DOCUMENT RESUME

ED 391 992 CG 026 717

TITLE	Violence among Children, Adolescents, and Young Adults in Maine: Part I.
INSTITUTION	Maine State Dept. of Human Services, Augusta.
PUB DATE	Mar 94
CONTRACT	MCH-015-10A-2006; MCH-015-10A-2106
NOTE	44p.; For "Part II--Recommendations", see CG 026 808.
AVAILABLE FROM	Department of Human Services, Division of Maternal & Child Health, State House Station #11, Augusta, ME 04333 (limited availability).
PUB TYPE	Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adolescents; Aggression; Antisocial Behavior; Children; Crime; *Crime Prevention; *Data Collection; Delinquency; Elementary Secondary Education; *Incidence; Information Needs; State Action; State Legislation; State Programs; *Statewide Planning; Victims of Crime; *Violence; Young Adults; Youth Problems
IDENTIFIERS	*Maine

ABSTRACT

Teens and young adults in Maine are at greatest risk for being either the offender or the victim of violence. At present, prevention activities in Maine are limited and fragmented. This document marks the beginning of a study of incidence and impact of violence among Maine youth. The process involved in conducting this was significantly hampered by the absence of adequate data to describe the problem. Data collection is a necessary first step in the attempt to reduce youth violence in Maine. Broad recommendations to guide the state in addressing youth violence prevention are: (1) designate a lead agency responsible for convening an interdepartmental task force to more thoroughly study the causes, impact and solutions to violence among Maine youth; (2) require systematic collection of data, to document incidence and impact of youth violence; (3) require state agencies to review their policies, regulations and procedures to assure that these policies protect and strengthen families; and (4) enact legislative measures that will reduce the risk of childhood death and injury from violence. Extensive statistics, surveys and interviews provide currently available data. Appendices include: leading causes of child death; legislative resolve; and other Maine studies. (JBJ)

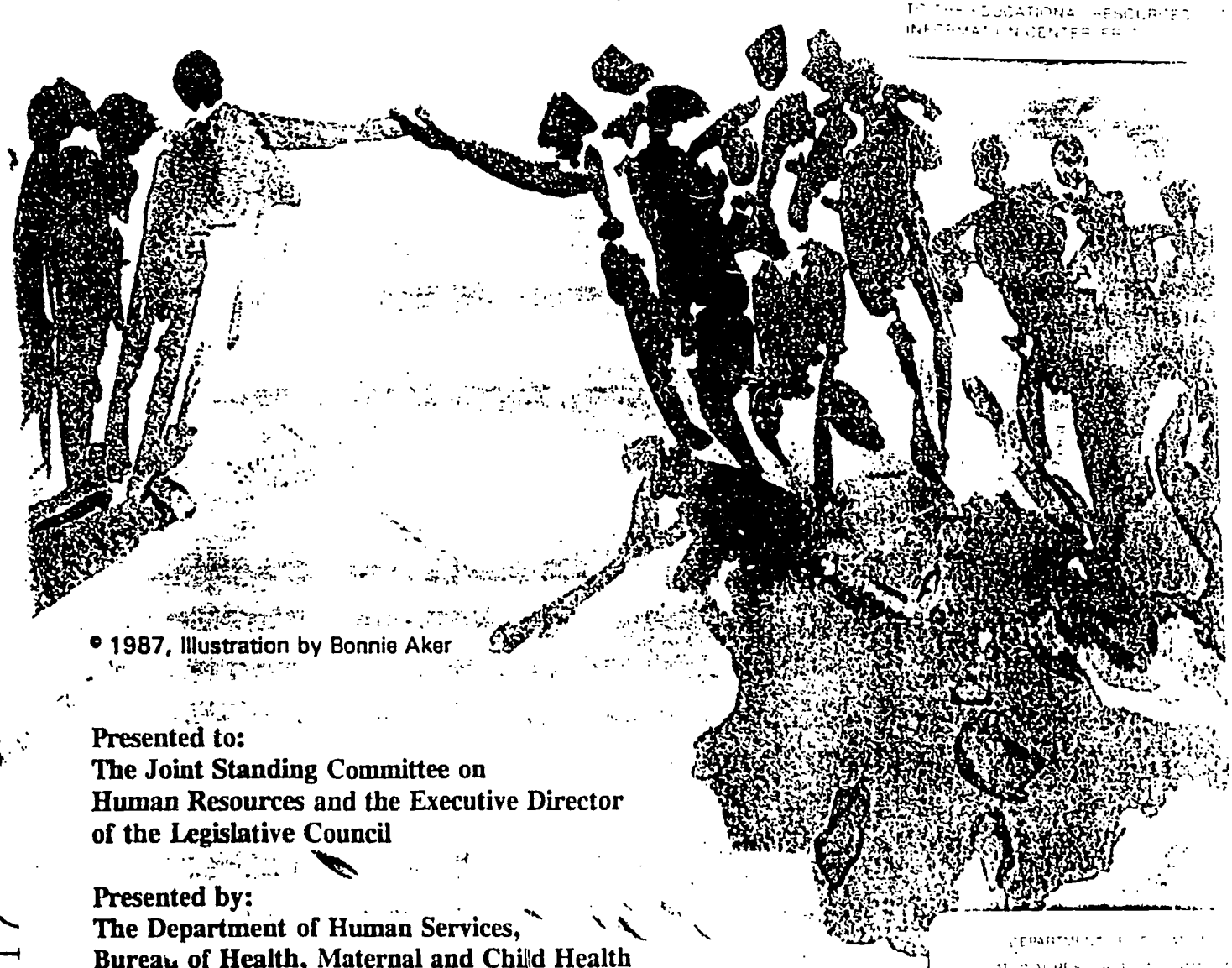
****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 391 992

Violence Among Children, Adolescents, and Young Adults in Maine

PART I

February 1994



© 1987, Illustration by Bonnie Aker

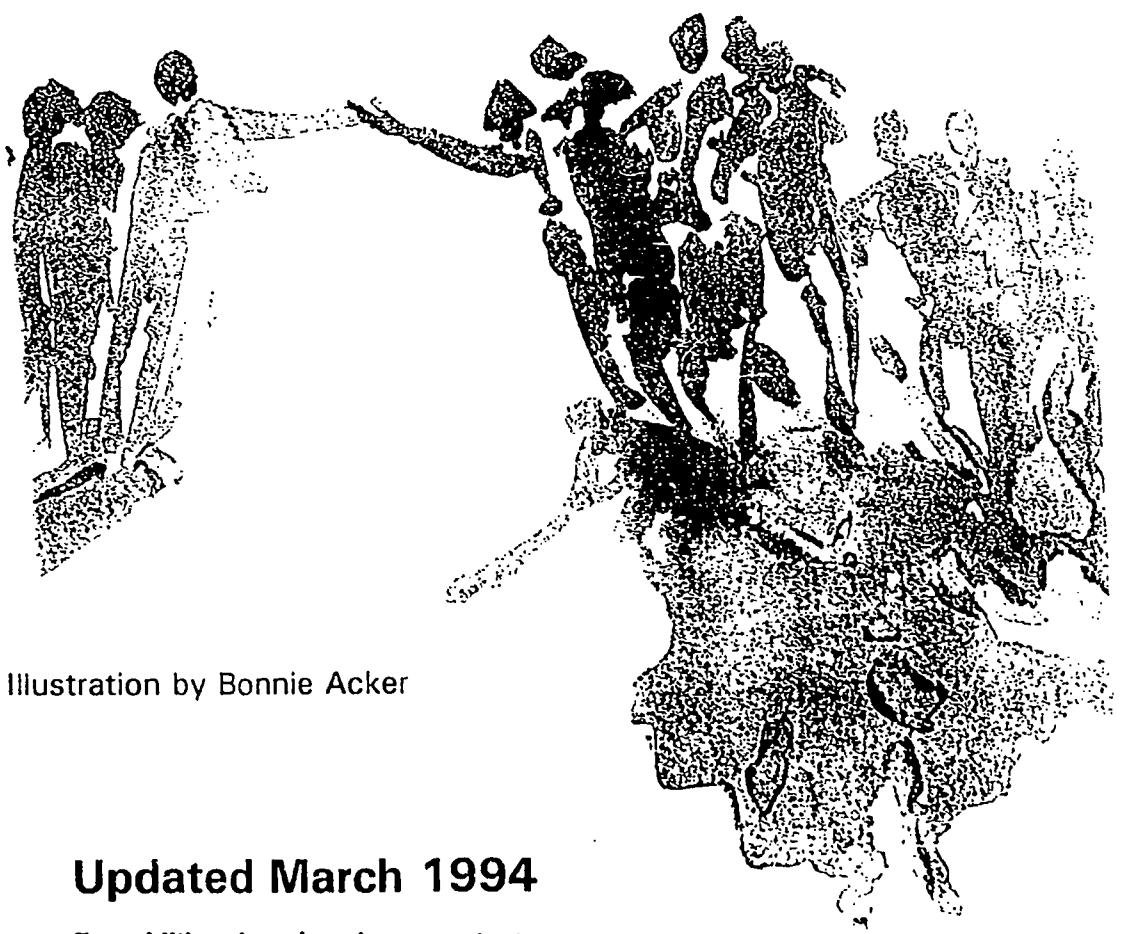
Presented to:
The Joint Standing Committee on Human Resources and the Executive Director of the Legislative Council

Presented by:
The Department of Human Services, Bureau of Health, Maternal and Child Health

CE 067 717

TABLE OF CONTENTS

	PAGE
Executive Summary	1
Background	4
Introduction	6
Incidence of Youth Violence in Maine	12
- Statistics	13
- Surveys	22
- Interviews	27
Footnotes	33
Appendix	
- Leading Causes of Child Death	35
- Legislative Resolve	36
- Other Maine Studies	38



© 1987, Illustration by Bonnie Acker

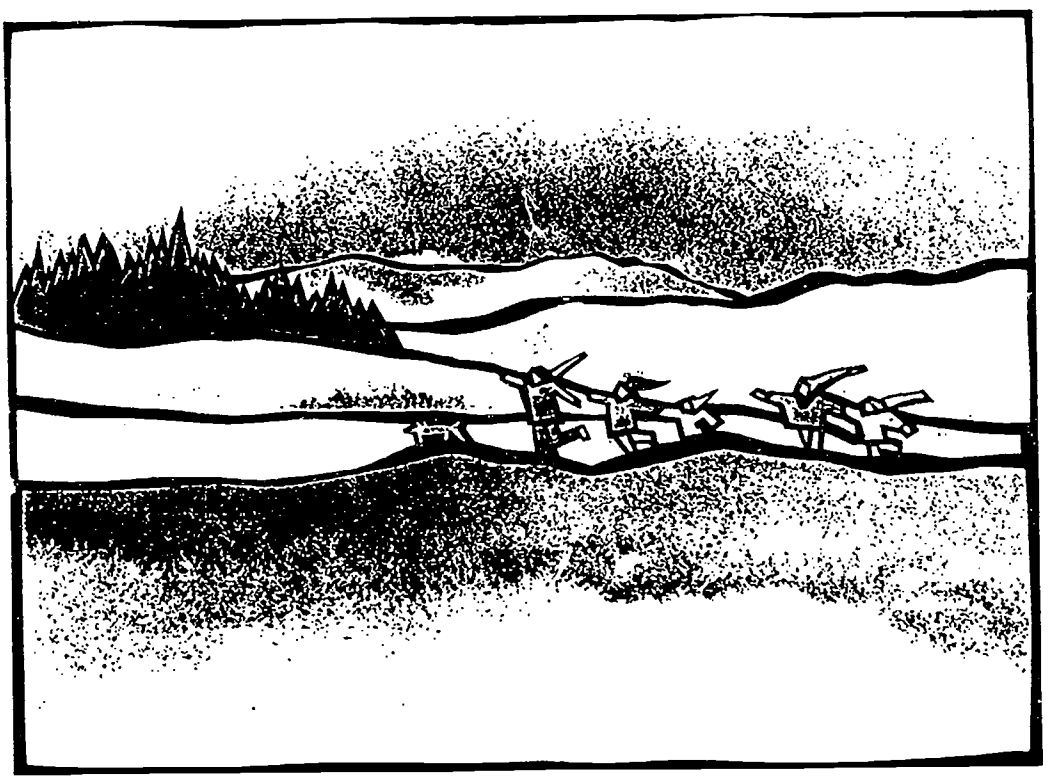
Updated March 1994

For additional copies please contact
Department of Human Services
Division of Maternal & Child Health
State House Station #11
Augusta, Maine 04333
Tel: 207-287-3311 or 1-800-698-3624

