Violent crime by juveniles is on the rise. According to the U.S. Department of Justice’s National Crime Survey, (National Research Council, 1993) 130,000 youth ages 10 to 17 were arrested for rape, robbery, homicide or aggravated assault in 1991. The 1991 figures are a 48 percent increase since 1986. Minorities, especially blacks, are very disproportionately both victims and perpetrators of violent crime (National Research Council, 1993).

Like the rest of the nation, Virginia has seen a rise in crime. In Virginia, crime has increased overall by 28 percent over the past five years. In rural Virginia, the rate of violent crime has increased by 22 percent. Law enforcement officials estimate that a murder, rape, robbery or violent assault occurs in Virginia every 23 minutes (Daily News Record, April 2, 1994).

Most of the violent acts sweeping the nation are not carefully calculated acts by professional criminals. Rather, the rise in crime primarily reflects a rise in youth violence and criminal acts. Single males under age 25 comprise the largest group of violent criminals. Arrests for violent crimes peak around age 18 and gradually decline thereafter (Visher and Roth, 1986, cited in National Research Council, 1993). Of single males under 25 engaged in violent crime, only one in 10 is educated beyond high school. Half have no job or only part-time employment. A third are known to abuse alcohol and a fourth are known drug abusers. This group committed 40 percent of the murders.

Nationally, over the last five years, arrest rates for juveniles age 13 to 17 increased 289 percent for murder, 47 percent for robbery, 58 percent for rape and 68 percent for aggravated assault (Daily News Record, April 2, 1994). Nationally, approximately 20 percent of rapes are perpetrated by juveniles (The Virginia Commission on Youth, 1994).

More youth are being detained and sentenced. Nationally, the number of juveniles in custody increased 31 percent from 1979 to 1989. The rise in juvenile crime is not just a recent phenomenon. Uniform Crime Reports show 144 percent increase in the number of youth under 18 arrested from 1960 to 1973 (Ibrahim, 1982). The increase in juvenile crime is occurring in spite of a decline in population. Youth population declined by 11 percent between 1979 and 1989. (OJJDP, 1992).

Virginia’s statistics reflect the national trends. In Virginia, despite a juvenile population that is decreasing, the crime rate among juveniles is on the rise. Arrests of Virginia juveniles (those under 18) for all violent crime have risen 60 percent over the last 10 years.

In 1982, juveniles comprised less than 1 percent of all Virginia drug arrests. Ten years later, the figure was 13 percent (over 1400 arrests). Also, in the 1992-93 school year, 805 students were found wearing electronic pagers at school and more than 750 incidences of drug possession in schools were reported. Grades seven to nine accounted for 62 percent of the drug possession. (Daily News Record, April 7, 1994).

Between 1987 and 1992, more than 23 percent of all Part I arrests (including rape, robbery and larceny) in Virginia were juveniles. In all, almost 53,000 juveniles in Virginia were arrested for Part I crimes over the six year period (Virginia State Police reports, cited in the Daily News Record, April 7, 1994). In Virginia, juveniles are responsible for 10 to 13 percent of sexual assaults. In fiscal year 1992, 370 juveniles were adjudicated for sexual offenses (The Virginia Commission on Youth, 1994). The Part I numbers do not include the nearly 1,500 juveniles in Virginia charged with weapons violations.

Virginia’s juvenile criminals are getting younger. Those in grades seven through nine comprised nearly 70 percent of those admitted to juvenile detention homes during a May 1992 study by the Virginia Department of Youth and Family Services.

Not only are youth increasingly the criminals, but youth are also increasingly victimized. Teenagers are crime’s most frequent target, according to a 1988 National Crime Survey (U.S. Department of Justice, 1991). For every 1,000 persons there were 67 violent crimes per year with teen victims, compared to 26 for adults and four for senior citizens. Although teens ages 12 to 19 are only 14 percent of the population over 12, teens are victims in three of 10 violent crimes and one of four thefts. Nationally, teenagers are victims of 1.9 million violent crimes and 3.3 million thefts annually. Homicide is now the most common cause of death for African-American youth (Commission on Violence and Youth, 1993).

For many youth, victimization is a consequence of the risks inherent in living in a highly criminal environment. For other youth, victimization is a consequence of direct participation in criminal activity. Thus, in some cases, the line between victim and offender is unclear.

The statistics send a message, according to the editors of Harrisonburg’s Daily News.
A New Prevention Initiative

Each year the incidence of child abuse and neglect increases, both nationally and in Virginia. Of particular concern is the rising death rate from maltreatment. When the official Virginia figures were released last fall the number of child fatalities for FY 1992-93 had risen to 40 — eight more than in 1991-92. This means that in Virginia a child dies from abuse or neglect every nine days. The majority are under two years of age.

Problems like developmental, learning and emotional disabilities, runaways, juvenile delinquency, truancy, prostitution, teen pregnancy, substance abuse and criminal behavior all have their roots in child abuse and neglect. The costs of handling these problems is enormous. Last year, Virginia spent nearly $35 million on children in foster care and $24 million on adolescents in detention centers. The correction budget this year is over $400 million. The costs — in financial and human terms — are staggering and will increase drastically over the next few years unless Virginia implements a broad-based program for preventing these problems.

The U.S. Advisory Board on Child Abuse and Neglect declared that child abuse and neglect was at epidemic proportions in 1991. Its major recommendation was to reach all new parents with home visitor programs that would offer them the support and information they need to parent well. The advisory board suggested the implementation of a model being used in Hawaii — a program called Healthy Start that has been in operation there for the past 10 years. High risk families are offered weekly home visitation by trained para-professionals for up to the child’s 5th birthday. The results are significant. Healthy Start has seen a 99.9 percent success rate in preventing child abuse and neglect. Contrast this statistic to that found by Dr. Kempe in 1972 and Dr. Olds (1986) who found an 18 percent to 19 percent abuse rate in similar high-risk homes if mothers were sent home without support or information.

The National Committee to Prevent Child Abuse (NCPCA) in cooperation with Ronald McDonald’s Charities has launched a national initiative to establish home visitor programs in 25 states as a mechanism to prevent child abuse. First-time parents want to be good parents and thus are receptive to support services, especially when those services are offered voluntarily and provided by trained people who reflect the culture and values of the parents. Because a child’s experiences during the first 5 years of life will greatly influence his or her chances of success in school and beyond, the national initiative recognized that the most timely, cost effective preventive intervention should be with first-time parents, beginning before or at the time of birth and continuing through the first years of life. While aimed at significantly reducing child abuse and neglect, this initiative will simultaneously improve the health and school readiness of children and have a long-term impact on reducing out-of-home placement of children, alcohol and drug abuse, teen pregnancy, school drop out, delinquency and incarceration.

Healthy Families Virginia

Virginia is fortunate to have a number of home visitor programs already in existence, each with a different target population. What possibilities for families lay ahead, if all home visitor efforts could come together and coordinate their services for families?

Are we naive to have such a vision? We do not feel so. Through the Comprehensive Services Act communities are being asked to collaborate and work together to meet the needs of overburdened families in order to avoid costly out of home placements. Imagine if we routinely reached out to every parent who delivered a baby before any negative parenting behaviors were established? Imagine if private, public, civic and church groups combined forces and established a safety net for parents? Imagine if a community could actually desigmatize asking for help? Hampton is doing exactly these things.

Healthy Start

The City of Hampton has made a commitment to have every child born healthy and enter school ready to learn. Through the Hampton Family Resource Project a three pronged initiative is being implemented. Healthy Start is reaching parents who are utilizing the health department clinics. Moms are offered voluntary home health visitors who will meet with them weekly to model parenting and bonding and help them access community resources as needed. Private obstetricians and pediatricians are being trained to refer some of their patients to Healthy Start for a home visitor as well.

Healthy Families

Healthy Families is an excellent example of partnerships at work to support families. The libraries have set up Young Family Centers in every branch. The books, games and parenting videos are widely circulated. Hampton Sentara Hospital is producing a Healthy Stages newsletter that will be sent to every new parent who delivers a baby in Hampton. The first-year developmental information will be sent to 3,000 parents at birth, 3, 6, 9, 12, 18, and 24 months and every six months after that until 5 years of age. Five hundred families will access the lunch and evening parenting series held in churches and libraries. Forty Parent Nurturing classes will be held this year reaching 620 families featuring pre-birth to 12 classes. Child care workers, foster grandparents and the general population will benefit from these classes and a number of businesses are allowing “comp time” to employees who attend.

In grades six through 10 the STOP program teaches pre-teens and teens about responsibilities and realities of becoming parents. Two video tapes have been produced by the City of Hampton, one about the Nurturing programs and the other about the overall Family Resource Project. These are being shown weekly on the public access TV channel.

The Healthy Families Virginia Initiative believes wholeheartedly that if we can reach all new parents with the support and information they need to parent effectively we can prevent child abuse and numerous other maladies. Most importantly, we can send out into the world healthy, productive young adults who will repeat a cycle of nurturing and competence.
Youth Violence

Continued from Page 1

Record. "... crime alone isn't the focus of the problem—kids are the main problem. Building more jails and hiring more cops may help, but the problems won't be solved until parents begin concentrating once again on building homes and families where proper and traditional values are honored and where criminals are perceived as thugs and not heroes" (Page 6, April 2, 1994).

In this issue, VCPN will examine factors thought to cause youth violence, focusing on the connection between youth violence and being raised in an abusive family. Prevention efforts will also be examined in a separate article (see "Preventing Juvenile Violence," this issue).

