Preventing Violence in America

Editors
Robert L. Hampton
Pamela Jenkins
Thomas P. Gullotta

Vol 4 *Issues in Children's and Families' Lives*

SAGE Publications
International Educational and Professional Publisher
Thousand Oaks London New Delhi

• *CHAPTER 10* •

A Public Health Approach to Violence Prevention: The Los Angeles Coalition

BILLIE P. WEISS

Most U.S. citizens take pride in espousing a social contract that respects the rights of individuals, promotes equality, and values the sanctity of life. These citizens also pride themselves on being peace-loving people. Compare these peaceful images with images that glorify the nation's violent past and make modern-day heroes out of those who behave violently, the images that teach our children that the West was won—justifiably—by violence. Many in this nation believe that it is their right to be armed with any weapon of their choosing. Our society has produced images that glorify the violence of Jesse James, George Custer, and Bonnie and Clyde, and has helped to create film characters like Rambo and Dirty Harry. These images have contributed in part to the present situation, in which more people are killed in the United States by violent acts than in any other industrialized country in the world, and the majority of these homicides are committed with firearms. This situation has led former Surgeon General C. Everett Koop (1991) to conclude that "the professions of medicine, nursing, and the health-related social services must come forward and recognize violence as their issue and one that profoundly affects the public health" (p. vi).

In this chapter, I examine the impact of violence on communities, particularly Los Angeles, California. I present a case study of the Violence Prevention Coalition of Greater Los Angeles to illustrate the importance of collaborative efforts to reduce and prevent violence in our communities.

Violence in the United States

Each year, more than 50,000 people die in the United States as the result of violent acts (Rosenberg & Mercy, 1991). Of this number, approximately 20,000 persons die from homicide and a greater number (30,000+) from suicide (Baker, O'Neill, Ginsburg, & Li, 1992; Rosenberg & Mercy, 1991). Homicide is the fourth leading cause of death for children between the ages of 1 and 14, and it ranks second for youth between the ages of 15 to 24 (Baker et al., 1992). Among African Americans 15 to 34 years of age, it is the leading cause of death (Baker et al., 1992). In contrast, among white youth in this age group, the leading cause of death is motor vehicle accidents (National Center for Health Statistics, 1994). Furthermore, homicide is the leading cause of injury death for all infants less than 1 year of age (Waller, 1985). It is estimated that firearms are responsible for 60% to 80% of the homicides in the United States.

Homicide rates are highest in urban areas, a fact that often leads to the erroneous assumption that most violence is the result of random street killings. On the contrary, the majority of homicides, with estimates ranging from 40% to 60%, occur between people who know each other (Rosenberg & Mercy, 1991; Weiss, 1994). As to location, Fingerhut and Kleinman (1990) compared homicide rates for 1988 for central cities with other population centers. These authors found that 72% of black male teenage homicides occurred in metropolitan core counties, compared with only 6% in nonmetropolitan areas.

Other factors, such as alcohol and other drugs, are believed to be contributing factors in escalating anger into homicide (Reiss & Roth, 1993). The role of firearms, particularly handguns, in these deaths is significant. Increasing homicide rates parallel the increasing availability of firearms, including handguns (Wintemute, 1994). Rates of homicide are higher in underserved, impoverished communities (Weiss, 1993). Although race or ethnic background is often identified as a risk factor for victimization, this may actually matter less than either social class or poverty. For example, one study that examined injury rates by race, ethnicity, and poverty found that when the racial and ethnic groups were held constant, the same communities remained at risk for violence, suggesting that poverty may play an important role (Chang, Weiss, & Yuan, 1992).

Although rates of homicide are greater in urban areas, it is not clear whether the discrepancy between urban and rural areas is the same for nonfatal violent injuries, because fatal outcomes are systematically reported, whereas nonfatal outcomes are not. Biased reporting and the lack of case ascertainment may greatly underestimate the magnitude of the problem. It is clear, however, that available data point to higher rates of self-inflicted violence than interpersonal violence in rural settings. Further investigation is needed to document the variance in rates of violent injury between urban and rural settings.

