# Children and Violence: A Research Initiative

National Science Foundation (NSF)
National Institute of Justice (NIJ)
Office of Juvenile Justice and Delinquency Prevention, DOJ (OJJDP)
National Institute of Mental Health (NIMH)
National Institute of Child Health and Human Development (NICHD)
Centers for Disease Control and Prevention (CDC)
Office of the Assistant Secretary for Planning and Evaluation, HHS (ASPE)

## I. Introduction: Significance of the Problem

The violent deaths of fourteen students and a teacher at Columbine High School in Littleton, Colorado, was the most tragic of several similar incidents that have occurred in recent years across the country, notably in Arkansas, Kentucky, Mississippi, Oregon, Pennsylvania, and Washington. While these incidents catch public attention, they are but the most visible examples of a very widespread problem. Children are often the victims and sometimes the perpetrators of violence at school, in the home, and on the street.

Youth gangs are a perennial problem in some cities, but recently they seem to have spread to new communities, and an apparently increased propensity toward violence has caused great concern in the American public. In some areas, youth gangs are connected to adult criminals, who provide them with weapons and cash for goods stolen in robberies. Illegal drugs encourage violent competition between suppliers and physical coercion against children who want to obey the law. In some cases the drugs may directly produce violent behavior in users. A fresh concern is that the Internet allows adult sexual criminals to find young victims. Abuse of children by adults is a terrible problem in itself, but it also may predispose its victims to become abusers in adulthood. Some children turn violence against themselves, occasionally resulting in suicide, which may be the most horrible tragedy an American family ever has to face.

Recent modest reductions in some reported rates of violence are no cause for complaisance. Often such apparent improvements merely result from shifts in the number of people in the age groups most at risk. At other times the violence moves from one location to another, for example as increased physical security at schools or recreation centers does nothing to reduce violence on the streets or at home. The current remarkable prosperity enjoyed by Americans reduces many kinds of violence, and the next cyclical downturn in the economy is likely to aggravate the problem. In addition, most rates of reported violence are much higher than they were just a few years ago, and higher than the American public will tolerate.

In spite of the severity of the problem, the current investment in research is miniscule, especially as compared to the cost of violence related to children; moreover, there are vast public investments in unproven and often dubious remedies. Violence is costly to the federal government, states, cities, schools, hospitals, prisons, and families, but only the federal government among these supports significant scientific research. The cost of youth violence is often far greater than the immediate injury suffered in the incident, because the long-term development of children into productive and law-abiding adults may be severely harmed, whether they were victims or perpetrators. Although enormous

investments have been made recently in treatment and prevention programs, an emphasis on scientific theory and rigorous measurement of outcomes has been missing in the evaluation of these efforts.

## II. Research priorities

Three general areas need immediate attention and should figure prominently in any strategic plan for long-term research: Fundamental Research, Monitoring, and Program Evaluation.

### A. Fundamental research

Scientific research is sorely needed on the biological, environmental, social and cultural causes of violence involving children. At the same time, greater scientific knowledge is needed concerning the factors that sometimes cause society to respond to violence in dysfunctional ways that aggravate rather than solve the problem. In each of these areas, new data collection methods and techniques of analysis allow scientists not only to build on the research findings of the past, but also to explore entirely new avenues for understanding and dealing with the problem. Five specific areas of research are ready to make crucial contributions to our ability to reduce violence involving children.

**1. Schools, Neighborhoods, and Cultural Variations.**

- social and economic factors that contribute to prevalence of violence within schools
- variations in the kinds and amount of child-related violence in different organizations, institutions, and societies
- how social and individual norms arise and control behavior in the dynamic networks of relationships between students
- effects of violence within the community (e.g., gangs, hate crimes)
- international comparisons of cultural, legal and organizational factors, facilitated by collaborations between US and foreign researchers

**2. Developmental Processes.**

- cognitive, social, and biological processes related to the development of violent behavior beginning in early childhood up through adolescence
- how children gain the ability to think morally and negotiate disputes rather than resort to violence
- new information about ways in which brain development contributes to when and how violent tendencies develop and can be ameliorated
- how child development is shaped by peer relations, family interactions, social identities, and community characteristics in a complex, dynamic system of factors
- how children and adolescents develop connections to violence-preventing social institutions such as schools and churches versus to violence-promoting groups
- pathways out of juvenile justice system involvement and the characteristics of adolescents who progress along each of these pathways

**3. Internet, TV, and the Media.**

- online threats, including hate material, instructions for making weapons, and predatory adults seeking child victims

- the growth of online delinquent networks as children exchange stolen goods such as pirated software and music via e-mail, and their potential for wider delinquency
- the impact of computer games and other electronic media on youth violence

