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# Perspective

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## Violence Prevention: Criminal Justice Or Public Health?

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by Mark H. Moore

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It is difficult to resist being swept up in the enthusiasm for public health approaches to preventing violence. Current levels of violence certainly demand a response. The ones we have made in the past, rooted primarily in the philosophy and practices of criminal justice, seem old, tired, and stale—even bankrupt. In contrast, public health approaches seem fresh, optimistic, and full of potential. Most importantly, public health approaches have been extremely successful in engaging new actors—community groups, private enterprise, medical establishments, and social service agencies—in the effort to reduce violence. So, I feel both churlish and counterproductive in raising questions about something that is generally so helpful.

Nonetheless, in the interest of ensuring that society makes the best possible response to violence over the long run, I want to do precisely that: to raise some questions about the public health approach to violence.<sup>1</sup> First, I try to be exact about the question of whether the public health approach to violence represents a truly new and comprehensive approach, or whether it would be more accurate to say that it offers an important complement to traditional criminal justice methods. Second, I raise questions about the internal coherence of the public health approach itself. Third, I comment on the value issues that lurk in the background of the debate about public health and criminal justice approaches to violence and that sometimes make it difficult for the two communities to work together.

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## Public Health: Substitute For Or Complement To Criminal Justice?

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Exactly what public health claims in nominating itself to help to solve the nation's violence problem is a little unclear. Sometimes it seems to claim that it represents a comprehensive alternative to criminal justice

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*Mark Moore is Daniel and Florence V. Guggenheim Professor of Criminal Justice Policy and Management at Harvard's John F. Kennedy School of Government. He was a member of the National Committee for Injury Prevention and Control and of the National Research Council Panel on the Understanding and Control of Violent Behavior. Health Affairs invited his response to the paper by James Mercy and colleagues, which leads this volume.*

responses to violence. Thus, James Mercy and colleagues write:

A new vision for how Americans can work together to prevent the epidemic of violence now raging in our society has emerged from the public health community. . . . Fundamental to this vision is a shift in the way our society addresses violence, from a focus on reacting to violence after it occurs to a focus on changing the social, behavioral, and environmental factors that cause violence.<sup>2</sup>

This is perhaps the grandest claim and does seem to suggest that the public health approach could replace, or at least subsume, the criminal justice approach to reducing violence. At other times the claims are more modest. They seem to suggest a world in which public health attempts to prevent violence stand alongside criminal justice attempts to respond to the violence that continues despite the best efforts of the public health community to prevent it.

I suspect that most public health practitioners hope for a world in which their preventive efforts will ultimately eliminate the need for criminal justice responses. Yet most also probably recognize that in the short run, at least, there will remain a need for criminal justice approaches as well. The important question for society, of course, is, How reasonable is this long-run hope? Obviously, it is still much too early to answer that important question. But, someone being asked to contribute money and political commitment to a new approach to violence prevention might reasonably ask how much one could expect the public health approach to achieve. To put this differently, one might want to consider how soon society will be able to do away with all the sad (and expensive!) business of arresting and prosecuting those who willfully commit violence.

My answer is that for the foreseeable future the public health approach should be seen as an important complement to, not a substitute for, the more traditional criminal justice approaches to the problem. The reason has partly to do with limitations of the current public health approach, partly to do with some important strengths of the criminal justice approach that are not fully appreciated by public health advocates, and partly to do with the difficulty that society as a whole will have in embracing the public health approach as a comprehensive alternative.

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### Different Kinds Of Violence

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One important limitation of the current public health approach is that it does not focus on all components of the violence problem. For example, Mercy and colleagues begin with a broad definition of "interpersonal violence" and present startling statistics about the total number of people touched by violence each year in the United States. They then move to a



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more detailed analysis of some particular forms of violence—that involving youth (both as offenders and as victims), and that inflicted on women and children.

