

**D.C. FAMILY POLICY SEMINAR**

**Preventing Adolescent Violence  
in the District of Columbia**

**Background Briefing Report**

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**May 1994**

This report provides a brief introduction to the issues addressed by the D.C. Family Policy Seminar on May 26, 1994. The authors wish to thank the numerous individuals in the government of the District of Columbia and in local and national organizations for contributing their time and efforts to this seminar. Special thanks to the staff of the National Center for Education in Child and Maternal Health for their invaluable assistance and their new partnership with the GPPP.

THE D.C. FAMILY POLICY SEMINAR  
PREVENTING ADOLESCENT VIOLENCE IN THE DISTRICT OF COLUMBIA

This seminar, "Preventing Adolescent Violence in the District of Columbia," is the second in a series designed to bring a family focus to policymaking. This seminar features four speakers:

**Jeffrey Roth**, Ph.D. in economics, Research Director of the Office of Law and Public Policy, ABT Associates, Suite 600, 4800 Montgomery Lane, Bethesda, MD, 20814. Dr. Roth served as the Principal Staff Officer for Understanding and Preventing Violence, a major study published in 1993 by the National Research Council. Phone: 301-913-0543.

**John E. Richters**, Ph.D., Child and Adolescent Disorders Research Branch, National Institute of Mental Health, Rockville, MD 20857. Dr. Richters was co-editor of Children and Violence, and has recently published a study of violence using data from the District. Phone: 301-443-5944; FAX 301-443-6000.

**Joye Carter**, M.D., Chief Medical Examiner, Office of the Chief Medical Examiner, 1910 Massachusetts Ave., S.E., Building #27, Washington, D.C. 20003. Dr. Carter serves on the Mayor's Committee on Child Abuse, the Mayor's Committee on Infant Mortality, and has a faculty appointment at both George Washington University and Howard University. Phone: 202-724-8864; FAX 202-724-8920.

**Esther Berry**, Ed.D., Department of Curriculum and Instruction, School of Education, Howard University, Washington, D.C. 20059. Dr. Berry is the director of the Student-to-Student Substance Abuse Prevention Project at the J.C. Nalle Elementary School. Phone: 202-806-7343; FAX 202-806-5297.

This background report summarizes the essentials on several topics. First, some of the core facts and principles concerning adolescent violence are described. Second, some elements of successful violence prevention programs will be presented. The third section provides a directory of violence prevention programs within the District. An annotated guide to selected references and a list of upcoming seminars on preventing violence conclude the report.

## ADOLESCENT VIOLENCE

Youthful violence, real or feared, poses a threat to our society. Young people comprise the population most likely to commit acts of violence. Juvenile arrest rates for aggravated assault, weapons violations, and murder have doubled or tripled since the 1960s. The homicide rate for American youth is far above those of other affluent countries.

Violence, real or feared, also poses a threat to our youth. While youth increasingly cause violence, it is important to remember that our teenagers are also much more likely to be the victims of violent crimes than other age groups. For those who are not physically damaged by the brutality, the mental and emotional scars of witnessing it can lead to present and future psychological problems. Being the victim of violence, moreover, has been found to increase the probability that person will ultimately become the perpetrator of similar deeds. Violence begets violence.

The costs of this violence are enormous. For the victims, violence may rob them of their health, their employment, their sense of security, or even their life. The consequences for the perpetrators of violence are no different, as they find themselves deprived of their place within the community and ultimately subject to violence in return. Our public as a whole suffers with both victim and perpetrator through losses in economic productivity and social harmony.

Much of this violence, unfortunately, occurs in what should be safe havens -- schools and homes -- and within what should be secure relationships -- neighbors, friends, lovers, and relatives. Much of the violence also involves a series of "interacting and escalating" events, in which both victims and victors increase the force and severity of the assault.

It is tragic that violence often intensifies as it develops, that it involves acquaintances, and that it occurs within homes and schools. But these same features also provide hope for prevention. Because violence involves behavioral choices, these choices might be changed; the escalation might be interrupted. Because violence involves relationships, these relationships might be changed: either party might help prevent the violence. The havens provide places for prevention activities, so that they might be made safe again.

### The Extent of Violence

The extraordinary prevalence of violence -- and youth violence -- poses special problems for the District. Washington is of course infamous as the murder capital of America. Incidents of murders committed by youth have garnered huge headlines. As important as the highly visible homicides is the overall extent of violence among youth. A 1990 study (by John Richters) of a D.C. school in an area considered to be only "moderately" violent found that 12 percent of the fifth and sixth graders had been shot, stabbed, or sexually assaulted; another 22 percent had witnessed such brutality. Another study of first and second graders in Washington reported that 45 percent of the students said they had witnessed muggings, 31 percent had witnessed shootings, and 39 percent said they had seen dead bodies.

### The Causes of Violence

The causes of violence are varied and complex. It is not possible to say conclusively that certain individuals will commit violence and others will not. It is possible to note the factors that contribute to a child's "risk profile," however. Genetic factors, neurobiological processes, emotional and cognitive development, family dynamics, gender differences, sex role socialization, community characteristics, cultural milieu, social and economic factors such as income inequality and lack of opportunity, and media influences, among others, are all thought to be factors that

contribute to violent behavior.<sup>1</sup>

The strongest single predictor of a child's involvement in violence is a history of previous violence. A child's relative level of aggression (compared with peers) shows remarkable continuity and predictability over time. Although aggressive and violent children do not necessarily become violent adults, violent adults typically had these characteristics as children.

