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## The Impact of Community Violence on African American Children and Families

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1997

**THE IMPACT OF COMMUNITY VIOLENCE  
ON AFRICAN AMERICAN  
CHILDREN AND FAMILIES**

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An Abstract Presented to the Faculty of the Graduate  
School of Lindenwood College in Partial  
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Degree of Masters of Health Care Management

1997

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## **Abstract**

**This thesis will attempt to increase awareness of the significant impact of community violence on the social and emotional development of African American children and families and to examine the role that mental health and maternal and child health agencies could play in the implementation of effective prevention and intervention strategies.**

**The purpose of the study is to give an overview of the scope of the problem, identifying the extent, prevalence, and nature of the community violence in African American communities. Additionally, the study will review the theoretical and conceptual frameworks that have guided research in the area of violence and its impact on children. This research specifically addresses the impact of community violence on the social and emotional development of African American children. The study gives an overview of prevention programs that have been developed and are presented in this study. Also, it addresses the issue of the evaluation of violence prevention efforts. It also provides information on three violence prevention programs in the state of Massachusetts, California, and Ohio. The study addresses the lack of involvement from mental health professionals in the area of community violence and suggests that mental health professionals may have to develop a new treatment paradigm to meet the needs of African American children who are victims of community violence.**

**The summary presents three discussions of new directions that must be taken to more effectively address violence in the African American community. The major theme is that, in order to understand and intervene in African American violence, it has to be understood in the political and social context of African American communities.**

## Chapter I

### Introduction

An epidemic of violence has swept across our nation, affecting millions of African American children and adolescents daily (Bell 217)<sup>7</sup>. Many of these children die while others sustain lifelong disabilities. The level of emotional damage often goes unassessed and untreated. Living in a context of violence contributes to nihilism, to a sense of impending death and a live for today attitude that limits the futures of these children (Clark 176)<sup>21</sup>. It is not surprising that children whose lives are bounded by violence have trouble concentrating in school, see little reason to work hard, and experience high failure rates; stress related physical illness also may be a result of violence and victimization (Clark 169-171)<sup>22</sup>.

Historically, the major response to violence has been to enhance law enforcement (Davis 29). The time for violence prevention to become a major component of both health and mental health services, however, is past due. Violence is a health problem; it is a leading cause of death and disability (CDC 869). Violence is also a mental health problem, as it may lead to post traumatic stress disorder and other mental illnesses (Cogdell 11).

Healthy People 2000: (6) National Health Promotion and Disease Prevention Objectives (USDHHS 1991), the government document which identifies the Public Health Service Objectives for improving the nations

health over the next decade emphasizes the need to prevent the violence that is so drastically affecting the lives of children and adolescents. Objectives to address violence include reductions in the homicide rate, weapon-related deaths, assault injuries, physical fighting among youth, and in weapon carrying by youth, as well as increases in conflict resolution education in schools and comprehensive violence prevention programs. As a nation we have made a commitment through the Healthy People 2000: National Health promotion and Disease Prevention Objective to more systematically address the problem of violence (CDC 15,6).

To successfully accomplish these objectives will require a multidisciplinary and multi-agency approach. Public Health agencies must work together with mental health agencies, and both must work with criminal justice, education, social services and other agencies, as well as with coalitions of private groups. In addition, we must learn to combine psychosocial, behavioral health and educational approaches with legislative and technological strategies in order to change norms that regard violence as inevitable and impervious to prevention (Blauner 7,8). We also must actively address the root cause of violence on our streets and in our homes. A problem of this magnitude requires the talents and hard work of a variety of individuals representing many fields and working together toward a common goal (Bell 219)7.

We have to begin to explore new systems in an effort to develop a common understanding of the problem and specifically explore strategies for a more effective collaboration between mental health and maternal and



child health agencies. Increasingly, children in the United States are being exposed to and are living in families and communities with high levels of violence. Community violence, in the form of homicides, has become the leading cause of death among African American males between the ages of fifteen (15) and forty-four (44) years (Bell 17)6. It is important to note that most homicide figures only include mortality rates from homicides. These figures do not include rates for violence that do not end in death but may result in permanent disability, hospitalization, emergency room visits, physician visits, or silent suffering (CDC 872). Further, there are a large number of children who witness frequent violent behavior in their families and communities. Thus, the impact of violence in the African American community spreads far beyond the number of homicidal deaths (Wilson 14)92.

Children exposed to violent incidents often suffer from a range of physical, social, educational, and emotional problems (Pynoos 445)76. Although research in this area is sparse, initial studies suggest that African American children's exposure to community and/or family violence dramatically and negatively influences their ability to experience and modulate states of emotional arousal (Pynoos 447)76. News reports, official statistics, and research data indicate that relatively large numbers of inner city children are exposed to violence on a regular basis (CDC 868). Furthermore, the exposure occurs in such a manner that it and its pernicious effects are often subtle and underestimated. While child victims of violence elicit considerable concern, and rightfully so, many more children witness

extreme acts of violence, often perpetrated against family and friends. This direct observation of the violent assault of another person, referred to as co-victimization by Shakoor, is frequently accompanied by immersion in a violent milieu in which the child is in constant danger, if in fact, never actually victimized (Shakoor 233). Such exposure to violence has serious consequences for the child's mental health, often resulting in post traumatic stress disorder (P.T.S.D) symptoms similar to those resulting from direct victimization (Bell 12-14)<sup>6</sup>. In the absence of understanding the symptoms and the circumstances under which they occur, the child's dysfunctional behavior, which often includes poor achievement and acting out, may be misinterpreted, inaccurately diagnosed and inappropriately treated (U.S. News 76)<sup>40</sup>. This study discusses black youths exposure to violence, the traumatic effects of such exposure, and some approaches to treating the effects as well as preventing the initial exposure.

### Chicago's Southside

Violence is a major problem in African American communities, particularly in the inner city. Furthermore, the amount of near lethal violence is many times that of the homicide rate. Estimates of the assaults-to-homicide ratio are as high as 100 to 1 (CDC 39). A comparison of lethal and potentially lethal violence in Chicago in 1990 shows that for every homicide that occurred there were 44 instances of assault, serious enough to warrant police intervention (Richters 19).

Violence and mayhem are not evenly distributed across all neighborhoods and demographic groups. Evidence suggests that it occurs in inner city neighborhoods, disproportionately among the young and in public places. In Chicago in 1990 the homicide rate ranged from 106 per 100,000 in the most violent police district to 2.1 murders in the least violent district. The six areas with the highest crime rates were also the poorest areas in the city. In other cities similar patterns occur where relatively small areas of a city contribute disproportionately to the violent crime rate (Bell 223-225)7.

Much of this recorded increase is accounted for by homicide among males 20 years of age and younger (CDC 14). In Chicago, approximately 30% of last years homicides involved victims age 20 and younger, and 44% of the perpetrators were age 20 and younger. Looking at firearm deaths alone, these percentages represent a 58% increase in victims in this age group over the previous year and a 48% increase in perpetrators. A survey in 1985 showed there has been a 265% increase in firearm deaths of 0-to-20 year olds (79 to 209) and a 324% increase with most of that increase occurring since 1989. Furthermore, the violence that occurs is distressingly public. An analysis of 1990 Chicago murders by location showed that 538 of the 851 total were committed out doors, with 432 occurring in a "public way" (i.e.: street, alley, park). An additional 35 occurred in public housing buildings and 214 occurred in a residence (Bell 95-100)5.

A picture emerges from the homicide/violence statistics of neighborhoods with rampant violence occurring in situations that, at the least, can be observed by a number of people, and at the worst, that



endanger bystanders. Against this backdrop, it is not surprising that Dubrow and Garberino in an internal sample of 10 mothers in a Chicago Public Housing Development, found that all of the children had a first-hand encounter with a shooting by age five(27).

### Social Problems

Most Americans are aware of the high rates of social problems among Black Americans. For example, Blacks are disproportionately represented among Americans experiencing academic failure, teenage pregnancy, female headed families, chronic unemployment, poverty, alcoholism, drug addiction and criminal victimization (U.S. News 18)40. Consequently there is a great deal of debate among politicians, journalists, academics, and ordinary citizens concerning the etiology of these problems. Those who attempt to explain the prevalence of these conditions among Blacks tend to argue one of three positions: genetic inferiority, culture of poverty or racial oppression (Poussaint 188).

Advocates of the genetic inferiority perspective argue that the high rates of social problems among Blacks are a product or expression of Black peoples innate inferiority to Caucasians and other racial groups. Moreover, advocates of this perspective argue that Blacks possess genetic traits and characteristics that predispose them to engage in problematic behavior at higher rates than white (Gordon 72).

A major problem with genetic inferiority theories is that advocates of this perspective tend to differentially apply it in explaining the causes of social problems among various racial ethnic groups. For example, White Americans have higher rates of academic failure, teenage pregnancy, female headed families, drug addiction, and criminal involvement than do Europeans. However, the rate differences between White Americans and Europeans are almost always explained in terms of differences in environmental and cultural conditions.(Gordon 74).

The genetic inferiority perspective is also criticized for failing to provide evidence of a specific genetic trait that causes crime or any other major social problem (Montagu 48). For example, as Clark states, the genetic inferiority of Blacks is often based on the results of culturally biased intelligence tests (Clark 176)<sup>22</sup>. Advocates of the genetic inferiority perspective also tend to disregard the role of systematic racial discrimination in generating social problems among Blacks (Hilliard 9).

The culture of poverty perspective is another body of assumptions designed and often used to explain the etiology of social problems among Blacks (Asante 18). Advocates of this perspective argue that poverty, social disorganization (i.e.: the breakdown of basic community institutions, including family, church and school) and inadequate socialization of children are primary causes of high rates of social problems among Blacks. Moreover, advocates of this perspective have suggested that lower-class Blacks adhere to a distinctive set of cultural values and traditions that lead to or directly condone involvement in problematic behavior ( Coser 14-17).

A major criticism of the culture of poverty perspective as an explanation of the high rates of social problems among Blacks is that this perspective fails to explain why only a small percentage of Blacks who experience poverty and exposure to community social disorganization engage in behavioral patterns that suggest the internalization of values and norms in conflict with mainstream values and norms (Hilliard 4).

The third and probably the most popular explanation of social problems among Blacks is the racial oppression theory. Advocates of this perspective argue that the majority of Blacks, like the majority of other Americans, support mainstream values and goals. However, historical patterns of political disenfranchisement and systematic deprivation of equal access to education and employment opportunities have induced a disproportionate number of Blacks to engage in illegitimate acts (i.e.: robbery, drug dealing, and prostitution) to attain mainstream values and goals (Gabarino 188-191).

In a formulation of racial oppression theory, Wilson argues that "historical patterns of racial discrimination and the technological transformation of the economy have produced disproportionately high rates of joblessness, female headed families, poverty, drug abuse, and crime among Blacks (Wilson 50)94.

A major criticism of racial oppression theories is that they tend to over predict the number of Blacks who are likely to become involved in problematic behavior. For example, all Blacks are directly and indirectly



affected by American racism; however only a minority actively participate in activities that cause social problems (Oliver 51)67.

### A Structural-Cultural Perspective

The most fundamental assumption of the structural-cultural perspective is that the high rate of social problems among Blacks is the result of structural pressures and dysfunctional cultural adaptations to those pressures. The term structural pressures refers to patterns of American political, economic, social and cultural organization designed to perpetuate White superiority and Black inferiority. Oliver argues that white racism and various patterns of racial discrimination are the predominant environmental pressures adversely impacting the survival and progress of Black people (Oliver 251-253)68.

Another major assumption of the structural-cultural perspective is that Blacks have failed to adequately respond to white racism. The term dysfunctional cultural adaptation refers to specific styles of group adjustment that Blacks have adopted in response to structurally induced social pressures. The most problematic of these dysfunctional cultural adaptations is the failure of Blacks to develop an Afrocentric cultural ideology (Oliver 204)69.

### Impact of Black on Black Violence

The emotional and economic cost of violence to the Black community is staggering. The most obvious and immediate impact is the emotional pain of the survivor's family. Families and friends of victims often carry emotional scars, which if unaddressed, will negatively shape their lives (Wilson 57)<sup>94</sup>. A distressing number of children actually witness this violence against family and friends, frequently suffering post-traumatic stress symptoms of emotional and behavioral disturbances (Pynoos 447)<sup>76</sup>. To the extent that much of this violence occurs in the home, it is a major contributor to family break-ups and to socialization of children who will perpetuate the cycle of family violence (Wilson 59)<sup>94</sup>. However, there are other, more insidious effects which have long term consequences for the entire Black community. The loss of so many men prior to or just entering into their prime years of work and family development has a direct impact on the declining male/female ratio in the Black community. It also negatively impacts the structure and economic health of the Black family. In addition to the loss of the victim, there is the loss of the perpetrator who, according to Hare, will probably receive less punishment for killing another Black man than had the victim been white. Nonetheless, the individual will have some kind of police record that is prison time or probation (Hare 33). This ex-offender status, consequently lowers his/her marketability and increases his/her chance of continued criminal activity (Bell 219)<sup>7</sup>.

**There are six major objectives the author hopes to consider in this work. They are to:**

- (1) increase understanding and awareness of the extent, prevalence, and nature of community violence in African American communities and its impact on children and families;
- (2) examine and explore various theories about the causes and consequences of increasing violence and death among African American youth and ways that the cycle might be interrupted and reversed;
- (3) describe and examine current efforts to prevent violence in African American communities from state, city, and/or grass roots perspectives;
- (4) identify the critical, environmental, cultural, familial, and individual “protective” mechanisms that act as positive coping strategies to mitigate the deleterious impact of community violence on African American children and families;
- (5) examine and clarify the roles that mental health and maternal and child health programs and professionals can play in prevention and treatment of African American children and families who live in high violence communities;
- (6) explore the development and effectiveness of collaborative efforts and community coalitions in addressing violence in the African American community.

