

A National Symposium on Violent Offenders: Summary and Resources

National Institute of Corrections

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on Violent Offenders:
Summary and Resources**

by

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Foreword

This document summarizes the presentations given by participants in the National Institute of Corrections (NIC) "Symposium on Violent Offenders: What Works," which took place in Longmont, Colorado, on May 15-18, 1995. The symposium was the first project of an Interdivisional Committee representing NIC's Academy, Community Corrections, Prisons, and Jails Divisions, and the NIC Information Center.

This document provides a sense of the variety of projects nationwide that are addressing the serious problem of violent offenders in society. It provides a starting point for identifying potential collaborative efforts among agencies, and it opens communications among participants who may not often have the opportunity to learn of each other's programs.

The presentations of panel participants are organized along similar lines. First, a background of the agency or association is provided, followed by a description of current projects or recent research findings. A discussion of future plans for addressing the issue of violent offenders follows, along with some recommendations for possible collaboration with other groups.

Finally, documents displayed at the symposium by participating agencies and associations are listed. All resources are available directly from the agency or association or, unless otherwise noted, in limited quantities from the NIC Information Center (1-800-877-1461). Contact information is provided for each participant, so that additional questions may be addressed directly to the person who provided the initial information.

NIC's Interdivisional Committee is pleased with the outcome of this first joint effort. Comments on this publication are welcome and may be addressed to Nancy Shomaker, NIC Academy, 1960 Industrial Circle, Suite A, Longmont, CO 80501; 1-800-995-6429, x120.

Morris L. Thigpen, Director
National Institute of Corrections
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Introduction

The Symposium on Violent Offenders, held in Longmont, Colorado, on May 15-18, 1995, was sponsored by NIC's What Works Interdivisional Committee. The symposium brought together experts from a variety of disciplines to share information on projects and programs that have proven effective in addressing violent offenders.

Overview of the Symposium

The symposium offered its participants an unusual opportunity to gain a truly interdisciplinary perspective on violent offenders. Symposium participants represented a variety of disciplines and types of agencies. They summarized research on causes of violence and on treatment, described current agency and professional association initiatives addressing violent offenders, and highlighted the perspective of victims. The following agencies and associations were represented at this meeting.

Criminal Justice--U.S. Department of Justice

- ◆ Bureau of Justice Assistance
- ◆ National Institute of Justice
- ◆ Office of Juvenile Justice & Delinquency Prevention
- ◆ Federal Bureau of Prisons, Psychology Services
- ◆ National Institute of Corrections

Medicine/Treatment

- ◆ Washington, D.C., Department of Corrections Psychiatric Services
- ◆ Centers for Disease Control, Division of Violence Prevention
- ◆ Michigan State University, Department of Psychiatry
- ◆ Department of Veterans Affairs Hospitals
- ◆ Substance Abuse & Mental Health Services Administration

Victims' Services

- ◆ Office for Victims of Crime, U.S. Department of Justice
- ◆ U.S. Attorney's Office, Denver

Professional Associations

- ◆ American Correctional Association (ACA)
- ◆ American Probation & Parole Association (APPA)
- ◆ International Community Corrections Association (ICCA)
- ◆ National Sheriffs' Association (NSA)

Potential Outcomes of the Symposium

Symposium speakers pointed to significant research findings and projects with potential relevance for corrections policy development. The common approach to dealing with violent offenders in this country has been to pour resources into incapacitating them through incarceration. However, participants provided a variety of valuable perspectives that could lead to a reconsideration of incarceration as the only appropriate solution. Among the points made by speakers from the variety of disciplines represented at this meeting were the following:

- ◆ Powerful research results suggest that what works with violent offenders, as with high- and medium-risk offenders, is the delivery of appropriate treatment services.
- ◆ Understanding the brain is critical to understanding violent behavior; as many as 75% of violent juveniles show evidence of a brain injury.
- ◆ Victims' concerns are increasingly being recognized, and services are being provided to empower the victims of crime.
- ◆ Federal agencies have sponsored a number of alternative projects nationwide that have successfully addressed the prevention of violence. PAVNET Online, a cooperative project of several agencies, provides information via the Internet on promising anti-violence programs.
- ◆ Violent behavior often co-occurs with substance abuse.
- ◆ Research by the Michigan State University Psychiatry Department found a high rate of mental illness among prison inmates.
- ◆ National corrections associations have developed a variety of violence-related programs, including APPA's Offender Supervision and Victim Restitution Project.
- ◆ The public health approach emphasizes a commitment to identifying policies and programs aimed at preventing violent behavior, injuries, and deaths.

During the symposium's three days, participants had the opportunity to share information on a wide range of projects and their outcomes--to define the extent of the problem of violent offenders and to identify some

programmatic responses that actually work. The symposium was a first step in NIC's commitment to interagency resource sharing.

Keynote Address: Current Trends in Violence

**Donald Evans, Ministry of the Solicitor General and Correctional Services,
Toronto, Canada**

Let me start with a future scenario: Let's say that you want to buy a house. One way the real estate agent identifies the selling points of various properties is in terms of the security provided both by the houses and by the neighborhoods in which they are located. If we do not find a solution to violence in our society, this scenario is very likely. We will sink back to a kind of "new feudalism" in which those who have money can buy security, but others will have to live in a jungle. I hope this does not occur, but the trend is certainly in place.

Growth in Violence

This may not be the most violent period in history, but it is distinguished from previous periods by the following characteristics:

- ◆ *The severity of violence in our society.* Violence in society is severe when, instead of paying a taxi driver, two teens shoot him. Or when a shop owner is shot in full view of a video camera so that someone can steal a pack of cigarettes. These are typical examples, and they do not even touch on predatory crime.
- ◆ *Increasing youth violence.* Violence is increasing most rapidly among youth. This violence ranges from youths' violent attacks on their parents to gang violence. It occurs at schools, in neighborhoods, in the home--and it is no longer prevalent only among boys.
- ◆ *Increasing violence directed at the family and co-workers.* The family is a major area in which violence is growing in our society. Violence in the workplace is also increasing. Dissatisfied workers are turning to violence to vent their anger and frustration.

In short, we are no longer secure on the street, at home, or in the workplace.

The Context for Violence

There is a real market for violence in our society. The fastest growing genre in bookstores is something called "True Crime." Actual cases of violent crime are being made into mini-series for TV and are grist for talk shows. The right to bear arms has become the right to protect oneself not from predators but from the government. A spokesperson at a recent Michigan conference--home of the Michigan Militia--said that people should fight the government by "using the ballot box first, bullets if necessary." What kind of language is this? We are obviously living in a culture that supports problem resolution through violent means.

The media have a heyday with violence. A Canadian trial now getting a lot of publicity involves a husband-wife team accused of killing two young girls. The wife pleaded guilty, received a 12-year sentence, and will testify against her husband, who is also accused of committing 38 serial rapes. Even more horrifying is that criminal

trials such as this are becoming tourist events. The manager of a local hotel noted that the trial, expected to last for several months, would be good for the hotel's business.

The government's response to violence in our society has been to increase repression, incarceration, and punitiveness throughout the system. The specific tactics have included psychiatric gatekeeping laws, which keep offenders locked up beyond the expiration of their sentences; the Federalization of certain crimes; and increased policing. The whole notion of policing has expanded. At one time, the police function was focused on keeping order on the streets. As the mediating forces in society have broken down, the police function has expanded into homes, schools, and workplaces.

What Has Not Worked

Our imprisonment policy has not worked. Prison sanctions have no effect on eliminating violence--no matter the amount of time or the type of security. Offenders often come out of prison worse than when they went in. Prisons clearly have not eradicated violent behavior. They have simply displaced violent activity to another time and place.

I am even more concerned about the current system, in which the growing tendency is to withdraw all programs--to turn prisons into monuments to the Social Divide. The incarcerated have no outlets, no hope, and they are in crowded, unbearable living conditions. If prison officials keep making conditions more difficult, they will find they are sitting on a powder keg.

What Might Work

Selective solutions based on specific types of violence might work. People are violent for many reasons. They may become violent to get money, the violence may be related to the drug trade, or there may be psycho-pharmaceutical reasons. We need to make these distinctions and to develop programs to meet specific needs. For example:

- ◆ There has been an effort recently to make domestic violence more visible. Police departments are trying to increase officers' awareness of the problem. There is still a long way to go, however, because most courts still do not take domestic violence seriously.
- ◆ Schools often approach violence simply by expelling the kids. Schools should be the first line of defense. Toronto has a program specifically addressing violence in schools, but there is no system for evaluating its success.
- ◆ Dealing with workplace violence involves the early identification of possible threats. Companies should also provide reasonable grievance systems and be more humane in situations in which staff are being cut and people are losing their jobs.
- ◆ Street violence requires private-public partnerships. We need to convince people that community policing is not being soft on crime. It is based on people being willing to talk. Where police are

separated from the community, they meet a wall of silence, which makes it impossible to improve security in neighborhoods.

- ◆ Offenders under correctional supervision need:
 - Better assessment,
 - Programs with therapeutic integrity,
 - Programs that are responsive to criminogenic factors,
 - Programs that are evaluated and the results made public, and
 - A trained staff.

What else might work? One answer is a greater emphasis on appropriate intermediate sanctions. We must not quit working to change policies, simply saying that the penal hegemony has won. There are still more offenders under community supervision than in prisons, and we need to ask community supervision agencies to document that they are doing a good job. Then we must work to convince both the public and policymakers that targeted intermediate sanctions are effective.

Some caveats:

- ◆ Buyer Beware--No matter how effective a program, if the context of the community is ignored, relapse is inevitable. We need to change reward structures. People do what they do because of pay-offs.
- ◆ Some interventions will work, some will not, but the fear of the outcome should not keep us from trying. We can't hesitate just because we have no firm direction. We need to build on the knowledge we do have.

What Then Must We Do?

Corrections systems are not the only problem. Corrections holds someone for only a short time. How many hands, hearts, homes has this person passed through before we get him? We need to launch a community effort that involves all agencies--social services, education, law enforcement, and health. Solo efforts are grist for turf wars, and they are not really working. Correctional associations need to be more assertive by:

- ◆ Becoming advocates;
- ◆ Forming alliances with each other, because it will take a collaborative effort to move the public;
- ◆ Building knowledge; because government funding doesn't support research or evaluation, associations could help raise private dollars to prove what we know;

◆ Transferring knowledge to get the word out.

What Then Must We Do? i) not give up hope, ii) work together, and iii) not be discouraged. Remember that positive micro-behaviors working together can have macro impacts.

The News: Overview of Treatment Effectiveness

Dr. Donald Andrews, Professor, Psychology Department, Carleton University, Ottawa, Canada

I am going to review two large sets of literature: 1) the literature on the effects of criminal justice and correctional interventions on criminal recidivism, and 2) the literature on what we know about prediction and risk-needs factors. Only studies that included a control, or comparison, group are examined. Our approach at Carleton is to look over earlier reviews, the studies that they reviewed, and to sort them into two sets. One set goes into the official punishment group; the other set includes rehabilitative, reintegrative human service programs, under a variety of conditions of sanctions. This approach is meta-analysis, research on research.

Our approach to reviewing the literature is a human science approach that is truly interdisciplinary. I come from a perspective that is focused on individual differences, on the behavior of individuals. The focus is not on examining crime rates or how the criminal justice system operates, but on understanding individual differences in criminal behavior.

In our work, we value internal consistency; we also value unsparing criticism and respect for evidence. We affirm human diversity in terms of attitudes, values, competencies, and abilities of people. We know there is great possibility for abuse in the study of individual differences, so we try to be non-pejorative in terms of language.

We also take a basic science approach, which means we are interested in theoretical explanations. We must put findings to the test. Does our understanding allow us to predict behavior? Can we conduct assessments that can accurately predict low-risk or high-risk behavior? One point of empirical understanding is the ability to predict; the more interesting aspect is the ability to influence. There are now more than 500 controlled outcome studies on interventions designed to influence criminal behavior. If those in the criminal justice system have the ability to predict and the ability to influence, they have something of real value--if they have the political will to make use of it.

A Summary: Effects of Criminal Justice Interventions

Controlled outcome evaluations of the criminal justice and corrections literature point to the following conclusions:

- ◆ Criminal sanctioning without reference to correctional treatment service does not work; it does not reduce recidivism.
- ◆ Providing correctional treatment services that are inconsistent with the principles of risk, need, and responsivity does not work.
- ◆ What works is the delivery of appropriate correctional treatment service.

Principles of Effective Treatment: Risk, Need, Responsivity

The key to the delivery of appropriate correctional services is to assess offenders in terms of risk, need, and responsivity.