**4. Biological Determinants.**

- processes linking biology with human aggressive and violent behavior
- risk factors for violence, including attention Deficit Hyperactivity Disorder (ADHD) and depression
- the roles hormones, neurotransmitters, neuroendocrines, neurocircuitry, and neuroreceptors play in parental care and aggression
- how genetics, physiology and environmental influences combine to shape individual violent behavior

**5. Mental Health and Violence.**

- etiological, risk, protective, and meliorative factors for violence perpetration and victimization
- factors that ameliorate symptom severity or dysfunction resulting from exposure to violence (e.g., ego strength, social support, community and service sector response)
- type and incidence of mental disorders resulting from exposure to violence and traumatic events, including studies of psychological or biological changes
- psychosocial and psychobiological risk factors associated with differential risk of negative effects in different victim subgroups

Currently, research is highly fragmentary, carried out by anthropologists, biologists, criminologists, psychologists, sociologists, and scientists with training in a large range of other fields. Interdisciplinary research is crucial, because violence typically results from a combination of factors, each of which is traditionally studied by a different science. Rapid progress in understanding youth violence requires multidisciplinary teams and networks of scientists who contribute distinctive methodological expertise and analytical skills to research collaborations.

## B. Monitoring

Our current ability to describe and monitor violence among youth is extremely limited. Activities of federal agencies monitoring violence are rarely coordinated, leading to gaps in our knowledge and limits to our ability to collaborate across agencies on improved systems. The most serious gaps are:

- no system provides information about law enforcement or health care system contacts or attempts to describe deaths and related circumstances in a way that enhances our ability to prevent future deaths
- no standardized system exists for reporting violent events in schools, so numbers and trends can not be estimated, at local or national levels
- no national or state-based surveys measure the mental health of young people or provide detailed information about the determinants of violence-related behaviors

Major national data collection efforts are required in these areas, because there are great variations across regions and types of communities that render any modest local

studies unrepresentative of the nation. Reliable data for individual states and metropolitan areas will allow community leaders to respond to the particular challenges in their own areas. Good data across many jurisdictions will give scientists the statistical raw material to measure the changing factors that drive trends and that concentrate violence in some locations rather than others. The quality of data must be consistently high, so that valid knowledge can be gained by combining data about violence and its causes from multiple sources.

## C. Program Evaluation

Prevention requires a long-term commitment to comprehensive, cost effective, and sustainable interventions directed at known risk factors, and to evaluation of their effectiveness in diverse community settings. Research is needed to determine which children are in need of particular kinds of help, to increase the effectiveness of existing remedies, and to identify and evaluate new behavioral and other psychosocial therapies. Prevention programs must target multiple risk factors (e.g., poor supervision, associations with deviant peers, lower verbal IQ, family conflict, depression, social isolation, school failure, and substance abuse), and these change over the course of development. Conducting systematic research involving these complex and dynamic factors is extremely difficult, but it is essential to improve the scientific quality of this work, because too many previous studies have failed to provide reliable findings. High priority areas include:

- action-oriented research on how to prevent abuse and neglect of small children
- methods to evaluate programs aimed at prevention, early recognition, and intervention for depression, youth suicide and violence in diverse school and community settings
- evaluation of behavioral interventions for home and classroom to manage Attention Deficit Hyperactivity Disorder and conduct problems
- research that identifies the most cost-effective features of proven prevention programs for resource poor communities.
- methodological and evaluation studies on the ability of programs for juvenile offenders and parents to prevent delinquency and substance abuse
- evaluation of the medical efficacy and ethical suitability of biological and behavioral treatments for biology-related conditions implicated in violence

It would be prohibitively expensive to evaluate every program systematically, and methodologically flawed evaluations can do immeasurable harm by misguiding our efforts in prevention and cure. Therefore it is essential to focus research on developing efficient, valid, and reliable methodologies and on identifying the key elements of successful help-giving programs than can be replicated beyond their original setting and application. Also important will be linking evaluation to advances in fundamental research and to a sound understanding of the scope of the problem provided by nation-wide statistical monitoring.

# III. Readiness of Scientific Community

The agencies cooperating in this effort have conducted detailed reviews of their research portfolios to verify the readiness of the scientific communities for rapid progress. Each agency supports some science in more than one area of research on children and violence. In addition, each supports considerable research in adjacent scientific areas, such as other behavioral problems of youth, the effect of stress in general on child development, and violent behavior among adults. Thus, the relevant sciences possess the necessary theoretical and methodological tools, plus the trained personnel, to apply increased funding effectively to reducing problems concerning children and violence.

## IV. Added Value of Inter-Agency Initiative

Fundamental research, surveillance, and program evaluation have hitherto tended to be concentrated in different agencies, so the results of each have often failed to inform the work in the other two. For example, fundamental research should provide innovative concepts and techniques that can be the basis of new and improved intervention programs. In return, program evaluation studies can discover previously unknown "real world" facts and generate fresh ideas that stimulate new lines of fundamental research. At the same time, the gulfs between scientific disciplines will be bridged through multidisciplinary research projects. By sharing information and cooperatively funding major projects, the agencies will achieve a better integration of effort while continuing to fulfill their distinctive missions. Information would be shared not only through the interagency working group, but also through interdisciplinary conferences of researchers and a web-based distributed digital library of research findings, scientific data, and intervention program designs.

