

**D.C. FAMILY POLICY SEMINAR**  
**PREVENTING ADOLESCENT VIOLENCE**

The following report provides the **highlights** of the second D.C. Family Policy Seminar held May 26, 1994 in the Reeves Building, Washington, D.C. The highlights should serve as a supplement to the material covered in the **Background Briefing Report**.

*Introduction*

**Mark Rom**, director of the Family Policy Seminar and a member of the faculty at the Graduate Public Policy Program at Georgetown University, opened the seminar by welcoming all participants, including Councilmember Nathanson. Dr. Rom proceeded to present the topic of adolescent violence, describe the concept behind the family policy seminar and introduce the speakers from various disciplines concerned with violence in the District.

*Dr. Jeffrey Roth*

The first panelist, **Jeffrey Roth**, PhD in Economics, is the Research Director of the Office of Law and Policy at Abt Associates, and is currently moving to the Urban Institute as Senior Research Associate studying community-based violence programs. Dr. Roth served as the principal staff officer for the study and book Understanding and Preventing Violence. Dr. Roth began the conference by describing the violence problem in the District, while offering innovative solutions which may work to combat this problem.

As statistical background, Dr. Roth cited that 18% of offenders commit approximately 50% of all violent crimes. Yet, the "lock 'em up" advocates must be frustrated by the fact that the number of serious violent crimes in 1989 was approximately equal to that of 1975, despite the fact that the expected time served in prison following conviction for a violent crime had nearly tripled during this same time. Dr. Roth reported that in the District 145 murders in 1985 jumped to 482 in 1991, with roughly equivalent levels for the past several years.

Thus, Dr. Roth argued that the "lock 'em up" approach reaches only a small fraction of the violence problem in the District because incarcerated offenders are replaced by new offenders on the street, some of whom are adolescents. He called for focusing more on prevention. The problems inherent to this viewpoint are a lack of financial backing, political will-power and proven technologies. In addition, prevention programs often take years before substantive improvement can be measured.

Dr. Roth stressed that there are no "one-size fits all" solutions to violence, but rather that communities and decision-makers must attack violence one piece at a time, tailoring projects and programs to the community while coordinating multiple agencies into the process.

To stimulate innovative approaches to the violence problem, Dr. Roth offered various project proposals drawn up at a conference with the Kennedy School of Government in which participants were formed into task forces so as to draw up solutions specific to the Washington area. In the short term, Dr. Roth suggested focusing on murder victim families with support groups and threatened-witness shelters. The Orange Hat program addressed the clustering of crime in the city by mobilizing communities in housing projects and allowing citizen patrols to work with the police. For example, police could station themselves near drug markets, ostensibly to warn out-of-state motorists of the dangers in a particular community, but simultaneously making drug purchasers aware of their visibility to police.

As part of longer-term solutions, Dr. Roth recommended full service schools that combine day

care, recreation and peer tutoring, and which act as a safe haven for the family and for social service providers. In addition, family resource centers are a possible long-term approach to decreasing violence both in and outside of the home. The basic principle of these centers is that the policy must treat the family, not just the child. Services must be mobilized to the needs of the community, while incorporating the community into service identification and delivery.

### ***Dr. John Richters***

**Dr. John Richters**, PhD in Psychology, works in the Child and Adolescent Disorders Branch of the National Institutes of Health. He provided the participants with data from research conducted in the DC Public Schools, SE Washington DC, Ward 7. Dr. Richters concluded from his study that ultimately the solution to violence lies within the family.

Dr. Richters first presented various statistics on violence. He reported that the United States in general holds the highest rate in the industrialized world in murders per 100,000, currently at 21.9, 11.3 for whites and over 25 for African Americans. At present in the DC area, he stated that Ward 2 is the most violent. Dr. Richters stressed the ill effects of high exposure of violence on children.

The parents of a random sample of fifth and sixth grade students in one of the Ward 7 schools reported that their children had seen the following forms of violence: 3% suicide, 11% shooting, 74% someone arrested, 90% forced entry, 14% dead body outside. If these numbers are not disturbing enough, Dr. Richters stated that these same levels of violence are also apparent for the second graders sampled, indicating overall younger exposure to violence. In addition, these numbers may be under-reported as parents are not always aware of the exposure levels for their children, most especially at school.

