of violence; education programs to reduce prejudice and hostility; efforts to strengthen the ability of police and community leaders to prevent mob violence; and efforts by psychologists acting as individuals and through professional organizations to reduce violence. An appendix details the commission process and its members.

Children's Express. (Ed.) (1993). *Voices from the future*. New York: Crown Publishers, Inc.

> In this book, children of America describe the violent conditions that surround their lives. The editors of this volume are teenagers who traveled across the country to conduct interviews with a cross-section of America's youth. The perceptions and insights of these young editors are interspersed throughout the text. The young people they talked to provided candid, compelling, vivid perspectives on harsh realities, such as child abuse, racism, gang violence, street life, incarceration, and death. Their views are expressed in various forms including narratives, poems, and interviews. This volume uniquely portrays the epidemic of violence that is sweeping this country and affecting the lives of all children - Black, White, Asian, Latino, Native American, rich, poor, rural and urban.

De La Rosa, M. (Ed.) (1990). *Drugs and violence: Causes, correlates, and consequences.* Research Monograph Series 103. Rockville, MD: National Institute on Drug Abuse.

> In September 1989, the National Institute on Drug Abuse (NIDA), in collaboration with the National Institute of Justice (NIJ), held a technical review meeting focusing on the relationship between drugs and violence. Data from a number of NIDA- and NIJ-funded research projects addressing different aspects of this relationship are included.

Gruen, J., & Zobrist, B. (1988). *Gangs in schools: Breaking up is hard to do.* Malibu, CA: Pepperdine University Press.

> This book discusses the general characteristics and attractions of gangs and how to recognize potential gang involvement in a juvenile. It describes specific characteristics of Hispanic, African-American, and Asian gangs and Satanic cults, including typical dress, behavior, style of graffiti, and favored activities. Crisis intervention and conflict resolution techniques are suggested.

Huff, C. (Ed.) (1990). *Gangs in America.* Newbury Park, CA: Sage.

> This collection includes works by leading scholars on contemporary gangs in the United States. Specific topics include sociological and anthropological perspectives, definitions and measures of gang violence, ethnic factors, a review of recent research, and public policy issues.

Martin, S.E. (Ed.) (1993). *Alcohol & interpersonal violence: Fostering multidisciplinary perspectives.* Monograph 24. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

> This monograph is based on the workshop "Alcohol-Related Violence" sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and held in Washington, DC, May 14-15, 1992. It contains papers that were commissioned for presentation and discussion at the workshop. The content represents an effort to draw together criminological research and public health perspectives to elucidate the problem of alcohol-related violence. It is divided into three major sections: Part I, Conceptual and Methodological Issues; Part II, Disciplinary Perspectives; and Part III, Cross-Cutting Issues in Multidisciplinary Perspectives. Part I addresses conceptual and methodological issues across the disciplinary domains and types of violence. Part II focuses on the perspectives, methodologies, and findings of four academic disciplines: biology, psychology, sociology, and economics. Part III examines specific types of alcohol-related violence, namely spouse abuse, child abuse, and violence perpetrated by persons with co-occurring drug and mental disorders.

Prothrow-Stith, D. (1991). *Deadly consequences*. New York, NY: Harper Collins.

This book describes the problem of violence as it affects adolescents, particularly those in inner cities. It examines how the media glorify violent behavior, why teenagers are at risk for violence, and how violence affects families. The closing chapters recommend ways that families, schools, and communities can prevent violence among young people, using a public health perspective.

Reiss, A., & Roth, J. (1993). *Understanding and preventing violence*. Washington, DC: National Academy Press.

This is a report of the Panel on the Understanding and Control of Violent Behavior, which was convened by the Commission on Behavioral and Social Sciences and Education of the National Research Council. The panel's work was prompted by the expressed interest of the National Science Foundation's Program on Law and Social Sciences, the National Institute of Justice, and the Centers for Disease Control's Injury Control Division.

Given the breadth of the topic of violent behavior, the panel restricted its focus to violent behavior that is criminal and the ways that biobehavioral, social, and psychological scientific research contribute to the understanding and control of that behavior. Specifically, the goal of the panel was to assess what is known about how to prevent and control violent behavior. The findings provide a basis for preventing and controlling violent crimes committed by individuals and small groups, such as adolescent gangs; for setting priorities in preventing injuries and deaths from violent behavior; and for recommending priorities for funding future research.

The book is organized under three major topics: violent human behavior; understanding violence, which includes a chapter on alcohol, other psychoactive drugs, and violence; and harnessing knowledge to improve control.

Wilson, A. (1992). *Understanding Black Adolescent Male Violence*. New York: Afrikan World Infosystems.