The Factors Behind the Teen Crime Wave

"Adolescents depend on families, neighborhoods, schools, health systems and employment and training opportunities, and these institutions are under severe stress" (National Research Council, 1993, Page 2). In the last 20 years, families, neighborhoods and support systems have changed.

Poverty

One substantial change is family economics. Between 1973 and 1990, the median inflation-adjusted income of families headed by a parent under 30 dropped by 32 percent. In 1991, nearly a fourth (23.1 percent) of all families headed by an adult aged 25 to 34 had incomes below the poverty level. Minorities were overrepresented with the percentage for whites at 18.6 percent, for blacks at 46 percent and for Hispanics at 38 percent (National Research Council, 1993).

The most consistent and typically the most powerful predictor of adolescent success and well-being is family income. Adolescents growing up in poverty are at high risk for health and behavioral problems, for school failure and for becoming involved in crime (National Research Council, 1993). Violence is more prevalent among those who are poor (Commission on Violence and Youth, 1993). For children from families with incomes under $15,000, the rate of physical abuse is 3.5 times greater, the rate of sexual abuse is six times greater and the rate of serious injury seven times greater than for children of more affluent families (Sedlack, 1988).

Single Parenting

A large increase in single parent households may account, in part, for the poverty level of young families. Over the past two decades, there has been almost a 40 percent increase in the number of female-headed households with children under 18. About half of all marriages end in divorce, twice the rate of 1960. About a quarter of all births are to unmarried women. The incidence of poverty for female-headed households is seven to eight times higher than for married couples with children (National Research Council, 1993).

Single parenting also reduces the time that parents are able to spend with children providing guidance, support and supervision. Lack of parental supervision is one of the strongest predictors of the development of conduct problems and delinquency (Commission on Violence and Youth, 1993).

Children without adequate supervision are high-risk for many problems, including sibling abuse (see VCPN, Volume 39), lowered school performance, increased delinquency, drug and alcohol abuse, early pregnancy, (see VCPN, Volume 13) accidents, as well as anxieties, fears, isolation and lack of positive interests and activities (Long and Long, 1983). At all socioeconomic levels, teens from single-parent and step-families are far more likely than those from two parent families to drop out of school, smoke, date early, be truant, run away and have referrals to juvenile court (National Research Council, 1993).

Teen Pregnancy

Teen pregnancy is related both to child poverty and to single parenting. Some studies have also found a relationship between teen parenting and both CPS referral and later delinquency referral (Alfar, 1978). In 1991, 53 percent of all Aid to Families with Dependent Children (AFDC) went to mothers who were 19 or younger when their first child was born. In 1991, Virginia spent nearly $285 million on Medicaid, AFDC and food stamps on families started by teenagers (Aware, April/May/June, 1994).

Teen pregnancy rates in Virginia have been declining for the past three years.

Still, more than 50 Virginia teens ages 10 to 19 become pregnant every day. In response, an effort called Campaign For Our Children/Virginia has begun. It is modeled after a successful Maryland program. Schools play a key role, but youth are also reached through television, radio and advertising. The Virginia Health Care Foundation and the Virginia Hospital Association have begun the campaign with $200,000 funding. Donated air time from TV stations is expected to total $4.6 million.

"Underclass" Neighborhoods

Not only have families changed, but so have neighborhoods. During the 1970s there was a 75 percent increase in the number of census tracts with concentrated poverty, and a 331 percent increase in the number of "underclass" neighborhoods. An "underclass" neighborhood not only has concentrated poverty but also shows a high degree of social disorganization (National Research Council, 1993). Numerous studies conducted in the 1970s and 1980s indicated that the environment can have a major impact on criminal activity (Commission on Violence and Youth, 1993; Wells et al., 1992).

Virginia, recognizing that residents of public housing are often at greater risk for crime and related problems, completed a statewide study in 1991 (Wells et al., 1992). The study found that the rate for violent crime is substantially higher in public housing communities than for the population at large. For example, in one Virginia locality, public housing accounted for 25 percent of aggravated assaults yet represented just 2.5 percent of the city's population. Virginia's Safe Neighborhood Program has been addressing these problems (see separate article.)

Public housing combines several risk factors for violent crime. The majority of the households are headed by a single parent. The family income level is well below average and the education level is below that of non-public housing residents. The report noted that some public and assisted housing communities have taken on characteristics of the "lawless" frontier towns depicted on television. Residents live in terror of the criminals who control the community. Residents fear reporting crimes to the police and have relinquished control of their communities to criminals and drug dealers. Youth growing up in this type of environment are easily drawn into crime.

Drug Abuse

While almost any youth may be at risk for substance-related problems, some young people are more vulnerable than others. Youth with mental health problems, who are abused or neglected, who are economically disadvantaged, who are...
school dropouts, who are antisocial, or who are conduct-disordered appear at increased risk (Bailey, 1990).

Troubled children are at increased risk to join a peer group that uses drugs or alcohol. Also, the use of substances deadens emotional pain, and vulnerable youth find this immediate reinforcement attractive (Sandberg, 1989). Jan Reed, court service unit director in Martinsville, Va., comments, “Any time the environment contains trauma and stress, if a teen lacks coping skills, alcohol or drugs can become an easy escape.” Using alcohol or drugs increases the likelihood of violent, criminal behavior. Thus, one can see an interaction between drug use and vulnerable children at risk for criminal behavior.

The growth in crack and cocaine distribution in the 1980s has placed additional stress on deteriorating neighborhoods. Some adolescents become directly involved in the use and sale of drugs. Those teens who are not participants are none-the-less influenced by drug-related activity. Some youth are victims of drug-related violence and many others become unable to engage in normal activities due to fear of violence.

The growth in the drug trade also offers opportunities for “success” and high earnings to young people who have few job skills, little status and little hope of a lucrative job. “Selling drugs can be a way to cope with poverty” states Steven Peed, Ph.D., a clinical psychologist at Virginia’s Beaumont Learning Center. “It’s difficult for us to offer these youth a legitimate alternative to making $1,000 a week dealing drugs.”

Crime, in general, has become an attractive alternative to working according to several sources (National Research Council, 1993). Although it is difficult to estimate earnings from illegal activities, poor, less educated young men engaged in crime probably net 2-to-4 times more money than do those who accept low paying jobs.

School Failure

High school dropouts are at particular risk for criminal activity. Dropouts are more likely than graduates to be functionally illiterate and unable to perform in a modern technological and service-oriented economy. At any given time, as many as 18 percent of all 18 to 24 year-old dropouts and 30 percent of 25-34 year-old dropouts are under the supervision of the criminal justice system (Freeman, 1991, cited in National Research Council, 1993).

Dropouts are more likely than those who graduate to be from poor families, living in single-parent households, have parents who do not participate in decision making for adolescent problems and live in urban areas (National Research Council, 1993).

However, it is not only those who leave school who are at risk for violent behavior. Schools are increasingly the setting for violent behavior. Incidents of violent behavior by students while in school are increasing sharply.

According to TV Guide (1992) the following were the seven top problems in public schools as identified by teachers in 1940 and 1980:

1940
- Chewing gum
- Cutting in line
- Dress-code infractions
- Littering
- Making noise
- Running in halls
- Talking out of turn

1980
- Alcohol abuse
- Assault
- Drug abuse
- Pregnancy
- Rape
- Robbery
- Suicide

One of the most frequently cited problems for educators is “community-based conflict” that is brought into the school building (The Education Summit, 1992, Page 3). Traditional training for school staff has not included training on how to handle violent youth or deal with incidents requiring law enforcement skills.

Thus, a child’s aggressive and disruptive classroom behavior contributes to poor school achievement. Those whose achievement is poor do not receive positive reinforcement, are at risk for dropout and are more susceptible to engage in criminal activity and join gangs.

In Virginia in the 1991-92 school year, 14,236 students dropped out. This is a 3.3 percent rate, which is a 31 percent improvement over the 1988-89 rate of 4.8 percent. Recognizing that dropping out is a serious national and statewide problem, the 1994 Virginia General Assembly designated the second week of September as “School Drop Out Prevention Awareness Week.”

Gangs

The typical gang member fits a profile. He or she shows poor academic achievement, is insecure about acceptance and personal safety, and has low self-esteem. The gang member perceives most adults and authorities as uncaring, selfish and dictatorial. Adults are not to be trusted and the gang member resents school and authority figures. The gang member has a need to be powerful and achieve, but has failed to find successful outlets through school. The gang member perceives school as boring and gangs as exciting (Arthur and Erickson, 1992).

Gangs offer a way to achieve money, status, power and a group identity. Gangs represent caring and protection. Gangs offer the opportunity to have fun, overcome failure and social rejection, experience excitement, share camaraderie, gain autonomy from adults and otherwise feel good. The difference between gangs and the Boys Scouts is that gangs approve of and encourage activities that are counter to the public good and often criminal in nature.

Gangs are the leading cause of gun violence in schools (Smith, 1990). Homicide and aggravated assault are three times more likely to be committed by gang members than by non-gang delinquents (Commission on Violence and Youth, 1993). It is worth noting, however, that the most serious forms of violence tend to occur when a juvenile offender is alone (Crowe, 1991). Thus, a community need not have formal gangs to experience problems with serious habitual juvenile offenders.

According to some Virginia professionals, gang violence is becoming more common. Jayne Offenbaker, a specialist in treating violent juvenile sex offenders, is a seven-year veteran of Beaumont Learning Center’s Behavioral Services Unit. She comments, “We are seeing more youth who have used weapons, especially guns and knives and more gang violence. Most of our youth come from very dysfunctional family backgrounds.”

