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Research in Action

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Highlights

Concerns about urban violence around the Nation have led to questions about accepted approaches to addressing violence. Traditional responses to criminal violence—fixing the root causes of crime, lengthening the period of incarceration, and rehabilitating offenders—are being subjected to greater scrutiny. Statistics such as the following have led to the search for new strategies:

- Since the mid-1980's, rates of violent crime increased significantly.
- Between 1975 and 1989, the number of serious violent crimes failed to decrease, even though the average amount of prison time per violent crime tripled.
- Costs to victims and to the criminal justice system are estimated at more than $60 billion annually.

Consideration is being given to preventing some violence through a problem-solving approach. Increasingly, two professions are advocating this approach: public health and criminal justice. Public health professionals are applying to violence prevention the same principles of epidemiology that they have used to reduce unintentional injuries. Criminal justice professionals are developing strategies variously called community policing and problem-oriented policing.

Although still evolving, the violence problem-solving approach has distinct characteristics. It emphasizes

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Reducing Violent Crimes and Intentional Injuries

by Jeffrey A. Roth and Mark H. Moore

Since the mid-1980's, the rise in serious urban violence has had at least two effects. First, it has threatened the lives of urban residents, especially youths, and the social and economic fabric of the communities in which they live. Second, it has aggravated public doubts about the ability of government to maintain the quality of urban life. More specifically, these doubts have raised questions about traditional responses to violence such as reducing poverty and other suspected root causes of violence, imprisoning perpetrators, and rehabilitating criminal offenders.

Recently, an alternative problem-solving approach has been gaining adherents. This approach is based on the notion that some violence can be averted by crafting simple, low-cost, common-sense solutions to specific local problems that give rise to repeated incidents of violence. This strategy emphasizes that surprisingly simple tactics can sometimes reduce violence more cost-effectively than filling more prison cells, generate more immediate results with less political opposition than trying to fix poorly understood root causes, and offer greater prospects for success than interventions to rehabilitate violent offenders.

Elements of the problem-solving approach can be seen in two movements that are gaining public prominence. The first is the adoption—or revival—of policing styles that are variously called *community policing*, *problem-oriented policing*, or *fixing "hot spots" of violence*. The second movement is called *treatment of violence as a public health problem*. Although both movements are still evolving and their adherents emphasize somewhat different priorities and tactics, the problem-solving elements of modern policing and public health resemble and complement each other in many ways.[1]

Violence prevention through problem solving seems likely to become an increasingly important component of the Nation's response to urban violence—out of dissatisfaction with the alternatives, if for no other reason. Therefore, it seems useful to develop a more precise understanding of how violence problem solving draws from both modern policing and public health perspectives. This Research in Action first describes how violence problem solving is evolving within those two fields. Then the results of a simulated problem-solving exercise are used to suggest some insight into issues that may arise as jurisdictions across the country try to solve their all-too-real violence problems.

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ice and community cooperation dentifying specific local problems it give rise to repeated acts of lence and devising solutions to se problems, using such strate- s as:

Analyzing individual acts of vio- ce—spouse assaults, driveby otings, or convenience store bery-murders—to suggest com- on underlying links that might erwise be overlooked.

Finding and testing ways to ange physical or social environ- nts, for example, by making ug market customers more con- icuous to law-abiding neighbors.

Revising tactics in light of evalua- n findings and changes in local nditions.

e results of a simulated problem- lving exercise illustrate issues that ay arise when real jurisdictions ek to solve their violence prob- ms. An effort by public health and iminal justice professionals to plan response to violence in a fictional ty suggested that real-world plan- ng efforts may benefit from the llowing insights:

Plans for responding to violence eed to address both the reality and e perception of the problem.

"Off-the-shelf" responses are ften inadequate in solving local olence problems.

An immediate "crisis" response violence needs to be converted to broad, sustained problem- olving.

Violence problem solving expands nformation needs.

Traditional responses to violence

For decades, three approaches to violence have commonly been proposed. One is a tough criminal justice response to violent crime, sometimes labeled "lock 'em up." Another is repairing presumed social causes of violence, sometimes described as "fixing the root causes." The third is rehabilitating violent offenders to alter their future behavior.