Some of the factors that contribute to high childhood aggressiveness can be altered. Changing these factors, and especially changing them during early childhood, has substantial promise for reducing the potential that the child will become a violent adult. As a result, early intervention appears to be essential for reducing aggressive and violent behavior.

### Violence, Race, and Economics

Ethnic minorities are much more likely to be victims of violence than whites. In 1990, for example, the homicide rate for African American males between the ages of 15 and 24 was 85 per 100,000 as compared to 11 per 100,000 for white males of the same age. Young African American women were more likely to be murdered (18 per 100,000) than young white men or young white females (4 per 100,000). Homicide is the leading cause of death for young African-American males. Latinos are also subject to higher homicide rates than non-Hispanic whites. Again, homicide rates are only the iceberg's smallest tip, as the vast majority of violence does not involve killing.

No ethnic group appears inherently more violent than another, however. As economic, educational, and social status increase, the level of violence decreases, and the ethnic groups differ little in their use of violence. That African American and Latinos have higher rates of violence in the United States is due in large part to the fact that these ethnic groups in general have lower economic, educational, and social attainments.

### Contributing Factors: Alcohol and Drugs

There is a strong relationship between drug use -- and especially alcohol abuse -- and violence. In the majority of cases, victims, perpetrators, or both drank alcohol before a homicide was committed. The same is true for violence within the home. Other illegal drugs are also associated with violence, either as individuals use them or deal them. Places where alcohol and other drugs are bought or consumed are magnets for violence.<sup>2</sup>

### Contributing Factors: Firearms

The ready availability of firearms, especially handguns, appears to have contributed to increasing homicide rates, particularly among teenagers. During the 1980s, the firearm homicide rate for 15-19 year olds increased by over 60 percent, while the rate from all other methods remained unchanged.<sup>3</sup>

### Violence as a Family Issue

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<sup>1</sup>For more information on the causes of violence, see Violence and Youth and Understanding and Preventing Violence.

<sup>2</sup>For more information about the relationship between alcohol, other drugs and violence, see Understanding and Preventing Violence, Chapter 4; Adolescents at Risk, Chapters 4 and 10; and Kids, Drugs, and Crime.

<sup>3</sup>For more facts about firearms and violence, see Understanding and Preventing Violence, Chapter 6 and "Firearm Facts".

Violence within families is common, and no family member is immune.<sup>4</sup> The National Research Council has found that women are the most frequent victims of assault, with divorced, separated, and cohabitating women at greatest risk. Women are at greater risk of homicide by a spouse than are men, although fathers, sons, and especially brothers are more likely to be killed by a family member. (Altogether, almost 20 percent of homicides are committed against family members.) Young children are more likely to be killed than older children. Females are three times as likely to be sexually abused as males. Assaults against family members are more than twice as likely as violence among strangers to occur as part of a chronic pattern.

Four commonly suggested causes of family violence are chronic alcohol use, social isolation of the family, depression, and some unknown mechanisms through which a high potential for violence is passed from one generation to the next.

Violence **is** a family issue. As the APA Commission on Youth and Violence concluded:

**Family characteristics and a breakdown of family processes and relationships contribute to a foundation for the development of antisocial behaviors, including violence.** Criminal history or antisocial personality in a parent, parental rejection of the child, and inconsistent and physically abusive parental discipline all seem to contribute to early aggressive behaviors. Lack of parental supervision is one of the strongest predictors of the development of conduct problems and delinquency. Parents who support the use of aversive and aggressive behaviors by children and fail to teach nonviolent and effective methods of solving social problems contribute to the development of coercive family interactions and later patterns of antisocial behavior in the child.

**Harsh and continual physical punishment by parents has been implicated in the development of aggressive behavior patterns.** Physical punishment may produce obedience in the short term, but continued over time it tends to increase the probability of aggressive and violent behavior during childhood and adulthood, both inside and outside the family. These findings suggest a cycle in the development of aggressive behavior patterns: Abuse at the hands of parents leads children to think and solve problems in ways that later lead to their developing aggressive behavior patterns and to their continuing cycle of violence.

**Positive interactions with parents and other adults may act as protective factors for children who are at risk of violence.** Among these protective factors are appropriate parental supervision, alternate adult caretakers in the family (such as grandparents, aunts, and uncles), and a supportive same-sex model who provides structure.

Patterns of violence learned at home, moreover, are carried over into school. Antisocial and aggressive behavior interferes with school learning and positive peer relations. Academic failure, in turn, contributes to later antisocial behavior.

#### PREVENTING ADOLESCENT VIOLENCE

Violence prevention can span many fields -- criminal justice, social services, mental health, education, health care, public health, for example -- and involve many interventions and activities. For example, programs have used educational, recreational, legal, and environmental/technological interventions to reduce violence.

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<sup>4</sup>See especially "Violence in Families" in Understanding and Preventing Violence.

Many violence prevention activities attempt to reduce calculated violence against strangers. Such activities include educating individuals about personal safety, creating neighborhood watch programs, enacting tougher laws regarding prison sentences, or changing physical environments (by adding lights or television monitors). These activities attempt to discourage individuals from committing violence against strangers and to enhance the ability of individuals to avoid attacks from strangers.

