

concern about drug abuse and alcoholism also relates to the frequency with which these problems are associated with acts of violence.

One response of society to this threat has been to flee the cities, lock the doors, avoid potentially dangerous situations, and to rely on law enforcement agencies to apprehend and punish those who commit violent assaults on others. But it has become increasingly clear that this approach is insufficient. It fails to get at the roots of the problem, and violence continues to spread.

In recent years, research has provided a growing body of data about violent behavior. However, knowledge at this time is still fragmentary, and even what we do know has not been sufficiently disseminated to the people who must cope with violence in the community.

A concerted effort is required to determine the causes of violent behavior and the means of modifying such behavior. This knowledge must then be conveyed to concerned professional people and to the general public. To accomplish this task most economically and effectively will require the combined efforts of experts from many fields.

Accordingly, it is herewith proposed that a Center for the Reduction of Violence be established by the Neuropsychiatric Institute (NPI), UCLA. Although the headquarters of this enterprise will be at or near the NPI, some of its research and educational activities will be performed at various other appropriate locations throughout the state.

**Program:** A major thrust of the Center's work will move into the largely unexplored interface between biological and psychosocial aspects of violent behavior. This biosocial approach requires a multidisciplinary staff, with professional roots mainly in psychiatry, neurology, and the behavioral sciences.

Considerable attention will focus on violent individuals who because of biological, emotional or characterological disturbances, are prone to life-threatening behavior. The Center's mission will be to reduce manifestations of violence by such people. To accomplish this they must be studied carefully. Methods of preventing or modifying their violent behavior must be developed. Furthermore, the Center should be organized and operated in such a way that it is continually translating new research into positive action, and transmitting new knowledge to others.

As the Center develops, and pursues various studies of violent behavior and its control, it will require the services of scientists from such widely divergent areas of expertise as psychiatry, neurology, neurophysiology, neurosurgery, genetics, pharmacology, epidemiology, psychology, and anthropology, as well as experts in education, communication, community service and the like. As this transpires there will be a growing necessity to harmonize the efforts of these various specialists into a unified whole.

However, it will be impossible in the initial stages of the program for all these people to work under one roof. Even in the long run it would be impractical and undesirable to gather all experimental subjects in one location. Some people can and should be studied in the laboratory. Others must be studied in the community, in prisons, in mental hospitals, or wherever practicable.

Nevertheless, it is vital that these projects not be conducted in isolation from one another. The Center, if it is to accomplish a significant breakthrough in knowledge about violence and develop more effective techniques for dealing with it, should be more than the mere sum of the activities of isolated individual scientists and scholars.

Thus the Center must deliberately facilitate cross-fertilization of ideas among brain researchers and social scientists, epidemiologists and psychiatrists, pharmacologists and criminologists. Such contacts doubtless occur now on an informal and random basis to some degree. As they are purposely increased many-fold, exciting new hypotheses and fruitful lines of research will undoubtedly evolve. This can be expected greatly to increase the productivity and ultimate value of the Center.

**Research:** The following major lines of investigation are projected.

#### *1. Epidemiological*

The Center will gather and evaluate information on where, when and by whom violent acts are committed. Ordinary crime statistics are of limited value in studying all facets of violence, and often require interpretation and further analysis if they are to provide valid baseline data. Skilled epidemiologists should be able to locate focal points of violence and to measure the

spread of violence from these foci, thereby enabling other members of the Center to concentrate their activities more effectively. Epidemiology can also play an important role in monitoring the impact of various treatment and prevention programs subsequently identified or even initiated by the Center.

## 2. Biological Factors

(a) *Genetic*.—Recent evidence from studies of violent prisoners suggests that a disorder in sex chromosomes (the XYY defect) may be associated with the presence of violent behavior. This line of inquiry should be pursued. At the same time, a long-range study should be instituted to identify children who have this type of genetic abnormality, and to compare their development with that of children who have normal chromosomes. Detailed studies should yield valuable clues to factors that inhibit or encourage development of violent behavior patterns in children of different genetic constitutions. Such research has great implications, especially with the growing development of means of practical intervention to overcome hereditary defects.

Evidence is also mounting that predisposition to alcoholism may be inherited. Because of the notorious connection between alcoholism and violent behavior, this avenue should be explored thoroughly. Predisposed individuals, identified early enough, could be prevented from developing alcoholism.

Other genetic correlates of violence will also come under scrutiny as the Center's program develops.

(b) *Biochemical*.—Many investigators have hypothesized that hormones are an important determinant of aggressive behavior. Excessive secretion of testosterone in males is thought to be related to uncontrolled aggression, and in females there is a definite relationship between incidence of violent behavior and hormonal changes associated with the menstrual cycle. Much remains to be learned about such factors and about effective remedial measures.

Alcohol and drugs significantly relate to the expression of violence. Some correlations appear to be primarily generated by social factors surrounding use of these substances, while others are undoubtedly related to their bio-chemical effects on the individual, especially in terms of brain function. Many studies along these lines must be done.

New drugs now being tested in Europe and (very recently) in America hold promise for diminishing violent outbursts without dulling other brain processes. These drugs should be tested in the laboratory and then in prisons, mental hospitals, and special community facilities. Preliminary studies reported thus far have been largely clinical, without rigorous scientific controls. Proper experiments must be done as soon as possible.