## V. Management Plan and Proposed Budget

Currently, the majority of research focused on children and violence is conducted through small projects involving one or two investigators. In order to accelerate the process by which we learn more about the causes and prevention of violence, we recommend that larger projects be funded within a distributed portfolio of activities:

### A. Modes of Support:

**1. Multidisciplinary Centers.** Bridging the gaps between disciplines requires bringing together top scientists in several fields to work closely on major projects, so a vital part of the investment will be centers integrating scientific research with education to produce the next generation of scientists.

**2. Research Projects.** In areas where gaps in knowledge are severe, well-focused disciplinary research projects are necessary, and the overarching communication network of the initiative will bind them together into a multidisciplinary whole.

**3. Longitudinal Studies.** Major longitudinal studies involving repeated data collection carried out over time are required to understand processes of development, changing risk factors, and of change achieved by treatment or service programs.

**4. National Statistics Programs.** New surveillance data collection systems are needed to monitor levels of violence in schools, child mental health and deaths, and to provide statistical data for understanding trends and differences across communities.

**5. Digital Library and Data Sharing.** A web-based national digital library on children and violence is needed to provide statistical data, scientific findings, and research methodologies for scientists, as well as information about effective intervention programs for researchers, educators, policy makers, community leaders, and parents, and accurate data and indicators of child well-being, safety and security, and trends.

## B. Inter-Agency Steering Committee

The Interagency Steering Committee would consist of a chair plus one representative and one alternate from each of the participating organizations. It would have the responsibility to manage joint grant competitions, coordinate activities among the agencies, and to ensure the maximum possible cooperation and communication across sciences and components of the initiative.

## C. Budget

Over five years, success in this research initiative requires investing $385 million, beginning at $70 million per year and ramping up to $80 million per year. This effort will also require six new personnel, chiefly to work on the national statistics programs.

| Mode of Support: | FY 2001 | FY 2002 | FY 2003 | FY 2004 | FY2005 |
|---|---|---|---|---|---|
| Centers | $15m | $16m | $17m | $17m | $17m |
| Research Projects | $30m | $32m | $34m | $34m | $34m |
| Longitudinal Studies | $10m | $11m | $12m | $12m | $12m |
| National Statistics | $10m | $11m | $12m | $12m | $12m |
| Digital Library | $5m | $5m | $5m | $5m | $5m |
| TOTAL | $70m | $75m | $80m | $80m | $80m |
| FTEs | 6 | 6 | 6 | 6 | 6 |

**CHILDREN'S HEALTH BEHAVIOR AND POLICY RESEARCH INITIATIVE**
**CHILDREN'S INITIATIVE INTERAGENCY WORKING GROUP**

## I. INTRODUCTION AND BACKGROUND

(General paragraph about the Children's Initiative - TBA)

In considering the health and wellbeing of children in the next century, the Committee took note of the marked decline in infectious diseases as causes of death and disability in childhood and adulthood in the current century. These diseases have been replaced by chronic conditions (heart disease, cancer, stroke, chronic lung disease), injuries, and violence. In contrast to death and disability arising from nature and our environment, today's killers and disablers more often arise as consequences of things we do to ourselves (health behaviors such as smoking, alcohol and drug abuse, poor diets, inadequate physical activity) or to each other (violence, injuries). Most of these health behaviors have their origins in childhood. If we are to have maximum impact on reducing the burden of illness in adults and prolonging healthy life, emphasis must be placed on development of healthy behaviors and avoidance of unhealthy behaviors during childhood.

All of these and other health behaviors are deserving of attention. Some, such as cigarette smoking in particular, are already the focus of extensive research activity. Others are receiving only slight attention, especially in relation to their importance. Among these, the Children's Health Behavior Research Initiative has chosen to focus initially on nutrition and exercise as contributors to obesity and calcium-deficiency osteoporosis, and childhood violence as a pervasive social concern. These are the most prevalent and serious health behavior problems. The proposed initiatives cut across multiple agency lines and will be conducted as jointly planned and funded activities. They build on a small base of existing programs and represent surveillance, basic and applied research with intervention studies, and an emphasis on interdisciplinary approaches. Together they represent a significant investment in learning how to shape health behaviors effectively to reduce the likelihood of developing debilitating diseases and premature death, with substantial savings in costs of health care and disability payments.

