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Violent and Abusive Behavior in Youth: A Public Health Problem

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ABSTRACT

This report provides general background information about violent behavior of youth and young adults. It discusses the status of the Public Health Service's *Healthy People 2000* project goal to reduce homicides and assault injuries, particularly in youth, by the year 2000, the incidence and prevalence of violence among youth and young adults, various theories about the causes of youth violence, the public health approach to youth violence prevention through certain federal, state, local, and privately sponsored programs, and the purposes and status of S.10, "The Violent and Repeat Juvenile Offender Act of 1997," and H.R. 1818, "The Juvenile Crime Control and Delinquency Prevention Act of 1997," introduced in the 105th Congress which impact youth violence and crime prevention programs. This report will be updated periodically. For more from CRS, see the *Guide to CRS Products* under Criminal Justice.

Violent and Abusive Behavior in Youth: A Public Health Problem

Summary

Violent and abusive behavior is a major public health problem. During the 1980s, persons between the ages of 12 and 24 committed over 48,000 homicides, and particularly in 1989, nearly 50% of about 4.2 million non-fatal violent crimes. Since 1985, the rate of murders committed by persons 25 and older declined 25%, while the rate among 18-to-24-year-olds increased 67%. More disturbingly, the murder rate committed by juveniles 14-to-17-years more than doubled within one decade increasing 172% from 1985 to 1994. From 1994 to 1996, however, homicides committed by 14-to-17-year-olds declined 32.4%, but remain at levels about twice as high as those one decade ago. Furthermore, from 1995 to 1996, arrests of persons 10-to-17 years in all areas of violent crime — murder, forcible rape, robbery, and aggravated assault declined 6%, but are 60% greater than the 1987 level.

In 1990, the Public Health Service (PHS) of the Department of Health and Human Services launched a nationwide effort to attain certain targets by the year 2000 that would improve health and ultimately save lives that frequently are prematurely lost. A 1997 review of the project revealed that homicide and assault injuries are two of eight areas that are moving away from the year 2000 goal. Contrastingly, there have been improvements in other areas related to youth violence. A decline in the number of 14-to-17-year-old youth carrying weapons went beyond the year 2000 goal, as well as the goal for physical fighting among this age group.

Several theories about the causes of youth violence exist. Most researchers, however, believe that violent behavior cannot be attributed to one independent cause but is the result of several factors. Also, an October 1997 report by the American Psychological Society concluded that how children are socialized during the early years of life accounts for individual differences in their propensity to act aggressively and violently throughout life.

The issue of law enforcement verses prevention strategies to allay youth violence and crime has been a matter of considerable debate. Whether more emphasis should be placed on punishing offenders rather than devising ways to prevent violence and crime before it occurs are the questions being considered. The PHS believes that the public health model holds promise for effectively addressing the complex violence problem. Many such strategies are underway throughout the country and are utilized by individuals in multiple disciplines at the local, state and federal levels. The efficacy of most programs, however, has not been determined.

In the 105th Congress, two bills, S. 10, “The Violent and Repeat Juvenile Offender Act of 1997,” and H.R. 1818, “The Juvenile Crime Control and Delinquency Prevention Act of 1997,” contain provisions that would impact certain youth violence prevention programs. The minority view concerning S. 10, as discussed in S.Rept. 105-108, is that the legislation is weak on youth violence prevention. Contrastingly, H.R. 1818 as reported in H.Rept. 105-155 is considered by the minority to be a balanced bill by supporting both prevention and accountability themes to reduce youth violence and crime.

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Violent and Abusive Behavior in Youth: A Public Health Problem

Introduction

Violent and abusive behavior is a leading cause of death and long-term disability in the nation, particularly among the youth.¹ Finding ways to reduce and/or prevent such behavior and crime is a national challenge. In fact, the Council on Crime in America, in its 1996 report *The State of Violent Crime in America*, discussed three crime challenges for the nation — (1) preventing at-risk children from becoming criminals, (2) protecting citizens from juvenile and adult street criminals, and (3) restraining convicted criminals from committing additional crimes. Over 20 years ago, Congress passed the Juvenile Justice and Delinquency Prevention Act (JJDP A) of 1974 to help deter crime and reduce youth violence. In the 105th Congress, several bills have been introduced concerning juvenile crime², and three have been acted upon to amend certain provisions of the JJDP A which contain ways to meet these challenges.

This report provides background information on violence in the nation, particularly youth violence. It discusses the public health approach to preventing youth violence and various federal, state, local, and privately funded programs that are underway nationwide. Also, it provides information about legislation in the 105th Congress which has an impact on youth violence prevention programs and has received action by legislators.

In recent years, youth violence has increasingly become recognized as a public health problem. As such, a public health approach to combat the problem has been suggested by some authorities as the solution to the increasing amount of violence in the nation.³ This approach seeks to prevent tragic injuries and deaths, and identify

¹ The terms “youth” and “juvenile,” are used interchangeably in this report to refer to ages 10-to-17 years (as defined by the Federal Bureau of Investigation), and from 15 to the young adult age of 24 years used by the Public Health Service when reporting data for most homicide victims and perpetrators. The terms “homicide” and “murder” also are used interchangeably.

² For more detailed information about 105th Congress legislative proposals concerning juvenile justice and crime, See U.S. Library of Congress. Congressional Research Service Report for Congress. *Juvenile Justice and Delinquency Prevention: Comparison of Major Bills of the 105th Congress*, by Suzanne Cavanagh, David Teasley, and Charles Doyle. Washington, 97-920A, Revised January 30, 1998. 59 p.

