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II. PUBLICATIONS AND REPORTS: Violence And Health

Data Sources

A Data Book of Child and Adolescent Injury was developed by the Children's Safety Network (CSN), a national injury-prevention resource center funded by the Maternal and Child Health Bureau (MCHB) of the U.S. Public Health Service (PHS). According to the CSN, homicide claimed the lives of nine children a day during 1988. (The book was published in October 1991; data are for selected years 1986-1991.) The book contains charts showing rates of homicide, assault, suicide, child abuse and neglect, and rape by age group, gender, race, and use/nonuse of a weapon. Free copies are available from the National Maternal and Child Health Clearinghouse (NMHC), Suite 600, 8201 Greensboro Drive, McLean, VA 22102; 703-821-8955, ext. 254.

"Firearm Mortality among Children, Youth, and Young Adults 1-34 Years of Age, Trends and Current Status: United States, 1985-90," by Lois A. Fingerhut (Advance Data from Vital and Health Statistics 231, 23 March 1993), revises and updates 1985-1988 data from a previous National Center for Health Statistics (NCHS) study with data through 1990. Fingerhut reports that the majority of homicides during 1985-1990 among persons ages fifteen to thirty-four resulted from the use of firearms. The report emphasizes the race and gender differences that are apparent in the data, beginning in the ten-to-fourteen-year-old age group. For example, the 1990 firearm homicide rate for black males in this age group was more than five times the rate for white males; among males ages fifteen to nineteen and twenty to twenty-four, the rate for black males was eleven times the rate for white males; and among all males ages twenty-five to thirty-four, the black/white race differential fell to nine. Overall, firearm homicide rates in 1990 were highest for persons ages twenty to twenty-four. Free copies of the report are available from NCHS, 6525 Belcrest Road, Hyattsville, MD 20782.

Health, United States, 1992, released in September 1993 by the PHS, contains the first annual Healthy People 2000 Review. The review tracks progress toward the year 2000 national health promotion/disease prevention goals. Most of the data on violence (Priority Area 7) in the review are for baseline year 1987 through 1990.

Except for injurious suicide attempts by adolescents, these data show little or no progress. Further, for three of the eighteen Priority Area 7 objectives to reduce homicides, assault injuries, and firearm deaths, data show movement away from the year 2000 targets. For example: (1) homicide rates for black males ages fifteen to thirty-four increased 43 percent during 1987-1990 (from 91.1 to 130.5 deaths per 100,000 population versus target of 72.4); (2) assault injuries increased 13 percent during 1986-1991 (from 9.7 to 11.0 injuries per 100,000 population versus target of 8.7); and (3) firearm deaths increased 12 percent during 1987-1990 (from 13.0 to 14.6 deaths per 100,000 population versus target of 12.6 for firearms and knives combined). According to more recent but unpublished data from the NCHS, firearm death rates rose further to 15.1 in 1991. Copies of the report are available for $29 each from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (Stock no. 017-022-012189). A pocket-size version of report highlights is available free from NCHS, 6525 Belcrest Road, Hyattsville, MD 20782.

Injury Mortality Atlas of the United States, 1979-1987, by the Centers for Disease Control and Prevention (CDC), reports that there were 192,937 homicides during 1979-1987 and that 62 percent of them involved the use of guns. Published in fall 1991, the atlas contains maps showing the geographic distribution of homicides across the United States and in each state. For a free copy, contact National Center for Injury Prevention and Control, CDC, Mail Stop F-41, 4770 Buford Highway NE, Atlanta, GA 30341-3724; 404-488-4646.
Social Problems and Rising Health Care Costs in Pennsylvania, a study conducted by Health Policy International for the Pennsylvania Blue Shield Institute, examines the impact of violence on Pennsylvania's health care costs. According to the study summary, there were 78,687 reported cases of domestic violence in Pennsylvania in fiscal year 1990-1991. The study estimates that if one-quarter of these cases received medical care, as is true nationally, the cost would be about $32 million. By extrapolating from national data, the study estimates that Pennsylvania's 52,476 violent street crimes in 1991 cost $99.7 million. Free copies of the November 1992 summary are available from Pennsylvania Blue Shield Institute, 1800 Center Street, Camp Hill, PA 17018; 717-731-2261.