## Chapter II

### LITERATURE REVIEW

#### Scope of Problem

According to a recent report from the Centers for Disease Control in 1995, homicides accounted for 42 percent of deaths among young African American males. The homicide rate for this group was 84.7 per 100,000 as compared to 17.7 per 100,000 white males, and 3.9 per 100,000 white females (CDC 14). This rate was also 40 percent higher than that reported in 1984. Firearm-associated homicides accounted for greater than 80 percent of deaths among African American males and for 95 percent of the recent large increase in the homicide rate in this group. In some areas of the country, the homicide rate for African American males exceeds the casualty rate among soldiers in Vietnam (Colburn 18-20). Nationally, one out of every 1,000 young African American males is six times more likely to be murdered than a young African American female, nine times more likely than a young white male, and 26 times more likely than a young white female (CDC 15).

The lifetime risk of homicide varies dramatically by race, sex, and age group. Overall, the homicide rate for African American children is six times that for white children and is higher for all age groups regardless of gender (CDC 15). In no age group is this difference more staggering than in



males ages 15-19. African American males 15-19 are almost 10 times more likely to be victims of homicide than their white counterparts (Wilson 10,11)92.

The CDC report identified four particularly disturbing aspects of the rising homicide rate in young African American men:

- (1) Gunshots caused more than 80 percent of the deaths and accounted for 96 percent of the recent increase.
- (2) The rise since 1984 was the highest in adolescent African American males between the ages of 15 and 19 years.
- (3) The already large gap between the homicide rates of African American men and those of other groups is widening.
- (4) Certain states have extraordinarily high rates (CDC 16).

Homicide was found to be a significant contributing factor to the decline in life expectancy for African Americans in a recent report published by the National Center for Health Statistics. Robert G. Froehike, a Medical epidemiologist in the CDC's Division of Injury Control and the chief author of the CDC report, views this epidemic of violence as a major public health threat. He reports "If there were a disease responsible for over 40 percent of the deaths of a group of people that should be in peak physical health and it had increased by two-thirds in four years, and we knew there was an agent that accounted for 80 percent of those deaths (guns), there would be substantial public health efforts to address that" (CDC 24).

The CDC study also noted that, of the 23 states with a population of young African American males sufficient to enable stable estimates, 14 had



a homicide rate for this group that exceeded the 1994 U.S. Health objective of less than 60 deaths per 100,000. Rates exceeded 100 per 100,000 in California, Florida , Michigan, Missouri, New York, and the District of Columbia. Factors identified as potentially important contributors to homicide include: immediate access to firearms, alcohol and substance abuse, drug trafficking, poverty, racial discrimination , and cultural acceptance of violent behavior. The CDC report notes that “research and evaluation efforts have not yet demonstrated effective programmatic approaches to prevent homicide among young African American Males” (CDC 29-35).

Although violence among African Americans has reached epidemic proportions, the problem has not been viewed as a critical public health or social issue in the minds of most Americans (Wilson 41)<sup>94</sup>. When the problem does receive attention, the focus is more likely to center on the criminal justice system or police force rather than on prevention and public health. This approach is a reactive one rather than one that adequately addresses preventing and stemming the tide of violence within African American communities (Baldwin 100)<sup>5</sup>. There is very little research into the causes and consequences of violence in African American communities and even fewer prevention and intervention programs focused on these issues.

The problem becomes even more complex when we realize that violence in African American communities affects not only the victims, but also the survivors (Kunjufu 10)<sup>56</sup>. More and more young African American

children and family members witness or are exposed to violent behavior in their daily lives. A recently completed study of fifth graders in a school located in an economically deprived area of New Orleans found that 40 percent of these 10 year olds had seen a dead body, 72 percent had witnessed weapons being used and 49 percent had observed a wounding (Osofsky 75). In a school in Washington DC, located in an area considered to be only moderately violent, it was found that 12 percent of the fifth and sixth graders had been shot, stabbed or sexually assaulted and 22 percent had witnessed someone else being shot, stabbed or sexually assaulted (Osofsky 76).

Similar findings and statistics have been gathered for children in other inner city areas. In a recent survey of 1,035 children, ages 10 to 19 years, in several Chicago public schools, found that 75 percent of the participating boys and 10 percent of the participating girls had directly witnessed the shooting, stabbing, robbing or killing of another person (Shakoor 223). Most of these children never receive any type of screening or mental health intervention to determine the impact of this violence on their social and emotional development. Certainly, the implications for the normal development and functioning of these children raise enormous issues for the African American community and American society in general (Shakoor 224).

Homicide is at a record high. Nowhere is the impact of such acts more strongly felt than in the inner city, among its youth. One thing seems clear - in the midst of this murder and mayhem, children are exposed to an

awful lot of violence, both as witness and victim. In the studies that were done at the Community Mental Health Council in Chicago (all of which pre-date the current surge in violence by several years), students' self reports of witnessing a shooting for example, ranged from 26% in a sample of 500+ elementary school students to 39% of a sample of 1,000 middle and high school students three years later (Bell 19)6. About a quarter of the students in the latter case had seen someone get killed. Disturbingly, in both samples, reports of having ever seen a shooting did not differ by age; the younger children in the sample were just as likely as the older children to report that they had seen shootings and the victims were often known to the students. In the middle and high school sample 47% of the victims of violence were reported to be friends, family members, class mates, or neighbors. In that same study 46% of students reported that they had been victims of violent crimes ranging from shot at, to weapon pulled, raped and shot (Shakoor 224).

Much of the contemporary work in this area of children's responses to trauma resulting from violence was mainly the independent work of (Pynoos 85)75. California based child psychiatrists have found that these children display many of the classic symptoms of PTSD including:

- re-experiencing the traumatic event in play, dreams, or intrusive images and sounds
- psychic numbing characterized by subdued behavior
- inactivity



- sleep disorders
- startle reactions
- sense of futureless (i.e.: a pessimistic future)
- orientation and difficulty forming close personal relationships
- trauma specific fears (Pynoos 87)75.

The specific manifestations of trauma are believed to be a function of age and developmental level of the child and the nature of the event (Pynoos & Eth 367)77. For example pre-school children may regress while school age children tend to be more aggressive and have somatic complaints. Adolescent trauma reactions resemble those of adults and are characterized by a premature entrance into adulthood or a premature close on identity formation (Pynoos 94)75. Children of this age may engage in acting out and self-destructive behaviors such as substance abuse, delinquent behavior, and life threatening re-enactment. Exposure to violence can be particularly problematic when the violence results in the death of a family member or close friend, and personal reactions to trauma clash with grief and mourning. Other factors affecting trauma reactions include closeness to the event and severity of violence (Pynoos 465)76.

An issue of considerable concern in inner-cities is that of chronic exposure to violence. That is, research and clinical evidence indicates that children in inner cities have experienced multiple losses to traumatic violence and are themselves exposed to shooting and other mayhem on a regular basis. One argument is that these children become desensitized or

adapt; another more substantial position is that these children experience an emotional overload (Bell 217)<sup>7</sup>. While very little research has been done on the effects of multiple exposure to trauma, Terr suggests that these children, in addition to other PTSD type symptoms, may particularly experience denial and psychic numbing, dissociation and rage (Terr 11-13).

It is within this context that Beverly Coleman-Miller, MD special assistant to the Commissioner of Public Health and coordinator of the office of the Medical Examiner in the District of Columbia reported the extent and nature of violence in the African American Community. In her portrayal of the impact of this violence, Coleman-Miller made the following salient points (Coleman 10-14):

- Ninety percent of adolescent homicide victims in the District of Columbia are shot. Often these youth use highly sophisticated weapons such as automatic rifles, uzis, and other semi-automatic firearms, in addition to the omnipresent handguns. These adolescents seem to have complete and immediate access to a range of lethal weapons. The fundamental question arises: how is the system set up so that adolescents can obtain guns and ammunition so easily? This is a central issue that deserves critical attention. Many of the deaths would be preventable if firearms were not so readily and easily available. Where do these firearms come from?
- One impact of such a high prevalence of violence is fatalism and a heightened acceptance of death within the population. Slowly but surely, children and families who have experienced chronic violence

lose their ability to be emotional. Affect and emotions become blunted. It is hard to imagine African American mothers with no tears for their own children, yet we have reached the point in the District of Columbia where mothers who have lost more than one child to violence are often quite unemotional at their children's funerals. Death from violence is an everyday occurrence in the lives of many of these families. It is not uncommon for example, for adolescents in the District of Columbia to attend two or three funerals a week, funerals of friends and loved ones. Imagine what impression of the world and the future one would be left with in a similar situation. It is not surprising that many of these children view themselves as "already dead and just waiting for it to happen".

- Many of the children who are frequent witnesses of violence, and many of those who kill, develop specific personality profiles very similar to those who have been heavily traumatized by the atrocities of war. There is an unconscious "secondary self" that divorces itself from the horror associated with killing another person. It is this ability that allows professional killers to appear to be removed from their actions, to go home and have dinner after murdering someone. This characteristic can be seen in some of the young perpetrators of violence in the African American Community.
- Many children in these communities witness shootings and murders with some frequency. Often parents feel powerless to prevent these occurrences and are in a state of numbness themselves. Moreover, when



parents are engaged in a basic struggle for survival, witnessing violence may not be considered a major ordeal. This reaction suggests a significant level of trauma and stress among the population that is not being sufficiently addressed by our social service systems (Coleman 23-30).

Coleman-Miller posed the question of what to do about violence by comparing the behavior of many of these youths to that of persons with terminal illnesses. In such situations, one often adopts "a live every moment to its fullest attitude with little thought of the future". She suggested that if we viewed these young people as being terminally ill, then the interventions and solutions to combat violence would be very different (Coleman 31).

Coleman-Miller noted that we, as a society, do know how to combat the impact of violence on children. While the war in the Persian Gulf was occurring, she observed that a number of television shows were devoted to shielding children from the horror of war, allowing them to talk about their fears and anxieties in schools and settings, and providing information to parents about how to discuss the war with their children. Based on the premise that it is dangerous for children to witness violence, mental health and other professionals spent a considerable amount of time working with children and teachers in school around the war in the Persian Gulf. Why are these resources and knowledge not utilized to mediate the exposure to violence by children of African American communities who are intensely and consistently exposed to these dangers? Why has there not been the same concern for the health and safety of these children? If it is dangerous

for children to witness a war that is carried on thousands of miles from where they live, then how much more dangerous is it for children to directly witness violence in their own homes and neighborhoods? (31-35)

In summary, Coleman-Miller suggested that one promising model for violence prevention seems to be school-based interventions. She also strongly urged that adolescents themselves be included in all attempts to find solutions to the problem of violence. Not only are many of these adolescents quite articulate about their feelings and responses, but their participation provides another opportunity to make violence real, to match statistics with people.

Finally, Coleman-Miller suggested that graduate schools need to create a curriculum that emphasizes the skills needed for conflict resolution and violence and abuse leading to well-trained professionals able to address the different emotions and fear that violence often provokes. She suggested that violence in African American communities must be viewed as a critical public health problem, one that requires a coordinated response from every aspect of the community, including mental health, public health, education, and criminal justice professionals. Then, and only then, will violence prevention and reduction receive the kind of attention and recognition that it needs and deserves (47-50).



## Violence and Poverty

Violence has multiple causes and is linked to poverty. Research has generally demonstrated that racial differences shown in homicide rates are greatly reduced or disappear when data are controlled by income (CDC 870). Homicides are consistently concentrated in poorer communities and among those with high levels of income inequality and youth unemployment. The increasing amount of poverty among inner-city youth, who have the highest unemployment rates of all groups, and the increasing disparity in levels of wealth render youngsters vulnerable to involvement in gang and drug related activities (Clark 26)<sup>20</sup>. These activities which generate huge profits and lead to all types of crimes, according to law enforcement officials, are responsible for the dramatic increase in homicides among young black males (Staples 24)<sup>81</sup>.

The number of children living in poverty is already high and will probably increase as the total number of children increases along with the number of young single parent households. In 1987, 20% of this country's youth under age 18 lived below the poverty level, 45% of black youth and 39% of Hispanic youth were in this group (Bell 217)).

The poverty rate is particularly high among older minority youth, the group most at risk for violence. In 1994 37.6% of black youth and 30% of Hispanic youth 14-21 years old lived in poverty, 3 times that of white youth. The proportion of 18 to 21 year olds living in poverty actually increased

between 1980 and 1987 and less than half of males aged 20-24 years earn above the three person poverty level (Pynoos 77)75.

The apparent relationship between poverty and violence suggests the need to look more closely at the role of instrumental violence (even among acquaintances) as an explanation for the overall increase in youthful aggression.

### Theoretical and Conceptual Frameworks

Malcolm Gordon, Ph.D., a psychologist in the violence and traumatic stress research branch at the National Institute of Mental Health (NIMH), discussed the theoretical and conceptual frameworks that have dominated the research in violence. He acknowledged that there has been little research on violence afflicting some inner-city neighborhoods and subsequent effects on the lives of children and families residing in such neighborhoods. Although not specific to African American youth, there is a large body of research that has examined the effects of violence and other types of traumatic events on adults and children (Gordon 72).

Five major conceptual frameworks have emerged in an attempt to explain the types of effects caused by violence and traumatic events and the characteristics that lead to such effects. These frameworks are not necessarily competitive, but tend to focus on different and sometimes complementary aspects of the effects of violence on children and adults.

## Victimization Experience/Symptomatology Framework

This conceptual framework describes the linkages between characteristics of the experience of violence and individual symptomatology and dysfunction. A more sophisticated form of this framework incorporates hypothesized mediating variables (cognitive, affective, social or biological). One fundamental question for this research has been whether exposure to stressful or traumatic events has any lasting effects at all? Although it might seem obvious that it does, there may be other explanations for symptoms of distress (Welsing 29)90.

Recent research has conclusively demonstrated the direct effects of exposure to violence and other traumatic events on symptomatology; these effects vary with the degree of exposure. For example, studies have shown that children exposed to war or other types of violence have more serious and persistent symptoms corresponding to their proximity to the violence and the extent of direct exposure (Bell 205)8.