Violence and the criminal justice system. Society has traditionally looked to the criminal justice system to enforce criminal laws by arresting and punishing the perpetrators of violence. To a degree, this law enforcement perspective reflects moral indignation: When violence seems deliberate or premeditated, severe punishment seems consistent with the demands of justice. Yet society also expects the punishment to produce a practical result: In theory, imprisoning violent criminals should prevent future violence through at least the mechanisms of incapacitation (because a criminal in prison cannot commit crimes in the community) and deterrence (because fear of punishment should discourage future violent crimes).

Unfortunately, recent experience raises doubts about the ability of the criminal justice system either to deliver justice or to reduce violence on a consistent basis. Although criminal sentencing for violent crimes grew substantially harsher between 1975 and 1989, recent calls to lengthen sentences and abolish parole suggest that in some eyes, justice is not yet being served.

Experts believe that harsher sentences prevented an estimated 10 to 15 percent of potential crimes through incapacitation and probably prevented additional crimes through deterrence. Apparently, however, the violent crimes prevented by greater use of prison were offset by increases in the number of violent crimes committed by new or unapprehended offenders in communities, including youths, whose violence rates have increased substantially since the mid-1980's. Therefore, the number of serious violent crimes has failed to decrease, even though the average amount of time served per violent crime has tripled.[2]

Violence and root causes. The limits of the criminal justice response to violence point to a different idea about how society should respond. In this alternative view, the causes of crime lie more in social conditions that promote violence than in offenders' deliberate intentions to do harm. Therefore, the practical and fair response is not to punish individual offenders more harshly but to fix the presumed root causes of crime—to reduce unemployment, lessen racial discrimination, improve the quality of education, and help poor families raise their children to be responsible citizens, for example. The implication is that the most effective policies for controlling crime and violence lie beyond criminal justice and in the wider embrace of broad social forces and policies.

This view has stimulated a long search for effective ways to eliminate the root causes of crime. Hopes for the success of this approach in dealing with violent crime have been tempered by the Nation's experience with the Great Society programs of the sixties and by the lack of scientific or public consensus on just what the root causes are. Yet this approach retains substantial appeal in some sectors.[3]

Rehabilitating violent offenders. A third approach has focused on restoring violent offenders to useful roles in society. To advocates of rehabilitation, it

seems wasteful and potentially unjust to do nothing more than confine those who commit crimes. After all, without some kind of effective intervention, criminal offenders are a continuing social liability. In prison, they remain expensive wards of the State. After completing their sentences, they victimize society with more crimes. Therefore, intervening in offenders' lives—by teaching them to think differently about their roles in society, increasing their marketable skills, and treating their addictions to drugs or alcohol, for example—to make them less of a burden to society over the long run seems both sensible and humane. The goal of rehabilitation seems especially attractive for young offenders, who may be seen as less morally accountable for their crimes and more responsive to interventions.

This goal prompted development of therapeutic prison programs and provided some of the justification for a separate juvenile justice system with special procedures and dispositions designed—at least in part—to steer delinquent youths away from adult crime. Yet evidence remains scarce that juvenile or adult justice systems can routinely mount effective rehabilitation programs that match an offender's specific needs.[4] As doubts have grown about the effectiveness of both the adult and juvenile justice systems, increasing numbers of States are statutorily lowering the age at which youths accused of violent acts can or must be tried and sentenced as adults.

Violence prevention

Increasingly, violence problem solving is being advocated by two professions that feel responsible for dealing with violence and frustrated with traditional approaches. In the early 1980's, police executives and their agencies charged with reducing crime began testing new strategies variously called community policing or problem-oriented policing. More recently, public health professionals, who view violence as a public health problem, have begun to apply methods that they used successfully in the past to reduce such threats as typhoid fever, injuries and deaths from motor vehicle crashes, and deaths from cigarette smoking.