Parable

There was a man who stationed himself at the bottom of a waterfall. He saw above him children tumbling over the edge, being bruised, maimed, and killed on their way down. The man devoted his life to medically treating these children after their fall. In fact, he even got his community to raise money to build a hospital at the bottom of the waterfall for injured children. He learned that some of these children had been pushed over the edge, so he got his law enforcement agency to seek out these perpetrators, and he got the taxpayers to build a new courthouse and prison at the bottom of the waterfall for the offenders. Finally, along came another man who said, "Why don't you just go up to the top of the waterfall and put up a sign saying 'DANGER - DON'T SWIM NEAR HERE' or teach the children at the top to stay away from the edge?" The man replied, "I don't have time because I have to treat these children who have already fallen. And besides, that would cost money."

From: Kenneth Dodge, Ph.D., John F. Kennedy Center, Vanderbilt University



© 1990, Illustration by Bonnie Acker

EXECUTIVE SUMMARY

In April 1992, a 15 year old boy from Saco killed a man by hitting him with a baseball bat; in February 1993, at a Lake Region school, outbreaks of violence sparked by racism caused increased concern about discipline and loss of control; in December 1993, Portland police linked a stabbing with a gang dispute; and a Lewiston youth plead guilty to an October shooting that wounded three individuals.

All one needs to do is read the headlines in Maine newspapers to realize that we are not immune to the escalation of violent acts committed by children, teens and young adults. Teens and young adults are at greatest risk for being either the offender or the victim of violence. This growing problem threatens the health and safety of our next generation. It is perceived that juvenile offenders are younger, they are committing more serious crimes, and there is more group violence. There is a growing feeling among Maine professionals that action must be taken before things get worse. According to Dr. Lani Graham, Director of Maine's Bureau of Health, "We didn't wait until Maine had as many cases of AIDS as New York to organize a campaign to prevent the spread of AIDS in our State. Violence prevention needs to be addressed now; the health consequences of violence are enormous."

The literature suggests that the causes and effects of violence in our society are complex and interrelated. Significant contributors to violence include poverty, unemployment, racism, substance abuse, availability of guns, inadequate or abusive parenting, adult models of violent problem-solving behavior, and frequent exposure to violence through the media. As social programs have been cut and the economy has declined over the past decade, violence in homes, schools, and communities across the nation, and in Maine, appears to have worsened.

In 1989, 18.5% of Maine's children were living in poverty. This is an increase from 15.3% in 1985.[1] It is estimated that poverty rates in Maine have increased by 30% since 1980.[2] The rate of child deaths from firearms increased by 22% from 1980 to 1990.[3] Firearms have

replaced motor vehicles as the leading cause of injury death in six states. In Maine, we are seeing a similar phenomenon; deaths from motor vehicle crashes have been declining while deaths from firearms are definitely on the rise. The largest increase was due to suicides; about two-thirds of child firearm deaths are suicides.[3] The commission of hate crimes in Maine in recent years has prompted the Maine Attorney General's Office to launch a statewide educational campaign geared towards schools.

Violence among youth is not random, uncontrollable, or inevitable. Many factors, individual and societal, contribute to an individual's propensity to resort to violence, and many of these factors are within our power to change. Increasingly, many have come to realize that the problems we face must be addressed by all of society. No one organization can solve this problem alone. Successful preventive efforts require the commitment, cooperation, and coordination of resources from both the public and private sectors. At present, prevention activities in Maine are limited and fragmented. To arrest the spread of violence before more children, teens and young adults are lost, we must set effective policies, coordinate our efforts, and spend our resources wisely. Informed, comprehensive public policy designed to reduce and prevent violence is needed at all levels of government.

This document marks the beginning of a study of the incidence and impact of violence among Maine youth. The process involved in conducting this study was significantly hampered by the absence of adequate data to describe the problem. If we are to earnestly attempt to reduce youth violence in our State, consistent and ongoing data collection is a necessary first step. Broad recommendations to guide the state in addressing youth violence prevention are listed on the next page. Part Two of this study will elaborate on specific steps that could be pursued, including recommendations for Legislative action.

RECOMMENDATIONS FOR ACTION

- Designate a lead agency responsible for convening an interdepartmental task force to more thoroughly study the causes, impact and solutions to violence among youth in Maine. The task force should identify data needs and data sources and make recommendations to the Legislature on the design of a uniform data collection system.

- Require systematic collection of data, based on task force recommendations, to begin in calendar year 1995, to document the incidence and impact of youth violence. These data should also be used to evaluate the success of interventions.

- Require state agencies to review their policies, regulations and procedures to assure that these policies protect and strengthen families.

- Enact legislative measures that will reduce the risk of childhood death and injury from violence.

BACKGROUND

The 116th Maine State Legislature passed a Resolve to study the extent of the problem of violence among children, teens, and young adults in the State (H.P. 927 - L.D. 1250). The Department of Human Services, Bureau of Health, Division of Maternal and Child Health was charged to conduct the study in collaboration with the Department of Corrections, the Office of Substance Abuse, and the Bureau of Children with Special Needs. The Resolve required that recommendations be made to the Joint Standing Committee on Human Resources and the Executive Director of the Legislative Council outlining steps to reduce the incidence and impact of violence among children, youth, and young adults.

In response to the Resolve, the Division of Maternal and Child Health directed the study from August 1993 through February 1994. This report describes available data, includes findings from current literature, reports the results of written surveys conducted with professionals and young people and explores opinions from in-depth interviews with professionals working with youth. Little work was done to determine the financial burden of youth violence. It is generally accepted, however, that the costs of treatment far exceed the costs of prevention.

A committee comprised of representatives from multiple agencies was assembled to conduct this study. The committee met regularly to guide its direction and development. This report is a collective effort on the part of the Bureau of Health, Division of Maternal and Child Health (staff Cheryl DiCara, DeEtte Hall and Zsolt Koppanyi, MD) and the following individuals:

- Roxy Hennings and Bob Pendleton, Department of Corrections
- Marlene McMullen-Pelsor, Office of Substance Abuse
- Bob Durgan and Jim Harrod, Bureau of Children with Special Needs
- Ann Sheehan and Dana Hall, Bureau of Child and Family Services
- Christine Bartlett and Tom Harvey, Department of Education
- Sylvia Lund, Interdepartmental Council
- Captain Charles Love, Department of Public Safety
- Christine Zukas-Lessard, Bureau of Medical Services

Technical assistance was provided by staff of the Margaret Chase Smith Center for Public Policy who assumed major roles in conducting telephone interviews, drafting the report and analyzing Maine data. Suzanne Hart of the Edmund M. Muskie Institute conducted and analyzed a survey of professionals for the Division of Maternal and Child Health. Theresa Kerchner conducted a thorough review of the literature. The Office of Data, Research and Vital Statistics assisted with the analysis of data and produced the statistical charts for the report. Illustrations were contributed by Bonnie Acker, an artist who lives in Burlington, Vermont.

This report would not have been possible without contributions from many other individuals too numerous to list here. To all those who consented to be interviewed, those who helped administer surveys, to the many individuals we called, and especially to our staff, we extend thanks.

INTRODUCTION

Contributing factors:

Violence is a multifaceted and deep-seated problem. In researching the literature, theories describing causes of violence ranged from biological to environmental. Violence is intimately intertwined with many major social problems for which there are no simple solutions. For the purpose of this report, violence was defined as INTENTIONAL PHYSICAL ACTS COMMITTED BY YOUTH, WITH OR WITHOUT THE USE OF WEAPONS, WHICH RESULT IN PHYSICAL INJURY OR DEATH TO SELF OR TO ANOTHER PERSON. Although child abuse and neglect and domestic violence are certainly factors in youth violence, the focus of this report is interpersonal and self-inflicted violence in which children, teens, or young adults are the offenders.

It is difficult to separate domestic violence from interpersonal violence. There is a strong relationship between them. All too often those individuals affected by domestic violence also experience interpersonal violence in their lives. The same societal attitude which tolerates violence in society also tolerates violence within the home.[4]

Most studies on violence described in the literature focused on urban areas. Little mention is given to rural areas except for noting a correlation between isolation and violence. The nature of violence in rural areas is an area deserving of further study.

The United States ranks first among the industrialized nations in the rate of violence related-deaths.[5] Americans embrace violence as part of our culture. We glorify interpersonal violence and aggression in our movies and in our sports. Our toy stores are stocked with guns and they are coveted by children.[6] Violence is seen as an acceptable way to solve disputes. All these factors together promote violence throughout society. Young males seem more vulnerable to these messages than any other group of individuals.[7]

Experts in the field of violence prevention have pointed to a variety of factors that contribute to the violence found in our society. The American Psychological Association's report "Violence and Youth:

Psychology's Response" identifies a child's history of previous violence as the predominant predictor of that child's involvement in violence. Criminal offenders frequently have a history of experiences related to rejection, broken homes, brutality, family discord, severe deprivation, or instability. The witnessing of acts of violence in the home, inconsistent and physically abusive disciplinary techniques, and parental rejection of the child are all documented as contributors to aggressive behaviors. [6]

The literature is replete with references pointing to poverty as one of the core elements of violence. A correlation between poverty and violence is well documented in the literature. Poverty not only affects relationships within the family but also affects the community. In communities where poverty is prevalent there is often little support for children. In these communities not only families but also schools lack the resources to address the needs of children. Unemployment damages the self-esteem of parents and can lead to family disruption. The disintegration of families often results in poverty with excessive burdens placed on women who are single parents. Children without supportive families and without positive adult male role models may turn to gangs or antisocial groups of teens to provide each other with support and recognition.[6] "Isolation is a killer. We must anchor all children with people who care, give them responsibilities for others, harness their energies to help solve community problems, and communicate to them that they are needed and valued, every one of them."[8]

The problem of violence, however, transcends socioeconomic boundaries. No social group in our society is invulnerable. Other frequently cited causes of violence are lack of skills to handle conflict without violence, easy access to firearms, violence in the media, and the abuse of alcohol and drugs. Inherited factors, biological factors (e.g. fetal and birth trauma or head injuries) and mental illness are also important factors to be considered.[6]

In 1990, handguns were used to kill 87 people in Japan, 68 in Canada, 22 in Great Britain, 10 in Australia, and 10,567 in the United States.[9] It is relatively simple for youth to obtain firearms. In a survey conducted by Louis Harris Research Inc., in July 1993, 59% of students from 96 middle schools and high schools across the country

said they could quickly obtain a handgun.[10] There is widespread ownership of guns, with an estimated 40-50% of households in the nation owning guns. Half of these are handguns. The increased availability of handguns has made violence more deadly than ever before.[7]

The use of alcohol and drugs play a significant role in violence but this is not the root of the problem.[7] Alcohol appears to dim inhibitions; drug use clouds judgement; their use is known to increase the likelihood of violence. In about 65% of homicides, the offender and/or the victim had been drinking. In about 55% of assaults in the home, alcohol was a factor.[6] In addition, certain illicit drugs are strongly associated with aggressive behavior.[7] Among both young people and adults, violence often occurs in places where alcohol is consumed.