The public widely supports these kinds of activities, and they can have reduce levels of violent crimes. Yet they are unlikely to have a large impact on violence because a large proportion of violence is neither calculated nor anonymous. Most violence -- perhaps two-thirds -- occurs between people who know each other (relatives and acquaintances). Much violence involves people who have consumed alcohol or other drugs and so have reduced inhibitions and diminished rationality. Much violence involves anger, not calculation, and is used to exact for revenge or to protect honor.

Violence involving people who know each other, anger, and alcohol or drugs may respond better to approaches that strengthen the ability of individuals to avoid, reduce, or stop the violence in their lives. As the APA Commission on Violence concluded:

Those programs that have been evaluated and show promise include interventions aimed at reducing risk factors or at strengthening families and children to help them resist the effects of detrimental life circumstances.

This Commission notes several characteristics of effective anti-violence programs. Effective intervention programs share two primary characteristics:

**They draw on the understanding of developmental and sociocultural risk factors leading to antisocial behavior.**

**They use theory-based intervention strategies with known efficacy in changing behavior, tested program designs, and validated, objective measurement techniques to assess outcomes.**

Moreover, promising programs have several common features:

**They begin as early as possible to interrupt the "trajectory toward violence."**

**They address aggression as part of a constellation of antisocial behaviors in the child or youth.**

**They include multiple components that reinforce each other across the child's everyday social contexts: family, school, peer groups, media, and community.**

**They take advantage of developmental "windows of opportunity": points at which interventions are especially needed or especially likely to make a difference.**

Primary prevention programs (directed at those early in life) can reduce factors that increase risk for antisocial behavior and clinical dysfunction in childhood and adolescence. School-based primary prevention programs for children and adolescents can be effective for those who are not seriously violence-prone, but these programs have not yet been demonstrated to have major effects

on seriously and persistently aggressive youth. Primary prevention programs of the type that promote social and cognitive skills seem to have the greatest impact on attitudes about violent behavior among children and youth.

Secondary prevention programs (directed at high-risk children) that focus on improving individual affective, cognitive, and behavioral skills or on modifying the learning conditions for aggression offer promise of interrupting the path toward violence for high-risk or predelinquent youth. Programs that attempt to work with and modify the family system of a high risk child have great potential to prevent development of aggressive and violent behavior. In particular, interventions that aim to prevent or treat violence within the family have been shown to be of great value in preventing the social transmission of violence. In addition, interventions to prevent and treat sexual violence by and against children and adolescents are of critical importance because of the potential long-term effects of such victimization. The concept of "diversion programs" to keep high-risk or predelinquent youth out of the juvenile justice system has great merit, and there is evidence that diversion programs with sound grounding in psychological theory can have a positive effect on recidivism rates.

Several promising techniques have been identified for treating children who have already adopted aggressive patterns of behavior. For youth who have already shown serious aggressive and violent behavior, sustained, multimodal treatment appears to be most effective. Interventions with gang members, a small but significant of whom are among the most seriously violent and aggressive youth, also must be multimodal, sustained, and coordinated.

Humility is appropriate. Violence prevention programs will have limited success so long as society is willing to accept violence in certain contexts or as a reasonable response to certain circumstances. Furthermore, the success of violence prevention programs may be limited by the social and economic situations in which many Americans exist.

Finally, the differing ethnic groups in the United States have different cultural values. These cultural values can serve to enhance resilience and protect individuals against harsh and stressful life conditions.<sup>5</sup> As a result, strengthening any culture's ability to protect youth may be an important means to prevent violence. It is unlikely that any one program or set of programs can best use these values to prevent violence. It makes sense to tailor programs to best use the positive features of an ethnic group's values to reduce violence.

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<sup>5</sup>For more information on ethnic-specific violence prevention, see "Preventing Violence in At-Risk African-American Youth," Violence: The Impact of Community Violence on African American Children and Families, and Violence as a Public Health Problem: Developing Culturally Appropriate Strategies for Adolescents and Children.

## **Violence Prevention Interventions**

### **Educational**

- Conflict Resolution and Mediation
- Curricula, Training, and Technical Assistance
- Crime Prevention/Law-Related Education
- Handgun Violence Education
- Life Skills Training
- Self-Esteem Development
  - Manhood Development Curricula
  - Mentors and Role Models
  - Immersion Schools
- Public Education
  - Public Service Announcements
  - Educational Videos
  - Video Conferences
  - Media Education

### **Recreational**

- Boys' and Girls' Clubs
- After-School Programs
- Sports Leagues
- Summer Camps

### **Legal**

- Youth Curfews
- Policing School Campuses
- Local, State, and Federal Gun Legislation

### **Environmental/Technological**

- Metal Detectors
- Increased Lighting Policies
- Safe Corridor Programs
- I.D. Cards
- Dress Codes
- Ammunition and Weapons Modifications

Source: Renee Wilson-Brewer, "Youth Violence and Its Prevention," in Reaching Youth: A Public Health Responsibility, 37.

VIOLENCE PREVENTION PROGRAMS IN THE DISTRICT OF COLUMBIA:  
PROGRAM STRATEGIES

Programs have adopted many strategies for preventing adolescent violence, with many programs adopting multiple strategies. This directory includes a brief description of some local programs arranged by their principal strategy.<sup>6</sup>

**Strategy: Conflict-Resolution**

*Channeling Children's Anger (CCA)*

The Institute for Mental Health Initiatives offers a training program, Channeling Children's Anger (CCA), that attempts to provide positive channels to anger by presenting problem-solving and positive alternatives to violence. The program, RETHINK, consists of a videotape, discussion guides and pamphlets. These materials can be used to instruct teachers, family service workers, church and recreation leaders, police officers and youth volunteers.