## II. PREVENTION OF OBESITY AND CALCIUM-DEFICIENCY OSTEOPOROSIS

### A. RESEARCH

Among the problems that are a consequence of child health behaviors, some of the most prevalent are obesity and osteoporosis, the result of excessive caloric intake in relation to energy expenditure, and deficient calcium intake in childhood, respectively. Obesity has been steadily increasing in children in the last 30 years and has reached epidemic proportions. It has increased to about 14 percent of children and 12 percent of adults, almost doubling in the past two decades. Obese children are likely to be obese adults, with increased risk for diabetes and cardiovascular disease. Calcium deficiency is the largest and most serious deficiency in the American diet, and is worst among adolescents. Six in ten teen boys and eight in ten teen girls are deficient in

calcium intake, a deficiency that cannot be made up later in life because essentially all the calcium that will ever be in bones is present by age 20, so childhood intake is essential to prevent later development of osteoporosis, which affects over 25 million Americans.

The origins of these problems are many-faceted and will be complex to solve, but their seriousness and extent demand that efforts be initiated to do something focused on the time of origin of the behaviors that lead to the problems, early childhood. These efforts need to be integrated and address both children and families. Children are most available and reachable during school. Accordingly, the initiative proposed focuses on elementary school children and the transition to middle school (a time when positive behaviors of diet and exercise are often lost), and integrates classroom education in health and nutrition, physical education, the school lunch program, and school parent-teacher associations, in a cooperative research and demonstration effort led by health and behavioral scientists and educators based in academic institutions.

To initiate this effort, a joint solicitation for research grant applications will be initiated by a consortium of Federal agencies, requesting multi-disciplinary grant applications from academic institutions for the purpose of improving and maintaining nutrition and physical activity in elementary and middle school students. The Request for Grant Applications (RFA) will be developed jointly by an interagency working group with representatives from DHHS (NIH/NICHD, CDC), USDA, and DoED. Applicants will be required to have expertise in school health education, exercise science, nutrition, psychology/behavioral science, and epidemiology at a minimum. Land grant institutions, with their higher likelihood of having this expertise and a tradition of applied intervention research, will be especially encouraged to apply. Their proposal will be required to include: 1) development, testing, and evaluation of a component of an age-appropriate school health education curriculum focused on nutrition with emphasis on healthy dietary selections to achieve adequate calcium intake, appropriate fat intake, and caloric intake proportionate to energy expenditures; 2) integration of this curriculum with the school lunch, and, when available, breakfast program of the cafeteria, using it to demonstrate and reinforce classroom activities; 3) integration of this curriculum with the physical education program of the school, emphasizing age-appropriate exercise of many types; 4) integration of the curriculum with parents, through the parent-teacher association or otherwise, engaging them in preparation and presentation of the curriculum in the classroom, involving them in the school lunch program and extending both to families to incorporate nutrition concepts into lunches brought from home as well as other meals provided at home, along with the physical exercise component; 5) extension or reinforcement of the basic concepts of this program during the transition to middle school; and 6) an evaluation of the impact and outcome of the intervention, including pre-intervention baseline data on the target schools and populations, as well as control schools. In addition to this basic program, some applicants could be encouraged to submit a broader proposal, covering not just nutrition and exercise, but a full health education curriculum tied in to math, science, and social studies classes and including social skills training in addition to the traditional health components. Efforts will be made to include both urban and rural settings. The grants will be awarded for five years, with one renewal possible. They will be awarded as

cooperative agreements, to facilitate interaction with each other through annual progress meetings, and with government staff. Five to ten awards would be made for $2 to $5 million annually for each.

Current activity level in these areas:

NIH: The NIH currently funds approximately $144.8 million in research on obesity and $139.1 million on osteoporosis. Much of this research is on basic mechanisms of pathogenesis, with a few small intervention studies. Intervention research on the scale proposed here is a major need.

CDC: (Lloyd - please add brief summary using NIH model)

DoED: (Carol - please add)

USDA: (Gladys - please add)

Proposed new funding in FY2001 to implement:

Low: $15 million (5 grants)
Medium: $20 million (7 grants)
High: $25 million (10 grants)

B. SURVEILLANCE

The surveillance component of the initiative on obesity and calcium-deficiency osteoporosis will be The National Children and Youth Fitness Study III. More than 12 years have elapsed since the last National Children and Youth Fitness Study (NCYFS) was conducted. As a result, we have no current data on the physical activity and fitness levels of youth nationwide. With the striking decline in school physical education programs and the increasing levels of overweight, fitness levels among youth may be deteriorating without our knowledge. Such deterioration would have significant implications for the long term health of Americans. NCYFS I (1985) and II (1987) provide a baseline for fitness and activity levels for youth ages 10-18 and ages 6-10 respectively. Over a decade later, NCYFS III will enable us to assess the fitness, physical activity patterns, skills, and related knowledge of youth ages 5-18 with special attention to issues of gender, racial, and ethnic disparities. Further, NCYFS III will examine the determinants of physical fitness and physical activity to help guide the development of policies and programs to increase physical fitness among all youth. The active collaboration of agencies involved in the Interagency Working Group on the Children's Initiative will ensure that NCYFS III findings are fully applied to enhancing the fitness and well-being of our nation's youth, and provide a national baseline for comparison for the intervention research studies proposed above.