Domestic Violence

Alcohol, Drugs, and Family Violence and Mental Health Consequences of Interverbal and Family Violence: Implications for the Practitioner are two reports of the American Medical Association (AMA) Council on Scientific Affairs, presented by E. Harvey Estes Jr. at the AMA House of Delegates Annual Meeting in June 1993. The first report surveys the research on the relationship between alcohol and/or drugs and family violence. While there is substantial data supporting a linkage between the two phenomena, says the council, that connection is more tenuous for drugs than for alcohol, and there is little evidence showing that either alcohol or drugs "directly produce violent and abusive behavior." Rather, various "social and psychological variables interact with alcohol and/or drug use to produce the resulting behavior," says the report. The council recommends that "physicians should be alert to look for the presence of one behavior given a diagnosis of the other."

The second report offers a framework for understanding the psychological impact of domestic violence on individuals. Post-trauma response and recovery are influenced by six factors, says the report: the age at which violence began, the relationship between victim and offender, experiences of sexual violence, the degree of violence, the chronicity of violence, and the degree of social support. The council recommends that the AMA encourage physicians to "routinely inquire about the family violence histories of their patients."

As part of its national campaign against family violence, the AMA also has published (June-December 1992) diagnostic and treatment guidelines on domestic violence, elder abuse and neglect, child sexual abuse, and child physical abuse and neglect. Free copies of the above reports or guidelines may be obtained from AMA, 515 North State Street, Chicago, IL 60610; 312-464-5000.

Domestic Violence, a position paper of the American Public Health Association (APHA), is aimed at mobilizing public health professionals and agencies "to prevent domestic violence in all its forms." The paper outlines the scope of the problem in the areas of spouse, child, and elder abuse; the sociological factors causing domestic violence; the status of mandatory reporting laws, spouse abuse criminalization, and civil protection orders; and service delivery and research needs. APHA adopted the position paper (PP 9211) in November 1992. Free copies are available from APHA, Government Relations, 1015 Fifteenth Street, NW, Washington, DC 20005; 202-789-5600.

Domestic Violence: A Directory of Protocols for Health Care Providers, published by the Children's Safety Network in January 1993, contains twenty-five abstracts of selected prevention protocols and manuals to help health care providers identify, assess, treat, and refer victims of suspected domestic violence. A few of the protocols address child and elder abuse and violence among peers. The directory is now being reprinted by the AMA. Copies are available for $1 each from AMA, Department of Mental Health, 515 North State Street, Chicago, IL 60610; 312-464-5000.

Community Strengths: An Assessment of Child and Family Agency of Southeastern Connecticut, a nonprofit in existence since 1809, the series is aimed at bringing an integrated, multidisciplinary approach to “enhancing the physical, social, and emotional health of children and their families.” Contributors to this 324-page volume summarize current scholarship on family violence as it relates to families, couples, children, elders, and families of color. To order a copy, send a check for $25 to Child and Family Agency of Southeastern Connecticut, 255 Hempstead Street, New London, CT 06320-6290.

Native American Family Systems and Community Strengths: An Assessment of Patterns of Violence is a study funded by the Indian Health Service (IHS) and performed by Support Services International, a Native American firm based in Silver Spring, Maryland. The primary objective of the study was to develop a strategy document for planning a prevention/intervention model that can be used in all IHS areas and on other Indian reservations. The study comprises a literature review on family violence, with an emphasis on studies of American Indian/Alaska Native populations, and case studies of four culturally diverse Indian communities. Issues addressed include the scope of family violence, the effectiveness of interventions in reducing family violence, and why the interventions succeeded (or failed).

The study found that (1) few statistics are available at the study sites; (2) victims of domestic violence often lack accessibility to shelters; (3) several tribes are starting to develop prevention/intervention programs; (4) greater coordination is needed among service providers, state and federal agencies, and tribes; and (5) training of tribal court personnel, law enforcement officers, IHS providers, Bureau of Indian Affairs personnel, and other service providers is needed. The IHS project officer is Leo J. Nolan, Office of Planning, Evaluation, and Legislation (301-443-4700). For copies of the report, slated for publication in early 1994, contact Athena R. Brown, Project Manager, Support Services International, Suite 506, 8609 Second Avenue, Silver Spring, MD 20910-3362; 301-587-9000.