Contact: Tara Rayder  
Institute for Mental Health Initiatives  
4545 42nd Street  
Washington, D.C. 20016  
(202) 364-7111

*Howard University Violence Prevention Project*

The Violence Prevention Project works with children who have witnessed violence or lost a loved one to homicide. This community program involves counselling, parent support, and teacher training. It also teaches conflict resolution and the development of social skills.

Contact: Hope Hill, Ph.D.  
Howard University Violence Prevention Project  
Department of Psychology, Howard University  
525 Bryant Street, N.W.  
Washington, D.C. 20011  
202-806-6805

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<sup>6</sup>More examples and discussions of other anti-violence programs operating around the country can be found in Violence Prevention for Young Adolescents, Reaching Youth, and The Prevention of Youth Violence.

## **Strategy: Mentoring**

### *Male Youth Enhancement Program*

The Male Youth Enhancement Program helps mentor youths ages 11-17 in elementary and secondary schools, homes, churches, and youth organizations.

Contact: Jake Roach  
1510 9th Street, N.W.  
Washington, D.C. 20001  
202-332-0213

### *Youth Trauma Services*

The Youth Trauma Services program is headed by the D.C. Police Department. It unites social workers, law enforcers, clergy and psychologists in working directly with adolescents.

Contact: Thomas Blagburn, Director  
Community Empowerment Policing  
300 Indiana Avenue N.W.  
Room 4048  
Washington, D.C. 20001  
202-727-9544

## **Strategy: Training in Life and Social Skills**

### *Project Spirit*

Project Spirit works in churches with African American children, parents, and pastors. It provides an after-school curriculum, life skills training, pastoral counseling, and parenting education.

Contact: B.J. Long  
1225 Eye St., N.W. Suite 750  
Washington, D.C. 20017  
202-371-1091, FAX 202-371-0907

### *Teens, Crime, and the Community*

Teens, Crime, and the Community works with students in their schools. The curriculum teaches students how to reduce their chances of becoming a victim while it also encouraging them to participate in community projects.

Contact: National Crime Prevention Council  
1700 K Street, N.W. Suite 200  
Washington, D.C. 20006  
202-466-6272; FAX 202-296-1356

### **Strategy: Health Education**

#### *Washington Community Violence Prevention Program (WCVPP)*

The Washington Community Violence Prevention Program (WCVPP) serves as a community-based initiative in health education addressed at reducing the rate of violence injury and death among children and youth in the District. The WCVPP consists of a 15-session course taught to D.C. school children, grades 3-9.

Contact: Patricia S. Gainer  
Washington Community Violence Prevention Program  
Washington Hospital Center  
110 Irving St. N.W. Room 4B-46  
Washington, D.C. 20010  
(202) 877-7735/3761

### **Strategy: Recreation**

#### *Summer Family Camp Retreat Project*

Police Boys and Girls Club Summer Family Camp Retreat Project allows at-risk youth, ages 11-14, and their parents to participate in a weekend retreat for recreation and skills-building. To date, the project has served nearly 100 youth and 60 parents in the area.

Contact: Felicia Holley  
Director of Programs  
Center for Child Protection & Family Support, Inc.  
714 G Street, S.E.  
Washington, D.C. 20003  
(202) 544-3144

## **Strategy: Mixed**

### *Youth Task Force to Prevent Violence*

Comprised of 65 youths between 12-25 years old, the Youth Task Force to Prevent Violence was created to provide the police chief with critical insight into the cause of crime and violence. Since 1991, this Task Force has been involved in numerous activities to prevent violence: 1) declaring Violence Prevention and Stop the Violence Months, and developing events that took place during these months; 2) holding forums and workshops for schools and churches on violence prevention; 3) sponsoring a gun amnesty week where police districts allowed illegal weapons to be turned in; 4) spreading an antiviolence educational message through radio and TV programs; and 5) organizing a Peace N' the Hood Campaign, a group that enlists teens and young men to talk to their peers about moving away from drugs and crime.

Contact: Thomas Blagburn, Director  
Community Empowerment Policing  
300 Indiana Avenue N.W.  
Room 4048  
Washington, D.C. 20001  
202-727-9544

## **Strategy: Substance Abuse**

### *Integrated Methods for the Prevention of Addiction in Children and Teens (IMPACT)*

The Integrated Methods for the Prevention of Addiction in Children and Teens (IMPACT) targets alcohol and substance abuse prevention for at-risk adolescents in the District. IMPACT, now in its fifth year, focuses on teenage parents and their families. Intervention is aimed at informing youth of the effects of alcohol and substance abuse on the fetus and newborn child, as well as methods to avoid substance abuse and prevent familial violence.

Contact: Felicia Holley  
Director of Programs  
Center for Child Protection & Family Support, Inc.  
714 G Street, S.E.  
Washington, D.C. 20003  
(202) 544-3144

## **General Youth Services**

### *Center for Youth Services*

The Center for Youth Services offers an array of services for youth, ages 14-21. Its services include education, employment, counseling, "Turning Points", day care, recreation and mentoring.

Contact: Tish Willis  
Center for Youth Services  
921 Pennsylvania Avenue, S.E.  
Washington, D.C. 20003  
(202) 543-5707

## **Staff Training**

### *Center for Child Protection & Family Support, Inc.*

The Center for Child Protection & Family Support, Inc. provides technical assistance to over 200 people working in violence shelters in the District. Training addresses the need for integration between service organization and law enforcement agencies, especially in the area of child abuse and neglect.

