parental control over what cable programming is available in the home.

Pending Regulatory Proposals
On March 25, 1993, the Foundation to Improve Television petitioned the Commission to develop rules to curb excessive amounts of dramatized TV violence in order to alleviate its harmful effects on children. The proposal included restrictions on such programming between the hours of 6 a.m. and 10 p.m. The FCC has not yet acted on the petition.

Legislation
Congress has been holding hearings and expressing concern about the effects of television violence since the early 1950s, but has been hesitant to consider further action seriously until relatively recently. The 1990 Television Violence Act gave the networks an anti-trust exemption permitting them to formulate a joint policy on television violence. The three year exemption expired on the first day of December, 1993.

The issue of media violence was the topic of hearings in several committees of both houses of Congress in 1993. Most of the inquires focused on violence on broadcast and cable television. However, violence in video games was the topic of hearings before Senator Lieberman's Government Operations Committee on December 9, 1993.

In the most recent Congress, several bills addressing television violence have been introduced in both houses. The bills cover a wide variety of approaches to the issue. On the Senate side, Senators Hollings and Inouye presented a bill to designate certain hours as violence free. Senator Durenberger introduced a bill to require warnings before violent shows. Senators Dorgan and Conrad and Representative Durbin have been working on a system to rate the violence content of television programs and Senator Levin introduced a bill to keep track of program sponsors.

> **S.1383, the "Children's Protection for Violent Programming Act" (Hollings and Inouye)**, would limit violent video programming to hours when children "are reasonably likely to comprise a substantial part of the audience." Premium and pay-per-view cable broadcasts would be exempt, as would news, documentaries, educational shows and sporting events. The FCC would define "violent video programming" and select the hours when it would be prohibited.
>
> **S.943, the "Children's Television Violence Protection Act" (Durenberger)**, would require broadcasters to air warnings to accompany programs showing violence or "unsafe gun practices." Warnings would not be required between 11:00 pm and 6:00 am, and the FCC could exempt news broadcasts, sporting events, educational programming and documentaries. The bill defines violence as "any action that has as an element the use or threatened use of physical force against

the person of another, or against one's self, with intent to cause bodily harm to such person or one's self."

S.973 and H.R. 2519, the "Television Violence Report Card Act" (Senate -- Dorgan and Conrad, House -- Durbin), directs the FCC to evaluate and rate TV programs "with respect to the amount of violence contained in these programs" and publish these ratings.

S.1556 (Levin) would require stations to keep copies of commercials for 30 days and provide them to the public upon request. If a complaint were received, the commercial would be kept for a year. A log of complaints would have to be kept and made available to the public on request.

Note: Attorney General Reno has testified that S.1383, S.943 and S.973 are all constitutionally sound.

There has also been a great deal of attention to the issue in the House of Representatives. Representatives Schumer and Roukema introduced a bill that would establish a Presidential Commission on TV Violence and Children chaired by the Surgeon General and the Attorney General. This commission would be in the tradition of the Surgeon General's Advisory Committee on Television on Behavior, which was formed in response to congressional requests and issued, in 1972, a major review of the then available research on the effects of television, and the review that the National Institute of Mental Health published in 1982 covering the subsequent decade of research that the Surgeon General's report helped stimulate.

Representative Kennedy has introduced a bill to set up a viewer complaint line at the FCC. Representative Bryant has introduced a bill to require the FCC to set broadcast standards. Congressman Markey and seven other co-sponsors introduced a bill to require television manufacturers to include a feature, nicknamed a "V-Chip" to allow parents to block any selected channel, program, time slot or to block all programs receiving a violence rating.

H.R. 2609, "The Presidential Commission on TV Violence and Children Act" (Schumer and Roukema), would establish a Presidential Commission on TV Violence and Children chaired by the Surgeon General and the Attorney General. The Commission's final report would be due one year after its formation.

H.R. 2756, the "Parents Television Empowerment Act of 1993" (Kennedy), would require the FCC to establish a toll-free number for collecting public comments, suggestions and complaints concerning programs violent programming. The FCC would publish a quarterly summary of these complaints. In its annual report to Congress, the FCC would have to evaluate whether the broadcasting industry had effectively responded to the complaints.

H.R. 2837, the "Television and Radio Program Violence Reduction Act" (Bryant), would require the FCC to prescribe standards requiring broadcasters to "reduce the broadcasting of all video and audio programming which contains violence." The FCC could exempt news broadcasts, sporting events, educational programming and documentaries. "Violence" would be defined as per S.943.

H.R. 2888, the "Television Violence Reduction Through Parental Empowerment Act" (Markey, Dingell, Fields, Margolies-Mezvinsky, Oxley, Slattery, Hastert, Cooper, Gillmor, Synar, Shepherd, Glickman, Schenk, Towns), would require that domestic and imported television sets be equipped with devices -- nicknamed "V Chips" -- which would permit viewers to block (1) any selected channel, program, time slot or (2) "all programs with a common rating."

The Canadian Example:

The Canadian Association of Broadcasters (CAB) recently released a new code to cover broadcast programming originating in Canada. The code is interesting both for the process that created it and for the content of the guidelines. The process involved a proposal by the broadcasting industry association, agreement from the constituent broadcasters, and formal acceptance by the Canadian Radio-television and Telecommunications Commission (CRTC). The process was initiated by the CAB largely, they admit, in fear of legislation. (The effort was spurred on by a 14-year-old citizen whose sister had been murdered. She delivered to Parliament 1.3 million signatures on a petition to reduce violence in the media.)

The CAB worked closely in negotiations with the CRTC throughout the drafting process. By analogy, this would be similar to the (U.S.) National Association of Broadcasters (NAB) working with the FCC to develop a code to cover broadcasts. Among other things, the code completely bans "gratuitous violence," allows adult-oriented depictions of violence only after a "watershed" hour of 9pm, and puts limits on realistic depictions of violence in children's programming.

The code is administered by the Canadian Broadcast Standards Council, whose members are appointed by the CAB. The CBSC generally seeks to mediate disputes between citizens and stations. The CBSC may reprimand or expel members for violations of the Code, although prior practice indicates that such actions are extremely rare. If a broadcast station is in "good standing" with the CBSC, the CRTC does not separately review the station's programming performance as part of the license renewal process.

The CAB press release calls the provisions "tough," and this is how it has been reported in the American press. However, the code is not a great deal stronger than the codes of conduct already in practice for Canadian Broadcasters (similar to the codes of conduct for the U.S. networks), and some clauses in the

code may sound a bit more restrictive than they will be in practice.

One example of this is the outright ban on "gratuitous violence," which eliminates something that may be unidentifiable. The code provides a definition of gratuitous violence, but examples of Canadian or even American broadcasts that fit this definition may be so infrequent as to make this provision meaningless.

Another example is the restriction on animated children's programming exempting all stylized forms of fantasy violence such as the Road Runner or Tom and Jerry cartoons. The code may restrict some realistic action animation but many forms of animation that are quite violent would be acceptable under the CAB code.

The CAB code also exempts the Prairie Provinces from the watershed hours if the programming originates in another region. This allows broadcasts containing violence to begin at 8pm rather than 9pm in the central time zones.

All in all, the CAB code will cause some changes to Canadian broadcasting, but it also serves as a challenge to the Canadian cable industry, which distributes American broadcast and cable programming.

Recommendations

The government and the major media have played an important role in reducing the glamorization of many anti-social practices. A few decades ago, the stars of movies, television, and music were frequently seen with a cigarette in one hand and a martini in the other. The media, spurred on by federal legislation, played an important role in public education campaigns to address tobacco and alcohol over-consumption. A ban on cigarette advertisements went into effect in 1971, and alcohol advertisements face several restrictions including alcohol industry trade association codes. However, much of the shift in norms was voluntary on the part of the movie and television industries. Government's role was to sound the alarm to the health risks, make speeches requesting greater media responsibility, and offer consultation on means to alter portrayals of risky behavior.

Today, a similar effort offers enormous potential for government and the media to play a cooperative role in changing social norms and behaviors to lessen the harm of violence in America. In the past decade the media have worked effectively with government agencies to address drug abuse, drunk driving, teen pregnancy, and to spread the word about the danger presented by HIV/AIDS. These themes have been presented in public service announcements, woven into story-lines for drama and comedy programs, featured in movies, and presented in news features and news specials.

In recent months, there has been a great deal of action in this area. On an industry by industry basis, or through policy

decision of individual corporations, there have been meaningful actions, and statements of plans for future actions, that address both of our goals in this area; 1) reducing the level of violence in the media and 2) addressing the national violence problem through the media.

For example, to reduce any negative influence caused by the violent images presented in the media, several leading radio stations in major markets have announced that they will no longer play some musical recordings with offensive or violent lyrics. Video game software producers have announced a new violence rating system, and the cable television industry has joined with the television broadcast networks to endorse independent violence monitors who would produce a violence report card for each television and cable station. The cable industry has also endorsed the so-called "V-chip" that would give parents the option to screen out violent programming.

It is important to note that the media have made progress previously on reducing the number of violent acts they depict when the heat is turned up in Washington, only to reverse course when the attention subsides. Promises from the media industries should be considered substantial only to the degree that they are in the form of specific commitments against which success can be measured.

There has also been a great deal of activity in persute of the second goal of addressing violence through use of the media. Partly in response to the attention Congress and the Administration have placed on the subject, representatives of media corporations have stated that violence is now a major topic for their social issue messages. There have been, or are plans for, a number of creative campaigns to address the violence problem. These include news specials by national, cable, and local broadcasters, conflict resolution storylines in entertainment programs, and music videos with anti-violence themes.

While each of these efforts should be seen as positive developments, there is little doubt that far more can, and must, be done. Even with this new emphasis, anti-violence messages are overwhelmed by thousands of depictions and descriptions of violence every day. Addressing all of the many forms and causes of violence will require a sustained high level of media attention.

<u>Recommendation 1:</u> A Government/Media Anti-violence Partnership
The Administration should follow the President's December 4th remarks by issuing a more specific challenge to the media industries to join in a partnership to constructively address the national violence crisis. Even as the media industries begin to show signs of a meaningful response to the President's challenge (as well as the discussions between the media industries and

Senator Simon and others on Capitol Hill) there is a need to turn the partnership into a reality.

A major White House event could be used to kick-off a series of discussions among media executives, the creative community, government representatives, community leaders already active in this area, and others. Alternatively, or in addition, an event could be used as the culmination of such a process where concrete results are presented.

A government/media anti-violence partnership could take many forms depending on the level of government involvement. A balance must be struck between a necessary level of leadership and an excessive level of control. We recommend the government's role should be to:

- set the agenda,
- assemble the participants,
- suggest options for voluntary actions

The government would not predetermine the process the partnership would follow or the outcomes that would be reached.

Setting the Agenda

The one course of action that was supported by almost every expert contacted by members of our working group, including representatives of the media industries as well as their harshest critics, was the need to raise the urgency of the media violence issue. Perhaps the critics of the media hope this will be just the first step among many, while members of the media industries hope this will be the only step. Regardless, nearly all agree the issue of violence in the media needs to be raised as part of an overall anti-violence message.

The media should not be singled out for blame, but should be challenged to participate in a search for solutions. In doing so it is important to:

1) Find the balance between public values that government should not play too great a role in limiting the choices of Americans when it comes to the media, but that sometimes the media just seems to go too far in depictions of violence that strike most people as an unhealthy contributor to the level of violence in society.

2) Address issues raised by all of the media industries, without undue emphasis on network TV. The examples and challenges should include feature films, broadcast TV, cable TV, music, music videos, and video games.

3) Address violence in all of its forms. The Administration's message must push beyond the "urban violence" stereotypes and include all of the forms of

violence. The media has a continuing role in addressing the problems of youth violence, domestic abuse, elder abuse, and hate violence.

4) Strongly support the First Amendment and the principles of artistic and journalistic freedom, even as the executive branch asserts that there are measures under consideration that are not problematic with respect to the First Amendment.

5) Reinforce the federal government's determination to take action in the face of an epidemic of violence, and call upon every sector of society to play its part - including the media.

6) Encourage media action by acknowledging positive steps that have already been taken by the media industries to reduce the level of violence in some of their products.

7) Be as specific as possible about the types of media depictions of violence that scientific research suggests may be most harmful. The list can include realistic violence that is intended for young audiences, television violence that is intended for adult audiences but is aired or promoted during hours when unsupervised children are likely to be in the audience, close visual association of violence and sex, violence that is rewarded, violence shown without any consequences to the victim, or violence that is practiced by a protagonist or hero.

Assembling the Participants

One of the most important roles the government can play is to bring all of the participants to the table to have a discussion about the roll the media can play in addressing violence in America. Thus, it is crucial to have the right people at the table. It is important to include all of the media industries with emphasis on those that are most important to young people; movies, broadcast television, cable television, music, music videos, radio, video games, and computer entertainment software.