The emphasis on these particular kinds of violence is typical of the public health approach.<sup>3</sup> Moreover, it is an important corrective to the traditional focus of the criminal justice system. That system has long neglected the violence occurring in the intimate settings of family and involving either spouses or children. The reasons are that this kind of violence is not always reported to criminal justice agencies and that even if it is reported, the criminal justice response of arrest and prosecution may be neither possible nor desirable to deal with the situation at hand.<sup>4</sup> Thus it has been left to doctors in emergency rooms to reveal the extent of this kind of violence, and to the public health community to develop a wider variety of preventive and crisis responses than are typically imagined by criminal justice agencies. It also has been left to the public health community to increase the priority given to this kind of violence by observing the connection between preventing child abuse and reducing adult criminal violence a generation into the future.<sup>5</sup>

Similarly, although the police certainly will see youth violence, it has been left to the public health community both to establish its importance as the principal threat to the health of young men and to stress preventive rather than control responses.<sup>6</sup> For these reasons, the public health emphasis on these particular forms of violence is helpful.

Yet a person with a criminal justice background cannot help but notice that the focus on youth, women, and children excludes the kind of violence that is in fact most common: the violence that occurs among adult men in robberies, in bars, and in organized criminal enterprises. The simple fact is that the majority of people killed or injured in interpersonal violence in the United States in any given year are adult males—not youth, not women, and not children.<sup>7</sup> These forms of violence attract much of the attention of the criminal justice system; criminal justice responses often seem most appropriate for them.

Thus, in facing the whole problem of violence in society, there is an important complementarity in criminal justice and public health approaches. Each approach sees and emphasizes a somewhat different piece of the violence problem. Either alone would be incomplete.

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### Preventive Versus Reactive Approaches

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A second claim made by the public health community is that it brings a preventive approach to violence that might replace the reactive approach of the criminal justice system. This is fine rhetoric, useful for mobilizing a



crusade. But in important ways it is false.

For one thing, this rhetoric obscures the potential advantages of relying on a reactive rather than a preventive approach. The difficulty with preventive approaches is that precisely because they are preventive, they force one to act on problems and situations that are related only probabilistically to the problem one is really trying to solve. This often means that one has to act in many more places and situations than would be necessary if one were reacting to the essential problem. That poses no difficulty, of course, if the number of places where violence could occur is not all that great, and where the preventive intervention one makes in those places is neither expensive nor intrusive, and is effective in preventing violence in both the short and long runs.

Unfortunately, it is by no means obvious that these conditions always exist. Sometimes the number of people or places where one must intervene to prevent violence increases by several orders of magnitude. Sometimes the need to be in so many places where violence might occur stretches resources so thinly that preventive interventions become too superficial to produce much of a preventive impact at all. Sometimes preventive interventions fail because the trouble that is allegedly looming seems so remote that it fails to capture anyone's attention or commitment. In such circumstances an ounce of prevention may not be worth a pound of cure.

Besides, the criminal justice system has long been interested in preventing future as well as controlling past violence. Indeed, the practical justifications for arresting, prosecuting, and sentencing individuals who commit violence are rooted in claimed preventive effects.<sup>8</sup> These effects are produced by deterrence (threatening potential offenders with criminal sanctions if they commit crimes), incapacitation (physically preventing potential offenders from committing crimes by keeping them behind bars), and rehabilitation (using the time spent under state supervision to develop skills or to change one's psychological orientation to lessen the prospect of future offenses).<sup>9</sup>

True, these mechanisms can be activated only after an offender has committed at least one crime, and in that sense they come after the fact. But given what we know about patterns of violent offending, if we could limit those who commit violence to only one crime in their career, a great deal of violence would be prevented, for much violence comes from offenders who are persistent and active.<sup>10</sup>

The criminal justice system also has long been interested in intervening early in the lives of those who seem headed for future violence and in doing so through providing assistance and care as well as close control. The juvenile justice system is an old invention of the criminal justice system designed precisely to provide a different, more preventive response to



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violent acts committed by children and to the conditions in which they live that put them at risk of serious criminal offending in the future.<sup>11</sup> Similarly, for several generations police officers have tried to reduce violence among young males by acting as positive role models, organizing youth athletic leagues, and establishing gang liaison officers.

Somewhat more recently, police departments have adopted some important new tactics designed to prevent crimes through mechanisms other than arrest and prosecution. The idea of "community policing" seeks to use police officers to help communities mobilize their own capacities for self-defense in an attempt to reduce the opportunities and occasions for violence.<sup>12</sup> Similarly, the idea of "problem-solving policing" seeks to identify "hot spots" where violence is particularly likely to occur and to invent responses that make them more peaceable.<sup>13</sup> Typically, the responses do not involve making arrests but instead involve altering the conditions that seem to favor disorder and violence.

