

COPING WITH VIOLENCE IN THE SCHOOLS:

*A Report of the 1993
Summer Conference
of the Center for
School Counseling
Practitioners*

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PREFACE AND ACKNOWLEDGMENTS

This report is assembled and condensed from a five-day conference, **COPING WITH VIOLENCE IN THE SCHOOLS**, held at the Harvard Graduate School of Education in July, 1993. The conference, designed by the **Center for School Counseling Practitioners**, was intended to be a practical experience. It brought together school counselors, teachers, social workers, nurses, principals, administrators and superintendents from school systems across the United States.

The conference was planned for experienced middle and high school practitioners. Keynote speakers and workshop presenters included a diverse group of professionals from the fields of education, mental health, psychology, public health, law enforcement, and community development. Some speakers addressed specific aspects of violence; others described particular programs currently in effect in urban communities. All presenters and participants shared a concern with issues of violence in our society and a commitment to develop effective interventions that will help young people cope constructively with some of the most difficult challenges confronting them.

Participants attended the conference from California, Illinois, Indiana, Louisiana, Massachusetts, North Carolina, New Hampshire, New Jersey, New York, Utah and Wisconsin. They came in teams so that they might return to their school systems with colleagues, empowered together to make changes and develop new programs. Workshops and deliberately diversified small discussion groups enabled people to share their learning, expertise, and dilemmas with practitioners from very different settings. By the week's end, teams had developed action plans that outlined objectives, anticipated obstacles, and identified resources they would need for the coming year. Now, halfway through the 1993-94 school year, contacts with teams indicate that participants are sharing new resources, initiating and strengthening a wide array of preventive programs in their systems.

This report was written in the same spirit of pragmatism that guided the conference. It is neither research summary nor carefully crafted theoretical statement. But it is meant to be a useful resource for anyone concerned with helping schools, families and children. It describes some current thinking about certain aspects of violence and specific interventions that were addressed during the conference. A generous grant from the Metropolitan Life Foundation has made it possible to produce and distribute this report in large numbers across the country. The following people have contributed to the writing and production of the report: Catherine Crisera, Andrea Forsyth, Faith Harvey, Francesca Pfrommer, Stephen A. Sherblom, Helen Strahinich, and Margot Welch. We are especially grateful to Virginia Millan, at Metropolitan Life, for her patience and encouragement.

The Center for School Counseling Practitioners is a new effort at the Harvard Graduate School of Education to create interdisciplinary professional development opportunities and resources for all who are providing school-based services in elementary and secondary, public and independent, urban, suburban, and rural schools. The conference was supported in part by the Geraldine R. Dodge Foundation, the Carlisle Foundation, the Nathaniel and Elizabeth P. Stevens Foundation, and the Greater Worcester Community Fund.

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A Report of the 1993 Summer Conference
Sponsored by the Center for School Counseling Practitioners
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CONTENTS

- 4 Introduction: Keynotes, Format of the Report, Limitations of the Report and the Conference**
- 7 Part One: How Do We Begin? An Overview**
- 10 Part Two: Trauma and Resilience**
- 14 Part Three: Six Kinds of Violence: Definitions, Consequences, and Interventions**
 - 14 Domestic Violence**
 - 18 Dating Violence**
 - 19 Sexual Harassment in School**
 - 22 Childhood Sexual Abuse**
 - 23 Family Alcoholism**
 - 26 Television Violence**
- 27 Part Four: Conclusion: What Next?**
- 29 Appendix A: Programs and Protocols: A Sampler**
- 39 Appendix B: Conference Presenters**
- 41 Appendix C: For Further Reading**
- 44 Appendix D: Conference Pamphlets and Resources**

INTRODUCTION

Violence is a problem that touches every city, state, and region and cuts across race, religion, class, and gender.

Young people are particularly vulnerable to its effects. At the same time, they are resilient and reachable. Thus, school counselors, psychologists, nurses, social workers, teachers, principals, administrators, and superintendents are in important positions to create preventive programs and intervene before the effects of violence become entrenched. This monograph is addressed to that group of practitioners and administrators who share a common interest in helping children, families, potential victims, perpetrators, bystanders, and victims of violence. It is dedicated to the idea that school systems and community-based programs for young people and families can and should play an active role in turning the tide of violence in America.

Keynotes

The challenge that we are all facing is enormous. But the bigger the problem, the more far-reaching can be our efforts to respond. Keynote speakers opened our conference about violence with passion and hope. They spoke of new mandates, paradigms, and practices which are evolving as researchers from many fields -- practitioners, educators and policymakers -- come together across disciplines to create innovative responses to the challenge of violence. We are experiencing a crisis of public health and public safety. It touches us all.

There are no easy answers. As the conference began, Charles Willie, who has studied dominant and subdominant groups for years, reminded us that it is futile to try to diagnose social problems without carefully studying the context in which the problems exist. When we talk about intervening we must listen very closely to stories in the field, respect and build on local interpretations, honor the capacity of people to know how best to

approach problems in their own communities. We must all find new ways to work together. Like Willie, Stephen Buka emphasized the importance of community and group factors as critical variables contributing to the development and prevention of violence.

At least four variables contribute to risk — including community organization, social networks and school climate, family characteristics, and individual factors. Buka and his colleagues call upon us all to make bold new commitments:

- 1) to continue building new alliances between human service providers and researchers;
- 2) to amass a knowledge base that will result in long-term solutions;
- 3) to reject simplistic, unsupported explanations, remembering that schools and families function within larger, complex environments;
- 4) to move beyond race, ethnic and class distinctions for a more refined understanding of neighborhoods.
(Buka, 1993 conference)

On the first day of our conference, Buka, Willie, Ron Slaby, Niobe Way and Elizabeth Sparks, each in a somewhat different manner, articulated the need for a new interdisciplinary language of inquiry. Existing research about violence is narrow, hide-bound by the rigid conventions of separate disciplines and by lenses which tend to focus on one limited segment of the lifespan — not on the continuum which begins to explain how, for example, the beaten child — as victim and witness — if s/he survives, can become batterer, addict, prison felon.

In order to devise solutions to violence we must create a new, inclusive discipline — “interdisciplinary at its core,” as Slaby says — one which forges from the specific wisdom of social and behavioral sciences, criminal justice, public health, and education, together with the craft knowledge of practitioners, new tools that help us design and apply new solutions.

Adolescents are living out our afflictions. Even as it is becoming clear that all kinds of new connections must be made by researchers and practitioners, adolescents are showing us the consequences of social disconnection. In Way's data, for example, young people talk about their loneliness, loss, and fears of attachments. We must all reconsider old assumptions about adolescent "separation," long held to be essential to the successful navigation of adolescence. Elizabeth Sparks heralds the need to push beyond existing theories of morality, which don't encompass the kinds of dilemmas that consume war zone youngsters who feel they belong in neighborhoods and families where certain kinds of "violent actions" have, at times, been necessary to stay alive. Teens today want attention from and exchange with adults. They are asking for it in dramatic ways. If we do not listen, if we do not let them talk, cross generational hope is silenced.

Format of the Report

To provide some conceptual coherence to the conference proceedings, the first two parts of the report pull together theoretical assumptions and empirical data underlying many of the presentations. **Part One, How do we begin? An Overview**, describes some general considerations explored at the conference:

- What do different kinds of violence have in common?
- What social attitudes, myths, and misconceptions nurture cultural violence?

This part of the document also points to the need for acknowledging different attitudes or "habits of thought" about violence, for teaching young people skills and approaches to get what they want without resorting to violence, and for finding concrete and constructive ways to show young people that violence will not be condoned.

Part Two describes the consequences of **trauma** for victims of violence and considers how violence

becomes self-perpetuating. Exposure to violence may influence a child's ability to play or an adolescent's capacity to learn; it may lead to a range of psychological problems — for example, hyper-vigilance, emotional numbness, and aggressive behaviors. Many social problems — teenage prostitution, drug and alcohol abuse, and gang membership, to name a few — have their roots in traumatic experiences with violence. This part of the monograph concludes with a brief consideration of **resilience**.

Part Three describes **six ways that violence is affecting young people** today. The first section reports about **domestic violence**, now a major public health issue with 1 in 14 marriages characterized by repeated violence (Dutton, 1988). The second section deals with **dating violence**, to which adolescents are particularly vulnerable. Section three focuses on **sexual harassment in school**, a problem that is often ignored, denied, and under-reported by school officials. Section four describes the implications of **childhood sexual abuse**, an issue now receiving widespread publicity because of its profound, life-long consequences for victims. The fifth section considers **family alcoholism**, a problem often linked to other forms of abuse and violence. Finally, a brief section summarizes a conference presentation about **television violence**. Each of these six sections attempts to organize conference ideas about (1) the scope of the problem, (2) the consequences of the problem, and (3) interventions to prevent and correct the problem.

After **Part Four**, a brief **Conclusion: What do we do Next?, Appendix A** describes sixteen programs and curricula aimed at preventing, addressing, or correcting different forms of violence. There are a great many interesting and effective violence prevention programs in communities across the United States at the present time. Readers are particularly advised to contact the Education Development Center (Newton, Mass.) for a current list of interesting vio-

lence prevention and intervention projects. The brief directory included here is only a sampler of possibilities. It is hoped that the directory and bibliography, considered together, can help practitioners and administrators who want to establish new programs or complement existing programs.

Limitations of the Report and the Conference

This report is in no way exhaustive. Not a research summary, its intent is to summarize practical information presented at the conference by many people. It is assembled for educators and community workers who are interested in knowing something about how violence is affecting young people and in helping children and their families cope with the challenge. Because it is assumed that many people will read only certain sections of the document, some information is repeated.

The conference was not designed to consider all aspects of violence. In fact, certain complex and urgent issues—the management of weapons in schools, gangs, and violence directed against the self (eating disorders, addictions, depression, and suicidal behaviors, e.g.) were not discussed in detail at the brief conference. It is heartening to know that since the conference a great deal of public attention has been focused on school violence. The difficult problem of weapons, for example, has prompted more school administrators than ever to invest in metal detectors to increase efforts to make schools “secure.” But most youngsters carry weapons in order to feel they can make the trip between home and school safely. According to a recently released survey conducted by the Justice Department in 1991, about 45% of the 758 students interviewed at 10 inner city public high schools said they had been threatened with a gun or had been shot at on the way to or from school during the previous few years. (Boston Globe, 12/13/93).

While everyone agrees that schools must be safe so all children can learn,

mandatory suspension or expulsion for carrying weapons is also problematic. It may put the youngster back in the community where he or she feels most at risk. Alternative school placements for students charged with weapons offenses are temporary solutions which must be carefully designed and staffed by people who work closely with the “regular” school personnel. The meaning of the weapons charge for each child must be carefully understood and thoughtful interventions designed to ease the student back into an appropriate and safe educational program.

“Fighting a War on Weapons,” the name of a recent article in Education Week, suggests that a military approach can be taken to solve an extremely complex problem. But it is obvious that the old language of arming to secure has terrible limitations. “Crisis intervention, crime prevention, and conflict resolution classes must be combined to address this crisis, school leaders say.” (Education Week, 12/8/93) Together we need to craft new ways to give our children real “security.” In spite of its limitations, it is our hope that this report can stimulate more detailed considerations of these urgent matters and support useful responses to violence by all those interested in schools, social policy, public health, and the well-being of communities everywhere.

According to calculations made from a recent FBI report (unpublished FBI Uniform Crime Reporting data, 1989), one's life-time odds of dying by interpersonal violence are as follows:

- 1 in 496 white females
- 1 in 205 white males
- 1 in 117 black females
- 1 in 27 black males

These data exclude violent deaths by suicide, by war, or by acts of law enforcement. (Slaby, 1993 conference)

PART ONE:

HOW DO WE BEGIN--AN OVERVIEW

Let's begin with the general working definition of violence which seems to have been assumed by conference presenters: **violence is a deliberate and hurtful or oppressive interaction between people.**

Though broad, this definition recognizes some common elements in the different forms of violence discussed at the conference. Domestic violence, sexual abuse, sexual harassment, dating violence, peer violence, and bigotry are all deliberate and hurtful. While the violence and neglect inherent in alcohol- and drug-dependent homes may not always be deliberate, addictions are a kind of abuse against the self which often has painful consequences for the victims.