Researchers also have found that there is a commonality in the types of symptoms experienced by children exposed to a wide range of traumatic events. They may be classified as follows:

- Somatic or physiological reactions, including sleep disturbances, hyperarousal symptoms, and regression in bodily functions;
- Emotional symptoms including arousal symptoms like anxiety, fearfulness, and anger, and dampening symptoms like depression and guilt;



- Behavior problems, including increased aggression, withdrawal, repetitive re-enactment and self-destructive behaviors, and school problems;
- Cognitive disturbances, including worrying, obsessing, obtrusive thoughts and dreams, and problems concentrating;
- Possible alterations in personality organization (Bell 26)6.

### Stress and Coping Framework

This theoretical framework draws on developments in the stress and coping literature and applies them to the experience of violence, with violence defined as a stressful event,. It attempts to explain individual variability in the effects of events as being due to the characteristics and intensity of stress, the coping response of the individual, and individual differences in vulnerability or ability to recover from stressful events (resilience or protective factors) (Hillard 17).

The intensity of the stressful events, the ensuing psychic disequilibrium, and the success of the individual's coping efforts determine the impact of stressful events on the individual's functioning. These relationships are additionally affected by two other constructs: (a) "vulnerability" which refers to characteristics of the individual that lead to larger amounts of psychic disequilibrium from stressful events or to utilization of less successful coping strategies; and (b) "resilience" or "protective factors", which refer to individual or situational characteristics

that ameliorate the relationship between stress, distress, and functioning (Cazeman 177)17.

Bell reports that some results from research on the effects of stress arising from exposure to violence suggest that:

- Dreams, drawings and behavioral symptoms are often a better indication of the amount of strain experienced by children exposed to violence than are the child's self report or the parents report;
- An important vulnerability factor is exposure to previous stressful events. Two possible outcomes of repeated exposure are : (1) sensitization to events leading to exaggerated responses, or (2) habituation leading to decreased responses;
- Four protective factors that continually emerge in studies of children are (1) personal resources, such as intelligence, social skills, and coping strengths; (2) social support from family and peers; (3) role models available who exhibit positive coping behaviors, and ; (4) community values and beliefs (i.e.: ideology for a nation at war or in a nationalistic struggle or religious beliefs);
- More effective coping strategies engaged in by children exposed to war or community violence include talking with people, thinking positively or optimistically about events, using humor, distracting oneself, and seeking information (Bell 23-24)6.

## Traumatic Response Framework

This framework attempts to explain the effects of intensely aversive events which seem to overcome the coping capacities of most individuals. The framework draws especially on studies of post traumatic stress disorder (PTSD) in traumatized groups, such as combat veterans and rape victims. PTSD is classified as an anxiety disorder and its symptoms are generally considered to be of three broad types: (1) re-experiencing symptoms (i.e.: flashbacks and dreams of the traumatic event); (2) avoidance of fear eliciting stimuli associated with the traumatic event; and (3) increased physiological arousal states associated with specific stimuli related to the traumatic event or stimulation in general. Initially, the study of PTSD focused on combat veterans, but it has been extended to include crime victims (Bell 205)8.

Children may experience PTSD, as shown in studies of children who have been victims of physical and sexual abuse or of war and community violence. For example, recent research has reported rates of PTSD in up to 50% of Cambodian adolescents exposed to traumas in childhood occurring during the Pot regime, in up to 50% of children exposed to a playground sniper attack and from 10% to 50% of sexually abused children (Bell 217)7.

## Developmental Framework

This conceptual model attempts to explain both the short-term and long-term effects of stressful or traumatic events on children in terms of the developmental characteristics, capacities, or psychosocial stages of children and the impact on functioning at later developmental stages of earlier traumatic events (Poussaint 220-226). There actually has been very little research that focuses on developmental differences in response to and effects of exposure to violence and other traumatic events (Pynoos 37-71)76.

Some results from developmental studies of the effects of violence on children are:

- Studies of children's responses to violence at different ages seem to indicate that the effects on children reflect a conflict between cognitive sophistication (i.e.: understanding the meaning of the event and the extent of personal threat) and resources for the controlling emotional reactions.
- Studies have indicated that disturbances in younger children are heavily influenced by the parents reaction to the traumatic event. This becomes less true of older children and is not generally true of adolescents.
- Children's reactions to traumatic events are distinctly different at different ages. For example, preschool children who witnessed a parental murder were obsessed with details of the actual events; school age children displayed a disorganized reaction that permeated many



different areas of their functioning, such as school work, peer relations, impulse control, and sleep disturbances; and adolescents who were not able to cope with the trauma developed adult-like PTSD symptoms.

- Studies have indicated important gender differences at different ages in reaction to and ability to cope with the effects of traumatic events (Pynoos 97-101)75.

### Ecological Framework

This framework attempts to expand the understanding of the effects of stressful or traumatic events by situating events and their impact within increasingly higher order social contexts ranging from the individual level to the parent-child relationship, the family system, the community and the cultural contexts (Pynoos 110)75. The experience of the individual takes place in and is influenced by these larger social contexts. Studies of the social, ecological context of individual experience are relevant to the study of the impact of community violence on children. Thus, one of the findings of studies of inner-city violence linking individual experience to family context is that children who live in violent neighborhoods are also exposed to much more violence within their families than are other children. Similarly, research has indicated that although violence and social dysfunction are strongly related to such socioeconomic indicators as family income, education, and employment, neighborhoods with similar socioeconomic profiles can differ significantly in neighborhood-based social



support resources, perception of neighborhood quality, and tolerance for social deviance. One of the most important effects of community violence may be the disintegration of social support and community cohesion in high crime neighborhoods as individuals with the most resources tend to leave those neighborhoods(Pynoos 110-117)75.

### Social and Emotional Development

Hope Hill, Ph.D., a professor in the Department of Psychology at Howard University, Washington DC wrote how community violence affects critical aspects of development of urban African American Youth. Hill's reports included a clinical impression that she and her colleagues have observed of children in school, mental health, and community settings who have been affected by community violence. She also noted a conceptual model that she is currently developing at Howard University and described the Howard University Violence Prevention Project, a research effort designed to investigate the impact of community violence on children and to develop appropriate preventive interventions (Hill 1-5).

The focus of Hill's study was the population of children and youth who do not come to the attention of the public, but instead are the more silent victims. These are the children who are victimized by the presence of violence in their communities. Hill described these children as those who have to negotiate violence when they step out of their homes in the morning or when they come home from school in the afternoon. These are the

children who know people who have been shot and killed; these are the children who in fact have witnessed the shootings; these are the children whose parents have to move their beds on Saturday night to protect them from the bullets whizzing past their windows. Hill has adopted the term "co-victims" of violence to describe these children in a more generic sense. She noted, however, that children exist on a continuum from co-victims to actual perpetrators of violence and that the line of difference between the two is almost non-existent. The youngster who has lived amidst community violence and seen it modeled repeatedly may well be a co-victim one day and a perpetrator the next (Hill 14-16).

Hill explained that one of the goals at Howard University is to develop an appropriate conceptual framework from which to understand the impact of violence on the development of children. So far, there appear to be two models that hold the most promise. The first is an ecological model advanced by Urie Bronfenbrenner which accounts for the impact of various forces in the environment on the child's development. The second framework is the resilience/stress resistant model advanced by Garnezy and Rutter to understand the development of children who were able to overcome enormous stresses and move on to achieve competence in various aspects of their lives.

Hill describes the following areas of analysis as central to an ecological model for understanding the impact of community violence on African Americans during slavery:

- The history of violence in America including the impact of violence on African Americans during Slavery;
- The social context, which has been influenced by history, social policies, and economic realities which have compromised the quality of life for many of these children;
- The cultural context, which provides the blueprint for living and shapes norms, values, and belief systems (20-27).

The resiliency model for researching urban violence and African American children is needed to counter balance the overabundance of research on the dysfunctional development of African American Children with minimum research on normal development of these children. The interest in community violence could turn into another opportunity to “blame the victim” unless there is insistence that research be grounded in the social and cultural context, focused on searching for resilience as opposed to simply identifying deficit functioning (Hill 29).

In the resilience paradigm, community violence can be considered a persuasive stress imposed on an already vulnerable population of children and families. The salient questions become (1) what are events, experiences, and family process and individual factors which have served in the past and in the present to protect the development of children from being adversely affected by the stresses, and (2) how can we build upon these factors in developing effective programs? At present, Hill stressed, we do not know what is protective in the experience of children chronically



exposed to urban violence because there is no empirically based research in this area. Therefore, her remarks in this area concerned only “potential protective factors” which demand further study and research (31-33).

In her own clinical research Hill recognizes that there are multiple risks in the environments of children who live among chronic urban violence. The presence of violence is just one of a number of risk factors in these communities along with poor schools, inadequate social services, and high parental unemployment. Therefore, it is often difficult to isolate what the impact of exposure to violence is, apart from the many other risk factors. She identified the following five major areas, however, that appear to be affected by the exposure to community violence (35).

#### Erosion of the Sense of Personal Safety and Security

A child's ability to acquire a sense of trust in himself or herself and in the outside world is dependent on the extent to which critical early relationships have erected an environment of predictability, safety, and security. In an effort to begin to understand children's perceptions of community violence, Hill and her associates worked with children in her Washington based research study to draw a picture of their neighborhoods, without suggesting to the children that the researchers were interested in violence. The majority of children from high violence areas drew pictures of drug-related violence in the neighborhood including shootings, stabbings, and episodes which involved the police. Their stories about these pictures



reflected concern about their personal safety and security in the community and at school (Hill 39-41).

#### Disruption of Lifestyle and the Major Agents of Socialization

The escalation of urban violence has significantly affected traditional sources of socialization and traditional havens of safety and security such as the home, the school, day care centers, and churches. Parents repeatedly report that they feel unsafe, not only in their neighborhoods, but in their apartment buildings and homes. Further, schools often thought of as safe havens for children have been the location for a number of violent incidents in the District of Columbia and elsewhere.

#### Generalized Emotional Distress

Children's emotional reactions to witnessing community violence or living among constant and unpredictable violence may include fear, anger, hostility, confusion, anxiety, and hypervigilance. The Howard University researchers have observed children whose ability to concentrate in school and to take advantage of the academic program have been severely compromised due to their preoccupation with incidents of violence which have occurred in their community. Many of the teachers interviewed have indicated that they simply have to allow time to debrief children on these

experiences before they can continue with the academic program (Hill 42,45).

### Depersonalization

Increased exposure to unpredictable incidents of violence over a period of time can result in depersonalization during which the child emotionally distances himself or herself from the feared object. The researchers note that the defense of depersonalization becomes gradually strengthened with each subsequent incident. Many adolescents are able to so depersonalize some other person that they become objects; the more one objectifies another, the easier it is to commit a violent act against that person (Hill 47,48).

### Diminished Future Orientation

In her research, Hill noted that many of the younger elementary school children voiced age appropriate plans and hopes for the future. As children grow into preadolescence, however, they see or know more and more children and adolescents who have been victims of homicide. As noted earlier in Coleman-Miller's remarks, many adolescents attend four or more funerals a month for their peers, killed in street violence experiences that would certainly diminish expectations for the future. Not surprisingly,

researchers have found that many male adolescents do not expect to reach 25 to 30 years of age.

Any analysis of the impact of exposure to urban violence would be incomplete without discussing protective mechanisms, Hill contended. She noted that a great many children experience chronic violence on a daily basis and are still able to triumph over these enormous stressors and grow to be healthy social and emotional individuals. Possible protective mechanisms which the researchers have observed and seen in the lives of children exposed to community violence include the following : (1) early bonded primary relationships which promote social development; (2) an adult who can buffer community violence; (3) experiences which promote effective development; (4) promotion of cultural awareness and positive cultural identity; and (5) an explicit value system that desensitized violence. Parent and community that have been able to promote an active understanding and appreciation of African American culture and a positive cultural identity have been able to instill a sense of self-protection and value in their children. Promoting a clear set of values in children seems to mitigate against their involvement in community violence (Hill 49).

These protective mechanisms, Hill suggested, can be programmed into preventative interventions with children exposed to violence in the following ways:

- Promoting the understanding of culture and the fostering of a positive sense of cultural identity. Culture may well serve as a protective



mechanism by strengthening identity development, providing an ethos, creating a sense of belonging, and expanding a child's world view.

- Developing a specific value system which guides self development, social relationships and sense of self-worth.
- Providing opportunities for children and families to receive debriefing and supportive treatment after situations of community violence so that they begin to work through frightening feelings rather than simply repressing the experience.
- Building on spiritual values. This helps children to connect with a higher being and develop a sense of their place in the universe (Hill 49,50).

Hill and her colleagues have developed a research-based, after school group intervention for children who have witnessed instances of urban violence such as homicide, physical assaults, stabbing, nonfatal shooting and/or the loss of a loved one to homicide. These children were selected because they are considered to be at high risk for later psychological distress and for possible involvement in violence. The intervention is conducted through psychosocial groups which are designed to provide support and reduce the psychological risk factors (Hill 50).

The intervention reaches out to both the parents and teachers of these children. A support network for the parents of the children in the group meets once a month. The purpose of this network is to empower parents to be more effective buffers for their children and to support their working



toward transformation of the community. The parenting group provides specific strategies to promote the social and psychological development of their children despite living in a violent environment. The focus is on helping parents transform their communities and empowering them as opposed to simply helping them to cope or adjust to a maladaptive environment.

In conclusion, Hill stated that "our mission can never be strictly focused on the individual or simply developing mental health interventions for children affected by violence. She suggested that we apply a public health model to the problem and view violence as a pathogenic element in our communities that is killing large numbers of our youth and psychologically damaging an even larger number. We need to bring our power and research to bear at the federal and state levels to influence the issue of the impact of urban violence on child development in a significant way. We also need to build linkages between mental health and other agencies such as schools, law enforcement agencies, child care centers churches, and hospitals to develop comprehensive community programs to stem community violence. We must work at multiple levels, with the systemic level being the primary focus of attention. Our primary goal should be to reduce violence; secondly, to prevent youth involvement in violence; thirdly, to prevent the negative psychological consequences of children exposed to violence; and lastly, to develop culturally and socially appropriate mental health interventions for children who have been traumatized by community violence" (Hill 51-54).