Other applications of pharmacology to control of aggressive behavior are certain to emerge.

(c) *Neurological and Neurophysiological*.—The brain is the organ of behavior. Approximately 5-10% of the population suffers from some impairment of brain function. The proportion is probably much higher among inmates of prisons and institutions for the criminally insane.

In some patients, outbursts of uncontrolled rage have definitely been linked to abnormal electrical activity in deeply buried areas of the brain. It has been possible in the laboratory to arouse violent rage reactions by applying minute electrical stimulation to these areas.

Techniques have recently been devised which may permit surgical treatment of violence-producing epileptic foci hitherto inaccessible. However, these procedures are new and relatively untested. We are a long way from a full understanding of how dysfunction of these centers of primitive emotion in the brain may be treated, and how they relate to—and are normally controlled by—higher thought processes.

For many years, neurologists have measured the electrical activity of the brain with electrodes attached to the scalp. Abnormalities in brain wave patterns have been found associated with many conditions, including epilepsy. Until recently, these measurements have been possible only under laboratory conditions. Now, by implanting tiny electrodes deep within the brain, electrical activity can be followed in areas that cannot be measured from the surface of the scalp.

It is even possible to record bioelectrical changes in the brains of freely moving subjects, through the use of remote monitoring techniques. These methods now require elaborate preparation. They are not yet feasible for large-scale screening that might permit detection of violence-predisposing brain

disorders prior to the occurrence of a violent episode. A major task of the Center should be to devise such a test, perhaps sharpened in its predictive powers by correlated measures of psychological test results, biochemical changes in urine or blood, etc.

The relationship of brain function to indiscriminately aggressive and impulsively violent behavior seen in hyperkinetic children, to the lack of impulse control that gives rise to child-battering, to the genesis of sex crimes, to random assaults on strangers, etc., remains to be understood.

No one claims that all violent persons have abnormally functioning brains. However, it is essential to discover those individuals who are so afflicted, in order that corrective and preventive measures can be undertaken for their own protection and for the safety of society.

### 3. Psychosocial factors

The Center will be fundamentally concerned with violence as it involves people. Even self-directed violence—suicide—which is a proper concern of the Center, involves relationships between the self destructive person and significant others in his environment. In fact, there is a high correlation between suicidal and homicidal impulses; in England and Denmark (where records are excellent) one third of those who commit murder go on to kill themselves. In order to understand violence, we must explore the inner workings of people who relate to themselves and others in a violent manner, and analyze the interpersonal dynamics which lead to the act of violence.

Accordingly, the Center must conduct careful studies of violent individuals and those with whom they interact. It will be necessary to scrutinize intensively the relationship of violent behavior to such factors as the individual's attitudes, his way of reasoning, his methods of controlling impulse and action, his perception of other people, and his mode of adaptation to his environment. Based on such studies, methods must be devised to ameliorate or transform inappropriate and destructive expressions of aggression.

Attention will also be given to the direct and indirect victims of violence, in order to minimize the deleterious effects of the initial act. The question of victim-proneness, a phenomenon suspected to account for the peculiar frequency of assault on certain persons, will also be explored.

The effect of communications media in promoting or inhibiting violence is an area rich in experimental possibilities and practical applications. Immediate attention should be directed to this problem, held to be greatly in need of further study by the National Commission on the Causes and Prevention of Violence.

In some cultures, interpersonal violence is rare or unknown. Sophisticated comparisons of these cultures with our own may help us to isolate factors which foster violence and may point the way to corrective measures. At the same time the violence-provoking propensities of cultural uprooting, rapid social change or "culture-shock," must receive careful attention.

### 4. Animal models

Subhuman primates (apes and monkeys) can be used fruitfully in many experiments to augment studies of human beings. Their natural behavior is more open to close observation than is that of humans. Their environment (physically and socially) and their brains (structurally and chemically) can be manipulated in the laboratory. They can be deliberately provoked to violence, or subjected to medication and brain surgery, with objective consequences of major applicability to homo sapiens. Experiments with selective breeding, impossible in humans, can lead to better understanding of genetic factors in aggression. Developmental studies of infant monkeys by Harlow at Wisconsin have already provided powerful leads for research on humans.

The objective of primate studies by the Center will be to facilitate understanding of violent behavior and its control in humans, by working with animals whose biological, neurological and behavioral systems most closely resemble our own. Such investigations can help to generate basic concepts about aggressive behavior, while at the same time permitting more daring experiments than would be possible otherwise. Good research on primates will accelerate progress in dealing with biological and environmental aspects of the problem of violence, and should also be helpful in developing more effective means of changing and preventing violent behavior in man.

Production: The output of the Center can be grouped under three general headings: research, education and service. Some general areas of research from

which new knowledge will be produced have been described briefly above. These will, of course, be reported in scientific publications. They will also be transmitted in appropriate form to many individuals, groups, and agencies for application.

An integral part of the Center's activities will be a broadly conceived educational program designed to communicate up-to-date and scientifically valid information about all aspects of interpersonal violence to as wide an audience as possible. To this end, faculty members will deliver special lectures and conduct courses at the undergraduate and graduate levels in the University. They will also provide continuing education to physicians, mental health professionals, civil service personnel, welfare and public health workers, judicial and law enforcement personnel, and the community at large. An important part of this program will be the production and distribution of educational materials such as pamphlets and films, as well as other techniques aimed at narrower audiences.