The scars of violence endure for years, even generations. Exposure to violence hinders the development of self-esteem, the capacity to trust, the ability to feel happy, safe, and loved, and the skills to learn. It distorts perceptions of others, stunting social growth. Victims of violence may be prone to emotional isolation, uncontrolled anger, and inadequate impulse control. They are likely to have diminished capacities for empathy, intimacy, and fulfilling relationships. The consequences and costs of violence in our society are enormous for all of us: young victims are less likely to become productive citizens and apt to continue cycles of violent behavior as perpetrators themselves.

A cluster of American myths, attitudes, and beliefs reinforce violent behavior in our society. Many common, relatively "mild" forms of violent behavior are often excused as normal, even unavoidable, passages of childhood. Often, for example, adults overlook or fail to criticize bullying, fighting, intimidation, harassment, and name-calling. People frequently do

not speak up when they hear about extreme forms of punishment or discipline meted out in the "privacy" of home or classroom. It is more common for adults to excuse explosive and uncontrolled anger as "normal expressions of emotion" than to label them appropriately as violent behavior and take thoughtful steps to intervene and correct for these patterns.

To reduce the violence in our society we must acknowledge and question the social myths which perpetuate it.

Myth #1: Violence works. Seeing violence on television, in movies, and at home gives young people the impression that violence is an accepted and effective way to achieve one's goals. The myth that "violence works" may sometimes be reinforced by national militaristic traditions — especially when international conflicts are deemed best handled through violent armed attack that seeks to achieve its goals at the cost of innocent victims.

Myth #2: Violent acts go unpunished. Observing the inconsistencies in the juvenile justice system conveys a misguided message that young people often get away with violence because many adults do not find it offensive, do not take it seriously, or cannot control and/or correct it.

Myth #3: Relationships are normally sexist and imbalanced. Exposure to family violence, in which women are generally the victims, reinforces social inequalities and creates the impression that unequal relationships—in which one partner controls and manipulates the other—are the norm.

Myth #4: Violence relieves stress. The commonly held notion that violence relieves stress in the short-run and is an acceptable way to

express tension overlooks the fact that it always has harmful, long-term consequences. This myth, like others, helps to perpetuate the first myth—that violence works.

Myth #5: Victims bring trouble on themselves. This is perhaps the most insidious of myths about violence, because it serves to shame the victim into silence and passivity at the same time that it justifies the violent behavior.

Myth #6: Success is conquest. Success in our culture is usually predicated on one person's power over another. While there are ways to reach goals that depend on collaborative effort and sharing rewards, the cooperative process is much less celebrated in our society than the myth of the extraordinary individual who achieves success at the expense of someone else.

Cultural definitions of masculinity also reinforce myths about violence. A cluster of beliefs, not examined regularly, puts pressure on boys and girls, as they grow:

- Real men have to fight in order to get respect and esteem from others.
- Real men aren't emotional or nurturing.
- Real men don't care for or raise children.
- Real men can and should dominate women.
- Real men are by nature physically violent.
- Real men cannot be successful unless they always win, in sports and in life, at someone else's expense.

Many people believe that violence in the media contributes to the violence in our society. For one thing, television and movies frequently romanticize hoodlums, mobsters, and renegade cops, celebrating their violent behavior and reinforcing American myths and misconceptions about violence. Moreover, by regularly exposing young audiences to fighting, shooting, murder, and mayhem, the media actually teach children how to behave violently.

Where do we start? To begin to control violence which is now exerting such a strong influence on us all, one way or another, we must first acknowledge our own personal assumptions that contribute to violence in our culture. Without such an acknowledgment, people cannot begin to understand or change their behaviors—as individuals, as small groups, or as a society. It is not easy to look within ourselves or to believe we can make a difference.

But once we can acknowledge how we let our private attitudes and fears define us, we must begin to teach and learn skills that promote non-violent conflict resolution, thoughtful management of frustration and anger, and increased empathy for and connection with other people.

The **"Habits of Thought" model**, articulated by Ron Slaby, is an approach for intervening effectively with perpetrators and victims. Slaby's scheme helps us all understand how patterns of response to social stimuli can perpetuate cycles of violence. Experience teaches people social attitudes and responses which predispose them toward becoming perpetrators, victims, or bystanders. Empirical evidence suggests that an offender's myths, misconceptions, and attitudes toward violence—in other words, his "habits of thought"—contribute as much toward his violent behavior as other factors that are also found to be critical: involvement with firearms, alcohol or drugs; social inequality; or exposure to violence, for example.

According to Slaby, thinking is mediated by three cognitive factors: skills in problem-solving, beliefs, and cognitive styles. He has found that, compared with other adolescents, the social problem-solving skills of violent juvenile offenders are less developed, their beliefs less complicated, and their style less modulated—more impulsive. They are less able to generate alternative solutions and to anticipate a range of consequences to their actions. Moreover, their strong endorsement of violence as a belief limits the possibility that they will be able to respond to provocation in any way other than

Myths that professionals use to avoid coping with violence in their work:

To murder is human nature. *Compared with other developed nations, the US is the run-away leader in homicides of male adolescents and young adults. (Prothrow-Stith, 1992)*

Nobody will listen to me. *Experience indicates that people, young and old, want to talk about their fears and frustrations, be heard, and help others.*

Kids have to know how to "handle themselves" on the streets. *The street-fighting man is more vulnerable to attack than one who knows how to avoid dangers, anticipate consequences, and find alternatives to conflict. (Stringham, 1993 conference)*

as perpetrator or victim. It has now been found that programs which focus on the offender's way of thinking, rather than his/her behaviors or experiences, help these people to gain insight, increase their options, and learn new behaviors. With awareness, teaching and training, familiar response patterns can be reframed to create new behaviors.

Schools can help young people acknowledge and change their attitudes toward violence. Educators can give young people opportunities to think critically about violence in society and in the media. They can talk with young people about the widespread, powerful myths that reinforce violence, and explore the way these myths work. Schools can provide young people with constructive activities in their "free time," with opportunities for mastery and companionship. Athletic activities and community service programs are good alternatives to fighting and gangs.

Schools can train young people to understand and think about risk factors, like alcohol, drugs, and firearms, that increase the likelihood of violence. They can teach young people to anticipate and avoid potentially violent situations and to build a variety of social supports and relationships for themselves that will diminish the likelihood of violent confrontations.

Schools can teach specific skills that give young people a broad repertoire of social competencies. For example, the psycho-social processes underlying successful conflict resolution, cooperative problem-solving, mediation, and negotiation are predicated on empathy and understanding, not on aggression and fear. Children can be taught to interact in ways that enable them to meet their interpersonal needs constructively, without resorting to violence.

Finally, in order to change contemporary attitudes about violence, schools and community organizations must find concrete ways to demonstrate that they will not condone or tolerate any form of it. Students must feel free and

safe to report any violent behavior—including bullying, name-calling, or fighting—and must believe that adults will intervene promptly. School policies should be in place that prevent small incidents from escalating into tragedies and that protect everyone in the school community. Schools and community organizations can and should develop collaborative efforts to engage young people, parents, neighborhood groups, public and private agencies in working together for the health and safety of all.

School can teach young people to think about their attitudes and behaviours, to understand risk factors, and to learn cooperative social problem-solving skills. And schools can implement policies which promote safety and respect for all.

PART TWO:

TRAUMA AND RESILIENCE

At the *Coping with Violence in the Schools* conference, the terminology of trauma was used frequently as a way to discuss various forms of violence and their impact on children. Given that "trauma" is defined by Webster to mean "injury, wound, or shock," it follows that experiences with violence—in homes, schools, or communities—might be thought of as "traumatic." But 'trauma' has been used in many ways during our century. The degree to which psychological difficulties can be traced to specific trauma is something which psychologists and psychiatrists continue to debate. "Trauma" is often used as a relative concept because an event that is

"traumatic" for one person may be less damaging for another.

Today, the strong interest in post-traumatic stress disorder (PTSD) reflects growing understanding of the kinds of difficulties experienced by survivors of natural catastrophes or wars who suffer from chronic problems as a result of earlier shocks. Indeed, victims of violence in its different forms tend to exhibit a range of disabling reactions that may be more or less severe, depending on the duration and intensity of the precipitating shock and the age and individual strengths of the survivor. Greater knowledge about the mechanisms whereby people continue to experience "shock effects" — constriction,

The job of preschoolers is to be able to play. And what we're learning about violence is that, very early on, it destroys the capacity to play. You see children who are unable to elaborate themes... They can't relax enough in order to engage in pretend play, or their pretend play is anxious, driven and consuming. Very often it is violent in nature. What we're learning about children who are exposed to violence early on is that it disrupts their ability to integrate their senses of themselves, their senses of other persons. It disrupts their attachment capacities. It disrupts their decision-making capacities. Children who are exposed to violence have a much more difficult time than others in generalizing learning from one setting to another setting. They begin to live compartmentalized lives... They have difficulty not only generalizing academic skills—which in some cases makes them look learning disabled—but they also have difficulty learning social skills... Children exposed to violence before the age of five or six have a greater tendency to perceive threat in ambiguous circumstances—and to respond as though that threat was actually there. Highly anxious and hypervigilant, under conditions of ambiguity, they perceive threat. And children who are exposed to violence routinely have poor models for interpersonal skills. Conflict resolution? With no examples at home, they haven't learned to develop the perspective of other people. (Kinscherff, 1993 conference)

numbing, anxiety, tension, hypervigilance, for example—is helping us to understand how children who are exposed to early violence process and adapt to these influences.

Consequences of Trauma for Learning and Socialization

To develop into healthy adults with a sense of social and emotional well-being, children require loving, predictable caretakers and safe, supportive environments. Nurtured and guided, children develop healthy capacities for learning, for self-esteem, and for social relationships. However, just as blows to the head damage the central nervous system in very specific ways, so chronic exposure to violence undermines children's potential for growth.

Trauma may have various consequences for children's learning. Thinking may become compartmentalized. Unable to carry over what is learned from one situation to another, children may have difficulties generalizing, abstracting, making decisions. Some children who look learning disabled and are labeled with "attention deficit disorder" or "hyperactivity" may be overanxious and hypervigilant because of personal experiences with violence.

Young victims of violence tend to misunderstand how others perceive them. In ambiguous situations they may sense danger and threat where there is none. As adolescents they may "overreact" to situations that appear non-threatening to bystanders. From their point of view, however, they are only "playing it safe." The fact that traumatized young people often have poor role models and little experience with empathic adults can interfere with the development of age-appropriate interpersonal skills and a healthy capacity for attachment and intimacy. Young people who have lived with chronic violence may seem to have trouble appreciating how others suffer or even feel joy—particularly if the "others" are outside their tight circle of affiliation.

The play of traumatized young children can be driven, anxious,

consuming, and even violent, rather than easy-going, light, and carefree like the play of healthier children. With limited social skills, as they grow young victims may rely upon peer groups or gangs for their sense of connection, belonging, and safety. Though some believe that gang behaviors indicate a lack of value for human life, it can also be argued that gang members fiercely value the small circle of lives with which they are affiliated. Their interpersonal priorities are defensive: "Who's watching my back?" "Who's back am I watching?" Gang members, many themselves victims of violence, take a rigid stand: if you break the rules or don't fit into the clan, tribe, family, or gang, you're the enemy. But given many of their personal experiences with violence, it is easy to understand that they are trying to stay safe in a violent world.

Emotional Consequences of Trauma

Prolonged exposure to violence can foster a host of psychological problems. The more direct and abusive the assaults, the more intense are the reactions.

Hypervigilance and anxiety, characterized by the constant scanning of the environment for potential threat, an exaggerated startle response, and sleep disturbances, for example, may represent an individual's way of coping with unpredictable and violent environments. Faced with what others might experience as a mild disagreement, a hypervigilant, over-anxious youth may become flooded by emotions and overreact to supposed danger, becoming extremely despondent or enraged.

Numbness is another reaction to trauma. One hears some youth today described as appearing like "the lights are on but no one's home." However, such withdrawn behavior can enable the traumatized youngster to withdraw from violence and unpredictability. Emotional numbness has been observed in people exposed to brutal war combat. In both war and domestic "combat," the victims suffer shocks

Long-Term Ramifications of Trauma

Research, funded by the Ackerman Foundation, has shown that 63% of 18- to 20-year-old males in prison for murder have killed their mother's batterer. An Oregon study found that 68% of Oregon's adjudicated juvenile offenders come from violent homes. A Massachusetts Department of Youth Services study has found that children exposed to domestic violence are at high risk for delinquent behavior, even if they are not the direct victims of violence. According to this study, children from violent homes are:

- six times more likely to commit suicide;
- twenty-four times more likely to commit a sexual offense;
- 50% more likely to abuse drugs and alcohol;
- and 74% more likely to commit acts of violence.

