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Chapter 3

Developing a Violence Prevention Coalition in Los Angeles

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Cities as diverse as Los Angeles, São Paulo, Dakar, and Moscow share a common scourge: although not officially at war, these are cities under siege. The culprit in each case is interpersonal violence.[1] Over the last thirty years, this kind of violence has become an increasingly significant part of city life. Today it seems to erupt as a response to a variety of urban frustrations, prominent among them overcrowding, personal animosity, and—particularly for young people—disempowerment and a lack of positive community interaction and healthy entertainment.

In Los Angeles County, California, with a population of almost nine million people[2] in an area of about four thousand square miles, the leading cause of death for the population under the age of forty-five is injury, and homicides account for close to 30 percent of all deaths resulting from injuries. Homicides surpass even motor vehicle accidents as the leading cause of injury deaths for Los Angeles residents. The homicide rate is recognized as a relatively reliable indicator of the level of violence in a community, despite the fact that it does not reflect nonfatal violent injuries. In 1988, the homicide rate in the United States as a whole was 9 per 100,000 thousand population. In the State of California it was 10.9 per 100,000, but in Los Angeles, it was 19.4 per 100,000—over twice the national average.

The homicide rate in Los Angeles varies by location, sex, age, and race.[3] It is highest in the South Central section of the city, an area that also has the highest rates of infectious diseases and other conditions associated with poverty and overcrowding. It is also highest among males between the ages of fifteen and thirty-four, and much higher for African Americans than members of other ethnic groups. The absolute number of homicides among African Americans and Hispanics in Los Angeles is similar, but Hispanics represent almost a third of the population, and African Americans less than one-twelfth. In 1990, the homicide rate per 100,000 for white males aged fifteen to thirty-four was 27.8, while for Hispanics of the same age and sex it was 88.3. But for the corresponding

group of African Americans, it was 263 per 100,000—a rate that reflects the special vulnerability of African American males.[4]

Children and adolescents often bear the brunt of the urban violence problem. Surrounded from birth by an atmosphere of violence, spawned by poverty and discord, they may become inured to it, and in addition may lack opportunities to learn alternative ways of behaving and communicating beyond the use of violence. To fulfill their need for acceptance and personal defense, those born into fractured or powerless families may turn to street gangs as surrogate families. Los Angeles has 900 of them, and has been labeled the gang capital of the world. It is estimated that there are more than 100,000 gang members in the county. About 30 to 37 percent of the homicides are gang related, as defined by law enforcement. In 1993, there were 2,067 homicides countywide, of which 720 were attributed to the activities of known gang members. The issue of violence as a public health problem has become more focused in Los Angeles as a result of this carnage, and it is becoming increasingly apparent that law enforcement alone cannot manage the problem.

In 1992 there was a widely publicized gang truce in Los Angeles, which had a positive impact on gang violence, especially in the South Central section of the city. Gang-related homicides in South Central decreased. However, the truce primarily affected African-American gangs; it was not acknowledged by members of the more numerous Hispanic gangs and the Asian gangs. Thus, although the total number of gang-related killings in South Central decreased, the rate among ethnic groups other than African American actually increased. This trend continued in 1993; the decrease in the homicide rate among African Americans was offset by the dramatic and escalating increase among Hispanics. In 1993, there were 720 homicides among African Americans, compared to 886 among Hispanics. The result was a stable countywide homicide rate for 1993. Data for 1994 are still preliminary, but suggest that the trend is continuing.

Over the years, a number of community-based agencies and programs have addressed the problem of urban violence in Los Angeles. Under a program called Teens on Target, for example, teens who have been injured by gang violence, some of whom are paraplegics or quadriplegics, work with youths in schools to help them understand the consequences of gang membership. Other efforts have included mentoring programs, employment training, self-esteem building, conflict resolution, dispute mediation, parenting skills education, and support for families of victims of violence. In general, however, the people involved in these programs have not been aware of the work of others in the same general area.

