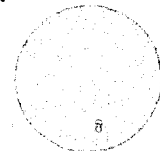


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## THE PREVENTION OF YOUTH VIOLENCE

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Testimony presented to the U.S. Senate  
Committee on Governmental Affairs  
Dirksen Senate Office Building  
Room 342  
Washington, D.C.  
March 31, 1992

## The Prevention of Youth Violence

Ronald G. Slaby, Ph.D.

Mr. Chairman, members of the committee, and distinguished visitors -- allow me to introduce myself. My name is Ron Slaby. As a developmental psychologist, I have for more than 20 years investigated how individuals learn patterns of violent behavior and how to reduce or prevent violence. I am currently a senior scientist at Education Development Center in Newton, MA, a core faculty member at the Harvard Injury Control Center, and a lecturer and instructor at Harvard University. My work and experiences in this area are described in the biographical sketch and the curriculum vita that have been submitted to this committee.

I am here today, at the invitation of the Senate Committee on Governmental Affairs, to address two broad questions:

- What do we know about the problem of violence in America?
- What can we do to reduce and prevent violence in America?

To address these questions, I will draw from what I have learned through my participation in a number of recent forums on this topic, as well as from my own research with preschool children, middle school children, and adolescent violence offenders. Because several recent forums on this topic have addressed these same questions and produced documents that may be of further interest to this committee, I will briefly reference them and describe my role in each.

### Recent Forums on Violence Prevention

(1) The Carnegie Foundation's Conference on Violence Prevention for Young Adolescents resulted in two summary reports (Wilson-Brewer, et al, 1991; Cohen, et al., 1991). These reports will be described by my colleague, Renee Wilson-Brewer, who was coauthor of these reports. I served as advisor to this conference, and at the conference I presented a summary of the basic and applied research with Dr. Nancy Guerra on the effects of our violence prevention program with adolescence violence offenders (Guerra & Slaby, 1990; Slaby & Guerra, 1988).

(2) The Centers for Disease Control's Forum on Violence in Minority Communities lead to a report of its proceedings and papers (Public Health Reports, 1991). I participated in this conference and contributed to the paper on interventions in early childhood.

(3) The American Psychological Association's Commission on Violence and Youth recently heard testimony from individuals representing a broad spectrum of experience in dealing with youth violence and its prevention, and a summary of this testimony is available (APA, 1992). The activities of this Commission has been described by my colleague, Dr. Leonard Eron, who chairs this Commission. I am serving as a member of this Commission.

(4) I have just completed teaching a new course at Harvard University's Graduate School of Education, entitled Preventing Violence in America. Since this is one of the few courses in this country offered on this topic, I have made the syllabus available (Slaby, 1992).

(5) The Centers for Disease Control's panel on the Prevention of Violence and Injuries Due to Violence developed a national agenda for violence prevention. Within the next several months the executive summary of this report (which your committee has in draft form) will be published in the Journal of Safety Research and in the Morbidity and Mortality Weekly Report (Earls, Slaby, Spirito, et al., 1992a & b). The full report will soon be published by the Centers for Disease Control under the title: Position Papers From the Third National Injury Control Conference (CDC, 1992). I was a member of this panel and the principal author of the background paper on interpersonal violence for this report. It is from our deliberations in this panel that I will draw most heavily.

Our panel was created with the objective of taking a first step in developing a comprehensive national agenda that would help shape the future of violence prevention research, programs, and policies for this decade. The initiative for developing a comprehensive plan for injury control came from the National Center for Environmental Health and Injury Control (NCEHIC) and the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control (CDC). Ours was one of seven panels, each focussing on a different aspects of injury control.

To form these panels, input was obtained from more than 150 experts from many sectors, including federal state, and local government, academic institutions, industry and labor, and a wide range of national organizations. Our panel on violence prevention, chaired by Dr. Felton Earls, represented a broad spectrum of disciplines and areas of expertise in interpersonal violence and suicide (or self-directed violence). Early drafts of our position papers were reviewed and revised based on written comments from more than 100 external reviewers. Following these revisions, a draft of our position papers was presented at the Third National Injury Control Conference held in April, 1991 in Denver, and further revisions were made based on the written and oral comments of conference participants. Thus, the final document includes contributions from many individuals representing many sectors of our society. With the brief time that I have remaining, I would like to highlight some key points.