Most adolescent run-aways, teen prostitutes, and drug- and alcohol-dependent youths have histories of experiences with violence.

which cause them to shut down their feelings in intensely dehumanizing situations.

Over-control enables children to feel they have a tight grip on situations and emotions. But working hard to maintain an illusion of personal control can be a very brittle defense. People who try to maintain rigid control may blow up suddenly in "volcanic" explosions which cannot always be predicted, making these people a threat to themselves and to others.

Constant crisis is another strategy that victims of violence use to block out their feelings so they won't have to contemplate their particular predicament. Victimized youth are particularly prone to extreme risk-taking behaviors. They may pursue dangerous thrills, promiscuous sex, frequent fighting, drugs, and alcohol. Boys may engage in frequent aggressive behaviors, looking for fights as a way to "blow off" tension. Some youths who engage in self-mutilation—cutting, burning, or tattooing themselves—may be seeking to inflict pain upon themselves in order to gain control over their reactions to pain—an experience quite different from what happens when pain is inflicted upon them by others.

Developing a personal identification with the perpetrator or with the victim of violence is another response to trauma. One young person may model himself or herself

after the perpetrator of violence in order to regain a personal sense of mastery and control. Another young person may try to gain control by actively choosing to be the victim rather than the perpetrator. Some children have acknowledged that by selecting the role of victim they feel they can control at least the timing or intensity of the attack, even if they cannot stop the violence.

Resilience

As stated, the effects of trauma vary greatly. The duration and intensity of violence, in combination with the child's temperament, developmental stage, age, cognitive and emotional strengths and the presence of supportive relationships in the child's life all have much to do with adaptation. Many children develop great strengths, despite their exposure to violence. Evolving studies indicate that resilience is fostered when

- children receive adequate care during the first year of life;
- parents are gainfully employed and/or able to care for the family;
- parents are not divorced before children reach adolescence;
- children are physically healthy;
- children are born with an active, rather than passive, temperament;
- children get along with their siblings;
- mothers do not become pregnant during the first two years of the child's life;

There is a shifting balance between stressful life events which heighten children's vulnerability and the protective factors in their lives which enhance their resilience. Resilient children

- tend to have temperamental characteristics that elicit positive responses from family members as well as strangers;
- establish a close bond with at least one caregiver from whom they received lots of attention during the first year of life;
- find a great deal of emotional support outside of their immediate family.

Significant faith and optimism that things will work out can be sustained when children encounter people who give meaning to their lives and a reason for commitment and caring. (Werner, 1984)

- children are bright, attractive, and engaging. (Brennan, 1993 conference)

It is clear that a safe environment and the presence of at least one stable, supportive relationship fosters a child's sense of being cared for and valued. Activities which give children experiences with their own efficacy promote self-esteem and self-confidence. Schools which support critical inquiry and the open expression of discrepant viewpoints help young people develop a range of cognitive and social skills. But attachments and connections to reliable adults who truly care for children—relatives, neighbors, teachers, counselors, clergymen, community workers, for example—can do a great deal to promote recovery from trauma and foster resilience.

"I want to see the little kids on my block grow up in a good way, and not in a bad way. On the block today, the only chance you're go'na get is the bad way. But maybe I can get through college and come back and make the bad road better. That's my dream, anyway."
("Ricardo," Goodwillie, 1993)

PART THREE: SIX KINDS OF VIOLENCE: DEFINITIONS, CONSEQUENCES, AND INTERVENTIONS

This part of the monograph describes six ways violence is affecting young people today: **domestic violence, dating violence, sexual harassment, childhood sexual abuse, family alcoholism, and television violence.** It summarizes specific ideas and information detailed at the conference about the scope and consequences of these problems and presents some ideas, as reported, about interventions.

DOMESTIC VIOLENCE

Definition and Scope

Domestic violence is family violence: it takes place among married and unmarried couples and the children of their households. The typical victims of domestic violence are women and/or children.

In the United States a woman is more likely to be assaulted, injured, raped or murdered by a male partner than by any other type of attacker. According to the National Woman Abuse Prevention Project, approximately 3 to 4 million women are beaten each year and more than 1,000—an estimated 4 per day—are murdered by their husbands or partners....a rape is committed every 6 minutes. At current rates, 1 woman in 4 will be sexually assaulted during her lifetime. (Robbin, 1992)

For young people who become victims and perpetrators of violence, troubles often begin at home. Many of the warning signs, consequences, and

interventions which are relevant for children living with domestic violence pertain to other forms of violence as well, including dating violence, sexual abuse, and drug and alcohol abuse.

Domestic violence encompasses a wide range of behaviors, including degradation, threats, manipulation, and physically hurtful behaviors. On the less physical end of the continuum, domestic violence may be characterized by fault-finding, ridicule, name-calling, dismissive behaviors, and humiliation. In a more troubled household, the dominant partner (who is often drinking excessively or abusing drugs) may harass the submissive partner with telephone calls, threaten to take away her children, try to isolate her from friends, and attempt to control her thoughts and movements. Even in a violent household, the victim sometimes reports that the emotional abuse is worse than the physical abuse. An extremely violent household is dangerous for everyone in the family. Here life can be characterized by physical threats to and abuse of children, stalking, battering, rape, forced pregnancy, shooting, stabbing, or choking.

Unfortunately, as the daily news catalog of household murders and assaults testifies, domestic violence is common in the United States. The Center for Disease Control reports that women are nine times more likely to be victims in their own homes, by someone they know, than on the street by a stranger. In Massachusetts alone, 5,000 women leave violent homes each year. Domestic violence is a major public health hazard that cuts across age, race, and class. More

women seek emergency medical services for injuries caused by a violent partner than for anonymous muggings, rapes, and auto accidents combined. But according to some estimates, only 10% of domestic violence cases that end up in an emergency room are reported as such.

While women are the primary targets of domestic violence, children are often direct victims too. Conference presenters described research showing that as many as 50% of battering partners eventually batter their children, too. In fact, attempts by victims to escape their batterer are often precipitated by violent acts against their children. A Boston Children's Hospital study found that in 70% of the cases reported as child abuse, the mother of the abused child was also being battered. Moreover, a March of Dimes study has shown that more babies are born with birth defects caused by assaults on the mother during pregnancy than by all diseases that typically precipitate such defects combined. (Kinscherff, 1993 conference)

Consequences

The costs of domestic violence are extensive and profound. Victims suffer the loss of physical safety, self-esteem, independence, and peace of mind. Their lives are deprived of the most

fundamental kinds of predictability: neither their jobs, their homes, nor the custody of their children is secure.

From the moment it begins, physical abuse undermines the foundations of a healthy relationship—trust, mutuality, and the capacity to care and meet another's needs. Whatever form the initial assault takes—be it a slap, a kick, a punch, or an armed attack—it begins a cycle of behaviors which reinforces the batterer's power over his victim. The batterer's control and the victim's fear and shame both perpetuate the battering relationship: many women live with domestic violence for years, afraid for their safety and for the safety of their children but unable, in their fear, to alert outsiders to their troubles.

Many children who are not physically attacked themselves suffer indirectly from stress, sadness, and guilt, all engendered through their exposure to violence at home. A number of factors contribute to the range and type of symptoms which a child exposed to violence may develop: the child's age and developmental stage when the violence begins; the amount and duration of the violence; the child's unique temperamental and cognitive predispositions; and the role of family, community, and school supports in the child's life.

Like children who are abused and battered, youngsters who are exposed

Characteristics of the Battering Relationship

Objectification: Often the batterer doesn't see the victim as a person with needs and rights of her own. Instead, the batterer dehumanizes the victim, viewing her as an "object" to be used as he sees fit.

Entitlement: Often the batterer treats the victim's time, energy, attention, and body as if it were his own, experiencing such "ownership" as a natural feature of his intimate relationship with her.

Control: Often the batterer believes that his control over a less powerful victim is his inherent right. Battering allows him to dominate his partner's thoughts, beliefs, behaviors, movements, and relationships with other people. One consequence is that the submissive partner becomes isolated from others and dependent on the dominant partner.

to domestic violence can exhibit symptoms akin to those suffering from post-traumatic stress disorder. School practitioners should be alert to a wide range of problematic behaviors suggesting that a child is living with violence at home. Young children may exhibit anxiety, separation difficulties, sleep disorders, enuresis, headaches, and stomach aches, for example. Teenagers living with direct or indirect violence may have other kinds of reactions. Adolescent boys and girls are more likely to run away from home. Older girls are vulnerable to rape and prostitution, and boys may try to attack or kill their mother's batterer.

At any age young people living in violent homes may display violent or self-destructive behavior. Young children may engage in head-banging; older youths may mutilate, cut, burn, or tattoo themselves. Teens are at high risk for suicide attempts, truancy, academic problems, eating disorders, juvenile delinquency, peer fighting, and substance abuse.

Sometimes young people who have witnessed violence but not been battered themselves will have less conspicuous, more "internalized" kinds of difficulties: social withdrawal, shame, social disorientation, and emotional distance, for example. These symptoms may reflect fear or grief about parental conflict, family break-up, changing schools, or losing friends. Low self-esteem follows naturally from exposure to battering and, of course, increases the difficulty of making friends and of reaching out appropriately to peers.

Interventions

Training: Training school personnel and community agency workers about domestic violence is an important first step in addressing the problem. Teachers and human service workers, who may find it painful or uncomfortable to think about domestic violence because of personal experiences, are nonetheless in a strong position to identify and intervene on behalf of children and bat-

tered family members. Inservice training is essential. It helps people to understand and recognize the symptoms and behaviors associated with the trauma of domestic violence. Careful observation of children's play—drawings, fantasies, and behavior—may reveal information about violence in their homes.

Accurate identification and effective interventions with victims of domestic violence require careful training and experience. Failing to understand what is happening or, on the other hand, jumping to inaccurate conclusions about family violence can put children in dangerous and damaging situations. Identifying a batterer is often not easy: the stereotype of an obviously disordered, negativistic, narcissistic, or violent personality does not hold true for many batterers. Men who become batterers represent a wide spectrum of personalities, including some who have been described as "easy going." They all tend to be socially isolated and to have low self-esteem.

Schools have different policies about reporting suspected abuse. It is essential that everyone know these policies and that staff be able to consult with administrators and/or specialists if they suspect that a child is living in a dangerous situation.

Teaching: Schools can offer courses, seminars, or special programs that give students and staff opportunities to discuss and learn about domestic violence. Affording adolescents the chance to learn and talk about healthy, mutual relationships will help them choose their own partners carefully and avoid impulsive decisions. Young people and adults alike need to reflect about popular attitudes and beliefs that reinforce the culture of battering so they can change behaviors and expectations. Some of the current problematic attitudes about domestic violence that students and staff can benefit from discussing are:

- *Violence is a private/family matter.* This idea is often used to justify ignoring black eyes and bruises.

Peter Stringham, a pediatrician who has worked in urban settings for years, notes that three critical factors—cold, inconsistent parenting; the experience of seeing one's mother being beaten at home; and the lack of opportunities for boys especially to use their physical energy as they grow—contribute to the development of the violent person.

- *If the situation were seriously abusive, the victim would leave.* Financial, emotional, and physical risks involved in leaving a battering partner are often far greater than outsiders realize; dangers may actually increase when victims try to leave. Even restraining orders, one of the few formal mechanisms that exist through the courts for protection, are said by some to increase the likelihood and intensity of continued battering.
- *If the victim behaved differently, the batterer would stop.* Everyone must learn the basic premise: victims are not responsible for violence that comes their way.

In addition to addressing and discussing these central issues, schools and community organizations can help in less direct ways to combat the development of stereotypical thinking that contributes to domestic violence. For example, they can train and engage men in active teaching about domestic violence so that the subject is not perceived as a "woman's issue." The presence of strong, nurturing male role models in classrooms and community organizations will do a great deal to give boys and girls

fuller and fairer expectations about relationships with men. And schools must offer young people many structured and unstructured opportunities for boosting self-esteem: the better one feels about oneself, the more likely it is that one will expect and find healthy, mutually respectful, safe, and supportive relationships. Finally, teachers who encourage fairness, negotiation, respect, support, honesty, accountability, and shared responsibility in the classroom are creating climates in which children can come to understand, trust, and value themselves and others.