Firearm Issues

Firearm Injuries: A Public Health Approach is a compendium of papers presented at a January 1992 University of Iowa symposium. In an eloquent foreword Gregory H. Williams, associate vice-president for academic affairs, urges readers “not to lose sight of the dimension of personal loss that is such a significant element of handgun injuries.” The papers include a case history of a shooting victim, the economic costs of firearm injuries, prevention strategies, the availability and prevalence of firearms, gun laws, and the case for local gun regulation. The last paper (American Journal of Preventive Medicine, Supplement May/June 1993) describes and recommends a public health approach to combat firearm violence. Copies are available for $15 each from Oxford University Press, Journals Department, 2001 Evans Road, Cary, NC 27513; 800-852-7323.

Kids Carrying Guns: Loopholes in State and Federal Firearms Laws, by the Center to Prevent Handgun Violence, reports that while “most states regulate the concealed carrying of a handgun,” thirty-seven states “fail to ban the open possession of handguns” by all persons under age twenty-one—a major legal loophole. The June 1993 report contains a description of each state’s law regarding the carrying of firearms by minors and model legislation to supplement existing federal and state laws regulating the sale of firearms by federally licensed dealers. Copies are available for $3 each from Center to Prevent Handgun Violence, Suite 1100, 1225 Eye Street, NW, Washington, DC 20005; Attention: Ken Williams; 202-289-7329.

Juvenile Justice System

A Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders is an October 1993 report of the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). The OJJDP strategy consists of two principal components: broad-based community programs to prevent at-risk juveniles from be-
coming delinquent; and a juvenile justice system that incorporates graduated sanctions and “a continuum of treatment alternatives” to reduce recidivism. The report emphasizes the need for positive approaches to delinquency prevention that strengthen and support the family and other “core socializing institutions.”

Related reports from the OJJDP include “The Juvenile Court’s Response to Violent Offenders: 1985-1989” (OJJDP Update on Statistics, April 1993) and “Juveniles and Violence: Juvenile Offending and Victimization” (OJJDP Fact Sheet, July 1993). For free single copies of any of the above, contact Juvenile Justice Clearinghouse, P.O. Box 6000, Rockville, MD 20850; 800-638-8738.

Mentally Disordered Juvenile Offenders, by the National Coalition for the Mentally Ill in Criminal Justice, is aimed at briefing state legislators and staff about alternative approaches for dealing with juvenile offenders. While a few states have shifted from traditional incarceration to community-based services, most states are experiencing overloaded corrections systems as juvenile violent crime arrests continue to rise.

The March 1993 report notes that the prevalence of serious mental health problems among adult prison inmates (IO-35 percent) reflects in part the failure of many juvenile justice systems to make timely mental health evaluations of youthful offenders and to identify appropriate treatments. The report highlights examples of different treatment approaches. Free copies are available from National Conference of State Legislatures, Suite 700, 1560 Broadway, Denver, CO 80202; 303-830-2200.

Prevention

Biblio Alert New Resources for Preventing Injury and Violence, by the Children’s Safety Network, was published in May 1993 by the National Center for Education in Maternal and Child Health. The thirteen-page bibliography of “New Resources” and “Classics” focuses on firearm injuries. Free copies are available from NMCHC, Suite 600, 8201 Greensboro Drive, McLean, VA 22102; 703-821-8955, ext. 254.

Building a Healthy Future: Reaching Youth at Risk reports on the High-Risk Youth Communication Study, directed by the PHS Office of Disease Prevention and Health Promotion (ODPHP). The study elicited the views of 160 high-risk youth ages ten to eighteen on their risky health behavior, to recommend and design prevention programs for this vulnerable population.

Virtually all of the young people reported that violence along with drugs, alcohol, and sex is “a way of life,” says the report; many do not expect to live past their seventeenth year. With this fatalistic view, these young people feel little threat from the possible long-term consequences of their current risky behaviors. Therefore, says the report, they cannot be reached by communication campaigns alone. Such campaigns must be integrated with efforts to encourage youth/adult interaction, to link programs with health services, to include input from high-risk youth and their families, and to support safe havens and productive activities.

Finally, says the report, we need to place limits on youths’ access to weapons. Copies of the report, slated for publication in early 1994, are available free (handling and postage charges will be billed) from National Health Information Center, P.O. Box 1133, Washington, DC 20013.