This book provides a framework for understanding the origin and incidence of what the author refers to as Black male adolescent criminality. The author presents a cogent thesis, part of which attributes the problem to inherent racism and the degradation of African-American character, culture, and history. This causal analysis of the problem of Black male adolescent

criminality is intended to lead to the development of viable prevention strategies. The book is divided into five chapters: 1. Origin and Impact of Adolescent Black-on-Black Male Violence; 2. Sociopathy and Psychopathy; 3. Black Adolescent Masculinity and Antisocial Behavior; 4. The All-Male Program or School; 5. Recommendations. The chapter on recommendations includes an in depth discussion of African-centered education, remediation approaches, liberation training, community-based programs, and the Center for Disease Control and Prevention's (CDC) crime prevention strategies. The appendix includes an adaptation of CDC's compiled list of organizational strategies and activities aimed at preventing Black adolescent violence.

Book Chapters

Bell, F.C. & Jenkins, E.J. (1990). Preventing Black homicide. In J. Dewart (Ed.) *The State of Black America 1990.* New York: The National Urban League, Inc.

This chapter examines the devastating and pervasive problem of Black homicide. The authors begin with familiar trends and statistics and then dispel many misconceptions by presenting notable facts about the perpetrators, victims, and circumstances of Black homicide. They discuss some major obstacles to solving the multifaceted problem. However, as the title suggests, a large portion of the chapter is devoted to prevention strategies. Primary prevention approaches, such as conflict resolution training, community-based programs for youth, family support programs, firearm control initiatives, and racial identity campaigns are examined. In addition, secondary and tertiary intervention approaches are described.

Hechinger, F. (1990). Death and violence. In *Fateful choices: Healthy youth for the 21st century*. New York: Carnegie Council on Adolescent Development/ Carnegie Corporation.

This chapter summarizes the nature and scope of violence among adolescents, reviews the major factors contributing to adolescent violence, and discusses violence prevention. Specific programs include Alternatives to Gang Membership (Paramount, CA), the Ad Hoc Group Against Crime (Kansas City), Community Youth Gang Services (Los Angeles), and the Violence Prevention Project (Boston).

Nobles, W.W., & Goddard, L.L. (1989). Drugs in the African-American community: Clear and present danger. In J. Dewart (Ed.) *The State of Black of America 1989.* New York: National Urban League, Inc.

The authors refer to substance abuse as the single major leading social, economic and health problem in the African-American community. It is considered a major factor in the increase in crime, family violence, the growing rate of violent deaths among African Americans and the depletion of the future resources of the African-American community. Substance abuse further leads to an erosion of life chances, family life cultural traditions and sense of community life for African Americans. The authors also discuss culturally appropriate and effective ways to address substance abuse and related problems.

Rosenberg, M., Stark, E., & Zahn, M. (1986). Interpersonal violence: Homicide and spouse abuse. In J.M. Last (Ed.) *Public Health and Preventive Medicine.* Norwalk, CT: Appleton-Century-Crofts.

The authors provide a rationale for a public health approach to violence prevention and definitions, statistics, and contributing factors for homicide, child abuse, robbery-motivated killing, and spouse abuse. The final three sections of the chapter focus on proposals for preventing violence, assumptions and evidence supporting injury prevention related to firearms, and a research agenda appropriate to the public health approach to violence.

Rosenberg, M. (1989). Violence is a public health problem. In R. Maulitz (Ed.) *Unnatural causes: The three leading killer diseases in America.* New Brunswick, NJ: Rutgers University Press.

The Centers for Disease Control and Prevention (CDC) now views violence as a priority among public health problems because it takes a huge toll in terms of morbidity and mortality. Since violence cannot be resolved by the criminal justice sector alone, violence can be addressed and perhaps prevented through the application of epidemiological methods. The chapter discusses patterns of homicide and suicide that have emerged from epidemiological analysis and suggests some preventive measures based on those patterns.

United States Department of Health and Human Services. (1990). Violent and abusive behavior. In *Healthy People 2000: National health promotion and disease prevention objectives* (Conference Edition). Washington, DC: U.S. Government Printing Office.

The Public Health Service has formulated 18 objectives for reducing violent and abusive behavior in the United States. Each objective is stated and

followed by a description of baseline data, sources of the data, and targets for special populations where applicable.

Journal Articles

Hagedorn, J. (1991). Gangs neighborhoods, and public policy. *Social Problems*, 38(4), 529-542.