Contact: Felicia Holley  
Director of Programs  
Center for Child Protection & Family Support, Inc.  
714 G Street, S.E.  
Washington, D.C. 20003  
(202) 544-3144

VIOLENCE PREVENTION PROGRAMS:  
ORGANIZATIONS

This directory contains the names and addresses of organizations involved in preventing adolescent violence in the District of Columbia, arranged by program or organization name.

Adolescent Health Coordinator  
D.C. Commission of Public Health  
2146 24th Place, NE  
Washington, D.C. 20018  
Contact: Colevia A. Carter  
202-541-3838, FAX 202-727-9021

Anti-Drug/Anti-Violence Program  
The Congress of National Black Churches, Inc.  
1225 Eye St., N.W. Suite 750  
Washington, D.C. 20017  
Contact: Leon West  
202-371-1091, FAX 202-371-0907

Anti-Violence Network  
Children's Defense Fund  
25 E St., N.W.  
Washington, D.C. 20001  
Contact: Hattie Ruttenberg  
202-662-3596, FAX 202-662-3540

Ballou School-Based Health Center  
3401 4th St., S.E.  
Washington, D.C. 20032  
Contact: Randy McKinnie  
202-404-1014

BCM Group, Inc.  
1090 Vermont Ave., N.W. Suite 800  
Washington, D.C. 20005  
Contact: Beverly Coleman-Miller, President  
202-408-7030, FAX 202-638-3590

Bureau of School Health  
D.C. Commission of Public Health  
1660 L St., N.W.  
Washington, D.C. 20036  
Contact: Mary Ellen Bradshaw, Chief  
202-723-6666

CASSP Minority Initiative  
GU Child Development Center  
2233 Wisconsin Ave., N.W.  
Washington, D.C. 20007  
Contact: Marva Benjamin, Director  
202-338-1831

Center for Child Protection  
and Family Support, Inc.  
714 G Street, S.E.  
Washington, D.C. 20003  
Contact: Felicia Holley, Director of Programs  
202-544-3144

Center for Youth Services  
921 Pennsylvania Ave., S.E.  
Washington, D.C. 20003  
Contact: Tish Willis  
202-543-5707

Channeling Children's Anger  
Institute for Mental Health Initiatives  
4545 42nd St. N.W., Suite 311  
Washington, D.C. 20016  
Contact: Tara Rayder  
202-364-7111, FAX 202-363-3891

Channeling Parents' Anger  
Institute for Mental Health Initiatives  
4545 42nd St., N.W. Suite 311  
Washington, D.C. 20016  
Contact: Rebecca Foote  
202-364-7111, FAX 202-363-3891

Commission of Public Health  
Office of Maternal and Child Health  
1660 L St., N.W. Suite 907  
Washington, D.C. 20036  
202-673-4551, FAX 202-727-9021

Community Empowerment Policing  
300 Indiana Avenue N.W.  
Room 4048  
Washington, D.C. 20001  
Contact: Thomas Blagburn, Director  
202-727-9544

Comprehensive School Health  
District of Columbia Public Schools  
415 12th Street, N.W., 9th Floor  
Washington, D.C. 20004  
202-724-2406

Department of Adolescent and Youth Medicine  
Children's National Medical Center  
111 Michigan Ave N.W.  
Washington, D.C. 20010-2970  
Contact: Kathy Woodward, M.D., Director CHS  
202-884-5464, 202-884-2178 Voice

Division of Child Protection  
Children's National Medical Center  
111 Michigan Ave., N.W.  
Washington, D.C. 20010  
Contact: Mireille Kanda, M.D., Director

Family & Medical Counseling Services, Inc.  
2041 Martin Luther King Ave., S.E.  
Washington, D.C. 20020  
Contact: Chester Marshall, Program Coordinator  
202-889-7900

The Isaacs Group  
1350 Connecticut Ave., N.W.  
Suite 100  
Washington, D.C. 20036  
Contact: Mareasa Isaacs, President

MAAT Center for Human and  
Organizational Enhancement  
1914 9th St., N.W. #2  
Washington, D.C. 20001  
Contact: Aminufu Harvey, Executive Director  
202-265-0296

Male Youth Enhancement Program  
1510 9th Street, N.W.  
Washington, D.C. 20001  
Contact: Jake Roach  
202-332-0213

Mediation in Schools  
Community-Based Dispute Resolution  
1901 L Street, N.W. Suite 600  
Washington, D.C. 20036  
Contact: Judith Filner  
202-466-4764, FAX 202-466-4769

Rx for Safety  
Center to Prevent Handgun Violence  
1225 Eye St., N.W. Suite 1150  
Washington, D.C. 20005  
Contact: Ricki O'Kane  
202-289-7319, FAX 202-408-1851

Straight Talk About Risks  
Center to Prevent Handgun Violence  
1225 Eye St., N.W. Suite 1150  
Washington, D.C. 20005  
Contact: Nancy Gannon  
202-289-7319, FAX 202-408-1851

Washington Community Violence Prevention Program  
Washington Hospital Center  
110 Irving St. N.W. Room 4B-46  
Washington, D.C. 20010  
Contact: Patricia S. Gainer  
202-877-3761, FAX 202-877-3173

## SELECTED REFERENCES

### BOOKS AND MONOGRAPHS

**The Prevention of Youth Violence: A Framework for Community Action, National Center for Injury Prevention and Control, (Centers for Disease Control and Prevention, 1993).**

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

A directory of community programs, arranged by major strategy, is also included. This list contains program names and addresses, target groups, settings, and a brief description of each project.