Directory of Violence Prevention Programs in Baltimore is a July 1993 publication of Project BRAVE (Baltimoreans Reducing All Violent Encounters), a conflict resolution/mediation program and resource center directed by Joseph L. Washington and based at Coppin State College. The directory profiles 130 prevention programs for children, adolescents, and adults across a broad spectrum of violence-related areas. Copies are available for $10 each from Project BRAVE, Department of Criminal Justice, Coppin State College, 2500 West North Avenue, Baltimore, MD 21216; 410-383-5755.

Educational Resources for Violence Prevention and Violence Prevention Pro-
grams/Organizations were both updated in summer 1993 by the Children's Safety Network Adolescent Violence Prevention Resource Center. Educational Resources contains listings of curricula, instructional videos, books and articles, and distributing organizations (with addresses and telephone numbers). Violence Prevention Programs contains 202 listings by state, with contact information for each program or organization. Free copies are available from Education Development Center, 55 Chapel Street, Newton, MA 02160; 617-960-7100, ext. 379.

The Impact of Community Violence on African American Children and Families: Collaborative Approaches to Prevention and Intervention summarizes a June 1991 conference in New York City, sponsored by the Child and Adolescent Service System Program and the MCHB. The report discusses the scope of community violence, the effects of community violence on children's social and emotional development, outstanding prevention programs, and the mental health system's failure "to adequately treat angry children or adults."

The report notes that there is "little consensus regarding the causes of high rates of violence in African American communities." The presenters stressed the need for an "Afrocentric" approach to combat violence: African American communities must rebuild and create "African-based cultural and moral values for families and children," according to the November 1992 report. Free single copies are available from NMCHC, Suite 600, 8201 Greensboro Drive, McLean, VA 22102; 703-821-8955, ext. 254.

Strategic Plan for Injury Prevention and Control in California, 1993-97 is "a call to action" by the State Injury Control Advisory Task Force of the California Department of Health Services. Published in March 1993, the plan recommends (1) educating the public about the epidemic proportions of homicide; (2) working with the Entertainment Industry Council to develop a code of ethics concerning violence in films and on television; (3) introducing legislation to reduce handgun availability; (4) implementing a firearm injury tracking system; and (5) developing a position paper on the relationship between alcohol and/or drugs and intentional injuries.

The plan also includes several strategies to reduce domestic violence against women: (1) enforcing the requirement that accredited emergency departments develop protocols to identify, treat, and refer battered women; (2) making the penalties for spousal rape consistent with those for nonspousal rape (from a misdemeanor to a felony); and (3) requiring state-funded obstetrical/gynecological clinics "to begin recording basic information on women who have been battered." For a free copy, contact Barb Alberson, Coordinator, State and Local Injury Control Program, California Department of Health Services, P.O. Box 942732, Sacramento, CA 94234-7320; 916-323-3611.

Understanding and Preventing Violence, released in April 1993 by the National Research Council, offers an interdisciplinary approach to understanding the causes of violence in the United States and preventing its occurrence. While studies show that aggressive behavior in childhood often is predictive of violent behavior later on, the distinguishing factors may be related more to socioeconomic status than to psychological makeup, the council says. Thus, one of the council's priorities for future research is to identify the relevant characteristics of persons who seem prone to violence, as well as those of communities and families. Such research should focus on the places where violence occurs, the situations that provoke violence, the biological and psychosocial development of individuals, the efficacy of police interventions, the relationship between weapons and psychoactive drugs, and the dynamics of group confrontations and domestic assaults. At the same time, says the council, we need to improve statistical information systems and undertake multi-community longitudinal studies. Copies of the 464-page book are available for $49.95 each (plus $4 postage and handling) from National Academy Press, 2101 Constitution Avenue, NW, Box 285, Washington, DC 20055; for credit card orders, call 800-624-6242.
Violence: A Compendium from JAMA, American Medical News, and the Specialty Journals of the American Medical Association was published by the AMA in June 1992. The 434-page volume contains epidemiological studies, clinical research, government reports, case descriptions, commentaries, book reviews, and even poetry. The papers were originally published between January and June 1992. "Certainly if violence were caused by a virus, we would have found its treatment and prevention long ago," write editors George D. Lundberg, Roxanne K. Young, Annette Flanagin, and C. Everett Koop. Copies are available for $29.95 each from AMA, Customer Service Department, 515 North State Street, Chicago, IL 60610; 800-621-8335.