> This article uses research from three recent Milwaukee studies to show that deindustrialization has altered some characteristics of youth gangs. It also explores some volatile social dynamics occurring within poor but heterogeneous African-American neighborhoods. Based on the analysis of gangs and their neighborhoods, other underclass research, and the author's experience in reforming the delivery of social services, the article suggests several local policies to strengthen community institutions troubled by gangs.

Ho, C.K. (1990). An analysis of domestic violence in Asian American communities: A multicultural approach to counseling. *Women and Therapy*, 9, 129-150.

> The author states that the current model of domestic violence, which is based on Western society, may be inadequate in addressing domestic violence in Asian-American communities. To illustrate this point, a general analysis of Asian-American cultures is provided, with a particular focus on traditional family values, sex roles, the role of physical violence, and the availability of resources to intervene in domestic violence cases. The impact of immigration into the United States on Asian women and their experiences with racism are discussed in relation to the domestic violence problem. Results from a research project on domestic violence in the Southeast Asian refugee community also are provided. In this project, cultural differences related to domestic violence were found between Laotian, Khmer, Chinese, and Vietnamese groups..

Martinez, P., & Richters, J.E. (1993). The NIMH Community Violence Project: II. Children's distress symptoms associated with violence exposure. *Psychiatry*, 56, 22-35.

> The data reported in this journal article were drawn from the NIMH Community Violence Pilot Project. The initial report described children's patterns of exposure to violence in their communities and families. In this article, the researchers focus on reports from the children and their parents concerning symptoms of distress and fear associated with children's violence exposure. The primary sample included 165 children, ages 6 to 10 years, living in a low-income, moderately violent neighborhood in Southeast Washington, DC. Various statistical methods were used to explore the

relationship between specific forms of violence exposure and the development of psychological distress symptoms and depression.

Mercy, J.A., & O'Carroll, P.W. (1988). New directions in violence prediction: The public health arena. *Violence and Victims*, 3, 285-301.

This article builds on the concept of prediction as a central element of the decision-making process that leads to the development of public health policies. It addresses the historical background of the emergence of violence as a public health problem, the public health perspective toward prevention, and the application of public health strategies and methods of violence prevention. It concludes with a suggested agenda for future work in interpersonal violence that emerges from the public health perspective.

Prothrow-Stith, D. (1990). The epidemic of violence and its impact on the health care system. *Henry Ford Hospital Medical Journal*, 38, 175-177.

The problem of violence in America is widespread. Public health approaches must supplement criminal justice system efforts to combat the problem. The medical system needs to have resources available for referral of victims of violence treated in emergency rooms.

Richters, J.E., & Martinez, P. (1993). The NIMH Community Violence Project: I. Children as victims of violence and witnesses to violence. *Psychiatry*, 56, 7-21.

The study described in this article was an initial effort to (1) assess the extent to which young children in a moderately violent inner-city community had been exposed both directly (as victims) and indirectly (as witnesses) to various forms of violence, and (2) examine the extent to which these exposure patterns are related to characteristics of the children and their families. The primary sample included 165 children aged 6 to 10 years, living in a low-income, moderately violent neighborhood in Southeast Washington, DC.

Shakoor, B.H., & Chalmers, D. (1990). Co-victimization of African-American children who witness violence: Effects on cognitive, emotional, and behavioral development. *Journal of the National Medical Association,* 83, 233-238.

This article reports the prevalence of violence and co-victimization among African-American youth in Chicago. Co-victimization is the experience of directly observing the violent assault of another person, including incest, sexual abuse, sexual assault, aggravated physical assault, armed robbery, arson, and murder. Results of a violence screening survey were compiled for 1,035 school children, aged 10 to 19 years.

Police crime statistics were compared to illustrate the magnitude of the problem of youth violence. The survey itself did not identify the effects of co-victimization; however, previous relevant research is incorporated.

Spivak, H., Prothrow-Stith, D., & Hausman, A.J. (1988). Dying is no accident: Adolescents, violence, and intentional injury. *The Pediatric Clinics of North America,* 35, 1339-1346.

Violence and its consequences of injury and death represent a major health problem in this country. This study verifies that adolescents represent a group at high risk for intentional injury. This article also describes some aspects of the etiology of intentional injury in adolescents, and compares the injury circumstances to those of homicide in this group.

Spunt, B.J., Goldstein, P.J., Bellucci, P.A., & Miller, T. (1990). Race/ethnicity and gender differences in the drugs-violence relationship. *Journal of Psychoactive Drugs*, 22, 293-303.

This article examines the drug relatedness of violent events by White, Black, and Hispanic male and female street drug users from New York City. The primary purpose is to determine whether the drugs-violence relationship varies for these different populations of drug abusers. Drug relatedness is assessed according to a three-part conceptual model of the general relationship between drugs and violence. According to the model, drugs and violence may be related to each other in terms of psychopharmacology, economics, and drug distribution systems. The findings and their implications are discussed.