Community and problem-solving policing. Although the strategies and tactics of community policing and problem-solving policing are still evolving, certain core principles distinguish these approaches from those of traditional law enforcement.[5] In theory at least, community policing programs adhere to the following three principles:

- The local community is a crucially important partner—perhaps even the first line of defense—in responding to violence and disorder. Relationships among friends and neighbors can bind people to one another, help to limit opportunities for victimization, and teach youngsters noncriminal pathways to success. In important ways, the police play backstop to the community in discouraging violence.

- Police take their cues from the community about what problems are important. To help establish effective working partnerships with local communities, officers learn about the problems through face-to-face contact with individual citizens and through community meetings—not just from emergency calls to 911.

- Arrest is only one of the tools available to the police in responding to incidents or problems. For example, they can offer informal mediation, use administrative procedures, refer people to services, or mobilize other local government agencies to fix specific problems.

Problem-oriented policing, which tends to be implemented as a central component of community policing, is motivated by the following additional idea:

- Behind the incidents reported to police lie problems waiting to be solved. Therefore, the best police response to the incidents lies in understanding and repairing the underlying problem rather than mechanistically responding to the incidents as if they were unrelated. If existing causal problems can be discovered and solved, future violent incidents may be prevented.

Public health approaches to violence. Violence has attracted public health practitioners' interest for at least three reasons. First, epidemiologists noticed that *injury*—along with disease—posed a major threat to the Nation's health, especially as measured in years of potential life lost. Moreover, the public health community had succeeded in reducing *unintentional injuries* through preventive measures such as laws mandating seat belts in automobiles, requirements that consumer products be made safer, and public information campaigns to educate the public about safe behavior. As success in preventing unintentional injuries increased, it seemed just a short step to imagine that *intentional injuries* might also yield to preventive public health strategies.

Second, when epidemiologists looked closely, they noticed an important piece of the intentional injury problem that did not seem to be handled very well by the criminal justice system: Violence that occurred among intimates and family members often was not reported to

Violence: A Crime Problem and a Health Problem

iolence is at the center of the Nation's rime problem. Since the mid-1980's, ates of violent crime reported to police the Nation's cities have increased sigificantly.[6] Most seriously, annual murer counts in recent years have hovered round 24,000, an unprecedented umber.[7] In addition, some 2.9 million erious nonfatal violent crimes per year re being reported to the National rime Victimization Survey.[8]

erhaps more surprisingly, violent intenonal injury is also emerging as a central hreat to the Nation's health, particurly among minorities and young eople. Homicide is the 12th leading ause of death in the United States, and ecause murder victims tend to die at ounger ages than do the victims of disase, homicide is the 4th leading conributor to years of potential life lost. For abies born in the United States in 989, the estimated lifetime probability f becoming a homicide victim ranged rom 1 in 496 for a white female baby o 1 in 27 for a black male baby.[9] Vioent injuries impose costs on victims for nedical treatment, physical and psychoogical rehabilitation, and lost productivty; these costs, plus the criminal justice esponse, have been estimated at $60 illion annually. In Detroit, an estimated 0 percent of all traumatic spinal cord njuries result from gunshot wounds, nd hospital emergency departments in ities across the country report strained esources in the aftermath of violent ttacks on victims.[10] Perhaps most tragially, national mortality statistics indicate hat violence has become the leading ause of death among young black nen.[11]

the police. This included domestic assault, child abuse, and an emerging problem of elder abuse.

Third, it seemed to public health practitioners that their commitment to epidemiological methods and models for identifying problems and searching for promising preventive interventions could be an important complement to existing criminal justice approaches.

As with community policing, the public health perspective on violence is still evolving. Even leaders in the public health community find it difficult to define this particular approach to reducing deaths from disease and injury. Yet the writings of public health practitioners on reducing violence are frequently distinguished by the following basic themes:

- Violence is a threat to a community's health as well as to its social order.

- Public health and medical personnel are often in a good position to see violence that goes unreported to criminal justice agencies.

- Preventing violence and reducing its damaging effects require attention to victims and witnesses of violence—not just to violent offenders.

- Epidemiological methods can be useful both in measuring overall levels and patterns of violence and in identifying factors that are correlated with the risk of violence.