Gun Availability

The ready availability of guns was cited over and over as a major factor in increased youth violence. References to gun availability were from government reports, Virginia studies and in interviews with Virginia professionals.

The report by the Virginia Association of School Superintendents (The Education Summit, 1992) cites “easy accessibility to handguns whether by illegal purchase, gift or by acquisition in their homes because of negligent security efforts by adults.” (Page 14) The report concludes that “the increased availability of guns cannot be ignored.” (Page 14)

According to an American Psychological Association report (Commission on Violence and Youth, 1993), guns are involved in 75 percent of adolescent killings. In incidents involving guns in schools, the adolescents themselves are responsible for most of the offenses that occur with students over 12 as victims (82 percent of offenders were other students in one study by Smith, 1990). Incidents of gun violence in school are caused by gang/drug activity, continuations of long-standing disagreements, playing with or cleaning guns at school, disagreements over possessions and romantic disagreements. Ryan Rainey, senior attorney with the National Center
for the Prevention of Child Abuse, comments, "The school yard fight has escalated into lethal violence because of the availability of guns."

From September 1986 to September 1990, the Center to Prevent Handgun Violence documented the following incidents in schools: at least 75 people were killed by gunshot, 201 severely wounded by gunshot and 242 individuals held hostage at gunpoint.

In a 1991 study by the National Institute of Justice, based on a survey of 1,600 young men in several states, 83 percent of incarcerated male juveniles reported that they had easy access to guns. About 65 percent of the offenders and 15 percent of all students owned three or more firearms. Most firearms were large caliber and had been acquired on the street. A Tulane University study of 758 youth at 10 urban high schools found that 70 percent had a gun at home, 45 percent had been shot at or threatened by a gun while traveling to or from school and 42 percent had friends who routinely carried guns (Youth Today, January/February 1994).

Few states have published ongoing data on gun confiscation in schools. Students carry an estimated 270,000 guns to school every day (Commission on Violence and Youth, 1993). Available data show a rise of about 100 percent over four years in incidents (50 percent at the elementary level, 80 percent in middle schools and 142 percent in high schools). The vast majority of confiscated weapons come from the students' homes.

Until the 1991-92 school year, the Virginia Department of Education did not keep statistics on violence and substance abuse in public schools. For 1992-93, there were no in-school student shootings, but three stabblings were reported. There were 186 firearm incidents among the 2,313 weapons possessions. Nearly half of the weapons possessed were in grades seven to nine.

A disproportionately high number of handguns are owned by students who drop out of school. Handguns brought to school are likely to be in the possession of students with prior problems of assault and battery, drug use, expulsion or suspensions (Commission on Violence and Youth, 1993).

Media Violence

If modeling is an important way of learning, then a major source of role models is television. Violence is a pervasive major feature of contemporary television programming; and according to a TV Guide report (1992), more televised violence is reaching children than ever before.

The figures are truly mind-boggling. In a single 18 hour viewing day, those watching television witnessed, on average, more than 100 acts of violence per hour. Given that the average household has a television on for seven hours a day, (Gerbner, 1994) the potential is for the average child to view 700 violent acts per day. Using a more conservative estimate of four hours per day of viewing (Commission on Violence and Youth, 1993) then the daily program of violence becomes 400 plus incidents.

Does TV violence cause real violence? A National Institute of Mental Health study (1982) concluded "Violence on television does lead to aggressive behavior by children and teenagers who watch the programs ..." (Cited in Hickey, 1992, Page 3). Ten years later, an American Psychological Association (APA) report "Big World, Small Screen" states much the same conclusion, "since 1955, about 1,000 studies, reports and commentaries concerning the impact of television violence have been published ... the accumulated research clearly demonstrates a correlation between viewing violence and aggressive behavior ... Children and adults who watch a large number of aggressive programs also tend to hold attitudes and values that favor the use of aggression to solve conflicts. The correlations are solid." (Cited in TV Guide, 1992, Page 4)

A more recent APA report (Commission on Violence and Youth, 1993) states, "There is absolutely no doubt that higher levels of viewing violence in television are correlated with increased acceptance of aggressive attitudes and increased aggressive behavior ... In addition, prolonged viewing of media violence can lead to emotional desensitization towards violence" (Page 33).

Television violence may have only a small impact on some children, but a very large impact on others. Urban, poor children who lack male role models to counter the violent television super hero may be most at risk. Aggressive children who have trouble in school and in relating to peers tend to watch more television ... [The] effects are both short-term and long-lasting: A longitudinal study of boys found a significant relation between exposure to television violence at 8 years of age and antisocial acts — including serious, violent criminal offenses and spouse abuse — 22 years later" (Commission on Violence and Youth, 1993, Page 33).

Based on her work with violent juveniles, Offenbacher observes, "The kids identify with media figures. It gives them a sense of power. Since they lack personal power, these kids latch onto an image of power."

Continued on Page 6

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**Assessment Tool**

**Dropout Prediction and Prevention** by Clarence E. Nichols and Rochelle E. Nichols, 1990, manual and copy of forms, $15.50; forms, $4 for 25.

Available from: Clinical Psychology Publishing Company, Inc., 4 Conant Square, Brandon, VT 05733, (802) 247-6871, (800) 433-8234

This short prediction scale was developed to identify at-risk students. The accompanying prevention program was designed to decrease the number of dropouts. The scale is applicable to grades eight through 12. It requires approximately five minutes to complete and hand-score the instrument. The data is obtained from records rather than interviews. Validated on 400 students, the measure is 91 percent accurate in identifying those who will graduate. The manual is extremely helpful in assisting schools not only in identifying at-risk students but also in creating interventions that are effective in preventing dropout.


Available from: Rose Greenspoon, Office of Prevention and Children's Resources, DHM/HF/SAS, P.O. Box 1797, Richmond, VA 23214

Editors of TV Guide have published a report that includes a discussion by a panel of experts, a message from Senator Paul Simon, a study of the amount of TV violence and a summary of data on whether TV violence causes real-life violence.

**Gangs and Schools by Richard Arthur with Edsel Erickson, 1992, 192 pages, $16.95 (soft),**

Available from: Learning Publications, Inc., 5351 Gulf Drive, P.O. Box 1338, Holmes Beach, Fl. 34218, (800) 222-1525, Fax: (813) 779-6818

The author condenses 35 years of experience as an educator (teacher and principal) dealing with gangs into a very readable book. The reader learns why youth join gangs and how to reach out to gang members. There is much that schools can do to meet student needs for caring and affiliation. The book describes how to help students feel valued and worthy, achieve competence and feel ownership with their school.

**Violence in Schools by the Education Summit, October 1992, 33 pages, free.**

Available from: Virginia Association of School Superintendents (VASS), 405 Emmet St., Charlottesville, VA 22903, (804) 924-0538

The recommendations in this report represent a consensus of seven Virginia associations of professional educators. The report is concise, well-documented and offers many concrete ideas for creating safe schools.
The Child Abuse Connection

Most everyone watches television. Not all become violent. Many children survive poverty to become productive citizens. While parenting by oneself is difficult, many people do the job well. When one asks which children are most vulnerable, another prominent factor appears again and again — lack of nurturing.

A basic need of every human is to be loved, cherished and cared for. When that need is not met, serious consequences result. Risks of long-term damage for child abuse victims have been well documented. Even so, much more needs to be learned about the ways being a victim of abuse may, in particular, increase a child’s likelihood of becoming a violent teen. Most abused children will not become abusive themselves. However, the majority of violent offenders have a history of being child abuse victims.

When adolescents aren’t nurtured and protected by their families, culture or society, their developmental needs of acquiring personal power, self-efficacy and individual and group identity aren’t met. As a consequence, youth become susceptible to the influence of aggressive television or video where violence is used as a means of control and power (De Angelis, 1993).

Research efforts aimed at understanding the connections between child abuse and later violent behavior are replete with problems. Defining both “abuse” and “delinquency” is difficult. Neither have standard or accepted definitions. Many studies, by necessity, use official records of courts, social services or hospitals. Records may not document information in the needed format. Information gathered by retrospective interview can overestimate or underestimate the presence of abuse. It is difficult, if not impossible, to find comparison groups that match abused delinquents on all the many relevant variables such as socioeconomic class, social isolation, family relationships, family composition, stress factors, peer groups and school achievement. Some studies are based on small samples. Widon (1989b) is especially critical of “the persistent transmission of confident conclusions in this literature with little regard to the data or lack thereof” (Page 24).

Given the numerous problems, it is a bit surprising that findings are very consistent. Most available research suggests that, for males, being an abused child is a large risk factor for later violent behavior. A history of severe child abuse and neglect has been well documented in violent youth (Allfaro, 1978; Burgess et al., 1987; Cunninghan, 1983; De Angelis, 1993; Dembo et al., 1992; Dodge et al., 1990; Garbarino and Gilliam, 1980; Howling et al., 1990; Lewis et al., 1979; Rosenbaum, 1989; Vachss, 1990). The degree of violence exhibited by the teen is associated with the severity of abuse experienced as a child (Lewis et al., 1981).

Female victims of sexual abuse have an increased risk of engaging in delinquent or criminal activities (McCormack et al., 1986, National Center for Missing Children, 1993). However, research suggests that female victims of abuse are more likely to become self-destructive while male victims are more likely to become aggressive. The majority of adolescent girls who encounter the juvenile justice system are referred for acts such as vagrancy, running away, curfew violations, substance abuse and prostitution. Such delinquent activity has been seen by some as an act of disclosure or “cry for help” (Bowers, 1990). Fewer than 2 percent of females arrested are charged with violent crimes. However, aggressive delinquency among females has recently been increasing somewhat (Garbarino and Gilliam, 1980).