Reports

Cohen, L., Baer, N. & Satterwhite, P. (1991). *The relationship between alcohol, other drugs, and violence.* Pleasant Hill, CA: Contra Costa Health Services Department.

This report is a thorough review of the literature on topics of alcohol and other drug use as it relates to violence. The authors reviewed more than 200 articles from written from 1989 to 1991 on the relationship of alcohol and other drugs to violence. This paper is designed to help violence prevention practitioners answer difficult questions regarding drugs and forms of violence, effects of the promotion of alcohol versus prosecution for use of other drugs, theories on the relationship between drugs and violence, and approaches used effectively to reduce the harm caused by the interplay between drugs and violence. Recommendations for a comprehensive strategy to eliminate drug-related violence also are included.

Note: To order a free copy of this report, write or call:

Prevention Program
75 Santa Barbara Road
Pleasant Hill, CA 94523

Phone: (510) 646-6511

Lacerva, V. (1991). *Let peace begin with us: The problem of violence in New Mexico (volume I).* Santa Fe, NM: Maternal and Child Health Bureau.

This volume presents a public health perspective on violence, with prevention as the primary focus. Although the book is designed to educate people in New Mexico, a large portion of the content is relevant to communities throughout the United States. The author provides myths, facts, and national statistics on homicide, assault, suicide, child abuse, elder abuse, domestic violence, and sexual assault. He also includes information about other factors associated with violence, such as risk profiles, drugs, and firearms. In addition, the author presents county violence data and resource information for New Mexico, as well as specific, action-oriented recommendations for various levels of the violence prevention network.

Lacerva, V. (1993). *Let peace begin with us: The problem of violence in New Mexico (volume II).* Santa Fe, NM: Maternal and Child Health Bureau.

This volume was developed to assist the violence prevention efforts of individuals, families, schools, and communities. The author provides an in-depth discussion of the roots of violence, including racism, media, family dysfunction, and community dysfunction. He presents important facts about violence in general and violence specific to youth, such as child sexual abuse, teenage rape, gang violence, and youth suicide. Prevention approaches and strategies are highlighted. This volume also includes county violence data and resource information for New Mexico. In addition, numerous general resources include books, curricula and technical references, legal briefs, and national organization listings.

Note: To order a free copy of Volumes I and II write or call:

Maternal and Child Health Bureau
1190 Saint Francis Drive
Santa Fe, NM 87502

Phone: (505) 827-2350

Mattessich, P.W., & Monsey, B.R. (1992). *Collaboration: What makes it work.* St. Paul, MN: Amherst H. Wilder Foundation.

This report summarizes what has been learned from existing research on collaboration. The report defines collaboration as *a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals* (p. 5). The research for this report was completed by staff of the Amherst H. Wilder Foundation, a nonprofit health and human services organization. The report was developed as part of the Foundation's Community Collaboration Venture in keeping with the foundation's interest in collaboration among service-delivery agencies.

The goals of this report are (1) to review and summarize the existing research literature on factors that influence the success of collaboration, and (2) to report the results of the research literature review so that people who want to initiate or enhance a collaborative effort can benefit from the experience of other collaborative groups.

Note: To order a copy of this report, write or call:

Management Support Services
Amherst H. Wilder Foundation
919 Lafond Avenue, Saint Paul, MN 55104

Phone: (612) 642-4025

The Milton S. Eisenhower Foundation. (1990). *Youth investment and community reconstruction: Street lessons on drugs and crime for the nineties.* Washington, DC: The Milton S. Eisenhower Foundation.

The serious problem of violence in the American society can be combatted using principles from Head Start and the Job Corps programs. Programs using these principles were funded by the Eisenhower Foundation. Evaluation showed that several programs, described in the report, were successful in reaching violence and crime prevention objectives. Lessons learned included: non-profits can serve as efficient program operators; technical assistance increases odds for success; programs must have adequate resources if they are to succeed; volunteerism is overestimated as a prevention resource; public sector agencies, including the police, play a crucial role; and neighborhood watch and similar programs play a limited role.

Note: To order a copy of this report, write or call:

The Milton Eisenhower Foundation
1660 L Street, NW
Suite 200
Washington, DC 20036

Phone: (202) 429-0440

National Center for Injury Prevention and Control. (1993). *The prevention of youth violence: A framework for community action.* Atlanta, GA: Centers for Disease Control and Prevention.