Television and the movie industry also bear a heavy responsibility for glorifying violence.[7] In 1982, a National Institute of Mental Health study of the literature documented the connection between media violence and aggression in children. The increase in the rate of suicides has also been correlated with media violence. Violence is depicted as normal and painless. The Children's Defense Fund estimates that children watch about 21 hours of television per week.[12] According to the National Institute of Mental Health, 80.3% of TV shows contain violent acts and a typical program shows 5.2 violent acts per show.[11]

There are populations who are particularly vulnerable to violence. Girls and young women, gay and lesbian youth, and those with disabilities are at higher risk due to biases, discriminatory behaviors, and inequalities of power in our society.[6]

Research has shown that males and females are both at risk for suicide; however, as boys generally choose guns rather than a less effective method, they are more often successful in their attempts. This trend is changing as more females select guns as their method of suicide. Adolescent suicide is frequently referred to as a permanent solution to a temporary problem. When teens feel their primary needs of security, achievement, trust, and friendship are not met, a sense of overwhelming powerlessness may result. Suicide may seem the only way out of their pain. It is normal for adolescents to experience major

fluctuations in their emotions. The combination of this developmental stage and easy access to firearms has too often resulted in suicide among teens. It is believed that the primary means of preventing suicide is the presence of a supporting, caring person who is able to connect with the youth.[13] Decreasing access to firearms in the home can also be an important factor in preventing youth suicide.

Possible strategies for prevention:

Just as the contributing factors to the problem of violence are extensive and varied, so must be the solutions to the problem. The literature strongly suggests that a public health approach to this problem be taken, similar to national campaigns against drunken driving and smoking. All facets of our social system including health, education, criminal justice, and social services must be involved.[7] We must investigate a broad spectrum of solutions from changing societal attitudes toward violence to more specific approaches such as beginning conflict resolution programs in our local schools.

It is less costly to society to prevent violence from happening than it is to treat or punish offenders of violence after the fact. Increasingly, we have come to realize that the problems must be approached at all levels in society. Successful preventive efforts require the commitment, cooperation, and coordination of multiple state and local resources.

Strategies for home, school and community:

In order to avoid violence stemming from biological causes (e.g. fetal alcohol syndrome, head trauma), we must assure appropriate perinatal care for all women, promote adequate health care for women and children, and encourage programs which prevent injury. [6]

Some promising work has been done by David Hawkins and others to identify the protective factors that foster resiliency in children.[20] Studies show that positive school experiences can have a major impact on a child's resilience. Positive early school experiences and nurturing relationships with teachers contribute to a child's ability to cope with stress and trauma.[14] Recapturing a sense of community is imperative.[15] Children need a sense of belonging, to feel connected,

and a place where people are concerned about them. Communities must support parents in raising children. The American Psychological Association recommends primary prevention programs which assist parents in improving their ability to parent such as home visiting programs and parenting skills training. Programs which institute non-violent standards of behavior have proven successful. For example, Central Park East Secondary School in East Harlem began an anti-violence program. Their rules simply stated that there was to be no fighting, not even as a game. There was to be no threat of fighting, and in the event that someone broke a rule, no fighting back either on or off school grounds. The rules were clear and consistently enforced. The program was found to change the attitude of the students. It was reported that students "do not accept violence; students feel safe".[15]

School-based prevention programs have been shown to reduce at-risk behavior.[6] Teaching conflict resolution skills to students has been found to be effective. Between 66-78% of teachers reported that students' behavior improved after the Resolving Conflict Creatively program began in New York schools.[15] At a minimum, we must teach children to deal with aggression and violence.[16]

Attorney General Janet Reno states that we must look beyond gun control and prisons to address this problem. She says we must make sure parents are prepared to be parents, we must address domestic violence, we must intervene through our criminal justice and medical institutions, and we must encourage school programs that "teach children how to resolve conflicts peacefully without resorting to fists or knives or guns."[17]

Components of a successful program:

Several authors identified specific ingredients that make prevention programs successful. The importance of evaluation cannot be overemphasized. Information gained from evaluating program interventions is essential to determining the success or failure of the interventions. Through evaluation the following have been found to positively impact the success of programs:

- At least one responsible adult is connected with the child and is attentive to his/her needs. [6, 18, 19]
- Programs are community based with collaboration among the community including the family, school, and agencies. [18, 20]
- Families, schools, peers and organizations are empowered to provide value-based, healthy and nurturing environments for all youth. [18]
- Problems are identified and interventions made early . [6, 18, 20]
- Basic cognitive and social skills such as refusal skills and conflict resolution are taught to all children.[7, 15]
- There are appropriate staff development opportunities for those responsible for programs.[18]
- Peers are engaged in the interventions.[18]
- Clear expectations are set and consistently enforced. [20]

INCIDENCE OF YOUTH VIOLENCE IN MAINE

Meaningful statistical information on the incidence of interpersonal and self-inflicted violence among Maine youth is limited. This section will elaborate on what is known, however, it must be emphasized that this is only a small part of the story. For the purposes of this study, the following data sources were consulted: trauma registry reports; uniform crime arrest data and reports; vital statistics mortality data; hospital discharge data; census data; Attorney General's Office hate crime data; mental health program data; Maine Pregnancy Risk Assessment Monitoring System (PRAMS); sexual assault crisis center data; and data from state-specific studies on juvenile offenders, mental health clients, high risk students and homeless youth. In addition, a survey of 542 helping professionals, in-depth interviews of 26 professionals, and three surveys of 2800 youths were included in this study. The survey and interview data are based on the reported knowledge, attitudes and behaviors of respondents and are therefore most useful in describing the impact of youth violence in Maine.

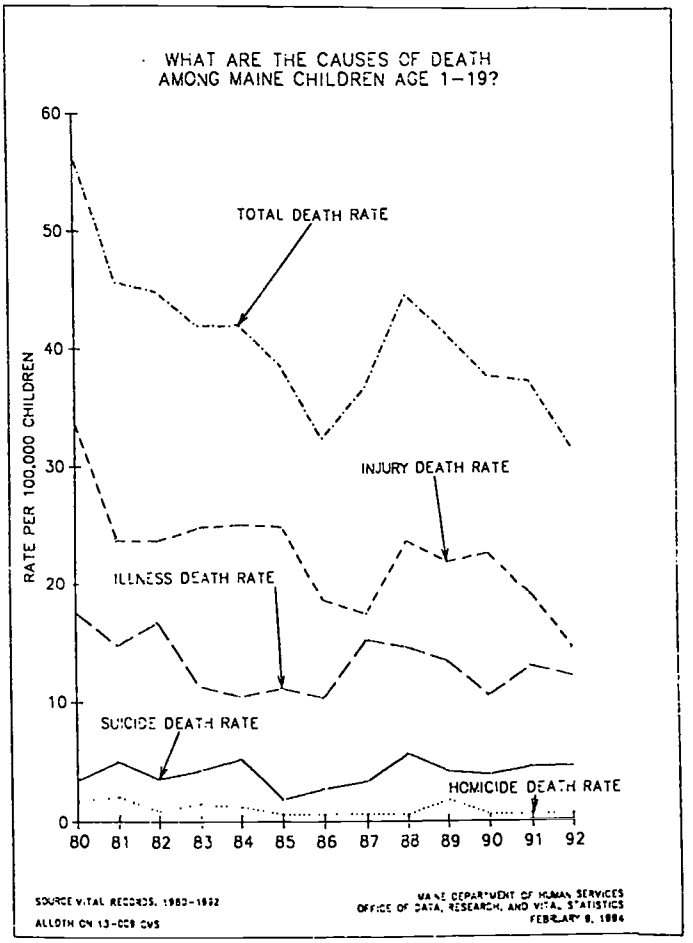
There are data to describe deaths from violence and we can use these data to make comparisons to national mortality rates. Deaths from violence are only the tip of the iceberg; however, it is extremely difficult to describe the incidence of violence that does not result in death.

Data from hospital discharges are not useful in describing the occurrence of violence among Maine youth; less than half of these data are coded to indicate the reason for an individual's hospitalization. Uniform Crime Report data are limited in the following ways: the data count arrests, not convictions; not every youth is reported or caught; the numbers include multiple offences; and the data indicate only the age and sex of the offender and not of the victim.

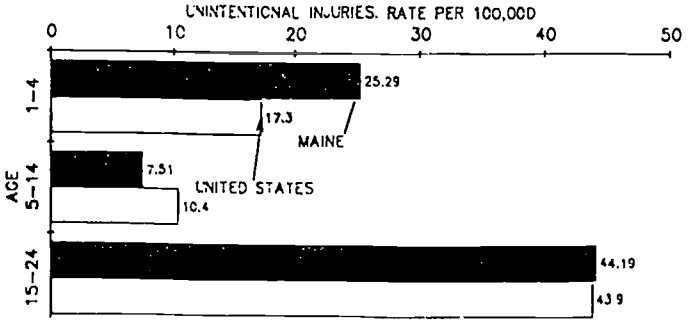
WHAT ARE THE CAUSES OF DEATH AMONG MAINE CHILDREN?

Injuries are the leading cause of death for children.

In 1992, approximately 62% of deaths to Maine children ages 1 - 19 were due to injuries. Injuries take a higher toll on adolescents than any other age group; 81% of total deaths to 15 - 19 year olds from 1989 - 1992 were from injuries. The overall death rate for 1 - 14 year olds in Maine declined slightly from 1980 to 1992.



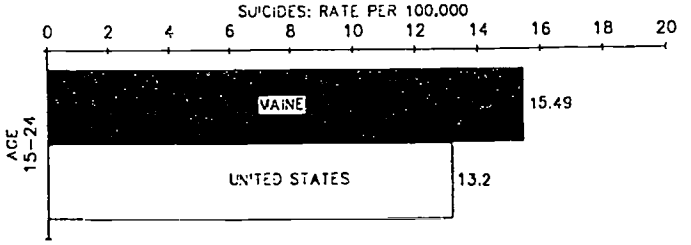
The injury death rates of Maine children between the ages of 1 - 4 and 15 - 24 exceed national rates.