Providing special services to children: Children who have been exposed to violence in their homes must feel it is safe to talk about their experiences. Often they need help understanding what is happening and recognizing the limits of their own personal responsibility for what goes on at home. Brainstorming sessions with counselors or in groups give young people a way to construct strategies for protection: they need to know, concretely, where they can go and whom they can call for help when they are afraid for themselves or other family members. Group treatment can give these young people a valuable sense of hope and companionship.

Coping Strategies to Help Children who Witness Domestic Violence

1. Rebuild and reaffirm stable, predictable patterns of family functioning and routine.
2. Develop an active problem-solving approach to her/his life situation.
3. Talk about the experiences, explore the emotional impact, and gain insight into the problem.
4. Reaffirm existing social supports—peer groups, school, clubs, work, sports; establish new support systems where identification with peers with similar histories can be made.
5. Reaffirm the future. (Bradley, Tieszen-Gary, 1993 Conference)

When young people can talk with peers in similar situations they are able to identify and discuss their feelings and to feel less alone with their experiences. Children from violent homes sometimes have impaired social skills and benefit greatly from feedback about themselves, a natural feature of well facilitated group process.

Teaching young people problem-solving techniques is another way to help them learn to cope constructively with their difficult situations, to become active agents, and to gain a sense of control over their lives. Children who come from violent families are more likely than others to become batterers or victims themselves. Thus these are youngsters who will particularly benefit from learning how to use a variety of coping mechanisms — among others, the recognition and identification of feelings, the appropriate expression of anger, and some specific relaxation techniques to help them manage impulsive tendencies.

Providing services to women:

Unfortunately, there are not enough coordinated services to support and protect victims of domestic violence. There is some evidence that physical separation, while necessary, does not always end the patterns of violence between batterers and their victims. It is a challenge for community organizations to help battered women consider their options, find their way to safe havens, and recognize and reinforce their personal strengths. But such efforts, when made, have the additional payoff of fostering responsive parenting. Support groups in shelters can empower battered women, help them to understand that they are not to blame for the violence that has hurt them, and make it easier for them to get on with their lives.

DATING VIOLENCE

Definition and Scope

Though it is not surprising, given the extent to which our culture condones violence, it is particularly

troubling that violence is characteristic of many adolescent dating relationships. Like domestic violence, dating violence can include a continuum of behaviors. It may involve insults, embarrassment, rumors, name-calling, suspicion, or belittlement, all of which serve to undermine one partner's self-esteem and to establish the other's dominance and control. This control may reflect a need to have sexual access to the submissive partner or a desire to make the submissive partner conform to the dominant partner's wishes. The dominant partner may also use intimidation, threats, and physical abuse to control the submissive partner's behavior, body, time, thoughts, or sexuality.

Like domestic violence, dating violence is being reported by young people in every community, cutting across class, race, religion, and sexual orientation. According to some studies:

- At least 1 in 10 adolescents experience some form of violence in their dating relationships.
- In the majority of rapes reported to rape crisis centers, the victims are between the ages of 16 and 24.
- 60% of all rapes reported to rape crisis centers are perpetrated by acquaintances. (Sousa, 1993)

Consequences

Like all violence, dating violence stifles a victim's psychological, social, and academic development. Early evidence of dating violence may include changes in make-up and dress, truancy from classes and school, sudden social isolation, difficulty with decision-making, changes in mood or personality, drug or alcohol use, and teenage pregnancy.

Many adolescents enjoy having a variety of relationships with peers and participating in several extra-curricular activities. But victims of dating violence frequently experience social isolation. They may withdraw from clubs and friendships, often because a jealous and domineering partner objects or will not tolerate interests outside the relationship.

In this culture, the teen male may not necessarily have made the connection that forced sex equals rape. That teen male is working with the societal myths that dictate that he is supposed to "score" and that the teen female he is with is supposed to "resist."
(Caterina, 1992)

Another consequence of dating violence may be failure in school. First experiencing problems with concentration and attention, victims may slowly withdraw from classes, be occasionally truant, and eventually drop out of school altogether. Among girls, increased drug or alcohol use and teen pregnancy are possible reactions to dating violence.

Even for adults, verbal abuse and other forms of degradation injure self-esteem and self-confidence. For the young adolescent, the violent peer relationship is extremely frightening and confusing. Teenagers may not know how to protect themselves from dating violence. Young people who have been exposed to violence in the home may be unfamiliar with safe, trusting, respectful relationships. Violence in teenage dating relationships creates unhealthy cycles in which the submissive partner's wishes and opinions are discounted or ignored. Such injuries and imbalance increase the likelihood of future physical and sexual abuse.

Intervention

Some adults don't take teen relationships seriously and overlook dating violence when it is reported to them. It may trigger uneasiness within them about hurtful relationships in which they have been involved. But dating violence is terribly damaging. Early intervention and protection are more likely to happen if adults are alert to the warning signs. Perpetrators of dating violence, who may have a history of harassment, sometimes exhibit warning signs too, including insulting remarks or references to women, reports of abuse, changes in patterns of alcohol or drug use, jealous behavior toward or sexual pressuring of a partner, involvement with younger partners, suicide threats or attempts.

Schools and community organizations can help to prevent dating violence by teaching about it. Girls who feel good about themselves and their abilities are more likely to find mutually respectful relationships than

those whose self-esteem is poor. Many boys need to learn that they have choices about whether or not to use violence in relationships. Both victims and perpetrators benefit from counseling. Some teaching programs, like the "Dating Violence Intervention Curriculum," are designed to help teachers and counselors address questions related to dating violence, such as:

- What is abuse?
- Who has the power?
- What cultural attitudes do young people pick up about how men and women are supposed to act in relationships? How do these attitudes lead to violence?
- What is an abusive relationship like?
- How can we prevent dating violence?

Schools need to discipline young people who hit others and make it very clear that violence is not acceptable. In addition to preventive education, teacher training, parent workshops, peer-led programs about dating violence, and support groups for victims can help restore self-esteem and teach girls that they have a right to feel safe in relationships with boys.

It should be noted that **mediation is not recommended as an intervention for dating violence.**

Mediation may give the message that dangerous disagreements between two young people in a dating relationship are rather straightforward "conflicts" that need to be resolved. But the dynamics of dating violence are often very complex and dangerous. And, in fact, victims have every right to insist that manipulative or violent behavior directed toward them absolutely must stop.

SEXUAL HARASSMENT IN SCHOOLS

Definition and Scope

Sexual harassment in schools is any unwanted or unwelcome sexual attention which interferes with a student's right to pursue an education

or to participate in school programs and activities. This form of violence includes a range of behaviors: grabbing or touching body parts; pulling up dresses or pulling down pants and gym shorts; telling sexually explicit jokes; passing sexually explicit notes or rumors about a person; barking, grunting, or using other unwanted sexual gestures with another student; using sexual words or other names that demean or objectify another student. In its most extreme form, this kind of harassment involves physical assault and attempted rape.

Frequently sexual harassment occurs in public—in classrooms, hallways, or on school grounds with teachers or students present as witnesses. Often adults in schools have colluded with harassers by looking the other way or excusing the behavior as an inevitable feature of adolescent posturing. Young women are the most frequent victims of sexual harassment, especially in its more severe forms. It is more likely to be initiated by another student than by a teacher. High school students may also encounter sexual harassment in the "workplace" -- on jobs that are part of the school curriculum, such as "co-op" opportunities supervised by school

personnel, as well as on jobs that are outside of the school's purview.

A 1980 study by the Massachusetts Department of Education found that the stereotype that sexual harassment occurs only in schools like vocational schools, where women are the minority, is not true. In fact, sexual harassment is a problem for many students in academic high schools, too.

Sexual harassment is a typical part of the fabric of daily life in schools where young women comprise 50% of the population. (Stein, 1993b)

In a 1986 Minnesota study of 133 female junior and senior students, more than 33% reported having been sexually harassed.

Consequences

Victims of sexual harassment in school report a variety of adverse effects. The most direct and immediate effects of harassment are embarrassment, fear of retaliation, anger, powerlessness, loss of self-confidence, and cynicism about education and teachers. Physical symptoms can include insomnia, listlessness, problems with concentration, and in-

Responding to Sexual Harassment: Proceed Cautiously Upon Complaint

- Document everything.
- Be diligent in the investigation.
- Never discourage a student or employee complaint.
- Don't be influenced by the reputation of a complaining student or whether the student may have "invited" the attention.
- Don't rely on potentially misplaced loyalty to staff who might be accused or implicated in the charges.
- There is very little evidence to suggest that students fabricate allegations of sexual misconduct by school employees or peers for ulterior motives.
- Under existing law, school administrators can be held personally liable for the sexual harassment/abuse by an employee they supervise. (Stein, 1993)

creased anxiety. For some girls, these symptoms lead to absenteeism, tardiness, dropping classes (where the harassment occurs), and even dropping out of school.

A number of studies on sexual harassment conducted in California, Hawaii, Washington, Massachusetts, and Minnesota have concluded that sexual harassment may undermine psycho-social development, academic skills, self-esteem, and the acquisition of a realistic and accepting body image. It surely contributes to the general level of individual and community fear.

Intervention

Reports of harassment must be taken very seriously. The consequences of ignoring this problem, dismissing it as "normal," or minimizing its seriousness are dangerous to students and may result in litigation against the school. Sexual harassment is not "clumsy flirting." Nor is it a painful but inevitable initiation into adolescence. Sexual harassment is a serious form of violence and should

be treated as such by schools and community organizations. If students who report harassment are not believed and protected, they will feel betrayed and lose their trust in the educational system and the adults in whose care they are entrusted. Moreover, while victims resign themselves to chronic anxiety, perpetrators whose behavior is "ignored" come to assume that harassment is accepted, appropriate, even "cool." In overlooking harassment schools become training grounds for domestic violence, teaching boys to demean, batter, and abuse, and girls to expect such treatment.

To avoid these consequences, schools must make it very clear that sexual harassment will not be tolerated. They must establish explicit policies and grievance procedures that will stop harassment. They must be certain to let all students know about these policies. Degrading graffiti on walls and bathrooms must be removed, and those who witness harassment must be encouraged to speak up, support, and intervene on behalf of victims. Staff must be trained to recognize harassment and determine appropriate interventions. And all students must be educated about harassment—what it is, how it happens, and what they can do.

Victims of sexual harassment—in and out of school—should have the opportunity to talk about their experiences. Small groups, lead by sensitive facilitators, can provide a safe environment for such discussions. Peer support groups give young people the opportunity to discuss what happened, explore and express their feelings about being the object of harassment, and get help from others. This strengthens a young person's sense of self and alleviates the shame that many feel when they have been ridiculed, demeaned, mistreated, or hurt by peers or people with authority over them. Individual counseling for perpetrators can also improve a school's climate and help individual students.

"The problem with sexual harassment is that it's very stressing physically and mentally... I feel confused because I wonder if all guys think those things about me. I feel insecure after this happens. I hate it."
(15 year old girl,
quoted by Tolman,
1993 conference)

We do not feel our school has eliminated sexual harassment problems. However, we do our best to let our students and staff know through our written policies, seminars, and actions that:

- (1) We do not tolerate sexual harassment;
- (2) We take all sexual harassment accusations very seriously;
- (3) We work to empower people themselves to handle potential sexual harassment situations;
- (4) We do our best to protect the rights of everyone involved as we try to resolve all situations. (Lydiarde, 1993)

CHILDHOOD SEXUAL ABUSE

Scope and Definition

It is a mark of the times that there were no workshops at the conference which focused on "child abuse" in general. As people learn more about the abuse and neglect of children, it becomes clearer that these behaviors are not usually separate from other serious family problems. Conference presenters concentrated on reviewing the effects on children of living in all kinds of violent and negligent homes — and on exploring the relationship between these experiences and the development of violent behavior.

Peter Stringham, a pediatrician who has worked in urban settings for years, notes that *three critical factors—cold, inconsistent parenting; the experience of seeing one's mother being beaten at home; and the lack of opportunities for boys especially to use their physical energy as they grow—contribute to the development of the violent person.*

Any kind of intrusive sexual contact by an adult with a minor is sexual abuse. It may involve caressing a minor's private body parts; forcing a minor to touch an adult's private body parts; oral, anal, or vaginal intercourse with a minor. For the most part, child sexual abuse tends to be perpetrated by a family member, relative, friend, or acquaintance of the child. Like child abuse, childhood sexual abuse is criminal. It may result in a child being taken from his/her home or in the prompt prosecution of the violator.