In December 1990, the Centers for Disease Control and Prevention (CDC) and the Minority Health Professions Foundation responded to the growing concern of African Americans and other minority communities about violence among youth by convening a conference titled "Forum on Youth Violence in Minority Communities: Setting the Agenda for Prevention." This framework for community action originated from discussions in that forum. This manual is designed to help individuals and community-based organizations reduce violence among youth in their communities. The manual is based on principles of effective, community-based health promotion programs that have been used to successfully address a variety of chronic diseases and problems of youth, such as sexually transmitted diseases and teenage pregnancy.

The manual is divided into two major sections. "Activities to Prevent Youth Violence" describes the target groups, settings, and strategies for the prevention of youth violence. "Program Management" covers basic principles of effective community-based health promotion programs by describing the processes of organizing the community; gathering and analyzing information needed to adequately describe the problem; setting goals and objectives; locating resources; and monitoring the progress of the program.

Note: To order a copy of this report, write or call:

National Center for Injury Prevention and Control - CDC
Mail Stop F-36
4770 Buford Highway NE
Atlanta, GA 30341-3724

Phone: (404) 488-4646

Papers

Duran, E., Guillory, B., & Tingley, P. ( ). *Domestic violence in Native American communities: The effects of intergenerational post traumatic stress.*

This paper presents socio-historical issues relevant to understanding the problem of domestic violence in the Native American community. This socio-historical approach traces more than 500 years of subjugation, extermination, assimilation, and oppression of Native Americans by Europeans. The authors propose that intergenerational post traumatic stress disorder is pervasive among Native Americans as a psychological consequence of their devastating experiences. In support of their thesis, the authors draw upon both psychology research literature and their combined 30 years of experience working with Native Americans in rural and urban mental health clinics. The authors examine the problem of domestic violence within the context of post traumatic stress disorder and include prevention and treatment strategies appropriate for Native Americans. The authors suggest that more research needs to be conducted to determine the incidence of domestic violence among Native Americans and to address the problem in a culturally respectful manner.

The five background papers listed below were prepared by the Education Development Center, Inc. with the support of the Carnegie Corporation of New York, the Minority Health Professions Foundation, and the Centers for Disease Control and Prevention. The papers were prepared in conjunction with the presentation of two conferences: Violence Prevention for Early Teens--A Review of the State of the Art, held in July 1990, and the Forum on Setting the Agenda for Prevention, held in December 1990.

A survey of violence prevention programs is a summary of 51 responses to a Violence Prevention Program Questionnaire sent to 83 programs.

Existing and potential strategies designed to reduce weapon use by youth discusses interventions under the headings of educational/behavioral, legal, and technological/environmental.

Intervention strategies for the general population of minority youth presents interventions under the headings of educational, recreational, environmental/technological, and legal. The paper concludes with a discussion of some critical programmatic issues, including the need for evaluation, the role of socioeconomic status in violence, the need for additional data as a basis for making interventions, the need to study violence among females, and the need for more minority teachers.

Violence prevention strategies targeted towards high-risk minority youth addresses nine high-risk groups and seven categories of interventions, and includes a table that places existing programs in a matrix by target group and type of intervention. The paper ends with a brief summary of what is known about the effectiveness of various programs and repeats the importance of comprehensive, multidisciplinary approaches, the need for more data on the nature and scope of the problem, and the lack of focus on minority females in theory, research, and practice.

Application of principles of community-based programs discusses the history and principles of community intervention, lessons from community intervention practice, and six case studies of minority community youth violence interventions.

Note: To order the background papers write or call:

Education Development Center, Inc.
55 Chapel Street
Newton, MA 02160
Phone: (617) 969-7100

Appendix D

Information Sources

INFORMATION SOURCES

Agencies and Organizations

Administration on Children, Youth and Families
330 C Street S.W., Room 2026
Washington, DC 20001
(202) 205-8347

Bureau of Alcohol, Tobacco and Firearms
U. S. Dept. of the Treasury
Public Affairs
Room 8290
650 Massachusetts Avenue, N.W.
Washington, DC 20226
(202) 927-7777

Children's Defense Fund
25 E Street, N.W.
Washington, DC 20001
(202) 628-8787

Children's Safety Network
National Center for Education in Maternal and Child Health
Georgetown University
2000 15th Street North, Ste. 701
Arlington, Virginia 22201-2617
(703) 524-7802

Division of Injury Epidemiology and Control
Center for Environmental Health
Centers for Disease Control and Prevention
Atlanta, Georgia 30333
(404) 488-4662

Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02160
(617) 969-7100

Indian Health Services
5600 Fishers Lane
Rockville, MD 20857
(301) 443-1397

National Asian Pacific American Families Against Substance Abuse
420 East Third Street, Suite 909
Los Angeles, CA 90013-1602
(213) 617-8277