Source of Data: Maine and National Vital Records, 1990

BEST COPY AVAILABLE

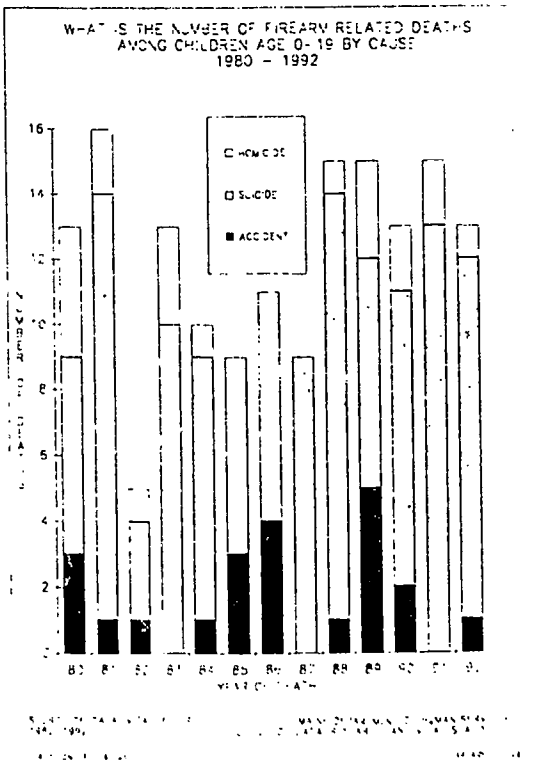
The leading cause of injury death in 1992 was motor-vehicle related, but suicide was the second leading cause of death for 15 - 19 year olds and the second leading cause of death for 10 - 14 year olds (tied with cancer). The rate of suicide deaths for young people in Maine has been on the rise. The suicide death rate for 15 - 19 year olds increased from 9 per 100,000 in 1980 to a rate of 14 per 100,000 in 1992. A look at the 15-24 age group reveals a Maine suicide death rate of 15.49 per 100,000 as compared to a national rate of 13.2 per 100,000 in 1990.



Source of Data: Maine and National Vital Records, 1990

Homicide deaths are less of a concern for Maine youth. Homicide among Maine youth is well below the national average. In 1992, there were no homicide deaths among 15 - 19 year olds. The national death rate for 15 - 24 year olds from homicide was 19.9 per 100,000 in 1990, the Maine rate for the same period was 2.86 per 100,000. In the four year period from 1988 - 1991, 4 males and 2 females between the ages of 15 - 19 died as a result of homicide in Maine.

A review of child deaths involving firearms from 1980 - 1992 reveals a disturbing trend. The largest increase in child firearm deaths was suicides, accounting for about two-thirds of firearm deaths. For more on the leading causes of child injury death in Maine, see the appendix.



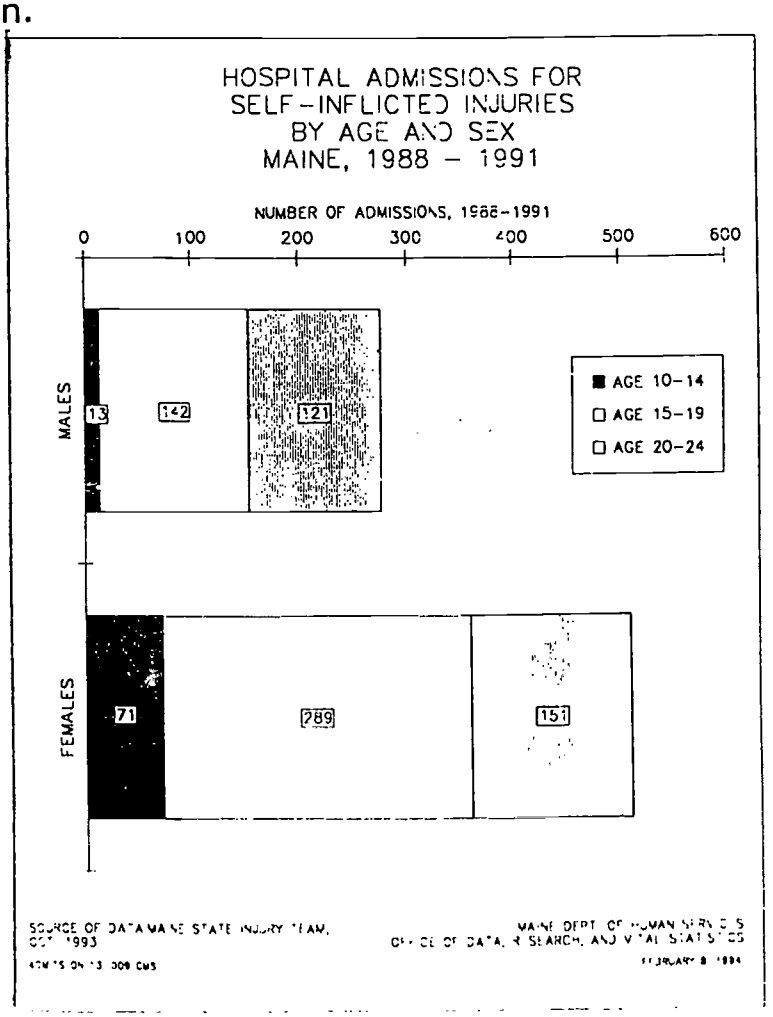
The number of child deaths from fires set by children is another area of concern. Again, lack of appropriate data collection is a major barrier to describing the extent of this problem. In the five years from 1989 - 1993, 13 children died in fires they or another child set (Fire Marshalls' Office Data). In the 13 year period from 1980 - 1992, 1137 juveniles were arrested for arson, an average of 87 per year.

WHAT ABOUT INJURIES THAT DO NOT RESULT IN DEATH?

Self-Inflicted Injuries

A Maine Department of Education survey of youth risk behaviors in 1993 found that 11% of teens responding had actually attempted suicide in the past year and that 4% had injured themselves seriously enough to require medical attention.

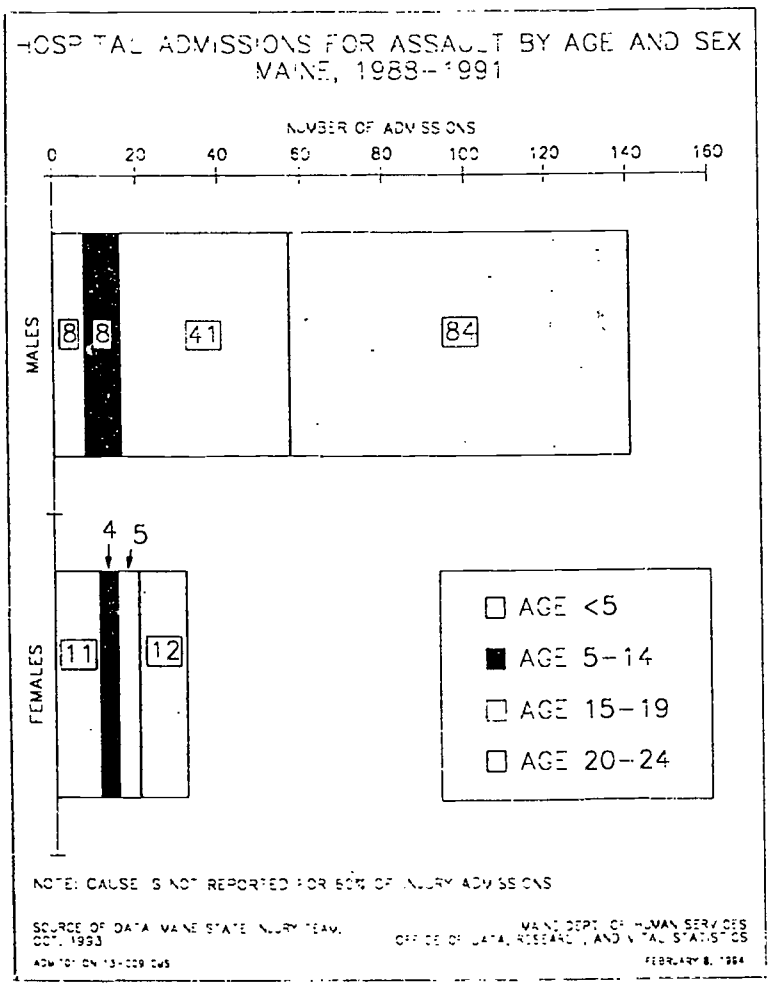
Hospital discharge data for the four years from 1988 - 1991, with only 40% of the records coded to indicate cause of injury, counted more than 500 females and 276 males admitted for self-inflicted injuries. These numbers exclude poisoning admissions and therefore reflect the more violent self-inflicted injuries.



BEST COPY AVAILABLE

WHAT IS KNOWN ABOUT ASSAULT INJURIES AMONG YOUNG PEOPLE?

Hospital discharge data only illustrate what is known about injuries from assault that were serious enough to require hospital admission. We do not have data to describe assaultive injures that are treated in an emergency room or a physician's office, or are left untreated.

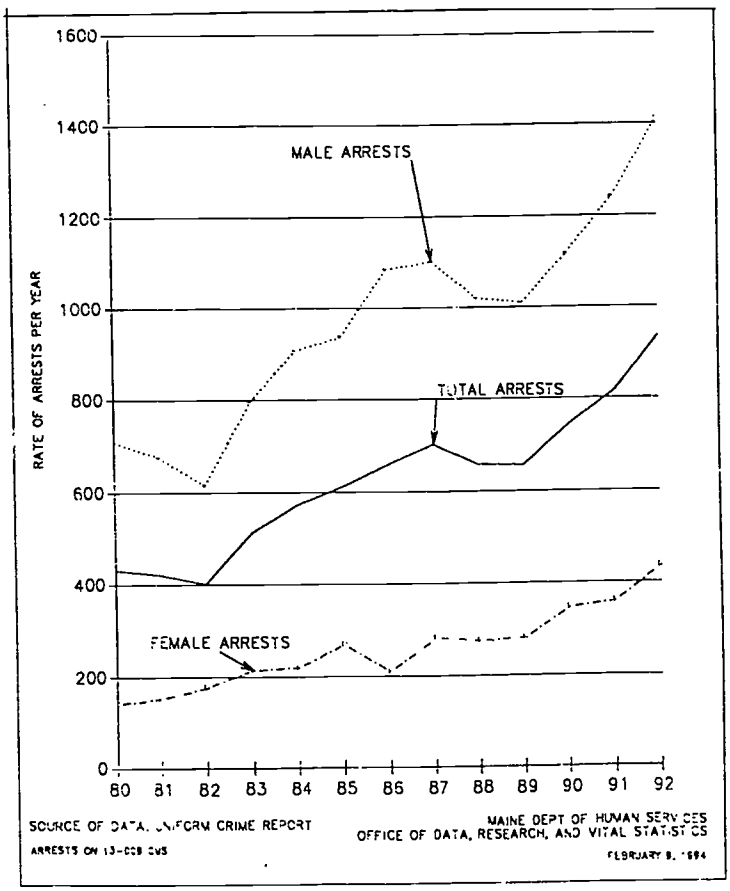


Violence seems to occur more frequently among adolescent pregnant women (under 19) than among older pregnant women. In a recent one year period, eighteen percent of Maine's adolescent mothers reported being physically hurt by their partner or being in a physical fight during the 12 months before their baby was born; while 5% of older mothers reported being hurt. Of the adolescents experiencing physical violence, 47% were in a physical fight and 13% were injured by their partner.[3]

From 1980 to 1992, the rate of arrest for juvenile crimes has increased.