In 1990 the Los Angeles County Department of Health Services received a grant to begin a project devoted to the epidemiology and prevention of intentional and unintentional injury.[5] It was decided that part of the project should be to establish a network to exchange ideas and resources and to examine the problem and its potential solutions from a multidisciplinary perspective. Other objectives of the project included developing an enhanced injury-surveillance system to describe the epidemiology of specific injuries, designing and implementing a program to reduce preschool pedestrian injuries in five health districts with higher-than-expected injury rates, and conducting a study of gang-related homicides and assaults.

In March 1991, in order to bring violence prevention experts from various disciplines together, we sent out some forty letters of invitation to a meeting where the formation of a "Violence Prevention Coalition" would be discussed. Recipients of these invitations included police departments; school districts; community-based agencies ranging from boys' and girls' clubs to parenting programs for teenaged parents; researchers; rehabilitation programs; the office of the coroner; hospitals; child health providers (both public and private); representatives of the emergency medical system, trauma network, and victim assistance programs; mental health workers; and agencies dealing with domestic violence. Gang members or former gang members were included.

At the first meeting of the group, the public health model of primary, secondary, and tertiary violence prevention was presented,[6] and we asked for input regarding interest in building an eclectic, multidisciplinary coalition to pool our knowledge and pursue our mutual goal of preventing violence and reducing and controlling the injuries that result. Among the group's goals would be developing a focused approach to reducing the level of violence in Los Angeles, encouraging the development and promotion of prevention and intervention programs, sharing information, providing a forum for influencing public policy regarding violence prevention, and increasing community awareness of existing prevention programs.

Representatives of the different disciplines acknowledged that their various groups, working alone, viewed the problem of reducing violence as overwhelming, and were becoming discouraged. It was agreed that the problem requires a more generalized community approach. The group decided to go forward and to meet again, in the belief that an eclectic approach had the potential to change Los Angeles County's distressing statistics on violence.

Subsequently this group, called the Violence Prevention Coalition of Greater Los Angeles, formulated a mission statement. The coalition's collective goal would be to "reduce violence and its impact on the health of the citizens of Los Angeles County by measuring and describing the conditions which promote violence, and by recommending strategies, methods, and means to reverse the conditions which promote violence, and prevent the injuries and adverse outcomes that result from violence."[7]

This mission presented some challenges, beginning with the need for the coalition to define its terms. For instance, the term *surveillance* can have quite different meanings, depending on whether it is used in a public health or law enforcement context. Another problem was that many of the community-based agencies represented in the coalition were topic-

specific, addressing, for example, gangs or domestic violence. After lengthy discussion, it was decided not to focus on any single topic, since many experts are convinced that the root causes of all forms of violent behavior are likely to be similar.

Representatives of both the judicial system and law enforcement expressed gratitude for the entry of public health into the violence prevention arena. Both police departments and the prosecutors agreed that previous efforts at violence containment had been ineffective, and welcomed the new multidisciplinary, public health approach.

The job of establishing a structure for the coalition was delegated to a small, representative group of volunteers. The design for the coalition they drew up included a number of committees, each of which would address some specific area of concern. Gang members and former gang members were represented both on committees and in youth forums.

One committee, for example, investigates the media's role in violence, tracks related legislation, identifies key legislators, and recommends positions related to the media's role in violence. Much of this committee's work is carried out through the preparation and distribution of "Fact Sheets," which are distributed to policymakers, state and local legislators, and the media. The fact sheets present information on specific forms of violence and are produced by committee members with experience in particular fields such as domestic, gang, or drug and alcohol-related violence.

Another committee works with the public schools, and is responsible for determining which violence prevention curricula, if any, are in use in which schools. This group has also undertaken a comprehensive community education campaign focusing on the effects of violence on the entire community. Additionally, the committee provides training in specific curricula for schools and community-based organizations. For example, a special training seminar was held for representatives of sixty school districts and forty community-based organizations on "Best Friends for Life," the curriculum developed by Deborah Prothrow-Stith, a leading proponent of addressing violence as a public health issue, on violence prevention for adolescents.[8] Training and materials on the STAR (Straight Talk About Risks) curriculum, developed by the Center to Prevent Handgun Violence, were also provided. This curriculum teaches alternative methods of dealing with anger and how to remain safe in the presence of a gun.

