

# Violence as a Public Health Problem:

## Developing Culturally Appropriate Prevention Strategies for Adolescents and Children

Proceedings of the 1992 Public Health Social Work  
Maternal and Child Health Institute

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Maternal and Child Health Bureau  
Health Resources and Services Administration  
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and

Public Health Social Work Training Program  
Graduate School of Public Health  
University of Pittsburgh

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Proceedings of the Annual Public Health  
Social Work Maternal and Child Health Institute

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## INTRODUCTION

The 1992 Public Health Social Work Institute in Maternal and Child Health examined violence as a public health problem and attempted to identify preventive interventions focusing on children, youth and families. This year's conference brought together nearly 100 representatives from agencies and institutions in 17 states and the District of Columbia. They were no strangers to the growing problem of violence for children and youth and families. Organizations represented included health departments, community based health centers, social service agencies, school systems, universities, juvenile justice systems, churches, and private foundations.

The emphasis of the conference was not on the magnitude and scope of the problem (the participants were well aware of this), but rather on preventive approaches to the problem. The presentations in this document include examples of several model programs.

A major agenda of the Institute was also to facilitate communication and cooperative program development between health, education and social service systems. In addition, an important outcome was the development of a set of recommendations regarding the role of social workers and other health/social service professionals in combating violence. Three separate workgroups were convened to draft recommendations addressing specific topic areas. The topic areas were: Mobilizing Communities for Action, Linking with Juvenile Justice and Child Welfare Programs, and School Based Initiatives. The resulting recommendations which were disseminated to the Maternal and Child Health Bureau and other federal agencies, to policy makers at the state and local levels, and to several private foundations are summarized in the final section of this report.

The conference opened on Monday, April 27 with a welcome from Edgar Duncan, Associate Dean of the Graduate School of Public Health at the University of Pittsburgh, and Ms. Jeannine D. Peterson, Deputy Secretary for Drug and Alcohol Programs for the Commonwealth of Pennsylvania. Ms. Peterson was representing Dr. Allan Noonan, the Pennsylvania Secretary of Health, who has a keen interest in the problem of violence in communities and families. The bulk of the presentations from the Institute are included in the proceedings. Presentations were also given, however, by the following individuals: Dale Young, Great Brook Valley Health Center, Worcester, Massachusetts; Diedre Levinsky, Pittsburgh Conflict Mediation Program; and Therese DeFazio and Reggie Warford from Shuman Detention Center, Pittsburgh. On Wednesday April 29 the conference concluded with a presentation by Dr. Earl Braxton on training needs for professionals, with closing comments provided by Deborah Stokes from the Ohio Health Department. This final presentation was spirited and stimulating and challenged the participants to make real changes in the existing public health and social service system. Ironically, the conference ended against the backdrop of major urban violence in Los Angeles. In spite of this, participants appeared to leave the Institute with a sense of optimism and enthusiasm, armed with new ideas and new professional contacts.

## VIOLENCE IN AMERICA

Rudolph L. Sutton, R.S., M.P.H.

A south Philadelphia man 18 years old was fatally shot about 3:15 a.m., seven blocks from his home. He died of multiple gunshot wounds to the back and head at 4:34 a.m. Homicide detectives said the slaying appeared to be drug related.

A north Philadelphia man was shot twice and died after being found lying face down at 2:30 a.m. Police believe that he was shot at one location and his body was brought to where they found him.

A 23 year old woman was shot once in the head and killed Saturday in her apartment. Her 22 year old boyfriend was charged with the murder.

A woman was shot inside of a north Philadelphia apartment where she was hiding from her estranged husband. She was beaten and shot several times about 4 a.m. Her two children ages five and two witnessed the slaying of their mother and were crying hysterically when police officers arrived on the scene. The five year old child told police: "Daddy did it."

The husband had been looking for the victim for weeks. He had threatened her friends, and acquaintances, including holding a gun to the head of her godmother in efforts to find his wife.

A 22 year old male hung himself in a closet because he felt no one loved him. His girl friend refused to let him see his newborn baby.

Last year in north Philadelphia a 22 year old African-American man was stabbed to death by another 26 year old African-American male.

The 22 year old was the right age, because homicide for African-American Philadelphians between the ages of 15 and 34 was the leading cause of death in 1984.

The fact that these two men were brothers supported the claim that homicide most commonly occurs among people who know each other.

There are tragedies like these throughout African-American communities. Homicides and violence are so common in these communities that little if any newspaper coverage is allotted to them.

These homicides like the other approximately 500 (in Philadelphia) per year only shows the tip of the iceberg. Non-lethal violence takes a severe toll in the African-

American community in terms of injury, disability, economic costs, and negative impact on family and community life.

In one case mentioned earlier, a mother had to bury one son and attend the trial of the second. This was after losing another son eight years earlier, who was stabbed in the chest by an acquaintance during an argument.

The perpetrator in this case had exhibited signs of violence since his childhood, yet nothing had been done to intervene in his life to try to help him. The victim had sought help from a community mental-health agency, because "he felt his life was out of control, and he was helpless to do anything about it."

Are we helpless to do anything about it?

Do we want to do anything about it?

Who is responsible for violence in our society?

Sadly, we must face several facts; and we must face them honestly and boldly. First, we must admit that poverty breeds, supports and sustains violence. People behave like animals when they are continually competing for space and life's necessities. Second, and perhaps the hardest to admit, is the existence of racism which supports and sustains violence. This is particularly true in African-American and other minority communities. All low socio-economic groups are experiencing various degrees of these two "social ills".

Radio and movies educated us through cowboy stories and westerns that the only good "injun" was a dead one. One of our most famous heroes, the Lone Ranger, had a companion, Tonto, whose name means fool. Poor Tonto always had to get the firewood and water to set up camp. When he went into town for supplies, it was always the same; he was beaten and then told, "Injun get out of town". True, this is only make believe, but there is an underlying truth here: racism, whether subtle or open is as deadly as any handgun.

All of the comic book heroes are white: Wonder Woman, Batman, Superman, and even Mighty Mouse. The only "good blacks" are shown in the movies, athletics, or the performing arts. This in itself can produce anger and a feeling of inequality. One of the greatest insults to minorities is toleration, the act of putting up with. This is a far cry from acceptance, which is approval and a state of being accepted, accepted for differences rather than for similarities.

Whereas the concept of differences takes into consideration a person's worth, the concept of similarities deals with resemblances or look alike. This is especially true in the African-American community, where one-hundred percent of the crime is committed by one percent of the people. Although most African-Americans live in the ghetto or inner city, ninety-nine percent of them are peace-loving, law-abiding citizens, who have pride in their

families, their communities, and their country. You only have to look at the Vietnam Veterans' Memorial in Washington, D.C. to see the list of names of African-Americans who died for this country; while yet being denied a chance to live here with pride and dignity.

Violence in America is institutionalized. This land of the free was taken by violence, expanded by violence, and is maintained by violence. Violence is so much a part of America that we view it as amusing and entertaining. Slapstick comedy for example, where someone is being hit over the head, or is constantly falling, or is being slapped, is very amusing to us. The super heroes in comic books; Saturday morning cartoons characters chasing each other with clubs and guns are helping to educate our children.

It is easy to point fingers and place blame for violence in this country. However, the question is not who is responsible for the problem, but who will be in trenches fighting for the solution. While we try to decide who is responsible for dealing with violence, more and more young people are dying or being seriously injured.

In addition to the pain and suffering, there exists improper transportation to hospital emergency rooms for victims. In a survey conducted by our (Philadelphia Health Department) injury prevention program, some victims indicated using public transportation to get to a hospital for treatment.

Our records demonstrate sixty-six percent of target area residents who use the emergency rooms of eleven hospitals do not have any type of medical insurance.

We have always looked to the criminal justice system - police, judges, and prisons - to handle violence in our society. Inadequate social programs are in place to support rehabilitation.

While the dangerously violent perpetrator is given psychological and mental health consideration, we, who work in health care, have realized for some time now that the enormous drain in years of potential life lost, cost of hospitalization, amount of time lost from work, medical cost to cities, states, and the federal government, physical damage to the body, mental physical affects on family, and lastly, funeral cost, warrants the resources of the health care system to help deal with the problem of violence. In fact, there desperately needs to be a multi-disciplinary approach, using the knowledge, skills and resources of many systems.

If we are serious about the problem of violence we must be willing to suppress our own personal goals and desires for the good of our children and youth. We must knock down the barriers to developing successful violence control programs.

I am pleased to have been asked to participate in this conference on violence prevention. This conference should develop communication and cooperation among the many disciplines that we think are needed to really attack the problem. It is a conference

designed to define the problem, to determine the scope of the problem, and finally designed to suggest ways and means to deal with the problem.

I have observed smiles and enthusiasm by many attendees; perhaps, because at long last something is being done about violence. I have also observed frowns, frustration and doubt by others.

Data have been collected, programs established, networks formed, and collaboration instituted. In spite of this coming together of concerned agencies and organizations, we are still floundering on a sea of "do nothingness." Much of this is due to apathy, "stiffneckness," turf battles, and the lack of dedication to do something.

We have turned intentional and unintentional injuries into a circus of scientific nonsense. We need less scientists and more people who are willing to do something other than go to meetings and conferences talking to each other about what a problem violence has become.

Death is not going to wait until we decide on the perfect plan or solution to the problem. We are really not aware that we are a part of the problem, because we contribute to the problem and hinder chances for change by our attitudes. Each of us in this room today brings a wealth of knowledge based upon our exposure to the subject of violence. Violence is like our shadows in that it is with us all the time. Violence has been committed by someone in this world as long as all of us have been alive. And...unfortunately, some of us have been victims.

Here, I must, of necessity, disagree with the Center for Disease Control and other Health Agencies' and Health Practitioners' definition of violence. They maintain that "violence is the use of physical force with the intent of causing injury or death". Perhaps there are many present here today who embrace this definition; however, this definition excludes mental and verbal violence. Mental cruelty is grounds for divorce, therefore the courts consider it violence. Much of the violence that is occurring in our society today may be traced back to verbal abuse suffered by children. If someone is told often enough that they are stupid or worthless, after a while and by and by that someone will believe it and will act accordingly.

Based upon our exposure to the subject of violence, we are all experts in violence prevention. Regardless of our field of endeavor this is a problem to which each of us can contribute.

I have attended more than fifty meetings on violence. Perhaps some of you have attended even more. Since 1987 local, state and national agencies have collaborated, discussed, studied, agreed, disagreed, researched, published, promised, and vowed to deal with violence in America. I have been asked to join forums, dedicated groups,

organizations, committees, advisory groups, panels, and consortiums to deal with violence in America.

Yet, if any of the members of any of these groups are asked "what to do" about violence, the usual answer is, "I don't know".

However, the mere fact that a need for collaboration is being demonstrated here today puts us one step above many cities and states in the country. If the various agencies represented here today are willing to give up their claims on territorial rights to deal with violence, we will be two steps above many cities and states.

What has been accomplished at all of these violence forums, conferences, workshops and meetings? Well a laundry list of must make, must do, must find and must put, has been developed.

The list reads as follows:

- We must make sure that adequate violence data are available
- We must find ways to demonstrate human behavior as the major cause of violence
- We must change the "public's" perception of violence
- We must train more doctors, nurses, school teachers and parents to look for violent traits in our young
- Properly trained practitioners in violent injury control must be identified
- We must put aside our differences to develop a common vocabulary for violent terms to be used by all disciplines
- We must educate our decision makers to recognize violent injuries as a part of the field of injury control
- We must build trust and develop partnerships among agencies in order to use a multi-disciplinary approach to violence

All right! Something is being done about interpersonal violence. However, community people have seen something done about rats; something done about childhood lead poisoning; something done about maternal and child health; something done about poverty; something done about something. But what results have these something programs had on the problems. What have they done to improve the quality of life?

Have these programs been the priorities of the consumers? Babies, youths, and elders are still being victimized while we the practitioners hold meetings, attend conferences, write papers, and laud ourselves for our experience in violence control.

Are we aware that the community's perception of violence is completely different from ours?

Do we know that the data on victims of violence belong to the community?

Are we able to deal with the community's priority of needs?

Do we have the courage to insist that violence be eliminated in our schools?

Do we have the courage to take on the lobbyists and our lawmakers to establish nation gun control?

Do we truly believe that every child in this country is our child and not that person's child?

Are we willing to insist on a safe environment for all children?

Are we as adults, ready to stop watching body slams in wrestling, fighting at hockey games, and the so-called contact sports?

Are we willing to suppress our own personal goals and desires for the good of our children and communities?

Are we willing to make children this country's most important resource, and entitled to be our number one priority?

Our kids, and this is more prevalent in some cultures than others, no longer are looking forward to being a firefighter, police officer, doctor, or lawyer when they grow up. They just want to be alive when they grow up.

Are we willing or able to deal with all of the other problems of community residents other than violence? It is difficult to discuss injury control with a resident who is hungry or sick, unemployed, without heat or without hope.

Violence control must be included in a total health delivery system to be effective. People will only respond to a program that concerns itself with their hopes, dreams and concerns.

We have learned in Philadelphia that any successes that we have achieved are due to community participation at the grass roots level; coupled with hiring people from the

community to help their families, and their friends and neighbors modify their environment to help improve their quality of life.

We have demonstrated that when consumers are made to realize that the Philadelphia injury prevention program places high value on individual support and involvement of community people, and that his and her participation will help to develop and implement an injury program of value to him and his family throughout the year, we have gained support for the program.

The various consumer organizations, the citizens board, block groups, and participating residents play a large part in evaluating the program.

In the end will we be able to answer the following questions:

- Have the communities really been served?
- Have they been helped to help themselves?
- Have we empowered them to take over the program?

The Philadelphia injury prevention program is working in partnership with the community to help them solve the violence problem. We realize that when community residents all over the country convince themselves that enough is enough, and mobilize to effectively deal with the problem of violence, the band-aid approach which we now use will no longer be adequate.

Now the question remains what do we in this room intend to do about the problem?

Do we need another meeting?

How many committees do we need to form?

Do we need more data?

Is there a lack of resources?

How many of us would like to do something but don't know how to get started?

Are these "accidents" that we are unable to do anything about?

How many of us truly believe that this is our problem?

When we go into our work groups let's cast all of these questions aside and make up our minds that we intend to make a difference.

We don't live our lives in years or lifetimes. We live moment by moment, one day at a time. No suggestion or proposed solution is unimportant.

As individuals we are unique and powerful. Just as powerful as the individual who diligently worked to get prayer out of our schools. We don't have five or ten years to develop scientific strategies. If we continue to drag our feet, we'll lose entire generations.