Firearm Violence in the United States

On an average day in the United States, one child dies from an unintentional shooting. Accidental shootings are the third leading cause of death for 10- to 29-year-olds and the fifth leading cause of death for children from 1 to 15 years of age. Some 50% of all unintentional child shootings occur in the victims' homes, and an additional 40% occur in the homes of friends or relatives (Smith & Larman, 1988; Wintemute, Teret, Kraus, Wright, & Bradfield, 1987). In many parts of the United States, suicide rates exceed homicide rates. In 1991, 48% of the total 38,317 firearms-related deaths nationwide were classified as suicides; that proportion was again found in 1992 (Fingerhut, 1994). However, in many urban areas, such as Los Angeles, deaths caused by interpersonal violence exceed those caused by self-inflicted wounds. The common element in both of these types of violence is the availability of firearms: In the case of suicide, a gun can escalate ideation into fatal reality; in the case of homicide, a gun can escalate an argument into a fatal outcome.

Los Angeles Gang Violence

Youth street gangs are not a new phenomenon. A review of the history of gangs shows that in 19th-century London adolescent street gangs terrorized city residents. Prior to the U.S. Civil War, it was reported that New York City had approximately 30,000 street gang members. At other times, Philadelphia and Chicago were

proclaimed to be gang capitals. Currently, this dubious distinction is believed to belong to Los Angeles (Office of the Los Angeles County District Attorney, 1992).

In Los Angeles, it is estimated that there are currently more than 100,000 gang members, who belong to more than 1,000 gangs (W. McBride, L.A. County Sheriffs Department, Youth Services Bureau, Street Gang Detail, personal communication, 1993). In many respects, youth gang behavior parallels the typical behavior of adolescents (e.g., peer association, peer acceptance, and independence). It is not these behaviors, in my opinion, that are the problem; rather, the violent and criminal behavior of gang members is what makes them a menace to society.

Despite the illegal activities associated with gangs, it has been my experience that L.A. youth join gangs for many reasons having nothing to do with such activities. It is true that gang members commit more types of crime and commit crimes more often than nongang youth, but many gang members are not involved in crime. Many are not involved in drug trafficking, and many are not organized into drug distribution rings. Most L.A. gangs are loose-knit, with several members who fill leadership roles, depending on their ages and situations. Membership fluctuates, and gang members have varying degrees of commitment to their gangs. In Los Angeles, gang cohesiveness is highest when a gang is challenged by other groups or outsiders (Office of the Los Angeles County District Attorney, 1992).

Drive-by shootings and other gun-related activities carried out by gang members have increased as guns on the streets have proliferated (Office of the Los Angeles County District Attorney, 1992). Gang-related homicides in Los Angeles in 1992 were four times higher than the comparable figures for 1978. However, the annual totals of gang-related homicides decreased in 1981, 1982, 1984, and 1993 (W. McBride, personal communication, 1993). Preliminary data for 1994 indicate a slight increase once again.

The Los Angeles Police Department (LAPD) defines a gang as a group of three or more persons who have a common identifying sign or symbol and whose members engage in criminal activity (B. Jackson, LAPD, Operations Bureau, Gang Information Section, personal communication, February 1992). It defines gang-related crimes as those in which at least one identified active or associate gang member is the criminal, the victim, or both. Reported gang-related crimes have included assault with a deadly weapon, attempted murder, shooting at an inhabited dwelling, and homicide. Several researchers have attempted to test the reliability of reporting methods (e.g., Maxson & Klein, 1990; Meehan & O'Carroll, 1992), and some have affirmed that the LAPD gang-related homicide classification has been consistent between cases, between investigators, and between stations and over time (Klein, Gordon, & Maxson, 1986; Maxson, Gotdon, & Klein, 1985; Maxson & Klein, 1990). Data on gang-related homicides in Los Angeles from 1989 to 1991 show that 92% of all victims were male. Although Hispanics constituted 40% of the L.A. population and blacks 13%, 95% of the victims were either Hispanic or black; 86% of the victims were between the ages of 15 and 34 years of age; 58% were killed by other gang members and 42% were not gang members (Gustafson, Weiss, & Jackson, 1992). For the same period, approximately 66% of all homicides in Los Angeles were firearm related, whereas 88% of gang homicides were firearm related (Los Angeles County Department of Health Services, 1992). A handgun was the weapon of choice for 84% of these gang-related homicides.