## CHAPTER III

### RESEARCH METHODOLOGY

#### THE BLACK FAMILY

There is no denying that for a growing percentage of African American families, their existence is one of endless crisis. Many inner city neighborhoods, where the majority of black families still reside, are on the brink of becoming uninhabitable. This condition, brought on by a tangle of conspiracies, is helping to exacerbate an already fragile existence of African American family life. The conspirators, knowingly or unknowingly, include all branches of government, institutions which overtly or covertly practice racism and discrimination, and many of the victims themselves (Jackson 10)

City government plays a willing role in this crisis by establishing public policies and laws which adversely and disproportionately affect many black families. This is done by closing neighborhood schools, hospitals and recreation centers, allowing public housing to deteriorate to deplorable conditions, providing inadequate essential services to black communities, and favoring downtown and sport complex development over inner city economic neighborhood development (Akbar 21-27).

The state and federal governments also appear to have been willing conspirators in the crisis of the black family. In recent years both branches of government have either attacked or enacted legislation which has defended many of the very programs designed to uplift the urban poor

(Akbar 28). Programs such as Head start, Manpower and job training, small business development, educational remediation, health care, family assistance and public housing have all been drastically reduced or eliminated in budgets. As Karenga states in his work, this has been done with a clear idea that the people most in need will be further reduced to desperation, unemployment, homelessness and family destabilization (Karenga 41-42)53.

On the other hand all branches of the government have many tangible levers of power to direct the course of society. According to Oliver, institutional racism and discrimination are given a green light by virtually all of the business corporations and individuals are directly influenced by government (Oliver 199)69. If racism and discrimination are on the increase in society, then the blame can be rightly placed on the social, economic and political policies of those who run all levels of government. It should be noted that less than two percent of all elected officials in this country are African Americans (Karenga 42)53.

Another factor of the crisis in the black family is due to the internal disorder and breakdown underway in the black community. This disorder is prevalent in many forms. As a community, Black's have failed to abate the increasingly dangerous level of lawlessness, violent crime, widespread drug distribution, gang terrorism, homicide and vandalism. This condition is partly responsible for the breakdown of a vital community for our youth. It is reported that over twenty five percent of black males between the ages of 20-29 are under the supervision of the criminal justice system. Today there



are more youth in prisons than enrolled in institutions of higher learning. Nearly fifty percent of black youths drop out of high school, a condition that is almost certain to place them at the bottom of society and subject them to a cycle of poverty, the influences of crime and family destabilization (Bell 57-60)6.

These crisis conditions paint a devastatingly gloomy picture for the future of the black family. Equally significant, this crisis has seemingly neutralized the effectiveness of our black leadership. The black community has yet to produce a coherent framework or body of strategies that could galvanize the energies and dreams of the black masses (Muhammad 12). Such a thrust could initiate programs and movements that promote self-help, economic empowerment, mass protest, educational improvements and inner city neighborhood development, reminiscent of the 1960's which produced such dynamic leaders as Elijah Muhammad, Martin Luther King Jr., Malcolm X, Dr. Benjamin Mays Jr., Congressman Adam Clayton Powell Jr., and Whitney Young Jr. (Bell 217)7.

Moreover this lack of a coherent action plan and its consequences have strained the relationships among many leaders. As conditions continue to deteriorate, many of our leaders approach each other with contempt, suspicion, competition and verbal abuse. This internal discord makes it seem as if black leadership is either unable or unwilling to rise to the occasion and submerge their petty differences (Bell 203)8. It also helps explain why there has not been any effective unified voice countering the



argument of those who project doom and gloom for the African American family (Oliver 251)68.

### Failure to Develop an Afrocentric Ideology

Throughout the world, all societies have established sets of ideas by which life is made understandable by their members. Ideas such as these are generally referred to as an ideology. A society's ideology "tells people about the nature of their society and about its place in the world". In this sense, a society's ideology give structure to how group members define themselves and their experiences and also provides an impetus for group action. Thus the most important function of a society's ideology is that it forms the spiritual and intellectual foundation of group solidarity (Vanderzanden 18).

A major aspect of the Euro-american cultural ideology is that people of European descent are inherently more intelligent, beautiful, industrious, and just than are non-White people (Jensen 12). All Americans (Black, White, Hispanic, Asian and others) are exposed to pro-white socialization messages disseminated by the school system, mass media, and religious institutions (Baldwin 95,96)5.

In America, pro-White socialization is primarily anti-Black. As Staples indicates, ideas of White superiority are embedded in every aspect of American society. For example, educational, religious, and mass media institutions all play a major role in the projection and dissemination of ideas

and images that convey the innate superiority of Whites and the innate inferiority of Black (Staples 16)<sup>82</sup>. In addition, Woodson makes the point that the American educational system has played a major role in perpetuating negative images of Blacks by portraying them as descendants of savages and people who have failed to make a significant contribution to American or world civilization (Woodson 33).

The superiority of Whites over Blacks has also been perpetuated by American religious philosophy and symbolism through the projection of White images of Christ and God (Welsing 27)<sup>90</sup>. This has had a devastating impact on the psychological development of Blacks. For example, to embrace a White God is to reject the Black self. Moreover, being socialized to perceive God as White creates the idea in the Black mind that people who look like the White images of God are superior and people who are non-White are inferior (Akbar 14). The most significant problem emerging from the projection of God as White is summarized best in the comments of (Welsing 28), "Therefore it can be said that all Blacks and other non-White Christians worship the White man as God - not as God but as the God. So the White man is perfect, good, supreme, and the only source of blessing. Hence as a result of their religious socialization in America, "in the Black religious mind, a White man is their creator, protection, and salvation" (Welsing 218).

America's cultural ideology has been deliberately designed to glorify Whiteness and to denigrate blackness. Consequently this process has led to the cultural annihilation of Black Americans (Mahubuti 44). However,

unlike other American racial and ethnic groups, Blacks have failed to develop a distinct cultural tradition that contributes to the psychological, spiritual, cultural and economic development of most Blacks. The Americanization of Africans in America has resulted in Blacks being locked into the role of Americans as permanent outsiders (Welsing 48,49)89.

The failure of Blacks to develop an Afrocentric cultural ideology is a major source of psychological, social, political and economic dysfunction among Black Americans (Williams 7). Afrocentricity as defined by Asante is the centering of one's analysis and perceptions from the groundedness of the African person (Asante 17). For example, American cultural ideology promotes a specific set of values and image that define what is and what is not beautiful. Constant exposure to beauty standards that are antithetical to their racial characteristics causes generation after generation of Blacks to experience low self esteem and self hatred (Clark 22)19. Consequently, Black self hatred has been a major factor that has historically contributed to the lack of unity among Blacks as well as a pervasive low evaluation of Blacks by Blacks. Hence, the failure of Blacks to develop an Afrocentric cultural ideology has prevented Blacks from developing the sort of collective philosophy, definitions, cultural tradition, and institutions that other American racial and ethnic groups have established in order to facilitate their survival and progress in American society (Williams 7,8).



## THE AFROCENTRIC WORLD VIEW

In recent years, an increasing number of black scholars have begun to promote Afrocentricity as an intervention paradigm to facilitate the transformation of blacks from a state of dependence to a state of independence and self reliance (Asante 76). The Afrocentric cultural ideology is a world view based on the values of classical African civilizations. Advocates of Afrocentricity argue that the high rates of social problems among blacks are a direct result of the imposition of a Eurocentric world view of African Americans (Karenga 395)<sup>53</sup>. Eurocentric socialization has had an adverse impact on Blacks, including: (1) The internalization of a Euro-american mode of assessing the self, other blacks, American society, and the world; (2) The loss of historical memory of their African cultural heritage; and (3) Self hatred and depreciation of their people and culture. Thus, the failure of blacks to develop an Afrocentric cultural ideology and world view has made blacks vulnerable to structural pressures that promote definitions of blacks as being innately inferior to whites, ignorant, lazy, dependent, promiscuous, and violent (Karenga 407)<sup>52</sup>.

An Afrocentric cultural ideology would encourage Black Americans to transcend cultural crisis and confusion by reclaiming traditional African values that emphasize "mankind's oneness with nature," and "spirituality and collectivism". The cultural emphasis of Afrocentricity is in contrast to



the Eurocentric world view which encourages controlling native materialism, and individualism (Mbiti 31-35). The Afrocentric world view is not anti-white, rather, its primary objective is to restore missing and hidden parts of our (black people's) self formation and pose the African experience as a significant paradigm for human liberation in a level of human life (Karenga 404)52.

In addition to the collective oriented values that formed the foundation of classical African civilization, the resurrection of the African world view in America must also incorporate definitions and meanings that reflect the historical and contemporary experiences of African-Americans in an alien context (Meyers 12,13).

In the authors view any effort designed to facilitate the Afrocentric socialization of Black youth, especially Black boys, must include a collectively oriented value system such as the Nguzo Saba. Listed below is a brief description of the seven core values that comprise the Nguzo Saba, followed by an explanation of how the internalization of these values by black boys will benefit African Americans:

***Umoja (Unity) - strive for and maintain unity in the family, community, nation, and race.***

Socialization that emphasizes Umoja (Unity) communicates to young Black males that commitment to family, community, nation, and Black unity is a primary objective of African Americans. The internalization of Umoja would contribute to the emergence of cultural

values and psychic restraints that would substantially reduce Black males' participation in behavior that is self and group destructive (Karenga 421).

*Kujichagulia (Self-Determination) - define ourselves, name ourselves, create for ourselves, and speak for ourselves instead of being defined, named for, and spoken for by others.*

Mahubuti stresses that the history of America clearly indicates that White Americans have used their familial, educational, political, mass media, and other cultural institutions to promote negative images of African American and other non-White people. The Afrocentric value Kujichagulia (Self-Determination) prescribes that Black parents socialize their children to define themselves as African Americans as opposed to Niggers, coloreds, or Negroes. Socializing Black youth to define themselves as African Americans cannot and should not be regarded as complete simply by training them to replace one label for another. Socializing blacks who define themselves as African Americans must also include making them aware of the cultural and political circumstances that have contributed to the emergence and evolution of terms such as Niggers, coloreds, Negroes, and African Americans (Karenga 427)53.

Socializing blacks to define themselves as African Americans will reduce the high rates of low self-esteem and self-hate that Blacks have internalized as a result of their exposure to negative images and anti-Black propaganda disseminated by the educational system and the mass media. Defining themselves as African Americans will lead Blacks towards

identifying with those Africans who were responsible for the classic, ancient African civilizations and their many contributions to the modern world (Karenga 429)53.

***Ujima (Collective Work and Responsibility)***

***To build and maintain our community together and make our sisters' and brothers' problems our problems and to solve them together.***

American society places a great deal of emphasis on individualism. In its ideal form, America's emphasis on individualism asserts that a citizen should have freedom in his economic pursuits and should succeed by his own initiative. However, in practice, American individualism induces individuals to perceive their interests as being more important than the interest of their social group or society. Consequently, individualism is a major source of apathy, alienation, and conflict in American society (Karenga 431)53.

The Afrocentric value of Ujima (Collective work and Responsibility) is the most fundamental aspect of the traditional African world view. Ujima emphasizes elevating the interest of the community above those of the individual. Native-born Africans have historically been socialized to define themselves by their relationship and social obligations to others in their community. Thus, the African world view socializes the child to perceive himself in terms of "I am because we are; and since we are, therefore, I am"(Mbiti 108-109).



The commitment of Blacks to embrace individualism has not rendered them with rewards commensurate with those achieved by Whites. Moreover, as a result of the harsh economic conditions that Blacks experience, individualism is greatly exaggerated, "which causes values associated with unity, cooperation, and mutual respect to be systematically sacrificed" (Cogdell 221). Thus Black males' commitment to individualism is a salient feature of the "tough gut" and "player of women" images (Oliver 27)66.

Socializing Blacks to value Ujima would substantially reduce their participation in self and group destructive behavior. Ujima encourages Black parents and adults to define maturity and manhood in terms of actions that contribute to the progress and development of Black people. And by definition, individualistic behavior is defined as a sign of immaturity and boyhood. Thus, incorporating Ujima in the socialization of Blacks introduces a positive communal dynamic in which they are taught that achieving manhood is inseparable from actions that contribute to the progress and development of the African American community.

***Ujamma (Cooperative Economics)***

***To build and maintain our own stores, shops, and other businesses and to profit***

***from them together.***

Structurally induced economic underdevelopment is a major factor precipitating the high rates of social problems in the Black community. According to Wilson, the high rates of joblessness among Black men is



directly related to the formation of female-headed families, welfare dependency, and criminality among Blacks (101). In order to overcome economic underdevelopment and the social problems associated with it, African American parents and adults must teach their boys to value Ujamma.

The boy socialized to value Ujamma will become a man who understands that it is important to the survival and progress of the African American community to support Black business. African Americans will never achieve social and political parity with other American racial and ethnic groups without establishing a solid economic base.

Emphasizing Ujamma will cause Black businesses to prosper. Subsequently, the growth of Black businesses will increase the ability of African Americans to create jobs for themselves and discontinue the intergeneralization tendency to depend on the federal government and non-blacks to provide for their economic survival and progress. Hence, incorporating Ujamma in the socialization of Black boys is absolutely critical to the transformation of blacks from a state of dependency to a state of independence and self-reliance (Karenga 415)53.

***Nia (Purpose)***

***To make our collective vocation the building and developing of our community in order to restore our people to their traditional greatness.***

Systematic racial discrimination and oppression have been the most salient features of the African experience in America (Franklin 147). Nia is a critical element of Afrocentric socialization because of the emphasis this value places on making Black youth aware of the oppression that Africans and African Americans have experienced. Moreover, the Nia value encourages African American parents to instill in Black youths a commitment to devote their lives to eradicating those structural pressures and cultural conditions that prevent African Americans from achieving economic and political parity with White Americans (Fausteau 41).