(Note to CDC/Dr. Kolbe -- please feel free to modify or embellish this section.)

Current activity level in this area:

CDC: None (Lloyd - please check)

Proposed new funding in FY2001 to implement:

Low: $10 million (minimum sample size)
Medium: $15 million (adequate sample size and scope)
High: $15 million

(Lloyd - is this correct?)

III. PREVENTION OF CHILDHOOD VIOLENCE

(Enter Dr. Bertenthal's group document here)

Senate L/HHS/ED approp subcmte
proposal — 9/14/99



YOUTH VIOLENCE PREVENTION INITIATIVE

The shocking events surrounding the shootings at public schools serve to highlight a problem that is neither new nor predictable by way of demographics, region or economic standing. Violent behavior on the part of young people is no longer confined to inner-city street gangs. For all of the hope and inspiration our young people give us, we now find ourselves profoundly troubled by the behavior of some of the younger generation.

An estimated 3 million crimes a year are committed in or near the nation's 85,000 public schools. During the 1996–97 school year alone, one-fifth of public high schools and middle schools reported at least one violent crime incident, such as murder, rape or robbery; more than half reported less serious crimes. Homicide is now the third leading cause of death for children age 10 to 14. For more than a decade it has been the leading cause of death among minority youth between the ages of 15 and 24. The trauma and anxiety that violence begets in our children most certainly interferes with their ability to learn and their teachers' ability to teach: an increasing number of school-aged children say they often fear for their own safety in and around their classroom.

The Gun-Free Schools Act of 1994 requires states to pass laws mandating school districts to expel any student who brings a firearm to school. A recent study indicates that the number of students carrying weapons to school dropped from 26.1 percent in 1991 to 18.3 percent in 1997. While this trend is encouraging, the prevalence of youth violence is still unacceptably high. Recent incidents clearly indicate that much more needs to be done. Some of the funds provided in this initiative will help state and local authorities to purchase metal detectors and hire security officers to reduce or eliminate the number of weapons brought into educational settings.

Fault does not rest with one single factor. In another time, society might have turned to government for the answer. However, there is no easy solution, and total reliance on government would be a mistake. Youth violence has become a public health problem that requires a national effort. Certainly, our government at all levels—federal, state and local—must play a role. But we must also

enlist the energies and resources of private organizations, businesses, families and the children themselves.

The Committee is aware of the controversy regarding the media's role in influencing in youth violence. The Committee recognizes that some members of the entertainment industry have challenged the methodology of studies conducted over the past 3 decades which have linked movies, television programs, song lyrics, and video games with violent behavior. The Committee believes that any studies that determine causative factors for youth violence should be based on sound methodology which yields statistically significant and replicable results. Despite disagreement over the media's role, the Committee is encouraged by historic efforts of various sectors of the entertainment industry to monitor and discipline themselves and to regulate content. The industry's self-imposed, voluntary ratings systems is a step in the right direction. Further vigilance, however, is needed to ensure that media products are distributed responsibly, and that ratings systems are appropriate and informative so that parents are empowered to monitor their youths' consumption of movies, television programs, music and video games.

Many familial, psychological, biological and environmental factors contribute to youths' propensity toward violence. The youth violence prevention initiative contained in this bill is built around these factors and seeks to be comprehensive and to eliminate the conditions which cultivate violence.

Over the past several months, the Committee convened three lengthy meetings with the Deputy Attorney General; the Surgeon General; Assistant Secretary for Management and Budget, DHHS; Acting Deputy Assistant Secretary for Elementary and Secondary Education and the Director of Safe and Drug Free Schools; Assistant Secretary for Special Education; Commissioner, Administration for Children and Families; Director, National Institute of Mental Health; Director of Policy, Employment and Training Administration; Director of Program Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; Director, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control; Assistant Surgeon General; Deputy Assistant Secretary for Health; Acting Director, Office of Victims of Crime, Department of Justice;

Deputy Assistant Secretary for Employment and Training, Department of Labor; and the National Association of School Psychologists. These officials expressed their appreciation for the opportunity to discuss this issue with other agency administrators, and share their particular programs' approaches to preventing youth violence. The meeting participants enthusiastically endorsed a coordinated interagency approach to the youth violence problem, and discussed how best to efficiently collaborate with other agencies and organizations across the government and in the private sector.

Based on those three meetings and staff follow up, the following action plan was developed.

The Committee has included $850,800,000 for a youth violence prevention initiative. These funds together with increases included for the National Institute of Mental Health, National Institute of Drug Abuse, and the National Institute of Alcohol Abuse and Alcoholism will provide increased resources to address school violence issues in a comprehensive way. This coordinated approach will improve research, prevention, education and treatment strategies to address youth violence.