In addition to including representation from all of the media industries, it is important to reach beyond the Washington representatives and top media executives to include creators, producers, directors, writers, performers, programmers, advertisers, and game designers as well.

There are a number of non-profit organizations with expertise in fostering pro-social entertainment media which could be called upon to assist in selecting the participants. A partial listing of these groups has been attached as an appendix to this report.

Offer Suggestions for Voluntary Actions
From the government's seat at the table, the government could suggest specific options that media organizations may wish to consider. There are a number of successful approaches that have been introduced by some media organizations which could be adopted more broadly. The federal government's role would be to encourage wide adoption of the industry's best practices.

Examples of actions that could be taken voluntarily by the media industries to give greater information and control to consumers and parents include: product content labeling, viewer warnings, the creation of children's and family viewing hours, active promotion and instruction in the use of existing cable channel blocking technology, and consultations or "violence audits" with independent experts.

Specific Options:

- The networks, local broadcasters, and cable channels can define children's and family viewing hours when parents can know children will not see unsuitable violent programming, advertisements, or promotions for upcoming news or entertainment programming.

- The networks, local broadcasters, cable channels, and the producers of children's programming should be asked to take a critical look at appropriate programming for very young children. Young children are frequently being entertained by violent cartoons that were originally intended for a much older audience.

- The motion picture industry could be asked to place far greater emphasis on the violent content of films in their rating system, and to create a system of ratings that acknowledges the important developmental differences between very young children and older pre-teen children.

- Individual video cassette sales and rental retailers could adopt and enforce the Video Software Dealers Association guidelines for using the MPAA film ratings to block sales and rentals of inappropriate material to minors. These guidelines require parental pre-authorization before minors can rent PG-13 and R rated movies.

- The managers of the media industries could elect to consult with independent experts on media violence to identify the most potentially troublesome aspects of their offerings. This is one of the proposals that has been endorsed by the cable and broadcast television networks.

- The cable services and cable channels can be asked to provide parents with options to choose which channels

their families will receive, and to educate them in how to use the technology. Parental choice is not just a technology. It must be marketed as intensively as the pay-per-view option is for it to be a reality. Even with the support of the manufacturing and broadcasting industries, the V-chip could not be in a majority of homes for many years (due to the turnover rate of new television sets). However, existing technology offers much of the same capability if consumers know how to use it.

- The manufacturers of television sets could voluntarily choose to offer parental control features that will give parents the ability to block out programming that is accompanied by a non-visible adult programming signal.

- Television broadcasters and cable channels could voluntarily broadcast an electronic violence parental control signal to trigger a V-chip or lock box. This could be simply done for all PG-13, R, X, and NC-17 rated films and made-for-television programming for which they would voluntarily broadcast a viewer advisory.

The federal government can offer to play a role in helping to develop the consumer demand for television sets that offer parents the ability to screen out violent programming. Parents can have access to effective control technology through voluntary cooperation between television manufacturers and programmers. Leadership by the Executive Branch in this area could lessen the need for the mandates in proposed Congressional legislation.

There are also a number of steps the media industries could take in partnership with the government to creatively address the national violence problem through positive, pro-social, anti-violence messages. While we would not be starting at square-one (there have been many music videos, movies, television shows and public service announcements with anti-violence themes, and many more are in preparation), federal leadership could take these efforts to a higher level.

The media industries have shown some willingness to promote pro-social and anti-violence messages. These include the "winners don't use drugs" messages on arcade video games, anti-violence rap videos, special editions of Nickelodeon's Nick News on violence, the "The More You Know" anti-violence public service announcements on NBC, and feature films and entertainment programs with anti-violence themes. The federal government must acknowledge, support, and encourage these activities. However, it is time to go beyond these isolated efforts toward a coordinated, multi-media anti-violence campaign.

The government can bring a great deal to the table. Even projects currently in the planning stages could benefit greatly from government support including, important national spokespersons and hard data from government research. In addition, the federal government could establish a national Violence Information Center with a toll-free number to disseminate information about violence and potential strategies for addressing violence at the family, community, and national levels.

The federal government should propose an ongoing public/private partnership to develop a national public education campaign on violence prevention. This partnership should include a lead federal agency, other federal agencies working in the area of violence prevention, state and local agencies that deal with violence, voluntary organizations, advocacy groups, and representation from the media industries. The Centers for Disease Control and Prevention (CDC) has successfully led this type of campaign in a number of areas (e.g., immunization, HIV/AIDS, smoking cessation, and breast and cervical cancer).

Following the example of the national awareness campaign developed by the National Immunization Program at CDC, the violence prevention program could include such elements as demonstrations of coalition building to improve services and raise public awareness in major population areas, and could collaborate with private and public partners in violence prevention, such as medical groups and national local units of voluntary organizations, police groups, and social and mental health agencies.

Another example of a public awareness campaign that is specifically targeted toward crime and violence, and is a public/private partnership is the McGruff ("Take a Bite Out of Crime") campaign. This project is a joint effort by the Justice Department, the Advertising Council, and a number of national public interest groups. This campaign has been very successful in making Americans aware of self-help measures to prevent crime.

Public/private sponsorship of marketing research is important in a public awareness campaign developing the most effective themes for specific audiences, and the coordination of themes and messages that could be delivered across the media spectrum.

Public information campaigns are meant to generate interest in a subject, and it is essential that a mechanism, such as a clearinghouse, be created to respond to the demand. The government could establish a violence information center that would be reachable through a toll-free number. The telephone number would be promoted through the national anti-violence campaign. This clearinghouse would be a central repository and database of statistics and research findings, current anti-violence research and projects underway, materials (including the fugitive literature), experts available as spokespersons on violence-related topics, news and feature-story ideas, and much

other material essential to establishing and ensuring credibility of the issue, perhaps making much of it available through on-line services such as the Internet. Clearinghouse information could be used by community groups that are developing violence prevention programs and could develop and enhance current prevention programs using research findings. Educators could use the findings in the design of effective media literacy or conflict resolution programs. The clearinghouse might be funded jointly by public and private sources.

A central clearinghouse/hotline on violence prevention could serve as a referral source for the other clearinghouses in existence that handle specific types of violence, such as child abuse or violence and drug abuse, while at the same time filling in the gaps for information about many other aspects of violence not covered by an existing clearinghouse.

Potential Actions:

- Challenge the television, film, and music industries to find creative ways to educate the public about the patterns of violence in America and alternatives to violence as a means for conflict resolution.

- Propose a government/private partnership to fund and guide applied research to identify the most effective messages for specific audiences to change norms and behaviors away from violent conflict.

- Establish a national Violence Information Center with a toll-free number to disseminate information about violence and potential strategies for addressing violence at the family, community, and national level.

Recommendation Two: Increase Federal Support for Research to Fill the Gaps in Our Knowledge and Ensure That Research Is Turned into Effective Practice

The Federal government has had a major role in supporting and in analyzing research on the effects of television violence from the late 60s through the early 80s. Of specific note is the Surgeon General's Scientific Advisory Committee on Television and Violence, which was formed in response to congressional requests. Its report, indicating concern about the effects of television violence and raising a number of questions, stimulated a decade of expanded research which produced some 3000 papers, chapters, books, and other publications. The National Institute of Mental Health, as the lead support agency for the Surgeon General's Committee and for research on media effects, published an analysis of that expansion of research in 1982. While the additional findings allowed a stronger statement about the adverse effects of television violence, many questions remain to be addressed. A renewal of government concern with research in this area is needed. A Violence Information Center could serve

to house and focus new and ongoing research activities, as well as to disseminate their results.

Research is needed to clarify and specify what media depictions of behavior, in what context, and for which categories of viewers increase the likelihood of aggressive and violent behaviors. Research can help identify the factors that can protect against or neutralize the adverse effects of media violence. The results of this research can be used by media developers and storytellers as they craft their products, and by educators as they develop programs for children. Research is needed to specify the critical components of effective programs, and the training, consultation, and management required for their effective implementation. Practical, cost-effective, and ongoing evaluation should be done to assure that what should work does in fact work. In addition, little research exists on the effects of violence in newer media forms such as video games and music videos. These newer media forms should be addressed.

Other communications research should be conducted to strengthen our knowledge of the pro-social impact of media. In addition, marketing research should be conducted to give us information about making pro-social programming more appealing to young people.

As important as research is, such findings will have little societal impact if dissemination is limited to research journals and books, and if the utilization of research findings is only to stimulate more research. A major effort will be required to foster the dissemination and utilization of important research findings in developing preventive policies and programs.

Potential Actions:

- Stimulate and support the research required to guide effective policies programs to reduce the effects of media violence. The federal government is not currently sponsoring any major research on this issue. CDC, NIH would be the most likely place to locate a research center on media violence.

- Stimulate and support the research on the effective use of the media to send pro-social messages to those in diverse cultural and ethnic communities who are at a high risk for violence.

- Ensure that research is effectively translated into practice. This could be accomplished through the violence information center described in recommendation four.

Recommendation three: Strengthen Alternatives to Consumption of Violent Media by the Young

Studies show that one of the most harmful effects of excessive media entertainment on children is its tendency to replace more healthful activities. Therefore, in addition to working to reduce the amount of violence and increase the amount of pro-social programming in the media, it is important to support efforts to provide more alternative activities for children and youth. New Americorps and other Service corps members should be enlisted to act as role models for at-risk youth and encouraged to coordinate and staff existing programs.

Greater support for child-care centers, after-school programs, tutoring and mentoring initiatives, and a variety of recreational activities such as sports and the arts would benefit parents, many of whom lack sufficient time and resources for their families. They should be able to turn to their schools and other community organizations for help in providing their children with enjoyable and educational activities that raise their self-esteem and their sense of having a stake in their communities.

One such program is the "Fun Shop Reading Series," a collaboration between the Lexington, Kentucky Episcopal Learning Center and six VISTA volunteers. Three family reading sites were established in three public housing complexes. Recruiters approached thousands of parents, yielding almost three hundred children. As reported by ACTION: "Now parents and kids have library cards and use the reading rooms when they might otherwise be watching the tube."

Another example of how federal support for a program can make a difference is the inclusion of funding in the Crime Bill for the Olympic Committee to develop after-school sports programs in at-risk areas.

It is also important that there be positive video programming alternatives for children to watch. The pioneering work in this field of the Corporation for Public Broadcasting, the Public Broadcasting Service and the Children's Television Workshop, producers of "Sesame Street," cannot go unremarked. The Corporation for Public Broadcasting continues to fund a wide range of children's programming. A number of advocates have suggested that expanded funding for children's programming, including perhaps a government funded children's cable channel, would be a significant positive step.

Federally supported research on how pro-social messages can be most effectively conveyed, especially to at-risk youth, should be incorporated into government programs. Vulnerable children would thus have a positive alternative to viewing media violence or engaging in other harmful activities.

Many groups[21] have called for at least an hour of educational children's programming daily, and a stricter definition of and

requirements for "educational and informational" programming. Peggy Charren, president of Action for Children's Television, an advocacy group with a long history of working on violence in the media, endorses these recommendations. She goes further, however, calling for a television channel devoted solely to children's programming, more funding for the Public Broadcasting Service (PBS), and reservation of future channel capacity for public uses.[22]

Potential Actions:

- Support the recommendations of the Youth Development group and the Schools group to promote extracurricular activities for youth.

- Encourage the media to highlight successful programs. Sports channels could devote programming time to youth athletics, science and nature programs could highlight afterschool projects, clubs, and activities; arts shows could promote creative outlets for all children.

- Support more funding for public broadcasting shows for children that foster pro-social behaviors, with research to guide their production so that these shows are appealing to and effective for high-risk children in diverse cultural and ethnic groups.

- The media or others should promote a council of excellence to reward advertisers who resist sponsoring violence in the media.

- The government could create an award to recognize those who produce good children's programming.

Recommendation Four: Promote Media Literacy at Home, in Schools and in Communities

The proliferation of new technologies, as well as the increasing focus of marketers on children, ensures that youth will continue to be bombarded by the media. While schools feel compelled to devote most of their time to analyzing print media such as poetry and novels, most young people will have far more contact with the "visual" media throughout their lives. Media can help teach children literacy skills such as critical thinking, and is also very engaging for young people.

Media literacy is the ability to interpret the symbols and meanings of the thousands of messages we get every day through television, video, radio, newspapers, advertising and video games. It is the ability to choose and select, the ability to challenge and question, the ability to be conscious about what is going on around you.[23]

The U.S. trails other countries such as Australia, Canada, England and France in the development of media education programs in schools. One of the catalysts for media education abroad has been the importation of American films and television programs that are thought to threaten the cultural integrity of the host country.[24] The most developed program is probably in Ontario, which in 1987 adopted mandatory media literacy training in over 5,000 schools for students in grades seven through twelve.