The Public Health Approach to Prevention

The reduction of violent injuries requires a comprehensive public health approach. This approach is built on a three-tiered model of primary, secondary, and tertiary prevention. Applying this perspective to violence, primary prevention would seek to reduce the incidence of *new* cases of violence, or first-time violent behavior. Secondary prevention would *intervene early* in the sequence of violent acts to arrest violent behavior. Tertiary prevention would happen *after* a violent act has occurred to restore as much functioning as possible to the individual or community. According to a public health model, violent behavior is assumed to follow a pattern similar to the patterns of other public health epidemics. That is, its occurrence can be measured and monitored, and groups at risk can be identified. If these assumptions are correct, then the adverse outcomes associated with violent behavior can be predicted and prevented.

Of the three tiers of prevention in the model, primary prevention holds the greatest promise for programs aimed at preventing violence, even though primary prevention requires a long-term commitment.

It also requires a comprehensive effort from all segments of the community, beginning with the individual and involving education, community action, social support, and competency building.

Community Coalition Building for Prevention

Among the many local and regional public health efforts currently addressing the epidemic of violence, the Los Angeles County response is one example of a comprehensive effort that is in keeping with the public health model in that it draws on a broad base of community support. The Los Angeles Violence Prevention Coalition was formed by the Los Angeles County Department of Health Services in 1991 and consists of more than 400 members with expertise in particular categories of violence or violence prevention. Coalition members include representatives from the community as well as from business, medicine, public health, law enforcement, community-based organizations, the academic community, secondary schools, the religious community, and the California State Department of Health Services.

The coalition was formed based on the belief that the level of violence and resulting injuries then found in Los Angeles were unacceptable. The coalition is based on a multidisciplinary approach that uses the specific talents and skills of its various members' disciplines. The coalition calls attention to the problem of violence, promotes and implements prevention and intervention programs, and evaluates program effectiveness. In addition, the coalition provides a forum for influencing public policy regarding violence prevention in Los Angeles.

The Los Angeles Violence Prevention Coalition has adopted three goals with specific objectives to address over the next 4 years:

1. To reduce the availability and accessibility of firearms
2. To change community norms so that violence is not acceptable
3. To create and promote alternatives to violence

Goal 1

The coalition's first goal is to reduce the availability and accessibility of firearms in Los Angeles. In order to achieve this goal, the

coalition is working on developing a baseline estimate of the number of federally licensed firearm dealers in Los Angeles County. Estimating the number of firearm dealers is complicated and time-consuming; therefore, this objective is ongoing and long-term. The Violence Prevention Coalition, along with the Los Angeles County Department of Health Services, has purchased a data tape from the U.S. Bureau of Alcohol, Tobacco and Firearms that lists federal licensees with L.A. addresses, either for license or retail outlets. A federal licensee is not required to maintain a permanent business address to obtain a license. Thus, many individuals maintain federal licenses in order to purchase firearms for their own use, and many legitimate retail dealers are licensed in a single location but maintain branch stores throughout the county. Also, holding a federal firearm dealer license allows the license holder to sell firearms from a car or other mobile facility, which makes it more difficult to determine the exact number of dealers operating in a particular jurisdiction. Even though efforts toward this objective do not directly affect illegal gun sales, they do begin the process of identifying the original sources of many guns.

The second objective related to firearms reduction is to meet with local law enforcement agencies and other local groups to develop strategies for reducing the access and availability of firearms in the Greater Los Angeles region. For example, California, like many other states, has enacted a law that gives the state the right of preemption regarding local laws that limit or control the sale of firearms and ammunition. One strategy under consideration involves working toward overturning the state preemption law, thus allowing jurisdictions to pass their own laws concerning the sale and licensing of firearms. If the state preemption law were overthrown, local jurisdictions would be able to pass legislation more stringent than current state law, not less. In other words, local ordinances would have to be at least as stringent as current state law.

The third objective for the reduction of firearms-related violence is to develop and implement a policy designed to reduce the availability and accessibility of firearms through a coordinated public health campaign. Initial success has already been achieved in this area, as evidenced by the 1995 decision of the city of Los Angeles to pass a local ordinance requiring firearms dealers within the city to obtain business licenses. In addition, in order to operate

within the city, gun dealerships must purchase liability insurance in the amount of $1 million.