³ Prothrow-Stith, Deborah, with Michaele Weissman. 1991. *Deadly Consequences*. New York: HarperCollins Publishers, xviii.

and treat youth, especially young males who are at-risk for becoming perpetrators and victims of violence, before their lives and those around them are ruined.⁴

Violent and abusive behavior is one of the health promotion priority areas in the *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*⁵, presented by the Department of Health and Human Services (DHHS) in 1990. *Healthy People 2000* is a basic challenge to the nation to improve health and subsequently save lives that are prematurely and needlessly lost. Reducing and/or preventing violence among the populace is a great challenge to the nation because the United States ranks number one in violent death rates among all industrialized countries.⁶

There are 19 *Healthy People 2000* objectives related to reducing violent and abusive behavior in the nation. A 1995 mid-course review of these objectives revealed that three were progressing toward the year 2000 targets,⁷ i.e., suicides, rapes, and the number of 14-to-17-year-olds carrying weapons. A 1997 review of the project indicated that seven areas were progressing toward the year 2000 goals (see appendix).⁸ These again included suicides, which remained stable, and a decline in the number of 14-to-17-year-old youths carrying weapons. As a matter of fact, the number of such youth with weapons was lower than the year 2000 target. The remaining five areas of progress were reductions in firearm-related deaths, physical fighting among 14-to-17-year-old youth, an increase in the number of states that enacted laws requiring firearms to be properly stored to minimize access to minors, a growth in the number of states with child death review systems, and an increase in the number of elementary and secondary schools teaching nonviolent conflict resolution skills. The last two areas mentioned also have exceeded the year 2000 target.

Eight other objectives are moving away from the year 2000 targets. Some of these goals are related to youth violence and some are not. These areas include homicide, which slightly declined between 1994 and 1995 but remained higher than the 1987 baseline rate (9.2 and 8.5, respectively), child abuse and neglect, partner or spouse abuse, assault injuries, rape and attempted rape, youth suicide attempts among 14-to-17-year-olds, the percentage of battered women who are refused admission to shelters, and the number of states with jail suicide prevention programs.⁹

⁴ Ibid.

⁵ This project is referred to as *Healthy People 2000* throughout this report.

⁶ U.S. Dept. of Health and Human Services, Public Health Service, "Violent and Abusive Behavior," *Healthy People 2000: Midcourse Review and 1995 Revisions*, 60.

⁷ Ibid., 61.

⁸ U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, "Priority Area 7 Violent and Abusive Behavior," *Healthy People 2000 Review 1997*, (Hyattsville, MD: October 1997), DHHS Publication No. (PHS) 98-1256, 78.

⁹ Ibid., 80-81.

Incidence and Prevalence of Violence in the United States

Researchers have found that during the 1980s, youth and young adults between the ages of 12 and 24 years committed more than 48,000 homicides, and particularly during 1989, nearly half of the approximately 4.2 million nonfatal violent crimes. Consequently, individuals from 12-to-24-years of age are at the highest risk for being victims of nonfatal violence.¹⁰ Since 1985, the rate of murder committed by adults aged 25 and over declined 25%, while the rate among 18-to-24-year-olds increased 67%.¹¹ More disturbing, however, is that the rate of murders committed by juveniles 14-to-17-years of age more than doubled within one decade, increasing 172% from 1985 to 1994.¹² From 1994 to 1996, however, homicides committed by such teens noticeably declined 32.4%.¹³ Although noteworthy, one commentator observes, “it is premature to suggest that the problem of teen violence has disappeared.” Furthermore, youth homicide rates might have dropped within the last three years, but they remain at levels about twice as high as those one decade ago.¹⁴

Between 1987 and 1994, the arrest rate¹⁵ for juveniles committing violent crimes increased 71%.¹⁶ This development brought national attention to the problem of violent crimes committed by juveniles. In 1995, however, juvenile arrest rates declined 4% from the 1994 rate, which was the first drop in such rates since the late 1980s. These data translate to about 500 arrests for violent crimes for every 100,000 juveniles in the United States between the ages of 10 and 17 years. Additionally, juvenile arrests in all areas of violent crime — murder, forcible rape, robbery, and aggravated assault — declined 3%.¹⁷ In 1996, for the second consecutive year, such arrests declined 6%. The number of juvenile violent crime arrests, however, was 60% greater than the 1987 level.¹⁸

¹⁰ Senate Committee on Labor and Human Resources, *Children at War: Violence and America's Youth: Hearing before the Subcommittee on Children, Family, Drugs and Alcoholism*, 96th Cong., 2nd Sess., 23 July 1992, 33.

¹¹ James Alan Fox, “Trends in Juvenile Violence: 1997 Update,” *From the World Wide Web*, <http://www.ojp.usdoj.gov/bjs/pub/pdf/tjv97up.pdf>, 1.

¹² Senate Committee on the Judiciary, *The Changing Nature of Youth Violence: Hearing before the Subcommittee on Youth Violence*, 104th Cong., 2nd Sess., 28 February 1996, 9.

¹³ Calculated by CRS from Table S2: Estimated State Homicide Offending Rates, Ages 14-17, appearing in Fox, “Trends in Juvenile Violence: 1997 Update,” 5.

¹⁴ Fox, “Trends in Juvenile Violence: 1997 Update,” 1.

¹⁵ Arrests per 100,000 juveniles ages 10 to 17.

¹⁶ Howard N. Snyder, “Juvenile Arrests 1995,” *Juvenile Justice Bulletin* (February 1997): 4.

¹⁷ *Ibid.*, 1.

¹⁸ Howard N. Snyder, “Juvenile Arrests 1996,” *Juvenile Justice Bulletin* (November 1997): 1.