There is little media education in the U.S., and most of it occurs in non-school settings such as youth centers or churches. Media literacy programs typically focus on developing critical thinking and analysis skills, learning creative production techniques, understanding the economic and political structures that influence mass media, and learning to take personal or public action to influence the use or challenge the abuse of media in society.

None of the states have formalized curriculum guidelines for media literacy, and only a few teacher training programs address the issues of how to integrate media education into traditional coursework. While media literacy materials are available for teachers and parents, little of the material addresses violence specifically, and virtually none of the anti-violence material is thoroughly tested.

Schools are not the only place to teach children about the media. Parents have an enormous effect on how children perceive the media. While no parent can be 100% vigilant in monitoring what their children watch on television, children who watch with parents are often more critical viewers of the media, particularly if the parents and children discuss what they are viewing. A few organizations, including the Department of Education's ERIC Clearinghouse, have produced guides to television viewing for parents, but this information is not widely available. Nor are all parents aware of the harmful effects that violence in the media can have on their children.

Another audience ripe for education on the effects of media violence are film school students. Because writers, directors and producers significantly impact a storyline, it is useful for them to have access to the best available research on the effects of violent imagery. Some groups have begun working with the creative community to develop storylines that take into account the research on violence in the media.

<u>Potential Action:</u>

- Support research on successful media literacy programs and support dissemination of information.

- Encourage more media literacy programs in schools, in conjunction with other violence prevention programs, such as conflict resolution programs. Money from the

Safe Schools Act and the Crime Bill could be used for relevant programs.

- Encourage the incorporation of media literacy in teacher training programs and encourage in-service teacher institutes to help teachers learn to integrate media issues throughout their courses.

  - Last year, the Harvard Education School sponsored a one-week course for 500 teachers and school administrators on media literacy.

- Educate the future creative community in film schools about the effects of violence in the media on children and provide them with research-based alternative story lines.

- Use Americorps and VISTA volunteers to provide activities in communities for parents and children.

  - HHS has funded a pilot journalism project in two Boys and Girls Clubs that is intended to improve reading, writing and speaking skills as well as media literacy skills. Americorps volunteers could facilitate projects like these.

- Work with media to provide teacher guides or parent guides to films. DOJ and HHS have funded these types of projects in the past.

- Develop or adopt existing guides for critical TV viewing and distribute to the public, especially parents.

  - The Department of Education has a series of books called Helping Your Child Learn that are published on various subjects for parents. A book could be produced entitled Helping Your Child View Media Critically.

  - Condense the lessons of media literacy into a brochure and booklet for parents. Grocery stores, doctors' offices, social service agencies, schools, workplaces, sporting events and PSAs on television are the most likely targets for such a campaign.

Recommendation Five: Study Legislative and Regulatory Options
While working with the media industries to implement plans to address violence in the media and in society, the Administration must continue to study regulatory options and review Congressional proposals. There are a large number of potential options that have been discussed or should be considered. While none of the approaches can fully insulate children from exposure

to depictions and descriptions of violence, (enterprising or unsupervised youths would still be able to obtain access to violent content) some measures would likely be effective with all but the most ingenious younger children.

Great care must be taken. Efforts to restrict the supply of media depictions of violence for young people raise concerns about government censorship, and public opinion is not completely formed in this area. For example, a Times Mirror poll[25] found that 80% of the public believes TV violence is harmful, and a 1989 Los Angeles Times poll found that 72% favor the establishment of a television rating system, although in the same poll, a majority of the public opposed a government crackdown on media violence.[26] As noted below, judicial opinion is also still forming on these issues.

One option under consideration in Congress is to limit violent programming during certain times of the day. Senators Hollings and Inouye have offered a bill (S.1383) to do this. This approach, modeled in part on the FCC's enforcement of prohibitions on indecent programming, leaves some important concepts undefined, and charges the FCC with fleshing out the details of implementation.

Another potential method for restricting the supply of violent material involves the use of new or enhanced rating systems. Senators Dorgan and Conrad and Representative Durbin have introduced bills that would direct the FCC to create and publish a system for rating the violence content of television programming. The cable television and broadcast networks have put forward their own plan for independent monitoring.

Another way to give parents more information is to precede violent programming with a warning or parental advisory. In addition to the record, tape, and CD music packagers who choose to put parental advisories on the outside covers, broadcasters and cable channels have begun to do this voluntarily and video game manufacturers have just agreed on a plan.

Technology presents options for greater parental control and individual choice. Television receivers are now available that can display ratings information transmitted with a program. Many cable systems are required to provide subscribers with "lock boxes" that can be programmed to block out particular channels at particular times. Some television sets are also now available with "lock boxes" for broadcast programs. In addition, television rationing devices are currently being marketed for parents who wish to limit the amount of television their children watch in a given time period, such as a day or week. Few households now use these devices.

Representative Markey has introduced a bill signed by 14 Congressional Representatives that would require television manufacturers to put some form of blocking technology in all new medium-sized to large sets. In this area there is a good

opportunity to provide greater choice to consumers without a mandate on any industry.

Great care must be taken in evaluating each of these options. In nearly every case, there are industries that would oppose any action, and for several of these options there is a substantial likelihood of litigation. However, some of the proposals have merit and deserve further review.

Some of the Groups Working Promote Social Themes Through the Media

Mediascope Marcy Kelly, President. Studio City, California (818) 508-2080. Founded in 1992, Mediascope is a non-profit organization promoting positive social and public health images in the entertainment media. Marcy Kelly was the Communications Director for the National Institutes on Drug Abuse and was a staff assistant to the Domestic Policy Council in the Carter Administration.

Entertainment Industries Council, Inc. Herman Rush, Chairman; Brian Dyak President and CEO. Offices in Reston, Virginia (703) 481-1414 and Burbank, California (818) 841-9933. Established in 1983, the EIC is a non-profit corporation that represents the entertainment industry in social causes and produces resource manuals to help the creative community incorporate pro-social themes in films and television programs.

The Institute for Mental Health Initiatives: Rhoda Baruch, President; Suzanne Stutman, Executive Director. Washington, D.C. (202) 364-7111. Established in 1982, the IMHI is a private, non-profit foundation whose goal is to build bridges between mental health professionals and the media to promote mental health and prevent emotional disorders.

The Center for Health Communications of the Harvard School of Public Health: Jay Winston, Ph.D, Director. Boston Massachusetts (617) 432-1038. The Harvard Center for Health Communications works with public health experts and Media creatives to find innovative social marketing messages.

MEE Productions: Ivan Juzang, President. West Philadelphia, Pennsylvania (215) 748-2595. MEE Productions works with urban youth to develop communications strategies to positively influence other urban youth.

Action for Children's Television: Peggy Charren, President. Newtonville, Massachusetts (617) 527-7870. Founded in 1968 ACT is a non-profit children's advocacy group working to encourage diversity in children's television and to eliminate commercial abuses targeted to children.

Future WAVE (Working for Alternatives to Violence in Entertainment: Arthur Kanegis, President. Offices in Santa Fe, New Mexico (505) 982-8882 and Los Angeles, California (310) 823-0440. Future Wave is a non-profit organization that works with the entertainment industry to research, develop and promote positive alternatives to violence and incorporates those alternatives into popular movies and TV programs.

The National Foundation to Improve Television: Gerald W. Blakeley, Jr., Chairman; William S. Abbott, President; Joyce M. Lawrence, Executive Director. Boston Massachusetts (617) 523-6353. The National Foundation to Improve Television is a non-profit foundation developing a national media violence literacy program in coordination with the Boston Public Schools to be replicated in schools nationwide.

Notes

1. Calculations based on statistics from the National Coalition on Television Violence reported on pages 5 and 6 of this paper.

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3. American Psychological Association, "Big World, Small Screen; The Role of Television in American Society." Washington DC, 1992

4. American Psychological Association, "Violence and Youth; Psychology's Response" Public Interest Directorate, Washington DC. 1993 Vol. I p. 32.

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10. Source: James Alan Fox, National Crime Analysis Program, Northeastern University.

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21. Including the National Association of Child Advocates, the National Association of Elementary School Principals, the National Association for Families and Community Education, the National Council of La Raza, the National Education Association, the National PTA and the Georgetown University Law Center

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INTERDEPARTMENTAL WORKING GROUP ON VIOLENCE

SUBGROUP ON JUVENILE JUSTICE*

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Convener

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Escalating serious violent juvenile offenses** have resulted in calls for changing the juvenile justice system to accomplish two important societal goals. These goals are to provide the necessary resources and opportunities for rehabilitation of juvenile offenders while, at the same time, ensuring the safety of the community. Determining how to achieve both of these goals simultaneously is a major challenge for the juvenile justice system.

America's unique juvenile justice system was created as an alternative to the harshness of the formal criminal justice system because society believed delinquent youngsters were not fully responsible for their misconduct, could be rehabilitated and should be given a chance to mature and reform. Partly in response to increasing violent juvenile crime, the juvenile justice system has evolved into a vehicle for incapacitating and punishing youth believed to be deserving of society's retribution. The goal of acting in the best interests of the child, based on the parens patriae philosophy on which the system was founded, recognized that children are developmentally different from adults. This goal and traditional informal juvenile court procedures have been challenged by demands for more open, formal proceedings, which place more emphasis on punishment goals. The juvenile justice system has become fragmented by turning the juvenile court's jurisdiction over certain older serious and violent youngsters to the adult system; by the failure of existing juvenile corrections programs to adequately rehabilitate serious and violent juveniles; and by emphasizing punishment rather than treatment.

Along with increases in the number of violent juvenile arrests, the number of juveniles brought into juvenile court, placed in secure detention or confinement, and waived or transferred to criminal courts has also increased. Admissions to juvenile facilities are also at their highest levels ever and an increasing percentage of these facilities are operating over capacity. This produces higher rates of violence in juvenile correctional institutions, both among offenders and between offenders and staff, increased suicide attempts and gestures, and an emphasis on security over treatment programs.

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* The members of the Subgroup are listed in appendix A.

** Serious violent juvenile offfenders are those juvenile offenders adjudicated delinquent for one of the following felony offenses: homicide, rape or other felony sexual offenses, mayhem, kidnapping, robbery, or aggravated assault. In this report, "juveniles" or "youth" are defined as persons under 18 years of age.

Recognition of youth violence as a public health problem is a recent development that has intensified the debate concerning the role of the juvenile justice system. Escalation of youth violence and its consequences has elevated this issue to the top of the list of threats to public health and safety. At the same time, epidemiological research has revealed its interconnections to other social problems, including child abuse and neglect, family violence and other familial dysfunctions, developmental disorders, drug and alcohol abuse, and educational deficiencies. Thus a more holistic perspective has emerged on the youth violence issue.

These trends indicate a need to re-evaluate the juvenile justice system's role and functions--its purpose, policies, and programs--in an effort to better serve youthful offenders in general, and violent youthful offenders in particular. If projections are accurate that the youth population between the ages of 14 and 17 will increase from 13.2 million in 1990 to 15.3 in the year 2000, the proportion of this population entering the juvenile justice system can be expected to grow and further overburden the system's capacity. Such factors as the increasing tendency to resort to violence in interpersonal relations and the growing production of violent children in our families and communities, in all likelihood signals a continuing growth in juvenile violence. Moreover, most violent youth who wind up in the juvenile justice system present multiple problems, including learning problems, health and mental health problems, gang involvement, and substance abuse. Successfully providing treatment for this myriad of problems is both difficult and costly.

In this context, the already strained juvenile justice system clearly lacks adequate fiscal and programmatic resources--and in many cases sufficient knowledge--to accurately and reliably identify serious, violent, and chronic offenders, and to intervene effectively with them. Despite the fact that new technologies are being developed, such as risk and needs assessments, this task has become more and more difficult because the juvenile justice system has, in many instances, become the dumping ground for other social systems.

Risk assessments based on clearly defined objective criteria that focus on: (1) the seriousness of the delinquent act; (2) the potential risk for reoffending; and (3) the risk to the public safety, can be used effectively to free beds in state juvenile corrections facilities for serious violent offenders by identifying those juveniles who are not a threat to the safety of the community and can be treated in nonsecure community-based settings. This will increase community safety, and be cost effective. At the same time, comprehensive needs assessments will help ensure that rehabilitation goals are taken into account. State-of-the-art needs assessments take into account different types of problems when formulating a comprehensive service plan, establish a baseline for monitoring a juvenile's progress, and facilitate periodic reassessments of treatment effectiveness.