Goal 2

The coalition's second goal is to change community norms to reflect support for nonviolent behavior. In trying to change the norms of the larger community, it is important for local communities and neighborhoods to develop their own coalitions and networks that reflect their own areas' demographic makeup. The Violence Prevention Coalition, for example, is ethnically and racially representative of the Los Angeles County population and includes youth. The coalition has served as a model for the formation of smaller local coalitions in the cities of Inglewood and Pasadena and in L.A. neighborhoods such as Pico/Union and Blythe/Delano. The Los Angeles Violence Prevention Coalition also provides technical assistance to other coalitions, community agencies, and citizen groups, which may involve helping community-based organizations develop program evaluations to determine program effectiveness or providing pro bono assistance to grassroots organizations that are trying to identify funding resources and learn about grant writing.

The most crucial objective related to changing community norms in Los Angeles has been to involve the media and entertainment community, which is intimately involved in the lives of the area's citizens. Mediascope, one of the Violence Prevention Coalition members, is an organization dedicated to addressing the ways in which violence is portrayed in the entertainment industry. This organization has joined the Media Committee of the coalition, the entertainment community, and representatives of the print and news media in a cooperative effort to promote nonviolent entertainment and to encourage the presentation of nonviolent solutions to societal problems in the media. Mediascope holds educational seminars for the entertainment media, and frequently works with producers, studio heads, the Writers Guild, the Directors Guild, the Academy of Motion Picture Arts and Sciences, and the American Film Institute.

Goal 3

The final goal of the Los Angeles Violence Prevention Coalition is to create and promote alternatives to violence. In order to achieve

this goal, the first objective of the coalition is to promote education and training in conflict resolution and dispute mediation in the L.A. school system. Efforts are under way to require the teaching staffs within the 85 school districts of Los Angeles County to receive training to improve their skills in the area of conflict resolution. Furthermore, parents of infants born in Los Angeles will receive information on childhood development, alternative methods of expressing anger, and nonviolent child discipline. The Los Angeles County Health Department distributes information through the "Public Health Letter," a newsletter sent to more than 24,000 health care providers in Los Angeles County and other media venues.

The Violence Prevention Coalition believes that the local business community is an important partner in promoting alternatives to violence. In partnership with the area United Way, the coalition has established a joint business task force to review violence prevention policies, activities, and strategies in the workplace and wider community. Businesses are being encouraged to adopt local schools, to develop personnel policies regarding workplace violence, and to offer employees and supervisors training in conflict resolution and alternative methods for dealing with anger.

Evaluation. An integral part of the public health approach includes evaluating program effectiveness and disseminating findings. The Epidemiology Committee of the coalition has been charged with developing a method to promote the systematic evaluation of violence prevention programs and activities. The committee is also engaged in initiating a strategy for disseminating the results of these evaluations, including the methodologies, samples, and reliability and validity of the data produced by the projects that have been undertaken.

Community organization and systems prevention. As part of the primary prevention model, the coalition is working toward modifying or removing institutional barriers and building community resources. These activities include tracking and sponsoring legislation, investigating the media's role in violence, and advocating a balanced approach to violence and alternatives to violence in the entertainment and news media. The coalition also identifies curricula used in schools, studies the effects of violence in the schools,

establishes a comprehensive educational campaign about the effect of violence on the community, documents community resources and programs, and facilitates networking and the opportunity to share information among community-based organizations.

Funding. The coalition operates with in-kind support from the Los Angeles County Department of Health and seeks funding through grants and contributions. The coalition functions as a nonprofit organization under the auspices of Public Health Foundation Enterprises, a nonprofit corporation that administers and manages grant-funded programs.

Organization. The coalition meets quarterly and generally features a speaker or educational program on specific topics related to prevention, evaluation, and intervention. The majority of the work of the coalition occurs within committees formed along lines of solutions to violence rather than categories of violence. Those committees are the Business Task Force, the Community Mobilization Committee, the Education Committee, the Epidemiology Committee, the Health Care Intervention Committee, the Media Committee, and the Policy and Planning Committee. The committees meet monthly and are chaired by coalition members.