Violent crimes include: murder and nonnegligent manslaughter; manslaughter by negligence; forcible rape; robbery and aggravated assault. The number of male arrests was substantially higher than female arrests.

Rate of Juvenile Arrests for Violent Crimes

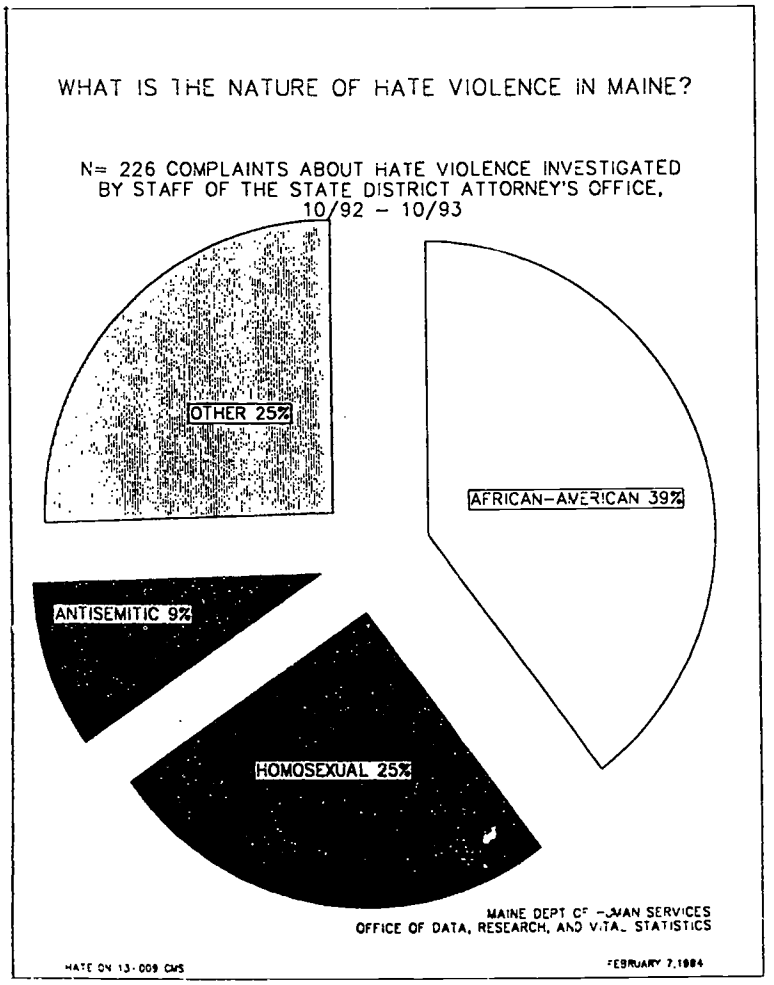


This graph illustrates the rate of arrests per 100,000 population calculated separately for males and females. The total arrest rate is based on both male and female arrests per total male/female population.

WHAT IS KNOWN ABOUT HATE VIOLENCE IN MAINE?

Prior to 1992 there was no formal documentation of violence as the result of prejudice in Maine. In response to a Federal mandate charging states to collect data on crimes "motivated by religious, ethnic, racial or sexually-oriented prejudice," beginning in 1992, Uniform Crime Report arrest data will include the incidence of arrests for hate crimes. (S.P. 425 - L.D. 1334)

Attorneys in the Maine Attorney General's Office have begun to address the commission of hate crimes. From October 1992 to October 1993 their staff investigated 226 complaints. In these cases, many of the offenders were young males acting against other young males on or near school grounds. The victims in about 39% of these crimes were African Americans; 25% were homosexuals; and 9% were Jewish.

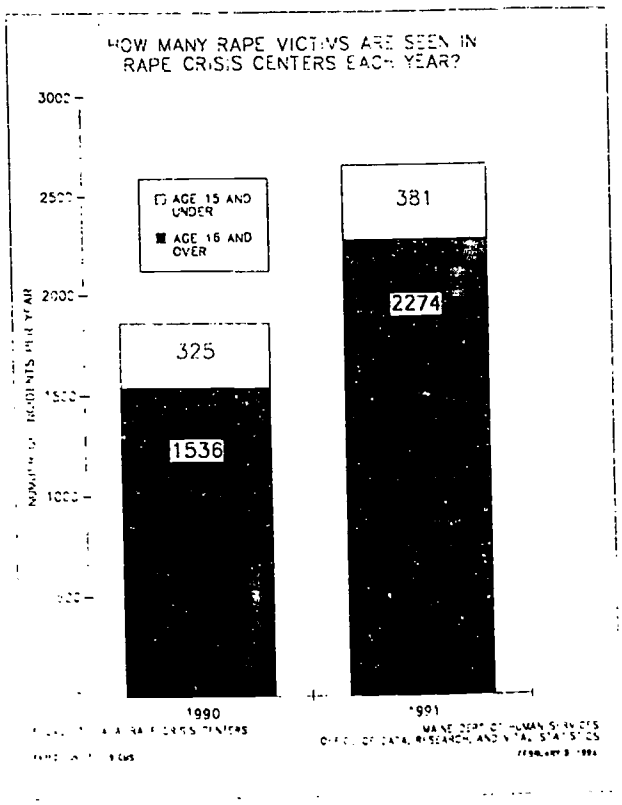


Seventeen enforcement actions were brought to court by the Attorney General's Office during this one year period in Maine. By comparison, each year in Massachusetts, which has a full-time civil rights division, approximately 15 - 18 enforcement actions are taken to court.

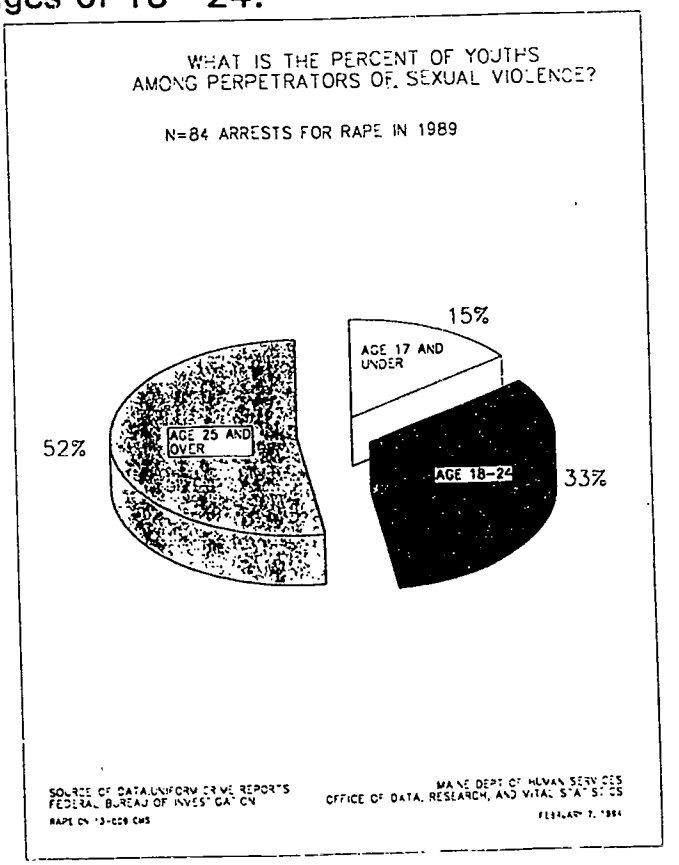
BEST COPY AVAILABLE

THERE ARE LITTLE DATA AVAILABLE ON THE INCIDENCE OF SEXUAL VIOLENCE IN MAINE

The Uniform Crime Reports collects arrest, not conviction, data. Many rapes are thought to go unreported. A review of juvenile rape arrest data shows an average of 11 juveniles arrested per year, a rate increase of 28% in the four year period of 1989 - 1992 as compared to the four year period from 1980 - 1983.



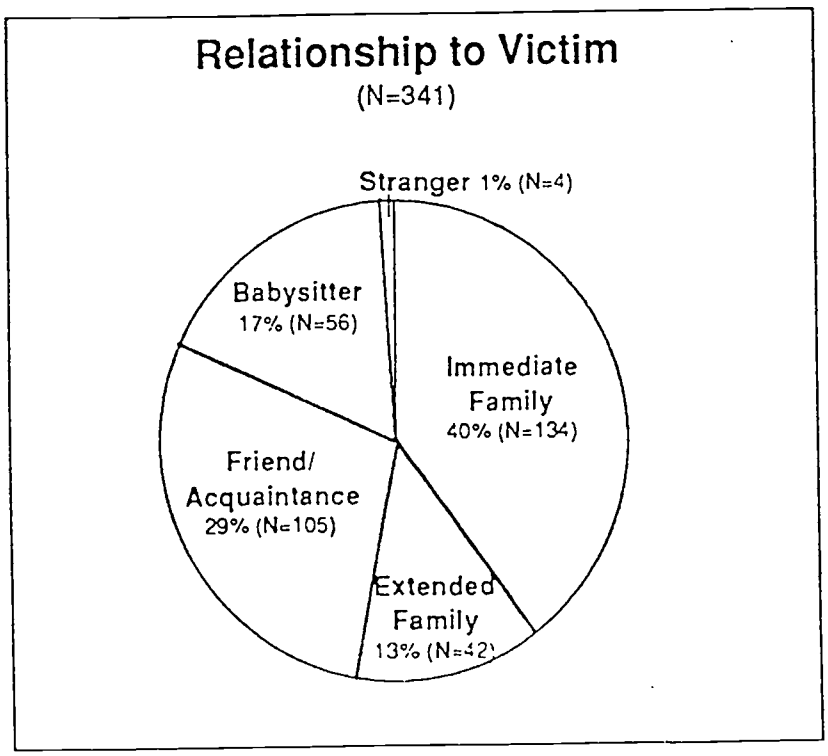
Out of 84 arrests for rape in 1989, 15.5% of the offenders were under age 18 and 33.3% were between the ages of 18 - 24.



Data collected by the rape crisis centers from rape victims in the State documented 1,861 reported incidents of rape in 1990 and 2,655 reported incidents of rape in 1991, an increase of about 30%.

A study on juvenile sex offenders in Maine was conducted by the Children's Policy Committee of the Interdepartmental Council in 1989. Eighty-nine percent, or 308 offenders were males, with a median age of fourteen. Eleven percent, or forty offenders were females, with a median age of eleven. The data revealed males and females between three and ten years old were proportionately the largest group of victims. The most frequent age of victimization for boys was eight, whereas for girls it was five years old.