- ◆ The risk principle says you should work with those who are at risk for reoffending in the absence of treatment. Services should be delivered to moderate- and high-risk cases.
- ◆ The need principle targets criminogenic needs. If you want to reduce the probability of criminal behavior, focus on the specific characteristics of people and their circumstances that are relevant to the criminal behavior. Focus on attitudes, values, beliefs, and rationalizations supportive of criminal behavior. Focus on antisocial associates, not anxiety. That is, focus on the things we know are strongly linked to criminal behavior.
- ◆ The responsivity principle says you must match the style and mode of service to the learning style and motivation of offenders by using cognitive behavioral styles and modes of services.

Outcome Literature Reviews: What We Have Learned

- ◆ One thing becomes immediately clear based on reviews of outcomes: *There is not a single review we are aware of that shows that variations in the types of punishment have anything consistent to do with the reduction of recidivism.*
- ◆ In the other set of studies--on the delivery of human services--40% show consistent evidence of reduced recidivism. In some reviews, up to 80% of the studies show evidence that some services are working with some people under some conditions. For example, Mark Lipsey in 1990 reviewed 443 studies; 285 (65%) showed reduced recidivism. These results suggest that something does work.
- ◆ Increased recidivism is the result of more process. For example, a police caution vs. regular processing results in a 27% vs. a 41% recidivism rate.
- ◆ For all studies, the overall average effect of criminal justice and correctional interventions is .10. That is, there are very mild reductions of recidivism as a function of correctional interventions.
- ◆ In terms of studies of punishment and studies of treatment, however, on average there is a mild increase in recidivism for increases in severity of penalty. On average, there is a 15% advantage favoring the delivery of treatment.
- ◆ Behavioral vs. non-behavioral treatment--There is a 30% difference in recidivism favoring behavioral vs. non-behavioral treatment.

Effects of Punishment

The average effect of punishment is *increased* recidivism. People respond to criminal sanctions with resentment and anger. Very specific information coming out of the studies reviewed suggests that the punishment agenda has had relatively small effects even in terms of increased recidivism.

- ◆ An analysis of official punishments showed that, on average, not one of the new range of alternative punishments has been found to be associated with reduced recidivism.
- ◆ Studies showed that programs based on deterrence theory have the most negative effects of all programs.
- ◆ Positive treatment effects are not as strong when programs are offered in custody as when they are offered in the community.

Behavioral Methods

Behavioral methods work through:

- ◆ *Modeling.* If you want to see positive behavior, demonstrate it.
- ◆ *Graduated practice.* Some of the skills you would like to build are complex; they require graduated practice.
- ◆ *Role playing.* This involves practicing new alternative ways of thinking, feeling, and acting in risky situations.
- ◆ *Reinforcement.* People learn through reward systems.
- ◆ *Extinction.* Eliminating undesirable behaviors can be accomplished by reducing rewards.
- ◆ *Resource provision.* Helping to make change possible involves providing resources.
- ◆ *Concrete verbal suggestions.* Giving reasons and prompting can help change behavior.

Comparisons of Criminal Sanctions, Behavioral, and Non-Behavioral Programs

We coded programs according to whether they were criminal sanctions, behavioral, and non-behavioral programs. Some results:

- ◆ Criminal sanctions showed a 7% increase in recidivism.
- ◆ Non-behavioral treatment services showed about a 6% increase in recidivism.
- ◆ Behavioral treatment services showed a 29% reduction in recidivism.

Behavioral treatments included family, vocational, individual, and group counseling programs; token economy programs; psychotherapy; and substance abuse programs. All treatment programs were categorized as appropriate or inappropriate based on whether they follow the risk/need/responsivity principles. It is interesting that the pattern of recidivism is the same no matter whether the studies are of adult or young offenders, male or female offenders, minorities or non-minorities, or offenders with a history of violence or those with no history of violence.

However, the means of treatment referral did make a difference. There was a difference in whether those treated were self-referred, employer-referred, or criminal justice system-referred. When cases were referred by the criminal justice system, the treatment effects were greater. There were also bigger effects when the referral came from the criminal justice system, but treatment was provided outside the criminal justice system.

It was also clear that if the program evaluator is involved in the design and delivery of service, the average effect of appropriate treatment is greater. The reason for this is that the program was based on a theoretical model and implemented more carefully.

Indicators of Effective Programs

The following program characteristics are indicators of program effectiveness:

- ◆ An empirically validated theory underlying the intervention;
- ◆ Trained and clinically supervised service deliverers;
- ◆ Printed training/program manuals;
- ◆ Criminogenic factors addressed;
- ◆ Use of concrete, cognitive behavioral approaches;
- ◆ Treatment match is based on responsivity;
- ◆ Structured follow-up is built in;
- ◆ Workers are enthusiastic and engaged;
- ◆ Workers are able to handle their authority without domination/abuse;
- ◆ Workers are able to recognize antisocial thinking, feeling, and acting and are able to demonstrate and reinforce concrete alternatives; and
- ◆ Workers are predisposed to offer concrete problem solving and to engage in skill-building.

Mean Correlation of Various Risk Factors and Criminal Activity

The following risk factors have been found to correlate with criminal activity at the levels indicated:

◆ Lower class origins	.06
◆ Personal distress/psychopathology	.08
◆ Personal education/vocational achievement	.12
◆ Parental/family factors	.18
◆ Temperament/misconduct/personality	.21
◆ Antisocial attitudes/associates	.22

Risk/Need Factors for Criminal Conduct

- ◆ The major set of risk/need factors for criminal conduct includes:
 1. Antisocial/pro-criminal attitudes, values, beliefs and cognitive-emotional states;
 2. Pro-criminal associates and isolation from anti-criminal others;
 3. Temperamental and personality factors conducive to criminal activity including psychopathy, weak socialization, impulsivity, restless aggressive energy, egocentrism, below average verbal intelligence, a taste for risk, and weak problem-solving/self-regulation skills;
 4. A history of antisocial behavior evident from a young age, in a variety of settings, and involving a number and variety of different acts;
 5. Familial factors that include criminality and a variety of psychological problems in the family of origin and, in particular, low levels of affection, caring, and cohesiveness; poor parental supervision and discipline practices; and outright neglect and abuse;
 6. Low levels of personal educational, vocational, or financial achievement and, in particular, unstable employment.
- ◆ The minor set of risk/need factors includes:
 1. Lower class origins as assessed by adverse neighborhood conditions and/or parental educational/vocational/economic achievement;
 2. Personal distress, whether assessed by way of the sociological constructs of anomie, strain, and alienation or by way of the clinical psychological constructs of low self-esteem, anxiety, depression, work, or officially labeled mental disorder;
 3. A host of biological/neuropsychological indicators that have yet to be integrated in a convincing manner by way of either theory or the construction of practical risk/need assessment instruments.

The Person in the Immediate Situation of Action

Any psychology addressing criminal behavior must locate the person in the immediate situation of action, which can include certain temptations, facilitators, inhibitors, stressors, and opportunities. It is possible to create a model that predicts behavior by 1) taking into account the person's attitudes, values, beliefs, fundamental temperament, social support for the behavior, history of having engaged in that behavior before; and 2) locating the person in the immediate situation of action.

A consensus is emerging based on the state of the literature, the best predictors, and the underlying model of human behavior. However, the theory of behavior behind the model may vary. Some people are personal choice theorists who say that if you really want to understand human behavior you have to understand that people engage in behavior that assists them with their choices. They choose to behave in certain ways. Others assume that intentions are the basis for action; others believe in self-efficacy; still others are behaviorists. What comes together in all these theoretical models, though, is essentially the same vision. If you want to predict human behavior accurately, you must know the situation and you must include the person's attitudes, values, beliefs, history, associates, and fundamental temperament.

How to Ensure that the Research Makes a Difference

The fields of law, medicine, social work, and corrections are beginning to look at some of this research, which creates some real potential for change. What is needed to make change take place is concentrated effort on the part of all of us, especially correctional associations, to bring our understanding to the attention of policymakers, especially legislators, who control sanctioning policy.

U.S. Department of Justice Panel

Joan Hurley, Office of Juvenile Justice & Delinquency Prevention

The Office of Juvenile Justice & Delinquency Prevention (OJJDP) originated under the Law Enforcement Assistance Administration (LEAA) in 1974. It is now one of five agencies in the Office of Justice Programs under the Department of Justice. The Office of Justice Programs, the only office that deals with programmatic issues, includes OJJDP, the Bureau of Justice Statistics (BJS), the Bureau of Justice Assistance (BJA), the Office for Victims of Crime (OVC), and the National Institute of Justice (NIJ).

Juvenile Crime Rates

- ◆ Juvenile arrest rates for violent crime remained relatively constant from 1973 to 1988 but have soared in recent years. Between 1988 and 1991, arrest rates for juvenile violent crime increased 38%.
- ◆ Gun homicides by juveniles have nearly tripled since 1983, while homicides involving other weapons have actually declined. These facts point to the availability of guns for juveniles and to their lethality.
- ◆ The 20-year trend in the rate of juvenile arrests for weapons law violations closely parallels the juvenile arrest trend for murder.
- ◆ Juveniles have disproportionately high arrests for violent crime. In every violent crime category, 18-year-olds have the highest rate of arrest.
- ◆ Aggravated assaults make up seven of ten arrests for violent crime. Juvenile arrests for aggravated assaults increased 100% between 1983 and 1991, while arrests for those in their 20s were up 60%.

What We Know: OJJDP Research on Violent Crime Among Juveniles

OJJDP is sponsoring the following research projects that address violent crime:

- ◆ One study is looking at violent crime among juveniles in four locations: Washington, DC, Los Angeles, Milwaukee, and rural areas of South Carolina.
- ◆ Another project, called the "Causes and Correlates Study," is a very exciting longitudinal study that started eight years ago in three sites--Denver, Pittsburgh, and Rochester, New York--where it has examined violence prevalence rates for males. Some findings:

- Although most violence prevalence studies have found male rates peaking at ages 16-17, data from this study have shown no decline in late adolescence; prevalence rates remain high across the 17-19 age period.

- In Denver, the study found a strong relationship between gangs and violent activity. Although gangs are not always involved in violence, the rates of violent offenses go up when youth are actively involved in street gangs.
 - At the Rochester site, the study found that exposure to family violence is likely to lead to violence at a later age. There is a particularly increased risk of violence among those abused or neglected at a young age. Surprisingly, children who seem to be at the highest risk of violence are those who were neglected. Children who have witnessed violence in the home were twice as likely to commit violent offenses themselves. Therefore, one of the most helpful things we can do is to make that kind of violence unacceptable. As a society, we aren't giving families the support they need; taking welfare away is going after an extremely vulnerable group.
 - The research has shown that serious chronic violent offenders have multiple risk factors. OJJDP is using the work of David Hawkins to identify these risk factors. The risk factors tend to be synergistic; the effects of multiple risk factors interact and multiply enormously.
 - The good news is about protective factors--family, school, and peer groups--which can counteract the effect of risk factors. For example, 80% of the youth who had five or more risk factors--but fewer than six protective factors--were involved in serious delinquency. On the other hand, of juveniles with the same number of risk factors, those with nine or more protective factors were at low risk for delinquency.
 - Juveniles are being victimized at a higher rate than are adults.
- ◆ OJJDP has produced a sourcebook entitled "Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders." It is an exciting document. Because a small proportion of offenders are responsible for nearly all the serious crimes, it is important to be able to identify the characteristics of these juveniles. It is hard to do, because a number of young people who get involved in experimentation might look like they are headed in the direction of violent crime, but aren't. If this project can help us learn how to

identify those who are likely to be chronic violent offenders, corrections agencies can intervene early.

What Works: Delinquency Prevention

OJJDP has been working for several months on a paper called "Delinquency Prevention Works." In collecting information from various programs around the country on what works, our research found that the best hope is to focus on prevention--beginning as early as possible, even prenatally. One of the most notable prevention programs ended a few years ago, the Perry Preschool. Through a research program that followed the children until they were at least 19, researchers proved that the preschool program actually worked.

In addition, OJJDP is involved in:

- ◆ A National Gang Research Program to determine the nature and extent of the gang problem in this country.
- ◆ Safe Futures Program. OJJDP will provide \$1.76 million to each of five sites for an ersatz continuum-of-care approach. Because OJJDP doesn't have enough money to develop a continuum of care for the entire juvenile justice system, the agency is encouraging communities to work together to set up a continuum of care. There will be three urban sites, one rural, and one Native American.

OJJDP Resources on Violence

- ◆ What Works: Promising Interventions in Juvenile Justice. *Program Report*. October 1994.
- ◆ Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders Program Summary. June 1995.

For additional information, contact Ms. Joan Hurley, Office of Juvenile Justice & Delinquency Prevention, 633 Indiana Avenue, NW, Room 742, Washington, DC 20531; 202/307-5929.