The use of risk and needs assessments will increase public safety, enable the juvenile justice system to more effectively control serious, violent and chronic juvenile offenders, efficiently use juvenile justice system resources, and reduce the need for the juvenile justice system to transfer juveniles to the criminal justice system for lack of facility and program capacity.

Some serious violent youth do not respond to the rehabilitative efforts of the juvenile justice system. The reasons for their unresponsiveness to treatment efforts may be twofold. In some instances, juvenile justice system treatment resources may not be appropriate for their problems. In other cases, they may fail to respond to available treatment. If the necessary resources cannot be provided in the juvenile justice system, or these juveniles commit repeat serious violent offenses indicating that they are not amenable to rehabilitation, no other alternative may exist except to incapacitate them in the criminal justice system. Moreover, the current lack of adequate programs and resources in many juvenile justice systems may require, in the short term, the transfer of some juveniles, who otherwise could be served in the juvenile justice system, to the adult system in order to protect the public.

In addition, the heinous or aggravated nature of some serious violent juvenile offenses will requires incapacitation of the offenders in order to protect the public and ensure community safety. Such crimes include killing young children, murder rampages, random homicidal acts, or other serious violent crimes that demonstrate a complete disregared for human life. Public safety can only be ensured by incapacitating these serious violent offenders for the longer periods available in the criminal justice system.

However, we must be sensitive to the fact that persons of color are overrepresented in both the juvenile and criminal justice systems, particularly African American and Hispanic youth who are disproportionately represented at all levels of the system. Although issues of cultural sensitivity and ethnicity have largely been ignored by researchers and policy makers who have studied youth in correctional settings, it is widely believed that the justice system suffers from many of the same deficiencies in providing culturally sensitive and appropriate services that have been found in many sectors of the educational, health and mental health, and social services systems.

Preventing youth violence through sound violence prevention programming and providing early intervention when delinquent conduct first occurs are proposed answers for the juvenile justice system. Effective means of reducing the number of violent youth entering the juvenile justice system must be developed and supported. First, most violent behavior is not brought to the attention of juvenile justice authorities. Thus, in most instances, this system is not given the opportunity to provide treatment. Second, increasing costs of incarceration and treatment, both in the juvenile justice system and other service systems, make prevention and early intervention the only viable alternatives. Third, violent behavior is learned. Therefore, nonviolent behaviors can be taught.

In order to be more effective in responding to violence in its broad manifestations, the juvenile justice system needs to be better connected to the education, social services, health and mental health systems. Each has contributions to make in prevention, early intervention, and treatment. A combined effort is essential, if the number of violent juvenile offenders in the juvenile justice system, or leaving that system for criminal prosecution, is to be decreased.

I. Size and Scope of the Problem

Although statistical data on the nature, extent, and consequences of youth violence cannot accurately portray its full magnitude and impact in human terms, the following illustrative findings from survey, longitudinal, and other research convey the broad scope and multiple dimensions of this problem:

Extent of Juvenile Violence and Juvenile Justice System Consequences

- **Juveniles account for a disproportionate share of recent violent crime increase.** Between 1988 and 1992, the number of Violent Crime Index arrests of juveniles increased by 47 percent-- more than twice the increase for persons 18 years and older. Most alarming, juvenile arrests for murder increased by 51 percent, compared with 9 percent for those age 18 and older.

- **Juveniles are responsible for a small but significant percentage of all violent crime arrests.** In 1992, juveniles were responsible for 17 percent of all violent crime arrests. This comports with victims' estimations that in about 19 percent of cases in which they have been violently victimized (excluding murder), the offender was under 18 years of age.

- **A small proportion of offenders commit most of the serious and violent juvenile crimes.** About 5 percent of juveniles in each age group from 12 to 17 are serious or violent offenders, committing 8 such offenses annually. About 15 percent of high-risk youth in inner-city areas commit about 75 percent of all violent offenses. However, it is estimated that 84 percent of the most serious juvenile offenders have no official police record.

- **Homicide is now a leading cause of death among young persons.** Homicide is now the second leading cause of death among 15- to 24-year-olds, the leading cause of death among 15-to 34-year-old African American males (a rate 8 times greater than for their white counterparts), and a leading cause of juvenile injury deaths, second only to motor vehicle accidents. The homicide rates among young Native American and Hispanic males are also at least four times higher than white male rates. Nonfatal intentional injuries resulting from interpersonal violence, which outnumber homicides by a ratio of more than 100 to 1, are also disproportionately high for young people, males, African Americans, and other minority populations.

- **Young persons have the highest crime victimization rates in America.** Violent victimization rates are highest among the 16-19 year-old group, followed by 20-24 year olds, and then by 12-15 year olds. While victimization rates for violent crimes have been decreasing for most age groups (generally, since 1973), the violent crime rates for 12-19 year olds has been increasing. In 1991, more than 2,200 juveniles under age 18 were murdered in the U.S., over 70% by guns.

- **Involvement of younger juveniles in violent crimes is increasing.** Between 1990 and 1992, the number of juveniles under age 15 arrested for violent crimes increased 33 percent. The 1992 Uniform Crime Report reported a one-year increase of 9%. Arrests of juveniles under age 15 increased 23% for weapons violations and 19% for drug abuse violations in this most recent one year reporting period. A recent study in Denver and Pittsburgh showed that about 15 percent of boys aged 6-10 had committed a serious or violent crime.

- **There are an estimated 3,876 youth gangs** in the 79 largest U.S. cities, with over 200,000 gang members. Gangs are reported to exist in nearly all 50 states and are involved in violent crime, arson, burglary, auto theft, extortion, and drug trafficking.

- **Evidence shows that violent female juvenile crime is rising.** Between 1988 and 1992, the increase in number of females under age 18 arrested for robbery was greater than the increase for males (68% for females versus 48% for males). The same trend existed for aggravated assault arrests (62% for females versus 47% for males). During this period, juvenile female arrests for all violent crimes increased 63% while male violent crime arrests increased 45%.

- **The juvenile justice system is overloaded, but only partly because of the increase in violent youth crime.** Juvenile court caseloads increased 10 percent between 1986 and 1990. Admissions to juvenile corrections facilities have increased 19 percent over the past decade, reaching an all-time high in 1990, resulting in many crowded facilities with attendant violence problems. Although the overall number of juveniles in the criminal justice system is unknown, judicial waivers to criminal courts increased 78 percent between 1985 and 1989. Between 1984 and 1990, the number of annual admissions of juveniles to adult prisons increased 30 percent. However, the majority of juveniles in adult prisons or confined in the juvenile justice system have not been convicted of a violent offense.

- **Most juvenile offenders in State juvenile corrections systems are not serious violent offenders.** New data on juveniles admitted to State juvenile corrections systems show an estimated 50,260 admissions in 1992. Among these, about 13 percent were classified as "serious violent", (murder, rape, robbery, assault); 80 percent, of "moderate severity", (property crimes, drug offenses, public order); and 7 percent, of "minor severity", (shoplifting, dependency, status offenses, probation and parole violations, and other minor offenses).

Contributing Factors and Conditions

- Early Risk Factors. Low family socioeconomic status has been found to be associated with chronic delinquency. Youth whose families do not provide sufficient economic support lack adequate education and job training. They may turn to gangs and other crime opportunities. Several studies have suggested the contributions of early risk factors to later delinquency, including chronic violent behavior. These

include early family conflict, perinatal risk, family adversity, marital discord, poor parenting, unplanned birth, life stress, and low socioeconomic standing (both in the family and community). These factors also contribute to developmental disabilities that also lead to serious and violent behavioral pathways. Three major pathways have been identified: "overt" behaviors, beginning with minor aggression; "authority conflict," beginning with stubborn behavior; and the "covert" pathway, begining with shoplifting and frequent lying. What's more, these chronic offenders are likely to continue their criminal careers into adulthood and to increase the seriousness of their offenses.

- Poverty. Poverty and socioeconomic inequality create a community climate in which violence emerges. Many social science disciplines have firmly established that poverty and its contextual life circumstances are major determinants of violence. Violence is most prevalent among the poor, regardless of race.

  Rates of poverty are high in each of the ethnic minority groups. In 1991, 23 percent of families headed by an adult aged 25-34 had incomes below the poverty level. For whites, the percentage was 19; for African Americans, 46 percent; for Hispanics, 38 percent; and for Native Americans, up to 90 percent.

  Studies have shown that chronic offenders who start their criminal careers early tend to come from poorer, inner-city neighborhoods, characterized by high mobility and crime rates, overcrowding, inadequate housing, and low socioeconomic status families. It is also true that rates of violence are growing in rural areas, where few resources exist to address the associated factors.

- Abuse and Neglect. A link has been found between childhood victimization and delinquent behavior. Greater risk exists for violent offending when a child is physically abused or neglected early in life. Community and national surveys have shown that 1.5 million children are victims of physical violence each year. The experience of physical abuse, more than any other factor--whether poverty, deprivation, or marital conflict on the one hand, or child health problems or temperament on the other--has been shown to increase the risk for later chronic aggressive behavior problems. Greater risk exists for violent offending when a child is physically abused or neglected early in life. Such a child is more likely to begin violent offending earlier and to be more involved in such offending than children who have not been abused or neglected. New research has also documented that children who witness violent episodes in the home, such as spouse abuse, are much more likely to commit subsequent violent acts themselves in proportion to the amount of violence witnessed.

- Alcohol and Other Drugs. A substantial body of research supports the conclusion that involvement with alcohol and other drugs is an important influence for youth violence. Forty percent of all homicides are related to drugs. In Washington, D.C.,

80% of homicide victims had residues of cocaine in their bodies. In 66% of all homicides, the perpetrator and/or victims had been drinking.

Alcohol appears to lower inhibitions against violent behavior. In about 65 percent of all homicides, perpetrators, victims, or both had been drinking, and alcohol is a factor in at least 55 percent of all fights and assaults in the home. Among both youth and adults, violence frequently occurs in places in which alcohol is consumed.

The abuse of alcohol and other drugs by parents and caretakers has been associated with violent behavior toward their children, and parental substance abuse also may put children at greater risk for violent victimization. Substance abusing parents are more apt to become physically abusive, sexually abusive, or neglectful in ways that expose their children to risk of abuse by others.

- Lack of Health Care. The health care system has failed to provide adequate health care for children. Eight million American children lack any kind of health insurance coverage. Existing services do not address the most serious health risks facing adolescents. Services are neither organized in a systematic or structured way, nor are they available or accessible to many of those with the greatest need for service. As a result, the adolescent health system not only fails to reduce the effects of other high-risk settings, but fails to protect adolescents from further health risk, thereby increasing their vulnerability to violence.

- Access to Firearms. The availability of guns makes youth violence more lethal. Over the past decade, there has been a 79 percent increase in the number of juveniles who have killed with guns. Considerable evidence indicates that the alarming rise in youth homicides is related to the availability of firearms, increased gang violence, and the drug trade, especially the crack explosion. Between 1979 and 1989 homicides committed by 15- to 19-year-old white and African American youth increased 61%. During the same period, the rate of homicides by weapons other than guns declined 29%. According to the Centers for Disease Control and Prevention, firearms account for about 75% of murders committed by African American youth. The leading cause of death for both white and African American teenage boys in America is gunshot wounds. Guns kill or injure 40 children in the United States every day.

  The cost of firearm injuries alone to our health care system is estimated at more than $4 billion annually. The vast majority (85%) of the hospital costs for treatment of firearm injuries is unreimbursed care. Violence is driving up the costs of health care.

- Gangs. A growing number of American youth are joining violent gangs, and the amount of violent behavior by gang members is increasing. Homicide and aggravated assault are three times more likely to be committed by gang members than by nongang delinquents. Studies show that the serious and violent offense rate is much

higher among youth while they are members of a violent gang than before and after gang participation.

Gang violence appears to have increased in its lethality during the 1980's. Delinquent gangs no longer are confined to a few States and their inner cities. Gang membership now encompasses a wider age range (both male and female), with members often being as young as 9 and as old as 30.

Several observers suggest a close relationship between youth gangs and organized crime. However, much of the gang violence is turf related and indistinguishable from drug wars which also concern territoriality. Youth gang structures, or cliques within gangs, are sometimes seen as subunits of organized crime and are employed for purposes of drug distribution, auto theft, extortion, and burglary.

- Serious Emotional Disorders. While no exact prevalence figures exist for these disorders among youth in the juvenile justice system, it appears from recent studies that the rate is substantially higher than in the general population, for which estimates range from 17-22%.

  A high degree of comorbidity exists between mental disorders and substance abuse disorders. Many emotionally disordered youngsters clearly have multiple diagnoses, and more attention needs to be paid to the issue of comorbidity. Unless this is done, information on the rates of specific disorders may underestimate the task of treating this population.