National Coalition of Hispanic Health and Human Service Organizations (COSMMHO)
1501 16th Street, NW
Washington, DC 20036
(202) 387-5000

National Conference of State Legislatures (NCSL)
1560 Broadway, Ste. 700
Denver, Colorado 80202
(303)830-2200

National Crime Prevention Council
1700 K Street, N.W.
2nd Floor
Washington, DC 20006-3817
(202) 466-6272

Agencies and Organizations - cont'd

National Gay and Lesbian Task Force
1734 14th Street, NW
Washington, DC 20009-4309
(202) 332-6483

National Indian Justice Center, Inc.
The McNear Bldg.
7 Fourth St., Ste. 46
Petaluma, California 94952
(707) 762-8113

National Institute of Child Health and Human Development
Office of Research Reporting
9000 Rockville Pike
Bldg. 31, Room 2A-32
Bethesda, Maryland 20892
(301) 496-5133

National Institute of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
(202) 307-2942

National Network of Runaway and Youth Services
1319 F Street, N.W., Ste. 401
Washington, DC 20004
(202) 783-7949

National Research Council
2101 Constitution Avenue, NW
Washington, DC 20418
(202) 334-2000

National Victim Center
309 West 7th Street, Ste. 705
Fort Worth, Texas 76102
(817) 877-3555

National Victim's Resource Center
Box 6000
Rockville, Maryland 20850
(800) 627-6872

Office for Drug-Free Neighborhoods
U.S. Dept. of Housing and Urban Development
451 7th Street, S.W., Room 4118
Washington, DC 20410
(202) 708-1197

Office for Victims of Crime
Office of Justice Programs
633 Indiana Avenue, N.W.
Washington, DC 20531
(202) 307-5983

Organization of Chinese Americans
1001 Connecticut Avenue, NW, Suite 107
Washington, DC 20036
(202) 233-5500

Clearinghouses

Bureau of Justice Assistance Clearinghouse
P.O. Box 6000
Rockville, Maryland 20850
(800) 688-4252

Center for Family Resources Clearinghouse
22 Jericho Turnpike, Ste. 110
Mineola, New York 11501
(516) 873-0900

Clearinghouse on Child Abuse and Neglect Information
P. O. Box 1182
Washington, DC 20013
(703) 385-7565

HUD Drug Information and Strategy Clearinghouse
P. O. Box 6424
Rockville, Maryland 20850
(800) 955-2232

Juvenile Justice Clearinghouse
1600 Research Blvd.
Rockville, Maryland 20850
(800) 638-8736

National AIDS Clearinghouse
P. O. Box 6003
Rockville, Maryland 20849-6003
(800) 458-5231

National Clearinghouse for Alcohol and Drug Information
P. O. Box 2345
Rockville, Maryland 20847-2345
(800) 729-6686

National Clearinghouse for Criminal Justice Information Systems
7311 Greenhaven Drive, Ste. 145
Sacramento, California 95831
(916) 392-2550

National Clearinghouse for the Defense of Battered Women
125 S. Ninth St., Ste. 302
Philadelphia, Pennsylvania 19107
(215) 351-0010

National Injury Information Clearinghouse
U.S. Consumer Product Safety Commission
5401 Westbard Avenue, Room 625
Bethesda, Maryland 20207
(301) 504-0424

National Institute of Justice Clearinghouse
National Criminal Justice Reference Service
P. O. Box 6000
Rockville, Maryland 20850
(800) 851-3420

National Maternal and Child Health Clearinghouse
8201 Greensboro Drive, Ste. 600
McClean, Virginia 22102
(703) 821-8955, Ext. 254

National Resource Center on Child Abuse and Neglect
c\o American Humane Association
63 Inverness Drive, East
Englewood, Colorado 80112-5117
(800) 227-5242

Clearinghouses - cont'd

Office for Disease Prevention and Health Promotion
National Center for Health Information and Technology
P. O. Box 1133
Washington, DC 20013-1133
(800) 336-4797

Office of Minority Health Resource Center
1010 Wayne Avenue, Suite 300
Silver Spring, MD 20910
(301) 587-1938
(800) 444-6472

Youth Development Information Center
National Agricultural Library
U. S. Dept. of Agriculture
10301 Baltimore Blvd, Room 304
Beltsville, Maryland 20705
(301) 504-6400

Sources of Statistics

Bureau of Justice Statistics Clearinghouse
P. O. Box 6000
Rockville, Maryland 20850
(800) 732-3277