Female abuse victims may be more likely to receive mental health treatment while males are referred to the justice system (Dutton and Hart, 1992). This sex-typed pattern is consistent with that found for deviant behavior in general.

The majority of abused children have also witnessed violence towards others. Some have seen their mother slashed with a knife, siblings tortured or family members attack each other (De Angelis, 1993; Dutton and Hart, 1992; Lewis et al., 1981).

Only a few studies have followed samples of abused and neglected children to determine their outcome. Allfaro (1978) checked the records of 5,000 children in eight New York counties who were reported in the 1950s as abused. Only a minute fraction of the families in the counties in the study were reported for child abuse or neglect in the 1950s sample. Yet half the families reported for abuse or neglect had a child involved 20 years later in a delinquency case. This figure is likely a conservative estimate due to families moving out of the area. Thus families reported for abuse or neglect accounted for a disproportionately high number of delinquent children. In Allfaro’s study, from 21 percent to 45 percent of delinquent children had an earlier CPS referral. Further, Allfaro found that delinquents with prior CPS complaint were most likely to be charged with committing violent acts.

Other researchers have found a direct link between severe physical punishment and later aggressive male delinquency. For instance, Widon (1989) found that adolescents who were abused were twice as likely to be arrested for a violent offense. Dutton and Hart (1992) found that physical abuse significantly increased the risk of all types of violent offending and particularly for physically assaulting family members. Sexual abuse increased the risk, but only for sexual violence. Some abused children had been removed from their biological home and placed with foster parents (Rosenbaum, 1989). These children had a somewhat lower risk for later violence (Widon, 1991).

Parents whose children become aggressive tend to treat them in similar ways. The fathers are typically hostile to and rejecting of their sons, express little warmth for them, and spend little time interacting with them. Parents of delinquents have been shown to be either neglectful and lax in discipline, overpunitive, or move back and forth between these two approaches (Garbarino and Gilliam, 1980).

Family dysfunction is very apparent to workers in Virginia’s criminal justice system. Ronald Belay, director of the 29th District Court Service Unit in Pearsburg, comments, “When we examine the past history of the child, we usually find abuse.” Comments Patti Magnone, chief youth advocate for the Department of Youth and Family Services, “I think there is a direct correlation between child abuse and violent behavior. Youth who have not had an opportunity to learn in a safe environment can’t work through the dilemmas of adolescence.”

Lack of supervision can also be a causative factor in delinquent behavior. Children who believe that their parents are unaware of their whereabouts are more likely to have committed delinquent acts (Garbarino and Gilliam, 1980).

Often, delinquent youth have been abused or neglected but not reported to the child welfare system. By the time an incident brings them before the court, the youth is beyond control of parents and not responsive to local outpatient service providers. Often the community lacks the intensity of services required; thus, the corrections system becomes the custodial parent (National Research Council, 1993).
Why Does Abuse Lead to Aggression?

"Violence does not simply appear mysteriously and full-blown in an adolescent," asserts Ronald Slaby, Ph.D., of Harvard University (De Angelis, 1993, Page 40). Somewhere in their history, young people who commit violence have learned that "violence is an appropriate way to solve interpersonal problems, vent frustration and get material rewards one feels one deserves but has not attained," adds Leonard Eron, Ph.D., of the University of Michigan's Research Center for Group Dynamics (De Angelis, 1993, Page 40).

There are several ways that being a victim might lead to later violence. Two theoretical models — attachment theory and social learning theory — offer explanations.

According to attachment theory, a child who is abused can develop a "working model" of the world as a threatening place. In trying to defend against a hostile world, the child can become hypervigilant. Such an orientation predisposes the child to misinterpret others' behavior and respond with aggression. Research has consistently shown that youth with weak bonding with their parents are more likely to be delinquent (Howing et al., 1990; Rosenbaum, 1989).

Social learning theory suggests that victimization teaches the child that there are two choices — to be aggressive or to be hurt. The child who does not want to be victimized believes he or she must be dominant to avoid being a victim. Revenge can also be a motive. By hurting others, the victim can "even the score" in his or her own mind.

The idea that modeling can perpetuate the "cycle of abuse" is a common idea in the literature (Howing et al., 1990; Widon, 1989). Feelings of anger and resentment foster retaliative feelings. Modeling, by reenacting the abuse on a weaker victim, can provide a sense of mastery, control and superiority (Burgess et al., 1987).

Andrew Vachss, an attorney with a background in public health and social casework offers his own formula. "Criminals are made, not born... The formula is frighteningly simple: Take child abuse or neglect... either ignore or exacerbate the situation. Time will do the rest" (1990, Page 5).

Cause or Effect?

Clearly, child abuse and violent delinquency are related phenomena. The evidence is strong that children who are physically abused display elevated levels of aggressive behavior and that there is a significant association between child abuse and violent delinquency (Howing et al., 1990).

The relationship may not be causal, however. Widon (1991) notes "the major-

1994 Legislative Studies

The 1994 Virginia General Assembly passed a number of resolutions that request studies on violence prevention issues. These studies will be completed by legislative committees comprised of Senate and House members, state agency representatives and other citizens.

HJR 213: School Crime and Violence
HJR 235: Dropout Prevention
HJR 268: Juvenile Sex Offender Data Base
HJR 279: Commission on Family Violence
HJR 282: Commission to Stimulate Personal Initiative to Overcome Poverty
SJ 56: Commission on the Reduction of Sexual Assault Victimization
SJ 130: Early Intervention Services

In addition to the study resolutions, the General Assembly passed several non-study resolu-
tions that pertain to violence prevention.

HJR 99: Gun Free School Zones
HJR 222: Conflict Resolution Training for Schools
HJR 382: School Dropout Awareness Prevention Week

The following studies of interest presented to the 1994 General Assembly are now available from the Bill Room, Legislative Services, Virginia Assembly Building, Capitol Square, Richmond, VA 23219.

House Document No. 32A: Study of Alternative Education in Virginia
Senate Document No. 7: School-to-Work Transition Programs

The Study of the Feasibility of Mandatory Monitoring of Juvenile Sex Offenders for Ten Years by the Virginia Commission on Youth, 1994, 40 pages, free.

Available from: Virginia Commission on Youth, General Assembly Building, 910 Capitol St., Suite 517B, Richmond, VA 23219, (804) 371-2481, Fax: (804) 786-6310

The 1993 Virginia General Assembly requested this study because of recommendations made by the Commission on the Reduction of Sexual Assault Victimization in the Commonwealth. The commission found that ongoing support, aftercare and monitoring appear essential to maintaining treatment gains after successful completion of an offender-specific treatment program. However, most juvenile offenders are reluctant to participate in treatment and monitoring once beyond the jurisdiction of the juvenile court. This study examined the feasibility of establishing a 10-year, court-based follow-up for juvenile sex offenders. The report did not recommend increasing the jurisdiction of the juvenile court.

Individual Child Factors

There is some evidence that inherited traits or physical conditions mediate violent behavior. Widon (1991) maintains that individual child characteristics have consistently been found to predict delin-
quency and adult criminality. She cites numerous studies showing that early problems and aggressive behaviors predict later aggression.

Antisocial personality disorder (which is diagnosed only if the person is 18 or older) is manifested by a pattern of con-


Available from: DMHMRAS, Box 1797, Richmond, VA 23214, (804) 786-1530.

In May 1991, the Secretary of Health and Human Resources convened the Virginia Council on Teen Pregnancy Prevention. Composed of 25 multidisciplinary members, the council reviewed previous action to address teen pregnancy in Virginia. The council also discussed statistical trends, medical and economic implications of teen pregnancy and prevention efforts in other states. Six local issues were identified. An action plan, including background information and rec-

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Preventing Juvenile Violence

There are well over 5,000 local community crime prevention programs in operation throughout the country. Many of these focus on preventing violent crime and juvenile violence. Which program is “best” depends on goals, target populations, problems and needs of a particular community (NCPC, 1992a).

It is clear that violence prevention must begin early. If a child arrives at age 6 or 7 with self-confidence, love of learning, zest for life, healthy, attached to caring parents and with friends, even severe trauma, deprivation or abuse will likely be insufficient to totally undermine that child’s foundation.

Early parent nurturing is crucial. To develop properly someone must love each child and meet that child’s developmental needs. Early nurturing is to child development what salt is to baked bread. Salt must be added, mixed in and baked with the bread. If it is missing in the original recipe it can’t simply be sprinkled on top.

Many potentially effective interventions aimed at preventing youth violence have been developed. Most are too recent to have long-term data available to judge the ultimate effect on rates of violence. Even so, preliminary data offers guidelines for effective efforts (APA Commission on Violence and Youth, 1993; National Research Council, 1993).

Promising programs include several features:

• They start as early as possible to interrupt the “trajectory towards violence.”
• Aggression is considered as part of a constellation of antisocial behaviors which include academic problems, poor interpersonal skills and cognitive deficits.
• The interventions occur in multiple settings of family, school, peer groups, media and the community and teach parents to make use of existing social supports and community services.
• The program takes advantage of opportunities offered by transitions such as birth, entry into school, preschool or adolescence.
• The interventions use direct, aggressive outreach.
• Interventions work with the entire family and seek to empower parents.
• The prevention services are sufficiently comprehensive and intense to impact high-risk behaviors (APA Commission on Violence and Youth, 1993; Darrow, 1992; National Research Council, 1993).

