

# A Boston program fights violence with a lot of talk

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Gannett News Service

BOSTON — It is late afternoon at the Boys and Girls Clubs in Roxbury. Boston Ambulance 4 is there, not to stabilize a victim but a community. For the next hour, emergency medical technicians tell 21 black teen-agers what it's like to get shot:

"'Am I gonna die?'" is what victims always ask first, a technician says. "They can never believe how much it hurts. They want their mother."

"We cut their clothes off."

"We stick a needle in their neck."

"We put tubes down their throat."

In Boston, this is called violence prevention, and it takes many forms:

There's a public education campaign that promotes "Hands Without Guns." Pediatricians tell parents to discipline gently.

Teen-agers are trained to be peace-makers in violent communities.

A jobs program turns the language of violence on its head: "Ready, Train, Hire."

The result? Homicides in the city dropped 38 percent from 1990 to 1994.

"The efforts here are some of the oldest in the country," said Deborah Prothrow-Stith, assistant dean of Harvard School of Public Health. "It would be hard to prove that they're connected to this decline in homicides, but the association is pretty clear."

Prothrow-Stith is the author of "Deadly Consequences," a widely cited book on violence as a public health problem.

As a resident at Boston City Hospital in the 1970s, she deplored medicine's "treat-'em-street-'em" mentality for victims of violence, and she organized the medical and social workers behind anti-violence efforts that continue.

Today, adolescent gunshot victims at Bos-

ton City Hospital are counseled on how to avoid violence.

"With a bullet in their chest . . . you have access to a kid in a way you never did before," said David Stone, who is evaluating the program under a grant from the Centers for Disease Control and Prevention in Atlanta. One 15-year-old boy, shot after ejecting three troublemakers from a party, realized as a result of counseling that he didn't have to be the one to confront bullies, Stone said.

Pediatrician Edward Levy makes the same point at Umana-Barnes Middle School in East Boston. He suggests to a class of three

teen-agers that they try a different tack when a fight brews: "Can we talk about this?"

The teens laugh.

"It's not that easy, mister," says Jackie Andrews, 14.

"We don't wanna fight, but if somebody starts, we'll fight 'em," adds Carlos Lugo, 15.

They tell how fights begin: One girl looks sideways at another. A boy "disses" your mother. Some-

body's jealous of you. Levy talks about ways of "giving it, taking it, working it out" — how to exchange words and not blows.

Words are fighting violence at New England Medical Center. The raw writings of Mattapan sixth-graders fill a pamphlet given to people who visit the emergency room.

"I was there when 10 little boys came around," writes one child. "I asked them did they want to play kick ball. My friend Eric got shot because they was mad because we won game. . . . He died in the hospital."

Robert Sege, a medical center pediatrician who worked on the pamphlet, said doctors are beginning to shed "an attitude of helplessness" about the issue.

"Trauma physicians are tired of seeing the same people over again," he said. "People are really beginning to see this is an area we need to deal with."

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A sixth-grader's words in a pamphlet given to people who visit a Boston emergency room

## **Some violence-prevention approaches**

### **✓ Resolving Conflict Creatively Program, New York**

Students in kindergarten through 12th grade in 400 schools learn the basics of human relations: how to cooperate, listen, be compassionate, deal with anger and settle disputes. In a 1990 survey, 71 percent of teachers said the program led to less physical violence.

### **✓ Violence Prevention Curriculum, used in all 50 states**

This high school curriculum tells students about their risk of becoming victims or perpetrators of violence. It analyzes steps that lead to fights — using role-playing or video-taping — and discusses the gains and losses of fighting. A recent evaluation linked the course to a 71-percent reduction in suspensions.

**✓ Aggressors, Victims and Bystanders.** Designed for middle school students in danger of becoming involved in violence, the program teaches a four-step approach — keep cool, get more information, think it through and do the right thing. It also addresses bystanders who egg on fights.

**✓ Success Through Academic and Recreational Support (STARS), Fort Myers, Fla.** This program provides free recreational and cultural opportunities to inner-city youths 8 to 14 years old, while monitoring academic performance. Coaches check report cards. Referees help with homework. Piano and dance lessons are offered. From 1991 to 1994, juvenile arrests dropped 28 percent in Fort Myers, while rising 17 percent statewide.