As an adjunct of its educational program, the Center will develop and maintain an information service and library on the subject of violence for the use of its staff, and to be made available to other qualified investigators and scholars. This library should develop into a major resource for those working on this problem in California.

Although the Center will not be primarily a treatment facility, experimental-clinical services will comprise significant aspects of its program. Given the necessary facilities, the Center will carefully study and treat a limited number of violent patients, at the same time gathering research data, and demonstrating improved methods of management and behavior change for the instruction of others who must deal with violent persons in the community or elsewhere. The Center may also conduct or sponsor demonstration treatment programs at other facilities such as state mental hospitals and correctional institutions.

Another service of the Center will be consultation with individuals, groups and agencies attempting to cope with violent behavior. It may also develop crisis intervention services such as a violence control desk (perhaps on the suicide-prevention model).

Other appropriate services will doubtless be requested of the Center as its work progresses and its reputation grows.

**Evaluation:** Measures of cost-benefit analysis may eventually be applied to certain segments of the Center's activities. One of the main concerns of its staff will be development of experiments to test the validity of their own conclusions about the nature of violence, and to test the efficacy of control measures developed by the Center or by other workers in the field. Ultimately the best test of the Center's value will be in the extent to which it succeeds in its aim—the reduction of violence.

**Administrative support:** An organized activity of the extent and complexity of the Center for Reduction of Violence will require first-rate support services.

The initial cadre of key personnel should include a highly-qualified administrator, a space design specialist who will help assure the most effective use of temporary quarters and assist architects in the design of a permanent facility, a fiscal officer, an information management expert, a librarian, an experienced computer programmer, and necessary secretarial support.

During the next two years there should be recruited a personnel assistant, an account clerk, a property clerk, a graphic artist, a clerk to assist the administrator and his secretary, a reproduction clerk, a program support specialist to assist in obtaining and managing outside grants and contracts, a receptionist and PBX operator, a second programmer, a key punch operator, and a clerk to assist the information specialist and his secretary.

In the fourth year, another personnel assistant should be added; as well as a purchasing officer and a clerk to assist the fiscal officer. By the fifth year, the personnel assistants will probably need an additional clerk.

Under this growth plan the administrative staff would number 8 the first year, 12 the second year, 19 the third year, 22 the fourth year and 23 the fifth year after the Center is formed. During the initial years, members of the staff will necessarily perform several functions that will later be taken over by others.

#### RESEARCH PROPOSALS RECEIVED OR IN PREPARATION FROM PRESENT FACULTY

Ransom J. Arthur, M. D., Adjunct Professor of Psychiatry.  
Norman Q. Brill, M. D., Professor of Psychiatry.

- Dennis Cantwell, M. D., Assistant Professor of Psychiatry.  
 Stephen D. Cederbaum, M. D., Assistant Professor of Psychiatry and Pediatrics.
- Michael Chase, Ph.D., Assistant Research Anatomist.  
 Sidney Cohen, M. D., Adjunct Professor of Psychiatry.  
 Barbara F. Crandall, M. D., Assistant Professor of Psychiatry and Pediatrics  
 Robert B. Edgerton, Ph.D., Associate Professor of Anthropology and Psychiatry.
- Frank R. Ervin, M. D., Professor of Psychiatry.  
 Barbara Fish, M. D., Professor of Child Psychiatry (November, 1972).  
 Ira M. Frank, M. D., Assistant Professor of Psychiatry.  
 Roderic Gorney, M. D., Associate Clinical Professor of Psychiatry.  
 Richard Green, M. D., Associate Professor of Psychiatry.  
 John Hanley, M. D., Associate Professor of Psychiatry.  
 Marvin Karno, M. D., Associate Professor of Psychiatry.  
 Julian Kivowitz, M. D., Assistant Professor of Psychiatry.  
 Lissy F. Jarvik, Ph.D., M. D., Professor of Psychiatry.  
 Murray Jarvik, Ph.D., M. D., Professor of Psychiatry and Pharmacology.  
 Philip R. A. May, M. D., Professor of Psychiatry.  
 Charles McCreary, Ph.D., Assistant Professor of Medical Psychology.  
 Michael T. McGuire, M. D., Associate Professor of Psychiatry.  
 Armando Morales, D.S.W., Assistant Professor of Psychiatric Social Work.  
 Lawrence E. Newman, M. D., Clinical Assistant Professor of Psychiatry.  
 Garrett J. O'Connor, M. D., Associate Professor of Psychiatry.  
 James O. Palmer, Ph.D., Associate Clinical Professor of Psychiatry.  
 Morris Paulson, Ph.D., Associate Professor of Medical Psychology.  
 Fred Penrose, M. S. W., Associate in Social Work.  
 Robert T. Rubin, M. D., Visiting Professor of Psychiatry.  
 R. Wyman Sanders, M. D., Associate Professor of Psychiatry.  
 E. A. Serafetinides, M. D., Ph.D., Professor of Psychiatry.  
 Edwin S. Shneidman, Ph.D., Professor of Medical Psychology.  
 Robert J. Sparkes, M. D., Associate Professor of Medicine, Psychiatry and Pediatrics.
- Richard Walter, M.D., Professor of Neurology and Psychiatry.  
 Louis Jolyon West, M. D., Professor of Psychiatry.
- Epidemiology of Violence* (Arthur, R. J.).  
*Metabolic and Chromosomal Analysis of Violent Youngsters* (Cederbaum, S. D., Crandall, B. F. & Sparkes, R. J.).  
*Metabolic and Chromosomal Analysis of Violent Adults* (Rubin, R. T. & Jarvik, L. F.).  
*Biological Predictors in Early Childhood of Subsequent Impaired Impulse Control* (Fish, B.).  
*The XYY Child: Genetic and Developmental Implications for Violence* (Kivowitz, J. & Jarvik, L. F.).  
*Violence and the Brain: Bioelectrical and Behavioral Studies* (Hanley, J., Ervin, F. R. & Serafetinides, E. A.).  
*Electroencephalographic and Psychometric Predictors of Violent Behavior in Adolescents* (Palmer, J. O. & Walter, R.).  
*Neural Mechanisms Underlying Violent Behavior: Brain Information Center Survey and Analysis* (Chase, M.).  
*Primate Models for Research on Violence* (McGuire, M. T. & Ervin, F. R.).  
*Pharmacology of Violence-Producing and Violence-Inhibiting Drugs* (Jarvik, M.).  
*Violence Related to Alcohol and Drug Abuse* (Cohen, S.).  
*Marijuana Use and Violent Behavior* (Brill, N. Q.).  
*Violent Sex Offenders: The Biology of Causation and Control* (Green, R.).  
*Violence by Automobile: Alcohol, Drugs and Driving* (Frank, I. M.).  
*Violence and the Hyperkinetic Child* (Cantwell, D.).  
*Children Who Kill: A Study of Homicidal Juveniles* (Newman, L. E.).  
*The Battered Child and His Family* (Cantwell, D. & Paulson, M.).  
*Flashing in Children* (Penrose, F.).  
*Clinical Control of Violent Behavior* (May, P. R. A.).  
*Modification of Violent Behavior: A Boys' Camp Method* (Sanders, R. W.).  
*The Absent Father and the Violent Son: Family Dynamics and Corrective Measures* (Newman, L. E.).