- In seeking to reduce violence and its consequences, the emphasis should be on prevention rather than amelioration. Primary prevention—measures that prevent violent events from happening in the first place and do so across a large portion of the population—should be the primary focus. Secondary prevention—the early identification and improvement of situations that could lead to violence if not addressed immediately—should be the secondary priority. Tertiary prevention—responses that repair the damage associated with violence that has already occurred—should be only the last resort.

- Many opportunities to prevent violence do not depend on controlling or redeeming perpetrators. Just as traffic deaths can be reduced by making cars and roads safer as well as by arresting careless or drunk drivers, some violence may be preventable by making vulnerable convenience stores harder to rob, by teaching nonviolent ways to solve disputes, by deglamorizing violence in the media, or by modifying trigger mechanisms on guns.

- In seeking to prevent violence, it is usually important to involve the community that is afflicted by the violence. Community residents can give legitimacy to government actions, provide information about where the problems are and what the points of intervention might be, develop political consensus for legislation needed to achieve preventive measures, and place informal pressures on other residents to take action to reduce violence.[12]

Commonalities and differences. Clearly, the modern policing and public health responses to violence have much in common. They both emphasize preventing the occurrence of violence over responding after violence occurs. They emphasize community involvement in identifying violence problems, setting priorities among them, and devising solutions. Both approaches suggest the possibility that carving up the general violence problem into component parts may

reveal solutions that would otherwise remain concealed; just as skin cancer and lung cancer call for different preventive strategies, so might driveby shootings, convenience store robberies, and spouse assaults.

Both approaches recognize that violence or its consequences may be preventable not only by changing individuals' behavior but by changing their physical or social environments —for example, by isolating illegal firearms, alcohol, drug markets, or lone employees who handle cash from places where unemployed young men congregate. Finally, both approaches begin with the notion that a community's violence level may be reducible in either of two ways: through a relatively sweeping intervention, such as reducing media violence, or by accumulating small reductions in violence, each achieved by finding and solving some specific problem that underlies a cluster of violent events occurring at one location, involving one set of perpetrators and victims, or arising from one kind of situation. In short, both approaches seek significant reductions in overall violence by solving one underlying problem at a time.

Agreement on these shared principles by no means ensures that practitioners of public health and law enforcement will approach a concrete urban violence problem in the same way. Comparative analyses have suggested that some subtle differences in priorities may have important operational implications.[13] For example, the criminal justice models, both traditional and new, retain a commitment to punishing perpetrators of violence—as both a matter of justice and a means of demonstrating to children and youths that society condemns violence. In contrast, the writings of public health practitioners rarely discuss the moral implications of intentionally injuring another person. Public health practitioners tend to view victims of violence primarily as persons in potential need of psychological and other services, whereas law enforcement practitioners often think first of victims' roles as witnesses. Both approaches view communities as important players in violence prevention. However, community policing practitioners tend to view officers as problem solvers on behalf of a community, whereas public health professionals stress empowering communities to solve their own problems, with or without police help.

Planning a response to violence

Recent Federal legislation encourages local planning of preventive programs that treat violence as both a crime and a health problem.[14] Therefore, it seems useful to investigate possible ways in which these different approaches may complement—or confound—one another in planning and mobilizing local community responses to violence.

The problem: Violence in Cornet City. To preview the planning of a response to urban violence, a problem-solving exercise was prepared, based on the actual experiences of a real city.[15] The premise of the exercise is that in the wake of community outcry following a weekend of six unrelated murders, "Cornet City's" mayor hastily creates a mayoral task force to plan a response. Although the case takes a few fictional liberties, it presents a fairly realistic picture of the violence problem in one community, public perceptions of the problem, perspectives of local officials speaking at a town meeting on violence, the adequacy of previous responses by the city government and residents of a

Violence Problem Solving

A more recent development is the notion that some violence might be prevented through a problem-solving approach with less sweeping goals than eliminating the root causes of violence or reclaiming criminal offenders. In this view, prevention opportunities lie in responding to the particular problems that seem to underlie clusters of violent events. Depending on circumstances, violence problem solving might involve reducing the number of patrons who carry weapons in a local bar where fights routinely break out, mobilizing and helping law-abiding citizens to take back control of a street corner occupied nightly by drug dealers, or moving a convenience store cash register to make robberies in progress more visible to passers-by. The hope is that a series of small problem-solving successes might add up to a significant reduction in overall violence in a community.