Several program models are showing strong promise. The “home visitor” programs (piloted in Virginia as Good Beginnings programs or Healthy Start programs), which include support throughout the prenatal and postnatal periods, have shown evidence of long-term positive impact, improving parenting skills and significantly lowering reports of child abuse (APA Commission on Violence and Youth, 1993; NCPCA 1988).

Virginia has recently received a major grant from the Freddie Mac Foundation to boost the number of Healthy Start programs. (See Barbara Rawlin’s column, “Virginians for Child Abuse Prevention,” this issue).

A second program model with promise is preschool programs such as Head Start. Programs with comprehensive services report the best results. However, outcome measures on these programs typically do not include measures of incidence of violent behaviors. Therefore, it is speculation that suggests that beneficial effects carry over into violence prevention.

Support for parents of older children is also crucial. “Parenting support and outreach programs may no longer be a luxury” (Violence in Schools, 1993, Page 5). In-school prevention programs, such as those to teach drug abuse awareness or pregnancy prevention show promise.

Alternative education, school attendance projects and early diversion programs are crucial. Judge David B. Mitchell of the Baltimore City Circuit Court comments, “almost every person that comes before the juvenile and criminal systems has dropped out of school or failed to attend school. As long as you don’t attack the attendance problem, you’re going to cultivate a class of criminals” (OJDFP, 1993, Page 13).

Programs that assist youth who are entering the labor market need to be expanded. Transitions from school to work needs to occur in a systematic fashion (National Research Council, 1993).

Two recent (1994) Virginia legislative studies address this need. School-to-work Transition Programs (Senate Document No. 7) and A Study of Alternative Education in Virginia (House Document No. 32) offer a national overview as well as data on Virginia’s programs. Recommendations are offered. Both documents are available free from Legislative Services, General Assembly Building, 910 Capitol St., Richmond, VA 23219.

At-risk, troubled youth need to be identified early and offered intensive intervention by skilled professionals. The complexity of the problem requires both experience and sophisticated understand-
Violence

...ing of interventions. Thus, it is not surprising that staff members with graduate degrees are more likely than staff with less training to be successful in diverting youth from continued court involvement (National Research Council, 1993).

Finally, confidence in law enforcement and the juvenile justice system is needed. Communities need to feel that police and courts have respect from all segments of society and that ongoing open communica-
tion exists between community leaders and the justice system (National Research Council, 1993).

Virginia's
Prevention Initiatives
Virginia is responding to youth violence in many ways. Changes in the juvenile court system (see main article, this issue) is one response. Formation of community intervention teams through the Comprehensive Services Act (see VCPN, Volume 38) is another response. Prevention and early intervention efforts are a third response, and these are very promising. Several committees and commissions are studying key violence prevention issues (see “1994 Legislative Studies,” this issue).

Office of Prevention and Children's Resources
In an effort to coordinate all prevention efforts, the Office of Prevention was established in 1981 as part of the Department of Mental Health, Mental Retardation and Substance Abuse Services (MHMRSSA). The Office of Prevention has spearheaded a number of initiatives. For example, in 1988 the Office published a plan for prevention services for youth 0 to 18 designed to prevent emotional and mental disorders.

In 1991, the name was changed to Office of Prevention and Children's Resources. The office publishes a bimonthly newsletter, Aware which reports on legislation and efforts concerning children and prevention. They also publish a "Prevention Funding Information Bulletin" that lists state, federal and private funding sources. The 1993-94 edition is now available. Call (804) 786-1530 or write to the Office of Prevention and Children's Resources, DMHMRSSA, P.O. Box 1797, Richmond, VA 23214. For copies, call (804) 221-0777, Fax: (804) 786-4146.

Virginia Partnership for the Prevention of Youth Violence
One very promising approach is a state wide, inter-agency, public-private partnership of over 50 members who have formed the Virginia Partnership for the Prevention of Youth Violence. Started in 1992, the group has already achieved an impressive record of accomplishments.

In 1992, a statewide youth violence prevention conference was held in Richmond. Attended by over 400 individuals, the conference raised awareness and disseminated information. A "Directory of Virginia Youth Violence Prevention Programs" was published in 1993 with support from the Office of Prevention and Children's Resources (see review, this issue). Plans are already underway to update this directory. This year, the partnership has also sponsored a bimonthly forum, the Prevention of Youth Violence Forum, held in Richmond at the police academy. There is no charge to the 225 individuals who attend the focused presentations. Two national and two local prevention programs are featured at each forum. The presenters are volunteers and even pay their own expenses.

For more information about the Virginia Partnership for the Prevention of Youth Violence, contact Hope Merrick or Bill Poch, both at the Office of Prevention and Children's Resources.

Survey of Prevention Programs
VCPN contacted 11 prevention programs listed in the "1993 Directory of Virginia Youth Violence Prevention Programs." The programs represented a wide spectrum of activity, ranging from in-school programs to shelters for battered women to preschool interventions. Most focused on school-aged children. The programs ranged from one that served a dozen youth to a program that reached over 33,000.

Despite the wide range of services and goals, program directors responded in a uniform way to key issues. No program had difficulty in targeting youth-at-risk. Programs also reported excellent involvement of youth in the intervention with minimal drop-out rates.

Perceptions of youth at risk for violence were very similar. Every director but one who responded "do not know" felt that there was a link between child abuse and later violent behavior. A little but two (over 80 percent) felt there was connection between youth violence and substance abuse.

Families of at-risk youth were described in similar terms. One director had no contact with families. Of the remaining 10, all cited poverty as a major problem related to youth violence. Half mentioned the impact of substance abuse of parents or caretakers. Over 40 percent felt that limited education and a preponderance of single-parent households were major problems.

Over and over directors of prevention programs stressed similar themes. Prevention needs to focus on the whole family and equip parents with skills. Prevention needs to begin early.

References Available Upon Request
Youth Violence
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continued antisocial behavior not due to mental retardation, schizophrenia or manic episodes. Results of studies of twins and of adopted children provide strong evidence that genetic factors play a role in the development of antisocial behavior (Holmes, 1991).

Those with inadequate impulse control may also incur risks for violent, aggressive behavior. For example, children with attention deficit hyperactivity disorder (ADHD), when combined with other risk factors such as conduct problems in the early years, may incur increased risk of delinquency and violence (Commission on Violence and Youth, 1993).

Impulse control problems can interact with other factors. For instance, a child who has both impulse control difficulty and who also has access to a gun is more likely to become violent. Those who are drinking or using drugs increase the risk even further.

Neurological abnormalities have been documented in samples of violent, aggressive youth. For example, Kavvaki and colleagues (1982) compared 54 delinquents in Massachusetts to a group of 51 controls. The delinquent children showed a greater number of neurological problems, difficulty in visual processing and auditory language problems.

A number of studies have documented a higher presence of several problems in violent youth. Findings include an increased likelihood of paranoid symptoms (Lewis et al., 1981) presence of auditory or visual hallucinations (Lewis et al., 1981), major neurological signs (Lewis et al., 1981; Zagar, 1990), abnormal EEGs (Lewis et al., 1981), symptoms of psychomotor epilepsy (Lewis et al., 1981; Lewis et al., 1988; Michaels, 1961; Woods, 1961; Zagar, 1990) and the presence of substance abuse (Dembo et al., 1992a; Dembo et al., 1992b; Dembo et al., 1988; Miller et al., 1989).

A study of incarcerated youth (Lewis et al., 1979) found those youth in jail were more likely to have sustained severe injury to the head or face, were more likely to have shown perinatal difficulties and a prior history of psychiatric treatment. A significant combination of early central nervous system trauma, parent pathology, social deprivation and severe abuse and neglect was evident. One factor alone did not appear sufficient to cause violent behavior.

"Survivors"

Another way to examine the influence of individual child factors is to study abused children who have positive outcomes. What factors account for resilience?

In her review of literature, Widon (1991) identified a number of variables that protect against or offer some protection against negative outcomes. Protective factors included: low stress in current life, high IQ, small family size, absence of marital discord and absence of separation from parents. Males without criminal records had siblings who lacked behavior problems, parents without legal involvement and low ratings on "daring."

Widon's 1991 study of 772 abused or neglected children found that females, whites and subjects without behavior problems were likely to avoid arrest. Males were 2.5 times more likely, blacks were 2.7 times more likely and those with behavior problems 8.16 times more likely to have an arrest record. Females with arrest records were more likely to have behavior problems and an early pregnancy. A mother with a criminal history increased the risk of delinquency for her children.

Widon's findings were similar to Kruttschnitt et al. (1987). Their study of abuse-resistant youth found that an overall lack of caring and nurturing had a strong deleterious effect on child development. A combination of physical abuse and emotional neglect was most likely to produce antisocial behavior. The family history of criminal behavior was a predictor. Support systems were also important. In particular, involvement in team sports was helpful in avoiding delinquency. If the environment did not counterbalance the abusive home, later violent criminal behavior was probable. There was increased risk (but not reaching customary levels of significance) for families with alcoholic fathers, illegitimate children and multiple fathers of the children.

Child abuse is a very important component, however, because a history of abuse is so common in violent offenders. It is also noticeable earlier than factors such as substance abuse, weapons involvement or school failure. This suggests that intervention, early detection and prevention efforts that are effective in eliminating child abuse may also significantly impact on the number of violent criminal offenders.