Finally, many preventive mechanisms the public health movement imagines relying on to reduce violence may depend on, or be strengthened by, parallel criminal justice efforts. For example, the public health community would like to reduce a particularly important risk factor for violence: children possessing and carrying guns in cities. Achievement of this goal will in all likelihood depend not only on teaching parents to lock up any guns they might have and to keep checking on whether their kids are carrying weapons to school, and not only on regulating licensed gun dealers more closely to ensure that they do not sell guns to children, but also on police efforts to arrest fences who will sell stolen guns to children and gang members whose gun carrying on the streets is forcing other kids to carry guns in self-defense. Similarly, the effort to prevent youthful traffic fatalities associated with drunken driving depended not only on selling the concept of the "designated driver" to youth and on regulating liquor stores more closely, but also on setting up sobriety checkpoints at times and places where drunken driving seemed particularly likely and dangerous.

What is common to these preventive mechanisms is that they seek to change the mass behavior of individuals and in particular to encourage behavior that is less risky to themselves and others. That has always been the goal of the criminal law and justice systems as well as of the public health community. The public health community quite rightly emphasizes educational efforts over legal measures, and civil, regulatory measures over criminal laws, to achieve these behavioral changes because such measures are judged to be both less intrusive and less likely to be resisted by those who become their focus. This wisdom should not be ignored in deciding when and how to use criminal sanctions to aid in preventing violence.<sup>14</sup> The point is that an effective prevention program focused on producing



mass behavioral change may well depend on using a combined continuum of educational, civil, and criminal measures to produce the desired result. It also may be true that criminal justice agencies and personnel can play an important role in education and civil enforcement as well as in criminal enforcement.

Again, then, the public health approach is seen as an important complement to rather than a substitute for criminal justice approaches to violence. It is not true that one is preventive and the other reactive. They both may be required to produce the desired preventive and control effects.

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### The Practical Potential Of Public Health Approaches

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The ultimate question about the role of public health approaches in dealing with violence is how much of the burden of effective control of violence we can expect them to shoulder. To build confidence in the public health approach, Mercy and colleagues offer several bits of evidence.

First, they point to the fact that the United States has a much higher rate of violence than do other advanced, industrialized nations and that its current level of violence is higher than it has been in the past. These facts are used as "benchmarks" indicating the potential of achieving much lower levels of violence than we now accept. The benchmarks certainly make it plausible that violence can be reduced. But simply observing these facts falls well short of either demonstrating that such levels are now plausible or showing how to produce them. One must make the assumption that the public health approach has the tools to transform the current U.S. culture to that of other countries or to what it once was in this country. That is a fairly large claim.

To make that claim possible, public health advocates produce a second kind of evidence: They point to the success that public health approaches have had in dealing with such problems as smallpox, smoking, and auto accidents.<sup>15</sup> These examples, too, are reassuring and hopeful. But they also fall short of demonstrating that public health methods alone could deal effectively with violence. Indeed, the example of automobile accidents (which is in many ways the closest analogue) might be used to show the potential of public health and criminal justice approaches working together. It may be that the reduction in traffic fatalities owes as much to the criminalization of drunken driving as to safer cars, safer roadways, or increased education about the dangers of drunken driving.

Finally, public health advocates identify some particular programs that are in the spirit of public health preventive approaches to violence and that seem to have produced some effects. Mercy and colleagues note that "[r]egular visits to the homes of unmarried, poor teenage mothers by health



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practitioners have been shown to reduce the incidence of child abuse;" that "training in communication, negotiation, and problem solving to middle school youth with behavioral problems has reduced the number of suspensions attributed to violence;" and that an evaluation of the 1977 Washington, D.C., restrictive licensing law that prohibited handgun ownership by everyone but police officers, security guards, and previous gun owners found that firearm suicides and homicides declined by 25 percent after passage of the law.