### The Problem of Violence in America

The impact of violence on the health and well being of Americans is staggering, and the need to address this problem systematically and effectively has never been greater. Homicide is the 12th leading cause of death, accounting for over 25,000 deaths last year. The homicide rate in America is not only the highest among industrialized countries, it is also many times higher than that of the other countries. In America, death and injury due to violence is a particularly high for youth and for African Americans and other minorities. Females are at particularly high risk of nonfatal injuries from, child sexual abuse, rape, and assaults by husbands, ex-husbands, and other intimate partners. Infants and children are at particularly high risk for both fatal and nonfatal injuries due to violence in the form of child abuse.

Even after several decades of working in this area, I was shocked to learn the lifetime odds of dying by interpersonal violence for individuals growing up in America. According to calculations made from a recent FBI report (unpublished FBI Uniform Crime Reporting data, 1989), one's lifetime odds of dying by interpersonal violence is as follows:

- 1 in 496 white females in America will die of interpersonal violence
- 1 in 205 white males in America will die of interpersonal violence
- 1 in 117 black females in America will die of interpersonal violence
- 1 in 27 black males in America will die of interpersonal violence.

These data exclude violent deaths by suicide, by war, or by acts of law enforcement.

Recommendations for the Reduction and Prevention of Violence in America

Our panel's recommendations for high priority violence prevention focused on those factors that are most amenable to preventive efforts. The recommendations were designed to make an impact on the prevention death and injury due to both interpersonal violence and self-directed violence, such as suicide. The recommendations are organized around a single major area and three special areas of emphasis.

(1) The major area of emphasis is the need to build an infrastructure to support coherent and coordinated efforts to prevent violence. Recommendations for building a broader and more comprehensive infrastructure by which to prevent violence include:

- (a) improving the recognition, referral, and treatment of people at high risk
- (b) empowering communities to address the problem effectively
- (c) broadening the training at all levels for violence prevention
- (d) improving our surveillance of the problem
- (e) advancing the further development and rigorous evaluation of promising programs

(2) One special area of emphasis is the need to reduce firearm violence. Changes in this area were considered to be highly likely to produce immediate reduction in mortality from violence. The recommendations designed to reduce firearm-related violence include:

- (a) promoting educational and behavioral change regarding removal of, limitations on youth access to, and safe storage of firearms in the home
- (b) creating technological and environmental change regarding the implementation of specific standards for the design and performance of both domestic and imported firearms
- (c) developing new legislative and regulatory efforts designed to eliminate the manufacture, importation, and sale of handguns (except in special circumstances). Also recommended are new legislative and regulatory efforts are to limit access to firearms through national waiting periods, criminal record background checks, restrictive licensing for handgun owners, and excise taxes on firearms and ammunition to cover the public cost of firearm injuries
- (d) enhancing the enforcement of existing legislation and regulatory efforts
- (e) increasing research to clarify further the risks and benefits associated with access to firearms and to alternative means of providing security

(3) A second special area of emphasis is the need to reduce violence associated with alcohol and other drugs (AOD). The recommendations designed to reduce drug-related violence include:

- (a) decreasing the chronic use of alcohol and other drugs, particularly by persons at high risk of violent behavior, through proper identification and treatment
- (b) decreasing the initial and experimental use of alcohol and other drugs, particularly by youth and others at high risk of violent behavior
- (c) changing the environment associated with the sale and trafficking of alcohol and other drugs that contributes to violence
- (d) conducting research to clarify further the mechanisms underlying the observed association between alcohol and other drugs and violence

(4) A third special area of emphasis is the need to foster childhood experiences associated with the prevention of violence. Recommendations are designed to reduce both short-term and long-term risks associated with perpetrating violence, witnessing violence, becoming a victim of violence, or becoming a bystanders who supports violence through instigation, active encouragement, or passive acceptance. Recommendations focussing on prevention efforts directed toward children include:

- (a) reducing the incidence of child abuse and providing proper treatment to victims through preventive intervention, identification, and treatment
- (b) developing and rigorously evaluating intervention programs for children, families, and communities designed to foster the skills, values, behaviors needed to prevent violence and to resolve social problems effectively and nonviolently
- (c) developing timely crisis intervention for families at risk for violence
- (d) conducting research to assess both the short-term and long-term effectiveness of childhood interventions to prevent violence
- (e) generating media experiences for children, youth, and adults to educate and foster the skills, values, and behaviors needed to prevent violence.