Violence as a Public Health Problem: Developing Culturally Appropriate Prevention Strategies for Adolescents and Children summarizes the proceedings of the annual Public Health Social Work Institute, held in Pittsburgh, Pennsylvania, 26-29 April 1992 and sponsored by the MCHB and the University of Pittsburgh Public Health Social Work Training Program. An important objective of the institute was to develop recommendations regarding the role of social workers in combating violence. The recommendations cover three broad areas: (1) mobilizing communities; (2) linking juvenile justice systems with child welfare programs; and (3) developing violence prevention programs in the schools. An underlying theme of the recommendations is that social workers-long accustomed to responding to violence only in the families they are directly serving-must take the lead in mobilizing communities for action. Single copies of the February 1993 Executive Summary are available free from NMCHC, Suite 600, 8201 Greensboro Drive, McLean, VA 22102; 703-821-8955, ext. 254.

Violence in America: A Public Health Approach calls upon health professionals to engage in the battle against violence-traditionally the exclusive province of the criminal justice system. "Public health is in the business of continually redefining the unacceptable," writes William Foege, director of the Carter Center of Emory University, in the book’s preface. The challenge is to make violence as unacceptable as are polio and smallpox. The papers gathered here by editors Mark L. Rosenberg and Mary Ann Fenley are from the Surgeon General's Workshop on Violence and Public Health, held in October 1985 in Leesburg, Virginia. Published in August 1991, the 199-page book covers the full gamut of interpersonal violence and suicide issues. Copies are available for $35 each from Oxford University Press, 200 Madison Avenue, New York, NY 10016 (800-451-7556) or at bookstores nationwide.

Television Violence

Television Violence Profile: The Turning Point from Research to Action, a November 1993 release of the Cultural Indicators research team at the University of Pennsylvania's Annenberg School for Communication, finds that during the 1992-1993 season, violence in prime-time, fictional television dramas increased to 65 percent of all programs (from 62.3 percent in 1991-1992), but that the average frequency of violent scenes per hour and the percentage of major characters involved in violence decreased (by 4 percent and 7 percent, respectively).

The research team found that "heavy viewers" (people who watch television more than four hours each day) were more likely than "light viewers" (who watch less than two hours each day) to feel that they were at high risk of victimization from violence, that their neighborhoods were unsafe, that crime is a serious personal problem, and that the world is "mean and gloomy." Also, most viewers who watch at least three hours of prime-time television per day have little chance of avoiding violence, says the report: Five out of eight prime-time programs contain violence.

Ironically, "violent programming is not especially popular either with viewers or with broadcasters," contends team director George Gerbner. Rather, it is driven by the fact that syndicated action series are in-
expensive to produce and have a ready market overseas, because, says Gerbner, “violence speaks in any language.”

Gerbner believes that the solution to the problem of television violence lies more in freedom than in censorship—freedom to participate in the cultural decisions that affect our children (the report advocates the Cultural Environment Movement, a non-profit educational corporation) and freedom from the “global marketing noose around the necks” of those involved in TV production. The report suggests that Congress “turn its anti-trust and civil rights oversight on the centralized and globalized industrial structures... that impose violence and foist it on the children of the world.” For a copy of the report, send $5, with a self-addressed, stamped envelope, to George Gerbner, Amenberg School for Communication, 3620 Walnut Street, Philadelphia, PA 19104-6220.

Youth Violence

**Deadly Consequences: How Violence Is Destroying Our Teenage Population and a Plan to Begin Solving the Problem**, by Deborah Prothrow-Stith, with Michaele Weissman, focuses on the problem of violence among youth in disadvantaged neighborhoods. Prothrow-Stith believes that violence is a learned response and that no group of Americans is innately violent. Violence prevention begins in the home, she says: Parents must show by example and teach their children how to manage anger constructively.

The centerpiece of Prothrow-Stith’s “broad array of strategies” is a violence prevention curriculum for schools. Such a curriculum includes conflict-resolution programs; incentive programs to promote learning among children; teacher training to reduce negative expectations for minorities’ learning capacities; safe, “firm-but-fair” school environments; and parental involvement in children’s education. On other fronts, the author recommends using the hospital emergency room as “a point of outreach;” replacing police car patrols with foot patrols; enacting gun-control laws at both the manufacturer and buyer levels; and adopting a “comprehensive family policy” in this country to guarantee “certain minimal standards of care for every child.”