Causes of Youth Violence

Why do some children and youth commit violent acts and crimes? Most researchers believe that violent behavior cannot be attributed to one independent cause, but is the result of several factors.¹⁹ In a recent study,²⁰ the American Psychological Society (APS) reported that research efforts have revealed the following factors related to violent behavior:

- Aggressive, antisocial behavior in early childhood often foretells a life of violence;
- Attitudes, beliefs, and values about violence do ... noticeably influence violent behavior;
- Children who grow up in deprived environments, where poverty, frustration, and hopelessness are endemic, are at much greater risk of later involvement in violence than other children;
- Violence begets violence. Children in abusive families, who witness everyday violence in homes and neighborhoods and day by day absorb the media's representations of violence, are at great risk for becoming violent themselves;
- Even as children can be taught to be violent, they can be taught to be nonviolent; and
- Children raised without consistent supervision and appropriate discipline are more likely to behave aggressively and to act violently as adults.²¹

Furthermore, the report concluded that how children are socialized during the early years of life accounts for individual differences in their propensity to act aggressively and violently throughout life.²²

As previously mentioned, youth homicide rates are nearly twice as high as they were in the mid-1980s. In spite of the recent declines between 1994 and 1996 in such rates, the problem is not fading. Professor James Alan Fox of Northeastern University, editor of the *Journal of Quantitative Criminology*, has repeatedly warned

¹⁹ "Violence: A Behavioral Science Research Plan for Violence," *APS Observer*, Special Issue, Report 5, Human Capital Initiative, Reducing Violence: A Research Agenda, (October 1997), 7.

²⁰ *Ibid.*

²¹ *Ibid.*

²² *Ibid.*, 11.

of an impending youth crime wave²³ and explains the overall increase in youth violence this way—

The causes of the surge in youth violence since the mid-1980s reach, of course, well-beyond demographics. There have been tremendous changes in the social context of crime over the past decade, which explain why this generation of youth—the young and the ruthless—is more violent than others before it. Our youngsters have more dangerous drugs in their bodies, more deadly weapons in their hands and a seemingly more casual attitude about violence.

It is clear that too many teenagers in this country, particularly those in urban areas, are plagued with idleness and even hopelessness. A growing number of teen and preteens see few feasible or attractive alternatives to violence, drug use and gang membership. For them, the American Dream is a nightmare: There may be little to live for and to strive for, but plenty to die for and even to kill for.²⁴

Appearing to corroborate Dr. Fox's idea, two other researchers, Professor Alfred Blumstein and Daniel Cork of Carnegie Mellon University in an article entitled, "Linking Gun Availability to Youth Gun Violence,"²⁵ observed that although homicides committed by older offenders have significantly declined, beginning in 1985, such acts perpetrated by younger offenders dramatically increased. These analysts believe that gun availability is a key contributing factor to the growth in homicides committed by juveniles.

In addition to these ideas, there is a theory which connects the age of individuals with committing crimes. Specifically, it is the concept that individuals in their late teen years commit the majority of crimes and cause crime rates to reach peak levels. From 1970 to 1985, one researcher noted, persons between the ages of 18 and 24 years were the most likely to commit murders. The murder rate among this age group remained relatively steady. Since 1985, however, the rate of homicides committed by individuals under 24 has increased. Most noticeable was that between 1985 and 1992, the homicide rate for persons 18 and younger more than doubled. During that same time period, the rate remained steady for individuals 24-to-30 years, and declined for those over 30. Therefore, in the late 1980s, the rise in the nation's overall homicide rate has been attributed to persons under 18 years.²⁶

The use and abuse of alcohol and drugs also have been suggested as possible causes of youth violence. Researchers have consistently found that at least 50% of

²³ The Manhattan Institute, *Preventing Crime, Saving Children: Monitoring, Mentoring & Ministering*, Second Report of the Council on Crime in America (New York, February 1997), 3.

²⁴ Senate Committee, *The Changing Nature of Youth Violence*, 9.

²⁵ Alfred Blumstein and Daniel Cork, "Linking Gun Availability to Youth Gun Violence," *Law and Contemporary Problems*, 59 (Winter 1996), 5.

²⁶ "Youth Violence, Guns, and Illicit Drug Markets: A Summary of a Presentation by Alfred Blumstein," *NIJ Research Preview*, June 1996, 1. Obtained from the World Wide Web on the Internet, <http://www.ncjrs.org/txtfiles/drugmark.txt>

homicides and assaults occurred when both victims and offenders had been drinking. Also, between an estimated one-third and three-fourths of sexual assaults involved alcohol consumption by either one or both participants.²⁷

“Contrary to popular opinion,” two authors noted, “research does not generally support a causal link between illicit drug use and violence.”²⁸ They observed that the legal drug alcohol is most often associated with violence. Research indicates that while some use of illicit drugs are a contributing factor in some violent situations, the drug trade, not drug use, is most associated with violence.²⁹ Corroborating this conclusion, another author states that between 1985 and 1992, the rate of homicides committed by youth, the number of homicides in which guns were used, and the arrest rate of nonwhite juveniles for drug offenses more than doubled.³⁰ These increases, the author noted, appeared to be linked to the recruiting of juveniles into the illegal drug trade and the subsequent distribution of guns by the juveniles to a larger number of youth. Furthermore, it is specifically stated that the rise of crack cocaine markets in inner-cities led to a sharp increase in drug arrest rates of nonwhite juveniles after a 10-year period of stability in such arrests. The drug industry recruited young sellers, primarily nonwhite youth, to meet the growth in demand for crack cocaine. Many of these youth saw this chance as their only viable economic opportunity to advance financially. Consequently, drug arrest rates rose from about 200 per 100,000 in 1985 to twice that rate in 1989.³¹

On the other hand, most researchers believe that the relationship between drugs and violence is a complex one. There are some studies, another report states,³² that connect the use of cocaine, particularly crack cocaine, and violent behavior. As the euphoric effects of crack wears off for chronic users, irritability increases. Anecdotal accounts generally indicate a high correlation with violent behavior and crack cocaine use. Another author suggests that the use of cocaine in conjunction with alcohol tends to be more strongly associated with violence than when the drugs are used separately.³³ Researchers do not agree, however, and the violence/drug use correlation appears to be unclear with drugs such as phencyclidine (PCP), LSD, heroin, barbiturates, and others.³⁴

²⁷ James J. Collins and Pamela M. Messerschmidt, “The Epidemiology of Alcohol-Related Violence,” *Alcohol Health and Research World*, 17 (1993), 94-95.