A copy may be obtained by writing the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway NE, Mail Stop F36, Atlanta, GA 30341.

**Reaching Youth: A Public Health Responsibility, Katrina Holt, Kristin Langlykke, and Susan Pansarine (editors), (National Center for Education in Child and Maternal Health, 1994).**

This booklet summarizes the 1993 State Adolescent Health Coordinators Conference "A Systems Approach to the Public Health Problem of Youth Violence". It comprises four sections:

1. A Youth Portrait Gallery: Its Problems, Its Prospects and Some New Paradigms (Michael Cohen)
2. A Systems Approach to Public Health Issues (Maxine Hayes)
3. Youth Violence and Its Prevention (Renee Wilson-Brewer)
4. Summary of Work Groups: A Public Health Response to Adolescent Violence Prevention

The report includes the "National Health Promotion and Disease Prevention Objectives Related to Violence Reduction and Prevention" and a directory of conference participants.

Single copies are available at no charge from the National Maternal and Child Health Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, 703-821-8955, ext 254 or 265; FAX 703-821-2098.

**Understanding and Preventing Violence, Albert J. Reiss, Jr. and Jeffrey A. Roth, editors,**  
**(National Academy Press, 1992).**

This book summarizes the work of the Panel on the Understanding and Causes of Violent Behavior, created by the National Academy of Sciences in response to the National Science Foundation, the National Institute of Justice, and the Centers for Disease Control and Prevention. It is part of a four volume set on violence.

This book contains three main parts:

**Part I: Violent Human Behavior**

1. The Diversity of Violent Human Behavior
2. Patterns of Violence in American Society

**Part II: Understanding Violence**

3. Perspectives on Violence
4. Alcohol, Other Psychoactive Drugs, and Violence
5. Violence and Families
6. Firearms and Violence

**Part III: Harnessing Understanding to Improve Control**

7. Expanding the Limits of Expanding and Control
8. Recommendations

Copies of this book may be purchased from the National Academy Press, 2101 Constitution Avenue N.W., Washington, D.C. 20418, 800-624-6242.

**Violence and Youth: Psychology's Response, Volume I: Summary Report,**  
**(American Psychological Association, 1993).**

The report of the APA's Commission on Violence and Youth includes the following sections:

1. The Problem of Youth and Violence - Psychology's Message of Hope
2. Developmental Antecedents: How Do People Become Violent?
3. Social and Cultural Experiences that Affect Youth Violence
4. Youth as Victims of Violence
5. How Can We Intervene Effectively?
6. Recommendations for Public Policy

A list of the individual papers comprising Volume II and a directory of commission members are included.

Copies may be obtained by writing "Violence and Youth Report," APA, Public Interest Department, 750 First Street NE, Washington, D.C. 20002-4242.

**Violence as a Public Health Problem: Developing Culturally Appropriate Prevention**

**Strategies for Adolescents and Children, Kenneth Jaros (editor), (National Center for Education in Child and Maternal Health, 1992).**

The conference proceedings contain the following reports:

1. Violence in America (Rudolph Sutton)
2. Developing and Implementing Culturally Sensitive Interventions with Individuals, Families and Communities (Aaron Smith)
3. Coalition Building: A Social Work Response for Community Empowerment (Home Rahn-Lopez)
4. Statewide Leadership and Coalition Building (Cheryl Boyce)
5. Together We Can Stop Violence (Larry Cohen)
6. Relating Psycho-Social Approaches to Violence Prevention Among African American Youth (W. Rodney Hammond)
7. Reducing Youth Violence: An Africentric Approach for Correctional Settings (Anthony King)

The proceedings conclude with recommendations from the three working groups ("Mobilizing Communities for Action," "Linking Juvenile Justice and Child Welfare Programs," and "School Based Initiatives") and a participant list.

Single copies are available at no charge from National Maternal and Child Health Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, 703-821-8955, ext 254 or 265; FAX 703-821-2098.

**Violence Prevention for Young Adolescents: A Survey of the State of the Art, Renee Wilson**

**Brewer, Stu Cohen, Lydia O'Donnell, and Irene F. Goodman, (Carnegie Council on Adolescent Development, September 1991).**

This working paper identifies 83 violence prevention programs for young adolescents (ages 10-15) in the United States. The authors surveyed these programs to collect data on goals, target populations, major activities, evaluation methods and outcomes. Eleven programs are described in detail, and summary information is provided for 51 programs. Names, contact persons and addresses are provided for all 83 programs.

Contact: Renee Wilson-Brewer, Carnegie Council on Adolescent Development, 2400 N Street N.W., Washington, D.C. 20037-1153, (202-429-7979).

**Violence: The Impact of Community Violence on African American Children and Families:**

**Collaborative Approaches to Prevention and Intervention, Mareasa R. Isaacs, (National Center for Education in Child and Maternal Health, 1992).**

This report summarizes workshop presentations on six main topics:

1. The extent, prevalence, and nature of community violence in African American communities and its impact on children and families;
2. Various theories about the causes and consequences of increasing violence and death among African American youth and ways the cycle might be interrupted and reversed;
3. Current efforts to prevent violence in African American communities from state, city, and grassroots perspectives;
4. The critical environmental, cultural, familial, and individual "protective" mechanisms that act as positive coping strategies to mitigate the deleterious impact of community violence on African American children and families;
5. The roles that mental health and maternal and child health programs and professionals can play in preventing and treating African American children and families who live in high violence communities; and
6. The development and effectiveness of collaborative efforts and community coalitions in addressing violence in the African American community.