- Admit that we have a problem
- Admit that we don't know the solution
- Admit that things can be changed
- Let us not sit or stand here, let's do something!

## DEVELOPING AND IMPLEMENTING CULTURALLY SENSITIVE INTERVENTIONS WITH INDIVIDUALS, FAMILIES AND COMMUNITIES: APPROACHING VIOLENCE AS A PUBLIC HEALTH PROBLEM

Aaron A. Smith, MSW, MPH, PhD, LCSW

It is always a pleasure to talk with other social workers who are inspired by being on the cutting edge of a new day in social work practice in health settings.

As social work practitioners, we are members of a core profession that has, by its long esteemed history, remained thoroughly committed to the plight of client populations victimized by life-threatening, life conditions. These conditions are often at times intractable, chronic and persistent. They are also possibly more devastating than any ever encountered by social workers in all of the previous decades leading into the 21st century.

Gitterman (1991) recognizes that the conditions and circumstances experienced on a daily basis by large segments of the population are so debilitating that people are rendered helpless as well as powerless. Social workers are particularly aware of the current array of social problems that are confronting our nation and its populace. We are certainly experiencing the best of times and the worst of times that confound us to no end.

When we look around us, we are astounded by the degree to which medical science is advancing. For instance, organ transplantation as a medical-surgical modality has made it possible for thousands of terminally ill people second and third chances to live high quality lives. Heart and lung transplants, liver and kidney transplants, and cornea transplants are now routine surgical procedures that did not exist thirty years ago.

Infants who would have died years ago because of prematurity, low birth weight and inoperable congenital birth defects, are now returning as healthy children to intensive care nurseries for reunions two and three years after life-giving surgeries.

Another area of major medical advancement is conception and fertility management. Childless couples are able to eventually become parents through fertility counseling and surrogate incubation of fertilized embryos. Advanced breakthroughs in maternal and fetal care has improved the survival and quality of life of high-risk mothers and infants. We also have women past the age of 50 conceiving and delivering normal healthy babies, and their joy is boundless.

We are also aware of other medical miracles that are the result of high technology that astounds the mind. Accidentally, severed limbs are being reattached, regaining their original appropriate functioning. We also have space travel and under-sea explorations that continue to expand our knowledge of this universe and its magnificent potentials.

However, there are many other areas of concern where we are not as successful in providing life experiences that enhance high quality survivability or, using a public health term I learned 30 years ago, high-level wellness.

We know what these are and I will only attempt to mention a few of them. Children and families are suffering; vulnerable, high-risk groups are also suffering; and communities are under siege as a consequence of a rampant drug epidemic that impacts upon everyone. Instead of being enhanced and empowered, they are being imperiled and are in great jeopardy.

### Fact and Figures that Boggle the Mind

American families have less time today than 20 years ago to devote to the family. This can result in limited supervision, limited education and limited nurturing of children by their natural parents or families. Non-relatives are rearing most children during the absence of their parents.

American families on an average have less income, consequently less buying power for the family. The only families who made economic gains in the 1980's, and who are making gains in the 1990's, are families at the top economic spectrum. One in five children live in homes with a single parent head-of-household; 65 percent of African-American children live in a family headed by a single mother.

Three out of ten babies were born to single mothers in 1989 - almost one-third of them to teenaged mothers - who are still children themselves. I am aware of a child who at 11 years of age, has two children; her own mother is 23 years old and she has five children; her grandmother is 35 years old and she has seven children; and her great-grandmother is 47 with four children of her own. Each had her first infant before her time!

These statistics identify the American family in crisis, and not just a minority family crisis. Although the data on poverty, family disorganization and dissolution, and teenage pregnancies tend to be more grim for minorities (i.e. Black, Hispanics, Asians, Native Americans) than for Whites, the data for our nation, as a whole, are themselves quite grim.

This conference identifies violence as a social problem that endangers the lives of everyone, but especially very vulnerable groups. We will be addressing violence occurrence and prevention in families and in communities. However, could the previously quoted statistics represent violence of another form? We will discuss family and domestic violence, as well as violent crimes perpetrated at the community level. What about acts committed against the society-at-large, particularly those against vulnerable groups, (i.e. poor women and their children), rampant unemployment of able bodied individuals, and the absence of an adequate system of health care delivery?

A society that is not able or willing to take care of its own encounters numerous reactions from its people. Could the continuation of pervasive social inequalities in resource acquisition cause some forms of violence? Could the widening gap between the haves and the have-nots account for the current upsurge of violence which we are experiencing at such epidemic proportions throughout our nation? Why is there an increase in the numbers and kinds of aggravated crimes and crimes of violence?

### **The Problem**

Violence, defined as the use of force with the intent to do bodily harm to oneself or others, is now a major public health problem. Newspaper reports across the country document the daily occurrences of multiple acts of crime and violence that have reached staggeringly epidemic proportions. There is an estimated 60 percent surge in rapes and attempted rapes, and a substantial increase in other forms of physical assaults, including robbery.

Increased violence in schools have alarmed students, parents and school officials alike. Children are cautioned not to wear their jewelry or expensive-appearing clothes to school, in order to avoid the risk of other children snatching them. It has been reported that some children refuse to walk to school or attend school for fear of becoming engaged in an altercation with other students. Many children complain to their parents of intense nervousness and anxiety on a daily basis, so much so that they cannot concentrate and their learning becomes academically compromised. Numerous students have been expelled or suspended for bringing guns and knives to school, assaulting other students, or threatening teachers for attempting to discipline or reprimand them.

The arrests of Florida juveniles charged with violent crimes - murder, robbery, sexual and aggravated assault-jumped 20 percent in 1990 to 9228, from 7714 the year before, as reported by The Florida Department of Law Enforcement. At a national level, the problem is comparable: arrests of youths for violent crimes increased 16 percent in 1990 to 91,317, from 83,732 for the year before, according to The F.B.I. Uniform Crime Reports. If violence is now considered a public health problem, the social work profession, via public health social workers, must raise our profession to new levels of leadership and scholarship. We must raise relevant questions regarding the incidence of violence in all of its forms. We must through research and publications, offer new knowledge and new understandings regarding occurrence and prevention, and suggest solutions to make the environment more enhancing and less hostile to survivability for all.

### **Crime and Race: The Need for Ethnic Sensitive Awareness and Practice**

In my current work with the families of drug abusing men and women, the children are innocent victims of their parents' addictions. They are ashamed and embarrassed by their parents' lifestyles. The parents who are lost to crack cocaine and/or alcohol, or who

are locked away in jail or prison, relinquish their children to their grandmothers, or other relatives, or to total strangers, via the foster care system.

The violence we are concerned about at all levels of society is part of the reaction to major and profound social problems, including the disintegration of the inner city family. Fathers are gone and many mothers have been swallowed up by drugs and alcohol. For many, it may be easier to slide into oblivion by taking drugs, than face the day-to-day realities of always being on the edges and fringes of society.

There is a perennial American dream of "making" it in society - the belief that through hard work, sacrifice and dedication, everyone stands an equal chance of being successful. There is also the belief that there can be economic parity/equity and social justice for all. It appears that Blacks and other ethnic minorities remain committed to this belief that in spite of continued racism, deprivation, alienation and discrimination, we live in a land of equal opportunity and justice for all.

Darity and Myers (1992) suggests that all is not well with minority families in this society, especially Black families. Racial earnings gaps among family heads have widened. In relative terms, Black families are losing economic ground and consequently are more vulnerable than at the start of the 1960s.

Tuckson (1990) states that each year 60,000 Americans of color die prematurely, in excess of what they would have died if the health status of black, brown, red, and yellow Americans were the same as that of white Americans. Many poor whites are also confronted by the same issues. As public health social workers, we recognize that the major responsibility of public health is to prevent disease, promote health, and to deliver quality and accessible health care to all urban and rural Americans in the 1990s and into the 21st Century. This goal has yet to be achieved.

Inner city children, many of whom are poor minorities, face chronic daily exposure to violence, including stabbings and shootings, of family members, classmates or neighbors. It has been postulated by Dr. Carl Bell and colleagues of the Community Mental Health Council of Chicago that this persistent exposure to daily experiences of violence may negatively impact upon future aggressive behavior toward others. These children most often experience behavioral disorders or emotional disturbances.

Shakoor and Chalmers (1990) suggests that once we recognize the prevalence of violence and co-victimization among Black children who have directly observed violent assault against others, we must identify these at-risk children and refer them for intervention and support.

Congressman Barney Frank of Massachusetts stated in the January 13, 1992 issue of the New York Times, that for many white Americans, the fear of crime has become a fear of Black males. The point that should be made is that social and economic conditions

heavily influence the crime rate and the violence that ensues. However, given the history of racism and oppression in this country, Blacks suffer most from these conditions and most often manifest their effects.

Most of us would agree with Congressman Frank that poverty, racism, and social disorganization explain the prevalence of crime to some extent, but in no way do they justify it. We must continue to fight racism, bigotry, discrimination, and reduce inequality at all levels. There is merit in providing programs to improve social conditions that will improve everyone's chances of securing social equity and enhancing economic and social survival.

The reality of continued racial inequality is a threat to the well-being of everyone in a democratic society. Concentrations of poverty impacted, economically powerless populations are a threat to everyone's survival in our urban cities.

Hacker (1992) attempts to dispel some of the statistical myths regarding trends generally associated with blacks but also applicable to whites. He states that although the incidence of out-of-wedlock births and female-headed households has been disproportionately high among blacks from 1950 to 1990, the rates increased at the same pace for whites. He also states that there is a particular sense of despair that pervades the black communities that could account, to some extent, for the violence and black-on-black crime.

There is a new course that I teach on contemporary issues and black men. It was interesting to note that on the first evening of the class, there were 45 people, primarily black men, several black female students, three white men, and two white women, one of whom did not return after the second meeting. When asked to enumerate their understanding of the crisis in the survival of black men, they quoted the following facts:

- There are more Black men in prison, on parole or probation than there are in college.
- Fifty percent of the Black men nationally drop out of high school before completion.
- Forty percent of all Black men in America are functionally illiterate.

Their list went on and on. However, one of the black men in the class was President of the Student Government. He stated that these figures and other facts are not the entire picture. Whoever uses them wishes to draw attention to a segment of the population that apparently needs help.

These statistics do not reflect the reality of all young black men. However, these and other negative perceptions and negative predictions about Black men and the survival of Black families are sweeping the nation. The fear is that these negative statistics are being

accepted as truths and could become internalized by Black people and Black communities.

What about promoting a more healthy, realistic picture of the reality of the majority of young Black men who are not in jail and who have not become involved in the criminal justice system? The following statistics are some that go unrecognized:

- There are about 15,000 black men who are physicians in all areas of specialization
- 60,000 or more are engineers
- 15,000 are attorneys
- 41,000 are in accounting
- 33,000 are high school teachers

Although these numbers are small in comparison to the overall numbers of professionals in the specific categories, they exist as realities that should be promoted as positive imagery. Struggling young Black boys and girls need to set their sights higher, and overcome the negative images they experience on a daily basis in the community, as well as via the media.

Many of our Black children are experiencing major traumas in their everyday lives. As the urban infrastructures crumble and the at-risk factors destroy whatever hopes they may have, the despair and sense of helplessness engulfs these vulnerable children. It would appear that young Black boys and girls are equally vulnerable, however media tends to portray young black men more at risk. Too many are lost and we must find ways to bring them back from the brink of destruction.

Social workers, especially public health social workers, are real social change agents who must employ their multiple skills in helping others to recognize cross-cultural issues and how to utilize this awareness in the delivery of human services.

Major organizations frequently request assistance with struggling staff members concerned with their own attitudes, beliefs, and perceptions about Black and other minorities. The present state of race relations and hostilities between races suggests a major role for social workers interested in the creation of better cross-cultural understanding. Each of us is biased in some areas by our prior life experiences, which tend to offer the only basis available to use for understanding and interpreting the world in which we live.

## **Ethnic Sensitive Practice**

It is very possible that most minority clients will participate in programs directly serviced by persons who are not members of their ethnic-racial group. There are better and worse ways to render needed services to these clients. In the category of better ways is sensitivity to the cultural ecology of those participating individuals, families and culturally diverse communities.

It is imperative that we make an analysis of ethnic-racial ecological realities before we attempt programmatic goals. As social workers, we know the value of addressing some of our own latent issues about race, class and gender before we attempt to employ any form of treatment. How do we really feel about people whom we do not know if we have been told all kinds of negative things about them? Too often we have not asked ourselves some basic questions about what we realistically and truthfully know about the culture and history of the individuals, groups, and communities with whom we work.

Culturally-sensitive practice necessarily addresses the ethnic identity and socio-political experience of culturally diverse peoples. Many black individuals have responded to racism, oppression and discriminations by refusing to trust persons different from themselves in color, life style and class values. This suspiciousness is frequently a learned survival response as a consequence of continuing negative, humiliating encounters with hostile environments. This suspicion is particularly extended to white institutions, which most programs are perceived as being.

Therefore, anyone expecting or intending to meet the needs of minority families by encouraging them to feel comfortable in using our agency services, must develop culturally sensitive attitudes and skills. Practitioners who are primarily culturally uni-dimensional can sometimes hinder client treatment and sometimes will harm clients who are different. Some unwittingly evoke their own unacknowledged prejudices or view clients stereotypically, and can render these clients more helpless and more powerless to cope with the practitioners actively or unconsciously expressed feelings of superiority and/or hostility.

Race relations are at a particularly low point; hostilities between racially different groups are more intense; racism and sexism have been given free rein from the top; Blacks and other minorities are no longer afraid of whites and are no longer willing to be subtle with their disdain or contempt. Consequently, clashes and negative encounters develop. All forms of hostility are directed back and forth between individuals, groups and diverse communities. Name-calling and obscene graffiti on walls at universities and colleges throughout the country are just a few examples.

What kinds of attitudes and beliefs do we as social worker practitioners bring to the cross-cultural encounter? It is important to look at our own cultural sensitivities and become aware of the biases we may harbor, consciously or unconsciously, which may significantly impact upon social work practice with minority community populations.

Social workers especially must show interest in cultural differences and must make an active effort to assist other professions in recognizing and understanding diversity. We must be careful not to overgeneralize or stereotype or blame the victim. We must understand that bi-culturalism - the ability to live simultaneously in two cultures - is demanding and requires great energy and ingenuity. White middle-class practitioners must transcend their own cultural blindness and help clients overcome psychological conflicts and feelings of alienation resulting from experiences related to their cultural identity (Pinderhughes, 1989).

It is important that everyone working with culturally diverse populations make meaningful efforts to become as knowledgeable as possible about people, their history, and their life experiences. For Blacks, there is a history of slavery, racial prejudice and discrimination, all of which have created obstacles that have affected and burdened Black families for generations. Other minorities acknowledge similar realities of the effects of oppression and disfranchisement.