²⁸ Larry Cohen and Susan Swift, “A Public Health Approach to the Violence Epidemic in the United States,” *Environment and Urbanization*, (October 1993): 5.

²⁹ *Ibid.*, 6.

³⁰ “Youth Violence, Guns, and Illicit Drug Markets,” 1-2.

³¹ *Ibid.*

³² Larry Cohen, Nancy Baer, Pam Satterwhite, and Anne Gallo, “The Relationship Between Alcohol, Other Drugs, and Violence,” Contra Costa County Health Services Department (April 1993): 5.

³³ Sidney, Cohen, “Cocaine and Violence,” *Drug Abuse & Alcoholism Newsletter*, 16 (March 1987).

³⁴ Cohen, Baer, Satterwhite, and Gallo, “The Relationship Between Alcohol, Other
(continued...)

Another possible cause of youth violence is the viewing of violent television programs. The 1972 Surgeon General's report, *Television and Growing Up: The Impact of Televised Violence*, found a causal effect of viewing violent television programs and later aggressive behavior in children; the 1982 National Institute of Mental Health report corroborated the 1972 Surgeon General's study; and the 1984 U.S. Attorney General's Task Force on Family Violence study revealed that viewing television violence contributed to acting-out violence in the home.³⁵

Public Health Approach to Preventing Youth Violence

Traditionally, reducing juvenile crime and deterring youth violence have been handled almost exclusively by the criminal justice system. In recent years, however, as such problems have grown worse, a public health approach has been encouraged. This method utilizes education and prevention strategies aimed at eliminating tragedy before it occurs by identifying and assisting youth at risk for violence.

The issue of law enforcement verses prevention strategies to allay youth violence and crime has been a matter of considerable debate. Whether more emphasis should be placed on punishment which some people believe would deter crime, rather than devising methods to prevent violence and crime before they occur are the questions being considered.

Two public health professionals expressed the belief that a multi-disciplinary approach to deterring youth violence which is a strategy that combines the efforts of law enforcement officials, social workers, teachers, physicians, mental health personnel, mass media experts, ordinary citizens, community groups, and others to address specific needs of children, youth, and their families might bring about necessary changes in behavior and save the lives of young people.³⁶ A brief discussion is presented below about some of the programs using the public health approach, including this multi-disciplinary "partnership" strategy, that are underway at the national and local community levels.

Federal Government Funded Youth Violence Prevention Programs

In September 1997, the General Accounting Office (GAO) released a report entitled, *At-Risk and Delinquent Youth: Fiscal Year 1996 Programs*. The report revealed that in FY 1996, there were 127 distinct federal programs administered by 15 different departments and other agencies that focused on delinquent and at-risk

³⁴(...continued)

Drugs, and Violence," 5.

³⁵ U.S. Library of Congress. Congressional Research Service Report for Congress. *Television Violence and Its Impact on Society: An Updated Overview*, by Edith Fairman Cooper and Marcia S. Smith. Washington, 95-144 SPR, Updated May 13, 1996, 4.

³⁶ Prothrow-Stith and Weissman, *Deadly Consequences*, 10.

youth.³⁷ Also, it stated that the majority of the programs were administered by the Department of Health and Human Services (50) and the Department of Justice (16). Thirty-two others were managed through the Departments of Labor and Education for a total of 98 and 77% of all programs.³⁸

According to Cornelia M. Blanchette, Associate Director, Education and Employment Issues, Health, Education, and Human Services Division, in Testimony before the U.S. Senate Committee on the Judiciary's Subcommittee on Youth Violence, the number of programs, agencies, and federal funding recounted in the report were conservative estimates. In FY 1996, 110 of the 127 programs received federal funds for at-risk youth that totaled over \$4 billion.³⁹ After the release of the September 1997 GAO report, however, seven additional programs were discovered which increased the total funded programs to 117 instead of 110. Therefore, the grand total of such programs were 135.⁴⁰

Table 1 lists the federal agencies, the number of programs sponsored by each and the FY 1996 agency program funding levels.

Table 1. Federal Programs for At-Risk or Delinquent Youth, by Agency, Number, and Funding Levels (In Millions)

Agency	No. Of Programs	Funding Levels
Department of Health and Human Services	59	\$922.3
Department of Justice	22	\$248.6
Department of Education	8	\$780.7
Department of Labor	9	\$2,215.8
Department of Agriculture	7	\$75.6
Department of Housing and Urban Development	4	\$23.5

³⁷ U.S. General Accounting Office. Testimony Before the Subcommittee on Youth Violence, Committee on the Judiciary, U.S. Senate. Statement of Cornelia M. Blanchette, Associate Director, Education and Employment Issues, Health, Education, and Human Services Division. *At-Risk and Delinquent Youth: Multiple Programs Lack Coordinated Federal Effort* (Washington, D.C., November 1997) 2.

The GAO broadly defined "at-risk" and/or "high risk" to refer to youth who were more statistically inclined than other youth to experience in the future various problems, such as legal, social, financial, educational, emotional, and health, because of certain life situations they might encounter.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Tamara Lumpkin, telephone conversation with one of the September 1997 GAO authors, 18 March 1998.