Dr. Edwin Zedlewski, National Institute of Justice

The National Institute of Justice (NIJ) is the Department of Justice's primary research arm. NIJ was started in 1968 within LEAA and became autonomous in 1979. NIJ has a staff of about 50 and a base budget of \$27 million for the current fiscal year. NIJ has a relationship with most other Federal agencies, including Health and Human Services, Housing and Urban Development, Education, Centers for Disease Control, Agriculture, Defense, and CIA. NIJ also works with many private foundations, including Ford, Rockefeller, and Robert Wood Johnson. NIJ funds research across the entire range of criminal justice. The agency's funding strategy is based on an annual program plan that defines the areas to which NIJ intends to commit resources.

NIJ Initiatives Related to Violence

NIJ supports research on the links among drugs, gangs, families, and juveniles. Some examples:

- ◆ Firearms violence--NIJ is supporting research on the diffusion model involving kids, guns, and drugs. In the mid-80s, in response to the cocaine and crack cocaine epidemic, mandatory sentences were instituted in many jurisdictions. In response, dealers began recruiting juveniles because they would not be severely prosecuted. Because these kids were carrying guns, others--especially in impoverished neighborhoods--began to carry them. The escalation of the need for everyone to protect themselves is one of the models under investigation. NIJ is also supporting studies of the prevalence of guns in and around schools and a study on household ownership of guns.

NIJ is also funding a number of interventions related to firearms. For example, in Kansas City, police are using aggressive interrogation about the possession of guns. The simple act of interrogation seems to have had a profound impact in that city, and the approach is being replicated with NIJ support in Indianapolis and Washington, DC. A firearms supplement is also being attached to NIJ's Drug Use Forecasting studies. Preliminary results suggest that 42% of those involved with drugs are holding weapons at the time they are dealing. The links are apparently quite strong.

- ◆ Prevention programs--NIJ is supporting a number of prevention programs, including violence prevention programs in the schools, peer mediation programs, creative conflict resolution in elementary schools, Children at Risk, Boys' and Girls' Clubs, and studies of gang membership prevention and early intervention. NIJ is studying the results of all these programs as post-mortems rather than having had theoretical models and clear goals in the beginning. (For program descriptions, see "Current Prevention Programs, Activities, and Reports," available from the NIC Information Center.)
- ◆ Research on family violence--Family violence is a uniquely preventable form of violence. NIJ has found that people serving time for domestic violence are no different from others serving time in jail for other offenses. They commit the same number of crimes; they have simply found another way to manifest their violence. The first controlled

experiments suggested that arrest was superior to either counseling programs or a cooling-off period. Based on that research, police departments instituted arrest policies. However, it is now not so clear that arrest is the best approach.

The Crime Bill includes encouragement for no-drop prosecution policies, which sound very appealing, but there may be some very valid reasons not to adopt such policies. For example, the case may involve a one-time incident, or a divorce may be under way. NIJ is doing research on these no-drop policies and will report on results in the next few years.

- ◆ Other topics of NIJ-sponsored research include child abuse, drug testing, gangs, and closed circuit television testimony in child assault cases. One study of children is following various cohorts, beginning prenatally, in 50 neighborhoods to see what happens to these children.
- ◆ At the request of Congress, NIJ will be doing a national random-sample telephone survey on the prevalence and aftermath of child abuse.
 - Cooperative projects with other Federal agencies include:
PAVNET--Partnerships Against Violence Network--Seven Federal agencies have pooled information on promising programs, funding resources, and general information sources. PAVNET is now on Internet. Initial components are an online search and retrieval system; a directory of 600 programs, 200 information and technical assistance sources, and about 125 funding sources; networking among more than 30 Federal clearinghouses and resource centers; and e-mail.
 - Workplace violence is being investigated with the Occupational Safety and Health Administration (OSHA) and the National Institute of Occupational Safety and Health (NIOSH).

NIJ Resources on Violence

- ◆ Building the Peace: The Resolving Conflict Creatively Program. *NIJ Program Focus*, 1994. 15 p.
- ◆ Current Prevention Programs, Activities, and Reports (draft, 1/12/95). 11 p.
- ◆ Drug Use Forecasting: 1993 Annual Report on Juvenile Arrestees/Detainees. *Drugs and Crime in America's Cities. Research in Brief*, November 1994. 20 p.
- ◆ Family Violence Research Program: Project Abstracts, Oct.1, 1993-February 28, 1995. 29 p.

- ◆ Gang Crime and Law Enforcement Recordkeeping. *Research in Brief*, August 1994. 11 p.
- ◆ Intricate Pathways: Project on Human Development in Chicago Neighborhoods, 1995. 16 p.
- ◆ NIJ Research Plan, 1995-1996. 23 p.
- ◆ PAVNET Online User's Guide. *Research in Action*, March 1995. 43 p.
- ◆ Research on Firearms and Violence. 17 p.
- ◆ Understanding and Preventing Violence. *Research in Brief*, February 1994. 11 p.
- ◆ Victims of Childhood Sexual Abuse: Later Criminal Consequences. *Research in Brief*, March 1995. 8 p.
- ◆ Violence in Cornet City: A Problem-Solving Exercise. *Issues and Practices*, April 1995. 38 p.
- ◆ Weapon-Related Victimization in Selected Inner-City High School Samples. *NIJ Update*, January 1995. 2 p.

For additional information, contact Dr. Edwin Zedlewski, National Institute of Justice, 633 Indiana Ave., NW, Washington, DC 20531; 202/307-2953.

Dr. Robert A. Kirchner, Bureau of Justice Assistance

The Bureau of Justice Assistance (BJA) provides federal assistance to state and local governments through both formula and discretionary grants, technical assistance, and evaluation. All BJA-funded projects are intended to produce information on what works.

Formula Grants

BJA has developed partnerships with states and localities and a system for documenting their success:

- ◆ State Reporting and Evaluation Program -- To receive funds, a state must have a strategy that encompasses its entire criminal justice system. BJA must approve the strategy before grants are made.
- ◆ BJA requires every funded program to provide a Program Brief. BJA maintains consistent monitoring, reporting, and evaluation requirements for each program. Once a year, states put together a State Annual Report on the impact of their programs for that year.
- ◆ Based on these annual reports, BJA compiles information on what states are doing in specific areas of criminal justice. For example, a BJA report on domestic and family violence contains information on 202 programs. Program managers must agree to network with others who are interested in what they are doing. NIJ has also completed reports on prosecutors' programs and treatment programs.

Discretionary Grants

Based on an assessment of state evaluation programs and the work of other agencies, including research from NIJ, BJA annually develops a discretionary plan that documents specific program development areas. The agency funds demonstration programs and disseminates information based on their results. BJA also produces Program Guides and Implementation Manuals, developed in cooperation with professional associations. BJA annually surveys program managers, state agency people, and others to identify their interests. The results become the basis for an annual meeting.

Research

With NIJ, BJA developed a set of national initiatives and guidelines for evaluations. Based on national meetings sponsored by state and local jurisdictions, BJA is publishing a series of volumes on *State and Local Programs: What Works*.

- ◆ Volume I of the series includes evaluations of rural issues and programs; treatment, rehabilitation, and education; understanding and combating violence; and preventing drug abuse and violent crime. It covers about 50 documented programs.

- ◆ Volume II provides information on successful collaborative programs, focusing on those that include components outside the criminal justice system. Part 2 of this volume emphasizes programs addressing youth, drugs, and violence. Part 3 is on innovative court programs.

What Works: Evaluation

BJA requires certain characteristics of its supported programs, which are designed to determine what works. For example, all programs should be self-sustained within their jurisdiction so that they can continue over time. Programs are taught to be self-evaluating, and they must also be open to external evaluations. The problem is that there is no money to fund evaluations in this country; only a miniscule proportion of the evaluation that should be done actually occurs.

Criminal justice programs must also work closely with other groups outside criminal justice. BJA has reinforced the notion of having 56 laboratories across the states and territories. Many are doing much better today than they were before BJA. It is important to remember that all programs are local. Federal agencies must recognize that they don't have the solutions in Washington; they must learn from the programs themselves.

BJA's evaluation program produces the following types of evaluation studies:

- Program Evaluations,
- Process (Implementation) Evaluations,
- Assessments and Special Analyses,
- Program Monitoring and Analysis, and
- Administrative, Technical, and Financial Reviews.

Bureau of Justice Assistance Resources

- ◆ Assessing the Effectiveness of Criminal Justice Programs. *Assessment and Evaluation Handbook Series No. 1*, January 1994. 50 p.
- ◆ Documenting the Extent and Nature of Drugs and Violent Crime: Developing Jurisdiction-Specific Profiles of the Criminal Justice System. *Assessment and Evaluation Handbook Series No. 4*, December 1994. 58 p.
- ◆ Domestic and Family Violence: Highlighted Programs from the State Annual Reports, September 1994. 107 p.
- ◆ Research and Evaluation. Bureau of Justice Assistance. Fiscal Year 1995. 10 p.

- ◆ State and Local Conference on Violent Crime and Drug Abuse: Reinforcing Government and Community Partnerships. (Conference Summary, December 1994, Jacksonville, Florida), March 1995. 128 p.

- ◆ State and Local Programs: Focus on What Works. Volume I: Rural Issues and Programs; Treatment, Rehabilitation, and Education; Understanding and Combating Violence; and Preventing Drug Abuse and Violent Crime, 1994. 323 p.

- ◆ Successful Collaborative Programs: Improving the Criminal Justice System. *Innovative State and Local Programs*, May 1995. 128 p.

For additional information, contact Dr. Robert Kirchner, Bureau of Justice Assistance, 633 Indiana Avenue, NW, Washington, DC 20531; 202/616-3455.

Dr. Curt Toler, Federal Bureau of Prisons

Almost 20% of all current offenses for which Federal inmates are incarcerated are crimes of direct and real violence, including homicide, manslaughter, robbery, rape, or aggressive assault. An even greater percentage of inmates have past convictions for violent offenses and for possession of weapons.

Among the sentenced Federal inmate population, there is a strong association between drug and alcohol abuse and the likelihood of committing a violent offense. Of inmates serving time for a violent offense, more than half reported using drugs in the month prior to arrest or were under the influence of alcohol at the time of their current offense. The relationship between drugs and violence is much more complex than simply the direct correlation between drug use and violent offenses. Drug-abusing behaviors co-exist with criminal activity, often spawn it, sometimes require it, generally intensify it, and frequently attract it. The two are very closely linked.

Bureau of Prisons' Approaches to Managing Violence in Institutions

The Bureau of Prisons uses the following methods to control violence in its institutions:

- ◆ Personal interviews;
- ◆ Staff training;
- ◆ Security Designation System that places inmates in facilities;
- ◆ Confrontation Avoidance Program--(Of 1,873 use of force incidents, 806 were resolved through confrontation avoidance);
- ◆ Careful monitoring of inmate gangs with known propensities for violence; and
- ◆ Aggressive management of inmates with serious mental health problems.

Treatment Efforts

- ◆ Because more than 30% of the Bureau's inmates have a diagnosable (DSM-IV) drug problem, the Bureau has targeted the lion's share of treatment resources at this group. The BOP's Drug Abuse Treatment Program addresses inmate drug abuse by attempting to identify, confront, and alter inmates' attitudes, values, and thinking patterns that lead to criminal and drug-using behavior. The program also deals with the angry, often violent, actions that become a large part of that lifestyle. A key feature of the treatment approach adopted by the BOP is that a relapse prevention plan follows the inmate upon release to a

halfway house or community supervising authority. Treatment is provided through community-based providers that use the same treatment approach as the Bureau's. Regular urinalysis is an important aspect of this program.

- ◆ All inmates diagnosed with a serious drug problem are required to participate in a one-week educational/motivational program that is available in every BOP institution. The program is designed to motivate inmates to *volunteer* for the intensive Residential Drug Treatment Programs. For those who qualify, the incentive for participation is great; they may receive up to one year off their current sentence upon graduating from the program.
- ◆ Residential programs--The Bureau has 33 residential programs ranging from 6 to 12 months in length, with a bed/treatment capacity of more than 3,200. Nearly 2,000 inmates are waiting to get into these residential programs, and this number continues to grow.
- ◆ All residential programs use a standard curriculum developed by prison psychologists who have spent their careers in this area of specialization. All individual and group interventions and positive skill-building techniques are based on two premises:
 1. The inmate is responsible for his/her behavior, and
 2. The inmate can change his/her behavior.
- ◆ Other BOP programs targeted to violent offenders include:
 - *Anger Management Programs*. These have two models:
 - Cognitive behavior program, which includes "Cage Your Rage";
 - Alternatives to Violence, which involves seminars derived from the Quaker religious tradition and imparts techniques for non-violent conflict resolution.
 - *Values Development*--teaching honesty, responsibility, tolerance, and respect.

For additional information, contact Dr. Curt Toler, Federal Bureau of Prisons, Psychology Services, 320 First Street, NW, Washington, DC 20534; 202/633-2214.