1. *Office of the United States Surgeon General*

A. *Coordination by the United States Surgeon General.*—The Committee views youth violence as a public health problem, and therefore directs the United States Surgeon General to take the lead role in coordinating a federal initiative to prevent youth violence. The Office of the Surgeon General (OSG) within the Office of Public Health and Science shall be responsible for the development and oversight of cross-cutting initiatives within the Department of Health and Human Services and with other Federal Agencies to coordinate existing programs, some of which are outlined below, to reduce the incidence of youth violence in the United States. The Committee has included $4,000,000 directly to the OSG to help in this coordination effort. Sufficient funds have been included for a Surgeon General's report on youth violence. This report, to be coordinated by the OSG should review the biological, psychosocial and environmental determinants of violence, including a comprehensive analysis of the effects of the media, the internet, and video games on violent behavior and the effectiveness of preventive interventions for violent behavior, homicide, and suicide.

The OSG shall have lead responsibility for this report and its implementation activities.

B. *Federal Coordinating Committee on the Prevention of Youth Violence.*—The Committee also directs the Secretary of HHS to establish a Federal Coordinating Committee on the Prevention of Youth Violence. This Committee should be chaired by the Surgeon General and co-chaired by a representative from the OSG, within the Office of Public Health and Science, the Departments of Justice, Education and Labor to foster interdepartmental collaboration and implementation of programs and initiatives to prevent youth violence. The representative from the OSG within the Office of Public Health and Science shall report directly to the Surgeon General and shall coordinate this initiative.

C. *National Academic Centers of Excellence on Youth Violence Prevention.*—The Committee has included $10,000,000 to support the establishment of ten National Centers of Excellence at academic health centers that will serve as national models for the prevention of youth violence. These Centers should: (1) develop and implement a multi-disciplinary research agenda on the risk and protective factors for youth violence, on the interaction of environmental and individual risk factors, and on preventive and therapeutic interventions; (2) develop and evaluate preventive interventions for youth violence, establishing strong linkages to the community, schools and with social service and health organizations; (3) develop a community response plan for youth violence, bringing together diverse perspectives including health and mental health professionals, educators, the media, parents, young people, police, legislators, public health specialists, and business leaders; and (4) develop a curriculum for the training of health care professionals on violent behavior identification, assessment and intervention with high risk youth, and integrate this curriculum into medical, nursing and other health professional training programs.

D. *National Youth Violence Prevention Resource Center.*—The Committee has included $2,500,000 to establish a National Resource Center on Youth Violence Prevention. This center should establish a toll free number (in English and Spanish) and an internet website, in coordination with existing Federal web site resources, to provide accurate youth violence prevention and intervention information produced by the government and linked to private re-

sources. Hundreds of resources are now available on this issue including statistics, brochures, monographs, descriptions of practices that work, and manuals about how to implement effective interventions. This Resource Center will provide a single, user-friendly point of access to important, potentially life-saving information about youth violence, and an explanation about preventing youth violence and how to intervene. Additionally, technical assistance on how to establish programs in communities across the country by providing local resources would also be made available through the National Resource Center.

E. *Health Care Professional Training.*—The Committee has included sufficient funds for the training of primary health care providers, pediatricians and obstetricians/gynecologists in detecting child and youth violence stemming from child abuse.

2. *National Institute of Mental Health*

A. *Zero to Five.*—Many risk factors are established early in a child's life (0 to 5 years), including child abuse and neglect. However, less dramatic problems that delay cognitive and social and emotional development may also lead to later serious conduct problems that are resistant to change. The Committee encourages NIMH to address both of these types of problems by supporting research to understand and prevent abuse and neglect, by encouraging research on how to best instruct parents and child care workers in appropriate interventions, and by supporting research that develops and evaluates interventions for early disruptive behavior in diverse preschool and community settings. In addition, the Institute should work to ensure that the goals of all interventions include effectiveness and sustainability.

B. *Five to twelve.*—Attention Deficit Hyperactivity Disorder (ADHD) and depression often emerge in the 5–12 year age range. Comprehensive research-based programs have been developed to provide such children with the mental health services and behavioral interactions they need. The Committee urges NIMH to continue its work toward the development and evaluation of programs aimed at prevention, early recognition, and intervention for depression and youth suicide in diverse school and community settings to determine their effectiveness and sustainability; to support the development and evaluation of behavioral interventions for home and

classroom to manage ADHD; to identify through research the most cost-effective features of proven prevention programs for resource poor communities; and to support multi-site clinical trials to establish safe and effective treatment of acute and long-term depression and ADHD.

C. *12 to 18.*—Early adolescence is an important time to stop the progression of violent behavior and delinquency. Multisystemic therapy (MST), in which specially trained individuals work with the youth and family in their homes, schools and communities, have been found to reduce chronic violent or delinquent behavior. Research has shown sustained improvements for at least 4 years, and MST appears to be cost effective when compared to conventional community treatment programs in that it has proven to reduce hospitalization and incarceration.