Agency	No. Of Programs	Funding Levels
National Endowment for the Arts	4	\$5.7
Corporation for National and Community Service	6	\$11.4
Department of Transportation	3	\$22.5
Department of Defense	7	\$48.8
Department of Interior	2	\$0.0
Appalachian Regional Commission	1	\$0.3
Department of the Treasury	1	\$8.0
Environmental Protection Agency	1	\$2.2
President's Crime Prevention Council	1	\$1.1
State Justice Institute	0	\$1.1
Total	135	\$4,367.5

Source: The table was compiled by CRS from information appearing in Table 1 of Appendix I in the GAO document, *At-Risk and Delinquent Youth: Multiple Programs Lack Coordinated Federal Effort*, p. 16-28.

Ms. Blanchette observed in her testimony that “Although the federal government has invested billions of dollars in these programs, uncertainty exists as to whether this multitude of federal programs offers the most efficient service delivery and is achieving the desired results ... the federal system for providing services to at-risk and delinquent youth clearly creates the potential for program overlap and duplication of services.”⁴¹ Therefore, she concluded that more adequate information is needed about results of both individual and combined programs.⁴²

Youth Violence Prevention Programs Administered Through State, Local, or Private Organizations

In 1993, the National Network of Violence Prevention Practitioners and Children's Safety Network of the Education Development Center, Inc., (EDC) in

⁴¹ GAO, *At-Risk and Delinquent Youth*, 7.

⁴² *Ibid.*

Newton, Massachusetts⁴³ found that 202 violence prevention programs and organizations were operating in 29 states and the District of Columbia.⁴⁴

One of these projects involved the development of a curriculum by Deborah Prothrow-Stith, M.D., Assistant Dean at the Harvard School of Public Health, in collaboration with the EDC, that was designed to decrease interpersonal violence among high school students. “The Violence Prevention Curriculum for Adolescents” initially was used as a community-based demonstration project with high school sophomore health students in four Boston high schools, and a community agency from 1986-1988. The curriculum was designed to teach youth that they are at risk of committing violent acts and of being victims of violence, and that violence is not inevitable, they have choices. The project was marketed and used in schools and communities nationwide. Also it was used in Canada, England, Israel, and American Samoa.⁴⁵

The number of such youth violence prevention efforts have grown substantially to literally thousands of programs throughout the nation.⁴⁶ Boston, MA in particular is considered by the Clinton Administration to be a model city in combating youth violence. In February 1997, President Clinton praised the city and its officials for an 80% drop in youth homicides, for the fact that no children had been killed by handguns in 1½ years, and other positive outcomes. These changes were largely attributed to juvenile justice measures such as neighborhood policing, and police and probation officers’ nightly monitoring of youth on probation to deter violations.⁴⁷ Critics of the President observed that he did not place much emphasis for the success in Boston on the involvement of various community organizations which emphasized violence prevention programs and working with the police.⁴⁸

Another observer of the Boston situation noted that the city’s success grew out of partnerships between law enforcement agencies and community groups that were all focused on a three-prong approach — “preventing youngsters from turning to crime, intervening to turn delinquents around, and when all else fails, tough enforcement.” The Boston police were not just placing criminals in jail, it was

⁴³ This organization is supported by the Maternal and Child Health Bureau of the Public Health Service in the U.S. Department of Health and Human Services.

⁴⁴ U.S. Dept. of Health and Human Services. Maternal and Child Health Bureau. Children’s Safety Network. Adolescent Violence Prevention Resource Center. Education Development Center, Inc. *Violence Prevention Programs/Organization* (Draft), Newton, MA, 1993.

⁴⁵ Prothrow-Stith and Weissman, *Deadly Consequences*, 4.

⁴⁶ Joan Vas Serra Hoffman, telephone conversation with the Education Development Center research associate, 21 July 1997.

⁴⁷ Clinton, Bill. *Remarks by the President to Parents, Educators, Law Enforcement Officials, Students, and the Community on Juvenile Justice*. University of Massachusetts, Boston, MA, The White House Press Release, Office of the Press Secretary (February 19, 1997).

⁴⁸ Charles A. Radin, “Tough Talk on Penalties Irks Some: President Says Little About Prevention, Groups Say,” *The Boston Globe*, 20 February 1997, Metro/Region Sec., p. A12.

stated, but also were recruiting at-risk youth into summer camps, driving them on college trips, and taking them white water rafting. In 1994, a coalition was formed between the Boston police, the John Hancock Mutual Life Insurance Co., and Northeastern University to sponsor a program called “Summer of Opportunity.” The project provides jobs and life skills training for 40 gang-involved youth per year.⁴⁹

Through the sponsorship of many local, community grassroots organizations, as well as private foundations (such as the California Wellness Foundation organized in 1992 that funds a Violence Prevention Initiative, the Bernard Van Leer Foundation in Massachusetts, and others), various needs for youth are addressed. Such services assist children who witness personal and/or community violence, provide educational guidance against teen dating violence (believed to be a precursor of domestic violence), discourage children from becoming gang members, campaign to prevent handgun violence, prevent childhood injuries, and various other efforts. The National Funding Collaborative on Violence Prevention is composed of 12 community foundations. It plans to “pool resources, coordinate a national campaign for violence prevention, foster mutual learning, and facilitate the linkage of local efforts to ongoing funding sources.” The organization reports that it is anticipated that over \$15 million will be “leveraged” by these actions to encourage violence prevention strategies over a three-year period that will conclude in December 1998.⁵⁰ Funding will be raised from public and private agencies, grant making organizations, and various individuals in each of the 12 community foundation sites.