Self-disclosure is an imperative in most intensive approaches to counseling and psychotherapy. Due to a long history of racism and oppression, Blacks and other minorities have been socialized to hide their real feelings about issues, problems, concerns, etc., especially when relating to non-minority professionals. Many of us become wounded by what appears to be rejection and clients "on-guard" behavior.

This can be a real problem for clients, especially when they specifically ask not to have a non-minority worker, and minority workers are not available. How do we deal with this? How we use this awareness? We must remember that both client and worker have had experiences with others previous to their own encounter. What have these previous encounters meant to them and what attitudes have they mutually developed as a consequence?

As social workers we use this awareness as part of our relationship building with clients. We would not expect them to divulge or disclose too much, too soon. Gaining confidence and a trusting relationship enhances positive chances for developing an encounter that encourages mutual openness and sharing. This will not occur in one encounter, and may require numerous interviews and home visits.

Our goal as social workers is to humanize a social system that you cannot see, cannot feel, cannot put your hands on, yet you know it's there and we represent the system, at its best and its worse. Through us, it can impact negatively and destroy those who cannot cope at an adaptive level, or with us, wonders in advocacy and empowerment can occur.

Clients' goals include how to triumph over a social order that has the power and capacity to degrade, humiliate, dehumanize, and devour their total being. When we, as social workers, are able to encourage clients to actively join us in a collaborative effort in

problem identification and resolution, an adaptive, supportive process emerges, one which benefits the client's process.

Clinical practice informs us that some people are able to develop vital strengths and capacities in the face of injustice and overwhelming adversity. Some people seek redress and push for change. The psychological toll of second-class citizenship and a sense of helplessness and powerlessness is undeniable. However, it is also important to recognize that not all Blacks and other minorities feel helpless and impotent; the majority have made positive adjustments and major contributions to society. All minorities have not been crippled by racism, sexism, classism, ageism, and oppression. Many have learned to deal with the multiple stressors encountered in a very healthy, adaptive way.

Social workers must be well differentiated and must understand their own participation in the victim system established by an oppressive structure of social injustice and inequity. They must acknowledge themselves as historical benefactors of the system that oppresses vulnerable clients. Social workers must understand, or have an awareness of, ecosystem issues and problems that imperil minority group members' abilities to survive. We must resume our historically earned reputation for working for the elimination of all barriers that impede high levels of social functioning of all citizens.

### **The Strengths of American Black Family Life**

Variations in Black family life, family structure and value systems make it very difficult, if not impossible, to define "The Black Family reality." Prior to 1960, most sociological studies portrayed negative images about Black family members and their life styles. However, with the development of new sources of data on black families by young Black social scientists, i.e. Billingsley (1968), (Clark, 1975), Hill (1971), Nobles (1978), Ladner (1972), Willie (1970), there developed a move away from the negative deficit view to a more positive adaptive perspective.

Moynihan (1965) promoted a very negative view of the Black family, designating the Black woman as the strong, emasculating female figure that dominated and controlled the family. His study created a major uproar among Black researchers who challenged his assertions of Blacks disfunctionality.

Hill (1972) identified five cultural strengths found in Black families. These included:

1. *Strong kinship ties.* Extended family kin have been vital to family survival. The ability to call upon relatives in time of need, when all else fails. A national expectation that extended family members are available for assistance. A recognition of this as a major strength can be utilized as natural helpers in alliance with professionals.

2. *Strong work ethic.* The majority of Black families work and are self-sufficient, and desire to work and support oneself and family.
3. *Adaptability of family roles, equalitarian pattern of sex role behaviors and expectations.* Black men and women are able to exchange gender roles depending upon the needs of the family. Men are able to do inside work (cook, clean, tend to children, etc.), and Black women have always worked outside their homes. This adaptive structure allows the existence of equality between male-female roles; it is not important who does what is needed, as long as it gets done.
4. *High achievement or education.* The acquisition of education is an important value within the Black family. Education has always been valued as a necessity for achievement in the reality of the outside world. The present number of Black students finishing high school, attending and finishing college is a testimony to the value Black families place on education as a legitimate means of acquiring life's necessities.
5. *Strong religious orientation.* The belief in a Supreme Being is acknowledged by many Blacks as a sustaining force that gives value and meaning to life beyond the realities of oppression and racism. The prominent role of the Black church is historical for providing outlets for self-expression, the civil rights movement, etc. Religion helps shape the positive perception of self at an intrinsic level, even when the external, physical forces attempt to devalue and dehumanize.

It is very important that we as public health social work practitioners recognize the strengths of minority families. Because we work so closely and intimately with individuals and their families, we are able to experience first hand many of the aforementioned strengths. It is therefore important that we use our awareness of these strengths in a positive, supportive manner that enhances and verifies their adaptive process. We and other practitioners are in positions of power to make policy and programmatic decisions that will impact upon the lives of minority families. Our profession should assume a visible leadership role in supporting ethnic sensitive awareness of the realities of minority life experiences.

When our own awareness context has been expanded, we should be more cognizant of the successes of minority families, and should join others in making those achievements better known to a broader population. If the focus is constantly on the negative problems faced, and caused by minorities, we do harm to those minorities by making those with less

than perfect goodwill believe that the situation is hopeless for "those" people, or that minorities cannot and will not achieve, both of which are not true.

Furthermore, much has been achieved by minorities including the tripling of the number of blacks in such occupations as law, medicine, business-accounting, engineering, and school administration. This achievement has been miraculous, considering the continuation of racial tension surrounding affirmative action quotas and set asides. In the overall, the achievement opportunity levels are disproportionate to the minority populations; however, considering the hostilities within the social environmental structured of the country, these achievements are laudable and should be articulated.

### **Violence Prevention Program: Built for Success**

Throughout the nation, there are numerous efforts being made to understand and prevent this epidemic of domestic, personal and community level acts of crime, violence and aggravated assault. Our conference today is another level of effort to respond to this problem and its aftermath.

There is also a grassroots movement to disrupt the cycle that includes crimes, drugs, or incarceration. Communities are beginning to respond to the need of minority youths for jobs, recreational facilities, tutoring programs, and other opportunities. Economic analysts suggest that as jobs become harder to find and maintain at all levels, the people who are suffering most are those who always had it hard, and these tend to be young members of minority groups from the inner cities. There are too many lost young Black, Hispanic, Asian, Native-American males; they impact greatly upon their families and their communities. What must our nation do? What must minority communities do to bring their children back from the brink of destruction? We need to get beyond how bad the situation is, to how to change it, how to make it better for everyone involved.

For generations, the Black church has provided a cultural and spiritual foundation for the Black family and the Black community. In recent years, these churches have also led a grassroots war against drugs, crime and other social problems.

The Black church has become more involved in creating programs to address drug addiction, homelessness, poverty and hunger, and in a renewed effort to reach and win young people. It has become more interested in looking at social processes through which people become victimized and dehumanized.

There is great pain and anguish being felt in minority communities throughout the nation. It isn't just Blacks, it includes all others. The economic recession has focused its fierceness upon vulnerable populations, and entire communities are under siege, fighting for survival. Jacobs (1991) states that concentrations of poverty-impacted populations are a threat to the survival of our urban cities. The reality of racial inequality is a vicious threat

to the over-all well-being of a democratic society and solutions must emerge to prevent further destruction of our inner and outer systems of personal and social survival.

Many grassroots communities have discovered that just as the enemy can come from the outside, some of their worst enemies are within their own communities. They are now beginning to fight those persons who are peddling drugs, selling guns to children, or encouraging youths to seek out quick money through illegal means.

There is recognition that when there is breakdown in community structure, there develops breakdown in family life. The difficulty experienced by Black and other minority men in finding adequate, gainful employment that sustains survival; the rape of our children, young girls becoming pregnant before their time; the onslaught of AIDS and sexually transmitted diseases, are all enemies within that communities are struggling to overcome.

In most communities, the churches are discovering that their roles have not changed, but the arenas in which their roles are played have changed. The risks are greater, the magnitude and enormity of each problem is more intensified. If you do not change the community, the community will corrupt the individuals and the families therein.

Just as we are aware of the bleak picture as it exists, we are also seeing some very positive things happening. We keep chipping away at the problems hoping to bring about as quickly as possible the changes that are necessary for quality of life and community. The following is a list of the community programs in the City of Tampa, Florida that addresses the issues of violence prevention and the rescue of minority youths.

1. *Tampa Bay Male Club*

A group of Black professional men who serve as mentors to elementary, junior and high school age males. They make monthly visits to local schools to work with individual children designated by counselors and principals as in need of individualized attention. The major effort is the use of elders as key resources, as confidantes, etc. Children are taken on field trips to local agencies where they meet professionals at work in their chosen careers. Four scholarship are given annually to young men who graduate and enter colleges or universities.

2. *Sigmas Against Teenage Pregnancy*

A local fraternity and sorority work with young men and women in the area of family life education, male-female relationships, parent child communication skills classes, drugs and alcohol prevention classes, etc.

### *3. The Trust Program Sponsored by the Urban League*

This program offers crime prevention and conflict resolution classes for Black males, ages 7 thru 18 years. Class discussions center around prevention of black-on-black crimes and aggravated assaults. This group works with high risk, inner city youths who are familiar with violence at home, in the schools, and in the larger community. Children are given opportunities to discuss their concerns about violence, and classes are conducted on how to prevent violence at the individual interactive level. Through role playing activities, children are able to act out problem situations they have experienced and are taught alternative ways for dealing with conflicts and misunderstandings with peers, parents and others.

### *4. Roles Park Tampa Housing Authority Youth Project*

This group of professional and community people provide tutorial programs for the youths in a housing project. They developed a career Shadow Day, where selected, at-risk youths are able to spend four days a month shadowing a professional person during a typical work day. They serve about 50 children who are known to have been chronically involved in fights with peers or teachers. Drug and alcohol issues are discussed and classes in conflict resolution and prevention of violence are held on a monthly basis. Parents are also involved in issues of parenting and in communication with their children without abusive behavior or language.

### *5. House of Prayer Episcopal Church - Cornerstone Ministries*

A local Episcopal Church provides after school counseling and tutorials, an adult self-esteem class, and parenting classes for mothers and fathers. They place equal emphasis on male and female oriented programs, recognizing that little girls also need attention. They also incorporate religion and spirituality in their programs. The church is located in a crime-infested area and it draws participants from within that and surrounding communities. Creative arts, i.e. music, dance, etc., are also provided.

### *6. Youth Crime Watch Corps*

Gang crimes and robberies perpetrated by youths have spurred parents and school officials to address prevention strategies at a joint level within local schools.

In this program, young people are encouraged to report crimes in order to control them. They become the eyes and ears for crime behavior in schools. Students are selected as monitors to observe and report what they see in order to prevent escalation of fights between students. Teachers and parent-aides work with these students in handling their feelings about serving as monitors of their peers' behavior and encourage them to buy into the school system's program and help other students recognize the value of school and its programs.

Students also serve as mediators in student disputes, helping each other learn how to resolve conflicts without resorting to guns, knives and other weapons. The program has expanded to include many of the students who had been previously identified as chronic trouble makers prone to extreme violence.

### **Black Grandmothers Rearing Their Crack Cocaine Exposed Grandchildren: A Self-Help Support Group**

Two years ago I developed a support group for Black grandmothers rearing their cocaine-addicted daughter's children, most of whom are addicted or exposed at birth. These women, by refusing to allow their grandchildren to be placed in foster homes, have assumed primary parenting responsibilities that jeopardize their own survivability. These grandmothers recognize that if these children are left in the care of their own mothers, they could become physically and emotionally neglected and abused because of their mothers' addictive state.

The crack cocaine epidemic that is ravaging minority communities victimizes not only mothers who are addicts and their offspring, but also the grandmothers who emerge in an effort to prevent the destruction of their entire families. There are many families where great-grandmothers are also involved as caregivers when their daughters, the grandmothers in the groups, become overwhelmed by the intense demands upon their already limited financial and physical-emotional resources.

What has emerged within this group is the awareness of the extreme, intense, unending stress these women experience as they become care-givers to children who are suffering from a variety of physical, neurological, and emotional problems as a consequence of maternal use of drugs during pregnancy. These children require on-going medical care from a variety of resources which require these grandmothers to plan pediatric visits for as many as six or eight children on a regular basis, most often using public transportation. They are also responsible for others of their daughters' children who are not addicted or exposed to crack cocaine, but also require "parenting" activities including school visits, parent-teachers conferences, and whatever else they might require.

Many of these young addicted mothers have lived in situations of abuse and neglect that exposed them to a wide range of violence. Many are battered women, and possibly battered children in some instances. Several have used prostitution as a means of supporting their drug needs; some have been in jail for theft or for selling stolen property. Consequently, their lifestyles have also jeopardized their own lives as well as the lives of their children.

Grandmothers did not always know everything about their daughters' lives outside their homes. Most became aware as the daughter began to lose control of her ability to hide her drug or alcohol problems and the local child welfare agencies defined her children as at-risk of injury or neglect. Many of the children were exposed to violence from the men

in their mothers' lives and the grandmothers were concerned about the long-term effects of such early and continuous exposure.

Their current efforts center around awareness of their own anger, pain, and resentment toward their daughters because their daughters' lifestyles and self-destructive behaviors have jeopardized the welfare of their infants and children. They also recognize some anger toward their grandchildren because of their dependent state and their continuous demand upon their grandmothers' resources. These grandmothers had hoped that this would be their time to do something for themselves, and now they are required to give more of themselves with little, if any, reciprocity. These women love these children, but they do not want to keep them. They belong to their mothers and the grandmothers are waiting for the mothers to return for their children.

Through the medium of the group, these women are able to identify and work with their feelings about their situations. They support each other as they experience their anger and frustration as caregivers when they wish to be care-free. As these women confront their feelings, they are able to develop more adaptive strategies for coping with their problems without harming themselves or their grandchildren. They, too, learn conflict resolution strategies, recognizing sometimes that they become quite vulnerable to some of the same conditions present in their own daughters' frustrated lives. We have initiated "parenting" classes for these grandmothers who initially resisted as well as resented the idea. However, they have accepted the fact that they are parenting children who have been exposed to a variety of problems, pre and post natal, and as care givers they need to understand their needs and problems. It is my opinion that the implications inherent in this group dynamic are obvious in relation to violence prevention at primary, secondary, and tertiary levels.

These and other crime prevention programs have focused on working with youths in the settings of the schools and community youth groups. Children are surrounded by violence of all kinds, and for some children violence is seen as normal and an everyday reality.