Intervention

One difficulty faced by treatment professionals considering remediation of youthful violent offenders is the lack of proven treatment techniques. Research has repeatedly demonstrated that traditional court processing, probation and punishment systems are not effective in preventing delinquency or in rehabilitating young offenders (Crowe, 1991; Erickson, 1992).

However, less than half the youth with serious antisocial behavior will continue criminal conduct into adulthood (Kazdin, 1987). Given enough time, some adult offenders "age-out" or "burnout," demonstrated by the drop-off in offenses as males approach middle age.

Residential treatment programs for adolescents can show important short-term gains. However, these are often lost if the adolescent is returned to an environment that supports delinquent behavior (Erickson, 1992).

Peed comments, "As I work with youth, I'm impressed with the fact that larger community supports have deteriorated and often just aren't there for these teens. There are a large number with single parents or no parents. It is striking that there are no appropriate male role models. A significant number that return home go back into the same situation that caused the original problems. The gains that the youth have made are still fragile and there is a feeling that some have little chance of maintaining the changes."

Successful intervention does appear possible for preadolescent youth, especially if active parent involvement is maintained and if sustained, multimodal treatment is employed (Commission on Violence and Youth, 1993; Kazdin, 1987). No single form of treatment can address the wide range of dysfunction in families. However, also, antisocial conduct may require regular intervention over years, just as managing a chronic physical condition requires ongoing attention.

It is clear that intervention, in the form of treatment for abused children, has for the most part, simply not been tried. There is a paucity of services, and what is available is generally directed toward the parents, not the child victim. For example, Alvaro (1978) found that in the 1950s samples, through 75 percent of cases were "founded" (judged to be true complaints), less than 7 percent of CPS cases received any service and fewer than .1 percent
received any service except general casework supervision. In the 1970s sample, little had changed. About 12 percent received casework supervision and only 1.2 percent received additional services.

While some improvements in services have been made since the 1970s, many communities still lack child clinical therapists in public facilities. The majority of current therapy efforts for families with problems of child abuse and neglect concentrate on the parents, with the idea that improvements in parent functioning will benefit the child.

Early detection is important, according to Loss. He explains, "For juvenile sex offenders in particular, it is important that the offending be identified and reported early. The youth must be held accountable and prosecuted if necessary. Placement and/or ongoing, specialized intensive treatment is needed. All treatment should occur under court supervision.

Alarmed by increasing crime rates and the fact that youth are committing more serious offenses at a younger age, some have advocated measures such as lowering the age at which a youth can be considered an adult, extending the jurisdiction of the juvenile court and establishing a juvenile parole board. These strategies are popular because the public believes that the current system of dealing with serious juvenile offenders is not working (Virginia Commission on Youth, 1994).

Responding to these concerns, the 1994 Virginia General Assembly did lower the age of transfer to criminal court from 15 to 14 years of age. This legislation may result in very little actual change in practice, however, according to Stan Orchowski, Ph.D., of the Criminal Justice Research Center of the Department of Criminal Justice Services. "The situation now," explains Orchowski, "is that the closer a child is to 18, the more likely he will be transferred to the adult court. Thus, many 17-year-olds, some 16-year-olds and only a few 15-year-olds are transferred each year. Lowering the age to 14 will likely result in a yearly increase of only a few cases."

In fact, national studies support Orchowski's observations. According to an OJJDP report on serious habitual juvenile offenders (Crowe, 1991) a number of studies have found that transferring juveniles to adult court has made little difference in convictions and sentencing. This report concluded that transfer to adult court may not be the only or best answer.

The legislation also mandates that a considerable amount of information be gathered on the youth considered for transfer. The court is to be provided with information such as the past history of offending, school records, mental health history, physical health history and prognosis for treatment. "The court is now forced to look at the child's history and pattern of offending as well as 13 other factors," states Nancy Ross, executive director of the Virginia Commission on Youth. "The court also must perform an annual review for all juveniles classified as serious offenders." Ross believes these changes will strengthen the juvenile court system's ability to deal with serious juvenile offenders.

The 1994 Virginia General Assembly also broadened the powers of the juvenile court. Juvenile judges can now impose sentences for up to seven years. Typically, juveniles were sentenced "indeterminately," meaning they could be held up to age 21. However, in practice, according to Orchowski, the typical Virginia juvenile served a six to nine months sentence and was then released. For a juvenile classified as a serious offender to be released earlier than specified, the department now must petition the court for a hearing.

Not everyone is calling for stiffer sentencing. Robert E. Shepherd Jr., professor of law at the University of Richmond, prefers the development of more effective programs within the juvenile justice system. Shepherd states, "I fear we are ignoring that which we know is effective in reducing delinquent behavior by antisocial youths in an effort to show that we are 'doing something about crime.' I would rather we 'get smart' than 'get tough' in addressing the increasing problem of serious and violent juvenile offending. We need to be focusing our sights on and placing more resources in prevention rather than simply interdiction."

Virginia is already a liberal user of detention for juveniles. The most recent statistics available (1988) ranked Virginia as second compared to states with similar population, with 83 beds per 1,000 eligible.
Children Who Kill

Categories of Juvenile Murder

Studying juvenile murders is a daunting task. Since court proceedings in juvenile courts may be closed to the public and records protected by confidentiality, information about the crime may be difficult to obtain. Very young children who kill (those under 7) may not even be prosecuted because of presumed inability to form criminal intent.

Many clinicians and researchers have encountered only a few cases of juvenile murderers. Thus, reports and studies may have samples of 10 or less subjects (Carele and Watson, 1964; Corder et al., 1976; Duncan and Duncan, 1971; Easson and Steinhiber, 1961; Lewis et al., 1985; Michaels, 1961; Palusany and McNabb, 1975; Post, 1982; Sendi and Blomgren, 1975; Schel and Mark, 1966; Smith, 1965; Tooley, 1975; Woods, 1961). Further, some of these case reports focus on children referred for evaluation for an insanity defense or for incarceration in a residential center for treatment. Such youth may not be typical of the larger population of juvenile murderers.

Sorting through information about juvenile murder is also difficult because some studies have subject pools that include those who kill parents (parricide), those who kill while committing a crime such as a robbery, those who kill strangers and those who kill during gang violence. Some studies of parricide include both juveniles and adult children. Juvenile murders may differ drastically from each other. Studies which mix types of murders, even if they contain larger sample sizes and/or control groups of non-violent offenders, can fail to identify important variables that impact on intervention and response to treatment.

Even very early studies recognized that juvenile murderers differed and attempted to categorize adolescents into groups depending on the nature of the murder. We will first consider research and ideas that encompass all groups of juvenile murder. Cornell, Benedek and Benedek (1989) propose three groups. The first are adolescents with clear psychotic symptoms. The second group are those who were engaged in interpersonal conflict with the victim. The third group commit the homicide in the course of another crime.

The psychotic group is small. Psychotic individuals have lost contact with reality and are generally severely disorganized with disjointed communications and distorted perceptions. These individuals may experience a variety of symptoms, including hallucinations (hearing, smelling or feeling things which are not there), delusions (false beliefs), disturbances in motor activity (lethargic or hyperactive) and disturbances in mood (mood swings).

Only 7 percent of the 86 adolescent murderers studied by Cornell et al. fit criteria for psychosis. Some of those murdering parents were in this group. However, other researchers cite a much higher percentage of psychosis. Lewis et al. (1985) report that all of the nine juvenile murderers in their study had psychotic symptoms, as well as a first-degree relative with psychosis. In an earlier report, Lewis et al. (1983) found that 21 homicidally aggressive youth in a psychiatric hospital were more likely than other hospitalized youth to have a mother hospitalized for a psychiatric disorder. Rosner et al. (1980) found psychosis second only to character disorder in a group of 45 juvenile murderers. Sendi and Blomgren (1975) found the majority of the 10 children in their sample to be diagnosed as schizophrenic.

It may be that those finding a high percentage of psychosis in 166 adolescents are examining youth murderers who have been committed to mental health facilities or referred for evaluation for an insanity defense.

The conflict group proposed by Cornell et al. generally murdered family members or familiar people. In contrast, the crime group murdered strangers or familiar persons but rarely family members. Less than a third of the offenders were intoxicated at the time of the offense for the conflict group, compared to three-fourths in the crime group who were intoxicated. Over half the crime group had an accomplice. Compared to the conflict group, adolescents in the crime group were more likely to have a criminal history and more extensive history of school problems.

The categorization proposed by Cornell and associates is similar to that used by Grant et al. (1992). Grant divides juvenile murders into those that resulted from criminal enterprise (56 to 57 percent) vs. those that were cause-specific (28 to 33 percent). The murders considered cause-specific included family disputes and violence with the purpose of forcing sexual activity. The cause-specific group were more likely to act alone, murder a known person and have a female victim.

Incidence

The figures are startling. The final report of Virginia’s Commission on Violent Crime, released earlier this year shows that the number of juvenile murder arrests in Virginia have gone up 250 percent in the last 10 years.

National figures are also alarming. The number of juvenile arrests for murder and non-negligent manslaughter increased 93 percent from 1982 to 1991 as compared with an 11 percent increase for adults according to the Children’s Defense Fund (Glick, 1994).