Concerns About the Efficacy of Programs

Despite the various ongoing programs in progress, trends in violent crimes committed by youth indicate, regardless of recent declines, that the problem is not disappearing. This situation raises the question of how viable these programs are in successfully reducing and deterring violent behavior. The Public Health Service reports that although there are many innovative strategies being implemented for violence prevention, the efficacy of most have not been determined.⁵¹

In 1992 and 1993, the Centers for Disease Control and Prevention’s (CDC’s)⁵² Division of Violence Prevention within its National Center for Injury Prevention and Control (NCIPC), entered into 15 cooperative agreements to evaluate projects designed to reduce the prevalence of youth violence. The 15 projects have been implemented in 12 different cities across the nation and in one county. The programs comprise various combinations of health departments, academic institutions, community-based groups, private research companies, school systems, and others. The effectiveness of the programs will be determined over the next several years. It

⁴⁹ Indira A.R. Lakshmanan, “Team Effort Slows Tide of Youth Violence in City,” *The Boston Globe*, 22 July 1996, Metro/Region Sec., p. A1.

⁵⁰ Taken from information received from the Collaborative on 31 July 1997.

⁵¹ The Public Health Service, *Healthy People 2000 Midcourse Review*, 61.

⁵² The CDC is a component of the Department of Health and Human Services within the Public Health Service.

is reported that “sufficient information about the implementation of the projects and the participation of the subjects is being collected so that, if violence is not reduced, [it can be learned] whether the intervention did not work or whether it was inadequately implemented and might work if properly put into place.”⁵³

At a June 24, 1997 hearing held by the House Committee on Education and the Workforce Subcommittee on Oversight and Investigations, Lawrence Sherman, Professor and Chair of the Department of Criminology and Criminal Justice at the University of Maryland, summarized the findings of a study conducted by the university that evaluated the success and failure of federal drug and violence prevention programs. He highlighted three key findings:

1. **Most Crime Prevention Funds are Being Spent in Low-Risk Areas.** Sherman noted that 50% of all homicides in the nation occur in the 63 largest cities, but federal funds are mismatched. He states, “Put bluntly, the formulas put violence prevention funding where the votes are, not where the violence is ... only formulas identifying high-violence census tracts can reasonably assure that the funds are spent where they are needed the most;”⁵⁴
2. **Most Crime Prevention Programs Are of Unknown Effectiveness.** Sherman recommended that Congress include a 10% set-aside to fund evaluations of programs created by federal crime and drug prevention legislation. He observed that criminologists and federal agencies differ on their standards. In explanation, he stated that, “What many federal agencies fund and publish are merely program descriptions, or tallies of how many people have been served by a program.” The National Institute of Justice within the Department of Justice, he felt, is well-qualified to conduct scientifically-rigorous evaluations;⁵⁵ and
3. **Some of the Least Effective Programs Receive the Most Federal Funds.** Sherman stated that the largest federal effort, D.A.R.E. (Drug Abuse Resistance Education) is “ineffective as it is most commonly implemented” while other less supported programs work well. He listed what works and what does not work with school students. “What works: clear, consistently enforced rules, positive reinforcement of good conduct, anti-bullying campaigns, and self-control and problem-solving skills instruction. What doesn’t work: peer-group counseling, fear-based instruction, such as ‘Scared Straight,’ and recreation and community-service programs aimed at preventing substance abuse.” Some of the most

⁵³ Kenneth E. Powell, Linda L. Dahlberg, Jennifer Friday, James A. Mercy, Timothy Thornton, and Shaunette Crawford, “Prevention of Youth Violence: Rationale and Characteristics of 15 Evaluation Projects,” *American Journal of Preventive Medicine*, 12 (1996, Supplement 2): 3, 11.

⁵⁴ “Crime Prevention Report Highlighted in House Hearing,” *COSSA Washington Update*, 16 (June 30, 1997): 2.

⁵⁵ *Ibid.*, 3.

effective programs, he felt, were the Head Start home visitation programs which he believed to be under-funded and scarce.⁵⁶

Most violence prevention programs have not been evaluated. Assessments of federally funded programs might assist policymakers in determining whether the monies funded are well spent and beneficial to at-risk youth in redirecting their lives to help deter possible future violence and crime.

Congressional Activity in the 105th Congress

During the 105th Congress, several legislative proposals have been introduced to address the concerns of youth violence and juvenile crime. Three of them have been acted upon—S. 10, “The Violent And Repeat Juvenile Offender Act of 1997,” H.R. 3, “The Juvenile Crime Control Act of 1997,” and H.R. 1818, “The Juvenile Crime Control and Delinquency Prevention Act of 1997.” Two of the bills, S. 10 and H.R. 1818, contain provisions designed to reduce and/or prevent youth violence and crime through funding prevention programs. These proposals are discussed below.

S.10, introduced by Senator Orrin Hatch, et al., on January 21, 1997, and referred to the Committee on the Judiciary, was favorably reported to the Senate amended in the nature of a substitute on October 9, 1997 (S. Rept. 105-108), and placed on the Senate Legislative Calendar.

The objectives of this bill are to reduce violent juvenile crime, promote accountability by juvenile criminals, punish and deter violent gang crime, and other purposes. The Act would amend Title I of the Juvenile Justice and Delinquency Prevention Act (JJDP A) of 1974 (P.L. 93-415;88 Stat. 1109) whose authority expired on September 30, 1996. S.10, under Title I, Sec. 101 (13) and (14), respectively, would amend the JJDP A to read that Congress finds “The role of the Federal Government should be to encourage and empower communities to develop and implement policies to protect adequately the public from serious juvenile crime as well as comprehensive programs to reduce risk factors and prevent juvenile delinquency;” and “A strong partnership among law enforcement, local government, juvenile and family courts, schools, businesses, philanthropic organizations, families, and the religious community, can create a community environment that supports the youth of the Nation in reaching their highest potential and reduces the destructive trend of juvenile crime.”