These effects, which suggest the potential of the public health approach to violence, are implicitly contrasted with the alleged failure of the criminal justice approach to violence. That approach is reported "only" to have reduced crime by 10 to 15 percent from 1975 to 1989.<sup>16</sup> I admit, of course, that "tripling the average sentence for a violent crime" is an enormously expensive and somewhat sad policy response to violence and that the effect we got from that investment was not very great relative to the costs. But still, this 10–15 percent reduction in violent crimes (a minimum and conservatively estimated figure) meant that approximately 18,000 fewer violent crimes were committed in the United States in each of these years. That meant 2,000 fewer homicides, 10,000 fewer rapes, and 6,000 fewer robberies than there would have been. In absolute numbers, that result compares pretty favorably with the expected magnitude of the results we could have gotten if we had extended the nurse visiting programs and the middle school educational programs nationwide.

Again, my point is not to deny the essential value of the public health approach. Obviously, there is an enormous difference between programs that reduce violence by saving the lives of both victims and offenders (which the public health approaches tend to do) and programs that reduce violence by saving only the lives of victims (which is how the criminal justice interventions tend to work). My point is simply to tone down the claims of what can be accomplished by public health on its own and to remind people of the continuing need for a criminal justice response. We cannot dismantle the police, prosecutors, and prisons quite yet.

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### The Internal Coherence Of The Public Health Approach

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What is genuinely exciting about the public health approach (even to a jaded old criminal justice guy like me) is the fact that it does seem to provide a framework for analyzing and acting on the problem that stimulates new ideas and, perhaps even more importantly, draws new people into thinking about and acting on the problem of violence. It is significant, I think, that this approach appeals to women and to people of color and gives them a way to participate in the conversation that makes them feel more



hopeful, more empowered, and less vulnerable to the suspect machinations of the criminal justice system.<sup>17</sup> It is also wonderful that it attracts people who are trained in the methods of science—who like data, information, and research. And its pragmatic spirit—the resourceful, determined search for anything that will work—is a breath of fresh air into the sterile ideological debates that are strangling the current discussion within criminal justice circles. As a movement, then, the public health initiative is extraordinarily welcome. Still, for all the strengths of the ideas, some important issues will need to be worked out.

**Identifying risk factors.** One issue has to do with the nature of public health methods for identifying “risk factors” and possible points of intervention. Some of these methods seek to explain observed large patterns of violence in terms of important structural variables in society such as race, poverty, and so on. These are similar to sociological and criminological explanations of violent crime that have long existed in the criminal justice field. When public health advocates use such aggregate measures, they tend to reproduce the findings of these fields: that the best way to attack violence and crime is to attack the structural root causes of this behavior—racial discrimination, poverty, and unemployment.

Other methods use a finer microscope. Of particular interest are methods that review the detailed causes of each death and then use case-control methods to help to identify some of the unique factors that contributed to the death and that could be altered by relatively simple, often ingenious interventions. Often, small interventions turn out to be relevant in dealing with only a small number of deaths. But they have the advantage of being easier to implement. Perhaps one could produce a large impact on violence by accumulating these small effects produced by many small interventions rather than by finding one large “master stroke” that could deal robustly with all kinds of violence.

My favorite example of this kind of micro intervention is the discovery made in Washington, D.C., that some children who died seemed to die because they were born to imprisoned women, who had to leave the babies with relatives who were angry about accepting the responsibility. This happened often enough to suggest a change in prison policy. The policy was implemented, and some of these deaths seem to have disappeared.<sup>18</sup>

It may be that the public health community eventually will have to decide which of these approaches is most useful. I confess that I hope they go with the focus on micro interventions. That, in many ways, feels like a much more distinctive contribution of public health’s epidemiological methods. It avoids some of the ideological baggage that otherwise will be attached to public health approaches to violence. And these micro interventions fit much more closely the approaches that increasingly are being



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taken by problem-solving police departments. Indeed, those departments need a great deal of help in developing and using data—precisely the areas in which public health researchers are strong. I am also beginning to think that it is much more likely that we will produce large effects on violence by systematically accumulating small effects than by finding a master stroke. A century of work on trying to find and attack the root causes of crime has not helped us a great deal.

**Dissemination of successful programs.** A closely related issue that the public health community could usefully consider is a vision of how successful violence prevention programs are to be discovered and disseminated. I sense a tension between two slightly different models of this process.