Citing the success of the public health antismoking campaign, Prothrow-Stith points out that ordinary citizens, not public health physicians, won the battle to ban cigarette smoking from airplanes, offices, and public buildings. She predicts that it will be the same for violence, because “few professionals have the rage or the vision born in grief” to save our children. Copies of the softcover edition, published in January 1993, are available for $12 each from Harper Collins Publishers, 10 East Fifty-third Street, New York, NY 10022 (212-207-7000), or at bookstores nationwide.

**Preventing Interpersonal Violence among Youth: An Introduction to School, Community, and Mass Media Strategies**, by William DeJong of the Harvard School of Public Health, is designed to introduce police and other criminal justice professionals to the basic concepts and strategies of violence prevention among youth. With a focus on primary prevention, the monograph reviews current school, community, and mass media strategies; describes the most promising programs now in operation; and offers recommendations for development of future programs.

The monograph highlights two violence prevention initiatives: the Resolving Conflict Creatively Program—a school-based conflict resolution/mediation program jointly sponsored by the New York City Public Schools and Educators for Social Responsibility; and the Violence Prevention Project—a community-based outreach and education project run by Boston’s Department of Health and Hospitals. DeJong’s recommendations for future program development focus on ways in which the police and other criminal justice professionals can join with community leaders to contribute to the violence prevention effort. For copies of the January 1994 monograph, contact National Criminal Justice Reference Service, Box 6000, Rockville, MD 20850; 800-851-5420.
The Prevention of Youth Violence was published by the CDC in August 1993. Subtitled A Framework for Community Action, the manual discusses what is needed for effective violence prevention among youth. Activities should address “different steps in the chain of events that lead to injury and death,” writes the CDC. The key to successful program management is coordination of effort, the CDC says. Although a single organization or individual may initiate a prevention program, it is essential that diverse groups within the community “work together for a common purpose.” The manual includes an appendix of violence prevention programs across the country. For a free copy, contact National Center for Injury Prevention and Control, CDC, 4770 Buford Highway NE, Mail Stop F41, Atlanta, GA 30341-3742; 404-488-4646.

Safety and L.A. Schools, a June 1993 report by the American Civil Liberties Union (ACLU) of Southern California, investigates the Los Angeles Unified School District’s (LAUSD’s) use of metal detectors in high schools, which has intensified in response to a series of fatal shootings in early 1993. According to the report, the detectors are ineffective: as of late May 1993 not a single gun was uncovered by detectors at any of the district’s ninety-eight high schools. In addition, the ACLU found that the LAUSD’s policy of individual searches via hand-held detectors (as opposed to walkthrough detectors, which do not target individuals) allow both an impermissible bias in the selection of searchees and a searching procedure that may violate students’ rights.

The report offers alternatives to using metal detectors: (1) instituting mandatory conflict resolution programs in the schools; (2) staffing the more heavily traveled routes to and from schools; (3) legislating stricter gun-control policies within the community; and (4) reallocating federal funds to create more part-time jobs and to bolster after-school sports. Copies are available for $5 each (make checks payable to the ACLU Foundation of Southern California) from ACLU, Community Outreach Coordinator, 1616 Beverly Boulevard, Los Angeles, CA 90026.

Violence and Youth: Psychology’s Response presents findings of the American Psychological Association’s Commission on Violence and Youth. The ninety-six page report is not restricted to observations on the psychological causes and/or ramifications of violence but views the problem comprehensively, with an emphasis on societal factors. Specific contributors to violence among youth cited in the August 1993 report include access to firearms, alcohol and drug use, involvement in antisocial groups, and depictions of violence in the mass media. While ethnicity receives much attention, the commission argues that socioeconomic inequalities rather than race affect violent behavior. For a free copy of the report, contact Claudia Menashe, American Psychological Association, Public Interest Directorate, 7,50 First Street, NE, Washington, DC 20002-4242; 202-336-6046.

“Violence in Schools: Current Status and Prevention,” in School Health: Policy and Practice, by the American Academy of Pediatrics, emphasizes the unique role that school health personnel can play in violence prevention through their one-on-one interactions with students. The academy strongly recommends that whenever a student seeks health care in a school clinic, health personnel routinely take a “violence history.” The academy notes, however, that this protocol requires the backup of available “intervention resources” in the community. Copies of the June 1993 publication are available for $45 each from American Academy of Pediatrics, P.O. Box 927, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-0927; quantity discounts are available.