The Minority viewpoint as included in S. Rept. 105-108, observed that S.10 is weak on prevention. “The consensus,” it was contended, “among police, prosecutors, crime victims and juvenile justice experts is that any serious effort to address youth violence must emphasize prevention.” Particularly disappointing, the report stated, is that the legislation allows virtually no guaranteed funding for after-school

⁵⁶ Ibid.

programs for at-risk youth, eliminates some prevention programs, and reduces funding for others.⁵⁷

As reported by the Committee, S. 10 authorizes \$2.5 billion over five years for state and local youth violence block grants through a block grant provision included in Title III. Of the funds, 60% would be earmarked for juvenile detention, upgrades of juvenile criminal records, and drug testing of juvenile offenders. The remaining 40% or \$1 billion would be used for any listed grant purpose, including (1) school or vocational programs as part of a court imposed sentence; (2) literacy or job training programs; (3) substance abuse treatment; (4) crime control or prevention programs, including curfews, youth groups, anti-drug or anti-gang programs, and after-school activities; (5) anti-truancy programs; (6) coordinated multi-jurisdictional or multi-agency programs to allay and assist in controlling repeat serious or habitual juvenile offenders; and (7) gang prevention programs.

The legislation would re-authorize \$750 million for a state formula grant program with some alterations, and allow \$150 million per year for five years for prevention programs that are part of the JJCPA, specifically mentoring, boot camp, and gang prevention; streamline a \$100 million grant authorization to \$80 million for Boys and Girls Clubs in Distressed Areas which was part of P.L. 104-294, the Economic Espionage Act of 1996, which also would fund a youth mentor speaker's program; authorize \$15 million for creating at least three "flagship" state of the art boys and girls clubs; authorize \$200 million (\$40 million per year) for community-based gang prevention and intervention for gang members and at-risk youth in gang areas; re-authorize \$100 million in FY 1998 and for sums as necessary over the next four years for Runaway and Homeless Youth grants; and re-authorize the Missing Children grant program for sums as necessary for FY 1998-2002.

H.R. 1818, introduced by Representative Frank Riggs, et al., on June 5, 1997, and referred to the Committee on Education and the Workforce, was reported to the House, amended, on June 26, 1997 (H. Rept. 105-155), passed the House, amended, on July 15, 1997, and was referred to the Senate Committee on the Judiciary on July 16, 1997.

The bill would change the name of the Office of Juvenile Justice and Delinquency Prevention to the Office of Juvenile Crime Control and Delinquency Prevention. It would amend the JJCPA of 1974 by including a finding that weapons offenses and murders are two of the fastest growing violent crimes committed by youth, a new statement of the purpose of the act, i.e., to support state and local programs that prevent juvenile delinquency, and a definition for "violent crime" as homicide, or non-negligent manslaughter, forcible rape, robbery, or aggravated assault committed with a gun.

H. Rept. 105-155 states that in devising H.R. 1818, the majority and minority produced balanced legislation but, as expressed by the minority view, the majority committee report did not maintain an even focus on the issue of reducing juvenile

⁵⁷ U.S. Senate Committee on the Judiciary. *Violent and Repeat Juvenile Offender Act of 1997*. 105th Cong., 1st sess., 1997. S. Rept. 105-108, 147.

crime. The minority objected to some of the rhetoric used in referring to juvenile crime, such as “superpredator” to describe the juveniles promoting this trend. Furthermore, the minority supported both prevention and accountability themes of the bill to reduce acts of youth violence and crime, and acknowledged disagreement among the two sides regarding whether prevention programs are more effective in reducing such crime than accountability systems.

The bill authorizes different appropriations for specified programs under the Act for FY 1998 through FY 2001. Funds would be provided to communities that have a comprehensive plan to prevent and reduce juvenile crime.

The bill calls for providing needed services for preventing and treating juvenile delinquency in rural areas, mental health services for incarcerated youth, and gender-specific services for preventing and treating juvenile delinquency. It would provide coordination and maximum use of existing juvenile delinquency programs, including those operated by private agencies, and other related state projects. The bill requires that 75% or more of available state funding be used specifically for certain juvenile justice-related programs, and others that relate to public health approach prevention efforts. These efforts include boot camps for juvenile offenders; programs that use multi-disciplinary interagency case management and information sharing that would enable juvenile justice and law enforcement agencies, schools, and social service organizations to make more informed decisions for early identification, control, supervision, and treatment of youth who repeatedly commit violent or serious delinquent acts; and projects designed to prevent and reduce hate crimes perpetrated by youth.

The bill would revise the JJDP Block Grant Program by repealing grants for gang-free schools and communities, treatment for juvenile offenders who are victims of child abuse and neglect, mentoring programs, and boot camps. The proposal would authorize grants for eligible states to provide financial support to appropriate entities for projects designed to prevent juvenile delinquency. Such projects would include providing treatment for juvenile offenders who were victims of child abuse and neglect, one-on-one mentoring projects, community-based programs to work with juvenile offenders and their family members, substance abuse programs, projects designed to reduce or prevent gang participation, family strengthening, and delinquency prevention activities. In addition, it would authorize specific activities regarding research, evaluation, technical assistance, and training to the National Institute of Justice, or another federal agency, for conducting research and evaluation relating to juvenile delinquency.

Concluding Observations

Most public health experts realize that instituting changes in societal behavior is difficult and takes time. Finding solutions and developing ways to address youth violence likely would require a multi-disciplinary, partnership approach to the problem. Such efforts to find relevant prevention and intervention strategies that would address specific needs of youth and their families might be the required

challenge to effect change and render the needed solutions to combat the youth violence problem over a period of time.