The epidemiology committee is currently exploring sources of data to help quantify the magnitude of the problem, establishing standard definitions, and developing potential methods for linking data sets. In addition to providing epidemiological information, such data linkages will enable a more realistic estimate of the costs of violence in Los Angeles.

The community mobilization committee investigates community resources and community programs and facilitates interactions between community-based organizations, in an effort to expand available resources to all segments of the community. Currently, this committee is mobilizing communities around specific topics such as domestic violence.

Meanwhile, the resource identification committee has compiled a countywide directory of all resources identified by the other committees. This group is also responsible for identifying potential sources of funds for coalition member organizations, and for research and program evaluation activities.

The Violence Prevention Coalition conducted its first conference, entitled "Our Violent Society: Causes, Consequences, Interventions, and Prevention," in May 1993 in Los Angeles. It received financial support from the California State Department of Health Services, and was attended by representatives of state, national, and international agencies. The conference was very successful: it stimulated the formation of violence prevention coalitions in six additional communities across the country.

The coalition has had to deal with immediate and critical funding issues. Funding for community-based agencies in Los Angeles County has been severely curtailed due to strained economic conditions in the State of California and the county, and many agencies are operating with inadequate funding. Coalition members have collaborated on at least nine grant proposals, each of which involved a minimum of three member agencies. To date, at least seven of these proposals have been successful.

One area in which the eclectic nature of the coalition has been particularly helpful is evaluation. The community-based organizations involved in the coalition do not have the technical expertise to develop systematic evaluations, and although many of their programs appear to be effective, none has been evaluated systematically. The coalition's public health and academic members have developed evaluations that rely on epidemiologic methods to systematically evaluate the effectiveness of community-based programs. In the area of education, for example, fourteen separate violence prevention curricula are being used in Los Angeles schools, but none had been systematically evaluated for effectiveness. The schools are now evaluating their curricula; preliminary results should be available by the end of 1995.

The availability of firearms is a primary concern to all Violence Prevention Coalition members, including the law enforcement agencies. In fact, the district attorney was the first to suggest that the coalition membership focus on this concern. Not only is the number of firearm homicides in Los Angeles increasing, but suicides and unintended shootings are also rising at an alarming rate. Coalition advocacy of the control and/or confiscation of weapons is an issue on which coalition members have been working with legislators, although no state laws have yet been changed as a result.

We have also established a speakers' bureau to talk to parents and community groups, and have facilitated the formation, in smaller communities in Los Angeles County such as Pasadena and Englewood, of coalitions whose goal is to empower communities to reclaim their streets from the youth gangs that have terrorized residents and kept them captive in their own homes. These smaller coalitions are built on the Los Angeles model,

but are at a more grassroots level. We have compiled a resource directory that will permit small communities to locate the services and programs they need. For example, although after-school programs are provided by a number of community-based organizations, many neighborhoods do not yet have such programs. The resource directory helps communities to establish after-school programs, train the participants, implement them, and evaluate their effectiveness. It has been distributed throughout the county.

The activities of the Violence Prevention Coalition have taken on greater urgency since the events that took place in the spring of 1992. On April 29, the streets of Los Angeles, particularly in the Central and South Central sections of the city, erupted in violent rage. More than two thousand visits to emergency departments occurred as a result of civil unrest in the streets of Los Angeles between April 29th and May 1st, 1992. During this time, both victims and perpetrators were more likely to be minority males fifteen to thirty-four years of age than members of any other group. As is the case with homicides and suicides in Los Angeles generally, most of the injuries were due to firearms.

Violence is not a normal way of life, but in Los Angeles it is often viewed this way. Change is necessary to reduce the acceptance of violence as a fact of life, and this requires community-wide commitment. We believe that bringing a community-wide focus to the problem, creating awareness, sharing the resources we have available to us, and exploring potential solutions together represent our best hope of creating change. Other kinds of destructive behaviors—smoking and certain kinds of sexual behavior, for example—have been changed, largely through the efforts of single-issue coalitions whose emphasis has been community-wide involvement and dedication.