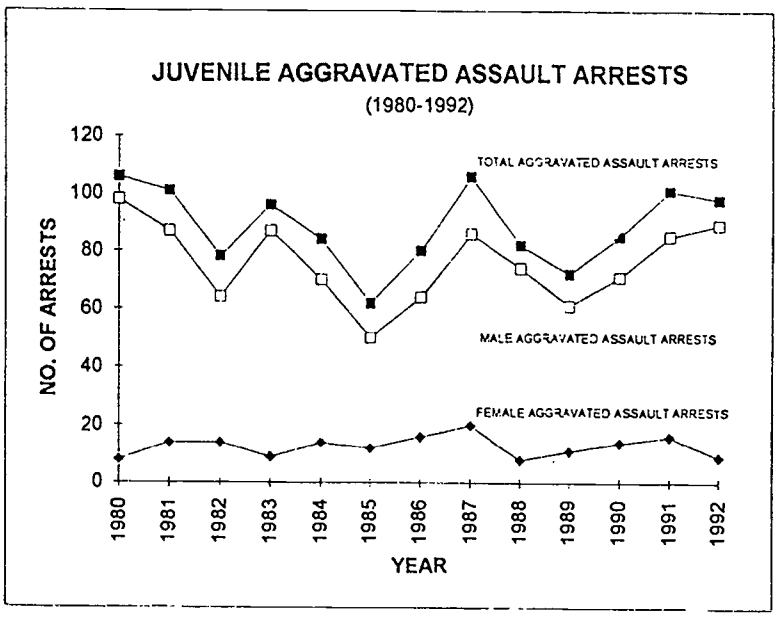
Only one percent of the offenders were strangers to their victims. The relationships between victims and offenders are described below.



Based on a survey of young sex offenders on Department of Human Services, Probation and Parole, and Maine Youth Center caseloads between July 1988 and June 1989.

ARREST DATA PROVIDE ONLY A SMALL PIECE OF THE PUZZLE OF YOUTH VIOLENCE IN MAINE

Juvenile arrest data show an average of 89 arrests annually for aggravated assault from 1980 to 1992. According to Uniform Crime Report data, the number of juvenile arrests for rape increased from 7 to 23, aggravated assaults from 78 to 98, other assaults from 479 to 1116, and weapons charges from 30 to 66.



An Aggravated assault is an attempt or offer, with unlawful force or violence, to do physical injury to another. This type of assault is usually accompanied by the use of a weapon or other means likely to produce death or serious bodily injury. Attempts are included since it is not necessary that an injury result when a gun, knife, or other weapon is used which could and probably would result in serious personal injury if the crime is successfully completed. Assaults with personal weapons (hands, feet, fists) are scored as aggravated if there is personal injury requiring more than simple first aid to treat.

Some police departments keep statistics on serious habitual offenders. Portland police data show that a small number of juveniles commit a large number of all juvenile crimes. In Portland, the average serious habitual offender has been arrested a dozen times.

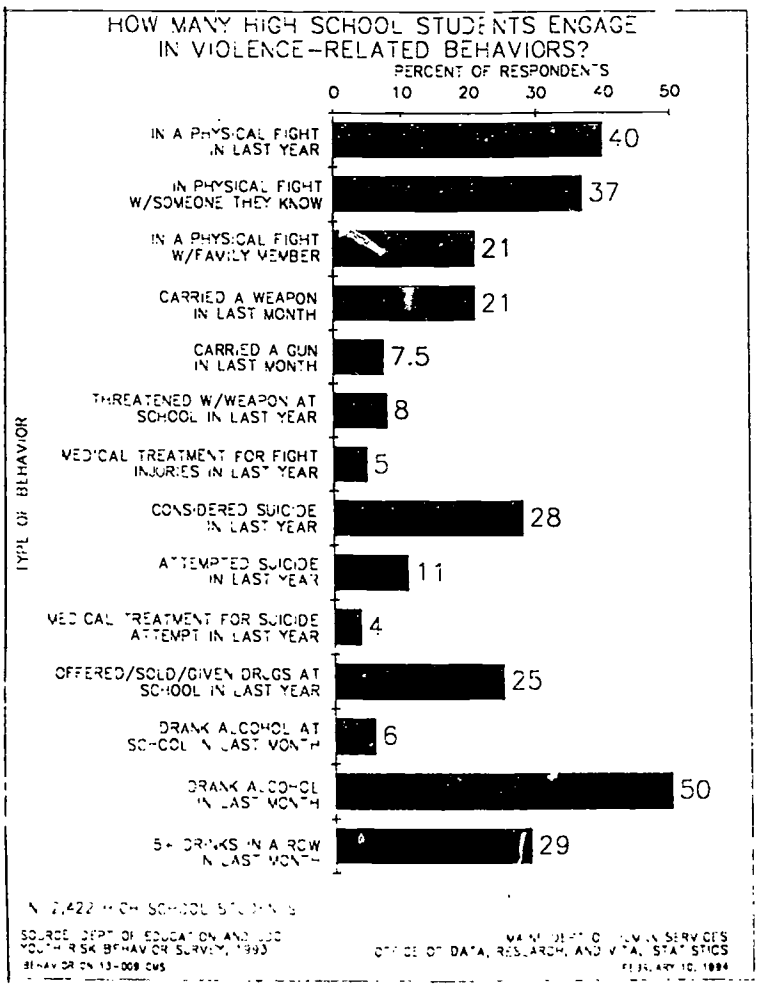
We do not know the percent of arrests where substance use or abuse was a factor. We do not know the age and gender of the victims of youth violence in Maine. We do not know what precipitated these violent crimes, or how many arrests were of repeat offenders. The data tell us nothing about the risk factors experienced by the youth who were arrested.

BEST COPY AVAILABLE

WHAT IS KNOWN ABOUT YOUTH RISK TAKING BEHAVIOR?

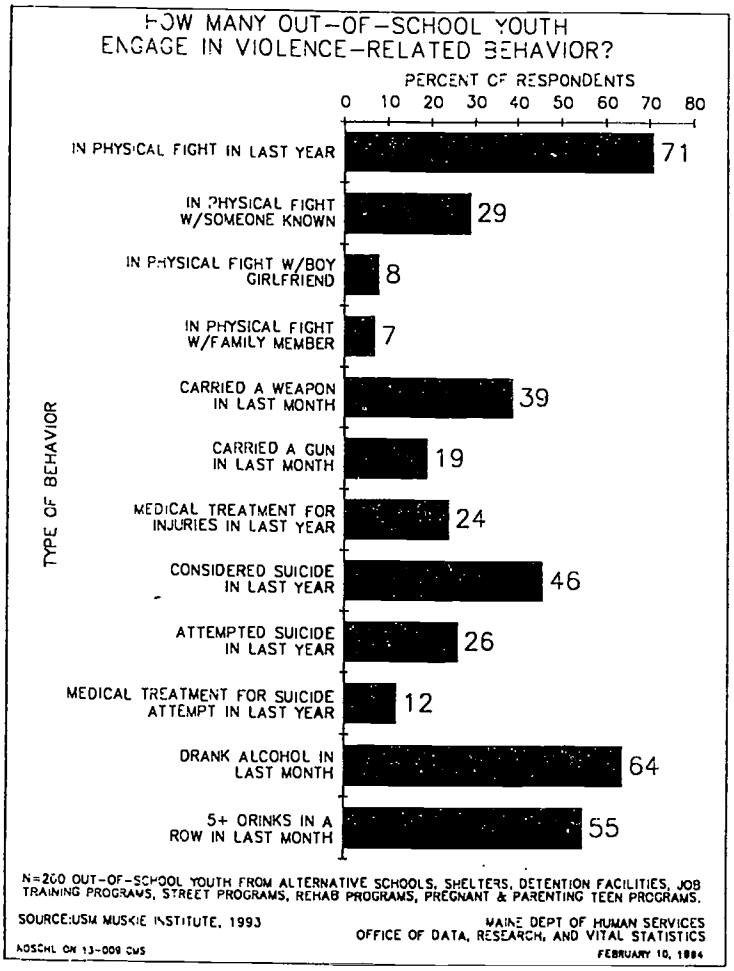
The Institute for the Study of High Risk Students at the University of Maine recently surveyed teachers of kindergarten through second grade regarding their perceptions of the most unusual behaviors of students in their classes. In response, seven of ten teachers described aggressive and violent behaviors towards peers, without apparent remorse.[21]

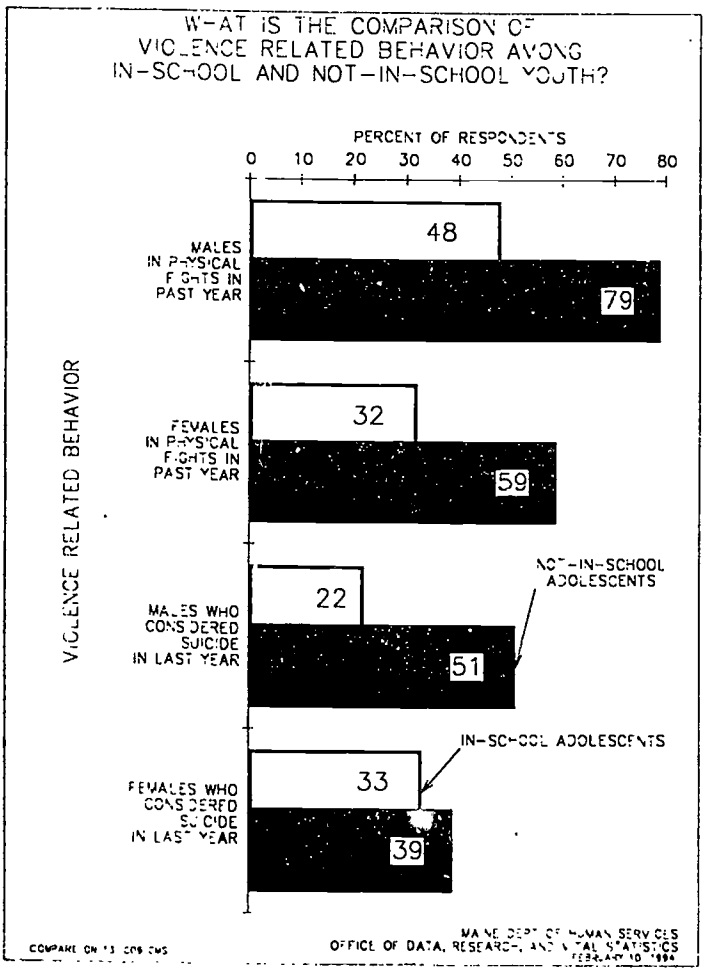
A survey of 2422 Maine high school students was conducted in 1993 by the Department of Education in cooperation with the U.S. Public Health Service, Centers for Disease Control (CDC). The purpose of this survey was to collect information directly from youth about certain risk taking behaviors. The results of particular relevance to violence follow.



BEST COPY AVAILABLE

Many high school age youth were not included in the CDC study because they do not attend school. The Survey Research Center of the Muskie Institute at the University of Southern Maine was contracted by the DMCH to survey 200 of these youth. Youth from alternative schools, shelters, detention facilities, non-school job training, street programs, rehabilitation programs, and pregnant and parenting teen programs were polled.





A comparison of the responses of in-school and out-of-school youth revealed more reported violent behavior among males and females who are not in school.

WHAT DO HIGH SCHOOL YOUTH SAY ABOUT VIOLENCE AMONG THEIR PEERS?

A small sample (157) of students from two central Maine high schools were surveyed, using a revised version of the Muskie Institute survey. While we cannot make generalizations for all youth in the state on such a small sample, a brief summary of the results follows.