## (ITEM III.B.2.b)

## EXCERPTS FROM GRANT REQUEST TO LEAA FROM THE CENTER FOR THE STUDY AND REDUCTION OF VIOLENCE\*

11		Health and Welfare Agency		Los Angeles, California	
12		Center for the Study and Reduction of Violence		Los Angeles, California	
13		760 Westwood Plaza		Los Angeles, California	
14		L.J. West, M.D.		Los Angeles, California	
15		760 Westwood Plaza		Los Angeles, California	
16		A Center for the Study and Reduction of Violence will be established at UCLA to investigate precipitating factors and consequences of individual acts of violence.		Los Angeles, California	
17		Including child battering, homicide, suicide, physical and sexual assault. Findings will be disseminated to professionals and paraprofessionals in fields related to mental health, education, penology, law enforcement, and community relations. Educational programs will be available to families, employers, churches, and other community groups in understanding and preventing violence.		Los Angeles, California	
18		Los Angeles, California		Los Angeles, California	
19		FEDERAL FUNDS		MATCHING FUNDS	
20		1,000,000		1,000,000	
21		N.A.		N.A.	
22		California Council on Criminal Justice (CCCJ)		Los Angeles, California	
23		Type of Project (Check only one)		Type of Action (Check only one)	
24		RESEARCH		RESEARCH	
25		EDUCATION		EDUCATION	
26		OTHER		OTHER	

\*Enclosed in May 10, 1973 letter from Donald Santarelli to Chairman Ervin.

16. *Project Summary.*—The Center for the Study and Reduction of Violence at the Neuropsychiatric Institute at UCLA, will investigate precipitating factors and consequences of individual acts of violence, including child battering, homicide, suicide, physical and sexual assault. It will also study the relationship of alcohol and drug use to violence including highway accidents.

The Center will develop instruments for the assessment and prediction of dangerousness techniques for life-saving intervention during violent episodes (including reduction of injury to either police officers or suspects during the course of arrest), methods of assistance for victims of violence and survivors of those who die by violence, analysis of the relationship between violence portrayed in the mass media and violence acted out by individuals, and other innovative methods to assist society in reducing the threat of harm from violent behavior.

The Center will disseminate information to professionals and paraprofessionals in fields related to mental health, education, penology, law enforcement, and community relations. It offers educational programs designed to assist families,

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employers, churches, and other community groups in understanding and preventing violence. At the same time it will evaluate its and other related programs.

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#### PROJECT NARRATIVE

##### 32. Problem Statement:

a. Detailed description of the nature, scope, and degree of the problem.

Violence is destructive aggression—behavior which injures or destroys another person, or property. Violent behavior is often intense, immoderate, furious, and uncontrolled. In America violence has risen to a level that makes it a *foremost issue of national concern*. The rising tide of violent behavior which disturbs the tranquility and threatens the well-being of Americans includes homicide, suicide, physical and sexual assault, gang wars, senseless maniacal killings, mass murders and "executions," assassinations, the battering and abuse of children, deadly mayhem on the highways, and—during skyjackings—in the air. It is difficult to estimate the total number of violent acts which are committed. Many such acts fail to be reported. During 1971, however, over 100,000 crimes involving violence were reported in the State of California.