Violent juvenile delinquency has many antecedents, beginning with the larger socioeconomic community in which children are born; family life; later school and peer group experiences; lack of job training; and such contributing factors as drugs and alcohol, mental health problems, media violence and other opportunities to learn violence as a response to situations and conditions. The lure of gangs and availability of firearms also contribute to violent responses. As traditional, and more effective forms of informal social control have diminished, the juvenile justice system, society's main apparatus for controlling violent juvenile crime, has struggled to meet the challenge. Neither a central point nor a coherent/cohesive strategy has been established for prevention and early intervention efforts. At the same time, promising approaches have been developed. A much more comprehensive and systematic approach to addressing the issue of preventing and treating youth violence in the juvenile justice system context is imperative if significant progress is to be realized. **OJJDP's Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders** represents such a holistic approach (Attachment A).

II. Policies and Programs

Framework

Interpersonal or assaultive violence is now widely regarded as a major public health problem. It has become so pervasive that it can no longer usefully be viewed only as a problem of disparate acts by individual offenders. As the previously cited statistics indicate, homicide in the United States is a leading cause of death and premature mortality, while assaultive behaviors are many times more common than homicide.

Violence is a particularly serious health problem for young people in this country. Indeed, it is now injury, not infectious or communicable disease, that has become the most significant threat to the health of young Americans, as more adolescents than ever before are dying from homicides, suicides, and accidents. All three constitute premature mortality and rob youth of many productive years of life.

Despite this reality, interpersonal violence has traditionally been defined more narrowly as a crime, with responsibility assigned to criminal and juvenile justice agencies--law enforcement, the courts, and correctional institutions--for its control. This approach, reflecting a blend of deterrence, punishment, incapacitation, and rehabilitation, has failed to adequately address the problem.

Where youth violence is concerned, it is time to confront the fact that juvenile justice agencies alone cannot effectively deal with this problem. Indeed, even if this system were replete with fiscal and human resources, it would no longer make sense to view youth violence as a crime only, to be controlled exclusively by juvenile justice authorities. Once the problem is recognized for its public health significance and dimensions, a broader programmatic and policy framework emerges from which to consider ameliorative programs and policies.

Of relevance here is public health's focus on the multi-dimensional and multi-faceted nature of life-threatening problems in terms of causal influences, risk factors, consequences, intervention strategies, and prevention. The important corollary is its reliance on a broad array of resources in social services, education, mental health, child welfare, and substance abuse prevention and treatment, which in turn underscores the point that juvenile justice agencies are but one component in a larger, multi-systemic effort to work with at-risk youth and their families.

Since most violent youth are never apprehended and brought into the juvenile justice system, prevention programs must be broad-based (i.e., both community-based and institutional), address multiple risk factors, consider the chronological development of youth, and attend to the needs of youth victims of violence.

The **Communities that Care** strategy (Attachment B) is one proven effective approach to community-wide delinquency prevention planning. It provides communities with a

conceptual framework for prioritizing risk factors in their community, assessing how their current resources are being used, identifying resources which are needed, and choosing programs that directly address those risk factors.

In order for communities plagued by violent crime to begin long-term violence prevention program planning, it will be necessary to first ensure the safety of their residents. This will necessitate incapacitating a community's serious violent and repeat violent juvenile and adult offenders in the criminal justice system. Some of these offenders commit over a hundred offenses each year. Others are violent gang leaders. Neighborhood schools, streets, and communities must first be made safe before the community can concentrate on providing family support, prevention, and early intervention programs that address the root causes of crime and violence and foster violence-free lifestyles for future generations.

Context

Prior research and scholarship on juvenile justice efforts to curb youth violence have produced a number of consistent findings or common themes. Among the most pertinent, as a context for thinking about programmatic strategies, are the following:

- Because of the complex needs of delinquent youth and their impact on service delivery systems, significantly more attention must be given to clarifying and strengthening the theoretical, legal, programmatic, administrative, and policy framework that affects them.

- Much of the youth violence research is limited in its ability to provide both a full understanding of youthful offenders and service delivery systems for effectively meeting their needs.

- The early identification of which misbehaving youth will become chronic, serious violent juveniles is one of the most challenging tasks facing researchers and practitioners.

- The prevalence of mental disorders among youth in the juvenile justice system is significant and appears to be substantially higher than the rate for youth in the general population.

- The high degree of comorbidity between mental and substance abuse disorders for these youth has significant implications for assessment and treatment services.

- Many juvenile offenders have personal histories of repeated physical and psychological trauma. It is important for youth-serving institutions to appreciate the variety of children's responses to abuse and their implications for classification, prognosis, and treatment.

- Relevant systems of care tend to be culturally biased from the point of assessment through treatment, resulting in inadequate responses to the needs of minority youth.

- For the most part, mechanisms and instruments for systematically screening and evaluating youthful offenders' needs are lacking.

- Services producing the best results with "multi-problem" youth in the juvenile justice system have been highly integrated and individualized. Such services have been found to combine educational, vocational, social, family, and psychological interventions into a single treatment plan.

- A number of promising, innovative treatment models are being tested and implemented across the country that appear to successfully respond to the needs of youth by incorporating design elements of individualized care and integrated services, flexible funding, family involvement, and community-based services.

- The increasing emphasis on social development appears to offer potential to better understand the characteristics of youth in the juvenile justice system and the types of services that may be needed to prevent and/or treat their problems. The focus on developmental pathways to delinquency, risk factors for delinquency, and protective factors that buffer juveniles from risk factors shows promise in this area.

These "themes" or findings indicate, as the public health perspective suggests, that a multi-systemic or multi-agency approach to treating youthful offenders holds out a greater promise of effectiveness than juvenile justice system efforts alone. However, such cross-agency collaboration, as some of these findings also indicate, is not particularly easy to accomplish. Difficulties stem not only from overlapping functions among agencies and institutions, but also from the fact that youths' needs almost always involve more than one of these functions--e.g., education, social services, mental health--at any one time. Ambiguities about which function an institution (or agencies within it) seeks to serve, and collisions between institutions serving the same or different functions in caring for the same youth, make multi-system collaboration exceedingly complex. Understanding and managing these interactions requires a continuing awareness of the differing, overlapping, and sometimes conflicting purposes of the individuals, agencies, and institutions involved with an individual offender.

These findings also estimate a prevalence rate of mental disorder among youth in the juvenile justice system of nearly one quarter, which on the face of it is serious enough. However, some leading researchers have also noted that a majority of youth in the juvenile justice system evidence a degree of affective, cognitive, and/or social dysfunction or impairment that may not necessarily meet criteria for mental disorder but nonetheless reflect serious emotional or skill deficits sufficient to require a range of treatment and rehabilitative services.

The findings also underscore the critical need to improve screening and evaluation procedures for youth who come in contact with the juvenile justice system. Implementation of such procedures would have a positive impact on our understanding of the prevalence of mental health problems among this population, but more importantly would result in better and more appropriate services to the individual youth within the system.

The Programmatic Role of the Juvenile Justice System

It would appear that the appropriate role of the juvenile justice system is to provide a structured forum, in accordance with law, for responding to a multitude of failures in individual development, family functioning, and in school and other agency functioning. This involves the concurrent application of sanctions, supervision, education, and a variety of treatments. In addition:

- The system's coercive powers should be invoked to support treatment only to the extent that treatment is aimed at solving problems that made substantial contributions to the behavior for which the juvenile has been adjudicated, and only in proportion to the seriousness of that behavior.

- In recognizing the multifaceted nature of youths' problems, responsible organizations and institutions--families, juvenile detention, probation, and corrections agencies, social service or child welfare agencies, mental health agencies, and local and state educational authorities--should be encouraged and facilitated to collaborate with one another in providing needed evaluation and treatment.

- Services should reflect a continuum of care along multiple dimensions, including security, structure, intensity of supervision and monitoring, specific types of mental health treatment, and involvement of ancillary services.

- Explicit goals for treatment should be established and services provided that are appropriate to those goals. Access to treatment should be provided in the community, for youth involved in diversion programs and probation, attending to issues of liaison and supervision between justice and other agency personnel, and providing needed case management services. In special circumstances, treatment arrangements should be provided along a continuum of care, such as detention centers, group homes, residential schools, secure treatment, and incarceration.

Principles Governing Prevention and Intervention Programs

The following empirically-grounded principles are being applied in several ongoing demonstration programs:

- Prevention and intervention programs should be multi-level, dealing with individual, family, social, and community factors in a coordinated fashion.

- Prevention and intervention should focus on sequences of behavior within and between multiple systems.

- Prevention and intervention should be developmentally appropriate, matching the developmental needs of youth.

- Prevention and intervention should be designed to promote treatment generalization and long-term maintenance of therapeutic change.

- Prevention and intervention should, where feasible, be designed to promote responsible behavior and decrease irresponsible behavior among family members.

- With serious, violent, and multiple violent offenders, prevention and intervention programs need to be designed for the long-term, since risk factors usually have a long-term effect on juveniles' behavior.

- Intervention efficacy should be evaluated continuously from multiple perspectives (e.g., youth, family members, teachers).

Principles Governing Effective Treatment

- Youth should have access to a comprehensive array of services that address their physical, emotional, social, vocational, and educational needs.

- Individualized services should be provided in accordance with the unique needs and potentials of each youth, guided by an individual service plan.

- Families should be full participants in all aspects of treatment planning and service delivery.

- Case management should be an essential service component to ensure that multiple services are delivered in a coordinated and timely manner, and that youth move through the system of services in accordance with their changing needs.

- The rights of youth should be protected and effective advocacy efforts should be promoted, without regard to race, ethnicity, religion, national origin, sex, physical or mental disability, or other characteristics. Services should be sensitive and responsive to cultural differences and special needs.

Innovative Programs

The following illustrative treatment and preventive intervention programs incorporate the previously noted tenets of the public health perspective as well as many of the foregoing principles in providing treatment for serious and violent juvenile offenders. Of particular importance is the notion that programs should be community-based--i.e., efforts must be

made to develop and implement highly structured and service-rich aftercare programs in the community if positive change is to be sustained. Although some programs that focus more or less exclusively on youth, without attention to the family and community, have shown impressive in-program gains, those gains are rarely maintained over the long term. Follow-up controls and services are critical.

Community Programs

- **The South Carolina Family and Neighborhood Services (FANS) Project**, supported by the Center for Mental Health Services of SAMHSA, has sought to demonstrate that even the most serious juvenile offenders can be treated successfully if services are sufficiently intensive, individualized, and integrated, with attention to a wide array of domains in which serious offenders have severe problems.

  The FANS project is based on a treatment approach called multi-systemic therapy (MST), which incorporates family systems theories and social ecology theory, but also considers the role of child development factors. Treatment focuses on dysfunction in any of the affected systems--e.g., the youth, family, peers, school, neighborhood--as well as on relationships between and among the various systems. Although multiple systems may be involved, MST involves a single therapist for each client, providing brief (about four months) but intensive treatment.

- **Preventing Antisocial Behavior in High-Risk Children**, an ongoing, multidimensional program at the University of Illinois funded by the National Institute of Mental Health, focuses on preventing the emergence of antisocial behavior in high-risk urban minority youth (African American and Hispanic). The program reflects the view that only multi-context, long-term interventions that have an impact on multiple dimensions of a youth's environment are likely to be effective. It attempts to account for risk in the environment (e.g., poverty, exposure to violence) as well as personal risk factors (e.g., individual learning histories) and the interaction of contextual domains (e.g., school, peer, family, community) with individual cognitive processes. It is believed that the need for a comprehensive cognitive-ecological approach is most critical in lower-class urban communities, where environmental risk factors are so extreme that they place entire populations of children at risk of violence.

- **Community-Based Prevention Consortia funded by the Administration on Children and Families** are broad-based public and private partnerships representing an approach to youth violence that includes recreational and educational activities, support to families of at-risk youth, conflict resolution training, and the promotion of cooperative ventures among youth service providers. By empowering community-based consortia, comprehensive approaches can be undertaken that focus on the specific needs and strengths of a community. Specific consortia activities can include job training and employment, housing, community education and mobilization, recreational and wilderness challenge opportunities, and network and information sharing. Consortia, especially those headed by public agencies, can also more

effectively integrate the use of Federal funds at the local level by combining block, formula, and discretionary grant monies to develop a broad violence prevention net of activities and services for at-risk youth and their families. An evaluation of consortia projects found that the projects appeared to have a positive influence on drug use and selling, delinquent behavior, involvement with the criminal justice system, school performance, and peer relations.