Nancy Shomaker, National Institute of Corrections

The National Institute of Corrections (NIC) provides leadership and assistance to the field of corrections. NIC is unique as a Federal agency because it provides direct service, rather than financial assistance, as the primary means of carrying out its mission. Its program responds directly to the needs identified by those working in state and local corrections agencies.

The organizational structure of the Institute is one where the primary constituent groups in adult corrections--jails, prisons, and community corrections--are represented and served by an NIC division. All adult corrections agencies are also served by the Academy Division and the NIC Information Center. Agencies may be eligible for assistance for programs and services addressing violent offenders through any of the following mechanisms:

- ◆ **Direct technical assistance** provides expertise to the requesting agency. There is no award of funds to the agency; the technical assistance is usually provided through onsite assistance.
- ◆ **Information services** support all NIC programs. Through the development and dissemination of practical materials, NIC is able to cost-effectively assist practitioners in improving their agency operations and programs. The NIC Information Center maintains a collection of the most current and useful materials available in corrections and related fields, and specializes in unpublished materials developed by state and local agencies.
- ◆ **Special Emphasis Programs** are available in specific areas in which NIC has completed developmental work and has established a coordinated, multifaceted approach to assisting agencies in successful program implementation. Activities can include technical assistance, training, peer consultation, and information. A Special Emphasis Program for fiscal year 1996 that specifically addresses jurisdictions' responses to violent offenders is **Public Protection Through Offender Risk Management**.

This program assists correctional administrators and policymakers in exploring programming for high-risk offenders that contributes to public safety through effective offender management. By studying the merits of such approaches as punishment, surveillance, and treatment as ways of intervening with offenders and reducing crime, it identifies program elements and strategies that have proven effective with high-risk offenders.

As one part of the program, NIC is co-sponsoring with corrections agencies, organizations, and associations up to ten 1- to 2½-day workshops that: 1)

promote an understanding of the goals of corrections as part of the criminal justice system, 2) explore the empirical basis for correctional interventions in managing risk and promoting public safety, and 3) examine the implications of various interventions for correctional management and programs. Typically, the workshops are held in conjunction with national, regional, or local conferences or meetings. NIC provides the curriculum, trainers, and all related materials for the workshops, but does not pay expenses of those attending.

For the second part of the program, NIC provides technical assistance--including but not limited to onsite consultation and training--to help community corrections agencies implement the principles of risk management and effective correctional programming. Priority is given to agencies previously represented at one of the workshops.

- ◆ **Training activities** include seminars, regional training, teleconferences, conference workshops, regional trainers' activities, and technical assistance. Most seminars are conducted in Longmont, Colorado, by or in coordination with the NIC Academy Division.

Training activities scheduled for fiscal year 1996 include the following Offender Management seminars:

- A Systems Approach to Managing Substance-Abusing Offenders
 - Cognitive Approaches to Changing Offender Behavior
 - Managing Women Offenders (with Technical Assistance)
 - Forum on Critical Issues in Managing Women Offenders
 - Prison Industries Workshop.
- ◆ Another seminar, **Effective Interventions with High-Risk Offenders (with Technical Assistance)**, specifically addresses managing violent offenders. The 36-hour program focuses on developing, implementing, and operating correctional programs specific to an agency's needs that use appropriate interventions for high-risk offenders, promote public safety, and reduce recidivism. It reviews current research about criminal conduct and how to effectively intervene to bring about behavioral change. Key topics include assessment of offenders' needs and risk of recidivism, principles of effective program design, implementation strategies, and program monitoring and evaluation. Technical assistance will be provided to a limited number of seminar participants to assess their agency's planning for new or revised programs for managing high-risk offenders.

Two- or three-person teams from prisons, jails, or community corrections agencies may attend the training. More information and application procedures and forms are contained in the NIC Schedule of Training Services for Fiscal Year 1996.

NIC Resources

- ◆ NIC Annual Program Plan, Fiscal Year 1996. July 1995.
- ◆ NIC Schedule of Training Services for Fiscal Year 1996. June 1995.

For copies, contact NIC at 1-800-995-6423 or 6429. For additional information, contact Nancy Shomaker, NIC Academy, at 1-800-995-6429.

Medical/Treatment Panel

Mark Long, Division of Violence Prevention, Centers for Disease Control

The Division of Violence Prevention (DVP) is one of the newest centers in the Centers for Disease Control (CDC). The Division's activities currently focus on youth violence and violence against women.

The Public Health Model

The public health model has been used successfully in the fields of disease prevention, environmental health, and injuries prevention. It has seen notable success in the area of motor vehicle injury prevention, where collaboration between CDC and the National Highway Traffic Safety Administration has resulted in dramatic decreases in highway deaths over the past two decades. Steps in the model are as follows:

1. *Conduct surveillance (data collection)*. Surveillance involves learning about the problem through counting cases, describing cases, setting baseline measures to compare against trends over time. Surveillance makes it possible to determine the effect of interventions by measuring where we are at the beginning of a prevention effort and comparing levels with where we are after programs have been implemented.
2. *Identify risk factors*. Our understanding of modifiable risk factors should guide the development of prevention programs. For example, increased cases of homicide have been primarily among the young. We know that a major risk factor in such cases is unsupervised access by youth to firearms. If communities can reduce this access, we may save thousands of lives each year.
3. *Develop, test, and evaluate programs*. Prevention programs should be developed based on their potential impact on modifiable risk factors. These interventions are tested and evaluated on the basis of data. For example, if the program is designed to reduce violent behavior, you look for indicators of violent behavior. In the small community-based programs DVP is developing, such indicators might be suspensions from school for fighting, classroom disruptions, or the high school drop-out rate. By comparing indicators before and after the intervention, it is possible to objectively gauge its success or failure.
4. *Publicize successful programs*. Implement the program on a wide scale, train people to work in similar programs, and bring knowledge to the general public.

The Centers for Disease Control is involved in a variety of activities that touch on various points in this model. For example, in terms of surveillance and data collection, CDC's Division of Adolescent and School Health conducts a survey of high school students. Results of this survey demonstrate the large numbers of youth who carry weapons. Of the youth in this survey, 22% reported carrying some kind of weapon to school for self-defense during the preceding 30 days. About 8% carried firearms, an obvious risk behavior for violence.

Overview of Youth Violence Prevention Programs

- ◆ Evaluations of Specific Youth Violence Intervention Projects--These cooperative agreements were undertaken to evaluate specific interventions that may reduce injuries and deaths related to interpersonal violence among adolescents and young adults. The interventions may influence one or more of the factors in the causal chain that leads to violence. They have theoretical and empirical foundations and are intended to produce measurable behavioral or health (i.e., injuries or deaths) improvements. Eleven projects have been funded. Interventions being evaluated include educational interventions, mentoring, public awareness campaigns, and conflict resolution programs. The agency has drawn from programs that exemplify strategies that are broadly disseminated nationwide. For example, evaluations of conflict resolution programs, a widely popular approach, have shown mixed results and may indicate that the programs are not effective. The premise on which conflict resolution is based is that conflict arises because the individuals involved lack skills required to resolve disputes in a non-violent manner.

What is becoming clear, however, is that many adolescents perceive violence as a preferable way of resolving conflict in their environments. The decision to use violence may not arise from a lack of skill with peaceful alternatives, but from a rational assessment of the situation and the merits of the various options available. CDC understands that outcome evaluations indicating that some strategies are not effective can be threatening to dedicated groups working on the front lines, but this knowledge should stimulate our search for effective solutions, since it guides us to broaden our horizons to discover other potentially promising interventions.

- ◆ Community Demonstration Projects--These projects are intended to provide information about the effectiveness of the interaction of multiple community forces in a coordinated violence prevention program that includes multiple interventions. The projects are designed to enable CDC to assist communities in designing and implementing multi-faceted community youth violence prevention programs through three- to five-year cooperative agreements.

The purpose of the strategy is: (a) to identify successful methods for delivering youth violence interventions at the community level and (b) to determine if multi-faceted community programs can reduce injuries and deaths due to violence. Three projects were funded--in Durham, North Carolina; Houston, Texas; and Brooklyn, New York. They involve mentoring, parental training, peer leadership, job training, conflict resolution training, and rites of passage programs.

Other Activities Related to Youth Violence

- ◆ Compendium of Evaluation Instruments--This document will include not only evaluation instruments used by the projects CDC is funding, but also those used by other programs. Programs are invited to send in their evaluations to be published, thus increasing understanding among programs of how to evaluate outcomes.
- ◆ A free publication called "The Prevention of Youth Violence: A Framework for Community Action" provides a kind of menu for communities that want to develop programs to address youth violence, describing factors that should go into planning a program and giving examples of implemented programs whose staff can provide valuable insights based on their experiences.
- ◆ A Study of Violent Deaths in Schools found that, against the overall background of violence in our society, the numbers of violent deaths in schools were relatively small. In general, schools appear to be safer than the streets.
- ◆ One program that appears to be getting very good results is the Home Health Visitation Program. Public health nurses visit young parents and give advice and support in raising children who would otherwise be at very high risk for a variety of health problems. Although the program focused on the prevention of birth defects and disabilities, it has been very effective at reducing child abuse.

Collaborative Projects

Examples of collaborative projects include:

- ◆ CDC's Family and Intimate Violence Prevention Team is working with a number of other groups, including the National Science Foundation, the National Academy of Science, Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute of Justice (NIJ) to learn what is needed to develop a strong prevention agenda. They are studying risk factors, developing definitions to improve the ability to conduct surveillance, and funding model surveillance projects in three states.

- ◆ CDC and NIJ are collaborating on a national survey of domestic violence and a study of a large health maintenance organization to determine the level of violence against women, and are working with SAMHSA in developing training centers for prevention program staff and health care providers.
- ◆ CDC is collaborating with several private and governmental agencies on a national public awareness campaign aimed at changing attitudes regarding domestic violence.
- ◆ NIJ and CDC's Division of Violence Prevention are involved in a project run by the Emory School of Public Health to develop a multi-level intervention against firearm injuries and violence among youth.
- ◆ OJJDP, BJA, HUD, and CDC co-funded a planning project in Chicago, "A Partnership for Prevention." A physician from the University of Illinois at Chicago is working closely with the mayor's office and a broad coalition of violence prevention community-based organizations and other government agencies to develop a comprehensive approach to violence prevention in the Windy City.
- ◆ The Health Resources and Services Administration (HRSA) and CDC are working on a family violence prevention project among migrant farm workers.
- ◆ The Indian Health Service is collaborating with CDC in evaluating suicide and violence prevention programs run by four Indian Health Service Centers.
- ◆ CDC has worked closely with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) for seven or eight years in a study of risk factors for serious suicide attempts, including acute intoxication and chronic alcoholism. Another risk factor studied was "contagion," the idea that if an individual is personally close to someone who has committed or attempted suicide, that individual is at higher risk for attempting suicide.

The Future

The National Center for Injury Prevention and Control needs to market its products and activities better, in order to assist communities develop effective ways to reduce injuries and deaths due to interpersonal and self-directed violence. For example, CDC hopes to motivate policymakers and the public to recognize suicide as a serious public health problem, albeit a preventable one.

The agency is frequently criticized for its research on firearm injuries, and foes have tried repeatedly to eliminate its funding. So far these efforts have been unsuccessful, mainly due to the widespread support of governmental partners at all levels (e.g.,

Justice, Education, and HUD), public health leaders, national advocacy groups, and community activists.

CDC's clear strengths include:

- ◆ *Evaluation.* CDC is a widely respected research institution whose constituency is generally the public health planners in state and local governments. The focus on prevention-oriented research is unique among the nation's health agencies, and it fills a major gap in our understanding of "what works" in reducing the toll that violence and other serious health problems exact upon our population.
- ◆ *Collaboration.* CDC has a broad, well-established constituency of state and local health agencies, and extensive connections to community-based organizations (CBOs), upon which we have built and continue to build partnerships with many other agencies and disciplines to integrate our efforts into coordinated responses to violence and other serious public health issues.
- ◆ *Data collection and analysis.* Annual data on causes of death, hospital discharges, and other medical care visits are available through CDC's National Center for Health Statistics. Other CDC data sources include the Youth Risk Behavior Surveillance System, and the Behavioral Risk Factor Surveillance System, conducted through the National Center for Chronic Disease Prevention and Health Promotion. DVP scientists also collaborate with colleagues in the Department of Justice to analyze the Uniform Crime National Crime Survey. Detailed analyses of these data sets greatly increase our understanding of the extent, magnitude, historical trends, and characteristics of populations at risk for violence.
- ◆ *Knowledge dissemination and technical assistance.* Articles in the *Morbidity and Mortality Weekly Report*, CDC's newsletter, provide brief updates of emerging health problems, outbreaks, and significant trends. CDC scientists publish numerous articles in peer-reviewed journals targeted to large audiences of professionals in public health, mental health, behavioral science, and criminal justice. The DVP publishes surveillance summaries describing trends and characteristics of important violence-related health problems; reports on suicide, firearm injuries, and homicide will be released in the next year. Prevention guidelines are perhaps CDC's most important contribution to the understanding and development of effective strategies for violence prevention. Two such publications, "Youth Violence Prevention: A Framework for Community Action" and "Youth Suicide Prevention Programs: A Resource Guide," are available free through the Division of Violence Prevention at CDC. CDC is also improving its capacity to provide information via the Internet; details can be obtained under CDC's Home Page.