The students were asked to indicate behaviors they had personally seen or known about from a list. Almost all of the students reported seeing or knowing of behaviors that threatened physical harm. Seventy-four percent knew of hatred of people who are different; 53% reported knowing of weapon carrying; 40% knew of suicides or attempted suicides; and 27% knew of gang or group fighting.

The most important reasons given for violent behaviors follow: Seventy-six percent of students stated that violent behavior comes from hanging out with the wrong friends; 76% said it comes from use of drugs; 73% said happens because parents don't care; 72% blamed use of alcohol; and 64% stated that violent behavior occurs because people hate people who are different.

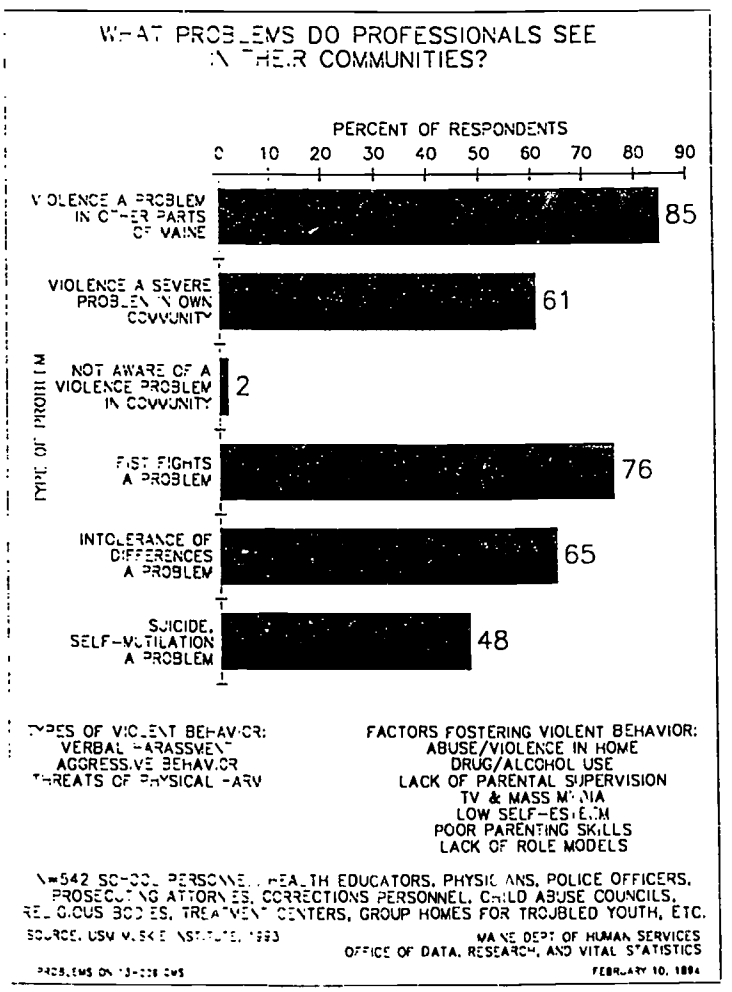
WHAT ABOUT YOUTH RESIDING AT THE MAINE YOUTH CENTER?

In 1993, 179 Maine Youth Center residents were surveyed. Thirty-one percent reported that they were in the custody of Department of Human Services. They reported that they first began to get into trouble in school in grades 4, 5 and 6; and that, on average, most dropped out of school in the 8th and 9th grades. They reported beginning to enjoy 'doing criminal things' between the ages of 9-12 and that their first trouble with the police was between ages 11-13.

HOW DO PROFESSIONALS VIEW VIOLENCE AMONG CHILDREN AND TEENS?

Professionals Survey

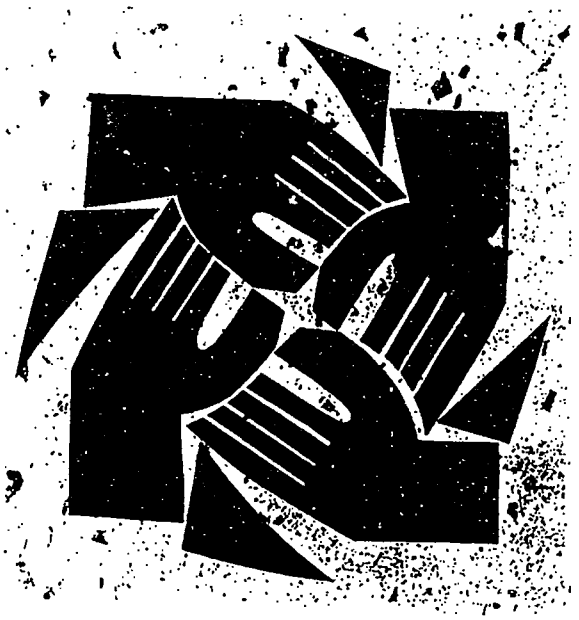
Through a contractual agreement between the DMCH and the Muskie Institute of University of Southern Maine, a mailed survey was distributed to school personnel, health educators, physicians, civil rights officers in local police departments, prosecuting attorneys, juvenile corrections personnel, municipal recreation directors, child abuse councils, religious organizations, treatment centers and residential group homes for troubled youth, and others who work with children and youth. Five hundred and forty-two professionals responded. Only two percent of respondents indicated that they were not aware of any violent behavior among children and teens in their communities. More than sixty percent reported that violence is a severe or very severe problem in their community.



BEST COPY AVAILABLE

More violent behaviors were reported in urban than in rural areas, although all types of violent and aggressive behaviors were reported in urban, suburban and rural areas.

Respondents were asked to identify what they felt were the most important factors in fostering violent behavior in youth. Consistent with the literature, factors mentioned most often were: abusive or violent home environment, drug and/or alcohol use, lack of parental supervision, TV and other media, low self-esteem, poor parenting skills, and lack of appropriate role models.



© 1990, Illustration by Bonnie Aker

IN-DEPTH INTERVIEWS

Extensive interviews were conducted by the Margaret Chase Smith Institute of the University of Maine. Twenty-six Maine professionals from law enforcement, mental health, medicine, education, juvenile corrections, probation and parole, foster care, sexual assault crisis intervention centers, group homes, homeless programs and family counseling programs participated. These interviewees interact with youth and families on a daily basis and are intimately acquainted with interpersonal and self-inflicted violence among youth. They were asked to describe violent youth behaviors, contributing factors, individual and community impact, and strategies for intervention and prevention.

The following summarizes the strongest patterns in the interviewees' responses. There were many points of agreement among all twenty-six interviewees. They felt that the incidence of "random" violence in the State is still low, but that the incidence of family-centered, domestic and sexual violence is high. This concern was noted because exposure to family violence increases the likelihood that youth will turn to interpersonal and self-inflicted violence.

There was a general sense that the problem of self-inflicted and interpersonal youth violence in Maine is becoming more serious in terms of frequency and severity. The interviewees observed that many of today's youth seem to have a greater tendency to quickly resort to violence. Interviewees reported observing more verbal violence, emotional violence (taunting, threatening, hatefulness toward vulnerable groups), and physical violence. They also felt that youth are displaying violence at earlier ages than in the past and that it often results in more serious injuries. "Juvenile crime has always existed, but today's youths have less parental supervision, are more violent and have better access to weapons. Soaping windows and stealing hubcaps have given way to armed robbery and aggravated assault. What were cuts and bruises 10 years ago are gunshot and knife wounds today."

No one factor was described as the single cause of youth turning to self-inflicted or interpersonal violence. Interviewees suggested that youth exposure to or experience of one or more factors may lead to

violence. As stated by one interviewee - "If you add chemical abuse and a low maturity level together you may have violence. If you add a weapon to the scenario then you have a potentially deadly combination. Add the perpetrator who was a victim of violence him or herself, a mental health problem or learning disability of some sort...It doesn't take much to make the right combination."

Violence cuts across income-level, age, ethnicity, and geographic location. Many noted that certain factors increase the likelihood of youth resorting to interpersonal or self-inflicted violence. However, they also noted that to some extent all youth are exposed to or experience the factors that are known to contribute to the development of violent behavior such as child abuse, domestic violence, media violence, substance abuse in the home, youth alcohol and/or other substance use, and mental health disorders. They emphasized that the more isolated, helpless or hopeless a youth feels, the greater the chances he/she will resort to violence.

Violence among the State's youth appears to be moving from an individual to a group violence problem. For example, in public schools, fights that used to be between two students now evolve into a series of fights between friends and/or allies of the original students.

A lack of understanding about gang activity in Maine was noted by interviewees. Based on their professional experience, only three interviewees were able to comment on gang activity among youth. One individual noted that the media perpetuates a false stereotype of gangs; he cited a recent study by The National Institute of Justice which indicated that 37% of gangs are 'fighting gangs.' Fighting gangs practice assaultive behavior, use few or no drugs, and commit property crimes for pocket change. It was noted that police from southern and central Maine have observed this type of gang behavior. Law enforcement, education, and the social service system need to work together to prevent gang activity from developing in communities throughout the state.

Professionals confirmed that little is known about cult activity in the State. "The State has to acknowledge that Satanism may be an issue...". "As a police officer I hear about it as a topic more often. It seems to surface more in a rural context." There were no known

cases of actual cults in Maine. It was felt that some youth may use the language without truly practicing formalized ritualistic cult behaviors.

Societal attitudes toward violence and its victims foster the perpetuation of youth violence. There is both acceptance and encouragement of violence as a means of solving problems and of achieving success in American culture. Through the media, violence is glamorized and at times magnified to provide an inaccurate picture of violence in our world.

The acceptance of differences among people is not encouraged. "Celebrate everybody. We allow children not to appreciate people for who they are and what they are... Teach kids that disagreeing with someone's ideas does not mean that you cannot accept them as people."

Today's youth are lacking in skills that would help them avoid violence. Low self-esteem was described by nearly every interviewee as a major contributor to the violent behavior of youth. The interviewees also noted that youth lack conflict resolution skills, don't know how to manage their feelings, and generally lack positive interpersonal skills.

Witnessing and experiencing violence influences children's perception of these behaviors. Both through the media and in their immediate life experiences, children observe large amounts of real and perceived violence. This contributes to violent behavior by normalizing it; to some extent, youth become less sensitive to violence. Many youth learn violence from their home environment. If a parent is violent, children learn that this is the way to behave.

Parents who feel worthless, disconnected, helpless or hopeless tend to raise children who feel the same. It was noted that many parents lack positive and effective interpersonal skills. People with poor interpersonal skills have limited alternatives for managing their emotions, solving problems, or settling conflicts. This increases the likelihood that their children also will lack these interpersonal skills.

Youth who use chemical substances are more likely to turn to violence. Alcohol and drug use among youth are seen as contributing both directly and indirectly to the problem of violence. Youth are often under the influence of a chemical substance at the time of a violent offense. Interviewees observed that, in their experience, youth who use alcohol are more likely to act violently than those who do not.

As a society we do not recognize the contributions youth can make to improving the quality of life for themselves and their communities. Children have no political power. They are often left out of decision-making processes; their voices are seldom heard. Unless there is a problem, most children go unnoticed. "Few, if any, programs and/or agencies have done enough in involving youth. There is a tendency on the part of adults to think that they have all the answers and to treat youth as passive consumers." Many youth have too much 'empty time' with few options for constructive and meaningful ways to spend it. Several interviewees expressed discouragement with the lack of activities in the community in which youth could participate. "Children are not offered meaningful opportunities at young ages and their input has not been valued...kids seldom feel meaning in their lives and violence is a meaningful experience."