D. *Behavioral and Psychosocial Therapies.*—Therapeutic Foster Care is an effective home based intervention for chronically offending delinquents. Key elements of the program include providing supervision, structure, consistency, discipline, and positive reinforcement. This intervention results in fewer runaways and program failures than other placements and is less expensive. The Committee encourages NIMH to work in collaboration with CDC, SAMHSA, and the Department of Justice to implement effective model interventions for juvenile offenders with conduct disorders in diverse populations and settings. NIMH has initiated the nation's first large-scale multi-site clinical trial for treatment of adolescent depression, and the Committee supports additional research to improve recognition of adolescent depression.

E. *Public Health Research, Data Collection and Community-based Interventions.*—There are four cross-cutting areas in need of further research action across all agencies: community interventions, media, health provider training, and information dissemination. The Committee directs NIMH to ensure that research focuses on: examining the feasibility of public health programs combining individual, family and community level interventions to address violence and identify best practices; developing curricula for health care providers and educators to identify pediatric depression and other risk factors for violent behavior; studying the impact of the media, computer games, internet, etc., on violent behavior; disseminating information to families, schools, and communities to recog-

nize childhood depression, suicide risk, substance abuse, and ADHD and decreasing the stigma associated with seeking mental health care. The Committee also encourages NIMH to work in collaboration with CDC and SAMHSA to create a system to provide technical assistance to schools and communities to provide public health information and best practices to schools and communities to work with high risk youth. The Committee has included sufficient funds to collect data on the number and percentage of students engaged in violent behavior, incidents of serious violent crime in schools, suicide attempts, and students suspended and/or expelled from school.

3. *National Institute of Drug Abuse.*—Drug abuse is a risk factor for violent behavior. The Committee encourages NIDA to support research on the contribution of drug abuse including methamphetamine use, its co-morbidity with mental illness, and treatment approaches to prevent violent behavior.

4. *National Institute of Alcohol Abuse and Alcoholism.*—The Committee encourages NIAAA to examine the relationship of alcohol and youth violence with other mental disorders and to test interventions to prevent alcohol abuse and its consequences.

5. *Safe Schools, Healthy students*

*Mental Health Counselors/Community Support/Technical Assistance and Education.*—The Committee has included $80,000,000, an increase of $40,000,000 over the fiscal year 1999 appropriation, to support the delivery and improvement of mental health services, including school-based counselors, in our nation's schools. These funds allow State and local mental health counselors to work closely with schools and communities to provide services to children with emotional, behavioral, or social disorders. Some of these funds also help train teachers, school administrators, and community groups that work with youths to identify children with emotional or behavioral disorders. The program is being administered collaboratively by the Substance Abuse and Mental Health Services Administration within the Department of Health and Human Services and the Departments of Education and Justice to help school districts implement a wide range of early childhood development techniques, early intervention and prevention strategies, suicide prevention, and increased and improved mental health treatment serv-

ices. Some of the early childhood development services include effective parenting programs and home visitations.

6. *Parental responsibility/Early Intervention.*—Sociological and scientific studies show that the first three years of a child's cognitive development sets the foundation for life-long learning and can determine an individual's emotional capabilities. Parents, having the primary and strongest influence on their child, play a pivotal role at this stage of development. Scientists have found that parental relationships affect their child's brain in many ways. A secure, highly interactive, and warm bond can bolster the biological systems that help a child handle their emotions. Research further indicates that a secure connection with the parent will better equip a child to handle stressful events throughout life. Statistics show that the parental assistance program in particular has helped to lower the incidence of child abuse and neglect, reduces placement of children in special education programs, and involves parents more actively throughout their child's school years. The Committee recognizes that early intervention activities conducted through the Department of Education's parent information and resource centers program can make a critical difference in addressing the national epidemic of youth violence, and therefore includes an additional $3,000,000 to expand its services to educate parents to work with professionals in preventing and identifying violent behavioral tendencies.

7. *Safe and Drug-Free Schools*

A. *National Programs.*—The Committee remains extremely concerned about the frequent and horrific occurrence of violence in our Nation's schools. Last year, the Committee provided $90,000,000 within this account for a school violence prevention initiative. As part of an enhanced and more comprehensive effort, the Committee has provided $100,000,000 within the safe and drug-free schools and communities program to support activities that promote safe learning environments for students. Such activities should include: targeted assistance, through competitive grants, to local educational agencies for community-wide approaches to creating safe and drug free schools; and training for teachers and school security officers to help them identify students who exhibit signs of violent behavior, and respond to disruptive and violent behavior by stu-

dents. The Committee also encourages the Department to coordinate its efforts with children's mental health programs.