In December 1994, the CDC introduced an automated information line on the National Center for Injury Prevention and Control's program to reduce morbidity, disability, mortality, and costs associated with injuries outside the workplace. The automated line offers the latest information available from CDC concerning violence prevention, unintentional injuries, acute care and rehabilitation of injured persons, disabilities prevention, spinal cord injury, traumatic brain injury, assistance in injury research and interventions, and leadership and coordination of national injury control efforts.

Callers to the automated line (404) 488-4677 may obtain information 24 hours a day, 365 days a year via brief recordings, facsimile, and mail. Faxes usually are received within five minutes and mailed items within ten working days.

CDC Division of Violence Prevention Resources

- ◆ 1995 Youth Violence Prevention Projects Funded in September 1993. 17 p.
- ◆ "Public Health Policy for Preventing Violence," in *Health Affairs* (Winter 1993). (Not available from the NIC Information Center.)
- ◆ The Prevention of Youth Violence: A Framework for Community Action, by Mary Fenley, 1994. 95 p. (Not available from the NIC Information Center.)

For copies of these documents or additional information, contact: Division of Violence Prevention (K60), Centers for Disease Control and Prevention, 4770 Buford Highway NE, Atlanta, GA 30341-3724.

Dr. Donald Williams, Professor, Department of Psychiatry, Michigan State University

Projects Addressing Violence

Michigan State University's Department of Psychiatry has conducted three projects addressing violence. All the projects resulted from a consent decree in the Michigan prison system.

- ◆ The Federal court ordered one study, which remains a benchmark study whose methods have been used by other systems. The 1986 study found that approximately 51% of mentally ill inmates were African-Americans; 37% were European-Americans; there was a small proportion of Asians and Hispanics. Five percent of mentally ill inmates were women.
- ◆ A state-funded epidemiological survey of the Michigan prison system was completed in 1987. The survey was conducted in two waves. The first wave studied a random sample of prisoners, using NIMH's Diagnostic Interview Schedule. Using this schedule, a trained interviewer asks a number of specific questions; interpreting results does not require any clinical judgment. The second wave, which re-surveyed prisoners identified through the first wave sample as having psychiatric symptoms, used a different instrument, the Structured Clinical Interview and Diagnostic Schedule, to establish psychiatric diagnosis and severity of illness. Trained clinicians, primarily African-American psychologists and psychiatrists, conducted the second wave. Some results:
 - The results indicated a high prevalence of mental illness among prison inmates. For example, schizophrenia rates were close to twice as high as in community samples. Inmates also had high levels of mood disorders, anxiety, and obsessive-compulsive disorders.
 - The study also found high levels of cognitive impairment among inmates.
 - Differences were identified in the prevalence of psychiatric disorders by race, including a significantly higher prevalence of mood disorders among the white male population than for male African-Americans and a rate of cognitive impairment almost twice as high for African-Americans as for whites.
 - Severe mental illness was associated with higher levels of security, but there was also a significant racial difference in this regard.

White males with the most severe impairments were found mostly in medium security classifications, while black males with the most severe impairments were in the highest security levels.

Implications for Corrections

The study has a number of implications for corrections:

- ◆ The study validated the usefulness of epidemiological data, not only to identify the prevalence of mental illness but also to indicate the kinds of programs prison systems need to provide for the mentally ill.
- ◆ It also pointed to the power of good science in helping understand the issue of violence. Because there is a higher prevalence of mental illness in prison systems than in the general population, one way to reduce violence is to provide for more adequate diagnosis and treatment of severely mentally ill inmates.
- ◆ Some cultural biases that occur in prison systems were identified through the study. For example, most correctional officers in Michigan prisons are European-Americans from rural areas who have had little experience in dealing with the primarily urban African-American inmates. The result was a great degree of misreading and wrong assumptions about people's behavior. Signs of psychiatric symptoms are determined by our cultural background, so blacks who were actually mentally ill were more likely to be seen as "bad" than "mad" and thus assigned to high security levels.
- ◆ Most prison inmates are incarcerated as a result of an involvement with drugs. Drug prevention in the community and follow-up are therefore very important. The fact that about 80% of persons diagnosed with mental illness return to prison within two years is a clear indication of a lack of services to deal with their problems.

Other Projects

- ◆ Michigan State Psychiatry Department faculty are serving as consultants to a pilot program of the Detroit-Wayne County Community Mental Health Board designed to provide a model of close case monitoring and comprehensive mental health, substance abuse, rehabilitative, and probationary services to mentally ill persons released from state prisons and the Wayne County jails. The goals of the Mental Health Board and Psychiatry faculty are to develop clinical consultation and inservice training.
- ◆ Psychiatry Department faculty are also responding to an RFP to provide inservice

training and treatment outcome evaluations at the Women's Inpatient Unit at the state's prison psychiatric hospital.

- ◆ Michigan State University faculty have also had preliminary discussions with state corrections officials about providing consulting services to the prison reception centers and administrative segregation unit.

For additional information, contact Dr. Donald Williams, Department of Psychiatry, Michigan State University, East Fee Hall, East Lansing, MI 48824-1316; 517/353-3888.

Dr. Mary Knipmeyer, Substance Abuse & Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA) is under the Public Health Service. Until 1992, the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Office for Substance Abuse Prevention, and the Office of Treatment Improvement comprised the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). In 1992, the administration proposed a new arrangement that would return NIMH, NIDA, and NIAAA to NIH. At that time, SAMHSA was created under NIMH.

The Violence Research Branch of NIMH is doing some interesting research on violence, especially on biomedical issues. NIDA and NIAAA also have a biomedical focus, but they include health services research as part of their programs.

Relationship of Violence to Alcohol and Drugs

Being under the influence of alcohol or other drugs can be a precipitating factor in violent behavior. Alcohol and other drugs are associated with 49% of homicides, 68% of manslaughter charges, 20-35% of suicides, 62% of assaults, 52% of sexual assaults, 38% of child abuse, and approximately 50% of spousal abuse cases. Moreover, individuals who have been victims or witnesses to violence have a greater propensity for involvement with alcohol or other drugs. They also experience more mental health problems.

A major priority for SAMHSA is to address violence against women. The literature suggests that 75-80% of women who need substance abuse treatment are either currently in battering situations or have experienced physical abuse or sexual assault at some time in their lives. Children raised with violence in the home are at greater risk of becoming violent themselves. Violence in the home creates a pattern and expectation among children that violence is an appropriate reaction to stress and an effective way to express anger.

Because violence is such a critical issue in the fields of mental health and substance abuse, SAMHSA has established a committee of Violence Coordinators to provide leadership on violence-related policies and to coordinate activities across the agency. A number of activities relating to violence, substance abuse, and mental health have been undertaken within each of SAMHSA's three Centers (Center for Mental Health Services, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment) and the Office of the Administrator.

SAMHSA's violence-related activities take three different approaches:

- ◆ Knowledge Building,
- ◆ Knowledge Dissemination, and
- ◆ Training and Technical Assistance.

Knowledge Building Activities

Several of SAMHSA'S demonstration grant programs include a focus on violence. One is specifically targeted to the prevention of alcohol- and other drug-(AOD) related violence. These programs include the following:

- ◆ *CSAP Demonstration Grants for High-Risk Youth Populations* utilize comprehensive community-based approaches to AOD prevention targeted to high-risk youth, including those currently or at high risk of becoming victims, witnesses, and/or perpetrators of violent acts associated with AOD. The component on female adolescents focuses specifically on risk factors for alcohol and other drug use that are particular to girls and young women or that they may experience differently than their male counterparts.
- ◆ *CSAP Demonstration Grants for Pregnant and Postpartum Women and Infants* program provides comprehensive community-based programs to help women of childbearing age avoid use of alcohol and other drugs during pregnancy.
- ◆ *CSAP Community Partnership Demonstration Grants* support coalitions in building long-term prevention strategies, many of which include the prevention of violence.
- ◆ *CSAP Critical Populations Demonstration Grants* program develops treatment program enhancements geared towards adolescents ages 10-21; racial and ethnic minorities; residents of public housing; women, their infants and children; and rural populations. Violence prevention and anger management are integrated into these projects.
- ◆ *CSAT Residential Treatment Demonstration Grant Program for Women and Children and Residential Treatment Services Grant Program for Pregnant and Postpartum Women* provide comprehensive treatment services for women who are at especially high risk in settings in which they can bring their children with them. These programs use a Comprehensive Treatment Model developed by CSAT, which includes assessment of abuse histories, counseling for physical and sexual abuse, safe housing, and other services. Domestic partners are included in treatment, as appropriate.

- ◆ *CSAT Criminal Justice Treatment Demonstration Grants* support programs that integrate anger management, violence prevention and control, and pro-social skills into their therapeutic service continuum. Settings for these programs include juvenile justice settings, prisons, jails, community treatment settings for probationers/parolees, and court diversion programs.
- ◆ *CSAT Target Cities* program provides services to populations in metropolitan areas. Improved treatment outcomes are defined as reduced alcohol and drug use; increased overall physical, psychiatric, and psychological health; improved social and family functioning; and reduced involvement with the criminal justice system.
- ◆ *CSAT AIDS Linkage Program* strengthens links between the primary health care, alcohol, substance abuse, HIV/AIDS, and mental health treatment systems. Goals include reducing AOD use, decreasing criminal involvement, assessing and addressing bio-psycho-social needs, and addressing the comprehensive needs of the client. These interventions also have an impact on violent behavior.
- ◆ *CSAT Cooperative Agreements for Substance Abuse Treatment and Recovery Systems for Rural Remote and Culturally Distinct Populations* include services to adolescents, especially those involved in the child welfare system.

Knowledge Dissemination Activities

- ◆ *National Women's Resource Center for the Prevention and Treatment of Alcohol, Tobacco and Other Drug Abuse and Mental Illness* provides knowledge development and dissemination, training, and technical assistance activities relating to women's substance abuse and mental health issues across the life cycle, including violence against women. For example, an Issue Forum in July 1995 in Washington, DC, focused on the topic of Women and Violence Across the Life Cycle.
- ◆ *National Clearinghouse for Alcohol and Drug Information* provides free publications on alcohol and other drug use and related issues, such as violence, for all age groups.
- ◆ *CMHS Mental Health Forum on Physical/Sexual Abuse in the Lives of Women with Serious Mental Illness*, held in July 1994, was a critical first step in shaping a national agenda on physical and sexual abuse in the lives of women with serious mental illness. CMHS has convened a Technical Expert Group through the

National Women's Resource Center to synthesize conference findings and finalize recommendations to CMHS.

- ◆ *Violence Forum within Prevlive* allows users of CSAP's on-line information service to communicate directly on issues related to AOD-related violence. The forum promotes research, evaluation, networking, data exchange, and sharing of ideas.
- ◆ *SAMHSA Contribution to Administration for Children and Families Domestic Violence Hotline* supports training for hotline staff to ensure that they are knowledgeable about the involvement of alcohol, drugs, and mental health in incidents of domestic violence and can make appropriate referrals to services.
- ◆ *Communication Grants* assist communities in developing, testing, and implementing communication tools to build awareness and mobilize parents, youth, and community leaders to act in the area of AOD-related violence prevention.

Training and Technical Assistance Activities

- ◆ *Community Team Training Institute on Violence Against Women as a Factor in Lives of Women with Substance Abuse Problems and Mental Illness.* SAMHSA's Office for Women's Services, CSAP, CSAT, and CMHS have nearly completed a training curriculum to be utilized through the National Women's Resource Center. The training program (Community Team Training Institute) will bring together teams of state and local officials from a range of fields to develop strategies to address violence against women and its relationship to substance abuse and mental health problems among women in their communities.
- ◆ *CSAP Violence Prevention Community Partnership Training* helps local community partnerships develop strategies to prevent and counteract AOD-related violence in their communities.
- ◆ *CSAP AOD-Related Violence Prevention Leadership Support Contract* provides substantive, technical, and administrative support for a series of special leadership activities to prevent AOD-related violence (e.g., specialized work group, meetings, and conferences on diverse topics, and the AOD-related violence prevention community early warning network).