Family Programs

- **Family Preservation and Support Programs** are designed to keep the family together and reduce placements of children in foster care. Intensive support services are also provided, with a view to protecting children in environments where injury, either physical or psychological, might occur. These programs are cost-effective and have also brought about greater economic independence among participating families, fewer special education and out-of-home placements, and reductions in child abuse. The family support component reduces risks for family violence--harsh parenting, large family size, and low parental education level. A complementary early education component reduces child risks--low early school achievement and early behavior problems. All components are essential to attack multiple risks and prevent violence. Examples of effective programs include the Yale Child Welfare Project, the Houston Parent-Child Development Center, the Hawaii Healthy Start Program, the Syracuse Family Development Research Project, and the Perry Preschool.

- The Center for Substance Abuse Prevention Program, **Breaking the Cycle of Family Violence**, operated through the Department of Social and Health Services in Washington State, is a highly modified version of a Family Preservation model. Youth Advocates from the project link up with youth during their last 30 days in State-supervised family foster care, and work as liaisons in reducing tension involved in reintroducing the children back into the family environment. The majority of these children were in foster care because of severe physical or sexual abuse and/or neglect by their parents or caretakers. Many of the family members are serious AOD abusers and often have acute psychological problems. In general, children return to their families of origin because it is difficult to find other satisfactory situations in which to place them. In order to break the cycle of violence within the family and against the child, this project provides service referrals, counseling, and other support needed by the child and the family in order to ease the transition back into the home, improve the home environment, and generally improve the chances for overall family functioning in a less destructive manner.

Juvenile Justice System Programs

Programs provided in the juvenile justice system can most usefully be viewed at three different levels: immediate interventions, intermediate sanctions, and secure confinement. All of these efforts have two main objectives: rehabilitation and community protection.

- **Immediate interventions** focus on juvenile offenders who, by virtue of having committed minor offenses, less serious felony offenses, or repeat misdemeanor offenses, can safely be dealt with in the community. Programs including diversion, home probation, comprehensive day treatment programs, restitution, substance abuse treatment, and neighborhood resource teams (community policing) are components that need to be integrated into a continuum of care for these offenders. Each youth should be evaluated both as an individual and within the context of their family environment in order to develop an appropriate intervention plan. Some youth might need a psychiatric evaluation, alcohol/drug treatment, or individual and/or family counseling. Attention should also be given to developing the youths educational and employment skills.

- **Intermediate sanctions** represent programs that are designed for youthful offenders who commit first-time serious or violent offenses or fail to respond successfully to immediate intervention (e.g., by committing another offense). Many of the serious and violent offenders at this stage may be appropriate for placement in an intensive supervision program as an alternative to secure confinement. Such a program would be highly structured and include a continuously monitored individualized plan consisting of five decreasing levels of restrictiveness: (1) short-term placement in community confinement; (2) day treatment; (3) outreach and tracking; (4) routine supervision; and (5) discharge and follow-up. Individualized plans can include such components as drug testing, psychiatric and drug/alcohol treatment, conflict mediation training, weekend detention, electronic monitoring, challenge outdoor programs, independent living, educational and/or employment skills development, and intensive family counseling.

  Another intermediate sanction that is being implemented and tested at this time is Juvenile Boot Camps. These highly structured, military style, short-term residential programs may provide an effective alternative for some serious offenders. However, research has made it clear that shock incarceration programs in and of themselves are not effective. The residential phase of the program must include other components such as education, drug treatment, vocational training and counseling. In addition, the residential phase of the program must be followed by a highly structured aftercare program that includes integrated services and skill development on the part of the youth. Work with the families is also a critical element of this programming.

- **Secure community-based commitment** is a program strategy based on the recognition that large juvenile facilities have not been particularly effective in rehabilitating juvenile offenders. The best hope of rehabilitating these youth is to place them in small secure community-based facilities to provide intensive services in a structured environment. This would also facilitate linkages to community-based youth service organizations that provide specialized services. In addition, community-based programming also offers the advantage of proximity to families and the corollary greater likelihood of involving them in the treatment process. It also provides

potential for a phased reentry into the community that utilizes community resources and services.

For young people who have not succeeded in other treatment settings, or who present a threat to community safety, placement in training schools, or other secure facilities may be required. Comprehensive treatment programs should similarly be offered in these restrictive settings with a focus on education, skills development, and vocational or employment training and experience.

- **Alternatives to congregate juvenile correctional institutions** have successfully been provided in several states, notably Massachusetts, Utah, and Missouri. Their large juvenile correctional facilities have been replaced by a network of small secure facilities linked to a continuum of community-based programs. Missouri, for example, has completely restructured its correctional service delivery system. A case management system has been developed to provide for the assessment, treatment planning, coordination, and accessing of services, with systematic monitoring and evaluation of services. These consist of intensive case monitoring, day treatment, proctor care, family therapy, a short-term treatment program, a 90-day residential program, group homes, residential facilities in a moderately structured environment, four highly structured secure care programs, a community learning center, a special mental treatment unit, and intensive aftercare. In addition, the legislature has provided for an innovative system of state-wide pooling of various treatment funds, so that treatment resources follow the child, rather than vice versa.

- **Aftercare programs** appear to be the weakest component in the juvenile justice system's continuum of care. In light of this, OJJDP is supporting, through training and technical assistance, development of intensive aftercare programs in eight states. This year, OJJDP plans to fund at least four sites to implement intensive aftercare programs, with additional support for an evaluation. Intensive aftercare incorporates six programmatic principles: (1) preparing youth for progressive responsibility and freedom in the community; (2) facilitating youth-community interaction and involvement; (3) working with both the offender and targeted community support systems, including families, peers, schools, and employers to facilitate constructive interaction and gradual community adjustment; (4) developing needed resources and community support; (5) monitoring and ensuring youths' successful reintegration into the community; and (6) fostering independent skills development.

The following are examples of effective juvenile justice system programs:

- **The Violent Juvenile Offender Research and Development Program**, funded by the Office of Juvenile Justice and Delinquency Prevention, was designed to test the capability of the juvenile justice system to deal with the chronic, serious, violent offender in an innovative fashion as compared with traditional juvenile justice and adult court intervention. A specific goal of the effort was to test an intensive intervention model for the treatment and reintegration of violent juvenile offenders,

designed to reduce violent crimes through an individually-based case management strategy with strong emphasis on planned, integrated aftercare.

The program is multi-phased, beginning with secure residential placement. Planning for reintegration begins as soon as the youth enters the system and it should be a dynamic process that continues throughout the youth's involvement with the system. Youth released from the system are placed in a transitional housing situation like a group home where their activities are carefully monitored and where the youth can receive additional treatment. From there, the youth is either reintegrated back into his family or guardians' home, if possible.

- **North American Family Institute (NAFI)** whose mission is to create diverse and innovative services for people. Founded in 1974, NAFI is a leader in the creation of small, community-based treatment programs. NAFI does not provide services directly to youth. Instead, it is the umbrella organization for many diverse programs, including the O'Farrell Youth Center. The diverse audience of these treatment programs includes delinquent youth, severely disturbed, violent and aggressive adolescents, abused and neglected children, drug offenders, and adults and children with mental and developmental disabilities. The final group served is the dually diagnosed which includes those who also have mental retardation or those who have mental illness and/or substance addiction.

  NAFI works with people who are the most at-risk due to their behavior, an illness, a stay in a psychiatric hospital, or a recent crisis. NAFI has demonstrated that many people with difficult problems can be treated in small, home-like settings within local communities.

  NAFI has a flexible service design process with a comprehensive continuum of services. The key to NAFI's success is that they design an individual placement for each person referred to them. This enables them to address all of the potentially serious behavioral, educational and psychological concerns identified by the referring agencies. The continuum of care includes: crisis intervention, short-term treatment and secure psychiatric care. For adults, NAFI offers highly-structured group living situations and supported apartments. The programs are based on the principles of normalization, empowerment and rehabilitation. There are two programs for victims of sexual abuse. There is also a broad array of residential programs, ranging from medium to long-term residences to half-way houses.

- **The Associated Marine Institute (AMI)**, founded in 1969 in Florida, oversees the operation of a number of juvenile rehabilitation programs in diverse geographical locations. AMI, which is public and non-profit, provides leadership, central program management, and administrative services to the Marine Institutes.

  There are approximately thirty two Marine Institutes, which are non-profit, education and research organizations. They receive both public and private funds to operate

programs for youth. They operate residential and non-residential programs in several states. Boys and girls average 8 to 12 offenses before entering an AMI Program.

The young people in AMI programs participate in a core curriculum of studies including oceanography and earth sciences, seamanship, diving, aquatics, physical education, academics and vocational education. Many of the youth entering the AMI programs require remedial education. There is a 7 to 1 student/instructor ratio which means that each curriculum is individually designed for each student. Half of the youths' time is spent in the classroom and the other half is spent in practical experiences, such as seamanship. The program's success is attributed to its emphasis on disipline, work ethic, responsibility, education and employability skills during the residential phase which is continued during the non-residential phase.

- **The Florida Environmental Institute** (affiliated with Associate Marine Institute) is set on 15 acres of Florida outback, 40 miles northwest of Lake Okeechobe. The program location is surrounded by swamps, sloughs, and pine and palmetto forest. Almost surrounded by an alligator-infested lake and 25 miles from any other civilization, there are no fences and the instructors do not have firearms. The young people are constantly monitored. The facilities are rustic, wood buildings which the staff and the students built.

  FEI can serve 22 young people in residential care and 20 in non-residential or aftercare. FEI is for young people who have been found guilty of fairly serious crimes, or have pleaded guilty in court. If they had not agreed to come to FEI, most would have been sentenced as adults and sent to prison. Each young person participates in the three program phases; the average length of stay is 18 months in the residential and 6 months in the non-residential.

  The success of the program is attributed to the joint emphasis placed on task completion (classroom and vocational) and behavior (respect, cooperation and attitude). Movement through the program is contingent on successfully demonstrating progress on both components and by group consensus that the individual is ready to move to the next level.

This brief overview of programmatic perspectives and principles, based on available empirical data and program experience, suggests that change is indicated in the way the juvenile justice system deals with the youth population--both minor and serious offenders--under its jurisdiction. Reflecting the public health perspective on youth violence, juvenile courts and youth service programs must begin to establish treatment plans that are multi-faceted, involve multiple parties, and are made available in the community (without compromising public safety) when agencies' institutional mission is oriented toward accountability for individual behavior. Change needs also to be synchronized across systems--i.e., multiple systems need to move forward together, toward closer collaboration. Otherwise the practice of shifting children and adolescents from one system to another will continue.

III. Research and Evaluation Agenda

The major policy issues surrounding juvenile violence and the juvenile justice system concern: 1) determination of the respective roles of the juvenile and criminal justice systems in responding to violent juvenile crime; 2) the relative emphasis on rehabilitation versus punishment for violent juveniles; and 3) how the juvenile justice system can be made more effective in responding to violent juvenile crime. Basic and evaluation research needed to inform these policy issues should have top priority. These include:

- Evaluation of the success of secure treatment and reintegration (aftercare) programs for violent juvenile offenders provided by the juvenile justice system.

- Impact of early interventions on developmental pathways toward violent juvenile careers.

- Role of professionals outside the juvenile justice system in early identification of violence producing families, including pediatricians, child protection workers, school teachers, mental health workers, ministers, child welfare workers, youth workers, and others in direct contact with troubled families.

- Development of behavioral assessment strategies appropriate to various groups of children, in addition to self-reports, teacher and parent reports.

- Evaluation of prevention and early intervention programs working with familes, including children aged 0-3.

- Effectiveness of graduated sanctions coupled with treatment in interrupting developmental pathways to violent delinquency.

- Evaluation of interagency collaboration and integration strategies in joint treatment efforts, including use of triage techniques.

- Short and long-range outcome comparisons between juveniles waived or transferred to criminal court and juveniles adjudicated in the juvenile justice system.

Other research and evaluation studies that are needed to address program issues related to the general approach recommended in this report follow. These are organized in relation to juvenile violence prevention and early intervention and treatment matters.

Prevention and Early Intervention

- Identification of factors which account for the differential increase in youth violence compared to adult involvement.

- Determination of optimal points for prevention and early intervention.

- Effectiveness of prevention and early intervention strategies within and across various cultural, ethnic, gender and age specific groups.

- The incidence of "random violence" (homicide and assault that appears unconnected with any ostensible motive), the characteristics of the perpetrators, and the circumstances under which such violence occurs.

- Further development and testing interventions for gang violence prevention and reduction.

- Examination of the dynamics of joining and leaving gangs, increased female involvement in gangs, and intergenerational gang violence.

- Identifying effective means of reducing the disproportionate representation of children of color in the juvenile justice system.

Treatment

- Impact of quantity and severity of viewed media violence among institutionalized juveniles including perception of violence and societal expectations and outcome success.