B. *Coordinator Initiative.*—The Committee has included $60,000,000, an increase of $25,000,000 over the fiscal year 1999 appropriation and $10,000,000 more than the budget request. The Committee recommendation will enable the Department of Education to provide assistance to local educational agencies to recruit, hire, and train drug prevention and school safety program coordinators in middle schools with significant drug and school safety problems. These coordinators will be responsible for developing, conducting and analyzing assessments of their school's drug and crime problems, and identifying promising research-based drug and violence prevention strategies and programs to address these problems.

8. *21st Century Community Learning Centers.*—The Committee has included $400,000,000 for the 21st Century Community Learning Centers, an increase of $200,000,000 over the fiscal year 1999 level. These funds are intended to be used to reduce idleness and offer an alternative to children when they conclude their school day, at a time when they are typically unsupervised. Nationally, each week, nearly 5 million children ages 5–14 are home alone after school, which is when juvenile crime rates double. According to the Department of Justice, 50 percent of all juvenile crime occurs between the hours of 2 p.m. and 8 p.m. during the week. Therefore, the Committee has included funds to allow the Department of Education to support after-school programs that emphasize safety, crime awareness, and drug prevention.

9. *Teacher Quality Enhancement Grants.*—The Committee has included $80,000,000 for teacher quality enhancement grants, an increase of $2,788,000, for professional development of K–12 teachers, which is a necessary component to addressing the epidemic of youth violence. The Committee encourages the Department, in making these grants, to give priority to partnerships that will prepare new and existing teachers to identify students who are having difficulty adapting to the school environment and may be at-risk of violent behavior. Funds should also be used to train teachers on how to detect, manage, and monitor the warning signs of potentially destructive behavior in their classrooms.

10. *Character Education.*—The Committee recommends $10,300,000 for character education partnership grants. These funds will be used to encourage states and school districts to develop pilot projects that promote strong character, which is fundamental to violence prevention. Character education programs should be designed to equip young individuals with a greater sense of responsibility, respect, trustworthiness, caring, civic virtue, citizenship, justice and fairness, and a better understanding of the consequences of their actions.

11. *Elementary School Counseling.*—The Committee is concerned about the inaccessibility of school counselors for young children and therefore is providing $20,000,000 for the Elementary School Counseling Demonstration as a part of the youth violence prevention initiative. Many students who are having a difficult time handling the pressures of social and academic demands could benefit from having mental health care readily available. The Committee believes that increasing the visibility of school counselors would legitimize their role as part of the school's administrative framework, thereby, encouraging students to seek assistance before resorting to violence.

12. *Civic education.*—Within the amounts provided, the Committee has included $1,500,000 to continue the violence prevention initiative begun in fiscal year 1999. The Committee encourages that funds be used to conduct a five State violence prevention demonstration program on public and private elementary, middle, and secondary schools involving students, parents, community leaders, volunteers, and public and private sector agencies, such as law enforcement, courts, bar associations, and community based organizations.

13. *Literacy programs*

A. The Committee has included $21,500,000, an increase of $3,500,000 for the Reading is Fundamental program to promote literacy skills. Studies show that literacy promotion is one tool to prevent youth violence. The Committee believes that this program, which motivates children to read and increases parental involvement is another way to prevent youth violence at an early age.

B. The Committee has included $19,000,000, an increase of $2,277,000 for the State Grants for Incarcerated Youth Offenders/

Prisoner Literacy Programs. This program, which assists states to encourage incarcerated youth to acquire functional literacy, life and job skills, can also play a role in reducing recidivism rates and violent behavior.

C. The Committee has included $42,000,000 for the Title I Neglected and Delinquent/High Risk Youth program, an increase of $1,689,000 over the fiscal year 1999 appropriation. These funds will assist states to strengthen programs for neglected and delinquent children to enhance youth violence prevention programs in state-run institutions and for juveniles in adult correctional facilities

These funds will be used to motivate youth to read and enhance their academic achievement. Literacy promotion encourages young individuals to pursue productive goals, such as continued education and gainful employment.

14. *Youth Service delivery systems.*—The Committee is aware that the Workforce Investment Act (WIA) brings new emphasis to the development of coherent, comprehensive youth services that address the needs of low-income youth over time. It believes that youth service delivery systems under WIA integrate academic and work-based learning opportunities, offer effective connections to the job market and employers, and have intensive private-sector involvement. Such effective systems can provide low-income, disadvantaged youth with opportunities in our strong economy as alternatives to youth violence and crime. The Committee further recognizes the potential of Youth Councils for creating the necessary collaboration of private and public groups to create community strategies that improve opportunities for youth to successfully transition to adulthood, postsecondary education and training. Thus, the Committee has included funds to continue investments in WIA formula-funded youth training and employment activities, the Youth Opportunities grant program, the Job Corps, and added $15,000,000 to continue and expand the Youth Offender grant program serving youth who are or have been under criminal justice system supervision.