One model could be thought of as the “social research and development” model. In this model a few programs judged to be particularly promising and robust (therefore often pretty large) are identified by experts and selected as the programs to be systematically tested. Experimental sites are developed. The program is implemented and evaluated. If it works, the program is packaged and disseminated.

A second model could be described as the “clinical model.” In this model, everyone is encouraged to experiment with whatever seems reasonably promising. As many initiatives as possible are evaluated to determine their impact. Frequent reports are issued about both ideas and results in the hope of stimulating new experiments. Local units of government are encouraged to adapt programs to their own particular requirements.

These two models differ in several ways: the role of experts; the number and variety of programs that are tried; and the power of the evaluation results obtained. In essence, the first approach gives more power to experts and tests fewer programs but gets more powerful conclusions about the programs that are evaluated. The second approach reduces the dominance of experts and increases the number and variety of programs that are tried but produces less powerful information about the results.

Initially, most experts prefer the first model, since it promises more responsible action in the short run and the systematic accumulation of information over the long run. The weaknesses of this system are that it fails to use the initiative, imagination, and felt urgency of local communities that face problems, and that it works very slowly. Arguably, if society is facing a crisis and there is relatively little reason to favor one approach over another, the fastest way to respond operationally and to accumulate knowledge would be to “let the thousand flowers bloom” and use the early, crude returns from that wide experimentation rather than current expert knowledge to help to identify the few programs that should be tested in more rigorous experiments.

Indeed, this approach might be similar to the approach that the medical



community is using now to find cures for cancer. My knowledge of that system is limited to personal experience. But my impression is that it works by having the federal government identify a limited number of treatment protocols to be used to treat cancer in certain kinds of patients. All doctors in the country are free to make their own decisions about the best way to treat their patients. If, however, they happen to decide for their own reasons to treat a patient according to a particular protocol, they are asked to describe the course of treatment and the results to the federal government. Through this device, the creativity of the field as a whole is allowed to continue to operate and to respond to the diverse, specific cases that occur, but it also becomes possible to accumulate real operational experience more quickly and reliably than if the protocols had not been established. Presumably, every now and then the field gets together and decides on new protocols as old ones prove not to work and as new ideas are discovered. It seems to me that such a system would have great utility to the emerging field of violence prevention.

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### The Ideological Basis Of Both Approaches

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In the background of the discussion about public health and criminal justice approaches to violence are some important questions about values and ideology that must be acknowledged and discussed openly if practitioners in both fields are to be able to exploit the potential of their diverse approaches.<sup>19</sup> The essential question concerns the role of individual blame and accountability in responding to incidents of "intentional violence."

Obviously, the ideas of individual guilt, blame, and accountability are central to the criminal justice approach to "intentional violence." The moral (as opposed to practical) justification for punishment depends on assuming that individuals are accountable for their own actions and that their degree of culpability depends on whether or not they intended to inflict injury on their fellow citizens. That is generally what is at issue in a criminal trial—not the question of what would be effective in controlling future offending by the particular offender being tried or by the general population. Moreover, that is often an important issue in the mind of the victim of violence and his or her relatives. In short, the criminal justice approach recognizes that society is interested in producing morally appropriate as well as practically effective responses to intentional violence.

In contrast, the public health approaches want to deemphasize and make unnecessary these difficult judgments of moral accountability. They would prefer to get at the problem by attacking the antecedent causes or the risk factors that shape the context of offending rather than the motivations and values of individual offenders. They would prefer to find the causes of



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violence in society than in the evil intentions of individual offenders. They would prefer to see the problem as one of science and technique rather than of morality and passion. That, at least, is often the way it seems to criminal justice practitioners.

To the extent that these different moral intuitions exist, or seem to exist, they tend to widen the differences between the two communities. Criminal justice practitioners see the public health community as apologists for misbehavior. Public health practitioners see the criminal justice practitioners as wrathful avengers, more interested in venting their emotions than in achieving practical effects.

To get over this hurdle, it is important for each side to acknowledge the truth of what the other side has to say. It is true that intentionally injuring a fellow citizen is morally offensive and should be responded to with moral indignation as well as with a practical plan for reducing violence in the future. It also is true that some offenders are bad and dangerous. And although society or cruel fate may have played an important role in making them that way, there is precious little that can be done about it now. This much must be granted to criminal justice practitioners by public health practitioners.