Dr. Richters also cited higher incidence levels of violence within the sampled families as compared to the national average. By in large, the perpetrators of crime and violence have a familiarity with the victims. Adult-to-adult violence or threats in resolving conflicts is statistically great within the District and directly affects the psychological responses of the child. These psychological responses include increased levels of fear, distress, depression and anxiety.

Dr. Richters examined the influence of the stability and safety of the home on academic performance. Stability levels were determined through indirect measures such as family structure, mobility, and income levels, while safeness was measured in terms of the presence or lack of guns/drugs in the home. His studies indicate that the majority of students are resilient to family circumstances and are doing well in school. If a student comes from a safe and stable home, the odds of academic success are 67%; in contrast, a student from an unsafe and unstable home has an almost 100% probability of failure.

Although conflict resolution programs appear to be the solution for psychological and adaptational problems, Dr. Richters noted that the majority of crime stems from a minority of children. He asserted that children manifest problems at an early age, and therefore programs should target these at-risk children. Practitioners can identify at-risk behavior for violence remarkably early in childhood through those children which show motivational and value systems that differ greatly from that of the main stream.

### ***Dr. Joye Carter***

**Dr. Joye Carter**, MD, serves as the Chief Medical Examiner for the District and serves on the Mayor's Commission on Child Abuse and on the Commission on Infant Mortality. Dr. Carter also has faculty appointments at Howard and George Washington Universities.

Dr. Carter opened up her presentation by noting the growing number of children growing up with violence. In 1993, the youngest homicide victim was 1 month old. Almost 400 black males were killed in DC in 1992 and a similar number were killed in 1993; this is double the number of 1987. So far in 1994, there have been approximately 160 homicides, with a drive-by shooting occurring hours before this conference took place.

The cycle of violence involves certain factors including poverty, housing, poor educational systems, substance abuse and a sense of hopelessness. The cycle is multi-generational and predominates in the African-American community. Unfortunately, there is a resentment to research within the community that must be overcome if improved assessment and evaluation is to be undertaken.

To better link the community and policy makers together, Dr. Carter praised the current undertaking of the Commission on Public Health which is attempting to foster coalition building with the Center for Disease Control's Healthy People Program. She agreed that alcohol was the most commonly abused substance related to violence, and that not all of violence was drug related.

Dr. Carter stressed that there are no easy solutions to the problems of violence, but that fostering coalitions and direct work with churches, schools and police departments can potentially make a difference. Also, decision-makers need better information regarding the problem and its solutions. The ultimate solution to the violence problem, however, must incorporate the community, for only they understand the difficulties and emotions at hand.

In conclusion, Dr. Carter noted the bias in dealing with violence in the District. Negative stereotypes occur in the media, conspicuously in the newspapers in which African American deaths are usually placed on the back page of the "Metro" section rather than the first page as are other ethnic groups. This reinforces negative images and a sense of worthlessness, while not focusing enough attention to the successful stories of the day. In our community, in print and on the screen, Dr. Carter maintained that violence sells.

### ***Dr. Esther Berry***

**Dr. Esther Berry**, EDD in Education, is a lecturer in the Department of Curriculum and Instruction, School of Education, Howard University, and the director of the Student To Student Substance Abuse Prevention Project.

She began by describing the Student To Student Project as a practical application of inter-active co-partnerships that address one factor contributing to violence - ATOD / alcohol, tobacco and other drugs abuse. This collaborative partnership is conducted in Ward 7, Marshall Heights/Eastgate, J.C. Nalle Elementary.

The program's objective is to train elementary students in ATOD prevention and to tutor students in reading and mathematics. Through academic tutoring assistance, coupled with ATOD prevention strategies, the Nalle students will demonstrate improved academic performance and produce creative substance abuse prevention literature, art and drama activities. Notably, Howard University students (undergraduate and graduate) are trained to tutor and train the J.C. Nalle students. As a parent involvement component, parents receive the training necessary to support and continue the Project after the funding cycle.

Dr. Berry stated that the Project operates on the J.C. Nalle school site, after school hours, four days a week, two hours per day. Notably, the support provided to the Project from Howard University School of Education and the Nalle school community have been integral to the success

6of the Project. In addition, the ability of the Project to call on the community and utilize support systems in the community has most effectively influenced the positive impact of the program.