rticular neighborhood, and the infor-
tion that might be available to a may-
l task force convened on short notice.

e case problem was presented to
ee distinguished practitioners cho-
n to represent different perspectives
controlling and preventing vio-
nce.[16] Each practitioner was asked to
epare a short memorandum diagnos-
g Cornet City's violence problem and
ering ideas about solutions. They
en convened for a daylong seminar
define the problem, evaluate the
rnet City mayor's response to date,
d recommend next steps.[17]

though seminar participants did not
oduce specific recommendations for
sponding to violence in Cornet City,
e discussion was valuable neverthe-
ss because of the insights that
nerged about the planning process
self. Similar issues may arise when
al jurisdictions develop their own
sponses to local violence, especially
ose involving both criminal justice
id public health agencies and other
gments of the community. Aware-
ss of these issues will be useful in
e management of real-life, antivio-
nce planning efforts.

**lans for responding to violence need
address both the reality and the
erception of a local violence
roblem.** Despite their varied back-
rounds, the three seminar partici-
ants quickly agreed that the problem
as not just violence but also the
erception that the crisis was over-
helming the broader community of
ornet City, especially its Southwood
eighborhood where most of the vio-
nce seemed to be occurring. In fact,
ie sense of crisis seemed to be one of
ie worst consequences of violence.
contributed to fear, to loss of com-
unity identity and pride, and to a
widening gulf between Southwood and the rest of the city. Such reactions could intensify the problem by aggravating mistrust, reinforcing negative stereotypes, and causing law-abiding citizens to withdraw from community life. Yet these same reactions had the potential to become an important asset in responding to violence. If these concerns could mobilize individuals and agencies to take action against the problem, then a flow of volunteer resources, residents' knowledge, and information about specific incidents would be available to supplement official responses.

Planners may find general, "off-the-shelf" responses inadequate for specific local violence problems. As background material, the Cornet City exercise included recent policy recommendations from two organizations concerned with violence: former Attorney General William Barr's Task Force on Violent Crime[18] and the Eisenhower Foundation.[19] The Barr report was chosen as an example of the traditional law enforcement approach, whereas the Eisenhower Foundation reflected the root causes perspective.

By declining to debate the merits of the Barr and Eisenhower recommendations, seminar participants seemed to reject implicitly either group's faith in any general solution to Cornet City's problem. Instead they began searching for smaller scale trial solutions to specific pieces of the larger problem. Their approach consisted of the following elements:

- Dividing the general problem of violence into smaller pieces that had different levels of urgency and significance for the community and that seemed to require different kinds of solutions.
- Finding ways to reach out to local communities to engage their efforts in reducing the violence.
- Thinking of common-sense operational solutions to the most important pieces of the problem.

Initial governmental responses to out-of-control violence may need to be converted into small-scale but sustained problem-solving enterprises. Superficially, Cornet City's mayoral task force seemed likely to be a useful response to the deepening crisis: it highlighted the violence problem, it set the stage for cooperative interagency responses, and it had the potential of mobilizing both volunteers and local government agencies.

Yet the participants recognized three ways in which a high-level task force with short-term goals might actually make the problem worse. First, agency representatives might treat the deliberations merely as a chance to advance their bureaucratic interests. Second, unless the effort included program-level agency staff who understood operational details, simple promising procedural changes might be overlooked. Third, the task force could lose momentum if the crisis atmosphere dissipated as new issues appeared on the public agenda. Failure for any of these reasons would deepen the anger and despair that already gripped the community—perhaps leaving the violence problem less solvable than ever.

What seemed necessary was a departure from business as usual. To be effective, the violence crisis and the mayoral task force would need to be seized as an opportunity to create a sustained enterprise that would reorient the community's entire approach to violence. The enterprise would need to

focus on specific pieces of the problem, perhaps selected to maximize the chances of some early, if small, successes that might generate momentum. It would need both members authorized to set agency policy and members with detailed operational knowledge of agency procedures. It would need to share information and ideas to a degree that government agencies often find difficult. And it would need to continue working until the community was satisfied that the most important violence problems had been solved.