On the other hand, it also is true that many instances of violence that turn up in the criminal justice system, including some of the most serious, are produced by relatively ordinary citizens who find themselves in extremely provocative circumstances, not by dangerous, determined offenders. This in no way excuses the conduct. But it does temper society's just response. It also is true that there may be some important ways that society could work on the conditions that give rise to violence and, through that work, save both the offender and the victim. To the extent that such interventions are possible, they should be pursued enthusiastically, for they are always to be preferred to the sad business of prosecuting offenders after the fact. That much must be granted to public health practitioners by criminal justice practitioners.

Indeed, this latter point is particularly urgent, for it is the public health approach that now needs encouragement. And it is the public health approach that constitutes the new and promising frontier. For all my quibbles, I am delighted that it has arrived when it has. We need it desperately.

## NOTES

1. For a longer discussion of the issues treated here, see M.H. Moore et al., "Violent Crime and Intentional Injury: Criminal Justice and Public Health Perspectives on an Urgent National Problem" (Paper prepared for the National Research Council Panel on the Understanding and Control of Violent Behavior, 22 October 1991).
2. J. Mercy et al., "Public Health Policy for Preventing Violence," *Health Affairs* (Winter 1993): 7-29.
3. See, for other examples, National Committee for Injury Prevention and Control, *Injury Prevention: Meeting the Challenge* (New York: Oxford University Press, 1989), 192-203; and D. Prothrow-Stith, with M. Weissman, *Deadly Consequences: How Violence Is Destroying Our Teenage Population and a Plan to Begin Solving the Problem* (New York: HarperCollins, 1991).
4. D.S. Elliott, "Criminal Justice Procedures in Family Violence Crimes," in *Family Violence*, ed. L. Ohlin and M. Tonry (Chicago: University of Chicago Press, 1989).
5. C. Widom, "The Cycle of Violence," *Science* 244 (1989): 160-166.
6. J.A. Mercy and M.A. Fenley, "Proceedings of the Forum on Youth Violence in Minority Communities: Setting the Agenda for Prevention," *Public Health Reports* 106 (1991): 225-279.
7. A.J. Reiss Jr. and J.A. Roth, eds., *Understanding and Preventing Violence* (Washington: National Academy Press, 1993).
8. A. Blumstein, J. Cohen, and D. Nagin, eds., *Deterrence and Incapacitation: Estimating the Effects of Criminal Sanctions on Crime Rates* (Washington: National Academy of Sciences, 1978).
9. Ibid.; see also D. Sechrest, S.O. White, and E. Brown, eds., *The Rehabilitation of Criminal Offenders: Problems and Prospects* (Washington: National Academy Press, 1979).
10. A. Blumstein et al., eds., *Criminal Careers and "Career Criminals"* (Washington: National Academy Press, 1986). See also M.H. Moore et al., *Dangerous Offenders: Elusive Targets of Justice* (Cambridge, Mass.: Harvard University Press, 1984).
11. M.H. Moore et al., *From Children to Citizens, Vol. 1: The Mandate for Juvenile Justice* (New York: Springer-Verlag, 1987).
12. M.K. Sparrow, M.H. Moore, and D.M. Kennedy, *Beyond 911: A New Era for Policing* (New York: Basic Books, 1990).
13. J. Eck and W. Spelman, *Problem Solving Policing* (Washington: Police Executive Research Forum, n.d.). See also L.W. Sherman, P.R. Gartin, and M.E. Buerger, "Hot Spots of Predatory Crime: Routine Activities and the Criminology of Place," *Criminology* (February 1989): 27-55.
14. H. Packer, *The Limits of the Criminal Sanction* (Stanford, Calif.: Stanford University Press, 1968).
15. Mercy et al., "Public Health Policy for Preventing Violence."
16. Ibid.
17. Moore et al., "Violent Crime and Intentional Injury," 70-77.
18. The story comes from Beverly Coleman-Miller. See M.H. Moore, J.A. Roth, and P. Kelly, "Responding to Violence in Corner City: Criminal Justice and Public Health Approaches to Reducing Violence" (Draft mimeo, Abt Associates, 1993).
19. Moore et al., "Violent Crime and Intentional Injury."