***Kuumba (Creativity)***

***Always do as much as we can, in the way we can, in order to leave our community more beautiful and beneficial than we inherited it.***

Throughout the United States, areas inhabited by lower and working-class Blacks tend to be substantially more deteriorated than residential areas inhabited by comparable groups of White Americans. Although some of the responsibility for the deterioration in Black residential areas can be attributed to older housing stock and the lack of city services, apathy and lack of concern on the part of a large segment of the Black community is the major contributing factor (Hilliard 2-7).

Socializing Black youths to value Kuumba (Creativity) would contribute immensely to the aesthetic quality of African American communities as a result of the emphasis that this value places on community

beautification. Socializing Black boys to value Kuumba would reduce the tendency of many of these boys, especially those prone to hanging out on street corners, from throwing trash anywhere and not showing respect for the property of others (Luther 6-11).

Kuumba also emphasizes exposing children to creative arts such as drawing, painting, poetry, music, and other arts that promote spiritual awareness and harmony with nature and others. Hence, Black boys socialized to value Kuumba are more likely to evolve into men who are sensitive to the needs and concerns of others, and are therefore more likely to become good husbands, fathers, and neighbors (Knowles 9).

### ***Imani (Faith)***

***To believe with all our hearts in our people, our parents, our teachers, our leaders, and the righteousness and victory of our struggle.***

Afrocentric socialization of Black youth will be impossible if Black parents and adults do not strive to present themselves as examples of Afrocentric consciousness. Hence, in order to facilitate the Afrocentric socialization of Black youth, Black parents and adults must undergo Afrocentric resocialization. That is, they must internalize new values and assume new roles that are consistent with an Afrocentric world view (Mbiti 12).

Adopting Welsing's "codes for Black behavioral conduct" is one in which parents and adults could demonstrate to Black youths how to live an Afrocentric life. Welsing includes the following standards in her "codes for Black behavioral conduct":

- Stop name-calling one another
- Stop cursing one another
- Stop squabbling with one another
- Stop gossiping about one another
- Stop being discourteous toward one another
- Stop robbing one another
- Stop stealing from one another
- Stop fighting one another
- Stop killing one another
- Stop using and selling drugs to one another
- Stop throwing trash and dirt on the streets and in places where Black people live, work, and learn.

Black youths exposed to adults who are structuring their behavior in accordance with Welsing's "codes of Black behavioral conduct" will be less likely to reject the basic teachings and requirements of Afrocentric socialization as idle talk. Through their interactions with parents and other adults, they will see the dignity and power that emanates from living an Afrocentric lifestyle. Moreover, Black men who adhere to the Welsing "codes" will function as positive examples of Black manhood and potent alternative role models to those men who define manhood in terms of



toughness, sexual conquest, thrill-seeking and exploitation of others  
(Welsing 48-52)89, (Karenga 404)52.

## THE VENTURE PROGRAM

The Venture Program is a comprehensive, intensive, and highly structured training program designed to develop the leadership and management skills of young men and women. The program is based on the principles of the Black Power Movement and is designed to prepare participants for the challenges of the 21st century. The program is divided into several phases, including: 1. Orientation, 2. Leadership Training, 3. Management Training, 4. Business Training, and 5. Community Service. The program is designed to be a transformative experience for participants, equipping them with the skills and knowledge necessary to succeed in a competitive and rapidly changing world. The program is open to all young men and women who are committed to personal growth and community service. The program is a key component of the Black Power Movement and is designed to empower young people to take control of their own lives and the lives of their communities. The program is a testament to the power of education and the importance of leadership in the Black community. The program is a model of excellence in leadership and management training and is a source of pride for the Black community. The program is a testament to the power of education and the importance of leadership in the Black community. The program is a model of excellence in leadership and management training and is a source of pride for the Black community.

## CHAPTER IV

### RESULTS

#### PREVENTION PROGRAMS

As in most public health models, prevention is considered the best line of offense in violence reduction. Therefore, particular attention was focused on prevention efforts and programs that are attempting to intervene and prevent violent occurrences in African American communities or among African American youths.

Wilson Brewer, project director at the Education Development Center, Inc., in Newton Massachusetts, described their activities in identifying and evaluating violence prevention strategies being implemented in communities throughout the United States. She also cited several critical issues that have not been fully examined (Wilson 27)93.

Starting with the review of violence prevention activities that she conducted for the Carnegie Corporation of New York in 1990, Wilson-Brewer presented the findings from a survey of violence prevention programs, eighty-three programs were identified, and surveys were completed for 51 programs; The findings from this survey were :

- Almost all the programs surveyed collected some kind of data; however, these data typically included numbers of people served, number of persons trained, number of curricula sold, etc. It was impossible to determine with any certainty which programs were

effective in preventing or reducing violence because few programs looked at outcomes or conducted follow-up with youth after their participation in the program had ended.

- The major barriers identified that affected the ability to make the program work successfully were (1) Securing adequate funding; (2) Working effectively with school systems; (3) Developing community support to conduct gang prevention and intervention programs; and (4) Conducting evaluations.
- For almost all the programs, stable, long-term funding is non-existent. This translates into an inability to hire needed staff, operate programs of significant scale and duration, or provide continuity of services. Inability to follow youths to determine if an intervention really does make a difference was a frustration expressed by many programs.
- Many prevention programs are school-based programs. Approximately half of all respondents working in the school system cited teacher stress and burnout as major barriers in their work. They stated that teachers, many with already heavy workloads, are often told they must implement a violence prevention program but have not been involved in the decision about how and when to do so. Many said that lack of uniform program application throughout the educational system was a barrier. This means that a program is often used in only one or a few classrooms within a school with little or no commitment from the school system to institutionalize violence



prevention.

- Even in those schools that did not want to implement programs, funds often were not available to purchase curricula, videotapes, and teacher training kits. In addition, school support services to deal with the severity of some student's problems often were lacking.
- Staff members of gang prevention and intervention programs cited many of the same barriers, however, at least half of them cited systemic denial of the existence of gang problems as the major barrier to making their programs work. This denial comes not only from city government, but community residents, schools systems, and parents. Other barriers included the increasing drug problem, increased levels of welfare, and the return from incarceration of older "hard core" gang members.
- Evaluation was a big issue for all of these programs. A lack of understanding of basic evaluation procedures often was cited. Those who wished to conduct evaluations did not know how to find people with expertise in the field of evaluation who could provide technical assistance. Also most had none or limited funds to devote to an evaluation (Wilson 24-34)93.

The complete findings and recommendations from this study have been published by the Carnegie Council on Adolescent Development of the Carnegie Foundation in New York. Given the difficulties in evaluating the effectiveness of programs, Wilson-Brewer examined the range of strategies and interventions designed to prevent violence in the general population of

minority youth, at risk minority youths, and young children, and to control weapons used among minority youth. She also identified the principles of community-based programs and of evaluation (Wilson 39)93.

### **EDUCATIONAL INTERVENTIONS**

These interventions are designed to prevent violence by changing young peoples knowledge, attitudes, and behavior patterns. The educational interventions for minority youth are three types: (1) Interventions to build male self-esteem (including manhood development curricula, mentors and role models, and immersion schools); (2) Conflict resolution and mediation education such as curricula, training, technical assistance, handgun violence education, and life skills training; and (3) Public education interventions, including public service announcements, educational videotapes, and media education. Educational interventions appear to be somewhat successful and are the most common approach to violence prevention (Baldwin 15-20)4.

### **RECREATIONAL INTERVENTIONS**

These interventions are based on the concept that sports and physical activity provide an excellent outlet for tension, stress, and anger. Although recreational activities have not been viewed as a major intervention for the

prevention of violence, well designed multi component programs that include recreational interventions appear promising. Wilson-Brewer noted that there are many of these programs across the country, including those operated by the police such as the Athletic league, boys and girls clubs, girl scouts, and Y.W.C.A's (Wilson 57)93.

### **ENVIRONMENTAL/TECHNOLOGICAL INTERVENTIONS**

These approaches have been very successful in addressing many public health issues because they are not dependent upon human behavior. The examples include child proof safety caps and automatic seat belts. The environmental and technological interventions that have been used to address violence prevention include metal detectors, concrete barriers, and several school-based strategies such as identification cards, closed circuit television, and safe corridor programs. Most of these interventions have not proven effective in reducing youth violence, although Wilson-Brewer emphasized that they are not widely implemented, so their potential remains untested (Wilson 58)93.

### **LEGAL INTERVENTIONS**

These include activities such as establishing youths curfews and



policing school campuses. Many of these interventions, however, have been challenged as violations of the rights of young people. Limited data are available on the effectiveness of curfew or other such restrictions on youth movement to curtail violence (Bell 72)8.

For at risk youth such as gang members and potential gang members, work/academic interventions were found to be the most effective. Primary prevention efforts are those that promote healthy parents and child interactions; prevent children from becoming victims and/or witnesses of violence; promote community based, culturally relevant support systems involving parent, children and the community; and target well children, build resiliency and develop social competence and problem solving skills (Wilson 61)93.

Wilson-Brewer and her colleagues found that for those children who have already been affected by violence, opportunities for early intervention are greatly diminished. Therefore, interventions are needed to address the child's interpersonal relationships, decision making ability, impulse control mechanisms, and communication skills.

Wilson-Brewer notes the following observations about violence prevention programs:

- Many of the violence prevention interventions currently being employed do not solely target minority youth; they are designed for youths in general. When they are targeted on minority youth, however, the minority group targeted is almost always African American youths. There are very few programs designed to address



the specific needs of Hispanic, Native American, or Asian American youngsters and communities.

- Some programs have been developed with a specific focus on violence, with a concentration on education regarding risk, conflict resolution and mediation. Others take a holistic approach and address a cycle of interacting problems through life skills training, mentoring, Afrocentric education, academic tutoring, substance abuse prevention education, and career development courses (Wilson 67-70)93.

Wilson-Brewer noted the following issues facing the evaluation of violence programs.

- Distinguish between race/ethnicity and socioeconomic status when planning violence prevention efforts. There is some research that suggests an association between socioeconomic status and high rates of interpersonal violence might be stronger than the association between race/ethnicity and violence.
- The need for additional data. Currently, most data focuses on violence that results in homicide. There is much violence or exposure to violence, however, that does not result in homicide but may cause serious injuries or disabilities and/or long lasting psychological damage. Information about these aspects of violence is not captured by current data sources on violence.
- Additional research and data are needed on homicide and violence among other people of color. For example, limited data exist on

violence among Hispanics, although for Mexican Americans it is the second leading cause of death among adolescents and young people. Also, little attention has been paid to the high level of violence and homicide among certain Native American population groups. There is a need for programs that focus on other racial and ethnic minorities as well as more programs focused specifically on African American males.

- More attention, due to numbers, has been placed on African American males. There has been little theory, research, or practice focused on minority females. Although African American females are over represented in the criminal justice system they constitute approximately 74% of the female arrest for murder. The rate of homicide for African American females is also high and is increasing. There are no violence prevention programs solely for minority females, yet this clearly is a growing concern.
- The current trend toward Afrocentric education as well as the teaching of African American male students by African American teachers who are primarily male, should be closely examined. If such efforts are successful in increasing the self esteem and academic performance of African American students, they will have a positive effect on violence prevention. Even if this intervention strategy proves effective, however, it cannot be used with other racial ethnic minority students unless there is an increase in the number of minority teachers.

Effective violence prevention receives a multidisciplinary approach. It receives attention from public health professional educators, mental health specialists, medical personnel, child advocates, lawyers, and criminal justice and law enforcement staff. It is not a problem that can be solved by only one discipline. It also requires collaboration with communities and families that have too often been left out of current strategies and efforts (Wilson 71-77)93.

### **BUILDING ON EXPERIENCE**

There are three different models that described violence prevention programs in three different states; Massachusetts, California, and Ohio. The programs are described and lessons they have learned from working to prevent or reduce violence in African American communities. The three violence prevention programs illustrate the different approaches that might be taken in developing effective programs, working with communities and schools involving relevant community agencies and leaders, as well as the adolescents themselves, and focusing on some of the underlying causes and risk factors associated with violence. All three programs emphasized collaborative approaches between community agencies and government agencies. They also tailored violence prevention efforts to fit the culture of the target population and community, a critical element for effective programs. Finally all three programs highlighted the importance of skilled and committed leadership in violence prevention activities (Bell 203-208)8.



## THE MASSACHUSETTS ADOLESCENT VIOLENCE PREVENTION PROJECT

The project developed out of an increasing concern about the rising number of homicides in several Boston communities. The annual number of homicides in Boston rose from 95 in 1988 to 148 in 1990. African Americans were overwhelmingly the victims and perpetrators of homicide in the Boston communities. Violence became the leading cause of death for Boston's African American males and females ages 15-19 years (Jackson 47).

The data presents a profile of the typical homicide victim in Massachusetts, he was male, killed by someone he knew, and usually of the same racial group as the perpetrator. He was most likely to have been killed with a handgun, following an argument, after alcohol and/or other drugs had been used (Jackson 47).

In 1990, the Massachusetts Adolescent Violence Prevention Project received funding for five years from the Federal Maternal and Child Health Bureau (MCHB) and the Massachusetts Department of Public Health (MDPH). The overall goal of the project was to strengthen the capacity of communities to prevent adolescent interpersonal violence. The project takes a community based approach which recognizes that the magnitude and complexity of the problem require community collaboration and community involvement. Two communities, Boston and Lawrence, were chosen as the sites for the project. The objective of the violence prevention project is to

have each community: (1) form a community based coalition; (2) develop interventions and funding plans; and (3) implement and evaluate the interventions (Jackson 48,49).

The project will be implemented in each community through phases of operations:

- Coalition Development - This involves enlisting key community leaders and providing training on issues of community development, collaboration, empowerment, violence prevention, and cultural sensitivity. Each coalition will develop and implement a needs assessment process.
- Planning - Plan on the assessment's and known effective models with an implementation plan that will focus on specific interventions and evaluations that can be developed. Securing funds for implementation will be the responsibility of the coalition with assistance from the MDPH.
- Implementation of Interventions - These may include educational, technological, legislative, and/or regulatory strategies. The MDPH staff will assist coalitions in selecting interventions with demonstrated effectiveness.
- Dissemination - all aspects of the project will be described in a manual to be disseminated among state MCH directors, injury prevention programs, and other relevant organizations.