**✓ Positive Adolescent Choices Training (PACT), Dayton, Ohio.** The program targets black youths from 12 to 16 years old who are having behavior problems in school or have been victimized. Groups of up to 10 students learn to deal with anger by expressing and receiving criticism calmly and negotiating a compromise. In one evaluation, 18 percent of PACT youths subsequently went to juvenile court compared to 49 percent of a control group.

## **Questions and answers**

**Q: Does prison work?**

**A:** From 1975 to 1989, the average time served in prison tripled for those convicted of violent crimes, yet rates of violent crime remained steady. A National Research Council report asks: "What effect has increasing the prison population had on levels of violent crime? Apparently very little."

**Q: Is America more violent than other countries?**

**A:** The United States, at 15.7 homicides of men per 100,000, has the highest rate in the industrialized world. The United Kingdom, for example, has 0.9 homicide of men per 100,000, and Australia has 2.9.

**Q: Who dies from homicide in America?**

**A:** The homicide risk for blacks is six times that of whites. For all races, young people are at greatest risk. In 1992, homicide was the second-leading killer of 15- to 24-year-olds, claiming 8,019 lives; it ranked third for 5- to 14-year-olds, claiming 587; and it was the 10th-leading cause of death for all ages, claiming 25,488.

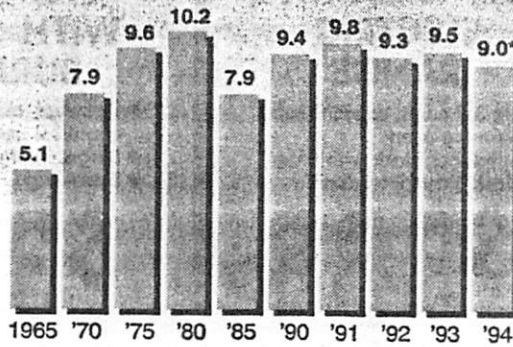
**Q: What factors are associated with violence?**

**A:** Violence is associated with poverty, availability of firearms and alcohol, exposure to violence at home and on television, and lack of parental supervision, experts agree.

## HOMICIDES IN THE U.S.

About 25,000 people are killed each year in the United States. Charts are rates of homicides per 100,000 people.

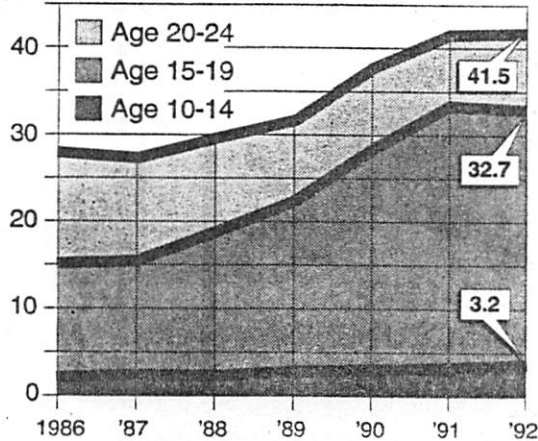
### RATES SINCE 1965



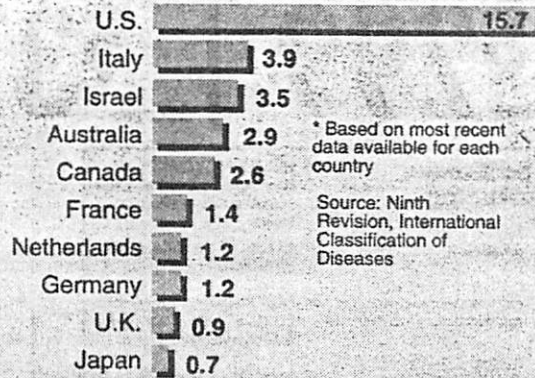
\* Estimate

Source: Federal Bureau of Investigation

### RATES FOR YOUNG MALES



### U.S. LEADS IN HOMICIDES OF MEN\*



\* Based on most recent data available for each country

Source: Ninth Revision, International Classification of Diseases

Source: National Center for Health Statistics