*Efforts to develop an understanding of the nature of violent behavior require complex formulations on multiple levels, including, for example: biological factors (genetic structure, hormonal factors, metabolic processes, brain damage and/or disease, and the use and abuse of various drugs and of alcohol); psychological factors (delayed maturation, character neurosis, psychosis, and depression); and social factors (family problems, educational deprivation, poverty, and cultural alienation).*

b. Definition of the problem in work load or statistical terms and sources of data.

The State Department of Corrections, the Department of Mental Hygiene, the Youth Authority, and the universities, are at the present time independently engaged in examining the causes of violent behavior. Additionally, the judiciary, law enforcement officials, correctional officials, psychologists, social workers, physicians, and other private and public groups and agencies all play some roles related to the prevention, detection, control, and treatment of violent behavior. However, no single group has had responsibility for either the systematic review of existing techniques employed in the prevention, detection, control and treatment of violent behavior, or for coordinating the development of more effective methods to detect, prevent, control, and treat the expression of violent behavior.

The Center for the Study and Reduction of Violence will group together at a central point resources related to the study and reduction of violent behavior. The Center will enable university based behavioral scientists, in cooperation with the state government, the judicial system, and law enforcement agencies, to focus upon the problem of violent behavior, not only in detail and at many different levels, but also comprehensively, and to add to knowledge concerning the process of violent behavior and develop models for reducing the damage which results from violent behavior.

Work load includes: (1) establishing the Center physically, (2) establishing cooperative relationships with scientists, governmental agencies and units, corrections and law enforcement agencies and officials, and other elements which comprise the criminal justice system; (3) planning and carrying out a wide variety of appropriate investigations; (4) developing and producing appropriate and effective training, educational, treatment, and prevention models.

##### 33. Approaches Considered:

a. Brief description of each of the alternative approaches considered and reasons for not selecting them.

It is tempting to approach the problem of violent behavior from a single level or direction, and to neglect or overlook other possible approaches. For example, it would be possible to concentrate on the role of biological abnormalities, or on the role of brain dysfunction, in the causation of some violent destructive acts. Those factors are important elements in the causation of some destructive acts, and excellent facilities and highly trained personnel for the

carrying out of research related to biological, medical, and brain disease are located at the UCLA Medical Center. But exclusive concentration on this approach was rejected because any one-sided approach is destined to fail in achieving the primary purpose of the Center for the Study and Reduction of Violence, which is to assemble into a meaningful pattern data from many different sources. Thus it was decided that the Center must have a multi-disciplinary, multi-level, group approach to the effort to increase understanding of and develop solutions for the problem of violence.

Another possible approach to the problem of violent behavior might be a focus upon programs of action designed to bring about certain types of social change—programs which would exclude basic research. Such an approach is, however, unsuitable for a university-based center. It was decided, instead, to engage in the design of small pilot research programs, and to incorporate the results of such investigations into models which would be presented for consideration by appropriate therapeutic, correctional, or law enforcement agencies and personnel.

Finally, it was decided to exclude major consideration of problems such as group violence, political dissent, revolution, and war from the program of the Center. One reason for this decision was the existence of other centers (notably the Lember Center for the Study of Violence at Brandeis University) whose primary concern is collective violence. Therefore the Center for the Study and Reduction of Violence which will be located at UCLA will focus upon individual violence.

b. Complete description of the proposed approach.

The Health and Welfare agency recognizes its responsibility to promote programs which contribute to the safety of Californians. The agency believes that a Center for the Study and Reduction of Violence will make a substantial and significant contribution to the safety of the citizens of California.

*The Center will represent the only program in the United States which is dedicated to the comprehensive study of individual violent behavior and to the systematic development of improved detection, prevention, control, and treatment models.*

The emphasis in this approach is on violent behavior as a threat to the health and safety of the citizens of California. The approach emphasizes the work of health-oriented behavioral scientists in close cooperation with colleagues in diverse fields and disciplines, including the social sciences, history and the humanities, ethics and philosophy, political science and government, business administration and management, governmental agencies, law, law enforcement and corrections, and specialists in education and in the use of media—all forming a genuinely multidisciplinary team.

The compelling reason for following the approach outlined above is the fact that a problem so highly complex and multidimensional as the problem of violent behavior demands for its understanding and solution a comprehensive program which draws upon all possible sources of knowledge and translates that knowledge into useful methodology.

Over the past several years various study groups, committees, and commissions have called for the establishment of a program similar to that outlined above, including the *Final Report of the National Commission on the Cause and Prevention of Violence*.

c. Reasons why this proposed approach was selected and the evidence which indicates that it will be effective.

As indicated in (b.) above, the compelling reasons for use of the approach indicated in this program is the fact that the problem of violent behavior is highly complex in respect to both causation and effect, demanding the application of as wide a variety of resources as possible, and in a coordinated manner, and under the auspices of institutions experienced in the development of knowledge and its application to the solution of problems.

d. Indication of appropriateness of this agency to conduct the project.

The plan for establishing the Center for the Study and Reduction of Violence has been initiated by the State of California Health and Welfare Agency. Since violence adversely affects the safety of the citizens of California, and since violence is regarded by the citizens of California as the single most serious social problem confronted by them in their daily lives, it is wholly appropriate for this agency to initiate a project which will deal in a positive manner with the problem of violence.