The prevention projects will address many levels of interpersonal

violence, including homicide, assault, child abuse, child sexual assault, spousal violence, sexual assault, peer violence, and elder abuse. In addition, the MDHP will make the following resources available to the two communities:

1. Access to large numbers of adolescents through funded programs.
2. Access to health-related data.
3. Access to health care providers.
4. Knowledge and history of unintentional injury prevention programs.
5. Linkages with substance abuse, sexual assault, domestic violence, and surveillance programs; and
6. Specialized technical assistance and consultation on an as needed basis.

This will consist of monitoring the development of the community coalitions and assessing the impact of interventions on injury incidence rates. Thus, the evaluation will include both process and outcome measures. The overall impact will be determined by the degree to which the objectives and changes in the health system have been achieved (Jackson 50-70).

#### **CONTRA COSTA COUNTY PREVENTION PROGRAM**



Larry Cohen, Director of the Prevention Program at the Contra Costa County Services Department, notes prevention efforts being taken in his county. He notes that since so many systems come to bear on violence prevention, a systematic response is needed. His prevention program utilizes a tool call Spectrum of Prevention. This tool outlines a variety of activities that can have an impact on prevention's such as influencing policy and legislation, changing organizational practices, fostering coalitions and networks, promoting community education; and strengthening individual knowledge and skills. To date the county has placed great emphasis on getting many diverse people and organizations to work together for violence prevention. Through funding from the Federal Maternal and Child Health Bureau (MCHB) and Office of Minority Health (OMA), the county has developed a violence prevention demonstration project in the community of Richmond, California (Brofenbrenner 723,724).

Some of the activities of the violence Prevention Project include: (1) supporting youth and community leadership, (2) Embedding violence prevention in community institutions so that the efforts will continue after the grant ends, (3) teaching specific skills to reduce fighting and date rape, and (4) identifying and utilizing effective violence prevention activities (Brofenbrenner 736).

An important concept underlying the Richmond violence prevention program is that oppression must be identified as a key component of violence. Young people are learning to be violent for a reason. The program teaches that there are options and alternatives to violence. These

options depend on community involvement, social and cultural activities, public policies, educational alternatives, and economic opportunities. An example of an educational alternative is the promotion of effective in school suspension programs in order to prevent sending kids out into the streets. In an effort to increase economic opportunities, the program uses funds to hire young people themselves to assist in promoting contests (such as rap) or fund raisers on preventing violence (Brofenbrenner 736-738).

Through these and other violence prevention efforts, Cohen's program has arrived at a number of conclusions that are important in developing effective violence prevention programs:

- The economic situation within a community is absolutely critical. Poverty, unemployment, and underemployment lead to significantly increased levels of violence.
- Governments' responsibility is not to always start up new, stand-alone programs; rather, government's position should be to facilitate the involvement of others and to encourage partnership.
- Sexual assault, rape, and date rape are very much a part of the problem. When health officials study violence, they generally review death and hospitalization statistics although sexual assault injuries may not show up in their specific data sets as often as other types of violence, they are widespread, devastating, and traumatic.
- Violence must be understood as a reaction to economic, racial, cultural, sexual, and aged based oppression. Options to violence, therefore, must come from an understanding of the context of

oppression rather than from a "blaming the victim" point of view. Currently, the Contra Costa community is creating a list of survival skills which it feels are necessary in developing options to violence. It will be important to teach these skills in a culturally competent manner.

- The issue of guns cannot be ignored since guns are the instruments most often used in homicides, assaults, and suicide.
- There must be recognition that males perpetrate most violence and that strategies to end violence must involve men in the solution.
- Adults, particularly parents, and other care givers, need to be part of the solution. One of the achievements of the Contra Costa County prevention efforts was the development of the Workplace Program, funded by the United Way. This project trains parents at their work sites in violence prevention, substance abuse prevention, and conflict resolution skills.
- In efforts to reduce violence, it is essential that youth themselves be part of the solution.
- The lessons about preventing post traumatic stress that have been learned from viewers was applied to inner cities. That is, we need to get to people quickly and talk with them intensively.
- Understanding the complex relationship between alcohol, other drugs, and violence is critical and cannot be ignored in violence prevention efforts.
- Another key factor in violence is the presence and impact of the



media, regular programming, for example, includes a large proportion of violence.

- Evaluation of violence prevention programs and strategies is critical (Cohen 110-115).

The mental health community has particular skills and expertise which are needed in violence prevention work. The mental health profession can contribute substantially to the field of violence prevention. For example, because they have an understanding of how individuals work in groups as well as the skills necessary to advance a groups' efforts, mental health professionals can assist in the promotion and maintenance of effective coalitions (Cohen 121).

The mental health profession can also contribute a critical understanding of the effects of media on aggressive behavior and of the relationship between alcohol, other drugs, and violence. Communities and schools can benefit from mental health's conflict reduction and counseling skills. The mental health professions knowledge on the issues of the effects of unemployment, of power and self esteem issues, and of how post-traumatic stress disorder is associated with witnessing violence are critical. Mental health professionals can also make valuable contributions in understanding what is needed to ease the burnout among individuals and groups working to prevent violence. Thus, the linkage between mental health and public health communities can serve to save lives (Cohen 124).

Cohen noted that it is important to find a new community solution to violence. This new solution suggests that the government must focus on

violence as a public health issue, key organizations must work cooperatively, and prevention work must be based in local neighborhoods and schools. Most importantly, for a new community solution for violence to work, the dominant culture must share its authority and allow minority community leaders to become involved in planning as well as providing direct services (Cohen 125).

### **POSITIVE ADOLESCENTS CHOICES TRAINING**

Positive Adolescents Choices Training (PACT) is a violence prevention program for African American adolescents conducted by the School of Professional Psychology, Wright State University in cooperation with the Dayton, Ohio Public Schools, W. Rodney Hammond, Ph.D. Director of the program, notes that the lack of culturally sensitive training materials directed to the critical problem of interpersonal violence among African American youths led to the development of PACT (Cohen 147).

PACT was built upon the premise that it is important to use peer role models to demonstrate the skills be acquired interpersonal violence, since adolescents tend to establish norms for behavior in reference to their own peer groups. Similarly African American youths are oriented more to their own ethnic group for purposes of social comparison than to white adolescents so that models which capture the distinct style of the subculture are more credible and convincing to them. Thus, Hammond noted, "video tapes of peers of similar age and race, demonstrating appropriate behavior in conflict situations, are an especially desirable introduction to the learning of

new skills. He and his staff found that in existing violence prevention curricula and materials, there was a lack of video tape programs featuring African American role models. In addition, they found that many of the scenarios presented in existing video tapes and training materials were unrealistic in terms of the language, dress, and social interactions common among minority urban adolescents, thus, the Dayton project developed and produced a video taped series entitled "Dealing with Anger", a violence prevention program for African American youths. Funding for the initial project was obtained from the Ohio Commission on Minority Health and Ohio Department of Mental Health. Under a grant from the MCHB, the program is being further developed and evaluated(Cohen 151-154).

The Dealing with Anger program provides an introduction to youth training on three target social skills thought to be prerequisites for coping with anger or interpersonal conflict without resorting to expressive violence.

These skills include:

1. Givin' It (Giving Negative Feedback) explores expressing criticism, disappointment, anger, or displeasure calmly. Use of the skill permits the participant to ventilate strong emotions constructively and mastery of the skill will set the stage for nonviolent resolution of disputes.
2. Takin' it (Accepting Negative Feedback) puts the participant on the receiving end of Givin It. This skill involves listening, understanding, and reacting to criticism and the anger of others appropriately.



3. Workin' It Out (Negotiation) incorporates listening, identifying problems and potential solutions, proposing alternatives when disagreements persist, and learning to compromise (Cohen 158-159)

Each skill is broken down into behavioral components which are described both in the video tape and on skill cards which can be given to group participants. The PACT video tapes present African American adolescents and adult role models, and the scenes depicted were developed in consultation with professionals familiar with the daily lives and concerns of the target population. In addition, PACT youth participants suggested scene content and provided feed back during the production of the materials. The training process involves introduction/modeling of target skills, including providing participants with a rationale for the value of the skill in preventing violence, and then offering the youth participants opportunities to practice the skill steps and receive feedback which will reinforce or correct their performance (Cohen 159).

Hammond noted that current evaluations of the videotape program suggest that it is ideally suited for primary prevention with middle-school youth. Evaluation also indicates positive outcomes for participants in the program when compared with a non-participating control group of youths. Initial findings indicate reduced school suspensions and changes in observable social skills. In addition to improvements in the way participants

rate themselves and how they are rated by teachers.

Although effective, Hammond noted that the PACT approach is limited. First, it cannot, by itself, overcome problems within an intervention environment such as lack of trained and experienced staff who are comfortable working with African American youths. Second, the program chose to select only three of a vast set of target social skills. This leaves open the possibility that many other skills can and should be incorporated into future curricula utilizing this approach. Last, the program was not originally developed to rehabilitate older, more hard core, delinquent adolescents whose aggressive behavior's may be too deeply ingrained to rely solely on social skills training methods, although this approach may indirectly be successful with youths as an component of a broader set of related services. Future research should serve to clarify the range of settings and populations most likely to benefit from the PACT approach. Meanwhile, *Dealing With Anger* more clearly addresses the need for culturally sensitive violence prevention curricula (Cohen 160-165).

### **A NEW INTERVENTION PARADIGM**

The failure of our current systems to adequately and effectively address the extent and consequences of violence in African American communities was a recurrent theme. Although MCHB can point to some efforts to address violence through intentional injuries programs, very few mental health programs have developed effective program models to address either violence prevention or effective interventions for those children and

families who are exposed to violence in their homes or communities. One of the underlying questions is why there has been such limited involvement of mental programs in providing services to these children and their families (Wilson 71)94.

Earl T. Braxton, president of Edge Associates in Pittsburgh, Pennsylvania, attempted to answer this underlying question in his presentation entitled "Violence Within and Without: The Failure of Mental Health Systems in Treating Angry Black Children." Braxton began by stating that the failure of the mental health system in general has been framed in the nation's approach to and understanding of mental disorder. The mentally ill have always been regarded primarily as deviants. In Biblical days, they were described as being possessed by demons or devils. In colonial America, they were regarded as witches - thereby designated, persecuted, and executed. The more recent "enlightened" view has been that mental disorders are an illness, and, like other illnesses, must be treated by care givers specially trained to provide the professional attention the disease requires. With the Freudian revolution of the "unconscious," treatment practices became more humane, insightful, and sophisticated, but major problems still plague the mental health field. The focus of the problems remains lodged in the patient or those manifesting symptoms of mental disorder, while the treatment system and the environment remain uninfected and free of blame (Welsing 27)90.

African Americans were brought here in involuntary servitude and became an underclass group, a fact which continued long after the



Emancipation Proclamation. Women and children were defined as property and chattel of men and had no rights. In such a social climate, the evolving mental health system was bound to reflect the issues of the prevailing culture and its norms. Despite all its progress, Braxton contends that mental health theories developed and evolved in a patriarchal environment that could not help but reflect some of the dysfunctional structures of the society. Braxton offered three propositions to depict the problem of the angry black child and the mental health system:

1. The mental health system has failed to adequately treat angry children or adults in general. This is particularly true if the person in question is nonwhite and male. It is as if black male anger cannot be tolerated, much less managed. This is primarily because anger is seen as bad and something that interferes with treatment. Consequently, anyone coming into the system for treatment who is angry cannot be treated until his or her anger ceases. This presents a profound contradiction since part of the reason the person comes for treatment is anger. The treatment model or paradigm is basically flawed and, therefore dysfunctional for the task it was set up to perform.

2. The task of the mental health system is to facilitate the return to a state of mental/emotional health for those who came to it with problems (emotional or spiritual) that have caused an internal

imbalance. This imbalance, taken to its extreme, is known as a state of mental disorder or disease. The disorder inside of a person invites two options for managing it. The system can attempt to either control the external situation or help the person put some order back into his or her internal situation, thereby regaining some control.

3. The mental health system's treatment paradigm is a dependency one based on the assumption that the patient/client, who is seen as helpless, vulnerable, powerless, victimized, wounded, and paralyzed, needs the help of the omnipotent, powerful, all knowing wise, insightful, strong, able therapist or helping professional. The system is structured to protect the omnipotence of professional and ensure the dependency of the patient (Welsing 42-47)89.

Braxton noted that our current mental health approaches do not facilitate recovery, which is equal to attaining a certain level of independence and self-management as opposed to self-control. We reinforce our clients need for external control rather than focusing on the development of their own internal controls. External controls, Braxton said, require secure facilities, police and guards, and strong medication. Along with medication comes the dependency on the experts who know how much you need, whether you need it, what is good for you, and what is not, etc. Meanwhile, patients/clients who are overwhelmed by the experience become more and more disabled by their dependency.

To enter into a truly collaborative approach to mental health and physical health requires a different set of skills and expertise. A collaborative model which:

- Enables patients to risk growing and finding themselves, rather than the system running a rescue mission on their behalf;
- Enables patients to be partners with helping professional, and to take some responsibility for the healing process;
- Focuses on facilitating self-help rather than dependency;
- Feels harder and more demanding initially; and
- Requires the professional to bring more of self to the interaction and spend less time veiled in the professional role (Welsing 38-40)87.

The average staff person is not trained in a collaborative field of working with clients within the mental health system. Rather, people have learned "techniques" as their tools, and patients are required to fit the techniques. When they do not fit, the treatment failure is place on the patient. The failure of treatment then becomes the patient's problem and the professional is off the hook. Some of the areas that have been neglected in the preparation of staff are:

- How to "hold" (meaning stay connected with) a person who is in pain, emotional, spiritual or physical.
- How to empathize with those who are behaving in ways that are revolting to us. No matter how despicable one finds the person, we must learn to accept the struggling or lost spirit inside even while we reject the behavior on the outside.