Statistics on childhood sexual abuse vary dramatically. Common conservative estimates place the incidence of childhood sexual abuse at 25% of all girls (before the age of 18) and 10% of all boys. (Rogers, 1993 conference)

Consequences

The consequences of childhood sexual abuse are severe; many victims never fully recover from this trauma, the effects of which can endure for several generations. Victims of sexual abuse in childhood may exhibit many of the symptoms associated with other forms of abuse: academic problems,

developmental problems, social problems, and psychological problems. They are particularly susceptible to crises and impulsive, acting-out behaviors, including fighting, promiscuous sex, drug and alcohol abuse.

Symptoms vary for children of different ages. Young children who have been sexually abused have trouble playing with other children and, as they get older, may have difficulty forming close attachments. Repetitive and obsessive play, diminutive self-portraits, art work and doll play can all provide clues to sexual abuse. These children may exhibit conspicuous sexually aggressive behavior, sometimes showing in their play and their behavior exaggerated curiosity about sexuality and bodies. Sexually abused children may also appear pseudomature.

An understanding of trauma can help practitioners interpret a range of troubling behaviors manifested by sexually abused children. During the actual experiencing of trauma, it is not uncommon for children to dissociate in several different ways as they attempt to separate their consciousness from their bodies. This defense can foster behaviors that seem "distractable" but in fact represent a repetition of the "numbing," the disorientation in relation to time and space, and the profound confusion that can occur while children are being abused.

Victims of childhood sexual abuse are more likely than others who have not suffered this kind of violence to become perpetrators themselves or to allow the problem to occur in their own families, either by colluding with the perpetrator or by denying that it is happening again to their own children.

Intervention

For many children, schools are safe havens, perhaps the only place in their lives where they can count on predictability, attention, orderliness. And schools should be places where children can get help and support, whether they ask for it directly or not. Schoolteachers often get to know

Adolescents with a history of childhood sexual abuse are significantly more likely to engage in later drug abuse, juvenile delinquency, and criminal behavior than other adolescents. Burgess et al., 1987)

children in a way that doctors, nurses, ministers, or friends of the family do not. They may be able to alert administrators or counselors to the possibility of extreme problems at home, problems which others have failed to observe. School counselors, social workers, psychologists, nurses may be the first to suspect or detect that children are living in abusive home situations.

Like all child abuse, childhood sexual abuse raises complicated questions of responsibility. It is fairly unrealistic to expect that young children will be able to report this kind of abuse. In fact, some programs designed to prevent child sexual abuse run the risk of placing the burden of taking action heavily on the child—who may not be able to fight back, tell someone, run away, or “just say NO” — as she has been taught. A child who is being regularly abused may not always be able to distinguish between “good touch” and “bad touch.” Teachers, counselors, and principals are bound by law to report all suspected child abuse, including sexual abuse. Many schools are developing protocols to help practitioners know what steps to take to intervene to protect children who are being abused. (Brookline, Mass. 1993)

The most effective way to determine if a young child has been sexually molested is in individual interviews. In these interviews, rapport must be established between the child and the interviewer. Diagnosing sexual abuse often requires active probing and, almost always, a capacity to ask specific age- and developmentally-appropriate questions. School personnel must all be carefully trained to detect symptoms of trauma and signs—both specific and non-specific—of sexual abuse. Many teachers and counselors will need special support in order to deal with their own anxieties and fears about sexual abuse. It is difficult for many adults to accept the scope of this problem. School-wide training is important because a few skeptics can make many uncomfortable and contribute to systemic denial of what is painful to contem-

plate. Creating a school environment that is wholly supportive and accepting of young victims is an important step toward intervention.

FAMILY ALCOHOLISM

Definition and Scope

The violence that occurs in alcoholic families may play itself out in many forms: neglect, physical abuse, emotional abuse, or sexual abuse. The child of alcoholic parents (COA) has been described as one of the “walking wounded” because some form of child abuse always exists in the alcoholic family. In these homes, neglect is commonplace: reliable nurturing—the giving of love and attention that children need—often does not occur. Basic physical needs for meals and clothing may not be met. In families where the atmosphere is characterized by antagonism, unpredictability, and character assaults, nastiness and uneasiness prevail. “84% of adults in treatment for substance abuse report a childhood history of physical or sexual abuse.” (Schaffer et al., 1988)

There are 6.5 million children of alcoholics in the United States. Thus in a class of 25 students, teachers can expect that 4 to 6 of their children come from alcoholic homes. They should assume that most of these children have suffered some form of neglect or abuse.

Consequences

Family alcoholism causes a cluster of problems for children. They may suffer from numerous emotional difficulties, including low self-esteem, isolation, anxiety, self-recrimination, shame, suppressed anger, psychic numbing, poor coping skills, depression, and suicidal tendencies. For COAs, fears have many possible dimensions—that the alcoholism will be discovered, that their family is “sick,” that they themselves are not good children, that they will be ridiculed and rejected. Children of alcoholics fear authority and closeness, abandonment and intimacy. Carrying

with them an apprehensive sense of foreboding and anxiety they fear physical and emotional pain, anger, confrontation, and even a loss of their own sanity.

At school, educators can detect the inner turmoil of children of alcoholics in a great variety of ways. Some will be very isolated; burdened with such worries, they may shy away from potentially supportive peers and adults. Others will fight with peers, appearing uncooperative, delinquent, and disruptive. They may lie, steal, and abuse substances themselves. Truancy is a common consequence of family alcoholism: children may not go to school because they are caretaking at home or escaping to the streets. The longer they are truant, the more

difficult it is to "catch up" and feel accepted and acceptable in school.

Many young people from alcoholic families have serious academic problems, including impaired verbal proficiency, lower reading comprehension, lower IQ scores, unreliable abilities to concentrate and pay attention, and deficits in perceptual-motor and language processing skills. Because they may find themselves in constant crisis, many children of alcoholics fail courses, repeat grades, and drop out of school. They are more likely than others to be referred to school counselors, to act out, and to be expelled.

Alcoholism is a disease that is often "passed on" from one generation to the next. COAs — even those who do not drink themselves—often continue

Common Characteristics of Alcoholic Families

Delusion/Denial: The three cardinal rules of the alcoholic family are: *Don't feel, don't trust, don't talk.* Family members are often in deep denial about the problems at home. They may voice the opinion that "everything is wonderful," wear a "happy face," and live beyond their means.

Confusion of Roles: It often falls on the children of alcoholics to "parent" the adults—make meals, clean the house, be sure the parents get up for work, care for the younger children, and act as confidantes for those who are meant to be their caretakers.

Incest: Alcoholic parents, especially fathers, may turn from using a child as confidante to forcing inappropriate sexual intimacy on the child.

Chaos, Unpredictability, Inconsistency: In the alcoholic home, rules may change every day, even by the hour. This unpredictability about what is expected creates fear, anxiety, and hyper-vigilance in children of alcoholics. They feel alone and uncertain about the consequences of their own actions, unable to depend on adults for measured, consistent behavior.

Violence: In most alcoholic families there is some form of violence, which may range from throwing things and impulsively punching walls to explosive physical assaults. Children may react to this violence in their homes by hurting themselves.

Guilt and Shame: It is very common for children to blame themselves for their parent's drinking problem and its consequences. Partly because they play "parental" roles, and partly because children need to try to understand their parents—as a way of feeling safe—they may believe they are causing the parental alcoholism themselves, because then they hope that they can, to some degree, control and change the fearful, negligent, abusive behaviors of those to whom they are the closest. (Brennan, 1993 conference)

the family patterns of perfectionism and inflexibility. Like alcoholics, they tend to marry alcoholics, recapitulating the kinds of intense and risky attachments with which they are most familiar, and thus perpetuating the cycles of violence and abuse on their own children.

It is important to keep in mind that all alcoholic homes are not the same. **At least four factors affect how well or how poorly the child of an alcoholic home functions: the level of denial in the family, how old the child is when alcoholism begins, the sex of the child in relation to the sex of the alcoholic parent, and the presence (or absence) of a stable non-alcoholic adult in the child's life.**

Intervention

In schools, the first step toward intervention and support for COAs is creating a safe environment where issues relating to alcohol and drug abuse can be openly and clearly discussed. The numbers of alcoholics in our society are so high, and the extent to which addiction permeates our culture so broad, that it is extremely important for adults and children to have opportunities to learn and talk about alcoholism. Many of our lives have been touched by this illness. Faculty, administrators, and staff all need to be educated about the disease concept of addiction. Giving people an opportunity to discuss their own attitudes, beliefs, and behaviors in relation to alcohol and drugs makes it possible for them to begin understanding the scope of the problem for children.

In schools, group work is one of the most effective ways to reach and help children from alcoholic families. Psycho-educational support groups reduce isolation and embarrassment, enabling young people to realize that they are not alone with their fears and burdens. In early group sessions, students benefit from handouts and discussions about alcoholism and addictions as diseases, about children of alcoholics, about their own drinking and drugging habits. Some

simple, initial contact with parents about the nature of the school program may lead to later discussions between school helpers and parents about the possibility of treatment for substance abuse. One confidential group activity that students often find useful is writing journal letters to their parents—letters which are never mailed but which allow students to voice the profoundly mixed feelings they have toward their parents, including both gratitude and disappointment. Guided imagery exercises also can have dramatic results with these young people who want to feel safe and better about themselves and their homes.

Some children of alcoholic parents are very talented and are able to transform certain aspects of their experiences within their families into very successful and productive careers for themselves in school. The hypervigilance which they must always exert can become a hypersensitivity and attentiveness to others that is transformed into finely tuned empathy

Goals of Group Work with Children of Alcoholics

1. To provide education and information about alcoholism, including alternative support groups such as Al-Anon, Alateen, and Alcoholics Anonymous;
2. To provide a safe and supportive atmosphere for children living in alcoholic homes;
3. To help students identify and express themselves and overcome feelings of isolation;
4. To improve communication within the family;
5. To help students overcome their sense of powerlessness and helplessness.

(Brennan, 1993 conference)

and responsiveness. Driven by high expectations for themselves, many are high achievers and very creative youngsters. Family denial can function too as temperamental "hopefulness" in some of these children, which makes them very attractive and able to engage important attention from other significant adults. The more openly addictions and alcoholism can be discussed in schools, the more likely it is that children and adults, together, will be realistic and honest with themselves and with one another. The literature of resilience has a great deal to teach us about helping young people to build on their strengths. School practitioners should know how to refer COAs to community support groups too, which are widely available for alcoholics and family members.

Research indicates that watching violence on television has four distinct effects: an increase in violent behavior; an increase in fearfulness; an increase in callousness; an increase in the desire for more violence. (Slaby, 1993 conference)

TELEVISION VIOLENCE

Television is a teacher — by intention and by default. It advertises products very effectively — and it promotes models of behavior in powerful and persuasive ways. Research has shown that television affects the values, skills, beliefs, and behaviors of its viewers. In many countries, government regulations monitor violent programming, limiting it to evening hours after young children are asleep. However, in America the highest levels of television violence are found on Saturday mornings and in film promotions (Slaby, 1993 conference).

Research has demonstrated that watching violence on television can have four distinct effects: (1) an increase in meanness and violent behavior (the **"aggressor" effect**); (2) an increase in fearfulness, mistrust, and self-protective behaviors (the **"victim" effect**); (3) an increase in callousness, apathy and desensitization (the **"by-stander" effect**); and (4) an increase in the desire for more media violence and participation in violent events (the **"appetite" effect**).

Based on your own thinking about violence, you subject yourself to the very toxins that are going to increase their effects on

you. Now you're the architect of your own environment, as well as the recipient of these effects. This is an active model. The violent kids choose to watch the most violence — and will be affected by violence the most. (Slaby, 1993 conference)

Television teaches extremely misleading lessons about violence. Young children, who are constantly learning to distinguish real from fantastic, learn from television that violence is effective, justified, humorous, rewarded, manly, clean, and pleasurable for its own sake. Television would have us believe that one had most to fear from the "stranger in the night." In fact, it is most often someone closest to the victim who perpetrates the crime. Just as docu-dramas blur the line between what is real and what is fiction, so do video games blur the line between passive viewing and interactive playing. The young child is sold a variety of confusing myths.

Various mechanisms are being considered by Congress, policy-makers, and concerned citizens everywhere who want to regain some measure of control over what is happening to children as they learn about the world through television. New regulations require broadcasters to meet the educational and informational needs of children in the service of public convenience and interest. Citizens must consider insisting that licenses be granted only to conscientious and responsible stations. Methods which allow people to see violence ratings and monitor programs are being designed. The television industry has enormous power to control the news and has been known to muzzle information that would challenge its stature and engage the public in urgent debate about its impact. But since it is such an effective teacher, one hopes that television broadcasters will agree to mobilize their enormous power in a media campaign that promotes public health and public safety by educating everyone about violence — and its consequences.