Current Partnerships with Other Agencies

SAMHSA has current partnerships on various violence-related activities with the Centers for Disease Control, the Administration for Children and Families (ACF), Drug Enforcement Administration, and the Health Resources Services Administration.

SAMHSA is very interested in expanding its current collaborative relationships and in developing new relationships with other Federal agencies and departments, including the Department of Justice, Department of Education, Department of Housing and Urban Development, and the Department of Labor. Some areas of interest include:

- ◆ Collaboration on information dissemination, e.g., joint sponsorship of conferences, public education activities, expanded utilization of current electronic/on-line information systems, and development of informational materials.
- ◆ Collaboration on training and technical assistance activities.
- ◆ Collaboration on demonstration projects to improve the integration of services.

There are a number of common issues we can address together. SAMHSA is interested in how to address system change without losing the valuable information that has been gained in individual topical areas. SAMHSA made awards in 1995, but this is the last year of these types of awards. In the future, SAMHSA will change from awarding \$500 million in demonstration grants to a total of \$300 million, with the remainder to go to the Block Grant Program. The Federal government will return the direct provision or management of services to the states. The challenge will be not to lose our forward momentum in addressing these important issues.

For additional information, contact Dr. Mary Knipmeyer, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Room 13-99, Rockville, MD 20857; 301/443-5184.

Dr. David J. Drummond, Department of Veterans Affairs Hospitals

Violence in the Workplace

A 1991 survey of 166 Department of Veterans Affairs (VA) hospitals found 24,000 significant incidents of violence, ranging from personal threats up to assaults with firearms. More than 2,000 of these incidents involved the use of a deadly weapon, and more than 8,400 involved physical assault of a person. The incidents resulted in injuries to more than 4,000 patients and staff and more than 3,500 lost days of work during the year.

The Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety (NIOSH), and the VA have begun some joint projects addressing violence in the workplace. VA has also collaborated with the American Psychiatric Association, the American Psychological Association, and the Association for Emergency Room Physicians and Nurses. Most significantly, the Joint Commission for the Accreditation of Hospital Organizations, a private, nonprofit agency that accredits all public and private health care facilities according to rigorous standards, is beginning to look at the issue of "security." The Commission wants to know what medical centers are doing to protect patients and staff from violence. This effort will mean that health care systems will be accountable in terms of specific actions to prevent violence in health care facilities. Up to now, it has been very easy for health care administrators to ignore the problem of violence.

A Project in the VA Medical Center (VAMC)--Portland, Oregon

The first step in addressing the violence in the Portland VAMC was to identify system problems, which included:

- ◆ *No incident tracking.* Although incidents were being tracked in certain divisions of the facility, there was no coordination of efforts. The police and nursing staff had a database but didn't share their information with other groups in the facility. Staff had no systematic way to track or report violent incidents in a coordinated manner.
- ◆ *Lack of policies.* The facility had not developed any policies on how to deal with violent incidents. There were no signs at the entrance saying, "Weapons are not allowed." It was important to create a culture that made it clear that violence was unacceptable.
- ◆ *No training in how to deal with violent incidents.* Staff were not trained. When something happened, chaos erupted. Some staff ran away from, and some ran toward, the incident.

Therefore, three initiatives were developed:

- ◆ *An incident tracking program.* This formal incident reporting system attempted to provide an easy way for staff to tell us when they were threatened or when they witnessed a violent incident. Staff, especially health care workers, don't want to think about violence; they have been trained to internalize any problems. Therefore, it is difficult to find out what is really going on.
- ◆ *A training program.* The training used many ideas from other facilities. As health care facilities are special settings that forbid managing violence in any way that involves harm to a patient, it was important to train staff how to defuse anger without injuring anyone. Staff are taught how to manage incidents verbally, if possible, and physically only with humane methods.
- ◆ *Sensible policies and procedures.* These were uniform policies applicable throughout the facility.

The Portland VA Hospital's Behavioral Emergency Committee

The Behavioral Emergency Committee is designed to increase staff confidence and reduce stress around the issue of violence, collect data and make policy recommendations, maintain an advisory system, and review physical design. The committee participated in helping architects design our new hospital with an eye toward how patients move through the system, where they come into a clinic, whether they will be seen or heard.

After the hospital's incident reporting system was in place, the first year's data suggested the following:

- ◆ Nurses are especially likely to suffer injuries.
- ◆ Other staff who are especially vulnerable include social workers and clerks. The medical staff were somewhat less likely to be injured because they tend to let other people handle such incidents. The VA now has a central policy that says it is the responsibility of all staff to manage violent patients.
- ◆ 50% of incidents of violence happen in the emergency room.
- ◆ Inpatient psychiatry is the second most likely location for violence.
- ◆ Types of incidents--verbal threats represent the largest proportion of incidents (29.9%). These should be taken seriously because they are sentinel events.

The next most common types of incidents are conduct disturbances (27.4%). Physical assaults represent 15.5% of incidents.

- ◆ A relatively small number of patients are responsible for a large proportion of the incidents. About 25% of all patients who created a disturbance were responsible for nearly 50% of all incidents, and they were responsible for the serious incidents.

Flagging System

A flagging system was developed to notify medical staff of patients who had been repeatedly violent. Patients' records are flagged both on the computer and on the hard copy record. It was possible to set limits for these patients, making clear that violence would not be tolerated but that we were there to provide medical care.

There were 47 incidents of disruptive behavior the year before the flagging system, and only 4 incidents after the system was established. A facility needs commitment and training before instituting a flagging system. It is important to know how to react, not just who is potentially dangerous. The director of the facility must also be committed to such a system.

Department of Veterans Affairs Resources Related to Violence

- ◆ Difficult, Dangerous Drug-seeking: A Successful Program to Care for Your 3-D Patients. 7 p.
- ◆ "Hospital Violence Reduction Among High-Risk Patients," *Journal of the American Medical Association*, May 5, 1989. (Not available from the NIC Information Center.)
- ◆ Report on Assaultive Behavior in Veterans Health Administration Facilities During Fiscal Year 1991. Executive Summary. 1 p.

For additional information, contact Dr. David Drummond, Department of Veterans Affairs Hospital, P.O. Box 1036, Portland, OR 97207; 503/220-8262, x4107.

**Dr. William D. Davidson, Staff Psychiatrist, DC (District of Columbia)
Department of Corrections**

Violence and Brain Injury Project

The Violence and Brain Injury Project was initially funded through the Department of Defense, Health Affairs. Project initiatives are based on persuasive research that indicates that an understanding of brain injuries is critical to understanding violent behavior. Research has identified a close association between injury to the frontal lobe, for example, and violent, impulsive behavior. Brain injuries can begin prenatally with a mother's poor nutrition and/or substance abuse and can also be caused by child abuse or just the trauma of growing up in a violent household. The Violence and Brain Injury Institute has been established to develop initiatives in the area of violence prevention along a continuum from primary prevention to treatment for violent offenders.

The Violence and Brain Injury Institute

The Violence and Brain Injury Institute (VBII) seeks to address the prevention of violent behavior by establishing and supporting promising initiatives in the domains of health care, education, and corrections. Primary prevention must reach the general population as early as possible to raise awareness about factors leading to violent behavior and to teach alternative responses. Secondary prevention focuses on individuals who are known to be at risk for violent behavior, and treatment is for individuals who have already committed violent acts.

VBII Initiatives Include:

- ◆ *Parenting and Literacy Skills Program (PALS)*--The PALS program is a primary violence prevention program that seeks to intervene in the intergenerational cycle of violence by teaching parenting and discipline techniques to incarcerated parents. PALS is currently being developed at two sites with female offenders, with a prison population at the DC Department of Corrections, and with a population at the municipal jail in Alexandria, Virginia. Plans for future development include adaptations for male offenders and Hispanic populations, as well as development of a school-based PALS program. PALS consists of a series of lesson plans that use children's literature to address parenting issues and the Brain Building Basics workbook.
- ◆ *Outreach and Information*--The VMII has developed an *Annotated Bibliography* of research on the relationship between violence and the brain. Topics include biology of the brain, brain injury and violence, violence and the growing brain, violence prevention and female offenders, and violence prevention. This

resource is available through the NIC Information Center. In addition, the VBII offers a current and regularly updated list of references on relevant topics.

- ◆ *HeadSmart Schools: Head Injury and Violence Prevention for Elementary Schools*--Brain injury is the number one cause of death and disability of American youth. In 1990, firearms surpassed motor vehicles as the leading cause of brain injury fatalities in the United States. Violence is the number one cause of head injury for certain segments of the population. HeadSmart Schools, developed in collaboration with educators from around the country, addresses all the major causes of brain injury in children, including violence. HeadSmart Schools is designed to be integrated into the regular school curriculum so that prevention is learned over time as a basic, rather than a special one-time event. HeadSmart Schools also seeks to educate parents about brain injury prevention and to involve the greater community with local elementary schools in the cause of head injury and violence prevention.
- ◆ *Project Manhood: A Mentoring Program to Train Boys to be Men*--Project Manhood is a mentoring program ideally suited to assist with the separation stresses experienced by boys when fathers are called into service. A pilot test of the core program was conducted with 140 boys in Camden, New Jersey. When fully implemented, the program helps churches and schools develop comprehensive approaches and it enables them to reach a generation of boys. The program has multiple components that include parent training and mentor training as well as a rites of passage program for boys. Boys undergo four stages of development through Project Manhood, taking them from ages 7 through 21. Topics for the first stage, for ages 7-13, include authentic manhood training, planning and problem solving, drug prevention and peer resistance, entrepreneurial training, and counseling and case management.
- ◆ *Inmates and Family Violence Study*--This pilot study is being developed at the Military Disciplinary Barracks at Fort Leavenworth, Kansas. The project identifies inmates who are confined for assaultive offenses against family members to determine whether there are differences between intra-familial and extra-familial assaultive offenders. Additionally, inmates confined for intra-familial assault are interviewed to determine their level of recognition of family system distress, family development, and family history, especially in terms of issues related to discipline and aggression.

Implications for Corrections

Research suggests that those in the field of corrections need to recognize that violence is a process that has an organic component. Brain injury, whether permanent or temporary, is a major predictor and determinant of impulsive violent behavior. In this

context, corrections may need to consider primary violence prevention programs to intervene in the cycle of violence and criminal behavior perpetuated in the homes of many offenders and to recognize that medical interventions can be used to help many violent offenders control their explosive behavior.

Violence and Brain Injury Institute Resources

- ◆ Annotated Bibliography, Violence and Brain Injury Project. 47 p.
- ◆ "The Brain Manages Happiness and Sadness in Different Centers," *New York Times*, March 28, 1995. (Not available from the NIC Information Center.)
- ◆ "In Brain's Early Growth, Timetable May Be Crucial," *New York Times*, August 29, 1995. (Not available from the NIC Information Center.)
- ◆ "Early Violence Leaves its Mark on the Brain," *New York Times*, October 3, 1995. (Not available from the NIC Information Center.)
- ◆ Family Violence: Intervention and Prevention. The Parenting and Literacy Skills Programs for Prisons. Pilot Study Report, April 1995. 26 p.
- ◆ "Old Accident Points to Brain's Moral Center," *Science Times*, May 24, 1995. (Not available from the NIC Information Center.)
- ◆ Violence and Brain Injury Project. Progress Report: May 1995. 18 p.

For additional information, please contact William D. Davidson, M.D., or Mary-Garrett Bodel, Violence and Brain Injury Institute, 128 S. Royal St., Alexandria, VA 22314; 703/299-0699.

Victim-Witness Panel

Mary Anne Castellano, U.S. Attorney's Office, Denver

U.S. Attorneys' Offices respond to victims' needs in a number of ways. The Federal government began implementing programs for victims in 1984. Having been involved with state-level programs prior to that time, President Reagan put together a Task Force on Victims of Crime. After the Task Force report was completed, Congress enacted the Victim-Witness Protection Act. The act was designed to "enhance and protect the necessary role of crime victims and witnesses in the criminal justice system, to ensure that the Federal government does all that is possible within limited resources to assist victims and witnesses of Federal crimes without infringing on the Constitutional rights of defendants."

The Crime Control Act of 1990 demonstrated a continuing concern for the victims of all crimes and reflected a view that the needs and interests of victims and witnesses had not been met by the Victim-Witness Protection Act. The provisions of the Crime Control Act mandate that officials of the Department of Justice and other Federal agencies engaged in the detention, investigation, or prosecution of crime make their best effort to ensure that victims of crimes are treated with fairness and that there is respect for victims' dignity and privacy.

Victims' Rights

In 1990, the Victims' Rights and Restitution Act created, in effect, a Federal Crime Victims' Bill of Rights, which states that a crime victim has the following rights:

- ◆ The right to be treated with fairness and with respect for the victim's dignity and privacy.
- ◆ The right to be reasonably protected from the accused offender.
- ◆ The right to be notified of court proceedings.
- ◆ The right to be present at all public court proceedings related to the offense, unless the court determines that testimony by the victim would be materially affected if the victim heard other testimony at trial.
- ◆ The right to confer with an attorney for the government in the case.
- ◆ The right to restitution.