In conclusion, we have recognized that there are a multitude of overlapping causes of violence, and somehow as we have been unable to prevent its causes, it has escalated to national epidemic proportions. Approaching these problems aggressively, considering macro-level societal institutional factors and forces, as well as individual instances of abusive, aggressive behavior, is imperative.

We have recognized that issues relating to race, class, gender, drugs and alcohol abuse, family disorganization, unemployment, poverty, and all other systematic social problems contribute to the development of violence at all levels. Our nation is in need of a balm to soothe these troubling times. We must join forces with all positively inclined persons and professions and create an environment that embraces the survivability of all citizens. Together we must persevere.

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## WHAT CAN UNIVERSITIES DO ABOUT THE PROBLEM OF VIOLENCE AMONG ADOLESCENTS & CHILDREN?

Robert O. Washington, Ph.D.

### Perspectives on Violence

Some psychologists and sociologists tell us that violence, defined as "deliberate physical injury to property or persons,"<sup>1</sup> is an innate response for dealing with frustration. An unfilled need produces frustration, and frustration, in turn, is vented in some form of aggression or violence. Violence is assumed to be a learned behavior, one that is acquired through the process of socialization;<sup>2</sup> that is to say, violent habits are acquired through imitation, or as a result of rewarding destructive behavior. It has been shown, for example, that physically aggressive parents tend to have physically abusive offsprings. Laboratory studies have shown that children who observe adults displaying physical aggression will be more aggressive in their later play activities than other children who are not similarly exposed.

There are other ways to look at violence in our society. One is that violence is the outgrowth of life in communities where violence is necessary for individual survival. Another is a look at it as the result of clashing ideologies and intolerable inequities. A third way is to look at violence as a rational way of gaining power. In other words, violence is a weapon of power. Regardless of which of these perspectives seems to best explain the etiology of violence, the disturbing reality is that violence is a fact of American life, and is woven deeply into the fabric of American history.

Violence is institutionalized and reinforced in our culture through contact sports, the military, the use of physical punishment against children and the use of sex in videos, advertising and entertainment. In the face of this universal exploitation of violence, it is paradoxical that at the same time there is concern about violence in the home and on our streets. Ironically, the concern appears to be not so much a commitment to nonviolence, but an effort to establish the boundaries and level of tolerance beyond which violence is unacceptable. For example, it is still acceptable to spank a child, but it is unacceptable to use physical force or punishment to the extent that it breaks the child's arm. Another example of our ambivalence to violence is illustrated by the fact that much of the violence linked with the historical development of this nation has been accepted, and the violence

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<sup>1</sup> Gamson, William A. The Strategy of Social Protest. Homewood, IL: Dorsey Press, 1975. 563.

<sup>2</sup> Julian, Joseph and William Kornblum. Social Problems. Englewood Cliffs, NJ: Prentice-Hall, 1986. 184-185.

involved in most wars in which this nation has been engaged has been praised as permissible and for good cause.

This ambivalent attitude toward violence has indeed created a climate today which is traumatizing the nation. In a typical year, there are eight million serious crimes such as murder, assault and burglary. Of the 724,000 criminals arrested, only 193,000 are convicted. Of those convicted, only 149,000 go to prison and 36,000 serve less than a year. What's of greater concern is the fact that fewer than half the crimes committed are reported to the authorities.<sup>3</sup>

As the theme of this Institute states, violence is indeed a public health problem. When a crime occurs, not only are the individual and the family victims, so is the community. After any serious crime, neighborhoods change as fear grows and morale drops; families move, business relocate, and communities decay.

### Impact of Violence on Adolescents and Children

Perhaps, the most devastating consequence of violence in our society is the increasing number of children and adolescents who become victims. The U.S. Bureau of Justice Statistics<sup>4</sup> contends that if crime continues at its current rate, 83% of our children now 12 years old will become victims of some form of violence. Other data show that a child is murdered every 2½ hours.

Data from The Center for the Study of Social Policy revealed that the chances that a teenager would die a violent death, either by accident, suicide, or murder, increased during the 1980's. In 1984, 11,722 teens died by accident, suicide, or murder; by 1988, that number had risen to 12,692. The teen violent death rate increased from 62.4 per 100,000 teenagers ages 15-19 in 1984 to 69.7 per 100,000 in 1988, a 12 percent increase. Thirty-three states and the District of Columbia had rates higher than the national average.<sup>5</sup>

A national crime survey<sup>6</sup> reported that: The percentage of crimes against teenagers is much higher than the proportion of adolescents in the population, reflecting their greater risk of crime. Teenagers age 12 to 19 experienced 1.9 million violent crimes and 3.3 million crime of theft annually from 1985 to 1988. These totals represented 30% of all violent crimes and 24% of all crimes of theft, even though teenagers constituted only 14% of the

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<sup>3</sup> U.S. News & World Report 31 July 1989: 16.

<sup>4</sup> *Ibid*, p. 16.

<sup>5</sup> Kids Count Data Book. The Annie E. Casey Foundation, 1991.

<sup>6</sup> Whitaker, Catherine and Lisa D. Bastion. "Teenage Victims: A National Crime Survey." U.S. Dept. of Justice, May 1991, NCJ-1 28129.

population age 12 or older. Thirty-two percent of all simple assaults, 31% of all rapes, 29% of all aggravated assaults, and 25% of all robberies were committed against teenagers.

The risks of experiencing specific types of violent crime are much higher for teenagers than for adults. For example, teenagers are twice as likely as adults to experience a robbery. Older teenagers are three times as likely as adults to be a victim of an aggravated or a simple assault. Although younger teenagers are less likely than older ones to experience an aggravated assault, they are still twice as likely as adults to fall victim to this crime and three times as likely as adults to experience a simple assault.

### What Can Universities Do?

What these figures reveal is that violence among children and youth has become almost epidemic and must be treated similarly to any spreading disease.

The first solution to any health problem is to attack its source. Research has demonstrated that one of the sources of increasing crime and violence in this country are movies and television. Laboratory evidence shows that violent films stimulate aggressive behavior by youths immediately after watching them. Several recent studies, including one sponsored by the Surgeon General's Advisory Committee and one directed by the Canadian government, have concluded that television viewing and violent behavior are linked. Consider the following, by the time the child has set foot in a kindergarten classroom, he/she is likely to have spent 4,000 hours in front of the television screen. On Saturday mornings, kids are mesmerized by cartoons that contain, on average, 26 acts of violence every sixty minutes.<sup>7</sup> By the time the average child has reached age 15, he/she has watched 13,000 murders on television.

While television is considered by some critics to be a showcase for communicating or fostering violent attitudes and behaviors, it can also be an advocate against them. Universities can use Educational TV and Cable TV to develop programs which present culturally appropriate prevention strategies for children and adolescents. Universities can seek external funding to conduct research in local communities to demonstrate effective means for dealing with violence. Many universities conduct local and state-wide workshops and conferences on such violent acts as child abuse, spousal battering and suicides. Many more should participate. As Marian Wright Edelman, founder and President of the Children's Defense Fund says, everyone in society must begin to think about the impact of violence upon children.

Social workers must become more active in presenting violence as a public health problem. They must begin to use the weight of their professional expertise on the courts

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<sup>7</sup> Hobart, Rowden. "Investing In Our Children." Washington Post National Weekly Edition. February 3-9, 1992.

and the public to combat the siege of crimes against youth. They must join in partnership with the courts, state agencies and children organizations to reduce youth crimes against youth. They can do so by using research data to support calls for reform in the juvenile court system. When the juvenile courts were created decades ago to provide special treatment to youths under 17, we were not, as a society, endangered by youths peddling drugs and carrying Uzis. Today, we must find ways to prevent and respond to the increasingly vicious behavior of young criminals.

A recent Justice Department report estimates that nearly half of the juveniles picked up for violent offenses are put on probation or released outright. Even if a young criminal is imprisoned, the term generally cannot extend beyond age 17. Drug peddlers often use young teens to do their dirty work because they know that these teens will not do serious jail time. A Time/CNN poll revealed that 79% of its respondents favored tougher criminal penalties for juvenile offenders.

One of the things we know is that there is a high correlation between conditions of violence and conditions of poverty. Social workers have been accused of a declining interest in poverty issues and in work with the poor. I suggest that social workers must reinvest and recommit their expertise and resources to the elimination of poverty.

One of the ways to attack the problem of poverty in low-income communities is to improve housing conditions. Universities can play a significant role in this effort. In Milwaukee, Wisconsin, Marquette University has joined forces with several corporations to redevelop the neighborhood surrounding the campus in an effort to make both the school and the area safer. Marquette will invest \$20,000,000 of its own money with funds from an insurance company, a medical center, and two utility companies to buy and rehabilitate deteriorated housing surrounding the campus and to tie the campus more directly to downtown Milwaukee. This investment has been spurred by the fact that in the past five years, six Marquette students have been killed off campus. The significance of the project, as some observers see it, is that instead of building walls and fences around the university, it has decided to reach out and make the entire area safer.

The fact is, all urban universities have crime problems and it makes sense for them to get involved in finding solutions.

## Conclusion

The picture I've painted for you today suggests that the transition from childhood to adulthood includes more pitfalls than was the case several decades ago. The depth of poverty among children has increased during the past two decades. Today, almost a third of all children live in poverty and the climate from this condition has become a spawning ground for violence.

Universities as guests in host communities have a responsibility to assist in solving local problems. The ivory tower image is no longer viable. Universities must become partners with other institutions in sharing their expertise and resources to address economic and social problems of which violence is a primary concern. Colleges and universities can profit from the admonition of Derek Bok, President Emeritus of Harvard University. He said "we must associate ourselves more prominently with solving the problems that concern Americans the most." He suggests that "... universities could start to regain public confidence by working to improve the nation's public-school and medical-care systems, responding to the changing needs of business, and taking a leadership role on other pressing national issues." I submit to you, violence against our children is indeed a pressing national issue. Violence against adolescents and children threatens the stability and progress of the future. It cheats us out of the talents of many who may indeed be leaders of tomorrow. The lesson to be learned is that we must make the investment at whatever the cost to save our children.

I'm reminded of the commercial in which the mechanic warns us: "You can pay me now or you can pay me later."

## COALITION BUILDING: A SOCIAL WORK RESPONSE FOR COMMUNITY EMPOWERMENT

Homer Rahn-Lopez, Ph.D.

### Background

The Massachusetts Adolescent Violence Project is a five year federally funded project of the Bureau of Maternal Child Health. Its goal is to strengthen the capacities of two communities--Boston and Lawrence--to prevent adolescent interpersonal violence through community empowerment, grassroots participation and coalition building. One of the primary tasks of the project is to provide technical assistance and training to the communities to assist them in developing their community-based coalitions and comprehensive community-based prevention plans, and implementing and evaluating these interventions.

This model has engendered excitement, has helped to generate new ideas, and has assisted in developing powerful coalitions within each site. The Project Director is a facilitator within the community. His role is to organize and empower the coalition to develop their own goals, not to set the agenda for them. Therefore, each coalition is unique, and has goals appropriate to the needs within their respective communities. Furthermore, having developed their own goals, they have an investment in seeing them come to fruition, and a sense of pride and accomplishment as these goals are realized.

### Philosophy

This project is developed with the vision of mobilizing communities and empowering them to set their own agendas, as well as rebuilding and reinvesting to win back their neighborhoods. This type of project offers a unique and disguised opportunity to rekindle a sense of pride and power back into communities through increased public awareness of violence. Violence prevention is currently receiving attention and greater resource allocation. With comprehensive community/social planning and action, those resources can be utilized to unite communities, not only to stop the violence and drugs, but also begin to address the much deeper social ills that plagued them - racism, economic and educational deprivation, and feelings of hopelessness and powerlessness.

Inner city homes are becoming war zones; homes where death is not feared but is an accepted fact. It is just one more thing with which one has to contend. Persons of color are growing immune to the death and violence around them, accepting it as just another thing that they have to live with - just like paying the bills, finding a place to live, finding a job, putting food on the table, and sending kids to school.

The challenge is to empower communities to stop the violence, to help them send a message that violence will not be tolerated, and to help them reshape and redirect positive

resources present within each community. Job opportunities may be created by skill building and networking through coalition building. Those concerns and beliefs are what motivate the Adolescent Violence Prevention Project.

### How It's Working

The Adolescent Violence Prevention Project is a relatively small grant, but rich in vision, ideas and power from the people. To date, our intensive outreach one-on-one efforts in Boston and Lawrence have netted a constituency of over 100 people in both coalitions. The planning meetings are attended by welfare mothers, ex-offenders, community constituents, government organizations, human service providers, and philanthropic organizations (to name a few), all seated around the table focused and committed to stemming the tide of violence in their community.

There is deep, denied pain and suffering within these towns. Designed action and debriefing sessions facilitate a healing and supportive discussion to help people work out the problems together, utilizing the relationships between their organizations as well as respecting individual opinions. Members of the Violence Prevention Project act as staff and technical advisors to coalition members, or technical assistants to the leadership of the coalitions to help them shape the agenda of their groups. The VPP provides them with any needed research and training, acting as a catalyst to help them help themselves.

### Results

Encouraging results are emerged after the first year of the grant. First, let us consider Lawrence, a community 65 percent Latino, with a total city population of approximately 75,000. Lawrence ranks number one in the state of Massachusetts in rapes, sexual assaults, robberies, vandalism, and teen age pregnancy. The Latino community in Lawrence has traditionally been under-represented and politically dormant. The community coalition in Lawrence has convened the Latino community, with its various social clubs, organizations, merchants and advocates, as well as the state and local governments, the police department and courts to come together to face the growing problem of violence in their community. The Lawrence Violence Prevention Project initiated a summit convened by the Mayor in which 16 working groups were facilitated by the coalition community constituents -eight in Spanish, and eight in English. Project staff provided a training on facilitation to the group and prepared the necessary materials for the summit. The recommendations that came from of the 300 residents who attended the summit were then organized and presented at another summit - consisting of legislators, city officials, and the school council. Both of these efforts sent a clear message that the Lawrence Violence Prevention Project had arrived with a clear agenda, and that it wanted and sought to build bridges for additional community support.

Efforts in Boston have focused on three communities - Roxbury, Dorchester, and Mattapan - in which 45 percent of the states homicide occur. Each community is ethnically

and culturally diverse, and therefore present a challenge for organizing. A lengthy needs assessment process yielded the knowledge that although Boston was the target of almost thirty community organizing efforts focused on drug and alcohol prevention, not one contained a violence prevention agenda. The Boston core group voted to become a coalition and set an agenda to influence, educate and advocate that violence prevention be incorporated into drug and alcohol prevention workplans, recognizing their interdependence, as well as the fact that violence and drug abuse are both symptomatic of much deeper rooted social conditions within the community.