Characteristics of Juveniles Who Kill

Several researchers have suggested a constellation of factors in juvenile murders. Adolescents who kill often have criminally violent family members (Bender and Curran, 1940; Busch et al., 1990; Lewis et al., 1985; Lewis et al., 1983; Magid and McKelvey, 1988; Sendi and Blomgren, 1975; Zagar, 1990). Living in a violent
households means that almost all murderers are themselves victims of child abuse (Corder et al., 1976; Duncan and Duncan, 1971; Easson and Steinliber, 1961; Feldman et al., 1986; Lewis et al., 1985; Lewis et al., 1983; Lewis et al., 1988; Magid and McKelvey, 1988; McCarthy, 1978; Post, 1982; Scherl and Mack, 1966; Sendi and Blomgren, 1975; Smith, 1965). The abuse may be physical brutality, severe neglect, sexual abuse or any combination.

Severe abuse and neglect frequently result in attachment problems (Feldman et al., 1986; Magid and McKelvey, 1988; McCarthy, 1978). Lack of attachment may be a factor in antisocial behavior, lack of empathy for victims and lack of guilt for behavior.

A youth under 18 showing antisocial characteristics may fit a description of "conduct disordered." Antisocial adults used to be called psychopathic or sociopathic but are now termed "antisocial personalities." These labels are applied only to those 18 or older. Instead, a child can be labeled as "conduct disordered" if he or she shows a six month or more pattern of disregard for the rights of others. The youth must show at least three from a list of 13 disruptive behaviors. These include stealing, fire-setting, truancy, destroying property, cruelty, use of weapons and fighting. The behaviors are rated as frequent, occasional, or never.

Conduct disorders can be further subdivided. The child categorized as "group type" engages in antisocial behavior primarily with a group of peers. The "solitary aggressive type" shows a predomiance of aggressive physical behaviors towards both adults and peers. The aggressive behaviors are initiated by the individual and are not group activity. The third category, "undifferentiated type" is for those children who show a mixture of features and cannot fit the other two categories.

There is disagreement concerning whether antisocial characteristics are genetic or learned. In either event, youth fitting the diagnosis of "conduct disorder" are well-represented in populations of children who kill. Posner et al., (1980), for example, found most juvenile murderers had prior criminal records. Others (Cornell et al., 1987; Fiddes, 1981; Russell, 1984) have also noted high numbers of antisocial youth. Fiddes describes this youth profile as a "hooligan" murder.

Juveniles who murder are likely to show central nervous system (CNS) abnormalities, whether caused by child abuse (for example by severe head injury) or due to another condition. CNS abnormalities are manifest in learning difficulties (Zagar, 1990) a history of enuresis (Michaels, 1961), lowered IQ or mental retardation (Hayes et al., 1978; Lewis et al., 1988; Zagar, 1990), higher than expected incidence of seizures or epilepsy (Lewis et al., 1983; Lewis et al., 1985; Lewis et al., 1988; Michaels, 1961; Woods, 1961; Zagar, 1990), or generalized neurological impairment (Feldman et al., 1986; Sendi and Blomgren, 1975; Zagar, 1990). Neurological impairment often means the child has poor judgement and inability to control and direct impulses.

Neurological and learning difficulties also place a child at risk for school failure. Indeed, lowered school performance, early dropout from school and/or severe educational deficiencies are frequently noted among adolescents who kill (Busch et al., 1990; Fiddes, 1981; Rosner et al., 1980; Sendi and Blomgren, 1975).

All the characteristics are compounded if the youth is using drugs or alcohol. Any number of studies have shown that the majority of young murderers are already abusing alcohol, drugs or both (Busch et al., 1990; Cornell et al., 1987; Rosner et al., 1980; Zagar, 1990), although others (Post, 1982) dispute such findings, stating that drug and alcohol use by the adolescent is not a contributing factor in murder.

Societal Factors

Some implicate societal factors as important in youth murder. Primary among these are gang participation (Busch et al., 1990; Fiddes, 1981; Zagar, 1990), exposure to media violence (Gerber, 1994; Myers, 1992) and easy availability to guns (Blue Cross/Blue Shield of Virginia, 1994; Heide, 1992; Myers, 1992; Post, 1982). The Children's Defense notes that the number of 10- to 17-year-olds using a firearm to commit murder increased 79 percent during the 1980s (Glick, 1994). A nationally representative survey of incarcerated juveniles by the U.S. Department of Justice done in 1987 found that a gun was used in nearly 57 percent of all juvenile homicides.

Children Who Kill Parents

Between 1977 and 1986 a child killing a parent became almost a daily event in the United States. Each year, more than 300 parents were killed by their offspring (Heide, 1992). Unlike the general trends in youth violence homicide, parenticide rates have been relatively constant over the last 10 years (Heide, 1993; Mones, 1991).

Violent acts committed by members of dysfunctional families towards each other have long posed both a dilemma and a challenge to society. Evidence of ongoing fascination with parenticide is clear in analysis such as Carlisle's (1992) recent article, "What Made Lizzie Borden Kill?" written on the 100th anniversary of the unsolved double murder of Borden's parents. While knowledge about family dynamics and events preceding the killing may invite compassion for the child offender, murder is not an acceptable solution to family problems.

Not all children who kill parents are juveniles. Similar to the recent Menendez case in California, most of those killing parents are adult children. Juveniles under 18 account for murders of parents in 15 percent of mothers (matricide), 25 percent of fathers (patricide), 30 percent of stepmothers and 34 percent of stepfathers. The absolute numbers, then, are fairly low, (about 45 fathers and 20 mothers per year murdered by juvenile children). The percentages of juvenile patricide and matricide are none-the-less high when compared to the proportion of juveniles arrested for homicide. Over the same period (1977-86), less than 10 percent of those arrested for homicide were under 18 (Heide, 1992).

Identifying an exact number of parents and step-parents killed by juveniles is complicated because of data reporting formats. Prior to 1976, the FBI did not tabulate homicides according to the relationship between victim and offender. The 300 to 400 cases per year since 1976 represent only 1.5 to 2.5 percent of all homicides in the United States (Mones, 1991).

Despite the comparatively low incidence, cases of children killing parents arouse strong emotions and reactions. Parenticide contradicts universal religious and cultural principles that children must venerate parents. Even beyond such principles, parenticide challenges the very structure of society. Family loyalty and honor are equated with loyalty to one's country in many cultures and murder can be viewed as a form of treason (Mones, 1991).

Special Conditions of Adolescence

Adolescence has long been recognized as a turbulent period characterized by growth spurts, hormonal changes and a need to establish independence. Because of limited power and alternatives, adolescents appear at higher risk than adults for parenticide when conditions in the home are intolerable.

A juvenile may consider running away, but may not know where to seek refuge or may be unwilling to leave friends and resources in the community. Some do run away only to fail in this attempt and to be returned home or return home voluntarily. Survival without support is unrealistic for teens who have few job skills, no experience, meager financial resources and incomplete education. Laws limit job opportunities and mandate school attendance.

Adolescents also have far less experience than adults and thus can not be expected to cope well under deplorable conditions. Judgement, cognitive abilities, problem solving and patience are not fully developed. An adolescent is less capable than an adult of weighing alternatives and considering different problem-solving strategies.

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while the home may appear normal on the surface, the children were driven to murder by intolerable conditions and brutality from which they could not escape. The killing was an act of desperation to escape sexual, physical and verbal abuse.

An example of this type is the Jahnuke case. In November 1982, after threats from their father, 16-year-old Richie and 17-year-old Deborah removed several guns from their father's arsenal of weapons. After loading them and placing them methodically throughout their home, the two siblings waited for their 39-year-old father, an IRS investigator, to return home from a dinner celebration with his wife of 20 years. As Richard Jahnuke walked towards the garage, Richie discharged a shotgun, ending his father's years of verbal abuse of the entire family, physical abuse of his wife and son, and sexual abuse of his daughter.

Severe spouse abuse is not unusual in parricide cases and may predate the child abuse (Heide, 1992). In any case, the spouse of the abuser is passive and does not stop the abuse. Indeed, a mother may instead depend on her son for protection from her husband. Siblings may also rely upon the older child for protection and/or the child killer may protect others by being family the scapegoat (Post, 1992).

On occasion, adolescents who kill parents are diagnosed as seriously mentally ill and/or psychotic. In most of these cases, an established psychiatric history is available. Clues to the possibility of serious psychological disturbance include stayings of multiple family members, extreme violence and bizarre elements to the crime.

A small percentage of parricides may also be committed by antisocial children who fit a diagnosis of "conduct-disordered."

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**Virginia's Workers Comment**

VCPN interviewed 12 court service workers. Nine of the 12 workers had dealt with youth who had murdered. All felt there was a link between early child abuse and neglect and the homicidal behavior of the youth, although only half had cases where the child had a history of abuse documented by child protective services. About two-thirds documented a link between substance abuse and the murder.

Only about half of the workers seemed aware that there were variations or subtypes in juvenile murderers. Those who could subcategorize typically had worked with a greater number of juvenile murderers. These more experienced workers identified subgroups of self-defense, gang activity, response to bullying and murder as a response to abuse. Workers tended to focus on perceived motivation for the crime, rather than the more clinical approach taken by researchers.

Workers were asked what approach might be effective with youth who kill. Surprisingly, not a single court service worker suggested harsher penalties or longer sentences. Rather, a range of prevention and early intervention strategies were offered. These included: making guns less available to children; detection and treatment of children exposed to family violence, alcoholic households or abuse; teaching mediation skills, and treatment for the entire family. The need for intensive and long-lasting service was stressed.

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**Intervention**

Effective intervention depends in part on accurate assessment of the type of adolescent murderer. Assessment can help determine treatment and can prevent a miscarriage of justice. A severely abused child, striking back at a parent in self-defense after prolonged abuse may have a good prognosis compared to a conduct-disordered youth who murders while robbing a convenience store. Yet, the child who kills a parent may receive far harsher treatment than the youth who kills during a robbery.