Violence problem solving may expand information needs. To simulate information that might be available to a mayoral antiviolence task force convened on short notice, the case problem included 21 statistical tables and figures typically compiled by municipal agencies. These data described patterns and trends in violence levels, in responses such as arrest clearance rates, and in related factors such as drug offenses and low-birthweight rates. Although participants did not ignore the information, they referred to it infrequently as they discussed a response to Cornet City's violence problem. They seemed to find the data helpful only as "score cards" for violence, warning signals, or confirmation of Cornet City officials' impressions.

What seemed to be needed to plan a response was another basic departure from business as usual. Instead of monthly statistics, solving violence problems would require incident-based information about events that superficially seemed unrelated. Problem solvers in the field might discover hidden connections between seemingly unrelated violent events only by linking detailed information about them. As in detective work, linking and sifting such details might reveal that the same person committed a series of violent crimes. However, other relationships may be more useful in violence prevention through problem solving. Perhaps a pair of estranged lovers or a pair of rival gangs was retaliating against each other for past deeds. Perhaps some location was conducive to a certain type of violence. Perhaps certain routines of offenders, such as driving around at night while drinking, set up encounters that escalated to violence. Perhaps potential victims' routines, such as regularly carrying cash to the same convenient bank, presented robbery opportunities.

Within the limits of human memory, people can retain and reorder the information needed to discover such links that might underlie a cluster of violent events. However, new technologies such as integration of multiple record systems into a single relational data base, neural network software, and pattern recognition programs allow searches for connections that transcend the limits of human memory. Connections based on relationships between people, places, locations, or telephone numbers, for example, can be discovered, even though no single person has personal knowledge of all the relevant data: fingerprints, DNA analyses, paint chips, or bullets and casings. Alternatively, searches and analyses of multiple agency records may reveal violent events or deaths that might have been prevented if certain persons or cases hadn't fallen through procedural cracks.[20]

Community residents can play many roles in violence problem solving. Community residents are often in the best position to point out opportunities to prevent violence—by cleaning up a vacant lot or demolishing an abandoned house, for example—or to warn architects of building features that may be conducive to violence. The discussion produced many ideas about ways that the community could enhance law enforcement responses to violence. Families of murder victims might contribute lists of events such as late-night beeper calls or unusual activities in the days or minutes before the murder. Analyzing these lists might yield warning signals for other families to heed before they, too, lost loved ones. Neighbors and other witnesses might offer information to police about "cold cases" after their fears had subsided. Other suggested community-based tactics included organizing neighborhood patrols, disrupting street-level drug markets, serving as role models and as extended family for children and youths on the street, and running informal programs to occupy youths' time and raise their self-esteem. The day's discussion also suggested tactics for Cornet City's residents to deal with local youth gangs and drug distributors: threatening greater action from the community and police unless they reduced their levels of violence (or bargaining for less violence in exchange for less harassment), drawing away potential recruits by establishing programs for gang "wannabes," and sponsoring nonviolent competitions between gangs, such as rap contests or street dancing.

Tactics aside, the discussion offered few solutions to the more basic problem of how to mobilize reluctant communities against violence. Methods are needed to overcome the fear and inertia that stifles community initiative in neighborhoods that suffer especially high violence levels.

Value conflicts may divert or impede violence problem solving temporarily, but those difficulties may be avoidable by explicitly recognizing, acknowledging, and airing them. Several conversations about Cornet City demonstrated that value differences may occasionally divert the discussion in surprising ways. However, short, candid, clarifying conversations seemed to make it easy for the group to move past these issues and return to operational matters.