Parent education and technical assistance to other organizing efforts were the priorities for the Boston Coalition. Volunteers networked with other parent groups looking for working models and building trust and bridges between the project and other organizations. The coalition identified and became involved in a Parent and Child Nurturing program, with a vision of seeing it expanded across the city, and in Head Start programs, churches, health centers and hospitals. These nurturing classes provided parents with both the skills and support to be more effective and confident in their child raising abilities.

Dissemination of information to parents, teens and residents had been identified as another paramount problem. A central database of agencies and organization had been identified, but with vintage 1988 data. The coalition catalyzed the user group and software vendor to launch a major updating campaign to produce an information and referral "Telephone Hotline System". In return for spearheading the campaign, the project will receive two of the database systems (valued at \$5,000 a piece) for installation within the Boston and Lawrence Coalitions.

These two sites will be staffed by parent and teen volunteers and organized by the community coalitions to provide information and referrals in Spanish and English, with an objective to provide more. The collected data will provide information and referrals specific to the telephone caller's physiological, mental health or geographical needs. Not only will this effort assist the community in sharing information, but individuals staffing the program will assist with the process of collecting and maintaining the data. All of this will be possible with only a minimal amount of resources - the major resource being the will of the people.

The following are important elements of creating the type of program described above:

1. The coordinator must be experienced in "moving an agenda," preferably from the target community, supported by ongoing training and supervision.
2. The coalition must have agreed upon goals and objectives.

3. The coalition agenda should be limited to two or three priority issues.
4. The decision-making process for the coalition must be structured and agreed upon. The issues to be decided early within the formation of the coalition should include: rights and responsibilities, standards for attendance and participation. Each member is responsible for accurately representing their constituency or organization.
5. The coalition must be flexible in order to allow all members to participate fully since each member may have something different to contribute - skills, information, time. Every member should feel a sense of empowerment and entitlement.
6. The coalition must have a clear work plan which includes: research (how the problem can be solved), an outreach plan (how to gain support and involvement from other segments of the community), tactics and strategies, and a timetable.
7. The coalition must evaluate its progress constantly. Members should be polled after each meeting and between meetings to assess levels of satisfaction about the process and the objectives.

Grants like the Adolescent Violence Prevention Program work because they have the involvement of those who will be affected by any changes that happen within the community. They utilize people resources and respect the knowledge and experience of those within the community. They require creative leadership and patient coalition building to work. If the past year is any indication of successes to come, the Violence Prevention Project will be a model for the future.

## STATEWIDE LEADERSHIP AND COALITION BUILDING

Cheryl A. Boyce, M.S.

I bring you greetings from Governor George Voinovich and State Representative Ray Miller, Chairperson of the Ohio Commission on Minority Health.

I would like to thank The Public Health Social Work Program for affording me the opportunity to share Ohio's state leadership and coalition building initiative with you.

The excerpt you just experienced was from a video, "Rape, the Afrocentric Perspective," produced under a Commission-funded grant. I shared it to establish the framework for this presentation. Violence must first be felt as an issue. It has become an insidious problem in communities throughout the country but one that cannot be addressed exclusively from an intellectual level or by traditional methods. Violence is not inevitable; it is preventable.

In 1986, Ohio established the Governor's Task Force on Black and Minority Health to address the disparity in health status between minority and majority citizens. This initiative became the first concerted state effort to address the health needs of African-Americans, Hispanics, Native American Indians and Asians. Chaired by State Representative Ray Miller and Dr. Ronald Fletcher, the 21-member, gubernatorially-appointed task force combined the resources and talents of four State Representatives and Senators, five directors of departments of state government, and a racially, ethnically and geographically representation of community health professionals.

Modelled on the work of the U.S. Department of Health and Human Services Secretary's Task Force on Black and Minority Health, the first major barrier to quantifying the disparity was the lack of data. To overcome this obstacle, the task force decided to focus on the strengths of the community to identify problems and solutions. Oral storytelling was one of the strategies developed to begin this process. Eight public hearings were conducted statewide.

Indigenous leaders were identified in each city to facilitate this grassroots effort. Center city physicians, advocates, the clergy, grocers, barbers, and beauticians were among those contacted and solicited to share in developing local sessions. These leaders "spread the word", developed mailing lists and assured that "local flavor" permeated each hearing.

We knew that a requirement for written testimony would preclude community involvement, therefore provisions were made to tape each hearing. More than 200 people, both providers and consumers, shared their stories. Additionally, hundreds of names and addresses were gathered from those in attendance, constituting the beginning of a culturally-diverse mailing list.

Much was learned from the community. While we were disease-focused; e.g. diabetes, cancer, hypertension, infant mortality, substance abuse, and violence; they (community people) focused on risk reduction, the need for culturally-appropriate services, access and systemic change.

In 1987, with \$3.5 million in State funds, the Ohio Commission on Minority Health was established by Amended Substitute H.B. 171. Created as an autonomous State agency, the Commission interfaces with all Departments of State and funds non-traditional, culturally-sensitive demonstration projects for 12-24 months for \$100,000 - \$250,000. Health awareness and disease prevention constitute focal points. If a project demonstrates impact with the target population, on-going funding is secured through traditional public or private funding.

Violence prevention projects funded by the Commission have included models for:

- curriculum development
- rape prevention
- parenting
- domestic violence prevention
- reduction of interpersonal violence

The Wright State University PACT program, which will be presented tomorrow by Dr. Rodney Hammond, began as a Commission-funded project. In 1991, the Commission, Wright State University and Project Linden (Columbus) received a three-year MCHIP grant from the Maternal and Child Health Bureau to conduct violence prevention training.

Other statewide initiatives have included:

1. Establishing Minority Health Month in April 1989; a 30-day high-visibility health awareness campaign. Held annually, Minority Health Month was designed to be an inclusive event. The growth has been phenomenal. In 1989, there were 87 statewide grassroots events. By April 1992, there were more than 300 events planned and implemented statewide. More than thirty of those events were aimed at violence prevention.
2. Presenting a two-day youth violence prevention symposium, "From Analysis to Action: Youth Violence Prevention in the State of Ohio." Cosponsored by the Commission, the Ohio Department of Health, DHHS Office of Minority Health,

Centers for Disease Control, the Office of Congressman Louis Stokes, and Morehouse Medical School, the two-day symposium focused on national and state initiatives targeted to minorities. Two hundred diverse providers and consumers began to develop a statewide strategic plan to reduce youth violence.

3. Securing funds from the Gund Foundation of Cleveland to build multicultural coalitions for violence prevention. This initiative is being jointly developed by the Commissions on Minority Health, Spanish Speaking Affairs and Dispute Resolution.
4. Developing an experientially-based training models on violence prevention to be presented in October, 1992 at a three-day conference, "Prescription for Good Health: A Vision for the Future of Minority Health."

We have learned that the community must be involved in planning and implementing services. Critical components of successful program designs:

- took into account beliefs, perceptions and/or values of the population served
- were multifaceted in terms of content, e.g. although developed to convey information on one topic, they included culturally specific information or situations relative to a wide range of topics
- involved direct one-to-one, time-intensive, practical application encounters, e.g. outreach
- conducted in conjunction with other activities of a social, cultural, entertainment or religious nature
- provided easy access at no direct or indirect (transportation, child care) cost, providing anonymity and non-judgmental information
- used language that was simple and straightforward without being condescending
- established a comfort and/or trust level with the person disseminating the information
- were bilingual and multi-cultural when appropriate

Reverend Jesse Jackson has said there are two types of people - pathfinders and trailblazers. Pathfinders are those who need a map to know where they are going and how to get there. They replicate what has been done, the way it has always been, even if it doesn't work. Trailblazers chart a course where there was none. They cut down the bushes and the brush, creating new courses as they go. We are called to try new, bolder methods to reduce the premature loss of life in our communities. As you leave this place, will you continue to conduct business or will you blaze new trails?

## TOGETHER WE CAN STOP THE VIOLENCE

Larry Cohen, M.S.W.

There is an epidemic in America for which we have no vaccine and no celebrity fund raisers - violence. According to the Centers for Disease Control (CDC), each year more than 20,000 people die and more than 2.2 million suffer nonfatal injuries from interpersonal violence. Emergency rooms are overburdened with the casualties and violence prevention efforts are few and under funded.

Ours is a culture that has come to believe that violence is an inevitable part of life. By the time the average person reaches the age of 16, she/he has seen 200,000 acts of violence on television alone. Violence, in its many forms, is pervasive--as glamorized in the media, and in its real-life manifestations, when children accidentally shoot their playmates and neighborhoods are rocked by gang violence.

But violence is not inevitable; it is a learned response. The public health community is often on the front lines witnessing the pain and devastation of violence. It is time for us to move the battle upstream; to look for ways to reduce the terrible toll by preventing violence. As Antonia Novello, U.S. Surgeon General, made clear at a recent CDC Forum on Violence, "Prevention of violence is ultimately our only road to success."

Violence, like many critical health problems, is exacerbated by socioeconomic factors and the effects of oppression, whether that oppression is based on race, gender, culture, age, or religion. These issues require our ongoing attention to long term solutions, but we cannot live with violence, waiting for all these issues to be resolved.

What can be done? Because so many different issues underlie violence, a systems approach to prevention is required. This means that a wide variety of groups and a broad spectrum of efforts need to come together to strengthen and support one another. Effective violence prevention is only possible when many sectors of a community participate in developing solutions. Sharing both responsibility and resources with the communities most affected is apt to foster the sense of ownership and dedication that is essential to community-based solutions.

A systems approach to violence prevention needs to include a wide spectrum of efforts. The Spectrum of Prevention, adapted from the work of Marshall Swift, outlines a variety of activities that can make an impact on violence.<sup>1</sup> These are: influencing policy

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<sup>1</sup> Adapted by the Prevention Program, Contra Costa County, California, from the work of Dr. Marshall Swift, Developmental Disability Prevention Professor, Hahnemann College, Philadelphia, Pennsylvania.

and legislation, changing organizational practices, fostering coalitions and networks, promoting community education, and strengthening individual knowledge and skills.

The Prevention Program makes influencing policy and legislation a priority because we believe that the "...prospects for the health of Americans will be determined by public policy, by those workplaces, homes, and schools."<sup>2</sup> But most importantly, when many components of the spectrum are brought together they create a synergy of prevention.

Because violence is a systems issue, it is important to get many people and organizations together. Using a jigsaw puzzle as an analogy for a coalition, it is easy to visualize how this is put into practice. When the box is first opened, the pieces are scattered and disjointed. When the pieces are put together in coalitions, potential successes can be explored within the Spectrum of Prevention. By directing efforts toward common, preventable root causes, coalitions consolidate efforts, conserve resources and achieve policy victories that none of the member groups could achieve alone.

Through all of this, people working toward a common goal in coalition remain at the heart of the Prevention Program's violence prevention efforts. To emphasize the importance of coalitions, the Spectrum of Prevention has been reshaped into a pentagon. The pentagon is based on the notion that most of the Program's activities should be generated by coalitions and networks, by people supporting each other and working together.

#### **Key Factors to Remember in Violence Prevention**

Here are a number of key factors to remember in developing effective violence prevention programs.

1. The economic situation within a community is absolutely critical. Poverty, unemployment and underemployment lead to significantly increased levels of violence. While economic issues generally fall beyond the purview of violence prevention programs, it must be recognized that violence prevention efforts are severely hampered by the inhospitable economic climate.
2. Public health should work within current community efforts. It is not our responsibility to set up new, stand-alone programs, but to facilitate the involvement of others and to encourage partnerships. This means involving community agencies in the

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<sup>2</sup> Millo, Nancy. "Promoting Health through Public Policy," Canadian Public Health Association. Ottawa, Ontario, 1986. 3.

planning and implementation of violence prevention efforts and building on the work that is already taking place.

3. Sexual assault, rape, and acquaintance rape are very much a part of the violence problem. This is particularly important when violence is approached from a health perspective utilizing the statistics of deaths and of hospitalizations. Young men, in particular young black and other minority men, end up with long-term hospitalizations and injuries and in the coroner's office. The injuries of sexual assault are common and severe, but are not often ministered to in a hospital setting. Sexual assault generally occurs between people who know each other and occurs with greater frequency among youth.
4. Violence must be understood as a reaction to economic, racial, cultural, sexual, and age-based oppression. Options to violence, therefore, must come from an understanding of the context of oppression rather than from a "blaming the victim" point of view. People need options other than violence as a way to solve their difficulties. Currently, the Contra Costa County coalition is creating a list of survival skills which it feels are necessary for developing options to violence. Of course, these skills must be delivered in a culturally competent manner.

What are these skills? One skill is to understand the context for violence in society and how the rules are different at home, in the schools, and in the streets. Dealing with violence in homes and schools is not enough. Kids and adults are also afraid in the streets, and something needs to be done about that. Other skills are to identify sources of anger, to explain the difference between "playing the dozens" and provoking anger, and to identify and practice options for preventing violence.

5. The issue of guns cannot be ignored as guns are the instruments of most homicides, assaults and suicides. One of the most significant accomplishments of the Prevention Program, and many others in the State, was the role played in the passage of California's historic assault rifle bill in 1989.
6. We must recognize that males perpetrate most violence and that strategies to end violence must involve men in the solution. Of course, this includes young men and boys, as the attitudes that play such a large part in violence are developed and nourished from birth.

7. Adults, particularly parents and other caregivers, need to be part of the solution. One of the achievements of our violence prevention project was the development of a Workplace Program funded by United Way. This program trains parents in violence prevention, substance abuse prevention and conflict reduction skills at their worksites.
8. Youth need to be part of the solution. For example, we sponsor Violence Prevention Month annually in our target area, with activities planned by the youth, such as a "Teen Speak Out on Violence" and rap and poster contests.
9. The lesson about preventing post-traumatic stress that we have learned from wars needs to be applied to inner cities. That is, interventions for young people need to happen quickly and youth should be encouraged to talk intensively about their experience. If you ask young people how much violence they have seen, it is usually staggering. In most cases, the youths are given the message not to talk about it. They don't deal with it. Nobody is encouraging them to express their fear and pain, and nobody is helping them through it. There are some very serious long-term effects from not acknowledging these feelings. Moreover, the kind of studies that need to be done to understand this problem have hardly begun. In evaluating efforts such as our "Teen Speak Out on Violence," young people generally report great relief in being able to talk openly because they feel that no one takes what is happening to them seriously enough.
10. Understanding the complex relationship between alcohol, other drugs and violence is critical and cannot be ignored in violence prevention efforts. Recently, the Prevention Program completed an article which thoroughly reviews the literature on this relationship and makes recommendations based on this relationship.\* It is clear that the drug most frequently associated with violence is alcohol, and that for many illicit drugs much of the association has to do with drug sales, not with the pharmacology of the drug itself. The discrepancy in this country's policy towards alcohol versus illicit drugs, therefore, must be reviewed.