PART FOUR: CONCLUSION -- WHAT NEXT?

Today, cultural violence is jeopardizing the health and safety of us all. But, as often happens with crises — difficult as it is to believe when one is in their midst — good begins to come from this one too. New awareness of the threats that are touching us all is forcing the public to pay attention, finally, to the host of life-threatening social problems with which too many children, young people, families in our country are coping today. We know quite a lot that can help us. Risk factors which increase the likelihood that a child will become a victim or perpetrator of violence include, in no particular order,

- poverty;
- prejudice against ethnic, religious, or social groups;
- drug or alcohol involvement for the young person and/or his/her family;
- access to firearms;
- family experience with violence (including investigation for child abuse or neglect);
- previous experience as a victim or witness of personal, family, peer violence or hate crimes;
- problems with impulse control;
- inadequate social problem-solving skills;
- the absence of adults in a family;
- fatalistic beliefs that violence is inevitable and that fighting is an appropriate way to resolve conflicts;
- a history of depression and/or suicidality;
- dropping out of school.

It is clear from this list that effective responses to the problem will require expertise and engagement from many places. Assistance from the world of public health is crucial:

The problem of violence probably has no simple solution, but the public health method of health-event surveillance, epidemiologic analysis, and intervention design and evaluation can undoubtedly make important contributions to the solution. (Rosenberg, et.al., 1992)

Moreover, to help young people find new ways of surmounting the challenges facing them may often mean re-thinking the role of the school-based service provider. The well trained school counseling practitioner is often unable to help children because of an extraordinary case load and excessive paperwork duties which could be completed by paraprofessionals or clerical staff. In the search for new solutions, educators must be ready to redefine roles and expectations.

Violence prevention is complex, requires multiple, interdisciplinary strategies and a lifelong perspective, and can best be achieved through early intervention. (EDC, 1993) We know that broad educational campaigns can and do change high risk behaviors. Americans' smoking patterns have changed dramatically in the past few years, for example. The 1993 summer conference summarized in this report illustrated what is needed as we tackle the challenge — bringing people from different worlds and disciplines together to pool resources, share dilemmas and perspectives, and make, as Slaby says, "a whole that is greater than the sum of its parts."

Follow-up contacts with teams of practitioners who attended the conference indicate that there is a great deal of innovative activity in schools all across the country this year: stronger peer mediation, support and mentor-

National Agenda for Violence Prevention

1. Build an Infrastructure for the Prevention of Violence
 2. Reduce Firearm Violence
 3. Reduce Violence Associated with Alcohol and Other Drugs
 4. Provide Childhood Experiences that Prevent Violence. (Earls, Slaby, Spirito, et.al., 1992)
-

ing programs; increased in-service training about violence for all school staff; new task forces which are linking communities and schools in new ways; expanded initiatives to engage parents in their children's schooling; more efforts to create "peaceable classrooms" and to use conflict resolution curricula, for example. And there is a strong wish among team members to stay in contact with each other as they encounter obstacles and feel gratified in their work. As the conference demonstrated, a hopeful new spirit of cooperation is in the air as people realize how much we all have to learn from and give to one another as we take on big common challenges. In July, 1994, a follow-up program for practitioners — "Resilient Youth in a Violent World: New Perspectives and Practices"— will build on last year's conference.

The national climate is changing. With new vigor and determination, businesses are joining forces with educators. The most recent Metropolitan Life "Survey of the American Teacher" indicates that 11% of teach-

ers and 23% of their students have been victims of some form of violence in or near their public schools.

"Whether it is the shooting death of an associate principal in a Wisconsin high school, the self-inflicted wounds of a northeast D.C. teenager who carried a gun into school, or the stabbing death of a Manhattan student over a pair of sunglasses, there seems to be no refuge from the culture of violence," said Harry P. Kamen, chairman of Met Life. (Boston Globe, 12/17/93)

Although the conference demonstrated that there are no absolute answers, vital questions are alive and multiplying, innovative dialogues have begun, and new connections are being made which generate energy and hope that practitioners and researchers, schools and families, businesses, communities and young people, all working together, will become new collaborators in the creation of a safer world for everyone.



APPENDIX A

Programs and Protocols: a Sampler

PEER PROGRAMS

Student Conflict Resolution Experts (SCORE)
Somerville Mediation Program
The Medical Foundation's Prevention Center Peer Leadership Program
Boston Alliance of Gay and Lesbian Youth (BAGLY)

COMMUNITY COLLABORATIONS

Cambridge Hospital's Community Crisis Response Team
Middlesex District Attorney's PROJECT ALLIANCE
Boston Streetworkers
City Year
Oral History Center's GRIOTS of Roxbury Project
Living After Murder Program (LAMP)
Reach Out to Chelsea Adolescents (ROCA, Inc.)
Bruce Wall Ministries

CURRICULAR PROGRAMS AND SAMPLE SCHOOL PROTOCOLS

Facing History and Ourselves
Conflict Resolution: Boston Area Educators for Social Responsibility
Dating Violence Intervention Program
Cambridge and Somerville Program for Drug and Alcohol Rehabilitation (CASPAR)
Boston Public Schools Crisis Response Protocol
Brookline Public Schools: Reporting Procedures for Child Abuse and Neglect and Life-threatening Situations
Milwaukee Public Schools: Violence Prevention Program

PEER PROGRAMS

SCORE (Student Conflict Resolution Experts)

Starting in 1989, the Massachusetts Department of the Attorney General (DAG) piloted a project to promote the use of peer mediation to reduce violent conflict in urban schools. Students trained to use mediation and violence prevention skills have demonstrated an impressive ability to resolve disputes among their peers. As a result of the success of two pilot programs, the DAG now provides SCORE funding to community mediation programs in six Massachusetts cities, in a total of eight high schools and seven middle schools. The DAG also offers training materials for peer mediators and technical assistance for the staff of all SCORE programs.

SCORE grants are given to established community mediation programs rather than to individual schools or school systems. This funding pattern was established to enhance the long-term stability of mediation programs, protecting them from unpredictable local funding cuts in education. Funding for the SCORE program comes from settlements won by the DAG in successful litigation. The DAG requires that its funding be matched by funds from private foundations, school departments, or local businesses. Schools with SCORE programs are expected to provide contributions in the form of office space, telephones, copying, etc.

Experienced trainers from the Attorney General's office and community mediation programs conduct 20-25 hours of training in mediation skills for the peer mediators and interested teachers. The training includes role playing, skill-building exercises, and games designed to provide meaningful and intense learning. The DAG has developed a mediation training manual with several role-playing activities geared toward young people. Ideally student mediators should represent a cross-section of the student body, including bilingual students who can, if necessary, mediate in the language of the disputants.

Graduation ceremonies from this program are often held in the school auditorium, in front of the student body, with the Attorney General and other officials on hand to congratulate the mediators and to promote the use of mediation throughout the school.

In choosing sites for the SCORE programs, the DAG targets 1) highly populated urban

areas; 2) cities with at least one viable community mediation program; and 3) cities with a high incidence of violent crime. Once a city is chosen as a potential site, requests for proposals are sent to all community mediation programs serving that city.

Recently, SCORE developed a peer mediation program within the Massachusetts juvenile correction system for adjudicated young people in the custody of the Department of Youth Services (DYS). These youths are trained to mediate disputes among their peers and are given opportunities to act as mediators with local community and school programs when they return to their communities.

Of the 315 disputes mediated by SCORE mediators in the first two-and-a-half years of the program's operation, 125 involved physical fights, 73 involved threats and 117 involved harassment, name-calling and rumors. Most mediated disputes were referred by the school administration (155), 57 were referred by students directly involved in the disputes, 78 were referred by counselors or teachers, 21 were referred by other students. In two-and-a-half years, 302 of the 315 mediations performed by peer mediators resulted in agreements, only a handful of which have been broken. An example of a successful mediation follows:

In April, six white students and three Haitian students who had been involved in many fights during the school year were asked to come to the mediation table to work out a truce. They all agreed. Both groups agreed on three ground rules: no weapons; no intimidation; and a genuine willingness to work out their conflicts. The case was mediated by a white female "coordinator" and a Haitian male peer mediator. The mediation lasted three hours; all participants were present for the entire session— except for 15 minutes. They discussed many topics, including styles of fighting (one-on-one versus jumping); racism; name-calling; and the consequences of continued fighting. All participants recognized that someone might eventually be killed, if the fighting didn't stop. Both groups agreed that they would stop fighting and leave each other alone. One Haitian student was distressed by the limited nature of the agreement. He felt they should be able to greet each other and even play ball if they met and wished to socialize. In the end, all participants signed an agreement that included these options.

For more information:

**Kathleen Grant, Coordinator
Mediation Services
Office of the Attorney General
1 Ashburton Place
Boston, MA 02108
(617) 727-2200**

The Somerville Mediation Program (Somerville, MA) (sponsored by the Somerville Community Corporation)

The Somerville Mediation Program began in 1984. The community program includes a peer mediation group in the local high school and in a neighboring town. Plans are underway to expand to other neighboring high schools.

Mediation efforts focus on student conflicts. Trained student mediators help both parties to understand the other's position. They work to craft an agreement which is a win-win solution for everybody. Mediation may occur between two individuals or between groups of students.

The program staff consists of one full-time mediator and a corps of volunteer student mediators. About twenty students are trained each year; about a hundred students have been trained to date. The program aims to have a representative cross-section of the student body participate as mediators, balancing the group by race, sex, academic standing, and academic programs (regular and special education).

Training takes 20 hours, over two weeks: it requires a full day and two afternoons each week. During training, students learn about active listening, conflict behavior, neutral language, and biases. Student mediators are likely to face individual disputes, racism, gang violence, and sexual harassment. Role-playing is used to illustrate power dynamics and give students opportunities to participate in mediation.

As a form of violence prevention, mediation has been highly effective. Positive results frequently go beyond the specific disputes:

- **Mediation improves communication among students, teachers, administrators and parents. It fosters a healthy school climate and provides a useful forum for addressing common concerns.**
- **Mediation offers young people a way to solve problems without having to turn to parents, teachers, or principals.**
- **Mediation teaches students that they can solve their own conflicts through intelligent discussion, before these conflicts escalate into violent affairs.**
- **Mediation training gives a student a sense of confidence, usefulness, and responsibility. They gain from working to make their community safer; they grow to appreciate the function of agreements and contracts.**
- **Mediation training teaches listening skills, problem-solving, self-expression, critical thinking, team work and assertiveness.**

The program is funded by the state attorney general's office, Lotus Development Corp., the Somerville School Department, and other grants.

"We talked about different ways of fighting—and not fighting, to stop a fight. We had a role play, and instead of getting ready to hit somebody, we'd freeze the action and talk about it and see if we could work it out without fighting. It seems hard at first, but if you actually try to work it out, instead of hitting, it's easier—the problem is easier to solve, and there's always a story behind the reason for fighting." (a Somerville mediator, July 1993)

For more information:

Alice Comack
Somerville Mediation Program
1 Summer St.
Somerville, MA 02143
(617) 776-5931

Peer Leadership: Preventing Violence

(a program of *The Medical Foundation's Prevention Center*)

The Medical Foundation's Prevention Center, a nonprofit organization founded in 1957, seeks to promote good health through community awareness and education. With a staff of seven part-time prevention specialists, the Center works with public and private schools as well as community agencies. More than 400 young people, trained as peer leaders, now counsel and teach other young people about alcohol and drug abuse, HIV/AIDS, and violence prevention.

Peer leadership training provides young people with information and skills so that they can become sources of information and positive role models for other young people. Peer leadership takes advantage of the strong influence that peers have on one another during adolescence, maximizing the positive influence that teens have on younger children. Peer leadership has been proven to be one of the most effective, supportive ways to promote health education and healthy decision-making among young people.

The Prevention Center has developed a curriculum for middle schools and conducts a training program for adults who work with children, ages 5-12 years. The curriculum focuses on teaching children skills to promote wellness and reduce the risks of unhealthy behaviors.

The Foundation's violence prevention training consist of eleven sessions. Topics covered include: violence prevention and personal wellness; personal response to conflict; alternatives to anger and violence; communication skills; cultural violence; the violence of discrimination; decision-making skills; relationship violence: rape and family abuse; outreach activities.