- How to allow someone to be angry at, with, or around us without succumbing to our own reactions or judgments.
- How to know the difference between their space and ours. This is vital training for working with troubled children and adolescents. When the adult fails to maintain some distinction between himself/herself and the acting out child or adolescent, the child inside of the helping adult gets “hooked” and the therapeutic view of the problem is lost.
- How to hold people accountable, no matter how much it hurts (them or us).
- How to be fair, but firm.(Welsing 47-49)89.

The absence of learning in these areas prevents mental health staff from truly becoming partners with their clients and from managing the healing process. What they learn instead is how to control the situation. Healing is then retarded because the client is not integrally involved in the pursuit of wellness (Welsing 49)89.

Welsing believes that angry African American children become victims in such a mental health system. Their anger is used against them and practitioners are more often frightened by the children’s emotional expression than concerned about what’s beneath it. Below all anger and rage are the more powerful casual emotions, usually some combination of fear, vulnerability and pain. The feelings are often set off by secondary factors such as frustration, resentment, hatred, abandonment, and intrusion. The violence expressed outwardly is the road map to the degree of inner

fear, pain, and vulnerability.

African American children, Welsing noted, come from an African heritage of family centeredness, valuing children as well as adults within the extended family. Faced with the painful and violent experience of growing up in today's urban environment, African American children learn to survive by behaving as if those things do not matter. For an oppressed group, however, survival is not enough (Welsing 51-53)89.

Angry African American children suffer from : (1) a sense of disempowerment and lack of control over their lives, (2) a sense of hopelessness/helplessness (dependent), (3) no history around which build a positive self-image, (4) feeling violated, (5) feeling abandoned, and (6) having lost the boundaries between self and the destructive or disorganized environment. If the mental health system is going to be able to provide effective treatment for these young people, it must encompass the following elements:

- Teaching assertiveness (aggression is the absence of assertiveness).
- Recruitment and training of practitioners and professionals who are not afraid of their own anger, and therefore, not afraid of the child's.
- Retraining of parents.
- Retraining of teachers.
- Education for freedom (and responsibility), not control.
- Adoption of a collaborative model, which holds children both accountable and responsible, but does not foster dependency.
- Practitioners who can keep their feeling and thinking process in the

same place while providing services to the children.

- A conscious effort to build self-esteem through learning more about African American history and heritage.

Angry African American children, Braxton concluded, need to be taught to take up responsible roles in the society in which they live. In order for that to happen, the mental health system needs a new treatment paradigm and new training for practitioners (Welsing 57-71)89.

### NEW DIRECTIONS

There is little consensus regarding the causes of high rates of violence in African American communities. Traditional theories that focus on “cultures of poverty,” lack of self esteem and impulse control among African American youth, inadequate or deviant socialization, or increased drug abuse or drug trafficking, tend to overestimate those engaging in violence and do not offer adequate explanations about the interpersonal processes associated with African American violence (Oliver 27)66.

Currently, there are very few violence prevention or intervention strategies rooted in the context outlined by these presenters, although the use of Rites of Passage programs and ceremonies are increasing. These programs have similar characteristics.

- They provide a group of committed adult males (and females) who will lead African American boys through the passage from boyhood to manhood.
- They incorporate and teach African values and principles.



- They redefine manhood and provide manhood training from an Afrocentric perspective.
- They provide an opportunity for positive and productive socialization into adult roles.
- They provide cultural enrichment, sex education, educational reinforcement, and life management.

There is also a growing debate about Afrocentric approaches to education and the need for specialized schools (immersion schools) for African American males (Oliver 109).

William Oliver, a professor in the Criminal Justice Program at the University of Delaware, described a culturally oriented community development agenda that has been designed to reduce the disproportionate rates of community violence among African Americans. This agenda is based on the belief that structural reform of political, economic, and education systems, though necessary, is not enough to substantially reduce the high rates of social problems among African Americans. Rather, such reforms must be coupled with a cultural transformation in order to enhance cultural confidence and fortify African Americans against the adverse effects of institutional racism (Oliver 15-39).

Oliver's structural-cultural perspective rests on a fundamental assumption that the disproportionate rates of criminal violence among African Americans are a product of structural pressures and dysfunctional cultural adaptations to those pressures. More specifically, Oliver suggested that historical and contemporary social practices involving institutional

racism, that is, the systematic deprivation of equal access to opportunity have prevented a substantial number of African American males from achieving manhood through legitimate means. African American males who adhere to the compulsive masculinity alternative define manhood in terms of overt toughness, sexual conquest, manipulation, and thrill-seeking. It is inevitable that these exploitative and unreciprocal role orientations would produce a unique set of motives and justifications for assault and homicide among African American males(Oliver 20-25)66.

Believing that the high rate of African American interpersonal violence is a product of cultural misorientation and disorganization, Oliver emphasized an Afrocentric Community Development Agenda built on the following ten points:

1. Black people must redefine themselves as African Americans - A positive collective identity is essential to social progress. The term African American will help to counteract the myths and stigma associated with white America's definition of black people as Niggers, coloreds, and Negroes.
2. African Americans must adopt an Afrocentric World view - African Americans will never make any substantial progress as long as they continue to accept as legitimate a Eurocentric world view that is at its core anti-black. The internalization of the Afrocentric world view would maximize black cultural unity through its emphasis on "collectivism," "spirituality", and "oneness with nature."

3. African Americans must socialize their children to internalize an Afrocentric value system - As racism is real in America, so too is "self-perpetuating pathology" among African Americans. Academic failure, adolescent pregnancy, substance abuse, and black-on-black crime are much more than products of white racism. These social problems are also products of dysfunctional cultural adaptations to white racism. Thus, African American parents and community organizations must begin to socialize children to internalize values that emphasize an Afrocentric world view, that is, a world view that encourages love of self, respect of the African heritage, and commitment to African American unity and progress.

4. African Americans must help their children achieve excellence in education - The ability to read, write, analyze, and calculate are absolutely essential in order to achieve a decent standard of living. Too many African American adolescents are dropping out of high school. African American parents must become more actively involved in the education of their children. The school must be redefined as a community institution that exists to prepare African American youth to function effectively in society.

5. African American leaders and institutions must recommit themselves to the survival and progress of African Americans - Maximizing cultural unity in order to implement a nationwide program of African American self-help must become a primary goal. The effectiveness of African American leaders and institutions must



be judged by the extent to which they work to reduce the high rates of social problems among African Americans. The Afrocentric agenda demands accountability with regards to the collective objectives and interest of African Americans.

6. African Americans must restructure their religious theologies and churches to play a major role in encouraging African American cultural unity and self-help. Much has been written about the centrality of the African American church. The high rates of social problems among African Americans, however, suggest that the contemporary African American church is not the powerful agent of moral development and social control that it once was. In order to restore psychological and cultural stability, African Americans must reject all religious theologies and symbols that have been used to justify their exploitation and oppression.

7. The African American middle class must reach back and help those less fortunate than themselves - The African American community is losing too many of its educated people to lifestyles structured around individualism and materialism. This is primarily due to the fact that middle class African Americans have not been socialized to internalize an Afrocentric or collective orientation. African American leaders and institutions must work to create programs that attempt to reunite the African American middle class with the African American underclass.

8. African Americans must declare war on drug dealers and

others who engage in behaviors that disrupt the black community - Individualism and passivity among African Americans have contributed to the emergence of a mentality that says anything goes in the black ghetto. The African American community must reclaim crime-ridden neighborhoods from those who are out of control by staging anti-drug rallies, patrolling neighborhoods, and providing community-based social services.

9. African Americans must work to develop their own business - Achieving African American cultural unity is not likely if African Americans do not strive to achieve economic independence. Economic development is critical if African Americans are going to reverse the growth of the underclass.

10. African Americans must network to purchase and develop mass media organizations (e.g., newspapers, magazines, and radio and television stations) in order to produce media products that communicate the facts about African Americans - to counteract cultural racism and the negative images of African Americans that are frequently disseminated by the mass media. African Americans must establish mass media that address their most fundamental psychological and cultural needs.

In conclusion, Oliver noted that prevention strategies designed to reduce disproportionate rates of criminal offenses and criminal victimization among African American males will continue

to fail if efforts are not undertaken to address the adverse effects of cultural racism. He suggested that self-help is the most important feature of the Afrocentric agenda. Such self-help includes; establishment of Rites of Passage programs for youths, greater entrepreneurship (business development), a focus on job training and development, striving for excellence and multiculturalism in education, and restructuring religious theology so that African American churches become more involved in the daily activities of the community (Oliver 15-39)66.

In his book Violence: A reaction to Racial and Cultural Oppression, Aminufu Harvey, executive director of the MAAT Center in Washington, DC notes the etiology of violence by African American youth, its psychological dynamics, and a comprehensive intervention model. Harvey noted that the violence in African American communities is manifested in several ways.

1. Through incidents such as those in Bensonhurst, New York, or police brutality such as that experienced by Rodney King in Los Angeles, which are examples of racial and cultural oppression;
2. Through increasing suicides, a form of self-inflicted violence which runs counter to the entire African American cultural heritage; and
3. Through "black-on-black" violence, behavior which is self-inflicted, self-abusive, leads to abuse of others, and ultimately leads to the abandonment of families(Harvey23-27).



Essentially, Harvey postulated that the current violence seen in African American communities is the direct result of psychological oppression of African Americans by the white power structure. He noted that after years of experiencing abuse, neglect, and abandonment, we begin to internalize the myths of Africans as having no culture and to identify with the oppressor. This self-alienation and blocking of transitioning through each stage of development leads to feelings of hopelessness and helplessness which equal perceived powerlessness(28).

The externalization of perceived powerlessness is exhibited in anger, which is destructive to others and the community and ultimately results in murder and fratricide. This powerlessness leads to two primary emotions: depression and anger. The state of depression is a process by which an individual, family, or community elicits acts which destroys itself. First psychologically and then physically, we see drug abuse, prostitution, and alcoholism, as slow acts of suicide. When perceived powerlessness is externalized, it is exhibited as anger or rage. Usually the anger which results in homicide is acted out upon what is closest and that which will receive the least retribution from the larger society, namely, killing another African American ( Harvey 31-36).

In order to combat perceived powerlessness, which is the natural initial reaction to oppression among African American youths. Harvey suggested that we must go back to cultural

orientations and look at models indigenous to African American communities that have worked, such as the Nation of Islam activities. The common factors that seem to mark successful community interventions are:

1. Spirituality (or religious orientation);
2. Economic Resources (addressing jobs and other means of production);
3. Educational institutions (having own schools and own media outlets);
4. Cultural foundation (understanding the importance of the past); and
5. Strong male presence (the notion that males must protect and provide for the community) (Harvey 37).

Harvey suggested that an adolescent Rites of passage program is one appropriate modality that can be used to bring youth into manhood. He believed that only with the incorporation of an African world view and values will we be able to provide the inoculation and treatment models necessary to address the issue of African American violence. He also believed that this approach allows for change or transformation to occur at multiple levels - at the behavioral, emotional, cognitive, and spiritual levels. Violence prevention and intervention must be able to address these multiple levels to be effective (Harvey 51-53).

Amos Wilson, author of Black-on-Black Violence: The

Psychodynamics of Black Self-Annihilation in Service of White Domination, noted white supremacy as the primary causal factor in African American criminality and violence. As Wilson stated in his book: "Black men kill each other because they have not yet chosen a challenge and neutralize on every front the widespread power of White men to rule over their lives". Therefore, in Wilson views African American violence is a natural outcome of continued oppression by the white majority. He also believes that it is an important factor of unemployment, underemployment, poor education, poverty, and drugs, which are tangibly related to African American violence, but represent its secondary effects rather than its causes.

Wilson noted that violence is not aberrant to the American society; rather, it is compliance. The slaughtering of Native Americans and the enslavement of Africans are two historic examples of the use of force and violence by European Americans to subjugate peoples different from themselves. Current African American violence represents a new dimension of oppression that serves a similar function as slavery and other oppressive acts in America's past. Wilson emphasized that African American violence serves a very important function in American society, it serves to justify and rationalize white supremacy.

On the psychodynamic level, Wilson suggested that the internalization of white domination and oppression leads to self-



hatred and self-alienation, thus setting the stage for African American violence. Given the widespread impact of the social and psychodynamic patterns that result from racism, Wilson stated that the question is not why there is so much African American violence, but rather why it is not even more widespread.

In order to counteract racism and its effects, Wilson suggested that there must be a transformation of African American manhood. This can only come about through the appropriate education and training of African American youth. Currently, the formal and informal education of African American youths is an education in alienation, self-abnegation, incompetence, unreality and wrong headedness. African Americans are, therefore, educated against their own interest, which is one of the reasons that, despite their sizable educated, professional, and trained classes relative to other groups, their economic and political power is benign and their survival is in question. Thus, if African American youth are to be educated away from their "anti-social" proclivities and educated in ways that permit them to legitimately actualize their human potential, they must receive an Afrocentric education, especially during their impressionable years, and they must be taught by their own elders (Wilson 27-47)<sup>92</sup>.

Wilson states that it is important for the African American community to understand that violence has a tragic consequence and diminishes the chance of survival for African American people. It is

imperative that African American communities successfully neutralize and/or markedly decrease criminal activity within their domains. In addition to the development and furthering of Afrocentric education for African American children, Wilson believes that African American communities must take their destiny into their own hands. They must take responsibility for building and providing adequate housing and employment for their constituents. They must also rebuild, re-create, and create African-based cultural and moral values for families and children (Wilson 47-57)92.

### **THE PROGRAM**

The Central State University, on behalf of the original sixteen members of the Consortium for Research and Practicum, submitted a proposal to the Office of Minority Health in the Department of Health and Human Services, in June of 1994. The proposal titled "A Series of Historical Black Colleges and Universities and Minority Institutions (HBCU/MIS) Models To Prevent Minority Male Violence", was funded through a cooperative agreement with the Office of Minority Health. The major purpose of the funded project was to design, develop, implement, and test a series of models that may be effective in preventing minority male and family related violence in the communities served by the HBCUs/MIS in the Consortium. The Consortium for Research and Practicum was formalized in 1992 through a memorandum of understanding

between 16 Historically Black Colleges and Universities. In March of 1995, three additional institutions joined the Consortium.