- ◆ The right to information about the conviction, sentencing, imprisonment, and release of the offender.

The Act provides that officers and employees of the Department of Justice and other departments and agencies of the U.S. engaged in the detection, investigation, or prosecution of crime *shall make their best efforts* to see that victims of crime are accorded the rights described in the Act.

Each victim receives a copy of these rights, which apply in all cases in which individual victims are adversely affected by criminal conduct or when a witness provides information involving criminal activity. Although special attention is given to violent crime victims, the office also serves victims of Federal crimes who have suffered physical, financial, or emotional trauma and ensures that they receive the assistance and protection to which they are entitled under the law.

The Process of Assisting Victims

1. An investigative agency comes into the U.S. Attorney's office with information that a crime or suspected crime has been committed.
2. Victims and witnesses are identified. If it is a violent crime, the information on victims is brought to the Victim-Witness Coordinator, and all efforts are made to assist the victim and to ensure that the victim receives either medical or psychological assistance, if needed. If possible, victims are sent to an appropriate agency or local service.
3. As the U.S. Attorney's Office does not have the funds to pay for these services, the Victim Compensation Director in the state is called. The state receives Federal funds for all crime victims in the state, including Federal crime victims.
4. The U.S. Attorney's Office is also entitled to receive Office of Victims of Crime emergency funds for crime victims. In the case of an emergency, these funds can be quickly tapped to provide needed services.
5. Victims are notified of important court proceedings such as indictment, arrest, release of the offender, trial schedules, motions hearings, and terms of negotiations or pleas. This makes victims an integral part of the system. Victims must be allowed into the process or they are re-victimized.
6. Victims are assisted in developing the Victim Impact Statement, which is presented to the court before sentencing. It gives the court information concerning any harm, including financial, social, psychological, or physical, suffered by the victim.
7. Victims are given information on sentencing and have the right by law to address the court on sentencing. This is a new law, and many judges initially

- did not like it. However, it is another part of the process of healing for the victim.
8. Finally, a letter is sent to the Bureau of Prisons, requesting that the victim be kept informed of all hearings, releases, escapes, death, transfer, or other activities involving the offender. The Bureau's Victim-Witness staff is very responsive to victims' needs.
 9. The Victim-Witness Coordinator also notifies employers of victims' absences from work that are due to attending a trial. Creditors may also be called and given an explanation of the victim's situation.
 10. Victims and witnesses also receive travel assistance to attend court proceedings and for babysitting, if they need it.

U.S. Attorney's Office Resources

Victim/Witness Handbook. United States Attorney's Office. District of Colorado.

For additional information, contact Mary Anne Castellano, U.S. Attorney's Office, 1961 Stout Street, 12th Floor, Denver, CO 80294; 303/844-2081.

Susan Laurence, U.S. Department of Justice, Office for Victims of Crime

The Task Force on Victims of Crimes was established in 1982. The Task Force held public forums throughout the country with victims and those who dealt with victims. After they completed these forums, the Task Force published a report that had 68 recommendations for the criminal justice system and allied professionals who work with victims. This is an extraordinary document, despite having been published so long ago.

In response to the Task Force report, Congress passed the 1984 Victims of Crime Act. The law created the Crime Victims' Fund comprised of money collected as fines, asset forfeitures, and special assessments from offenders convicted of Federal offenses. The Office for Victims of Crime (OVC) was also created in the Department of Justice to administer this fund.

The Office for Victims of Crime uses no tax dollars to help victims; all funding comes from money taken from offenders to benefit victims. The programming budget fluctuates every year because it is contingent on the amount of money that is collected. The Office for Victims of Crime is small and has a unique, proactive mission: to be advocates of crime victims. Funds are used in three ways:

- ◆ Most of the money in the Crime Victims Fund goes back to the states in the form of formula grants for Crime Victims' Compensation Programs and Crime Victims' Assistance Programs.
- ◆ The OVC also works with Federal agencies--with Victim-Witness Coordinators in U.S. Attorneys' Offices, the FBI, the Department of Defense, and the Bureau of Prisons--to provide training and technical assistance to help them deal effectively with victims. Particularly within this Federal initiative, the emphasis is on victims on Federal lands, which includes the whole tribal culture. A prime mission in the office has been to deal with Native Americans.
- ◆ The remainder of the funding is for discretionary programs. The OVC works with the whole criminal justice system to help everyone deal more sensitively and compassionately with crime victims.

Constituents of the Office for Victims of Crime

Whenever there is a violent offender, it is important to remember that there is a victim of violent crime. OVC's constituents are everyone, including the media. The Office has a program that focuses on clergy because victims often first go to their minister, rabbi, or priest for help. There is also a program that works with criminal justice agencies to

help them understand their legal obligations to victims, including the collection of restitution.

Workplace Violence

The Office for Victims of Crime addresses workplace violence in a variety of contexts. When working with criminal justice agencies, the term used is "staff victimization." Someone who is essentially victimized every day while on the job is seriously affected in terms both of their personal lives and their work. OVC has been helping agencies establish plans with their Employee Assistance Programs and with their unions to work with victimized staff. As the OVC Program Plan makes clear, there will continue to be an emphasis on this kind of work with other types of agencies, including hospitals, that want to develop a positive plan for dealing with workplace violence.

Immediate Responses to Emerging Problems

OVC can help any agency that has a critical incident in which there are multiple victims of a crime. A team can be sent within 48 hours to provide assistance in such cases. Several teams were sent to Oklahoma City after the bombing, for example, to work with school children and with caregivers.

Victim-Offender Mediation

- ◆ Victim-Offender Mediation has been around for some time, but it was previously used almost exclusively in cases involving juveniles. It is now being used in cases involving adults. Although victim-offender mediation continues to focus on property crimes, victims of many types of crime are increasingly asking to meet with offenders. The process is what is important; the goal is not necessarily to arrive at agreement. The purpose of the mediation is to establish a dialog that enables victims to ask questions. This can be a healing process and is a promising approach for promoting justice.
- ◆ Victim-Impact Panels allow victims to confront certain types of offenders in a group. For example, victims of drunk drivers might confront a group of offenders convicted of this offense. Again, these panels usually have a humanizing effect. There are certain types of offenders on whom this has the opposite effect, however, so such programs have to be undertaken very carefully.
- ◆ New victims' programs are being developed in other parts of the world. New Zealand, for example, is starting family group conferences in which the offender's family and support structure and the victim's family and support

structure talk to each other. They agree on the offender's behavior as terrible without condemning the person.

Training and Technical Assistance

The OVC provided two national training and technical assistance programs for corrections personnel. One focused on prisons and paroling authorities, and the other focused on community corrections. Training was provided on:

- ◆ Integrating victims into the agency's goals and mission,
- ◆ Understanding the experience of victimization,
- ◆ Restitution to victims,
- ◆ Notification about the offender's case.

Collaboration

The Office for Victims of Crime's mandate excludes certain activities:

- ◆ Prevention--Limited resources make this impossible.
- ◆ Evaluation--OVC relies on other agencies to collect evaluation data.
- ◆ Research--More research is needed on victims, but research is not part of OVC's mission.

OVC is therefore looking for partnerships with other agencies in order to identify best practices in dealing with victims and then to disseminate that information. In one collaborative effort, NIJ and OVC are holding a symposium on Restorative Justice in December. The Bureau of Justice Assistance is also providing Federal dollars to support victim assistance.

OVC Resources

- ◆ Office for Victims of Crime FY 1995 Program Plan. 13 p.
- ◆ Fact Sheet: Immediate Responses to Emerging Problems (IREP). 2 p.
- ◆ Fact Sheet: Trainers Bureau. 2 p.

For additional information, contact Susan Laurence, Office for Victims of Crime, 633 Indiana Avenue, NW, Washington, DC 20531; 202/616-3573.

Professional Associations

James Gondles, American Correctional Association

The American Correctional Association (ACA) is a broad-based professional association with more than 20,000 members and over 70 affiliate organizations representing a broad range of professions within corrections. The association has been active for more than 100 years.

The American Correctional Association has been involved in a number of initiatives related to violence, including:

- ◆ A National Task Force on Violence within ACA was formed in 1994. It recognizes that community corrections professionals have a role to play in dealing with violence, both in terms of public safety and in terms of working with offenders to manage the risk they represent. The goal of the task force is to develop a national policy on violence. In addition, the task force will highlight practical strategies that will be of use to correctional professionals in dealing with violence.
- ◆ The theme for the 1994 Conference in St. Louis was "Violence in Society: How Should We Respond?" Four major sessions had themes dealing with violence, each with supporting sessions:
 - Violence on the Front Line: Helping the Helpers
 - Violence: Is our External Environment Helping or Hurting?
 - The Key to Understanding the Violence
 - Institutional Violence: Why?
- ◆ ACA has sponsored a number of workshops around the country on topics related to violence:
 - Handling Aggressive and Manipulative Behavior
 - Gangs
 - Gangs, Cults, and Volatile Inmates

- ◆ ACA has several violence-related projects under way that are supported by Federal grants:
 - Gangs in Correctional Facilities: A National Assessment
 - Gangs in Probation and Parole: A National Assessment
 - Field Evaluation: Prison Setting (Less than Lethal Technology)
 - New Initiatives in Correctional Technology.

Future Plans

ACA anticipates that Federal agencies will become increasingly unable to fund projects for which ACA would have received funding in the past. Therefore, the Association is beginning to look to foundations and funding sources outside the Federal government to support projects dealing with violence in society. ACA is very interested in linking with other professional associations to speak with a more unified voice on issues of importance. It is important to speak out in a reasoned way on how to deal with violence.

ACA Resources Related to Violence

- ◆ Cage Your Rage: An Inmate's Guide to Anger Control. (Also in Spanish). 1993.
- ◆ Cage Your Rage Video. 1993.
- ◆ Dealing with Anger: A Violence Prevention Program for African-American Youth. (Separate videos for males and females). 1994.
- ◆ News Release: "American Correctional Association Takes Lead in Preventing and Reducing Violence." November 1994. 10 p.

For additional information, contact John J. Greene, American Correctional Association, 4380 Forbes Boulevard, Lanham, MD 20706-4322; 1-800-222-5646 or 301/918-1844.

A. N. Moser, Jr., National Sheriffs' Association

The National Sheriffs' Association (NSA) has produced publications, conducted training, and completed national projects on a variety of topics related to violence in America.

NSA's Positions on Issues Related to Violence

The National Sheriffs' Association has taken the following anti-crime positions:

- ◆ *Assault weapons.* NSA supports the ban on the manufacture, sale, and possession of certain semiautomatic guns known as assault weapons.
- ◆ *Community policing.* NSA supports funding to sustain the continuity of the 100,000 COPS Program and community policing. NSA believes community policing is the future of law enforcement.
- ◆ *Death penalty.* NSA supports *habeas corpus* reform in an effort to restrict the number of appeals and put a limit on costly and endless litigation.
- ◆ *Enforcement.* NSA supports additional funding for rural law enforcement to combat violent crime and domestic abuse. NSA also believes more funds are needed for programs related to DNA testing, a new crime laboratory, implementation of NCIC 2000, Automatic Fingerprint Identification Systems, photo and document scanning capabilities, and training facilities at the FBI's Quantico headquarters.
- ◆ *Juvenile and anti-gang initiatives.* NSA supports funding for state and local rehabilitation programs, including boot camps and drug court. However, NSA strongly believes that juvenile crime is a state and local issue and should not be federalized.
- ◆ *Prisons and jails.* Construction of local jails has not kept up with the increase in crime. Although NSA supports truth in sentencing, counties and other units of local government must receive a fair share of grant funding for regional prisons and jails. NSA supports legislation requiring inmates to exhaust administrative remedies before they file a civil rights action in Federal court.

Current Violence-Related Projects

- ◆ Community Policing Initiative (BJA support)
- ◆ TRIAD--The Triad Concept to Reduce Criminal Victimization of the Elderly (NIJ)

- ◆ Less-than-Lethal Weapons: Application/Evaluations in Jails and Patrol Situations (NIJ)
- ◆ Evaluation of Oleoresin Capsicum and Stun Device Effectiveness in Jails (NIJ)
- ◆ Law Enforcement Officers Flying Armed (Department of Transportation/National Highway Traffic Safety Administration)
- ◆ Court Security and Transportation of Prisoners: A National Study (NIJ)
- ◆ Satellite Educational Television Network Designed Specifically for Jail/Prison Inmates (BJA)

National Sheriffs' Association Resources

- ◆ National Sheriffs' Association. Organizational Information Sheet. 9 p.
- ◆ Law Enforcement Officers Flying Armed. June 1994.