Drug Abuse Warning Network (DAWN)
8905 Fairview Road, Ste. 200
Silver Spring, Maryland 20910
(800) 394-3296

Drugs and Crime Data Center and Clearinghouse
1600 Research Blvd.
Rockville, Maryland 20850
(800) 666-3332

National Center for Health Statistics
Division of Epidemiology and Health Promotion, Centers for Disease Control
6525 Belcrest Road, Room 1070
Hyattsville, Maryland 20782
(301) 436-8500

Uniform Crime Reports
Federal Bureau of Investigation
Gallery Row Building
409 7th Street, NW
Washington, DC 20535
(202) 324-5015

Appendix E

Electronic Bulletin Boards and Databases

ELECTRONIC BULLETIN BOARDS AND DATABASES

Most of these online databases can be accessed through commercial information services. Telephone numbers listed are for information only.

Child Abuse and Neglect
Clearinghouse on Child Abuse and Neglect Information
P. O. Box 1182
Washington, DC 20013
(703) 385-7565

Description: The Child Abuse and Neglect database contains bibliographic records that describe ongoing and completed research, published documents, conference papers, and journal articles, as well as descriptions of service programs for child abuse and neglect and other forms of family violence. In addition to child abuse, the file covers elder and partner abuse and other acts of family violence, and discusses prevention and treatment strategies.

Subject Coverage: The database is geared toward professionals working in the field of child abuse and family violence, such as child protective service workers, health professionals, attorneys, teachers, and victim service providers. Areas of particular relevance include:

- Definitions of Child Maltreatment and Family Violence
- Etiology
- Identification, Prevention, and Treatment Strategies
- Policymaking
- Reporting Procedures
- Research Projects
- Service Programs
- Social and Economic Factors
- Training Programs

Combined Health Information Database (CHID)
National Institutes of Health
Box (CHID)
9000 Rockville Pike
Bethesda, MD 20892
(301) 468-6555

Description: CHID is a computerized bibliographic database, developed and managed by agencies of the U.S. Public Health Service and other federal agencies. It contains references to health information and health education resources, much of which is not referenced in

any other computer system or print resource. CHID is intended to serve health professionals, health educators, patients, and the general public.

Subject Coverage: The CHID database includes 21 subfiles, with approximately 96,000 abstract items. Subfiles of particular relevance include:

- AIDS Education
- Comprehensive School Education
- Disease Prevention/Health Promotion
- Maternal and Child Health

DRUGINFO and Alcohol Use and Abuse
Drug Information Services (DIS)
College of Pharmacy
University of Minnesota
Minneapolis, MN 55455
(612) 624-6492

Description: The DRUGINFO and Alcohol Use and Abuse database covers the educational, sociological, and psychological aspects of alcohol and other drug use and abuse. It includes information on alcohol use/abuse, including the evaluation of treatment, chemical dependence, family therapy, and alcoholism among the elderly and adolescents. The database includes references to articles, reprints, monographs, pamphlets, conference papers, instructional guides, and films.

Subject Coverage: The DRUGINFO and Alcohol Use and Abuse database covers a wealth of information on AOD use and abuse. Areas of particular relevance include:

- Battered Women: A Study of Women who Live with Violent and Alcohol Abusing Men
- Alcoholism and Family History
- Data from the Drug Abuse Warning Network (DAWN)
- Family Therapy for AOD-related Problems

ERIC Processing and Reference Facility
1301 Piccard Drive, Suite 300
Rockville, MD 20850
(301) 258-5500

Description: ERIC is the complete database of educational materials collected by the Educational Resources Information Center. It consists of two subfiles: *Resources in Education* (RIE), which consists of significant and timely nonjournal education literature, and *Current index to Journals in Education* (CIJE), an index to more than 700 periodicals in all areas of education.

Subject Coverage: The ERIC database includes a wide variety of educational information. Areas of particular relevance include:

- Adult, Career, and Vocational Education
- Counseling and Personnel Services
- Elementary and Early Childhood Education
- Educational Management
- Higher Education
- Information Resources
- Junior colleges
- Reading and Communication Skills
- Rural Education and Small Schools
- Social Studies/Social Science Education
- Teacher Education, Urban Education

National Criminal Justice Reference Service (NCJRS)
P.O. Box 6000
Rockville, MD 20850
(301) 251-5500 (questions)
(301) 738-8895 (bulletin board)

Description: The NCJRS database represents the document collection of NCJRS, the national and international clearinghouse of practical and theoretical information about criminal justice, juvenile justice, and law enforcement in the U.S. Included are published and unpublished research reports, program descriptions and evaluations, books, dissertations, theoretical and empirical studies, handbooks and standards, journal articles, and audiovisual materials. Indexing of the collection is based on hierarchial subject terms from the *National Criminal Justice Thesaurus*.