At the time of its inception, the Consortium members felt that Historically and Predominantly Black Colleges and Universities should assume a major responsibility and lead role in designing solutions to reduce anti-social behavior and violence affecting minority males and their families. It was the expressed intent of the Consortium to develop a major, comprehensive and community-based collaborative model program that would inhibit anti-social behavior and redirect individual energy towards strengthening families, particularly African Americans and Latinos.

The Consortium members are as follows:

1. California State University, Los Angeles, CA
2. Central State University, Wilberforce, OH
3. Chicago State University, Chicago, IL
4. Clark-Atlanta University, Atlanta, GA
5. Knoxville College, Knoxville, TN
6. LeMoyne-Owen College, Memphis, TN
7. Lincoln University of Pennsylvania, Lincoln, PA
8. Morehouse College, Atlanta, GA
9. Morgan State University, Baltimore, MD
10. North Carolina A&T State University, Greensboro, NC
11. Philander-Smith College, Little Rock, AR
12. Southern University, Baton Rouge, LA



13. Talladega College, Talladega, AL
14. Texas Southern University, Houston, TX
15. Tougaloo College, Tougaloo, MS
16. University of the District of Columbia, Washington, DC
17. Voorhees College, Denmark, SC
18. Wilberforce University, Wilberforce, OH
19. Xavier University, New Orleans, LA

As the lead institution, Central State University in Wilberforce, Ohio administers the project through a management team, led by the Principal Investigator, Dr. Laxley Rodney, who is supported by technical and administrative staff. A twenty-five member National Advisory Council provides advice to the Management Team, the office of Minority Health and to the Consortium.

On a Consortium-wide level, the management team administers the project across the nineteen institutions through four major components: prevention, research, evaluation and an information clearinghouse. At each of the nineteen institutions, a Family Life Center (FLC) has been established to coordinate the development and implementation of violence prevention programs at two levels: community-based and campus-based. The community-based programs are designed to serve high risk youth, many of whom live in public housing. The campus-based programs are

designed to develop leaders among college students to help reduce and prevent violence on campus and in the communities served by the Consortium institution.

## CHAPTER V

### RECOMMENDATIONS

#### RESEARCH NEEDS

While there has been some encouraging progress regarding the identification and treatment of child witnesses to violence, there is much more to be learned about and done for these silent victims. There is a desperate need for more research on the circumstances and extent of the exposure and on factors that mediate the impact of the exposure (Bell 217)7. There is a need to understand the prevalence of children's exposure to violence against family, friends, and strangers. More needs to be known about the impact of witnessing the victimization of close others as opposed to strangers. Very little is known about the impact of the characteristics of the perpetrator of the witnessed event (Benjamin 49). That is, we know little about how the impact on witnesses differs depending on whether they know or do not know the perpetrator; how the identity of the perpetrator and victim may affect interaction (the impact of a family member killing another family member versus killing a stranger); and how the circumstances surrounding the violence affect the extent or severity of traumatic reaction. Do children respond differently to expressive violence which is marked by anger and impassivity, and instrumental violence that is more calculated toward achieving some specific goal? Do they respond differently if the violence is perceived as provoked and justified (Bell 205)8.



Clearly, more research needs to be conducted on the impact of multiple, chronic exposure to violence and the interaction of violence exposure and other stressors in the lives of poor inner-city children. What affect will the recent incidents of bystanders being killed by stray bullets inside their apartments and houses have on the emotional health of children who can no longer count on their families and the four walls of their homes to shield them from the violence in the streets?

Clearly, all children who are exposed to violence do not sustain psychological damage. Who are these exceptions? What buffers them against the deleterious effects of violence and victimization? Age and developmental level appear to be important variables; one report on psychiatric patients found that those experiencing their initial trauma before age 10 were about three times more likely than patients experiencing it as teens too develop post-traumatic symptoms (Wilson 102)94. What about family characteristics and relationships and the child's personal values? Does the extended family buffer the child from or facilitate the child's working through the trauma by providing additional adult nurturing? Are middle-class children, with fewer stresses from poverty and with a greater sense of control over their environment, better able to cope with violence than are children from poorer backgrounds? Does a strong ethnic identity or belief in religious values buffer African-American children against the impact of victimization or co-victimization, as it apparently does for substance abuse? Relatedly, does a rural Southern background, with its attendant sense of family cohesion, traditionalism, and conservative

attitudes, buffer children from the impact of witnessing violence (Pynoos 455)95.

There is a need for continued research on the symptoms that occur as a result of trauma. Given the relationship between school phobia and anxiety disorders, are children with a history of school phobia at greater risk for PTSD from exposure to violence via victimization or witnessing? Does witnessing or being a victim of violence in childhood or adolescence increase the risk of attempted or successful suicide as the individual matures without having resolved the anxiety associated with earlier trauma (Pynoos 469-471)76.

Gender differences in responses to violence are a fascinating area of study. In a study of victimization of black psychiatric patients, we found that while young patients (age 17 and under) did not differ significantly in their degree of personal victimization, girls were five times more likely to report knowing of close others having been victimized (Pynoos 308)77. Replication and comparison with a medically ill sample found comparable results. In the latter study, both the mentally ill and medically ill male youngsters were less likely than girls in these groups to report that a relative or acquaintance had been murdered. These findings raise interesting questions about denial and other response of young black males to threatening events, and may have implications for their risk taking, occasionally nihilistic, behavior (Pynoos 334,335)74.

There is much to be done regarding the treatment of and research on children who have been exposed to violence. Physicians, mental health

workers, law enforcement officers, and educators should be aware of the circumstances and symptoms of PTSD and of the necessity for quick referrals and intervention. Data needs to be collected uniformly so that researchers can make cross-study comparisons. Collaboration among front-line service organizations, universities, and public institutions that can identify co-victims is essential to creating programs that effectively address this problem (Archer 79).

One of the first factors that needs to be addressed is the conceptual framework that is used to define violence. It was believed that community violence must be redefined as an American problem and not just a problem of the African American community. It then would be viewed as a public health issue which has reached epidemic proportions and which requires attention and amelioration. As long as violence is seen as the outcome from deviant community and "blaming the victim" theories that inform policy and program development, attempts to address the issue will be ineffective. In the reconceptualization of violence in African American communities it is important to recognize the role that oppression, unequal opportunities, discrimination, and poverty play in its development and perpetuation. Violence must be viewed as the reaction to the interaction between a dominant and minority culture that depends on the denigration of the African American group (Hale 59).

Therefore, the second critical factor in addressing violence is the need to re-educate and change the change agents. This means that public



health and mental health professionals, teachers, providers, parents, and adolescents must be trained in a way that allows them to more effectively understand and resolve issues of violence in African American communities. At the present time, these professionals and families do not have the requisite knowledge and skills to effectively intervene. And yet, the way a problem is defined determines its solution. To date, violence has been viewed primarily from a law and order perspective. A comprehensive understanding of violence is far more complex, however, involving many different institutions in American society and subject to the various attitudes, belief and values that Americans hold about African Americans (Asante 12,13).

This study recognized that there is a need for a comprehensive community violence policy and prevention strategy that defines community violence as a product of multiple causes and as a problem that requires multiple solutions. Another overriding issue is the current lack of culturally competent prevention efforts at the four levels of intervention: the consumer, the practitioner, the policy maker, and the administrator (Kunjufu 27)57.

Self-help and community empowerment emerge as critical ingredients in any successful prevention and intervention techniques. There must be a shift in thinking from doing to people to doing with people. It is also important that all prevention strategies and interventions include positive value orientations, such as those values that are incorporated in the Rites of Passage programs. Individual youth, families, and African

American communities need to adopt value orientations that enhance respect and esteem (Oliver12)67.

Oliver identified issues that states or local communities can attempt to develop or plan for violence prevention programs in African American communities.

1. States and local communities need to give priority to violence prevention for African American families and designate special funds without detracting from service funding. There is also a need to better connect prevention with remediation.
2. Effective violence prevention and reduction must involve many different groups and agencies. The state or local community must try to determine who the 'players' are in the system in order to facilitate a collaborative cross-system approach.
3. There should be one central state or local agency designated to coordinate the collaborative systems planning and service delivery. There are risks, however, in designating one agency as the lead: (a) other agencies may opt out at some point and time; and (b) a lead agency such as mental health carries the possibility of prematurely "labeling" children. These risks must be carefully addressed.
4. The efforts at the state level must support development at the local level with consideration for selecting a diverse group (i.e., allowing health, child welfare, mental health, juvenile justice, substance abuse, or another agency to take the lead based on the needs of each local community).
5. Services should be organized to facilitate delivery in the most normative

environment (e.g., home, school, and other community settings).

6. States should ensure that the issues of injury and violence are incorporated in formal planning processes conducted by mental health, education and other agencies.
7. Schools are central to the development of local service systems, and networks, and the identification of problematic behaviors.
8. There should be special focus on child welfare agencies and ways to involve them, given their responsibility to provide protection for abused and neglected children and given the relationship between domestic violence and community violence in African American communities.
9. Education and training at colleges and universities must be modified to provide different skills and knowledge based on an ideology which recognizes the needs of children and families who are victims of violence Oliver (21-27)66.

Neither mental health nor maternal and child health agencies have adequately addressed the issue of violence prevention and intervention in African American communities even when they provide services within these communities or serve large numbers of African Americans as their target populations. This thesis suggests that the effects of violence on children, and health agencies need to begin to review their practices and understand the critical impact that witnessing violent acts or living in high-violence communities has on the physical and psychological development of children. There have been only a few mental health programs that address inner-city violence and even fewer that offer specialized services. This is to



be contrasted with the involvement of mental health professionals in preventing trauma in children during the war in the Persian Gulf, as well as the mass of research that has been conducted to look at the impact of war on children in other countries (Wilson 24)94.

Although maternal and child health has been more aware of violence prevention and has funded several projects, these efforts have been relatively small and have not been accorded priority status in the agency. For the most part, these activities have not specifically addressed culturally competent approaches to intervene with African American communities and youth. Consequently, the groups looked at the roles and responsibilities of these agencies in addressing violence prevention and early interventions in African American communities.

The following are suggestions for specific next steps that a state or local community could take to prevent or effectively intervene in African American community violence:

1. One of the most important barriers to the development of effective activities and strategies in this area is the lack of data. NIMH and MCHB should sponsor and support interdisciplinary research on the impact and effect of violence on children and families in inner cities, as well as the relationships between violence, poverty, unemployment, and lack of economic opportunity. Funds also should be provided for development and evaluation of effective program models in addressing these issues.
2. Information and funding must be made more accessible to minority

researchers and program developers. Federal agencies and states should develop more specific strategies for identifying and encouraging research and program development by minority professionals.

3. Protocols and curricula should be developed within the institutional training programs supported by MCHB and NIMH so that practitioners are given knowledge and skills necessary to assist victims of violence.
4. Mental Health and maternal and child health staff should develop a contemporary statement of problems currently faced by agencies in serving African American populations with high exposure to community violence. This should be communicated to colleges and universities to influence the training of current students in human service disciplines.
5. The federal agencies should create an alternative learning structure (consortium, collaborative, or institute) which would : (a) integrate research and practice; (b) emphasize program design, policy development, and alternative approaches; and (c) provide a new learning base to train and retrain practitioners working with violence in the health and mental health arenas.
6. States should undertake activities that focus on increasing awareness and improving information sharing about the impact of violence on children and families. Such activities could include executive briefings, brown bag lunches within agencies and across agencies, discussions on public access television, or call-in radio shows.
7. NIHM and MCHB, as well as state agencies, need to develop more effective dissemination techniques and strategies for information that is

already known. Dissemination approaches need to be geared to the particular target audience that needs to hear the message. Agencies also should learn ways to better use the media to present their messages about the critical importance of violence prevention and impact of violence on children.

8. Government agencies should begin to work with the business community and other agencies that are affected by or have a stake in the reduction and prevention of violence.
9. The most effective programs seem to be those focused on prevention/early intervention addressing the child and family at risk, therefore, state budget priorities should reflect a priority given to prevention/early intervention strategies.
10. Mental health should be included in the planning for prevention programs. Some priority should be given to planning for early intervention services for children exposed to violence. Such children should be viewed as being at high risk for mental health problems.
11. Cost-effective programs that seem to address multiple solutions to the multiple problems at the root of violence are those that focus on conflict resolution and mediation skills. Therefore, states and local communities should establish programs that teach conflict resolution skills to children and adolescents ( grades K-12), parents, church leaders, and community organizers, and mediation skills. These programs should be developed in a manner that reflects culturally competent approaches and materials for the targeted population.



12. Health, mental health, and social services screening and intake forms should be amended to include and gather information on a child or family's exposure to or experience with violence. Oftentimes, this information is simply not addressed in the intake processes of these agencies.
13. Interagency, interdisciplinary training opportunities should be made available to state and local government staff and providers working in African American communities or with large numbers of African American clients so that they can become more aware, more knowledgeable, and more skillful at addressing and finding solutions to the impact of violence on children and families. Interagency and interdisciplinary training should be given so that all providers can begin to speak a common language and begin to develop a consensus on the risk factors that need to be addressed to prevent or reduce violence and its impact.
14. Funding of grants in mental health and maternal and child health should provide incentives for applicants to develop and acknowledge strong, powerful community ownership of the violence problem. Applicants should have to demonstrate total community involvement in the project and support from indigenous community agencies as well as agencies such as the Urban League, the United Council of Churches, and the United Way.
15. Federal and state agencies should fund more intervention programs developed by minority professionals or organizations. Organizations

within minority communities, such as historically black colleges, should be encouraged to participate in violence prevention and early intervention activities and strategies. Economic opportunities should be a key component of violence prevention and intervention strategies in African American communities.

16. States should examine the use of victims assistance funds and the redirection of funds from juvenile justice detention facilities for prevention activities(Oliver 28,29)66.

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