Overall, Dr. Berry asserted that nearly 500 persons in the J.C. Nalle community have been involved in the Project. The "Traveling Troupe" of elementary students conducted skits on ATOD prevention and has distributed nine newsletters to date. In all, students have acquired the added ability to identify at-risk behaviors and select positive lifestyle behaviors for themselves. The research component of the Project incorporates co-partners who have created new measuring evaluations to track students and measure ATOD knowledge. The partnership factors are interactive variables such as family, peers and friends, universities, public-private partnerships and the community.

Students in the Project showed substantive gains in mathematics and reading skills. A high percentage gain in the knowledge of ATOD abuse was also recorded with a significant amount of shared information among peers. Parents also reported that the Project heightened their children's self-discipline and self-assurance.

In recognition of the challenges still facing the Project, Dr. Berry cited the need for financial support systems and the need to establish new technical support networks within the community. More partnerships are needed to develop and continue support systems for our children, especially as they leave the elementary school setting. Dr. Berry addressed the continued search for funds and invited a replication of this model, the Student To Student Substance Abuse Prevention Inter-Active Model, at other elementary schools.

### ***Points Raised During the Discussion***

\* \* One participant, representing the Urban Partnership Collaborative made up of approximately ten different schools, urged participants to join the collaborative movement. Dr. Rom mentioned that a list of participants and phone numbers would be provided as part of this edition of conference highlights.

\* \* A member of the DC Commission on Public Health stressed the need for coordination in violence prevention. In order to facilitate this exchange, he is planning a collaboration to more effectively plan violence programs. He stressed the fact that violence is no longer just a problem of the criminal justice system.

\* \* An associate of the DC Commission of Public Health, as well as Healthy People 2000, Adolescent and Young Adult Section again called forth the need for collaboration. She mentioned its importance in mental health and in misplaced anger needs. As a co-chairperson on the Domestic Violence Task Force, she stated that a greater focus needs to be placed on violence in the home and on educating the medical community.

\* \* A member of the DC Commission for Women asked the panel about what can be done to get into the home when addressing problems of violence. Dr. Joye Carter suggested greater work with the community to give them an input in projects while helping to break the violence cycle. Dr. Roth noted a program used in Hawaii and upstate New York in which public health nurses visit homes of newly-born infants to educate the parents on child-rearing. This project may have marked effects on violence prevention efforts. Dr. Richters suggested that ultimately programs must create a sense of worth in children if violence is to be addressed.

\* \* Councilmember Nathanson complimented the panelists on their presentations and for their provocative information on such a timely and important matter. He stated that the council as an institution is perplexed as to the direction needed on violence prevention. He asked the panelists to recommend legislation, other than budgetary issues, that would help reduce violence. Dr. Roth

stated that so little is known as hard fact regarding violence that law-making bodies should do all that they can to support the diagnosis of the problems in collaborative forms. Thus, forums should be set up and backed by the council to allow for community-specific solutions and innovative approaches.

\* \* A member of the Washington Commission for Violence Prevention stated the importance of risk factors, survival skills, conflict resolution and alternative problem solutions. She urged the participants to look at the social services and at multi-generational approaches in solving violence problems.

\* \* A participant from the Commission on Public Health stressed the need to include public health persons in programs since parenting is critical to violence prevention; as the African saying states, "It takes a whole community to raise a child". So too, projects should increase mental health services and utilize time in prison to educate individuals.

\* \* A member of the DC Chapter One Public Schools, Mental Health in the Schools Division, addressed the need for early intervention and detection of behaviors which lead to violent acts. The need for parenting skills as part of curriculum is acute, and studies show that academic problems decrease with intervention. Projects should also include non-violence training to teachers. Unfortunately, many well-defined and successful models and projects are being stifled with budgetary cuts. She stressed that projects which actually make a difference in violence prevention should be maintained and supported.

\* \* A representative of community work with the homeless and adolescents with small children mentioned the alarming lack of emotional and developmental support that many in the community face. Children under five are seeing violence in its many forms and the cycle is not being stopped. Again, she called for the need for early intervention.

### ***Concluding Remarks***

Dr. Mark Rom concluded the session by thanking the speakers and participants, requesting comments for improving the DC Family Policy Seminar and the draft of the Briefing Report. In addition, Dr. Rom offered to distribute summaries of the meeting, an updated Briefing Report and a listing of all participants to all those who attended the conference.