Moreover, since the broad objective of the project is to establish a center which brings to bear upon the problem of violence the resources of the University, in cooperation with State and law enforcement agencies of all types, it is wholly appropriate for the state-supported University of California to be constituted as the agency which will conduct the project.

To recapitulate: this project is being initiated by the State of California Department of Health and Welfare, and will be conducted by the University of California at its Los Angeles campus. The University of California Los Angeles is a highly appropriate location for the Center. It provides a unique combination of resources unequalled in any other single location in the state. These resources include a top-ranked medical school, a well-established and world-renowned department of psychiatry with a *large neuropsychiatric institute and hospital, and outstanding neurological, psychiatric, brain research, social research, sophisticated data processing and computer services and facilities*, and excellent liaison with other university departments of behavioral and social sciences. Moreover, outstanding schools of social welfare, public health, and law are located at UCLA, and will participate in the work of the Center for the Study and Reduction of Violence.

e. Indication of capabilities of this agency to conduct the project.

This agency has unique capabilities for conducting the establishment and operation of the Center. The University offers skilled and experienced management, auditing, and general administrative consultations services and support. The various departments of the University have on their staffs highly qualified and experienced personnel distinguished in many fields. The Neuropsychiatric Institute has an ongoing working affiliation with state mental hospitals and with the corrections system. Members of the staff of the Neuropsychiatric Institute and of the Department of Psychiatry has performed consultation services for many community agencies and for the courts. There exist facilities of many kind for positive support of the Center, including facilities for large meetings, laboratory facilities, facilities for data processing and analysis. The University has initiated and carried out the establishment of a number of Institutes and Centers for studies in various fields.

f. Indication of other projects which relate to this proposal and a description of their relationship.

We know of no other projects which are characterized by the broad goals being proposed in this application.

g. Identification of duplicate services or programs.

No other Center which duplicates the purposes and programs being proposed herein for the Center for the Study and Reduction of Violence has been identified by us.

h. Indication of the cost-effectiveness of implementing this project versus the other alternatives considered.

A comparison of the concept of the Center for the Study and Reduction of Violence with alternatives which involve piecemeal research and an absence of comprehensive planning and coordination makes it appear evident that the proposed integrated and comprehensive approach is more efficient and more effective from the standpoint of cost-effectiveness.

i. Identification of the need for this particular project in this particular area.

The need for this project is indicated by the fact that *responsible study groups, committees, and commissions have recommended the establishment of such a center*. The need for the creation of a Center for the Study and Reduction of Violence is great, both because of the magnitude of the problem of individual violence and because the citizens of California have expressed deep and legitimate concern about the problem of violence.

j. Brief summary of the progress made in prior funding year(s) toward attaining the project's overall goal.

No progress was made toward establishing the Center prior to the present funding year (1972-1973). During the present fiscal year (1972-1973) several planning conferences have been organized and held. *Individual investigators have begun some tasks, financed by the Neuropsychiatric Institute and the Department of Mental Hygiene*. A search has been made for space for the Center at an appropriate location. Plans have been made and work has commenced toward accomplishing feasibility studies and some small pilot studies related to a survey of violence in California, determinants of violence, violence against children, violence in the schools, selected biological aspects of

violence, and assistance for victims of violence and for their families. Additional studies to be conducted during the present fiscal year include feasibility of violence-prevention crisis services, *a review of the literature on violence behavior as it relates to certain brain mechanisms*, and an analysis of suicide in individuals under thirty years of age (which has increased by 300% to 400% in the last decade).

The Governor of California, in his State of the State address of January 1973, announced that a Center for the Study and Reduction of Violence would be established at UCLA. Implementation of that authorization, and initiation of planning, feasibility, and pilot studies is being undertaken at the present time (March, 1973).

#### 34. *Project Objectives:*

a. Clear concise statements of precisely what the project is expected to accomplish.

1. *Definition of the epidemiology of individual violent behavior, its underlying etiology, its social, psychological, and physiological correlates.*

2. *Identification of determinants of individual violence, and testing of predictors of various forms of violent behavior.*

3. *Documentation of the circumstances and conditions under which violent behavior is likely to occur and/or to be repeated.*

4. *Definition of the ethical contingencies which must be considered and taken into account in undertaking field observations on human beings, human experimentation, and the development of models for detection, prevention, control, and treatment of individual violence.*

5. *Development and testing of models for the control, treatment, and prevention of violent behavior.*

6. *Study of, and work with, persons who have been victims of violence, as a means of developing more effective techniques for counseling and rehabilitation for those traumatized persons; evaluation of proposals for the relief, by legislative or other means, of persons who have been the victims of violence.*

7. *Development and dissemination—through educational, training, publications, and informational programs—knowledge, techniques, and models useful in detecting, preventing, controlling, and treating violent behavior, and in postvention with victims of violence and their families.*

#### 35. *Methodology:*

a. *Part I. General Statement on Tasks, Methods, Procedures and Strategies.*  
The objectives enumerated in 34. a. will be implemented through the establishment of a Center for the Study and Reduction of Violence at the University of California Los Angeles.

While the Center will devote a substantial proportion of its work to the compilation of a body of knowledge concerning the causation and process of violent behavior, the *basic thrust* of the Center's program *will be the development and demonstration of practical applications of models for the detection, prevention, control, and treatment of violent behavior*, and for assistance in rehabilitation of victims of violence.