- Research on the efficacy of risk assessment instruments used to identify juveniles in the juvenile justice system who present a threat to public safety.

- Evaluation of the effectiveness of boot camps as an intermediate sanction for potential violent juvenile offenders.

- Relationship between changes in laws governing jurisdiction over violent juveniles and the reduction of juvenile violence.

- Prevalence rates of mental disorders in the juvenile justice system and the effectiveness and impact of diverting youth from the juvenile/criminal justice system to mental health programs.

- Effectiveness of mental health services in diverting youth from the juvenile/criminal justice system and the impact of changes in public policy to expand community mental health services outreach programs to youth at high risk of violence.

- Effectiveness of intervening at different social-ecological levels (e.g. individual, peers, family, school, community, environment).

- Development of new evaluation methods to better measure treatment results achieved through systems interaction, integration, collaboration, and cooperation.

- Expansion of research and evaluation procedures to produce more useful results for practitioners, program managers, clients, and policy makers.

- Development of evaluation designs and procedures that are more sensitive to clients, their families, and communities.

- Patterns between alcohol and other drug (AOD) use and abuse and violence.

- Interrelationships between prevention/treatment of AOD in high-risk youth populations and violence prevention/reduction.

IV. Recommendations

1. Violent youths must be identified and incapacitated to protect the safety of the community. In appropriate circumstances, this incapacitation should entail, the increased use of detention and confinement, and the transfer of serious violent juvenile offenders to the criminal justice system.

2. Innovative mechanisms should be established to ensure that serious violent juveniles are appropriately handled in the criminal or juvenile justice system; with those juveniles amenable to treatment being provided services in the juvenile justice system. Such recommended mechanisms include:

   a. Extend the age of continuing juvenile justice system jurisdiction over adjudicated delinquent offenders to age 21;

   b. Expand judicial waiver and/or prosecutorial direct file authority for violent and repeat serious offenders;

   c. Authorize dispositions in juvenile correctional programs for juveniles convicted in criminal courts up to the age of original juvenile court jurisdiction and, on judicial review, to the extended age of continuing juvenile justice system jurisdiction; and

   d. Authorize criminal courts to suspend the imposition of a criminal conviction for juveniles in the criminal justice system contingent upon a juvenile completing a court designated treatment program.

3. The juvenile justice system should be provided with the resources to develop and implement a continuum of services model including, prevention, early intervention, and graduated sanctions and treatment programs as proposed in the Office of Juvenile Justice and Delinquency Prevention's "A Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders."

4. Aftercare programs that succeed in keeping juveniles from returning to the juvenile justice system should be developed and evaluated.

5. Health care coverage should be available to juvenile offenders who are under juvenile court jurisdiction and who require health, mental health treatment, and other therapeutic services.

6. States and localities should be allowed the flexibility to integrate Federal formula and block grant funds to support innovative and integrated multidisciplinary programs.

7. Federal statistical programs that monitor trends in youth violence and victimization should be coordinated. Of particular interest is the disposition and treatment of violent juvenile offenders in both the juvenile and criminal justice systems, including comparative recidivism rates.

8. Federal agencies should vigorously pursue a research and evaluation agenda to improve the juvenile justice and related systems' responses to violent juvenile delinquency. This agenda should include programs designed to reduce access to and use of firearms and programs designed to suppress gang violence, provide alternatives to it, and mobilize the community to address it.

9. The Coordinating Council on Juvenile Justice and Delinquency Prevention should become functional and fulfill its statutory duties, which include: (1) evaluating how Federal practices and facilities for holding juveniles can be improved; (2) examining how policy and development of objectives and priorities for all Federal juvenile delinquency programs and activities can be coordinated; (3) considering how Federal programs can be coordinated with State and local programs to serve at-risk youth effectively; and (4) making recommendations to the President and Congress on these and related issues.

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Appendix A

The following are the members of the Juvenile Justice SubGroup:

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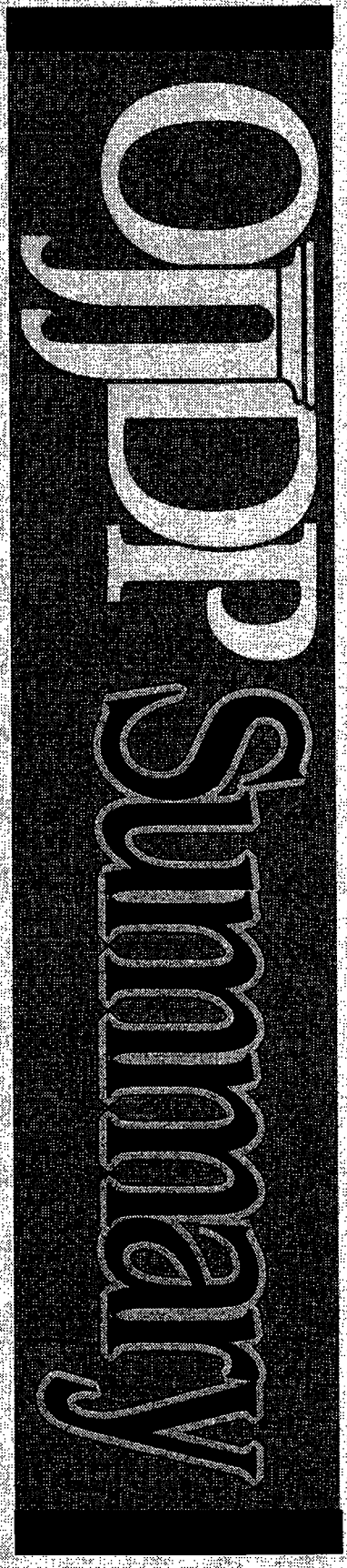
Attachment A

A Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention



Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders

Program Summary

A Publication of the
Office of Juvenile Justice and Delinquency Prevention

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Attachment B

Communities that Care

COMMUNITIES THAT CARE

Risk Focused Prevention:

What Does it Mean for Community Prevention Planning?

Communities That Care

A Risk-Focused Approach to Reducing Adolescent Problem Behaviors

All across our country, adults concerned about the healthy development of young people are searching for answers to the adolescent behavior problems of drug abuse, delinquency, violence, school drop-out and teen pregnancy. Although the problems have been with us for a long time, there is a renewed sense of urgency now, when we need more than ever to cultivate the best potential of young Americans . . .

A suburban school board meets late into the night, trying to reach agreement on a policy to address serious high school problems: weapons and drugs smuggled into school in book bags, and widespread indifference to studies even among some of the most talented students.

A school principal in a disadvantaged inner city neighborhood notices more and more students engaged in gang activities: hanging out by the corner store known for drug deals, wearing gang colors, engaging in beatings and drive-by shootings.

In a comfortable small town, the parents of a 16-year old high school junior are stunned when he attempts suicide. Their shock is doubled when the hospital emergency room tells them his blood alcohol is near a lethal level. Later they learn he has been drinking daily for months, is failing in school and has been asleep until they arrive home from work.

We all recognize these stories; they are the reality of our lives. But what are we to do?

What has been tried? Until recently we have responded with treatment strategies, which attempt to change problem behaviors after they have surfaced. Unfortunately, our efforts to control problems by treating them after the fact have been disappointing in several ways.

Dealing with adolescents once they have exhibited problem behaviors has shown only modest success. It is costly because programs must be directed individually at each person with a problem, and even a

large investment in treatment does nothing to break the cycle of the problems spreading to other young people through peer networks. It is as if we were providing expensive ambulances at the bottom of a cliff to pick up the youngsters who fall off, rather than building a fence at the top of the cliff to keep them from falling in the first place.

Communities That Care is about stepping in ahead of the problems with solutions that are far-reaching and lasting.

Historically, when Americans have been challenged by serious threats like disease epidemics, we have responded with an all-out effort that includes intensive research, training, and even life-style changes.

Communities that Care proposes a similar all-out community effort to prevent adolescent health and behavior problems through a comprehensive approach. The strategy has grown out of a decade of research conducted by Dr. J. David Hawkins and Dr. Richard F. Catalano, a team of researchers at the University of Washington and colleagues across the country, building on and integrating diverse research efforts.

A research foundation. Research has shown that there are a number of *risk factors* that increase the chances of adolescents developing health and behavior problems. Understanding these risk factors is the first step toward identifying effective means of prevention.

Equally important is the evidence that certain *protective factors* can help shield youngsters from problems. If we can reduce risks while increasing protection throughout the course of young people's development, we can prevent these problems and promote healthy, pro-social growth.

As our understanding of risk and protective factors has grown, we have searched for effective ways to address them. *Communities That Care* organizes what has been learned about prevention strategies into a comprehensive approach for communities. This approach requires broad vision and many participants.

With the leadership and commitment of local leaders, communities can take significant steps toward preventing the personal tragedy and social costs associated with the rising levels of drug abuse, delinquency, violence, dropping out of school and teen pregnancy among our young people.

What is Risk-Focused Prevention?

Risk-focused prevention is based on a simple premise: to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks in ways that enhance protective or resiliency factors.

Dr. Hawkins, Dr. Catalano, and their colleagues have reviewed over 30 years of existing work on risk factors from various fields and have completed extensive work of their own to identify risk factors for drug abuse, delinquency and violence in multi-ethnic communities. They identified risk factors in important areas of daily life: the family, the school, the community, peer groups and within individuals themselves.

Other researchers, including Joy Dryfoos, Robert Slavin and Richard Jessor, have reviewed the literature on school drop-out and teen pregnancy and have identified risk factors for these problems (Dryfoos, 1990). All of these problems—delinquency, substance abuse, violence, school drop-out, teen pregnancy—share common risk factors.

What is the importance of risk factors in dealing with adolescent social problems? One clear implication is if we can reduce the risks in young people's lives or counter those risks, the chances of preventing problems associated with those risks will be greatly increased.

Further, since problem behaviors share common risk factors, reducing common risk factors is likely to reduce multiple problem behaviors.

The following is a summary of the risk factors and the problem behaviors they predict.

Community Risk Factors

Availability of drugs and firearms (substance abuse, violence). The more available drugs and alcohol are in a community, the higher the risk that drug abuse will occur in that community. Perceived availability of drugs is also associated with increased risk. In schools where children just *think* that drugs are more available, a higher rate of drug use occurs.

Even though the availability of firearms is partially regulated by the laws of society, access to firearms is a constitutional right provided to those of legal age. Guns are found in many households and businesses and this often provides easy access to firearms, increasing the risk of violence and violent crime. In addition, availability of firearms may escalate an exchange of angry words and fists into an exchange of gunfire.

Community laws and norms favorable toward drug use, firearms, and crime (substance abuse, delinquency and violence). Community norms–the attitudes and policies a community holds in relation to drug use, violence and crime—are communicated in a variety of ways: through laws and written policies, through

informal social practices, through the media, and through the expectations parents and other members of the community have of young people. When laws, tax rates, and community standards are favorable toward substance abuse or crime, or even when they are just unclear, young people are at higher risk.

One example of a community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation actually decrease the rate of alcohol use. Examples of local rules and norms which are also linked with rates of drug and alcohol use are policies and regulations in schools and workplaces.

There is growing support for the conclusion that media violence can have an impact upon community acceptance of violent or aggressive behavior. Several reviews of laboratory, field, and natural experiments on both long- and short-term effects document the relationship between media violence and aggressive behavior.

Transitions and mobility (substance abuse, delinquency, school drop-out). Even normal school transitions can predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school drop-out, and antisocial behavior may occur.

Communities that are characterized by high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more people in a community move, the greater is the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems.

Low neighborhood attachment and community disorganization (substance abuse, delinquency, and violence). Higher rates of drug problems, crime and delinquency and higher rates of adult crime and drug trafficking occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high and where there is low surveillance of public places.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their lives. If the key players in the neighborhood—such as merchants, teachers, police, human and social services personnel—live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in school also reflect attitudes about community attachment. Neighborhood disorganization makes it more difficult for schools, churches, and families to pass on prosocial values and norms.

Extreme economic and social deprivation (substance abuse, delinquency, violence, teen pregnancy and school drop-out).

Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions and high unemployment are more likely to develop problems with delinquency, teen pregnancy and school drop-out or to engage in violence toward others during adolescence and adulthood. Children who live in these areas and have behavior or adjustment problems early in life, are also more likely to have problems with drugs later on.

Family Risk Factors

A family history of high risk behavior (substance abuse, delinquency, violence, teen pregnancy and school drop-out). If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of their having alcohol or other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity or violent behavior, their risk for delinquency and violence increases. Similarly, children who are born to a teenaged mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

Family management problems (substance abuse, delinquency, violence, teen pregnancy and school drop-out). Poor family management practices are defined as having a lack of clear expectations for behavior, failure of parents to supervise and monitor their children (knowing where they are and whom they're with), and excessively severe, harsh or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing all of the health and behavior problems listed above.