11. Another key factor in violence is the presence and impact of the media. As we know, what you see is what you get, and regular television programming includes a lot of violence. Violence is as American as apple pie. Many studies of television violence have been conducted. These studies document the high prevalence of violence in cartoons and in current prime time shows (as compared to prime time shows of several years ago). Violence on television has been shown to have detrimental effects on youth, making them less compassionate toward others, less likely to cooperate and share, more aggressive, and more afraid of the world outside their homes. The dilemma is that the media says that violence is what the public wants; the public says that violent behaviors are encouraged by the media.
12. In learning what makes programs effective, one of the most important tools is evaluation. Given the magnitude and complexity of the problem and the need for comprehensive solutions, process evaluation is critical, including documenting and examining the steps to creating a community-wide approach to violence prevention. It is not realistic to expect significant results from outcome evaluation from underfunded projects in the short term.

It is always difficult to determine whether to spend money on work in the community or on evaluation. There are people in desperate need who are dying. At the same time, however, public health advocates need to learn what can be done differently on a national basis, when hopefully, more money is directed toward violence prevention. Ideally, violence prevention and evaluation money should be identified separately in order to reduce the controversy that can arise in a community about allocations.

13. Burnout is common among staff in a field as difficult as violence prevention. Staff who work in the area of violence prevention must find ways to support one another and to take care of each other. This may be one of the more important things we can do.
14. Most importantly, violence prevention requires the skills to help people attain a sense of power and self-esteem about their lives. Without a strong sense of community esteem, no violence prevention effort can be effective.

Implementing this solution requires establishing programs that reflect the cultural balance of the community. Helping people to gain familiarity with others' ethnic and cultural values, to be sensitive to individual and cultural differences, and to be aware of cultural limitations is vital.

It is also vital for public health and the affected community to work together. In working together, "...coalition organizers should avoid getting so caught up in any one effort, as to view it as 'make or break' it proposition. Every effort...prepares the way for greater and more sustained efforts in the future."<sup>3</sup> If we are going to make a difference in violence prevention, it will be a long, slow, difficult process. We have to give ourselves some credit and some support. We need to have patience and realize that some of these efforts may feel fruitless at first, but they are not necessarily fruitless in the long term.

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<sup>3</sup> Brown, Cherie R. "The Art of Coalition Building - A Guide for Community Leaders." American Jewish Committee, 1984. 11.

**\*AVAILABLE FROM THE PREVENTION PROGRAM**

**Research Papers:**

Developing Effective Coalitions: An Eight Step Guide The Relationship between Alcohol, Other Drugs, and Violence

**Videos:**

Beyond Brochures: New Approaches to Prevention Teen Speak Out Against Violence, Parts I & II

Rap Against Violence

**Newsletter:**

AVAction

**Other:**

"Beyond Brochures: A Systematic Approach to Prevention." American Journal of Public Health 81.7 (July 1991): 929.

## RELATING PSYCHO-SOCIAL APPROACHES TO VIOLENCE PREVENTION AMONG AFRICAN-AMERICAN YOUTH

W. Rodney Hammond, Ph.D.

Leading experts in the field of public health have led the call for broad based community efforts to prevent violence, particularly among youth at risk (Bell, 1987; Prowthrow-Stith, 1991). The widespread demand for community action has created a concurrent need for the development of more sophisticated preventive approaches which are: a) better informed by public health epidemiology; b) clinically well-conceptualized from a psychosocial point of view; and c) more culturally appropriate from the point of view of potential consumers.

While we must learn more about violence, its causes and prevalence, there is an emerging consensus among experts about certain aspects of homicide among young African-Americans. First, it is generally estimated that from two-thirds to three-fourths of all homicides and assaults occur between family, friends or acquaintances. Second, many incidents involve acts of anger or retribution in reaction to real or perceived provocations. Third, the homicide rate for African-Americans tends to increase dramatically beyond the age of 15. These problems have been characterized as Expressive Violence, i.e. violence in an interpersonal context. It stands in contrast to the violence associated with the commission of crimes such as robbery, sometimes referred to as Instrumental Violence.

These circumstances provide an excellent context for some of the preventive notions which underlie our current work. I will present an overview of our recently published approach to violence prevention for African-American youth (Hammond, 1991).

By way of background, it is important to note that certain programmatic applications which address interpersonal violence have long been recognized in the field of behavioral psychology. Clinical or interpersonal-oriented approaches can be classified into three broad conceptual categories: Social Skills Training, Anger Control Training, and Peer Conflict Mediation. Social Skill programs focus on teaching individuals (or groups) certain communicative responses or skills, which will provide a sense of self efficacy and influence in relating to others. Anger Control methods are designed to help persons identify angry responses within themselves and to manage their feelings in a controlled way. In recent years some communities have developed Peer Conflict Mediation programs, most of which train youth to act as third party intermediaries in negotiating quarrels between other youth. When examined closely, it is clear that Peer Conflict Mediation programs depend upon the presence of highly developed social skills (e.g. negotiation skills) in addition to anger management capabilities to be successful. Thus Social Skill and Anger Control approaches may represent a prerequisite for successful peer mediation among some youth.

There are many notable examples of programs which make use of diverse psycho-social strategies such as self-instruction, dispute resolution, problem-solving, modeling

calmness, and constructive communication to train children and adolescents in skills to avoid conflict. Although existing programs have many excellent features, virtually all have been developed for mainstream populations with no special focus on the unique needs and social environment of urban African-American youth.

The lack of culturally sensitive training materials directed to the critical problem of interpersonal violence among African-American youth led to the development of the Positive Adolescents Choices Training (PACT) program in Dayton, Ohio. The project is based in the Dayton City Schools and concentrates its efforts on middle school youth between the age of 12 and 15. The Ohio Commission on Minority Health, along with the Ohio Governors Office of Criminal Justice Services, provided seed funding for our work. We currently receive funds through SPRANS grant from the U.S. Maternal and Child Health Bureau which supports the further development of our approach and our community training efforts.

In developing training materials for adolescents, it is important to use peer role models to demonstrate the skills to be acquired since adolescents tend to establish their norms for behavior in reference to their own peer groups. In the early development of the PACT approach, it became apparent that there was a lack of programs featuring African role models. The production of Dealing with Anger: A Violence Prevention Program for African-American Youth (Hammond, 1991) directly addresses that gap.

The Dealing with Anger program provides an introduction to youth training on three target social skills thought to be prerequisites for coping with anger or frustration without resorting to expressive violence. These skills include:

1. *Givin' It (Giving Negative Feedback)* - expressing criticism, disappointment, anger, or displeasure calmly. Use of this skill permits the participant to ventilate strong emotions constructively and mastery of the skill will set the stage for non-violent verbal resolution of disputes.
2. *Takin' It (Accepting Negative Feedback)* - puts the participant on the receiving end of Givin' It. This skill involves listening, understanding, and reacting to criticism and the anger of others appropriately.
3. *Workin' It Out (Negotiation)* - It incorporates listening, identifying problems and potential solutions, proposing alternatives when disagreements persist, and learning to compromise.

Each skill is broken down into behavioral components which are described both in the video vignettes and on skill cards which can be given to group participants. The training

model involves introduction and modeling of target skills, including providing participants with a rationale for the value of the skill in preventing violence. Additionally, it offers the youth participants opportunities to practice the skill steps and receive feedback which will reinforce or correct their performance.

While these skills are not difficult to describe, they can be very difficult for young adolescents to learn. Most importantly, we feel that the program is able to project these concepts in ways that are "user friendly" for African-American youth.

The tapes tend to come across very well, often in a humorous way. They also do an excellent job portraying the appropriate ambience for guiding these skills with African-American adolescents in a small group situation. The vignettes depict "less than perfect" demonstrations of the skills which tends to increase the credibility with participants. Later on the youth are seen giving each other feedback while reviewing each of the skill steps. The narrator, a very attractive and strong African-American male role model, concludes by very effectively urging group participants to practice the skills. This sets the stage for guided group practice sessions which are typically facilitated by trained human service professionals.

Controlled evaluations of the PACT program suggest positive outcomes for participants when compared with nonparticipating youth. Our published findings include effects of the training on violence-related school suspensions and changes in observable prosocial skills, in addition to improvements in the way participants rate themselves and how they are rated by teachers (Hammond and Yung, 1991). Therefore, we think that these programs can make a difference.

In conclusion, I consider this approach to be an important and effective component of what ideally should be a more wide ranging set of culturally sensitive violence prevention efforts. There is an obvious need for more programs to teach nonviolent resolution of disputes to thwart Expressive Violence. I would note that our model selected only three out of a vast set of social skills which have been validated in the clinical literature. We are continuing our work by developing additional social skill and anger management paradigms and by developing related programs for parents and families. Ultimately, our culture's failures to effectively address environmental and structural problems such as poverty, hopelessness and the easy availability of firearms clearly contributes to the continued incidence of violence, particularly among African-American youth. Until these conditions are eliminated, psychosocial approaches, which are culturally sensitive, can represent an extremely appropriate avenue for prevention efforts at the individual level.

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## REDUCING YOUTH VIOLENCE: AN AFRICENTRIC APPROACH FOR CORRECTIONAL SETTINGS

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African-American teenagers are three to five times more likely than European-American youth to be murder victims (U.S. Department of Justice, Teenage Victims, 1991). They also are more likely to be victims of robbery and aggravated assault (U.S. Department of Justice, Teenage Victims, 1991). Moreover, African-American teenagers commit approximately 80% of the violent crimes perpetrated against African-Americans between the ages of 12 and 19, and 90% of the time the offenders and the victims are males (U.S. Department of Justice, Teenage Victims, 1991).

The homicide rate for 12 to 15 year-old African-American males is five times the rate for European-American teenagers, and three times the rate for African-American females (U.S. Department of Justice, Teenage Victims, 1991). Hence, statistically speaking, violence is rapidly becoming the number one public health problem for African-American male adolescents and young adults.

In the last decade, the media has drawn attention to the number of violent crimes committed by adolescents and teenagers, especially young African-American males. Television networks, newspapers and popular magazines have devoted a considerable amount of air time and print space to covering tragic stories of teen homicides, murders and rapes. As a result, Americans are more aware of teenage violence and crime than at any other time in the history of the United States.

Major television networks also have aired discussions and debates between national scholars and politicians regarding the causes and solutions to teen violence. During these discussions little concern is paid to this nation's legacy of violence and racism. Moreover, few experts have described how they have contributed to contemporary teen violence. Consequently, most of the proposed solutions to this problem misunderstand the social, political, cultural, and historical contexts in which violence in the United States occurs.

In order to fully understand the nature and etiology of contemporary teen violence among African-American males, this problem has to be examined in the light of the institutionalized violence and racism that has been a fundamental characteristic of American society since this nation was founded. Institutional violence and racism have had a profound effect upon the social and economic status of African-American males. Thus, to understand contemporary African-American teenage males and their involvement in violent criminal activities without taking into consideration the aforementioned issues, is to ignore (at great peril) the basic relationship between a nation's history and caste system and its social problems.

## **The Violent History of American Society**

The United States is the most violent nation in the history of the modern world! More importantly, social workers and public health professionals must understand that the violence that characterizes modern American life did not begin with the birth of rap, latch key children, so called "broken" homes, MTV, or crack cocaine. The seeds of violence were planted into the moral and social character of this nation with the brutal and inhumane enslavement of millions of Africans on land that was violently and maliciously stolen from Native-Americans.

### *The Violence of Slavery*

The 365 years of African slavery in the Americas was the most violent period in the history of the modern world. In order to provide European colonial powers with the inexpensive labor needed to expand their budding capitalistic empires, 40 million African men, women and children were kidnapped and enslaved throughout North, Central and South America (Jackson, 1990).

The mortality rate among African people during the Atlantic slave trade was incredible. One out of every three Africans captured died on the march to the coast and another third perished at sea, long before they reached their final destination (Jackson, 1990). These deaths coupled with the ethnic conflicts spawned by the Atlantic slave trade cost the lives of an estimated 10 million African men, women and children (Jackson, 1990).

Thus, the enslavement of African people was the single most violent and brutal act ever committed against any group of people in the history of the world. Unfortunately, the slave system in the United States was similarly deadly and violent.

### *The Violent Nature of U.S. Slavery*

American slavery was the most violent and inhumane form of slavery in the history of the modern world because it treated African people as property and denied them their humanity in both custom and law. Africans were brought to the United States in chains and forced to work without compensation for over 220 years, with no greater legal protection in most states than those accorded farm animals. Essentially no provision was made for them to earn their freedom.

In addition, every conceivable effort was made to degrade and dehumanize enslaved Africans. The violence perpetrated against Africans during the slavery era in the United States was designed to strip them of their cultural identity and human dignity (Lester, 1968; Huggins, 1990).

The basic social stratification system of the United States was built upon the belief that African people were descendants of subhuman groups, incapable of "civilized" behavior

and devoid of a history worthy of repeating (Magubane, 1989). Every major social institution in this country conspired to create a nation in which African people were considered genetically, socially and politically inferior to even the most immoral and uncivilized European-American. The types of violent acts committed against African people reflected these attitudes. The violence committed against African males was particularly vicious and abhorrent.

### *Violence Against Enslaved African Males*

From the moment they stepped off the slave ships, male Africans were treated more violently and with greater brutality than any other segment of the enslaved African community. African males, both boys and men, were treated worse because they represented a direct challenge to the supremacy and hegemony of the European-American male (Hall, 1981). No form of physical punishment was spared or considered too savage if it was effective in controlling the enslaved African male (Huggins, 1990). As a consequence, unmerciful beatings, lynchings and the mutilation of various body parts were all routine disciplinary measures used to punish enslaved African males.

In order to enhance the psychological effects of these cruel and inhumane disciplinary methods, European-Americans would publicly castrate or lynch enslaved African males, and then burn their semi-lifeless bodies for every one to see (Mellon, 1988). Enslaved African boys, as well as their mothers and sisters, were frequently forced to watch their brothers, uncles, fathers, and grandfathers tortured to death by mobs of blood-thirsty men, women and children (Huggins, 1990; Lester, 1968; Mellon, 1988).

These public events also were designed to influence the behavior of the European-American community. They served to reinforce the widely held belief among European-Americans (slave owners and non-slave owners) that African people had no basic human rights that "white" people had to respect. Moreover, these sadistic events contributed to the legitimization of physical violence as an acceptable means of controlling African males in the United States. The violent assault on the humanity of African males did not stop when slavery ended in 1865.