The research aspects of the Center's activities will provide material for incorporation into models. This will involve research to determine what data are available, and what can be developed, as well as to evaluate the effectiveness of existing models.

The development aspects of the Center's activities will provide the models viewed as most appropriate and promising for the reduction of violent behavior. Models will be used for incorporating knowledge and innovative techniques into university educational programs, community training programs, the judicial system, law enforcement practices, and Agency projects and practices. The use of models will provide maximum transportability and marketability of knowledge concerning violent behavior.

The *ethics and legal components* will provide guidelines for experimentation and development of models of violent behavior.

Research will focus on defining correlates of dangerous behavior and upon *the development and testing of scales and procedures for classifying, predicting, controlling, and modifying violent behavior*. Three dimensions will be examined: *epidemiological factors; biological factors; and psycho-social correlates.*

*Epidemiological Factors:* The Center *will gather and evaluate information on where, when, and by whom violent acts are committed.* Epidemiologists will

locate focal points of violence and measure both the spread of violence from and the control within these foci. Such factors as the prevalence and incidence of violence and the relationship between changes in society, the legal system, law enforcement practices, the family structure, deprivation through poverty, the changing role of religion, the impact of mass media, and gang behavior will be encompassed within the epidemiological studies. Epidemiology will also play a role in monitoring the impact of detection, prevention, control, and treatment programs identified or developed by the Center.

**Biological Factors:** The Center will investigate genetic, biochemical, neurological, and neurophysiological elements of violent behavior. The effects of hormones on aggressive behavior will be studied in biological laboratories. New drugs now being developed hold some promise for the lessening of violent outbursts without a negative effect on other brain mechanisms and processes. These drugs will be tested in laboratory situations within the Center programs, and in related Health and Welfare Agency programs. Other applications of pharmacology will be developed in the course of the Center's activities. Studies of abnormal electrical activities within the brain, involving various forms of brain diseases and brain lesions, will be carried out in the neurological and physiological laboratories to clarify their relationship to various types of violent behavior. The subjects of such studies will include hyperkinetic children and individuals who have committed aggressive or violent sex crimes.

**Psycho-social Factors:** The Center will be fundamentally concerned with violent behavior as it involves people. The Center will study the relationship of violent behavior to such factors as the individual's attitudes, way of reasoning, methods of controlling impulse and action, perception of other people, and mode of adaptation to environment, as well as the impact upon behavior of such environmental factors as overcrowding and excessive noise levels.

Attention will be given by the Center to the direct and indirect victims of violence, in order to minimize the deleterious effects of the violent act.

The development programs will concentrate on models which can be piloted or implemented in public or private facilities. The program will involve five basic models: education, detection, prevention, control, and treatment.

**Educational Models:** The Center will be concerned with translating the products of research and development activities into educational and training materials and models. These models will include pilot programs, designed to provide skill in identifying, classifying, controlling and treating violent behavior. For example: seminars and training programs for professionals, e.g. psychiatrists, law enforcement personnel, judges, lawyers, teachers, social workers, and others who must deal with persons characterized by violent behavior; seminars and training for professionals who must deal with juveniles; curricula for university-based courses for mental health, correctional, legal. \* \* \* material for the general public, community groups, and the universities; additionally, the Center will initiate faculty, judicial, and law enforcement affiliations for qualified persons, and student stipends for the pursuit of interdisciplinary graduate training in violent behavior. The interdisciplinary study will encompass such diverse fields as medicine, law, psychology, corrections, education, and sociology.

Detection, prevention, control, and treatment models can be viewed as points on a continuum. Each point represents a successive progression of intervention in violent behavior.

**Detection Models:** Among other detectors the Center will develop behavioral indicators, profiles, scales, biological correlates, and social and environmental predictors of violent behavior.

**Prevention Models:** Intimately aligned with the systematic establishment of a body of knowledge relative to the causes and detection of violent behavior is the development of preventive models. The models will assist appropriate persons and agencies, e.g., school administrators, law enforcement personnel, governmental departments, to design and develop special programs to reduce the overt expression of violent behavior.

**Control Models:** Beyond the detection and general prevention of violent behavior, the paramount public need is to control the expression of such behavior when a clear and present danger exists. The development of functional models within an ethically and legally sound framework will represent the prime objective of the Center. Included within this area will be models

designed to control the activities of identified sociopaths, sex offenders, murderers, juvenile gang members, and persons who abuse drugs and alcohol. Emphasis will be placed on models which protect society from the destructive actions of dangerous individuals. The Center will be responsible for reviewing, developing, and testing a wide range of control models, ranging from supervisorial models to halfway houses, to chemical and physical controls.

**Treatment Models:** Commensurate to the requirement for control of violence will be the development of *treatment models* designed to ameliorate or supplant the expression of violent behavior. Treatment programs will emphasize patient/inmate performance and responsibility in demonstrating alternative and socially acceptable behaviors. A partial list of facilities which will be used to develop treatment models and implement pilot and demonstration programs are: Atascadero State Hospital; Camarillo State Hospital; UCLA Neuropsychiatric Institute; California Medical Facility, Vacaville.