A diminished sense of community means more isolation for youth. As a society striving for individualism we have become isolated and independent of each other. According to the interviewees, this has allowed the problem of violence to grow by creating a society lacking in shared values and support systems. Besides not having clear guidance about how to behave, youth become disconnected and detached. This detachment can lead to a decreased sense of respect for the self and others. This lack of respect makes it easier for youth to hurt themselves and other people.

Resources (time, money, and human energy) are being utilized to react to this problem rather than to implement prevention programs which could help children to reach their full potential. Interviewees stressed that much of society's resources, including their organization's resources, go toward managing or intervening after violence has occurred. "We are losing a tremendous resource by letting these kids fall through the cracks..." "Teachers are forced to

spend too much time dealing with this issue rather than educating."

There were strong patterns of agreement about prevention. There was consensus that a great deal is already known about how to effectively address this issue. We have learned much from other public health efforts, for example, smoking cessation, drinking and driving and the prevention of teen pregnancy. Responses indicated a belief that significant community support for prevention already exists, and what is lacking is coordination of efforts and resources. "The most urgent matter is redirecting policy. I believe policy needs to be set at the State and Federal levels."

Although prevention stood out as the preferred direction, there was a definite feeling of urgency concerning intervention with youth already behaving violently. Throughout the interviews it was apparent that the complexity of this issue called for strategies on a variety of levels - individual, family, school, church and the broader community. "We have to find new ways to integrate our efforts. Often we work with the same families and we're totally disconnected."

A strong recommendation to gear prevention strategies toward all youth was expressed because all youth are potentially at risk of turning to interpersonal or self-inflicted violence. Professionals described the inherent difficulty in implementing programs of prevention and intervention oriented toward youth determined "at highest risk" because:

- Youth and families are unique; a precipitating factor in one family may not be a precipitating factor in another family.
- It is not always known when and to what extent a risk factor exists in the home or elsewhere in a young person's life.
- Youth who have not been identified, because they have not yet acted out, will not benefit from targeted interventions.
- Targeted interventions emphasize and perpetuate a fragmented service delivery system rather than enhancing collaborative solutions.

- It may be too late for youth finally identified as 'highest risk'; they may be dead, locked into a cycle of truancy, have seriously impaired mental health, or have taken the life or jeopardized the well-being of another - the damage may be irreparable.

While the lack of resources presents a challenge to addressing the issue of youth violence, interviewees believed that the problem goes beyond funding. Because we are committed to traditional ways of doing things, ways that do not consider the input of youth or that concentrate on intervention alone rather than including prevention, we are not making progress. The most frequently mentioned challenges to reducing youth violence were described as:

- A general lack of knowledge or awareness about the problem;
- A general denial of the problem by all types of people;
- The unwillingness of individuals to see the problem as their responsibility;
- The resistance of the community;
- Existing laws and policies that inhibit professionals from truly helping youth;
- The misunderstanding held by many that the problem can be remedied with short-term solutions;
- Kids who have been severely abused for so long that they are hard to reach.

Regarding causes and strategies, it is worthwhile to note that the interview data were consistent with the information found in the literature. Maine professionals advocate approaches for prevention and intervention that are similar to current initiatives across the country. The interviewees expressed their long term support for the Division's work in this area and were willing to be solicited for further assistance.

FOOTNOTES

1. Kids Count Data Book, Annie E. Casey Foundation, 1993.

2. Bureau of the Census, Population Survey Report for the Nation and New England 1981 and 1991.

3. State of Maine Vital Statistics Data

4. Osofsky, J. D. and Fenichel, E (Eds). Caring for Infants and Toddlers in Violent Environments. Hurt, Healing and Hope, Zero to Three Study Group on Violence with the National Center for Clinical Infant Program, 1994.

5. Wilson-Brewer, Renee, et. al., "Violence Prevention for Young Adolescents: A Survey of the State of the Art", Carnegie Council on Adolescent Development Working Papers, September 1991.

6. American Psychological Association, Violence and Youth: Psychology's Response, Volume I: Summary Report of the America Psychological Association Commission on Violence and Youth, 1993.

7. Prothrow-Stith, Deborah, Deadly Consequences, Harper-Collins, Publisher, 1991.

8. Calhoun, J. A. Youth Violence and a Way Out. National Crime Prevention Council, Washington, D. C., 1988.

9. Center to Prevent Handgun Violence. Facts About Children and Handguns, Washington, D. C., 1991.

10. Valenti, Clorinda, Today's Lesson: Violence, New York School Boards, 1993.

11. Hearing Before the Subcommittee on Juvenile Justice of the Committee of the Judiciary United States Senate. Media Violence. Washington, D. C., Government Printing Office.

12. Children's Defense Fund. Statistics on Youth and Violence Fact Sheet. Washington, D. C., 1993

13. Hicks, Barbara Barrett, Youth Suicide: A Comprehensive Manual for Prevention and Intervention. National Educational Services, Indiana, 1990.

14. "NAEYC Position Statement on Violence in the Lives of Children" , Young Children, September, 1993.

15. Hechinger, Fred. Fateful Choices, Healthy Youth for the 21st Century, Carnegie Council on Adolescent Development, 1992.

16. "Children and Violence", Report of the 23rd Ross Roundtable on Critical Approaches to Common Pediatric Problems, 1992.

17. Bijlefeld, Marjolijn, "Youth Violence Crescendos Again", Youth Today, November/December, 1993.

18. Dryfus, Joy. Adolescents at Risk. Oxford University Press, New York, Oxford, 1990.

19. Bailin, Michael J. D. "Attributes of Successful Programs for Adolescents that Work", Strengths and Potentials of Adolescent Proceeding, Symposium. New York Academy of Medicine. Vol. 67, #6, November/December, 1991.

20. Hawkins, J. David and Catlano, Richard, et. al. Communities That Care, Jossey-Bass, San Francisco, 1992.

21. Davis, William E., Institute for the Study of At-Risk Students, University of Maine, Private Correspondence, December 1993.

APPENDIX

LEADING CAUSES

OF CHILD (AGE 0 - 19)

INJURY DEATH - MAINE

1984 - 1988	NUMBER	AVERAGE PER YEAR
1. MOTOR VEHICLE OCCUPANT	151	30
2. FIRES	52	10
3. FIREARMS	43	9
(7 accidental, 34 suicides, 2 homicides)		
4. PEDESTRIAN	39	8
5. DROWNING	30	6
6. SUICIDE (EXCLUDING FIREARMS)	28	6

1989 - 1992		
1. MOTOR VEHICLE OCCUPANT	156	39
2. FIREARMS	55	14
(7 accidental, 40 suicides, 8 homicides)		
3. FIRES	27	7
4. DROWNING	20	5
5. SUICIDES (EXCLUDING FIREARMS)	18	5
6. PEDESTRIAN	15	4

TOTAL 1984 - 1992		
1. MOTOR VEHICLE OCCUPANT	307	34
2. FIREARMS	98	11
(14 accidental, 74 suicides, 10 homicides)		
3. FIRES	79	9
4. PEDESTRIAN	54	6
5. DROWNING	50	6
6. SUICIDE (EXCLUDING FIREARMS)	46	5

APPROVED	CHAPTER
JUN 7'93	22
BY GOVERNOR	RESOLVES

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND NINETY-THREE

H.P. 927 - L.D. 1250

Resolve, Directing the Bureau of Health to Study the Problem of Violence among Children, Teens and Young Adults

Emergency preamble. Whereas, Acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, injuries are the 5th leading cause of death in Maine and the leading cause of death for residents under 35 years of age; and

Whereas, suicide and homicide represent about 1/3 of total injury deaths; and

Whereas, during 1989 and 1990 in Maine, male assaults on females accounted for 75% of the total number of assaults and another 6% were assaults on children by parents; and

Whereas, during 1989, of 2,257 children who were substantiated victims of abuse, 48 had major physical injuries and 541 had minor physical injuries; and

Whereas, it is known that children growing up in violent families may exhibit aggressive, disruptive behavior with siblings and schoolmates, delinquency and violence; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

Sec. 1. Study to identify extent of violence among children. Resolved: That the Department of Human Services, Bureau of Health, Division of Maternal and Child Health shall study available data to identify the extent of the problem of violence among children, teens and young adults in the State. The Division of Maternal and Child Health shall collaborate with the Department of Corrections, the Office of Substance Abuse and the Bureau of Children with Special Needs in conducting this study. In addition to identifying the problem, the study must assess the need for further steps, including any legislation necessary, and make recommendations that would reduce the incidence and impact of violence among those at highest risk in a report to the Joint Standing Committee on Human Resources and the Executive Director of the Legislative Council by November 1, 1993.

Emergency clause. In view of the emergency cited in the preamble, this resolve takes effect when approved.

OTHER MAINE STUDIES

Righthand, Ph.D., Sue, Young Sex Offenders in Maine, Committee on Child Sex Abuse Research Task Force, September 1989.

Juvenile Co' ction in Maine: An Action Plan for the 1990's, Juvenile Correction Planning Commission, March 1989.

Olney, Ph.D., Rachel, Self-Destructive Behaviors and Teen Suicide, Child & Adolescent Service System Project, March 1986.

Parker, Susan B., Report of the Commissioner's Task Force on Self-Destructive Behaviors and Teen Suicide, Department of Mental Health and Mental Retardation, December 1987.

Report of The Juvenile Justice Subcommittee, Childrens' Policy Committee, August 1988.

Report of Maine Committee on Primary Prevention, Committee on Primary Prevention, January 1989.

Clary, Bruce B., Ph.D., and Olney, Rachel, Ph.D., Mental Health and Other Characteristics of Homeless Adolescents: A Descriptive Analysis of Multi-agency Case Records, Portland Area Homeless Children's Mental Health Project.

Female Offenders: An Afterthought, Task Force on Female Offenders, January 1991.

Hart, Suzanne K., Al Leighton, Mark Richards and Louise Olsen, Violence Among Children and Teenagers in Maine: Professionals View Violence Prevention, Edumund S. Muskie Institute of Public Affairs, December 1993.

Maine's Common Core of Learning: An Investment in Maine's Future, Commission on Maine's Common Core of Learning, July 1990.

©1987, Illustration by Bonnie Aker

Study Funded by MCH Block Grant

015-10A-2006
015-10A-2106

DEPARTMENT OF HUMAN SERVICES
MAINE

John H. McKernan, Jr
Governor

Jane Sheehan
Commissioner

In accordance with title VI of the Civil Rights Act of 1964, as amended by the Civil Rights Restoration Act of 1991 (42 U.S.C. §1981, 2000e et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S. §794), the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.), Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.) and Title IX of the Education Amendments of 1972, the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to or treatment or employment in its programs and activities.

Ann Twombly, Affirmative Action Coordinator, has been designated to coordinate our efforts to comply with the U.S. Department of Health and Human services regulations (45 C.F.R. Parts 80, 84, and 91) and the U.S. Department of Education regulations (34 C.F.R., Part 106) implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Augusta, ME 04333, Telephone number: (207) 287-3488 (Voice) or 1-800-332-1003 (TDD), or the Assistant Secretary of the Office of Civil Rights, Washington, D.C.