### *Violence Against African-American Males After Slavery*

After slavery ended little changed for African-American males. Although they were no longer considered property, they were not treated as full citizens by any level of government or the European-American community. When they tried to assert their rights to national citizenship guaranteed by the 14th and 15th Amendments, European-Americans responded with amazing violence and animus.

If an African-American male demanded to be paid prevailing wages for his labor or the right to earn a living based solely upon his willingness to work and sacrifice, all levels of government and nearly every sector of the larger society stood ready to oppose him with

any means necessary. Often this confrontation resulted in African-American males literally being beaten to death by either law enforcement personnel, mobs of hostile citizens, or both. During the late 19th century and the first three decades of the 20th century, thousands of African-American males were murdered and many more were crippled for simply demanding to be treated as social, civil and political equals (Fishel & Quarles, 1970; Wintersmith, 1973; Williams & Williams, 1972).

Between 1885 and 1921, 4,096 lynchings were recorded in the United States, an average of 113 per year, or roughly 9.5 per month for 36 years (Fishel & Quarles, 1970). Approximately 80% of the individuals lynched were African-American males (Hughes, 1962). Most of the victims had been accused of, but not officially charged with, raping a "white" female, a crime rarely substantiated (Hughes, 1962). In addition, within a three year span (1918-1921), 28 African-Americans, mostly males, were publicly burned by mobs (Fishel & Quarles, 1970). It was not unusual for African-American male children, adolescents or teenagers to be lynched or burned alive. For example, between 1918 and 1919, six children were either lynched or burned alive in the United States (Hughes, 1962).

The lynching of an African-American male caused a massive celebration on the part of many European-Americans, especially in the border and southern states. Langston Hughes (1962) describes one of those celebrations in the following manner:

A mob near Valdosta, Georgia, frustrated at not finding the man they sought for murdering a plantation owner, lynched three innocent Negroes instead; the pregnant wife of one of the three wailed at her husband's death so loudly that the mob seized her and burned her alive, too. As the flames enveloped Mary Turner's body, her unborn child fell to the ground and was trampled underfoot; white parents held their children up to watch (p.37).

These horrible murders were well publicized in newspapers. Newspapers "usually reported lynchings in detail including how long it took the victim to lose consciousness, how the spectators scrambled to view the charred remains, and how the women and children enjoyed it" (Wintersmith, 1973:83).

Moreover, between 1865 and 1940, race riots initiated and carried out by European-Americans (18 major riots between 1915 and 1919) led to the deaths of over 500 African-Americans (Staples, 1982). The safety of African-American males was further compromised because local, state and federal law enforcement and judiciary officials rarely intervened (Franklin, 1956; Hughes, 1962; Myrdal, 1944). All too often they were willing participants in these bloodbaths.

### *Police Brutality and Capital Punishment*

Much to the surprise of most Americans, police brutality against African-American males did not begin with the Rodney King beating in Los Angeles. African-American males of every age and social and economic class are aware that the most insignificant encounter with law enforcement officers can lead to a severe beating or even death.

According to Staples (1982), "it is no surprise to find that for the years 1920-1932, out of 479 blacks killed by white persons in the South, 54 percent were slain by white police officers" (p.44). In addition, a Police Foundation study found that "75 percent of the civilians killed by police in seven cities between 1973-74 were black males" (Staples, 1982:44). Moreover, this study concluded that most of the shootings "did not appear to have served any compelling purpose.." and "fell into a 'middle ground' where it was difficult to determine if the shooting was justified or not" (Staples, 1982:44).

The court systems of this nation also have demonstrated a willingness to use judiciary authority to impose capital punishment (the ultimate form of state sponsored violence) disproportionately on African-American males. Between 1930 and 1988, 50% of the prisoners executed under civil authority in the United States were African-American males (U.S. Department of Justice, Sourcebook of Criminal Justice Statistics--1989, 1990).

Moreover, 89% (405) of the 455 Americans executed for rape during this same period were African-American males, even though more than half of the individuals arrested for rape in this country are white males (U.S. Department of Justice, Sourcebook of Criminal Justice Statistics--1989, 1990; U.S. Department of Justice, Uniform Crime Reports 1988: Crime in the United States, 1989). As of May 30, 1990, 40% of the prisoners under sentence of death in the United States were African-American males (U.S. Department of Justice, Sourcebook of Criminal Justice Statistics--1989, 1990). Surprisingly, the overwhelming majority of these men are not on death row for killing African-Americans.

Death sentences and executions appear to be reserved primarily for individuals convicted of killing whites (Staples, 1982).

In an analysis of first degree indictments for murder in Florida counties between 1972 and 1978, it was found that, overall, 17 percent of the black men who murdered whites were given the death penalty, compared to three percent whose victims were black. White defendants were more apt than blacks to win acquittal, be judged incompetent to stand trial or get their cases dismissed while blacks were much more likely to face trial and be found guilty. A bias against men was also evident as only 1.6 percent of female murder defendants drew the death penalty as opposed to 12 percent of the men (Staples, 1982:49).

Rarely are African-American males sentenced to death for raping or murdering African-Americans, in spite of the fact that in 1988, 87% of their murder and non-negligent manslaughter victims were African-American (U.S. Department of Justice, Sourcebook of Criminal Statistics---1989, 1990). Sociologist Robert Staples (1982) summarized the findings from a study that examined the relationship between the race of the victim and the sentence of the offender in the following comment:

In another study covering three Southern states between 1973 and 1977, it was reported that only six percent of those arrested for homicide were blacks who killed whites but these blacks constituted 40 percent of the convicts on death row. Just five percent were blacks who killed other blacks (Staples, 1982:49).

This continuing legacy of legal and extra-legal violence against African-American males has led to the devaluation of their lives and a systematic and pervasive disregard for their social, emotional and psychological needs. Social, economic, educational, and political deprivation and oppression, however, also contribute to the excessive amounts of violence perpetrated by and against African-American male adolescents and teenagers because they destroy their sense of hope and self-worth. More importantly, they are denied the opportunities to develop the social and practical competencies required to prosper in a decidedly racist and materialistic society.

#### **The Impact of Racial Discrimination and Poverty on African-American Males**

By the time millions of African-American males are 10 to 13 years old, they have already witnessed the doors of opportunity slam shut on the dreams of literally hundreds of African-American men in their communities. Millions of young African-American boys learn very early in life that the lives of incredible numbers of adult African-American males are punctuated by frequent bouts of unemployment, poverty, ill health, and misery. They also notice that adult African-American males die approximately 14 years before European-American women, 9.5 years before African-American women, and almost eight years before European-American males (U.S. Bureau of the Census, Statistical Abstract of the United States: 1991, 1992).

The high mortality rates among African-American males also leaves many adolescent and teenage males without sufficient numbers of adult males willing or able to teach them how to successfully navigate the mine fields of American racism, economic dislocation and violence. Furthermore, the aforementioned problems create a shortage of African-American males who can and will provide the guidance, love and nurturing necessary to help many African-American boys and teenagers overcome the pessimism, fear, anger, and fatalism that often surrounds them.

African-American boys and teenagers are as intelligent and perceptive as any other group of boys and young men. They know that if they can't dribble a basketball, hit a baseball, or sack a quarterback, this country has little use for them. Furthermore, they

understand that if they can't dance or sing or do stand-up comedy, their chances of ever achieving economic stability and security are slim to none.

In the midst of the hopelessness that frequently permeates the lives of African-American youth lies ice, heroin and crack cocaine - each equally capable of distracting a young mind from the painful reality of the day-to-day struggle to survive and thrive in a hostile environment. To make matters worse, television spews forth programs and images that glorify wealth and materialism. All of which contributes to the growing frustration many African-American boys and adolescents experience as a consequence of growing up African and poor in an affluent and racist society.

Growing up under these social conditions often leads to unimaginable levels of personal frustration and emotional pain and confusion. If left unattended, these emotional volcanos lead to a persistent and pervading sense of personal devaluation, degradation and a disrespect for life. The relatively low value placed on the lives of African-American male teenagers and young adults by the larger society makes it very easy for emotionally overwhelmed adolescents and teenagers to grab a gun, knife, or bat, and use their peers as human depositories for all the pain and frustration that fills their lives. Poverty and racism, however, are only two of the major causal factors that have led to the high rates of violent behaviors exhibited by male African-American teenagers and young adults. This nation's obsession with violence also plays a major role in this tragic scenario.

#### *The Violent Nature of American Society*

The United States is a society that glorifies violent behavior. It is one of the few nations in the world in which violence and the taking of another human being's life is considered an event suitable for prime time entertainment and amusement. Moreover, this society glamorizes war and the concept of war more than any other society in modern history.

Almost every human activity in this country is reduced to war, where a violent and physically aggressive mentality is valued and rewarded. Some of this country's most popular sports, such as football, hockey and boxing, rely heavily on the warrior mentality and the athlete's willingness and ability to inflict punishment and pain on his opponent. Consequently, it is not surprising that a significant number of "successful" boxers are African-American males. What other group of males has so few options in life that they are willing to risk life and limb for a few dollars and a little "respect"? Unfortunately, violence in the United States is a commodity that can be advertised, sold, and encouraged, because Americans are socialized to accept violence as a valued product.

In the past, sports, particularly basketball and football, had served as an effective diversion for millions of frustrated, alienated and unloved African-American boys and teenagers. Over the last decade and a half, however, these games have lost their ability to capture the attention of many urban youth. Most youth have realized that only a handful

of African-American males will ever make it to the professional level and enjoy the riches and acclaim accorded Magic Johnson and Michael Jordan.

It also is important to remember that children learn how to cope with frustration, disappointment and anger from adults, the media and the larger society. Thus, African-American children and teenagers learn to resolve their disagreements and handle unpleasant feelings in a violent manner from the adults they know personally or the adult role models they observe in the media. Hence, it is both ironic and sad that the adults in this country are wringing their hands over teen violence. They wonder where these young people could have learned to be so cruel and disrespectful of life, when between 1979 and 1988, arrests for violent crimes among individuals under the age of 18 decreased 7.5%, while the rate for individuals 18 and over increased by 33.2% (U.S. Department of Justice, Sourcebook of Criminal Justice Statistics 1989, 1990).

In summary, African-American male teenagers and young adults tend to engage in violent acts more often than most non-African-American youth because they and their African and African-American forefathers have been, and continue to be, the victims of institutionalized racism and violence. Moreover, these adolescents and teenagers, like most American children, are forced to grow up in a society that glorifies violence and rewards physically aggressive behavior. More importantly, millions of African-American boys and teenagers are forced to live under social and economic conditions that brutalize their young psyches and destroy their sense of self love and respect.

The antisocial and violent behavior that characterizes the lives of hundreds of thousands of African-American male adolescents and teenagers is a symptom of the extent to which these youth have become emotionally and socially disconnected from themselves, their cultural and historical heritage, and their communities. Thus, their violent behaviors are cries for personal, social and cultural reintegration with themselves and their communities.

Violence prevention programs that seek to address the needs of African-American male teenagers caught in a web of violence and antisocial behavior must consider the aforementioned unique characteristics of the African-American male experience. In addition, violence prevention programs should start with those African-American male teenagers and youth who presently occupy 40% of the long-term State-operated juvenile facilities across America (U.S. Department of Justice, Survey of Youth in Custody, 1987, 1988).

These are the young people who will eventually have the greatest influence on teenagers who have yet to shoot, stab or rob their first victim. If social workers and other human service professionals can help these young males recapture a sense of hope and self respect, and equip them with the skills required to survive and thrive in a hostile environment, then they can leave these institutions as role models for their peers outside juvenile facilities. This can be done if human service professionals, especially social workers

and public health specialists, are willing to respect the indigenous strengths and healing powers of the traditional African and African-American world-view and ethos.

### **An Africentric Paradigm For Reducing Teen Violence**

Many incarcerated African-American boys and male adolescents lack the following social and psychological attributes: (a) a positive social and cultural identity derived from their African and African-American experiences and culture; (b) a culturally relevant belief system that will help them survive and thrive in a hostile and racist society; (c) a sense of compassion and respect for other African-Americans, particularly males; (d) the nurturing and social support required to overcome seemingly hopeless situations; and, (e) the social competencies needed to carry out their socially and culturally mandated functions and responsibilities. Consequently, they are confused about who they are, what they are supposed to aspire to, and how they can become what they were meant to be.

The Africentric perspective provides a culturally specific and relevant paradigm for developing programs and services that meet the needs of incarcerated male African-American adolescents and teenagers.

#### *Basic Assumptions*

Several assumptions regarding the cultural identity of African-Americans support the rationale for using this particular conceptual framework as the basis for developing social and mental health services for African-Americans. First, African-Americans are fundamentally an African people with an African and African-American based cosmological, ontological and axiological belief system (Asante, 1987; Baldwin, 1976; Nobles, 1976, 1982). Second, this belief system operates to varying degrees at all levels of consciousness and in all areas of life among African-Americans.

Third, the traditional African, African-American belief system is the ideal ethos for contemporary African-Americans because it is their indigenous (natural) belief system, and it reflects their historical, social, political, and cultural reality (Asante, 1987; Baldwin, 1976). Moreover, an Africentric world-view and belief system sustained Africans and African-Americans through the horrors of American slavery, segregation and institutional racism. Fourth, the core African beliefs and values that enslaved Africans brought to this country provided the impetus and value base required to flourish and prosper under harsh and hostile circumstances throughout the late 19th and early 20th centuries.

Fifth, over the 373 years that Africans have lived in the United States, their conscious awareness of, and appreciation for, the functional utility of their indigenous cultural base and belief system has eroded. This has led to the deterioration of the traditional life-sustaining and enhancing capacities of the African-American community at all levels of existence (individual, family, and community). Sixth, the reclaiming of this culturally relevant belief system by African-American males (particularly incarcerated males) will

reduce their vulnerability to numerous social and health related behaviors that contribute to teen violence and criminal behaviors, (Nobles & Goddard, 1988; Nobles, 1982).

### *The Africentric World-View*

The Africentric world-view differs from the Eurocentric world-view in that it places Africa and African culture and history at the center of the African-American's efforts to resolve problems created by slavery, segregation and institutional racism, and not Europe and European-American culture (Asante, 1980, 1987). More specifically, the African world-view emphasizes the following principles: (a) interconnectedness; (b) harmony; (c) balance; (d) affective epistemology; (e) authenticity, spontaneity, and naturalness; and, (f) cultural awareness. The *Nguzo Saba* (the seven principles of nationhood) provides an ethos that builds upon the aforementioned core principles of the African world-view.