One early discussion made clear that if oversight, prejudice, or cynicism affected the composition of an antiviolence task force, the exclusion of those closest to violence might reduce its chance of success. This could occur in part because the violence problem was being experienced in different ways in different parts of the city. Southwood, long the site of much of Cornet City's violence, was suffering its consequences most directly. Residents in the rest of the city may have been frightened by spillover violence, embarrassed over having tolerated such conditions in a neighborhood that lacked clout at city hall, or genuinely disturbed over the loss of Cornet's young citizens. In any event, the rest of Cornet City experienced the violence much less personally than Southwood.

The three participants viewed the mayor's recognition of Southwood's violence as a wake-up call to be a mixed blessing for the neighborhood. The good news was that Southwood would finally receive the resources it needed to combat violence. The bad news was that relations between Southwood and the rest of the city might become strained if Southwood's residents became cynical about the city's sudden interest in its problem or if its problem fed negative stereotypes of the Southwood community.

It was suggested that the absence of Southwood residents, especially youths, from the task force might arouse Southwood's cynicism and create a presumption that the task force intended to contain the violence problem in that neighborhood instead of solving it. Once the reasoning behind the call for broader participation was explained, all three participants concurred that unless Southwood residents were better represented on the task force and violence was defined as a citywide problem instead of a neighborhood problem, difficulties could arise later in implementing the task force's recommendations. Not only would Southwood's citizens become further alienated, but their potentially important contributions to violence problem solving would be lost.

The discussion was diverted again later over a reference to youth violence as "children killing children." It became clear that although some intend that phrase to intensify the sense of urgency, others may hear an unintended tone of excusing murders by 16- to 18-year-olds. Because society treats people in this age group as responsible adults in work settings and as automobile drivers, it may seem somehow unjust to use a term that would legally protect them against criminal conviction and substantial prison sentences.

The give-and-take over that phrase while discussing Cornet City made clear that the term *children* was not intended to absolve individuals from responsibility for their past behavior but to encourage society to share some of the responsibility for changing their future behavior. The discussion made clear, however, that such sharing had operational as well as ideological implications because it broadened the range of potential points of intervention from individuals to families, schools, and the community as a whole.

Failure to air these points might well have made it harder for participants to agree on any further principles. However, the explicit and candid discussion of values opened the way to constructive discussion of actions with minimal disruption.

Conclusion

The attempt to plan a response to violence in fictional Cornet City yielded several ideas that may be useful to real jurisdictions as they plan responses to their violence problems. To begin, cities plagued by violence may find it useful to adopt an approach seminar participants called the violence problem-solving enterprise. Such enterprises clearly differ from traditional approaches including both "locking 'em up and throwing away the key," or alternatively, eliminating "root causes" of violence. Instead, they draw on new developments in law enforcement and public health approaches to violence. They require new ways of thinking about violent events as well as offenders, violence-ridden communities, local governments, and information.

Planning these enterprises will be shaped by political realities and personal values, and such efforts will risk small-scale failures as promising responses to the tenacious urban violence problem are tested. Whether violence problem solving can, over time, reduce both urban violence and the sense of despair it produces remains to be seen.

Notes

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13. Moore, M.H., "Violence Prevention: Criminal Justice or Public Health?" *Health Affairs* 12(4)(1993): 34–45. See also Moore, M.H., D. Prothrow-Stith, B. Guyer, and H. Spivak, "Violence and Intentional Injuries: Criminal Justice and Public Health Perspectives on an Urgent National Problem." In A.J. Reiss, Jr., and J.A. Roth, eds., *Understanding and Preventing Violence*, Volume 4, Washington, D.C.: National Academy Press, 1994; Mercy, J.A., M.L. Rosenberg, K.E. Powell, C.V. Broome, and W.L. Roper "Public Health Policy for Preventing Violence," *Health Affairs* 12(4)(1993):7–26.

14. Violent Crime Control and Law Enforcement Act of 1994, P.L. 103–322, September 13, 1994.

15. The simulation, *Violence in Cornet City: A Problem-Solving Exercise*, by Patricia Kelly, Mark H. Moore, and Jeffrey A. Roth, was published as a teaching tool by the U.S. Department of Justice, National Institute of Justice, in 1994.