Staff and peer leaders believe that the program is effective because it looks to young people as resources. By developing youth-adult collaborations — that is: by doing with youth rather than for youth — trainers enable youth to take active responsibility for their own lives.

"All our curricula are based on three components: knowledge, the management of relationships, and meaning. It isn't any good to just give somebody a pamphlet... You have to do more than just give the knowledge and take

the actual steps, so every curriculum needs to have a strong focus on how to manage the relationships without being violent, together with the meaning: what values do we share as a community?...We must move back to what our values are, and how we are articulating them, together with young people." (Andrew Schneider-Munoz, July 1993)

The Prevention Center is funded by the Division of Substance Abuse Services, Massachusetts Department of Public Health, the United Way of Massachusetts, the Governor's Alliance Against Drugs, and other grants.

For more information:

Shari Sprong
Prevention Center
Medical Foundation
95 Berkeley St.
Boston, MA 02116
(617) 451-0049.

BAGLY (Boston Alliance of Gay and Lesbian Youth)

BAGLY is a social support organization for gay and lesbian young people. BAGLY offers its members opportunities to make friends, talk about their experiences, discuss issues of sexual identity, and get useful information without the fear of being exposed, judged, or labeled.

Each week, BAGLY runs hour-and-a-half large-group meetings that cover such issues as family; "coming out" (as lesbian or gay); relationships; health; politics; and school life. In addition to discussion groups, BAGLY sponsors social activities and other events. The organization provides a drop-in service and peer counseling for young people.

Many gay and lesbian young people are isolated from each other, and their fear of being found out keeps them from seeking help. It is easy to think that you are the only one in the world who feels the way you do. (BAGLY Brochure)

BAGLY is a non-profit, tax exempt organization funded by donations from the community.

For more information:

BAGLY, Inc.
PO Box 814
Boston, MA 02103
(617) 523-7363
1-800-42-BAGLY

"Why do a lot of kids come to mediation? It's much safer. In this society, you can buy a gun or a big knife just like that. Kids know that. And kids, some of them worry about fight-ing with other gangs, because they know they'll get shot. That kids will kill...That's the way it is. Instead of going to a park and having a fist fight now, it's some-body pulls a gun and then, that's it, you're dead... This way is much better, safer, and sometimes it's fun. By the end of it they sometimes go out of it as friends." (a Somerville mediator, July 1993)

COMMUNITY COLLABORATIONS

Community Crisis Response Team (Victims of Violence Program at Cambridge Hospital)

The Community Crisis Response Team (CCRT) provides short term, emotional support services to communities and community groups in the aftermath of crime and other traumas. The program uses a model of "community empowerment" to help children and adults cope with chronic violence and/or trauma. The CCRT works with local social and mental health agencies and grassroots organizations to assess local needs and develop appropriate interventions. All CCRT members participate in an intensive three-day training program.

The CCRT assumes that trauma must be acknowledged and addressed before violence prevention curricula can be used effectively. When appropriate, the Team sponsors "debriefing" meetings with victims, community members, and local professionals, including teachers, police and firefighters. The Team also offers follow-up consultation and assistance to local mental health and social service agencies that provide crisis response intervention.

The CCRT is composed of professionals and paraprofessionals from mental health, social service, medical, religious, educational, and other human service agencies in the Greater Boston area. The Team also includes specialists in such areas as victimization, crisis intervention, and treatment of trauma, as well as practitioners with expertise in specific areas (young children or the elderly, for example).

The CCRT is funded by the Cambridge Hospital and a Victims of Violence Act grant (administered through the Massachusetts Office for Victim Assistance).

For more information:

Holly Aldrich, LICSW, CCRT Coord.
Cambridge Hospital
1439 Cambridge St.
Cambridge, MA 02139
(617) 498-1180
(617) 498-1150

Project Alliance

The Middlesex County District Attorney's Office sponsors a collaborative program for county school districts concerned about alcohol and drug abuse, sexual harassment, suicide prevention, child abuse, gangs, violence, and related issues.

In weekly meetings, representatives of the schools, the police, the D.A.'s office, and youth services, as well as court personnel meet to monitor and assess specific incidents and levels of violence in a community. In addition to identifying the sources of certain problems, these groups design long-range

strategies and plans for preventing violence. School safety is a primary concern. Youth who commit violent acts are identified and targeted for prosecution.

Other supportive interventions sponsored by Project Alliance include: soccer and basketball teams, peer mediation, educational support for college-bound students and regular in-service training for school counselors. Through the project police are assigned to playgrounds in the summer.

For more information:

Suzanne Schuller, LICSW, Director
Office of Middlesex County
District Attorney
21 McGrath Highway
Somerville, MA 02145
(617) 625-2521

The Boston Streetworkers Program

Since 1985 in Boston there have been various city-wide initiatives to reach "at risk" youth. The Streetworkers program now has 102 streetworkers at work in 16 neighborhoods within greater Boston. The goals of the initiative are:

- to reach teens who have dropped out of school, are court involved, or are experiencing other difficulties and require direction and support;
- to integrate high-risk youth into educational and vocational activities and/or link them with drug/alcohol prevention and intervention services, or social/advocacy services if needed;
- to establish and maintain communication among streetworkers, and between streetworkers and agencies providing services to youth;
- to be available to respond to and intervene in emergency situations citywide.

Workers report that streetwork rapport with youth develops in stages. Everything begins with communication — through activities, humor, honest acceptance, or playing basketball. Consistency in interaction and relationships creates credibility. Once a worker is accepted, trust grows and young people begin to accept advice and to consider other perspectives. Building relationships makes it possible for workers to successfully refer young people to community agencies for important services. Streetworkers, collaborating with area health centers, may facilitate group discussions about personal relationships, gang violence, HIV, and sexual violence.

The program is funded by the city of Boston, the Governor's Alliance Against Drugs, the Massachusetts Department of Public Health grants to the Boston Community Centers, and ten community-based, non-profit agencies.

For more information:

Boston Community Centers
1010 Massachusetts Ave.
Boston, MA 02118
(617) 635-4920

City Year

Designed to function as an urban Peace Corps, City Year unites young adults from economically and ethnically diverse backgrounds for one year of full-time community service. In a period usually following the completion of high school, young people between the ages of 17 and 23 are invited and challenged to "give back" to their community by tackling some of its most pressing needs. In 1992, more than 1000 young people applied for the 200 spots in the corps.

Corps teams serve as teachers' aides, operate after-school programs, run recreational programs for the elderly, salvage and distribute donated food, build hunger relief pantries, restore playgrounds and parks, and work with physically and mentally handicapped children and adults. Serving full-time from September to June, corps members receive a \$100 weekly stipend and, upon graduating from City Year, a \$5000 public service award in the form of a college or vocational training scholarship, a cash readjustment or a savings certificate. City Year also provides G.E.D. and basic education classes, and college and career advising.

This program offers guidance, structure, education, and skill-building to young people who benefit from a transitional year of reflection and growth. Overlaying the daily service projects is an experiential educational curriculum designed to teach community-building skills and promote critical thinking. Corps members participate in workshops and lectures featuring business and community leaders, serve on governing committees, develop special service projects, and share their experiences in corps-wide meetings. The effectiveness of the program probably resides in the fact that while capitalizing on the energy and social idealism of adolescence, it gives young people opportunities to strengthen specific skills, social relationships, and commitments to the community.

City Year is the first urban service corps to be launched entirely through financial and in-kind private sector support from corporations, foundations, professional communities, labor unions, civic organizations, and individuals.

For more information:

Charlie Rose
City Year
11 Stillings St.
Boston, MA 02210
(617) 451-0699
fax: (617) 695-0562

Griots of Roxbury: A Youth Project in Oral History (sponsored by the Oral History Center)

Since 1982, the Oral History Center has engaged people in the process of listening to each other's life stories in order to break down stereotypes, strengthen cultural pride and self-esteem, enhance effective communication and celebrate history. The "Griots of Roxbury" project engages 25 youths in researching the historical, political, and economic antecedents of today's community violence, and helps people understand themselves and reduce tension and disruptions in their community. Participants are between the ages of 17 and 20, and reflect the ethnic composition of the Roxbury community—which is primarily African-American, but also includes Hispanic, Asian, Native American and whites. The young people are currently interviewing five generations of Roxbury residents about their lives as adolescents and discovering how teenage life and youth violence have changed over the years.

The Griots project begins with a three-month education and training program, conducted by two Oral History Center staff members. Participants are helped to discover their own history and trained to discover, record, and analyze oral histories using audio-visual equipment. They go on to interview older residents of the community about their experiences growing up and analyze the content of these interviews. The year-long project culminates in a public presentation and includes the preparation and design of posters and billboards, a museum installation, and a video documentary.

Young people often feel their worlds are beyond their control. The experience of asking adults about their lives in intimate, one-on-one interactions can have a profound impact on the adolescents. As young people are taken seriously and older folks become, to the teenagers, real people with their own life stories, these encounters generate respect and understanding. Interviewing also gives young people a unique and compelling chance to discuss the violence in their lives openly with older members of their community. The effectiveness of the Griots program seems to reside in the fact that it empowers young people, who are often otherwise disempowered, to ask, learn, and act in ways that strengthen their connections with the community.

The Oral History Center also collaborates with an area Head Start program to bring parents' life stories and home cultures into the school curriculum. Funding for all projects comes from foundation grants, consulting fees, and the Massachusetts Cultural Counsel.

"One of the roles of the griot...was to maintain a cultural and historical past with that of the present. The griot was the oral historian and educator in any given society." (Linda Goss and Marion E. Barnes, eds., *Talk That Talk: An Anthology of African-American Storytelling*.)

For more information:

Kristen Metz
Oral History Center
186 1/2 Hampshire St.
Cambridge, MA 02139
(617) 661-8288

L.A.M.P. (Living After Murder Program)

LAMP was organized in 1988 by a grant from the Massachusetts Office for Victim Assistance to provide significant support to the family members of murder victims. The program's office is housed in the Roxbury Comprehensive Community Health Center. LAMP offers direct services to people throughout the greater Boston area: crisis intervention counseling, ongoing counseling and support, family therapy, support groups, advocacy and support during investigations and trials, and referrals to other services. The program offers special help to mothers and children during the grieving period. Early support and intervention help minimize the damage to those surviving homicide. All services are free to those without insurance.

"As I blossom, I will be the one who listens when others need an ear.
I will be the one who reaches out when others need my hand.
In the dead silence of what seems an evil winter I will feel the Heart of Spring
Beating still."
(Sandra Harris and Mike Hallal, LAMP)

For more information:

LAMP
Roxbury Comprehensive Community
Health Center
435 Warren St.
Roxbury, MA 02368
(617) 442-7400 ext. 271

ROCA, Inc.

ROCA ("Rock" in Spanish) which was founded in 1988 to prevent teen pregnancy in Chelsea, MA has become an award-winning youth development program which has gained national and local recognition for its multi-cultural programs and youth-run community efforts. The project has spread to Revere where the model was replicated, at the request of a young Cambodian gang member, to help young people in the community find alternatives to substance abuse, drug dealing and violence.

The program is structured to respond to needs expressed by young people in the community and involves them in a Resource Center, an Activities/Arts Center, a Holistic Individual Process Plan, a Jobs Program, and Community Involvement.

The notion of "Youth Development" which informs the organization makes it particularly powerful: young people have turned their

lives around through ROCA and are now "working the streets" as community workers who, because of their personal experiences, are eminently well qualified to help other endangered teens. ROCA is committed to using young people as resources, rather than problems; to empowering young people and training leaders; to multi-culturalism; to social justice in the context of community; and to partnerships between young people and adults.

ROCA is a private non-profit corporation, responsible for raising all of its own funds which come from a combination of federal, state, and local sources, private and corporate contributions.

For more information:

Rick Hough, Coordinator of YouthStar
ROCA — Revere
103 Shirley Ave.
Revere, MA 02151
(617) 284-6281

Bruce Wall Ministries: Camp Ozioma and Project 21

Having originally turned the community's "Chez Vous Roller Skating Rink" into a haven where young people could play and worship together, Bruce Wall Ministries now runs several formal programs for young people. "Camp Ozioma," (Camp Goodnews) is a summer camp for 29 inner-city youth, aged nine to fifteen. It offers courses in math, science, and art which are integrated with African American cultural education. The camp's educational philosophy is organized around the cultural values embodied in the seven principles of Kwanzaa: unity, self-determination, cooperation, collective responsibility, cooperative economics, purpose, creativity, and faith. Each week, the camp activities and discussions focus on one principle. Field trips take campers to places like the Boston Aquarium and local museums. With a director, assistant director, five senior counselors, five junior counselors, and volunteers, the staff have a favorable ratio of adults to campers.