A *Healthy People 2000* “Services and Protection Objective” under the Violent and Abusive Behavior health promotion priority area, is to extend coordinated, comprehensive violence prevention programs to at least 80% of local communities with populations over 100,000.⁵⁸ With the numbers of such projects increasing nationwide, progress toward that goal appears to be on target. The *Healthy People 2000 Midcourse Review and 1995 Revisions* report notes that, “Based on its success with the infectious diseases, reduction of smoking, and motor-vehicle injuries, the public health model hold promise in effectively addressing the complex problem of violence.”⁵⁹

Whether this target in numbers of comprehensive youth violence prevention programs will translate into significant reductions in violent crimes committed by youth remains to be seen. Except for the promising results in Boston, MA where a notable reduction in juvenile violent crime occurred within the last year, no other such reductions have been reported in any other city or state in the nation that could be attributed to applying the multi-disciplinary partnership approach.

The probable true impact of this relatively “new” concept, compared with the traditional criminal justice system approach, i.e., providing appropriate and just punishment of the offender, might not be adequately determined until youth violence prevention programs are evaluated. Few evaluations have been conducted so far. The CDC, however, expects to make these kind of determinations over the next several years by assessing 15 youth violence prevention projects that are underway in 12 cities. Whether or not the results could serve as an effective barometer of the overall benefit/non-benefit of the public health approach is not known. Since violent acts by youth and young adults are not subsiding, the efficacy of either of these approaches remains questionable.

⁵⁸ The Public Health Service, *Healthy People 2000: Midcourse Review*, 196.

⁵⁹ *Ibid.*, 60.

Appendix: Healthy People 2000 Targets for Violent and Abusive Behavior

Table 2. Violent and Abusive Behavior Objective Status

Objective	Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
Homicide (Age Adjusted per 100,000)	1987	8.5	10.1	10.8	10.3	10.6	10.1	9.2	7.2
Black Males 15-34 (per 100,000)	1987	91.1	130.5	140.8	134.2	140.5	133.8	114.6	72.4
Hispanic Males 15-34 (per 100,000) ^a	1987	41.3	53.2	55.7	56.8	52.4	52.2	—	33.0
Black Females 15-34 (per 100,000)	1987	20.2	22.1	24.1	22.7	23.7	21.0	18.5	16.0
Suicide (Age Adjusted per 100,000)	1987	11.7	11.5	11.4	11.1	11.3	11.2	11.2	10.5
Teens 15-19 years (per 100,000)	1987	10.2	11.1	11.0	10.8	10.9	11.1	10.5	8.2
Males 20-34 years (per 100,000)	1987	25.2	25.1	25.1	24.5	25.5	26.5	26.3	21.4
Firearm-related deaths (age adjusted per 100,000)	1990	14.6	—	15.2	14.9	15.6	15.1	13.9	11.6
Blacks	1990	33.4	—	35.4	34.4	37.6	35.5	30.3	30.0
Child abuse and neglect (per 1,000)	1986	22.6	—	—	—	41.9	—	—	<22.6
Partner abuse (per 1,000 couples)	1985	30.0	—	—	—	—	—	—	27.0
Assault injuries (per 1,000)	1986	9.7	10.3	11.0	9.3 ^b	12.3 ^b	12.7 ^b	—	8.7
Rape and attempted rape (per 100,000)									
Females 12 years and over	1986	120	100	140	330 ^b	270 ^b	270 ^b	—	108
Females 12-34 years	1986	250	206	—	607 ^b	477 ^b	527 ^b	—	225

CRS-18

Objective	Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
Suicide attempts among teens 14-17 years	1990	2.1%	—	1.7%	—	2.7%	—	2.8%	1.8%
Females 14-17 years	1991	2.5%	—	—	—	3.8%	—	3.4%	2.0%
Physical fighting among teens 14-17 years (Incidents per 100 students per month)	1991	137	—	—	—	137	—	128	110
Non-Hispanic Black Males 14-17 years	1991	207	—	—	—	203	—	181	160
Weapon-carrying by teens 14-17 years (Incidents per 100 students per month)	1991	107	—	—	—	92	—	81	86
Non-Hispanic Black Teens 14-17 years	1991	134	—	—	—	117	—	85	105
Proportion of people with firearms in home that are stored either loaded or unlocked	1994	20% ^c	—	—	—	—	—	—	16%
Emergency room protocols for victims of violence	—	—	—	—	—	—	—	—	90%
Number of states with child death review systems	1991	33	—	—	32	—	40	48 ^{d,e}	45
Number of states that follow-up child abuse cases	—	—	—	—	—	—	—	—	30
Battered women turned away from shelters	1987	40%	—	—	—	—	—	66% ^e	10%

CRS-19

Objective	Baseline Year	Baseline	1990	1991	1992	1993	1994	1995	Target 2000
Conflict resolution in a required course Proportion of middle/junior and senior high schools	1994	58.3%	—	—	—	—	—	—	50%
Local comprehensive violence prevention programs	—	—	—	—	—	—	—	—	80%
Number of states with suicide prevention in jails	1992	2 ^f	—	—	—	—	2 ^g	1 ^c	50
Number of states with firearm storage laws	1989	1 ^f	1	5	8	11	13	15 ^h	50

Source: Adapted from Table 7. Violent and Abusive Behavior Objective Status in the *Healthy People 2000 Review, 1997*, 80-81.

^a Excludes data from states lacking Hispanic-origin item on their death certificates or for which Hispanic-origin data were not of sufficient quality.

^b The victimization survey was redesigned in 1992.

^c 37.4% reported having a firearm in or around the home and 7.2% reported having a firearm stored or unlocked.

^d Number of state teams in 38 states and the District of Columbia plus 9 states where county/local teams serve the majority of the at-risk population.

^e 1996 data.

^f Baseline has been revised.

^g 1995 data.

^h Number of states remain at 15 in 1996.