16. Former NIJ Director James K. "Chips" Stewart, once chief of detectives for Oakland and now a criminal justice consultant, was selected to represent the potential that professional police work, aided by modern technology, held for the effective control of violence. Sylvester Daughtry, currently chief of police in Greensboro, North Carolina, and president of the International Association of Chiefs of Police, was selected to represent the potential that community policing and problem-solving policing held for reducing violence. Beverly Coleman-Miller, M.D., former special assistant for medical affairs to the Washington, D.C., Commissioner of Public Health, responsible for liaison to the medical examiner and the Emergency Ambulance Bureau, was chosen to represent the public health perspective on diagnosing and preventing violence.

17. Kelly, Patricia, Mark H. Moore, and Jeffrey A. Roth, *Responding to Violence in Cornet City: The Problem-Solving Enterprise*, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, April 1995. Copies are available from the National Institute of Justice Reference Service. Ask for NCJ 154258.

18. *Combating Violent Crime: Twenty-Four Recommendations To Strengthen Criminal Justice*, Washington, D.C.: U.S. Department of Justice, 1992.

19. Eisenhower Foundation, *Youth Investment and Community Reconstruction.*

20. Several actual examples are discussed in Moore, Roth, and Kelly, *Responding to Violence in Cornet City.*

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Criminal Justice and Health

Cowles, Ernest L., Ph.D., Thomas C. Castellano, Ph.D., and Laura A. Gransky, M.S., *"Boot Camp" Drug Treatment and Aftercare Interventions: An Evaluation Review*, Research in Brief, July 1995, NCJ 153918.

Inciardi, James, Ph.D., *A Corrections-Based Continuum of Effective Drug Abuse Treatment*, VHS 60-minute video, January 1995, NCJ 152692, $19.00, includes postage and handling.

Kellerman, Arthur L., M.D., M.P.H., *Understanding and Preventing Violence: A Public Health Perspective*, Research in Progress Seminar, VHS 60-minute videotape, December 1994, NCJ 152238, $19.00, includes postage and handling.

McDonald, Douglas C., and Michelle Teitelbaum, *Managing Mentally Ill Offenders in the Community: Milwaukee's Community Support Program*, NIJ Program Focus, March 1994, NCJ 145330.

McDonald, Douglas C., *Managing Prison Health Care and Cost*, NIJ Issues and Practices, March 1994, NCJ 152678.

National Institute of Justice, *National Institute of Justice Journal*, #228, December 1994, JR000228. (This issue features articles on health and justice.)

Witwer, Martha B., M.P.H., and Cheryl A. Crawford, M.P.A., J.D., *A Coordinated Approach to Reducing Family Violence*, a report produced by the American Medical Association and the National Institute of Justice, September 1995, NCJ 155184.

Violence Prevention

Earls, Felton, J., M.D., and Albert J. Reiss, Jr., Ph.D., *Breaking the Cycle: Predicting and Preventing Crime*, December 1992, NCJ 140541.

Harrell, Adele, Ph.D., *Intervening with High-Risk Youth: Preliminary Findings from the Children-at-Risk Program*, VHS 60-minute videotape, February 1995, NCJ 153270, $19.00, includes postage and handling.

Solving Youth Violence: Partnerships That Work: National Conference Proceedings, Washington D.C., August 15-17, 1994, June 1995, NCJ 154134.

Violent Behavior and Criminal Behavior

Blumstein, Alfred, Ph.D., *Youth Violence, Guns, and Illicit Drug Markets*, VHS 60-minute video, September 1994, NCJ 152235, $19.00, includes postage and handling.

Kelly, Patricia, M.P.P., Mark H. Moore, Ph.D., and Jeffrey A. Roth, Ph.D., *Violence in Cornet City: A Problem-Solving Exercise*, April 1995, NCJ 154258.

Smith, Barbara E., *Prosecuting Child Physical Abuse Cases: A Case Study in San Diego*, Research in Brief, June 1995, NCJ 152978.

Victim Assistance Programs: Whom They Service, What They Offer, NIJ Update, May 1995, FS000840H.

Widom, Cathy Spatz, *The Cycle of Violence Revisited Six Years Later*, VHS 60-minute video, April 1995, NCJ 153272, $19.00, includes postage and handling.

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