Subject Coverage: NCJRS covers all aspects of law enforcement and criminal justice. Areas of particular relevance include:

- Corrections and Correctional Alternatives
- Courts
- Crime Deterrence and Prevention

- Evaluation, Policy, and Planning
- Human Resource Development
- Juvenile Justice
- Offenses
- Police
- Probation and Parole
- Prosecution
- Public Involvement
- Substance Abuse
- Statistics

PsycINFO User Services
American Psychological Association
750 First Street, N.E.
Washington, DC 20002
(800) 374-2722
(202) 336-5650

Description: The PsycINFO database provides access to the international literature in psychology and related behavioral social sciences, including psychiatry, sociology, anthropology, education, pharmacology, and linguistics. Records for virtually all journal articles are accompanied by abstracts, and all records are indexed using the controlled vocabulary from the *Thesaurus of Psychological Index Terms*. An on-line thesaurus is available in PsycINFO to assist in locating items from the *Thesaurus of Psychological Index Terms*. PsycINFO contains all records from the print *Psychological Abstracts*, plus material from *Dissertation Abstracts International* and other sources.

Subject Coverage: PsycINFO covers a wide variety of psychological material. Areas of particular relevance include:

- Applied Psychology
- Developmental Psychology
- Educational Psychology
- Experimental Human and Animal Psychology
- Personality
- Physical and Psychological Disorders
- Physiological Psychology and Intervention
- Social Processes and Issues
- Treatment and Prevention

MCH-NET Program Office
Maternal and Child Health Bureau
5700 SW 34th Street, #323
Gainesville, FL 32608
(904) 392-5904 ext. 232
(800) 927-3000 (GTE Educational Services)

Description: MCH-NET was developed to meet the computer-based network needs of the bureau and maternal and child health community. MCH-NET currently serves over 200 organizational sites throughout the U.S., Caribbean, and Pacific Basin. It provides links to nearly 7,000 educational and health sites throughout the U.S., as well as to larger network systems, such as the NSF/Internet, MCI-Mail, AT&T, EasyLink, and others. This broad-based network offers on-line computer-based communications, information dissemination, data sharing, interactive collaboration, and consultation among its networks and members. The MCH-NET provides a model of unified health and education network collaboration.

Subject Coverage: MCH-NET provides a wealth of health and education-related information. Areas of particular relevance include:

- Adolescent Health
- Resource Locator Service
- City Health Issues
- Early Childhood
- Special Education

VIOline
PREVline
New and Emerging Issues
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814-4820
(301) 654-8338

Description: VIOline (derived from VIOlence online) is a violence prevention resource file located on PREVline, CSAP's electronic communication system. In addition to access to VIOline, PREVline provides many communication and information sharing features such as public message forums (bulletin board), private messages or E-Mail, file transfer, and conference connections among users. VIOline provides a variety of violence prevention information, resources, materials, and program implementation aids. VIOline is designed as a self-help tool for communities planning AOD and violence prevention activities. VIOline is updated quarterly to provide the most current information in the AOD and violence prevention field.

Subject Coverage: VIOline provides a wealth of information on violence, violence prevention and the link between AOD and violence. VIOline contains the following six categories of information or data sets:

- Literature - Bibliographic information and abstracts of violence prevention literature.
- Prevention Programs - Descriptions of violence prevention programs, including AOD prevention activities, and program setting and strategy information.
- Financial Support - Information about Federal agencies and foundations that provide funds for research or public services in violence prevention.
- Expert Consultants - List of consultants who could offer assistance and expertise.
- Program Materials - Educational and informational materials useful in client and professional training, and program implementation, including videos, curricula, workshops, assessment instruments and planning guides.
- Full text files of key documents, including fugitive materials that are not easily accessible.

YouthNET
National Network of Runaway and Youth Services
1319 F St., N.W., Ste. 401
Washington, DC 20004
(202) 783-7949

Description: YouthNET is a telecommunications service. Members of YouthNet pay a $100 annual fee to be connected to a wide range of information concerning adolescents, runaway and homeless youth, youth service organizations, jobs, and requests for RFP's in the field.

Subject Coverage: YouthNET provides a wealth of information related to adolescents and runaway and homeless youth. Subject of particular interest include:

- Upcoming Conferences
- Educational Materials

- New Literature on Runaways and Homeless Youth
- Requests for RFP's
- Alcohol and Drug Abuse Prevention Programs
- Information on Youth and HIV
- Policy and Legislation Related to Youth
- Job Listings of Employment in the Field