The epidemic of violence in Los Angeles County is far from spent, but we think our model, which places ownership of the problem in the hands of the entire community, is beginning to have an effect in South Central, which is reflected in the decreasing homicide rate. We believe that by replicating the model in other sections of the county, similar reductions in the level of violence can be achieved. We hope that other communities will adopt similar strategies to change community norms and reduce violent deaths and injuries.

Notes

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An earlier version of this material was presented at a meeting of the American Public Health Association, held in San Francisco, California, in November 1993. In addition, the information presented here is included in a paper entitled "The Violence Prevention Coalition of Greater Los Angeles," forthcoming in *Public Health Reports*.

1. The epidemiological statistics on violent injury and death show that in the United States this was the leading cause of mortality among fifteen- to twenty-four-year-olds as early as 1985 ("Public Health Problem" 1985:882); gunshot wounds cause the most deaths in both black and white teenaged boys in America (Koop and Lundberg 1992:3075). The problem is not unique to the United States; according to WHO, violent injury is now the leading cause of death for children and young adults in virtually all countries ("The Cutting Edge" 1993:2:5). —Ed.
2. Population Estimation and Projection System of the Los Angeles County Department of Data Processing, Urban Research Division. Projections are based on the United States Census.
3. A number of risk factors for violent injury have been identified. In one U.S. study, low socioeconomic status, a history of physical abuse, and school problems were found to be highly correlated with the risk of violent injury (Schubiner et al. 1993:216). (Individuals characterized by these risk factors were also at high risk of sexually transmitted diseases, adolescent parenthood, alcohol and substance abuse, difficulties at school and work, family conflicts, and depression.) Other U.S. studies have pinpointed some of the factors that seem to predispose individuals to commit violent acts. One cites youth, male sex, nonwhite race, unemployment, and a "disorganized family background" (Ford and Rushforth 1983:238); another adds alcohol use and a paranoid and impulsive personality (Shepherd and Farrington 1993:91). Environmental determinants such as overcrowding or exposure to media violence have often been faulted as well.
4. Los Angeles County is one of the most ethnically diverse communities in the United States. Its current population is estimated to be 47 percent non-Hispanic white, 30 percent Hispanic, 12 percent African American, 7 percent Asian, and 3 percent other racial groups. Only about half of all Los Angeles County households report they speak English as the predominant language at home. More than ninety languages have been officially recognized and are spoken within the Los Angeles Unified School District (Los Angeles Unified School District, Annual Ethnic Survey Report, 1992).
5. Funding was provided by the California State Department of Health Services, Emergency Preparedness and Injury Control Branch.
6. The three levels of medical services—primary, secondary, and tertiary—can also be applied to violence prevention. Primary violence prevention focuses on preventing aggressive behavior before it occurs (for example, teaching parenting skills at prenatal clinics). The role of parents is pivotal at this level, and pediatric health practitioners can also help at this stage by providing families with guidance on nonviolent disciplinary methods and resolution of intersibling conflict (Spivak et al. 1988:1343). Secondary level prevention aims at precluding violence, once it has occurred, from escalating or spreading, by identifying individuals who are at high risk of violent behavior and addressing their need for alternate methods of resolving conflict or expressing their emotions through educational, mental health, and other support services. The goal of tertiary level prevention is the rehabilitation of already violent individuals, such as those imprisoned for violent assault or hospitalized for violent injury, who (unless they are innocent victims) may be intent upon revenge against their adversaries. These individuals are identified and targeted, usually in institutional settings, by a combination of criminal justice, human service, mental health, and public health workers. Retraining them in how to use peaceful means to resolve future conflicts is particularly difficult.

7. The Violence Prevention Coalition of Greater Los Angeles, Mission Statement, June 1991.
8. Deborah Prothrow-Stith is associated with Harvard's School of Public Health and has served as Boston's Public Health Commissioner.

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