The report contains an annotated bibliography, a resource list, and a directory of conference participants.

Single copies are available at no charge from the National Maternal and Child Health Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, 703-821-8955, ext 254 or 265; FAX 703-821-2098.

**ARTICLES AND PAPERS**

**"Evaluating Public Policy Initiatives to Prevent Injury and Violence," Children's Safety Network, National Center for Education in Child and Maternal Health, 1993.**

This paper contains a list of questions to consider in evaluating policy proposals.

For copies, contact Children's Safety Network, NCEMCH, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617, 703-524-7802; FAX 703-524-9335.

**"Preventing Violence in At-Risk African-American Youth," W. Rodney Hammond and**

**Betty R. Yung, Journal of Health Care for the Poor and Underserved, 2:3, (Winter 1991), 359-73.**

This article reports preliminary findings of a program to train African-American adolescents in social skills, an approach which shows some promise as a means of preventing violence. The pilot study suggests a need for continued research on this and other prevention approaches to reduce the disproportionate -- and preventable -- risk of injury or death for this vulnerable population.

**"Understanding and Preventing Violence," Jeffrey A. Roth, National Institute of Justice,**

**Research in Brief, February 1994.**

This paper presents the main findings of the National Academy of Sciences Panel on the Understanding and Control of Violent Behavior.

Copies are available by writing the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, Washington, D.C. 20531.

**"Violence and Public Policy: Action at the Local and State Level," Laurie Duker, Children's Safety Network, National Center for Education in Child and Maternal Health, 1993.**

This paper presents a list of legislation, regulation, and executive orders intended to prevent violence.

For copies, contact Children's Safety Network, NCEMCH, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617, 703-524-7802; FAX 703-524-9335.

**"Firearm Facts: Information on Gun Violence and Its Prevention," Children's Safety**

**Network, National Center for Education in Child and Maternal Health, 1994.**

This set of fact sheets contains data on firearms and youth homicides, suicides, accidents, guns in schools, among others.

For copies, contact Children's Safety Network, NCEMCH, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617, 703-524-7802; FAX 703-524-9335.

## BIBLIOGRAPHIES

**"Dating Violence Prevention Programs, Curricula, and Other Educational Materials,"  
Children's Safety Network, Adolescent Violence Prevention  
Resource Center, 1993.**

This annotated bibliography includes ordering information.

For copies, contact CSN Adolescent Violence Prevention Resource Center, Education Development Center, Inc., 55 Chapel Street, Newton, MA 02160, 617-969-7100.

**"Maternal and Child Health 1994 Publications Catalogue," National Center for  
Education  
in Child and Maternal Health, 1994.**

This catalogue contains a complete list of NCEMCH publications, including 21 titles specifically involving violence and injury prevention.

Single copies are available at no charge from the National Maternal and Child Health Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, 703-821-8955, ext 254 or 265; FAX 703-821-2098.

**"Selected References on Violence Prevention and Public Policy," Children's  
Safety Network,  
National Center for Education in Child and Maternal Health, 1993.**

This annotated bibliography includes ordering information.

For copies, contact Children's Safety Network, NCEMCH, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617, 703-524-7802; FAX 703-524-9335.

## RELATED PUBLICATIONS

**Adolescents at Risk: Prevalence and Prevention, Joy G. Dryfoos, (Oxford  
University Press,  
1990).**

While this book does not focus explicitly on adolescent violence, Dryfoos presents data on four problem areas (teenage pregnancy, delinquency, substance abuse, and school failure), examines prevention programs in each area for "what works", and develops a common set of concepts to guide the formulation of comprehensive strategies. She provides numerous examples of successful (and unsuccessful) programs, focusing on the pros and cons of integrated services.

**Kids, Drugs, and Crime, Cheryl Carpenter, Barry Glassner, Bruce D. Johnson,  
and Julia Loughlin, (Lexington Books, 1988).**

This scholarly book focuses primarily on drugs and crime, yet it does examine several important questions related to youths and violence:

1. Does drug use lead to crime?
2. How are violent crimes related to drug and alcohol use?
3. How do risk factors influence precocious drug and alcohol use and delinquency?
4. How do drugs, alcohol, and crime interrelate in the life processes of serious drug-abusing delinquents?
5. Do criminal justice sanctions deter adolescent criminality and drug use?

## RECENT ARTICLES OF LOCAL INTEREST

Don Colburn, "Teen Depression Tied to Violence at Home," The Washington Post, April 4, 1994, Health, 5.

Don Colburn, "When Violence Begins at Home: AMA Conference Addresses "Problem of Shocking Dimensions," The Washington Post March 15, 1994, Health, 7.

Patricia Davis, "Reality's Violent Classroom: High School Students Hear Shooting Details," The Washington Post, March 10, 1994, V1.

Sari Horwitz, "Youths Tell Kelly They Want Action: Mayor Hears Students' Concerns at Meeting," The Washington Post, February 3, 1994, B1.

Jon Jeter, "Anti-Gang Plan Starts in P.G.," The Washington Post, March 8, 1994, D7.

Elisha King, "Turning Youths Around: Therapist Tries to Steer Teen Offenders from Crime," The Washington Post, February 24, 1994, M1.