Conclusion

We will not solve the problem of violence in our communities by putting 100,000 more police officers on the streets, by constructing more prison cells, by extending the death penalty to more crimes, or by executing more rapidly those convicted of capital offenses. Solutions to the problem of community violence will be found in the reestablishment of a sense of community ownership of the streets and neighborhoods, such that every resident exercises a positive governing influence, and in rebuilding decayed neighborhoods. Solutions to the problem of community violence will be found through the work done by community groups like the Los Angeles Violence Prevention Coalition.

References

Baker, S. P., O'Neill, B., Ginsburg, M. J., & Li, G. (1992). *The injury fact book* (2nd ed.). New York: Oxford University Press.

Chang A., Weiss, B., & Yuan, C. (1992). *Fatal childhood injury: Risk factors.* Unpublished manuscript.

Fingerhut, L. (1994). [Unpublished data from the National Vital Statistics System]. Centers for Disease Control and Prevention, National Center for Health Statistics.

Fingerhut, L., & Kleinman, A. (1990). *Firearm and non-firearm homicide among teenagers: Metropolitan status, United States 1979-1988.* Atlanta, GA: Centers for Disease Control, National Center for Health Statistics, Division of Analysis.

Gustafson, L., Weiss, B., & Jackson, B. (1992, November). *Gang related homicides and assaults in Los Angeles.* Paper presented at the annual meeting of the American Public Health Association, Washington, DC.

Klein, M. W., Gordon, M. A., & Maxson, C. L. (1986). The impact of police investigation on police-reported rates of gang and nongang homicides. *Criminology, 24,* 489-512.

Koop, C. E. (1991). Foreword. In M. L. Rosenberg & M. A. Fenley (Eds.), *Violence in America: A public health approach* (pp. v-vi). New York: Oxford University Press.

Los Angeles County Department of Health Services, Injury and Violence Prevention Program. (1992). *Injury mortality: A baseline report, 1980-1989.* Los Angeles: Author.

Maxson, C. L., Gordon, M. A., & Klein, M. W. (1985). Differences between gang and nongang homicides. *Criminology, 23,* 209-222.

Maxson, C. L., & Klein, M. W. (1990). Street gang violence: Twice as great, or half as great? In C. R. Huff (Ed.), *Gangs in America.* Newbury Park, CA: Sage.

Meehan, P. J., & O'Carroll, P. W. (1992). Gangs, drugs, and homicide in Los Angeles. *American Journal of Diseases of Children, 146,* 683-687.

National Center for Health Statistics. (1994). *Health, United States 1993.* Hyattsville, MD: U.S. Public Health Service.

Office of the Los Angeles County District Attorney. (1992). *Gangs, crime, and violence in Los Angeles County: Findings and proposals from the District Attorney's Office.* Los Angeles: Author.

Reiss, A. J., Jr., & Roth, J. A. (Eds.). (1993). *Understanding and preventing violence.* Washington, DC: National Academy Press.

Rosenberg, M. L., & Mercy, J. (1991). Violence is a public health problem. In M. L. Rosenberg & M. A. Fenley (Eds.), *Violence in America: A public health approach.* New York: Oxford University Press.

Smith, D., & Larman, B. (1988). *Child's play: A study of unintended handgun shoots of children.* Washington, DC: Center to Prevent Handgun Violence.

Waller, J. A. (1985). *Injury control: A guide to the causes and prevention of trauma.* Lexington, MA: Lexington Books.

Weiss, B. P. (1993). [Data from vital records of Los Angeles County, Data Collection and Analysis Unit]. Los Angeles: County of Los Angeles, Department of Health Services, Injury and Violence Prevention Program.

Weiss, B. P. (1994, October). *Understanding violence as a public health issue.* Paper presented at a special session of the American Public Health Association, Washington, DC.

Wintemute, G. J. (1994). *Ring of fire: The handgun makers of Southern California.* Sacramento: University of California, Davis, Violence Prevention Program.

Wintemute, G. J., Teret, S. P., Kraus, J. F., Wright, M. A., & Bradfield, G. (1987). When children shoot children. *Journal of the American Medical Association, 257,* 3107-3109.