### *Interconnectedness*

At the center of the Africentric world-view is the cosmological belief that the universe and all living things are spiritually connected and interdependent. All living things, including human beings, are interrelated and dependent upon one another for survival and for optimal physical, social and spiritual growth. Furthermore, these relationships provide individuals with a sense of purpose and a sense of connectedness with their families and communities. More importantly, they provide children and youth with the social relationships that will help them develop high self-esteem, social competence, and a sense of hope and optimism.

Human social disease or dysfunction arises when human beings become alienated or disconnected from their mutually supportive and interdependent human relationships. When human beings fail to develop or maintain healthy personal relationships, they become isolated and alienated from their community. In other words, they become alienated from the emotional and psychological resources they need to maintain their humanity. This, in turn, leads to a sense of low self-worth, anxiety, frustration, and an assortment of emotional difficulties that eventually lead to bizarre and dangerous social and health related behaviors.

This situation is particularly devastating for African-American male children because they must depend upon their early social relationships to help them cope with a racist and hostile society that intentionally creates conditions that undermine their psychosocial growth and development. The violent and aggressive behaviors of large numbers of African-American adolescent and teenage males, therefore, are a symptom of the extent to which they have become emotionally and socially disconnected from themselves and their communities. More importantly, their self-destructive and violent behaviors are cries for help and a need for guidance, nurturing and a sense of self predicated upon a healthy and culturally valid male identity.

### *Harmony*

From the Africentric perspective, optimal mental and social health can be attained by achieving harmony with the forces of life (Phillips, 1990).

When one is harmonious we are 'at peace' whether or not the external forces surrounding us are fragmented since being in harmony depends more on our abilities to adapt through a clear process of organizing the disparate parts into a meaningful whole (p. 57).

In essence, being in harmony with life means that one is living with life, cooperating with the natural forces that influence events and experiences, while simultaneously taking responsibility for one's life by consciously choosing and negotiating the direction and paths one will follow.

### *Balance*

According to the Africentric world view, the concept of balance also is an important characteristic of optimal social and mental health. In order to maintain homeostasis one must balance forces that appear at odds with one another, never allowing one to suppress or dominate the other. Thus a major task for all living things is to maintain balance, as well as harmony, between seemingly incompatible forces. When a person fails to maintain balance and harmony, a variety of personal and interpersonal problems occur (Phillips, 1990).

The social and psychosocial problems exhibited by many incarcerated African-American youth are examples of the types of difficulties one can encounter when he/she has been forced to grow and develop in an environment that lacks balance and harmony.

### *Affective Epistemology*

"Affective epistemology refers to the process and belief system of a people discovering knowledge and truth, i.e., awareness through feeling or emotion" (Phillips, 1990: 58). The Africentric world view appreciates and accepts the validity of knowing through feelings and affective awareness. It does not, however, ignore the value and importance of the "...rational, logical, analytical process..." (Phillips, 1990:59). A healthy person values and uses both means of ascertaining truth and knowledge. Each, therefore, is essential to maintaining personal harmony and balance at all levels of physical, social and psychological being.

### *Authenticity, Spontaneity, and Naturalness*

The keys to healthy interpersonal relationships are authenticity, spontaneity and naturalness. African people believe that there should be no phoniness, artificiality and superficiality in social relationships and interactions. In addition, "...people should be spontaneous in that there should be no restraints in dealing with people and life" (Nobles, 1982:48). Moreover, the Africentric world view values naturalness, or "being for real," honest and open in everything you do and in all relationships. According to Phillips (1990), "When we are spontaneous and harmonious, then our natural healing and problem-solving mechanisms are functioning properly" (p. 60).

### *Cultural Awareness*

Awareness of one's cultural self is an important part of the process and state of self-knowledge. A conscious awareness and understanding of one's culture, history and ethos is essential for effective, positive and life enhancing thoughts and behaviors. Cultural awareness connects one spiritually and materially with every generation of the cultural group, thereby establishing a clearly defined set of mutually reinforcing patterns of obligations and responsibilities among centuries of generations. In turn, these obligations provide individuals with purpose, vision and a sense of meaning and self-worth.

The absence of cultural awareness disconnects one from his/her responsibilities and obligations to self and the community, which in turn, leads to spiritual and social isolation and alienation. This, in turn, leads to anomie, role confusion and psychological dysfunction. When an individual is burdened by these intra and interpersonal difficulties and the yokes of economic deprivation and institutional racism, he/she is without the life sustaining and enhancing resources required to overcome these negative circumstances. In other words, one is set adrift in hostile life threatening waters without a life jacket, compass or paddle.

### *Core Values of an Africentric Paradigm*

The ethos of this Africentric paradigm is based upon the Nguzo Saba, or the seven principles of nationhood (umoya, kujichagulia, ujima, ujamaa, nia, kuumba, and imani) which form the ideological base for the philosophy of Kawaida, as well as the African-American holiday Kwanzaa (Karenga, 1977). These basic principles serve "...as proper and effective guidelines for healthy living" (Phillips, 1990:62).

The following chart is drawn from the work of Phillips (1990) and lists each principle and a brief description of the Africentric principles they reflect.

### The Nguzo Saba

<u>Principle</u>	<u>Description</u>
Umoja (unity)	Reflects the need for harmony and interdependence and the importance of relationships
Kujichagulia (self-determination)	Empowerment of the community and authenticity
Ujima (collective work and responsibility)	Mutual interdependence and balance; active togetherness with family and community; collective past, present, and future
Ujamaa (cooperative economics)	Mutual financial interdependence; shared resources; balance
Nia (purpose)	Authenticity; we all have unique contributions to make
Kuumba (creativity)	Authenticity; balance; there is a creative spirit in everyone that can bring into being a new reality; creative labor is self-defining, self-developing, and self-confirming
Imani (faith)	Harmony; interconnectedness; connection to ones spiritual core; faith in family, friends, and community

These seven principles are traditional precepts in African culture, and they form a coherent value base which guides thoughts, behaviors and emotional expression. More importantly, they can help young African-American males rediscover themselves, their collective identity, and their purpose in life without falling prey to the violence of popular American culture.

#### **An Africentric Cultural Awareness Program for Incarcerated African-American Adolescents and Teenagers**

The Manning Cultural Awareness Program is a culturally specific group work approach designed to explore and enhance the social and cultural identity of incarcerated African-American males. This group work approach provides a culturally appropriate atmosphere in which group members help one another successfully pursue the process of

self knowledge and personal growth. The program also reconnects participants with the concept of family and community as defined by their traditional African and African-American ethos.

The program was first developed for adult African-American males and implemented in a minimum security prison in South Carolina (Manning Correctional Institution, Columbia, S.C.), approximately 2½ years ago. Since then social workers in two additional South Carolina prisons have used this model to enhance the cultural awareness of incarcerated African-American male inmates. The Manning Cultural Awareness Program has seven specific goals:

1. To increase the participants's knowledge of his social and cultural heritage and identity.
2. To enhance the participant's self-esteem, social competence, and sense of harmony, balance, and spirituality.
3. To enhance the participant's ability to communicate effectively with other African-American males without having to resort to physically or psychologically aggressive and violent tactics and strategies.
4. To provide the participant with a non-threatening environment in which he receives group support and nurturing required to achieve a healthy functional sense of manhood.
5. To help the participant recover a sense of community with other males, his family, and communities.
6. To help the participant acquire a culturally specific and relevant perspective that promotes optimal growth and development, and leads to a personal sense of purpose and function in life.
7. To inspire and motivate the participant to improve his literacy and problem-solving skills, as well as pursue the educational and vocational training required to be a contributing member of the African-American community.

### *Program Activities and Group Media*

The program sponsors culturally-relevant celebrations and invites community-based experts in the areas of African and African-American culture, history, psychology, art, music, and philosophy to speak during group sessions.

A great deal of emphasis is placed upon learning African and African-American history and culture. Consequently, a Cultural Awareness Group Library, which contains books, monographs, scholarly articles, video and audio tapes, provides the educational materials required to increase self-knowledge and reconnect participants with their cultural roots and social responsibilities.

Weekly group sessions are held to discuss reading materials, current events and issues related to the African experience throughout the diaspora. These sessions will provide adolescent and teenage African-American males with the opportunity to discuss a wide range of social and health-related issues. Specific topics related to this population's stage of psychosocial development would also be covered in group sessions. Topics such as drugs, sexuality, manhood, work and employment could all be covered in group sessions. These sessions are used to teach (through modeling) the types of communication skills and behaviors required to thrive in the larger society. Most importantly, the participant would learn how to interact with other males in all areas of life without feeling threatened.

Monthly forums in which residents from the African-American community are invited to the institution to discuss important issues and concerns are another vehicle for expanding participants' sense of community and social responsibility.

### *Program Effectiveness*

The Manning Cultural Awareness Program hasn't been subjected to a formal systematic evaluation of its impact on the behaviors of participating inmates once they have transferred to another correctional institution or been released from prison. Anecdotal comments by participants suggest that the program is very useful and important to African-American inmates because it provides them with a forum in which their unique cultural and gender related concerns can be addressed.

Group members have also stated that the program has increased their knowledge about their culture and history and has helped them gain a greater respect for their African Ancestors. They were particularly impressed and motivated by their African foremothers' and fathers' ability to survive slavery, segregation and institutional racism. One participant said that his involvement in the program would decrease the probability that he would return to prison because it had taught him "who he was, and what he had to do to be productive for himself and his family."

The therapeutic value of this program can't be underestimated. Participants have used the supportive environment of this program to express deeply held concerns, fears and needs. The group responds as a concerned family would with compassion, respect and assistance. This is a unique experience for many of the groups participants. They have rarely enjoyed this type of intimate and mutually supportive interdependent relationships with other African-American adult males. It is this type of intra-group and gender specific nurturing which attracts many of the participants to the group.

As a September, 1992, over 200 inmates in the South Carolina Correctional system have participated in the Manning Cultural Awareness Program. A formal evaluation of the impact of this program on these men will begin in the summer of 1993.

### Conclusions

If the cycle of violence against and by African-American males is ever going to end, it will happen because African-American males develop an appreciation for themselves and their importance in the African-American community. This can only come about when they are helped early in their lives to know who they are, what they were meant to be, and how they can become all they ought to be. Africentric rehabilitation models like the Manning Cultural Awareness Program can play a major role in that process, because they seek to restore to African-Americans what is essential to any group of people--their dignity, knowledge of self, and a value system uniquely suited to the cultural, political, social, and spiritual needs of the group.

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## RECOMMENDATIONS OF THE WORKING GROUPS

An important objective of this year's Institute was the development of recommendations which could be helpful in the development of policies and programs addressing violence. It was anticipated that the recommendations could be addressed to policy making and service delivery organizations, as well as to individual professionals in the field. Conference participants were asked to attend one of three working groups, each focusing on a somewhat different topic. These groups were to define appropriate strategies relating to their specific topic areas,

### Group #1 - Mobilizing Communities for Action

Moderator: Edward Saunders, University of Iowa

Resource: Homer Rahn-Lopez, Massachusetts Health Department

At the micro level, gaps in service continue to exist for victims of violence, particularly children and female victims of domestic violence. Human service agencies are not being proactive, but often only react to the violence in families which they are directly serving. There is a need for more networking between individuals and organizations which have an interest (or experience) in violence prevention programs. Churches and other community organizations are not taking adequate leadership in articulating values and promoting change.

At the macro level, capitalism actually promotes violence through a value system which rewards competition rather than cooperation, which values a person based on their income, and where the wealthy often prosper at the expense of the workers. Television, movies and newspapers highlight violence because it sells tickets and advertising. Our national political leadership sustains the image of violence through continued military activity and defense spending.

Specific recommendations made by this group include:

1. Organizing grassroots neighborhood based efforts which involve community organizations and individual residents in the leadership, as well as in the community organizing tasks.
2. Establishing coalitions which have political input to combat racism, sexism, homophobia, and which promote cooperation and reject violence.
3. Professionals should be challenged to personally make a commitment to organizing communities, such as undertaking actual street work and conducting door-to-door informational campaigns.

## Group #2 - Linking with Juvenile Justice and Child Welfare Programs

Moderator: David Miller, University of Pittsburgh

Resource: Anthony King, Case Western Reserve University

Juvenile justice and child welfare systems traditionally have not had a primary therapeutic focus in dealing with young people. Other health and social service systems often lack an understanding of these systems and few creative coalitions have been developed. Academic and research institutions do not often interact with juvenile justice and child welfare programs. Social workers and other professionals lack a commitment to this population and do not seek field placements and employment with these programs. In many cases they are inadequately funded and have increased demands as more youth enter these systems.

Specific recommendations include:

1. Education and training activities should be organized to: (1) convince juvenile justice professionals that prevention programs can work, and (2) to engage representatives from juvenile justice, child welfare and other health and social service organizations in joint training sessions.
2. Information sharing network on this topic should be organized with a special emphasis on training opportunities and model programs.
3. Demands should be put on schools of social work to better prepare and to motivate students to work in juvenile justice and child welfare. The National Association of Social Workers and the Council on Social Work Education should be approached regarding targeted training in this area.
4. Service delivery and professional organizations (i.e. social work, public health, medical care, juvenile justice, mental health, legal, etc.) should promote advocacy and political pressure at the state, local and national level. This should focus on increased funding, promoting professionalism and developing needed treatment resources.
5. The Maternal and Child Health Bureau and other federal offices supporting professional training should make this population a priority.

6. Universities need to collaborate with juvenile justice and child welfare systems, and subsequently take the lead in approaching federal sources and foundations regarding funding for programs and research.

### Group #3 - School Based Initiatives

Moderator: Dennis Rubino, Delaware Division of Public Health  
Resource: Rodney Hammond, Wright State University  
Dorothy Browne, University of North Carolina

The workshop examined a number of significant themes. There was a recognition of the special challenges facing school systems and the importance of mobilizing community resources to address the escalation of violence in schools and local communities. The following recommendations may be directed to the U.S. Maternal and Child Health Bureau, State, local health departments, or other organizations in leadership positions.

1. It is essential that service providers engage in creative partnerships with schools, both at the central administration level as well as in the neighborhoods.
2. Professionals should promote culturally competent violence prevention programs in the community, and these efforts should involve an empowerment of the community, using mechanisms such as: focus groups, paid community based interviewers, and community advisory boards.
3. Organizational efforts need to involve program staff, parents, young people in the community, and other community residents, as well as key organizations and institutions.
4. Funding should be sought from foundations and other private funding sources, as well as from federal, state and local government. Other local resources, including university based services and retired executives in the community should also be explored.
5. Organizations addressing violence prevention should demonstrate a commitment to the populations (and the neighborhoods) which they are targeting.

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Violence as a Public Health Problem: Developing Culturally Appropriate  
Prevention Strategies for Adolescent Children

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