Cindy Loose, "Seeking Solutions: Forum on Youth Violence Urges New Attitude," The Washington Post, March 24, 1994, V6.

Cindy Loose and Pierre Thomas, "Crisis of Violence Becoming Menace to Childhood," The Washington Post, January 2, 1994, A1.

Kathleen O'Leary, "Aftermath of a Murder," Washington Post, April 5, 1994, Health, 11.

William Raspberry, "At a Loss for an Answer," The Washington Post, January 10, 1994, A15.

"Reality Requires Tougher Responses to Juvenile Crime," The Washington Post, February 6, 1994, C8.

Carlos Sanchez, "Juvenile Crimes Escalate: Officials Say Offenses More Violent, Sophisticated," The Washington Post, March 3, 1994, V1.

Paul D. Wellstone, "Breaking the Cycle of Violence," The Washington Post, March 29, 1994, A18.

Linda Wheeler, "Combating Violence Stays at Top of Agenda for D.C. Youth Summit," The Washington Post, February 4, 1994, A6.

## UPCOMING CONFERENCES

Information about these conferences was obtained from the National Clearinghouse on Child Abuse and Neglect Information and the National Center for Education in Child and Maternal Health.

### **Youth and Violence Conference**

Week of June 20th, 1994, Cleveland, Ohio

Contact: The Center for Practice Innovations  
Mandel School of Applied Social Sciences  
Case Western Reserve University  
216-368-3611

### **Violence Close to Home, Preconference Seminars of the National Conference of State**

#### **Legislatures Annual Meeting**

July 22-23, 1994, New Orleans

Contact: S. Smith, Denver  
NCSI, Meetings and Seminars  
303-837-8225

### **The National Conference of State Legislatures Annual Meeting**

July 23-28, 1994, New Orleans

This meeting includes panels on:

#### **Improving Results for Children and Families: Systems and Practice**

Contact: C. Romig and J. Bell, Denver  
NCSI, Meetings and Seminars  
303-837-8225

and

#### **Kids and Violence: Juvenile Justice Responses**

Contact: S. Smith and D. Hunzeker, Denver  
NCSI, Meetings and Seminars  
303-837-8225

**Violence and the Vulnerable Child, 13th Congress of IACAP**

July 24-28, 1994, San Francisco, CA

Contact: Congress Secretariat  
International Association of Child & Adolescent Psychiatry & Allied Professionals  
University of California at San Francisco  
415-476-5808

C

**National Symposium on Child Fatalities, The Missouri Experience**

July 31 - August 2, 1994, St. Louis, MO

Contact: Karen Rhodes  
Missouri Child Fatality Review Project  
c/o MIMH  
5247 Fyler Avenue  
Building L  
St. Louis, MO 63139-1494  
315-644-8803

**6th National Conference By, For, and About Battered Women and Their Children:  
Many Voices, One Vision**

July 31-August 3, 1994, St. Paul, MN

Contact: The National Coalition Against Domestic Violence  
Conference Office  
612-646-3512

**National Black Child Development Institute's 1994 Annual Conference**

October 6-8, 1994, Seattle WA

Contact: Vicki Pinkston  
NBCDI  
1023 15th Street, N.W.  
Suite 600  
Washington, D.C. 20005  
202-387-1281, FAX 202-234-1738

**Prevention Training Institute: Sharing What Works!, National Mental Health Association, American Counseling Association Partnership in Prevention**

October 20-23, 1994, Washington, D.C.

Contact: Sandra McElhaney  
National Mental Health Association  
1021 Prince Street  
Alexandria, VA 22314  
703-838-7506

**A National Conference on Children and Violence: Intervention and Prevention Programs for Youth, School and Media Violence**

November 10-12, 1994, Houston, TX

Contact: University of Texas  
Clear Lake Institute for Family & Community Development  
2700 Bay Area Blvd.  
Houston, TX 77058-1058  
713-283-3391

**Working with Aggressive Youth, Boys Town National Training Center**

November 14-15, 1994, Washington, D.C.

Contact: Boys Town Center  
Boys Town, NE 68010  
1-800-545-5571 or 402-498-1619

**Leadership Conference, Violence and Child Abuse: The Substance Abuse Connection, National Committee to Prevent Child Abuse**

November 16-19, 1994, Chicago, IL

Contact: NCPA  
332 South Michigan Ave., Suite 1600  
Chicago, IL 60604  
312-663-3520

**Stopping The Violence: Changing Families, Changing Futures, The British Columbia Institute on Family Violence**

November 16-19, 1994, Vancouver, British Columbia, Canada

Contact: The British Columbia Institute on Family Violence  
290-601 Cordova St.  
Vancouver, BC, Canada V6G 1G1

The D.C. Family Policy Seminar is coordinated by:

Mark Rom, Assistant Professor, Georgetown Graduate Public Policy Program, 3600 N St. N.W., Washington, D.C. 20007-2670. Phone: 202-687-7033; FAX 202-687-5544.

Amy Scott, Research Assistant, Georgetown Graduate Public Policy Program, 3600 N St. N.W., Washington, D.C. 20007-2670. Phone: 202-687-8477, ext. 3; FAX 202-687-5544.

For additional information about the Seminar, or copies of the briefing reports:

"Preventing Adolescent Violence in the District of Columbia" May 1994  
"Integrating Services for Preventing Teen Pregnancies" December 1993

please contact Amy Scott at 202-687-8477, ext 3.