Bruce Wall Ministries also sponsors "Project 21," a tutorial program that meets three days a week after school. Pairing children with adult mentors/tutors, the program engages African-American authors and artists as teachers of reading and creative writing.

Funding for these programs comes from donated meeting space, personal donations, and small grants.

For more information:

Tischa Brown
Bruce Wall Ministries
31 Kovey Road
Boston, MA 02136
(617) 364-5260.

CURRICULAR PROGRAMS AND SAMPLE SCHOOL PROTOCOLS

Facing History and Ourselves: the Holocaust and Human Behavior

This junior and senior high school curriculum (FHAO) begins with a study of the Nazi Holocaust. It leads to investigations of the use and abuse of power, obedience, loyalty, decision-making, and survival. Comparisons and parallels are drawn between the Holocaust and other historical and contemporary issues, events, and choices. Universal questions of morality, totalitarianism, racism, and dehumanization are considered.

The curriculum, which relies on many powerful case studies, is tailored to the needs and interests of individual teachers and can be incorporated into all kinds of classes — including literature, American history, civics, world history, or psychology. It lends itself to any school's inquiry into authority, democracy, individual and group rights, power, stereotyping, violence, or civil liberties. Teachers must commit at least six weeks of class time to the curriculum.

Students learn about oppression in communities other than their own. They develop critical thinking skills by considering complex historical problems that do not have simple answers. Teachers encourage students to understand multiple perspectives in a dilemma, empathize with different points of view, and express their ideas in class without fear of ridicule. Students are helped to relate historical issues to their daily lives — contemporary events, academic studies, television programs, and fights in school.

The power and effectiveness of the FHAO curriculum— now in place in schools all over the country — has much to do with the fact that it enables teachers to cover important material while offering adolescents new contexts in which to explore age-appropriate concerns of identity, pressure, and violence. Students are stimulated to reason and think about the implications for a society when the state abuses power, denies civil liberties, censors freedom, and curtails individual responsibilities. As students explore a wide range of situations, they come to understand the roles of the victim, victimizer, and bystander.

For more information:

**Facing History and Ourselves
Resource Center
16 Hurd Road
Brookline, MA 02146
(617) 232-1595**

Conflict Resolution: Boston Area Educa- tors for Social Responsibility

The Boston Area Educators for Social Responsibility (BAESR) has developed effective conflict resolution programs to help students, teachers, administrators, and counselors learn practical approaches to resolving differences and disputes in schools. Through workshops and training sessions, educators learn to integrate problem-solving exercises into all subjects. Learning to use grade-appropriate interventions (puppet shows, story-telling, drawing, role-playing, and discussion groups, e.g.), teachers discover new ways to approach classroom conflicts by addressing the roots of conflict non-violently, confronting prejudice, promoting understanding of different viewpoints, and encouraging cooperation and communication. BAESR sponsors workshops and institutes and publishes several curricula to help teachers implement conflict resolution in their classrooms.

BAESR offers specially designed, in-depth programs to assist schools to become more peaceful and productive, teach conflict resolution and violence prevention, and help young people cope with and learn from conflict. Its efforts include school-wide professional development, curriculum design, consulting, parent outreach, and special school projects.

"The bottom line is, kids don't want to be fighting all the time. If you give them some new ways of solving problems with each other, they are very appreciative of that," (Kriedler, *Boston Globe*, 6/21/92)

BAESR'S Conflict Resolution Program was cited by the Carnegie Foundation as one of eleven "state of the art" programs for violence prevention in the nation. It is funded from a variety of sources, including foundation grants, fees for services, and private donations.

For more information:

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Dating Violence Intervention Project

In 1986, Transition House, a battered women's shelter, and EMERGE, a counseling program for men who batter, collaborated to design a preventive education project for teenagers at Cambridge Rindge and Latin High School in Cambridge, Massachusetts. The goals of the Dating Violence Intervention

ROCA operates on twelve principles that were defined by young people: Holism, Collective Self-Help, Safety, Respect, Development, Mentoring, Creativity, Unity Through Diversity, Creating Community, Love and Caring, Excellence, Peace and Justice. (ROCA, 1992)

Project, constructed with guidance from teenagers, are:

- to provide preventive education about teen dating violence that reflects the life experiences of teenagers;
- to develop and incorporate a comprehensive curriculum about dating violence throughout the school;
- to change school culture and attitudes so that sexist violence against women is acknowledged and rejected by everybody in the school;
- to empower and train teenagers to talk to other young people about dating violence.

Cambridge Rindge and Latin High School has 2,500 students, representing 64 nationalities. It has a full-service, school-based teen health center, adolescent parenting programs, a Cooperative Education Program, and a Student Service Center, all supervised by over 264 teachers and administrators.

The Dating Violence Intervention Program (DVIP) began with a Teen Dating Violence Awareness Week, which included an all-school assembly, workshops, in-service training for school personnel, and an information table at Parent Night. Staff recruited students to be part of a theater group — the "Can't Be Beat" Troupe. During its second year, ten students, trained as peer leaders, presented educational programs to eighth-grade students. The DVIP implemented a program for all ninth graders that was part of their health education classes, including training for health teachers. It was funded by a state grant to the city for health education. Preventive education, comprehensive curricula, teacher training, support groups for young victims and consciousness-raising for young men are integral parts of the DVIP approach.

At the Cambridge Rindge and Latin High School, there has been a visible change in the attitudes of students, who now recognize abuse and, when it occurs in the hallways, will often confront the perpetrators. Many students wear the DVIP "Respect Can't Be Beat" buttons. Peer leaders and theater troupe members now initiate activities without local DVIP staff. For example, they have spoken about teen dating violence on a local radio show, accepted speaking engagements, and done their own fund-raising to support the program.

For more information:
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Cambridge, MA 02238
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CASPAR (Cambridge and Somerville Program for Drug and Alcohol Rehabilitation)

CASPAR is a non-profit organization that coordinates information about substance use and abuse, curriculum development, staff training, and direct services for Cambridge, Somerville, and surrounding Massachusetts communities. In 1982, the CASPAR curriculum was recognized as exemplary by the National Diffusion Network of the U.S. Department of Education.

CASPAR's Decisions About Drinking and Learning About Alcohol curricula for kindergarten through high school are sequential programs with units composed for each grade level. The units spiral into progressively greater depth, as concepts are elaborated on from one grade to the next. These units include seven to ten modules and can be expanded or contracted (to a minimum of five teaching periods) to fit specific classroom situations. Making decisions about alcohol and drugs is the focus of the first six to seven teaching periods; alcoholism is addressed in the final modules, when children with family problems are more prepared to accept such information.

CASPAR provides direct services, including assessment, intervention, and referral. It sponsors an after-school education program for adolescents, and intensive peer leadership training during the summer. Peer leaders, supervised by CASPAR, are paid to conduct after-school groups during the year, help teachers in the classroom, and make community presentations about drugs and alcohol. In addition to publishing educational materials, CASPAR provides training for teachers, clinicians, counselors and other human service professionals who work with young people. Workshops (18-24 hours) cover issues about drugs and alcohol and offer training in CASPAR's own curricula.

CASPAR's programs and curricula appear to be effective because they increase young people's understanding of the issues around alcohol and alcoholism, changing attitudes and related behaviors.

CASPAR's funding comes from a Community Development Block Grant, the National Institute on Alcohol Abuse and Alcoholism, other grants and donations, and fees collected from training curricula sales.

For more information:

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"Boys get this macho outlook and everyone just takes it for granted. But the things we talked about helped everyone to see through that."
(male student, Chelsea High School, 1992)

Boston Public Schools: Crisis Response Protocol

The Boston Public Schools have designed guidelines to help school administrators respond effectively when severe crises impair the teaching and learning environment of the school. A system-wide protocol provides staff with procedural guidelines and practical steps to be taken in the event of a crisis. Mandated in-service training for all staff spells out individual roles and responsibilities. At least one person in each school receives on-going professional training about attack issues, crisis intervention policies and response plans.

A crisis response policy and procedural plan is one of the best ways to minimize the impact of trauma on a school community. On occasion, an entire school community may be traumatized by an incident—a student death, for example. The crisis protocol includes information about when and how to make announcements to the student population, whom to notify before the general announcement, whether to change the scheduling for the day, and how to identify particular friends of the victim who may need special attention. Media guidelines determine who will function as the school spokesperson and define the extent to which media will be allowed to gain access to school property and personnel. External support systems in the community are identified as resources to whom school personnel can turn for specific kinds of additional help. Informative guidelines are available to help faculty understand the stages of grief and developmental differences in children's response to loss at different ages, and manage children's feelings about loss within the classroom.

Keeping staff fully informed about the trauma-causing events and the crisis-intervention process mobilizes important adult resources. Schools should do nothing which glamorizes behaviors leading to suicide, murder, or accidental death from drugs, alcohol, weapons and/or violent behavior. Administrators must remember to respond to the needs of the entire school community -- including students, staff, and parents.

For more information:

Deb Jencunas
Office of Director of Student
Support Services
26 Court St.
Boston, MA 02108
(617) 635-9693

Brookline Public Schools: Procedures for Reporting Child Abuse and Neglect and Life-Threatening Situations

Child abuse, including neglect and sexual abuse, can result in permanent and serious damage to the physical, emotional, and

mental development of the child. Schools are often the only places where children are seen daily over periods of time by professionals trained to observe their appearance and behavior. Therefore, school personnel should be trained to recognize changes indicative or suggestive of child abuse, be aware of the correct procedures for reporting concerns to school authorities and medical staff, and understand the scope of their responsibilities to insure the safety of the student. Schools should use in-service training to distribute written information about the issue and relevant regulations and to enable staff to discuss procedures and concerns. Although reporting is mandated, the issues and implications of reporting are complex. While it is important that teachers identify children who are acutely or chronically abused and/or neglected, Brookline's policy on reporting involves a team conference. The decision about filing a report (51A) with the Department of Social Services on the day the case comes before the team -- as an emergency requiring an immediate investigation by DSS, or to observe further and consider filing within a few days -- is made by the "team." After referring the case to DSS, at least one of the school reporters monitors the outcome of the referral, following the extent to which school personnel and community agencies are engaged in helping the child.

Implementing effective preventive strategies for students at risk of self-destructive behavior depends on the development of a school climate where students feel safe, secure and supported by sensitive staff who are available as part of a comprehensive mental health network. Staff must be aware of possible warning signs of suicidality and must know about appropriate referral procedures. Guidelines about a) what teachers and staff should do for a suicidal student, b) who should be informed, and c) procedures to keep the student safe should all be outlined in printed form, distributed and discussed at staff meetings. Procedures must outline what constitutes a high level of risk and what options are open to school personnel in regards to counseling, hospitalization, and police escort if the student is agitated, refuses to stay in a safe location and is considered at risk.

For more information:

Brookline Public Schools
School Health Services
115 Greenough St.
Brookline, MA 02146
(617) 730-2603

...CASPAR's work with children of alcoholics can now be seen as a natural and even an inevitable outgrowth of its primary prevention program... There is no shortcut that will prove comparably effective; a school-based primary prevention network is the key to systematic work with children of alcoholics before their troubles become manifest and more difficult to reverse...
(Deutsch, et. al., 1979)

Milwaukee Public Schools: Violence Prevention Program

Milwaukee has instituted a system-wide violence prevention program in the public schools. It has three essential components. The first component involves crisis intervention training. Teachers learn non-violent strategies and skills for coping with and preventing violence. The second component is the Second-Step violence prevention curriculum. A teacher-friendly program, it focuses on empathy, impulse control, and problem-solving skills. "Second Step" provides role-playing situations for students, and helps young people learn basic strategies for avoiding violence. The Milwaukee Public Schools have integrated this curriculum from kindergarten through high school. The third component involves peer mediation for students. They are taught skills for resolving their own conflicts as well as their peers' conflicts.

All components of the violence prevention program are individualized for each school. The system has instituted about twelve curricular interventions to reduce aggressive and impulsive behavior and to increase problem-solving abilities, social and cognitive competence, verbal mediation skills, the healthy identification and expression of emotions, and enhanced awareness about the dangers of guns.

For more information:

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PO Drawer 10K
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APPENDIX B

Conference Presenters

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APPENDIX C

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APPENDIX D

Additional Conference Resources

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