Family conflict (substance abuse, delinquency, violence, teen pregnancy, and school drop-out) Although children whose parents are divorced have higher rates of delinquency and substance abuse, it appears that it is not the divorce itself that contributes to delinquent behavior. Rather, conflict between family members appears to be more important in predicting delinquency than family structure. For example, domestic violence in a family increases the likelihood that young people will engage in violent behavior themselves. Children raised in an environment of conflict between family members appear to be at risk for all of these problems behaviors.

Parental attitudes and involvement in crime and drugs (substance abuse and delinquency). Parental attitudes and behavior towards drugs and crime influence the attitudes and behavior of their children. Children of parents who approve of or excuse their children for breaking the law are more likely to develop problems with juvenile delinquency.

In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers in adolescence. The risk is further in-

creased if parents involve children in their own drug or alcohol-using behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person's using marijuana and developing a substance abuse problem.

School Risk Factors

Early and persistent antisocial behavior (substance abuse, delinquency, violence, teen pregnancy and school drop-out). Boys who are aggressive in grades K-3 or who have trouble controlling their impulses are at higher risk for substance abuse, delinquency and violent behavior. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This also applies to aggressive behavior combined with hyperactivity or aggressive behavior combined with shyness.

This risk factor also includes antisocial behavior in early adolescence, such as misbehaving in school, skipping school, and getting into fights with other children. Both girls and boys who engage in these behaviors are at increased risk.

Academic failure in late elementary school (substance abuse, delinquency, violence, teen pregnancy and school drop-out). Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, teen pregnancy and school drop-out. Children fail for many reasons, but it appears that the *experience* of failure itself, not necessarily ability, increases the risk of these problem behaviors.

Lack of commitment to school (substance abuse, delinquency, teen pregnancy and school drop-out). Lack of commitment to school means the child has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for the problem behaviors listed above.

Individual/Peer Risk Factors

Alienation and rebelliousness (substance abuse, delinquency and school drop-out). Young people who feel they are not part of society or are not bound by rules, who don't believe in trying to be successful or responsible, or who take an actively rebellious stance toward society are at higher risk of drug abuse, delinquency and school drop-out.

Friends who engage in the problem behavior (substance abuse, delinquency, violence, teen pregnancy and school drop- out). Young people who associate with peers who engage in a problem behavior—delinquency, substance abuse, violent activity, sexual activity or dropping out of school—are much more likely to engage in the same problem behavior.

This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just spending time with friends who engage in problem behaviors greatly increases the risk of that problem developing.

Favorable attitudes toward the problem behavior (substance abuse, delinquency, teen pregnancy and school drop-out). During the elementary school years, children usually express anti-drug, anti-crime and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

Early initiation of the problem behavior (substance abuse, delinquency, violence, teen pregnancy and school drop out). The earlier young people drop out of school, begin using drugs, committing crimes and becoming sexually active, the greater the likelihood that they will have chronic problems with these behaviors later. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems than those who wait until after the age of 19.

Generalizations About Risks

Risks exist in multiple domains. Since risk factors exist in all areas of life, if a single risk factor is addressed in a single area, problem behaviors may not be significantly reduced. Communities should focus on reducing risks across several areas.

The more risk factors present, the greater the risk. While exposure to one risk factor does not condemn a child to problems later in life, research shows that exposure to a greater number of risk factors increases a young person's risk exponentially. Even if a community cannot eliminate *all* the risk factors that are present, reducing or eliminating even a few risk factors may significantly decrease risk for young people living in that community.

Common risk factors predict diverse behavior problems. The problem behaviors discussed earlier are predicted by the presence of common risk factors. This means that when any individual risk factor is reduced, it is like to affect a number of different problems in the community.

Risk factors show much consistency in effects across different races, cultures and classes. While levels of risk may vary in different racial, cultural, or socioeconomic groups, the way in which these risk factors work does not appear to vary. One implication for community prevention effort is that the programs selected to target specific risk factors should be able to be adapted to fit the various groups in the community.

Protective factors may buffer exposure to risk. Knowledge of risk factors can help communities know *what* to focus on to reduce health and behavior problems. However, communities must know *how* to reduce risk. Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk.

Risk Factors	Adolescent Problem Behaviors				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs and Firearms	✔				✔
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✔	✔			✔
Transitions and Mobility	✔	✔		✔	
Low Neighborhood Attachment and Community Disorganization	✔	✔			✔
Extreme Economic and Social Deprivation	✔	✔	✔	✔	✔
Family					
Family History of High Risk Behavior	✔	✔	✔	✔	✔
Family Management Problems	✔	✔	✔	✔	✔
Family Conflict	✔	✔	✔	✔	✔
Parental Attitudes and Involvement	✔	✔			
School					
Early and Persistent Antisocial Behavior	✔	✔	✔	✔	✔
Academic Failure in Elementary School	✔	✔	✔	✔	✔
Lack of Commitment to School	✔	✔	✔	✔	
Individual/Peer					
Alienation and Rebelliousness	✔	✔		✔	
Friends Who Engage in a Problem Behavior	✔	✔	✔	✔	✔
Favorable Attitudes Toward the Problem Behavior	✔	✔	✔	✔	
Early Initiation of the Problem Behavior	✔	✔	✔	✔	✔

COMMUNITIES THAT CARE

The Social Development Strategy

Building Protective Factors in Your Community

Protective Factors

Some youngsters who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, school drop-outs, or teen parents. Balancing the risk factors are protective factors—aspects of people's lives that counter risk factors or provide buffers against them. They protect by either reducing the impact of the risks or by changing the way a person responds to the risks. A key strategy to counter risk factors in young people's lives is to enhance protective factors that promote positive behavior, health, well-being and personal success.

Research indicates that protective factors fall into three basic categories (Hawkins, Catalano & Miller, 1992; Werner & Smith, 1992; Rutter, 1987):

- **Individual characteristics.** Having a resilient temperament or a positive social orientation are protective factors.

- **Bonding.** Positive relationships that promote close bonds are protective. Examples of these protective relationships include warm relationships with family members, relationships with teachers and other adults who encourage and recognize a young person's competence, and close friendships.

- **Healthy beliefs and clear standards.** The negative effects of risk factors can be reduced when schools, families, and/or peer groups teach their children healthy beliefs and set clear standards for their behavior. Examples of healthy beliefs include believing it is best for children to be drug and crime free and to do well in school. Examples of clear standards include establishing clear no drug and alcohol family rules, establishing the expectation that a youngster do well in school, and having consistent family rules against problem behavior.

Two of the protective factors, bonding and clear standards, concern the relationship between a young person and his or her social environment including the community, the family schools, and peer groups.

Individual Characteristics

Research has identified four individual characteristics as protective factors. These

attributes are considered to be inherent in the youngster and are difficult, if not impossible, to change. They include:

- **Gender.** Given equal exposure to risks, girls are less likely to develop health and behavior problem in adolescence than are boys.

- **A resilient temperament.** Young people who have the ability to adjust to or recover from misfortune or change are at reduced risk.

- **A positive social orientation.** Youngsters who are good natured, enjoy social interactions and elicit positive attention from others are at reduced risk.

- **Intelligence.** Bright children are less likely to become delinquent or drop out of school. However, intelligence does not protect against substance abuse.

Bonding

Research indicates that one of the most effective ways to reduce children's risk is to strengthen their bond with positive, pro-social family members, teachers or other significant adults, and/or pro-social friends.

Children who are *attached* to positive families, friends, school and community and who are *committed* to achieving the goals valued by these groups are less likely to develop problems in adolescence. Children who are bonded to others with healthy beliefs are less likely to do things that threaten that bond, such as use drugs, drop out of school or commit crimes. For example, if children are attached to their parents and want to please them, they will be less likely to risk breaking this connection by doing things that their parents strongly disapprove of.

Studies of successful children who live in high risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting into trouble. Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics.

Healthy Beliefs and Clear Standards

Bonding is only part of the protective equation. Research indicates that another group of protective factors fall into the category of healthy beliefs and clear standards.

The people that children are bonded to need to have clear, positive standards for behavior. The content of these standards is what protects young people. For example, being opposed to youth alcohol and drug use is a standard that has been shown to protect young people from the damaging effects of substance abuse risk factors.

Children whose parents have high expectations for their school success and achievement are less likely to drop out of school. Clear standards against criminal activity and early, unprotected sexual activity have a similar protective effect.

The Social Development Strategy

The Social Development Strategy is a model that describes how protective factors work together to buffer children from risk. In order to use this information on protective factors to develop effective prevention programs, we have to know how protective factors are developed, and how they influence one another.

The goal of the *Social Development Strategy* is to help children develop into healthy adults.

Healthy Beliefs and Clear Standards. This protective factor directly impacts the development of healthy behaviors. When parents, teachers and communities set clear standards for children's behavior, when they are widely and consistently supported, and when the consequences for not following the standards are consistent, young people are more likely to follow the standards.

Examples of clear, pro-social standards include rules or positions against delinquent behavior, early sexual activity or alcohol or drug use by young people.

Bonding. Young people need to be motivated to follow the standards. Lasting motivation comes from strong attachments or relationships with those who hold these healthy beliefs and clear standards. When a young person is *bonded* to those who hold healthy beliefs, they do not want to threaten the bond by behaving in ways that would jeopardize their relationships and investments. Thus, *bonding* and *healthy beliefs and clear standards* work together to protect children. For example, when children live in families that expect them to do well in school and the children are bonded to their families, they are more likely to be motivated to respect and follow these standards than they would be if they did not have close relationships with family members.

The *Social Development Strategy* explains how bonding develops. In order to build bonding to any social unit, three conditions are necessary. Children must have

opportunities to make a meaningful contribution to that unit.

They must have the skills to effectively contribute and they must be recognized for their contributions.

- Opportunities: Children must be provided with opportunities to contribute to their community, their school, their family and their peers. If children have opportunities that are beyond their abilities, they experience frustration and failure. If children have opportunities that are too easy, they may become bored. The challenge is to provide children with meaningful, challenging opportunities that help them feel responsible and significant.

  Examples of opportunities that have demonstrated protective effects include having teachers who provide active roles for children in the classroom.

- Skills. Children must be taught the skills necessary to effectively take advantage of the opportunities they are provided. If children do not have the skills necessary to be successful, they experience frustration and/or failure.

  Examples of skills that have shown an ability to protect children include good cognitive skills such as problem solving and reading skills; and good social skills including communication skills, assertiveness, and the ability to ask for support.

- Recognition. Children must be recognized and acknowledged for their efforts. Recognition gives children the incentive to continue to contribute, and reinforces their skillful performance.

  Examples of recognition that have demonstrated a protective effect include supportive teachers and parents who recognize their children's individual efforts.

- Individual characteristics. Individual protective characteristics are something that one is born with, something that is difficult or impossible to change. Gender and temperament are biologically determined. Shyness, sociability and intelligence also are traits that are difficult to change.

  The research on protective factors views these as the characteristics the individual comes into the world with. Female children with an easy temperament, a natural sociability and intelligence are fortunate. They are at an advantage in withstanding the risks they will encounter when compared with peers in their neighborhood.

  Individual characteristics also make it more likely that children will identify opportunities to make a contribution,

develop the skills necessary to be successful making that contribution, and will be more likely to be recognized for their efforts.

For example, a child with a resilient temperament is more likely not to be frustrated by blocked opportunities and will keep on trying to find ways to make meaningful contributions. A child born with high intelligence is more likely to develop a wide variety of skills to help with their performance. A child with natural sociability will be more often recognized by adults and other children as a sought-after companion.

Implications for Prevention

The Social Development Strategy has implications for prevention programs. Prevention programs need to:

- **Strengthen children's bonds** by providing opportunities, skills and recognition. All three must be present for the program to be effective.
- **Reduce risk factors in a way that strengthens protective factors.**
- **Develop clear and consistent standards for behavior** across families, schools and communities.
- **Teach children the skills they need to be able to follow clear standards.**

The Social Development Strategy: At Work in the Family

If we want children to be bonded to the family they must be actively and meaningfully involved. They need opportunities to contribute to the family.

Opportunities might include helping to make family rules, making dinner once a week, or researching where the family can get the best buy on a VCR they've decided to buy.

Once children have been given the opportunity to contribute, they need the *skills* necessary to be successful. For example, if children are going to make dinner they have to have the skills necessary to measure ingredients, and use the stove.

Finally, they need to be *recognized* for their efforts to contribute to the family. Parents need to express their appreciation of a child's efforts to make dinner.

When these three conditions are met children are more likely to become actively involved with and bonded to their families.