For additional information, contact A.N. Moser, National Sheriffs' Association, 1450 Duke Street, Suite 204, Alexandria, VA 22314; 703/836-7827.

Ann Crowe, American Probation & Parole Association

The American Probation and Parole Association (APPA) is a membership organization, primarily composed of probation and parole professionals but including academicians, individual members, agency members, and affiliate members. It is a growing, vital organization and has an important role to play in responding to violence. APPA's two annual training conferences have included specific sessions related to violence. APPA also provides regional training programs, some of which are focused on intervening with violent offenders, and publishes a quarterly magazine, *Perspectives*, that contains research and practice articles for community corrections.

It is important to remember that probation and parole agencies handle most of the offenders in this country, including some who are violent offenders. However, these agencies often have the fewest resources in corrections. One challenge is to make our voices heard on the issue of violence.

APPA's Initiatives Related to Violence

APPA has had several initiatives addressing violence, which involved the following activities:

- ◆ Identifying and intervening with drug-involved offenders;
- ◆ Helping agencies develop a prototypical intensive supervision program, which included supervision of violent offenders;
- ◆ Training probation and parole personnel on working with victims and on restitution;
- ◆ Offering regional training programs on intervening with violent youthful and adult offenders, on youth gangs, and on sex offenders; and
- ◆ Looking at how probation and parole can incorporate the community into their work.

Two projects specifically related to violence were funded in 1993-1995 by the Bureau of Justice Assistance:

- ◆ Intervening in Family Violence--As a result of this project, APPA is now completing a resource manual for probation and parole professionals on intervening in family violence.

- ◆ Technical Assistance--APPA provided technical assistance to community corrections agencies. Eight of these technical assistance events were on family violence.

Evaluation

If additional funding becomes available, APPA would like to do follow-up evaluations with some agencies that have participated in the training and technical assistance to determine what changes they have made and how these changes have affected offenders and victims. APPA would also welcome the opportunity to become involved in other research and evaluation activities in this area and to collaborate with other groups.

The Family Violence Project

APPA's Family Violence Project was based on several assumptions. The most important is that family violence is a crime, both against the individuals involved and against society. It should be treated as a crime. The research makes clear that family violence is associated with many other types of violent crime.

Work on family violence often focuses on the front end, on arresting and prosecuting the offender, and these activities are obviously important. However, very little attention has been paid to intervening with offenders to help them change. Until that happens, the problem of violence will continue to be with us. We also know that family violence is not likely to stop unless individual offenders are compelled to change. Until the power situation is changed to make the exchange more even, offenders will continue to engage in violent behavior.

The Family Violence Project is focused first on a concern for victim protection and empowerment and then on supervision, accountability, and rehabilitation of the offender. The policies developed through the project include several recommendations for probation and parole agencies:

- ◆ Include victim contact as part of agency services.
- ◆ Assess offenders and victims to the extent possible.
- ◆ Include specialized conditions of probation and parole that are specific to family violence events. These include no-contact orders, forfeiture of weapons, supervised child visitation, substance abuse testing and abstinence, participation in a batterer's intervention program, payment of family support, and victim restitution, among others. (See attachment.)

APPA's Recommendations for Developing or Enhancing Domestic Violence Intervention Programs in Community Corrections Agencies

These recommendations include the following ten principles:

1. Involve key stakeholders in planning.
2. Develop a coordinated community response.
3. Assess needs and resources to make the program meet specific local needs.
4. Include program goals of victim protection and empowerment, offender supervision and accountability, and offender rehabilitation.
5. Assess clients and identify offenders needing the program.
6. Include program components of:
 - a. Victim contact;
 - b. Offender assessment;
 - c. Special conditions of probation/parole;
 - d. Maximum levels of supervision and enforcement of all conditions;
 - e. Required offense-specific long-term treatment; and
 - f. Assessment, monitoring, and treatment of substance abuse, if needed.
7. Other preferred program elements:
 - a. Specialized and smaller caseloads;
 - b. Pre-sentence investigation reports;
 - c. Victim impact statement before sentencing; and
 - d. Incarceration as an intervention tool, when needed.
8. Develop comprehensive written policies and procedures.
9. Provide training on domestic violence for all community corrections staff and specialized, in-depth training for those with domestic violence offenders on their caseloads.
10. Evaluate programs and use findings for future decisionmaking.

Potential Initiatives

- ◆ APPA and other associations are in a good position to share research information with the field, with the people who can actually implement the ideas through their programs. This is a vital role for correctional membership organizations.
- ◆ Training and technical assistance need to be continued. Some large probation and parole agencies in the country do not yet have any kind of official program to intervene in family violence. A number of places still need assistance and training to get such programs in place.
- ◆ Research is needed specifically on identifying and intervening with female offenders for whom family violence is an issue or a part of their history.

Additional information is also needed on male offenders. Often, when agencies are asked how many family violence offenders they are supervising, they do not know, nor do they know how many perpetrators of other types of crimes are also involved in family violence. Until the issue is addressed more directly, the problem will not be alleviated.

- ◆ Caseload size is a problem. The average probation caseload is 113 offenders, which makes a personal relationship impossible. This speaks, obviously, to the need for funding.
- ◆ Additional coordinated, comprehensive approaches involving the community, state, and Federal level are needed.
- ◆ More research should be done to determine how many corrections staff have been victimized on the job and to identify how to intervene. We don't really know the scope of this problem, but it is clearly serious.

Visioning Project

NIC funded an important Visioning Project that involved 2,000 members of APPA who went through workshops and developed a Vision Statement, which says,

We see a fair, just, and safe society, where community partnerships are restoring hope by embracing a balance of prevention, intervention, and advocacy. We seek to create a system of community justice where a full range of sanctions and services ensures humane, effective, and individualized sentences for offenders and support and protection for victims, where primary prevention initiatives are cultivated through our leadership and guidance, where our communities are empowered to own and participate in solutions, where results are measured and direct our service delivery, where dignity and respect describe how each person is treated, where staff are empowered and aided by an environment of honesty, inclusion, and respect for differences, and where partnerships with stakeholders lead to shared visions of an effective community justice system.

This seems to me a vision shared by all of us. I know that, through collaborative efforts, we can achieve it.

APPA Resources Related to Violence

- ◆ Intervening in Family Violence: Recommended Program Policies and Procedures for Community Corrections Agencies. 1995. (Not available from the NIC Information Center.)
- ◆ *Perspectives: Special Issue on Incorporating Victim Services*. v.18, n.3. 1994. 56 p.

For additional information, contact Ann Crowe, American Probation & Parole Association, P.O. Box 11910, Lexington, KY 40578; 606/244-8198.

APPA Attachment: Recommended Conditions of Release for Family Violence

Offenders

- no further abuse
- no contact with victims or their families
- abide by all court restrictions and directives
- submit to warrantless search and seizure
- electronic monitoring
- intensive supervision
- supervised child visitation and/or public drop-off/pick-up point
- cooperation with child/adult protective services
- forfeiture of weapons and suspension of license
- release of information to third parties, as appropriate

Treatment:

- mandatory attendance, participation in, and successful completion of an offense-specific group intervention program
- substance abuse testing
- substance abuse treatment
- abstinence
- self-help/support groups
- release of information to third party treatment providers

Punitive:

- incarceration
- non-custodial loss of liberty
- fine
- community work service

Financial:

- family support
- restitution
- attorney fees for victim
- counseling for victims and children
- group intervention program and substance abuse treatment program fees for offender
- cost of urinalysis
- fees/court assessment

Sources: This is based on the original work of Klein, 1994, with additional contributions by Black, 1995; Family Assault Supervision Team, n.d.; & Hofford, 1991.

Peter Kinziger, International Community Corrections Association

The International Community Corrections Association (ICCA) was formerly the International Association of Residential & Community Alternatives (IARCA) and, prior to that, the International Halfway House Association. Incorporated in 1964, ICCA has both individual and agency members, which include 300 agencies operating more than 2,000 programs in North America.

People often view community corrections as intended for low-risk, low-need offenders. In reality, however, almost everyone who goes to prison or jail eventually returns to the community, and many offenders are released through community corrections programs. Good community corrections programs do work, and they can reduce the risk that offenders will commit additional crimes.

In the future, community corrections must work more closely with prisons and jails. For this to happen, we need better management information systems to let us know more about corrections populations. To work effectively with corrections clients, it is important to first know who they are. What the design and implementation literature says is that the offender population must be broken down into small units for which effective programs can then be designed.

ICCA's Initiatives Related to Violent Offenders

Informally, community corrections has worked with every category of violent offenders. Community corrections has not always worked well with them, however, because programs have not been well designed for that population. ICCA is interested in knowing what works. A few years ago, the Association brought a number of people together at a research conference in Boston funded by NIC and asked them to talk about what the research has concluded about what works with offenders.

To develop successful programs, agencies have to know about offenders--what their needs are, what their risks are. Then they need to know how to minimize those risks. Essentially, community corrections is not in the corrections business, but the insurance business--the risk-reduction business. Community corrections entities cannot eliminate crime or offenders' behavior, but they can minimize them.

Last year, the Association's conference program focused on "What Works with Special Populations?" Based on reviews of the literature, speakers summarized what works with special offender populations, including those with substance abuse problems and/or mental health disorders. ICCA has also asked specific questions about what works with certain programs and with specific offender categories. For example, what works with job programs? Some states have legislation requiring corrections agencies to develop job training programs, but job training in itself does not reduce recidivism. Substance abuse programs alone do not change much, either. What is needed is a comprehensive, multi-dimensional approach to working with offenders.

What works with sex offenders? Unfortunately, very little. It may be possible to work effectively with some sex offenders through cognitive behavioral programs, followed by periods of control. What is important is to break the population down into smaller units and develop programs for very targeted populations. We also asked, "What works with violent offenders?" As you have heard, very little research has been done on violent offenders, except for juvenile violent offenders. One reason for this is that agencies do not have information to enable them to identify the target population.

Future Plans

- ◆ ICCA will continue to provide research conferences and to commission researchers for one or two papers annually on what works. The third in the conference series will be held in Ottawa, with support from BJA. One session will feature Don Andrews, who has developed an assessment tool that evaluates programs, no matter what their focus. This is the first such instrument to make it possible to compare programs in terms of like measures.
- ◆ In the future, ICCA wants to continue to look at what works, especially in the area of domestic violence. It is important to look closely at the variety of domestic violence programs and find out what works and why. There is also interest in holding a research conference on female offenders in community corrections. The topic may be expanded to "girls and women in community corrections" because recent state legislation suggests that more girls will be coming into the justice system, and programs that work are needed for that population.
- ◆ The community must become part of community corrections. Policymakers, educators, the business community, and other parts of the community need to get together and ask, "What do we want to do in our community?" Then they need to design sanctions that meet the needs of the local community. One problem with model programs is that programs must be designed to fit a local community's needs. In the days of LEAA, a jurisdiction would develop a successful program, but other communities would fail when they tried to emulate it. The conclusion was that the program did not work, but the problem was really that design and implementation did not fit the local context. NIC and BJA support activities at the grass-roots level and are promoting the idea that programs must be designed around policy decisions and on the basis of data.
- ◆ ICCA will encourage its members to work with their local jails and will provide information on how they might do that. Members will learn to be advocates for risk/needs assessment tools and to build databases that identify the populations with which they are working. ICCA also plans to provide more training on

developing cognitive behavioral-based programs. The literature makes it clear that this is where energy should be concentrated.

- ◆ ICCA will continue to try to identify universities and research projects so that programs can be evaluated by outside sources.

Partnerships

I read something by Tom Peters a few years ago that got my attention. Peters said that organizations can increase their sphere of influence arithmetically by increasing memberships incrementally. Or, if they choose, they can expand their sphere of influence geometrically by having other associations adopt their agendas. Because ICCA is a small organization, the Association does not have funding to support programs. What ICCA funds are ideas. The hope is that other people will take these ideas and build on them. To that end, ICCA has identified over 200 organizations that are being encouraged to review the "what works" literature and to participate in ICCA's conferences. The effort is to distribute ideas. Although many of these are difficult concepts, the organizations with which ICCA is working are beginning to ask questions about what works to create greater community safety and involvement.

ICCA hopes to collaborate with the National Sheriff's Association and is also developing a relationship with the American Jail Association. ICCA has always worked well with APPA and has worked to some extent with ACA. It will continue to find other organizations to work with and will not be territorial or protective of information.

ICCA Resources on Violence

- ◆ *The IARCA Journal on Community Corrections*, featuring: research briefs and keynote speeches from IARCA's "This Works! Sanctions and Services for Special Offenders" Research Conference, February 1995. 41 p.

For additional information, contact Peter Kinziger, International Community Corrections Association, P.O. Box 1987, LaCrosse WI, 54602; 608/785-0200.

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