I would like to expand on this last recommendation. Research evidence indicates that whereas the media, and particularly television and film, have for decades contributed to the problem of youth violence in America, the media clearly has the potential and the responsibility to become part of the solution. The Children's Television Act of 1990 (H.R. 1677) now requires broadcasters to serve the "educational and informational needs of children" both through programming and through nonbroadcast efforts that "enhance the educational and informational value of such programming." Congress has also specifically called upon broadcasters to take steps to solve the violence problem. Thus, our panel has recommended that the Federal Communications Commission review, as a condition for each television station's license renewal, their efforts and accomplishments in helping to serve the specific educational and informational needs of children regarding violence and how to prevent it.

#### Concluding Remarks

It is of the utmost importance for the federal government to play a leadership role in preventing violence in America. Federal leadership is needed to build a solid and cohesive infrastructure for preventing violence and to address each of the special areas of emphasis in a coordinated manner. The prevention violence is a multifaceted problem whose solution requires the coordination of efforts at all levels and across many disciplines, including behavioral science, public health, medical science, education, and communication. Coordination is also needed among federal agencies and programs, as well as between federal, state, and local efforts. Without federal leadership, the problem of violence in America will continue to be dealt with inconsistently, and in a reactive rather than a preventive manner. With federal leadership in carrying out a comprehensive national agenda, many deaths and injuries due to violence can be prevented.

In developing this broad agenda for the prevention of violence, our panel realized that specific issues and opportunities were inevitably overlooked or underemphasized. Thus, we encourage others to consider this national agenda to be a starting point for further efforts to prevent violence in America.

## References

- American Psychological Association. (1992). Summary of testimony presented to the Commission on Violence and Youth. Washington, D.C.: American Psychological Association, Public Interest Directorate.
- Centers for Disease Control. (1992). Proceedings of the Third National Injury Control Conference. Atlanta, GA: Centers for Disease Control, Department of Health and Human Services, in press.
- Cohen, S., & Wilson-Brewer, R. (1991). Violence prevention for young adolescents: The state of the art of program evaluation: Carnegie Council on Adolescent Development. Newton, MA: Education Development Center, Inc.
- Earls, F., Slaby, R.G., Spirito, A., et al. (1992a & b). Prevention of violence and injuries due to violence: Executive summary. Journal of Safety Research (a) and Morbidity and Mortality Weekly Report (b), in press.
- Guerra, N.G., & Slaby, R. G. (1990). Cognitive mediators of aggression in adolescent offenders: 2. Intervention. Developmental Psychology, 26, 269-277.
- Public Health Reports. (1991). Forum on youth violence in minority communities: Setting the agenda for prevention. 106, 225-280.
- Slaby, R.G. (1992). Preventing violence in America. Syllabus for Module H-310A. Cambridge, MA: Harvard University, Graduate School of Education, course offered Spring, 1992.
- Slaby, R.G., & Guerra, N.G. (1988). Cognitive mediators of aggression in adolescent offenders: 1. Assessment. Developmental Psychology, 24, 580-588.
- Wilson-Brewer, R, Cohen, S., O'Donnell, L., & Goodman I.F. (1991). Violence prevention for young adolescents: A survey of the state of the art: Carnegie Council on Adolescent Development. Newton, MA: Education Development Center, Inc.

SENATE COMMITTEE ON COMMUNITARIANISM  
ON  
Youth Violence Prevention  
Tuesday, March 31, 1992  
9:30 a.m.  
Room 342 of the Dirksen Senate Office Building

W I T N E S S   L I S T

\* \* \* \* \*

The Honorable Louis Stokes  
United States Representative (D-Oh)

\* \* \* \* \*

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Director, Human Services Policy and Management Issues  
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Chairman, the Ohio Commission on Minority Health  
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