A comprehensive assessment is imperative (Heide, 1992; Petti, 1988). This involves obtaining developmental, social, medical and educational history. A complete medical and neurological screening examination is helpful in detecting organic difficulties. A thorough psychoeducational battery is necessary for determining cognitive capacity. Personality assessment should include information on emotional development, coping skills and interpersonal relationships. Attitudes, beliefs, problem solving and handling of conflict are all important.

Access to family can be crucial in constructing the psychosocial history and patterns of interrelationships. The child may be unaware of parts of family history and lack information about significant events in his own history. A parent or relative may have a different perspective than the child and/or be able to describe family relationship patterns in more detail.

The circumstances of the offense and events leading to the murder need to be reconstructed. The evaluator should determine the child's motivation for the killing, the degree of empathy shown by the child toward the victim and the child's feelings about the events. The youth's past history of victimization must be assessed.

Assessment can be complicated by many factors. For example, the youth may not reveal a history of abuse without skillful interviewing. An abused child may present in a "numbed" state lacking active expression of guilt or depressive sympto-
matology. Such youth may be seen as simply conduct-disordered without careful assessment.

The evaluator may also be expected or required to provide information pertaining to the youth's mental state at the time of the offense. A youth who meets criteria for "insanity" (a legal term) or self-defense may be partially or fully excused from criminal responsibility for the offense. Another legal question concerns competency to stand trial, confess or otherwise interact with the legal system. The evaluator should be prepared to address competency issues.

In Virginia, psychiatrists and clinical psychologists are legally designated as eligible to evaluate youth who have committed capital crimes. Clinicians who desire to assist the court with these evaluations receive training through the University of Virginia Institute of Law, Psychiatry and Public Policy. In Virginia, the process and content of evaluations are partially standardized, although evaluators are not prohibited from providing more than the required protocol.

Thus, thorough comprehensive assessment shows some promise of assisting the court in knowing which youth are amenable to treatment. While recent trends in public sentiment appear to be increasingly punitive towards youth who kill, much literature from mental health questions severe punishment for many youth who kill. Citing a low recidivism rate, a number of authors argue for hospitalization and treatment over jail and feel strongly about keeping youth within the juvenile system (Cormier and Markus, 1980; Heide, 1992; Myers, 1992; Petti, 1980). All agree that few youth within the system receive the services needed to resolve the problems leading to tragedy. While recidivism for murder is very low, occurrence of other problems later in life is not (Cormier and Markus, 1980).

Only a few resources have addressed treatment for youthful homicide offenders. Prognosis appears best for severely abused children who kill the abusive parent. For this subtype, Heide (1992) recommends "functional reparenting," a process of slowly replacing old, destructive parental messages with new, constructive ones. The process is physical, cognitive and emotional restructuring for the youthful client. Ideally, the process involves all remaining family members, especially if the youth will re-enter the family unit.

Since the therapist assumes the role of a healthy, supportive parent, gaining rapport and trust is essential. Given the youth's background, this foundation may take time. The fact that the youth killed a parent must be squarely faced. Acknowledgement of the consequences for the child and for others is necessary. The youth must understand the family dynamics that led to the murder and express how he and his parents betrayed each other. The youth needs to learn who he would have been, had not the abuse occurred. Taking inven-

Available from: Pocket Books, A Division of Simon and Schuster, Inc., 1230 Avenue of the Americas, New York, NY 10020

Using a comprehensive case-study method, Paul Mones makes a convincing case that many of the children who kill parents are victims of "poly-abuse." Typically, one finds not only physical, mental and sexual abuse, but also what he calls "child-assisted" abuse of family members as well. The eight cases presented raise profound and complex questions about community recognition and treatment of abuse, about treatment of troubled children who have acted aggressively and about what kind of justice and compassion is available when family dysfunction results in killing.

Mones has helped to represent more than 100 child defendants in 30 states. He has also developed a comprehensive manual to assist attorneys with parole cases.

The Deadly Innocents: Portraits of Children Who Kill by Muriel Gardiner, 1985, 190 pages, $12 (soft)
Available from: Yale University Press, P.O. Box 209040, New Haven, CT 06520-9040, (800) 987-7323, Fax: (800) 777-8253

This book was written for those who seek to understand the family dynamics leading to children who kill. Through examination of eight case studies, the readers become aware of the many factors, and in some cases, happenstance, that combine to culminate in murder. The author is a psychoanalyst. Her training is evident in the insights and analysis offered.

Why Kids Kill Parents: Child Abuse and Adolescent Homicide by Kathleen M. Heide, 1992, 197 pages, $29.95
Available from: Ohio State University Press, 1070 Carmack Road, Pressley Hall, Room 180, Columbus, Ohio 43210-1002, (800) 437-4439, Fax: (614) 292-2065

This unique book offers a carefully researched examination of parricide. Heide considers the legal and psychological issues, the relationship between child abuse and parricide, and other factors that contribute to the development of parricide. Case studies illustrate the findings of larger research studies.

Heide's book offers an integrative understanding of both the dysfunctional family and child who kills. Of particular interest to clinicians is the chapter on assessment. This volume is the most comprehensive resource found on children who kill.

Available from: American Psychiatric Press Inc., 1400 K St., N.W., Suite 1101, Washing-

DC 20005, (800) 388-5777

Scientific reviews of pertinent issues of juvenile homicide have been rare. Instead, the bulk of the literature consists of individual case reports. Juvenile Homicide is a compilation of empirical data organized in a manner that will assist the clinician and further research efforts.

Causes of juvenile homicide are explored and a typology of juvenile homicide offenders is offered. The clinical presentations of adolescents who kill is examined and issues for the forensic examiner are detailed. Competency to stand trial and criminal responsibility are discussed. A longitudinal review of legal and dispositional outcomes for juvenile homicide offenders is undertaken.

Summary

It is important for both professionals and the general public to be aware that juvenile murderers are not all alike, just as juveniles who steal are not always similar. An appreciation of the events leading to the murder is necessary to help evaluate the causes behind the violence and determine an intervention plan. There is also a range of risk for recidivism. A significant minority of youth who murder are amenable to treatment and low-risk for reoffense.

Child maltreatment is a prominent factor in the backgrounds of most juveniles who murder. Thus, if members of the community can identify and help troubled families early it may be that young people can be spared from conditions likely to make murder an acceptable choice. The child protection system was designed to identify troubled families and offer help before children are damaged beyond healing and set in negative patterns of thought and action. By extending a hand to a young child at risk, can we prevent later homicide? All available evidence suggests we can.

References Available Upon Request
Youth Violence
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ble youth. Georgia ranked first with 1.13 available beds per 1,000 eligible youth. Despite Virginia’s large number of beds, detention facilities in 1993 had a utilization rate averaging 120 percent of capacity (Daily News Record, April, 1994).

Virginia’s Detention Home Task Force favors early intervention to help children avoid incarceration. Learning centers and other forms of secure detention need to be reserved for those youth who are a risk to public safety (Daily News Record, April, 1994).

Virginia’s On-line Workers

VCPN interviewed 12 juvenile court-service workers in Virginia, as well as several national experts, learning center staff and advocacy groups.

Responses of court-service unit staff were very consistent with the findings of researchers. Of the 12 interviewed, 10 (83 percent) of the court services staff felt there was a strong connection between being a child abuse victim and later violent behavior. Henry Whitelow, unit director of the 25th Court Service Unit in Staunton, commented, “Because of the abuse and neglect, teens strike out and lash out at others.”

Robert Wade, court service unit director at Lynchburg, remarks, “Being abused as a child establishes a norm of violence as appropriate behavior. The child is desensitized to violence and at the same time experiences lowered self-esteem.”

The court service staff also saw a connection between drug or alcohol use and teen violent behavior. Over 80 percent felt that substance abuse was associated with violence. “A high percentage of those with violent behavior have been using substances prior to the violence occurring,” states Bob Bradner, director of the 10th District Court Service Unit in Appomattox.

There was some sentiment among those interviewed that a child abuse history affected more of the population than did substance abuse problems, although both factors were prevalent in delinquent youth.

In the interviews, child abuse or violence at home was the most frequently cited factor in the background of violent teens. Other factors cited by the majority included lack of family values, availability of drugs, high stress levels of daily life and poverty. Factors cited by a third or more were availability of weapons, single parents/lack of supervision, inherited traits and media influence.

Court service personnel favored a variety of interventions for youth who have committed violent crimes. Most workers stressed the need for counseling and intervention into the family system.

While approximately half the respondents favor the use of incarceration, most are quick to say that by itself, incarceration is counter-productive. Others stress the costs of incarceration. Louis McHardy of the National Council for Juvenile and Family Court Judges expressed a typical sentiment, “Punishment is too expensive as a primary response. We need to try prevention approaches at an earlier age.”

Conclusion

The problem of violent juvenile offenders is a complex one, because violence is a multidetermined behavior. Available research, both basic and applied, is limited due to challenging methodological difficulties. Available solutions, be they longer incarceration or long term intensive treatment are tremendously expensive.

Vulnerable children can be identified early. Early intervention is less expensive and more likely to succeed than later interventions. Proven prevention methods, described elsewhere in this issue, offer hope and promise. Violent behaviors do not “just happen.” They can be prevented. Let’s prevent youth violence — one child at time.

References Available Upon Request

JMU

James Madison University
Department of Psychology
Harrisonburg, VA 22807

Attention: J. Grayson

Address Correction Requested