**Legal and Ethical Guidelines:** The Center will examine the legal and ethical guidelines and scientific philosophy surrounding human experimentation. The Center will develop and adopt legal and ethical parameters for the prevention, control, and treatment of violent behavior. The research and models developed by the Center will adhere to these legal and ethical parameters.

a. Part II. Detailed description of each task and the method, procedure, or strategy to be undertaken for attaining each objective.

**Note:** For description in this portion of the narrative, the work of the Center is divided into *tasks* assigned to *task force* groups. The description of each task and task force will include items (a) through (f) under section 35, together with the evaluative data requested in 38 (below).

**Task I: To Establish the Center.**

By July 1, 1973 the first phase of organization of the Center for the Study and Reduction of Violence will have been completed. The Center will be under the jurisdiction of the University of California Los Angeles, and there will be suitable arrangements—through an Advisory Committee and a Coordinating Council—for close cooperation with the various agencies of the State of California represented by the Health and Welfare Agency, including corrections and law enforcement, as well as the state hospital system and the University system.

There remains the task, during the first year of operation, to establish the Center physically in the space selected for its location, to acquire equipment and supplies, and to bring together qualified investigators and representatives of many disciplines involved in the study and remediation of various aspects of violent behavior. In the early operations of the Center great emphasis will be placed upon workshops, planning conferences, the securing of expert consultation, and the development of evaluation procedures so that the Center may proceed in an orderly and effective manner toward the achievement of its objectives.

Staffing for this task force is as follows:

L. J. West, M.D., Director of the Neuropsychiatric Institute, will represent the Center for the Study and Reduction of Violence in its relationships with the University of California Los Angeles the Medical School, and the Health and Welfare Agency. He will serve on the Advisory Committee of the Center, and will be consulted by the Director on major policy decisions and overall direction of the Center.

Robert E. Litman, M.D., who has been designated to be Director of the Center, will be responsible for all operational phases of the program, for overall planning, development, and evaluation, and for all research and development activities. He will relate the goals of the Center to the needs of the public; will recruit the most talented personnel available; will set policies in collaboration with the Advisory Committee, the Coordinating Council, and the Director of the Neuropsychiatric Institute and University authorities. The Director will be responsible for securing funding for the continuation of the Center beyond the initial period of establishment, and for relating the work of the Center to work being done throughout the nation and the world in related fields so that there will be a minimum of duplication and a maximum of fruitful interchange and accomplishment.

An Assistant-to-Director will aid in program development and in recruitment of personnel; will assist the Director in all areas of his responsibilities; will assist in the preparation of reports on various phases of Center operations and

in preparation of proposals for funding; will make routine operating decisions in consultation with the Director and/or other appropriate individuals; will maintain records and flow charts indicating status of each task force in relations to the carrying out of its objectives; will be responsible for maintaining continuing cooperation and close liaison and departments, schools, and centers on the UCLA campus; will perform special assignments on instructions of the Director.

A Chief of the Section on Evaluation and Planning will work under the Director of the Center to establish effective evaluative mechanisms for all aspects of the educational, training, and research programs of the Center. These evaluative mechanisms will function in such a manner as to provide ongoing, objective, evaluation for all phases of the Center's activities, and to make recommendations concerning changes, additions, and/or deletions in respect to tasks being performed and methods of implementation of goals. In addition, the Chief of the Section on Evaluation and Planning will actively participate in all phases of the planning of the Center's programs, and will serve as a member of the Committee on Ethics of the Task Force on Law Enforcement, Law and Ethics.

The above individuals will be available at all times to members of the staff of the Center, for consultation and assistance in the carrying out of their tasks, and will encourage all staff members to communicate problems promptly in order that difficulties may be solved with as little delay as possible. Weekly meetings of the entire Center staff will be held at which ideas will be exchanged and concerns of staff shared. These meetings will represent both planning and evaluation experiences, and will ensure the close involvement of the entire staff in the effort to achieve the goals of the Center. The Director and/or the Chief of Evaluation and Planning will chair these meetings and act as facilitators.

A Public Information Officer will prepare news releases and feature stories for distribution to media, in order that the work of the Center, and its existence as a State resource, may be known as widely as possible. The Information Officer will establish and maintain master press lists on local, statewide, and national levels, will prepare public service announcements, will develop and maintain working relationships with members of the press, and broadcasting media, will handle all requests from the public and media for information, will arrange conferences with members of the press, will cooperate with the public information officers of other branches of the University, the Center for the Health Sciences at UCLA, and state agencies, and will assist the Director and other staff members in the preparation of written documents, including proposals for funding and reports.

A Computer Specialist-Statistician will supervise all aspects of research design as related to the gathering and analysis of data, will provide consultation to researchers in the formulation of investigations requiring the use of computer technology, will maintain liaison with the campus computer facilities used by the Center, will prepare estimates of costs, will participate actively in the evaluation of the work of each task force, will analyse and report on the feasibility, from the standpoint of statistical reliability, of investigations proposed for inclusion in the work of individual task forces.

Secretarial and clerical personnel will be employed to provide appropriate supportive tasks.

*Criteria for evaluation of the performance of this task will be as follows:* Existence of a physical plant for the operations of the Center, suitably equipped, and supplied as indicated in the Budget; space for staff to carry out its work; sufficient clerical and administrative workers; adherence to the personnel and administrative policies of the University, with the keeping of appropriate records in relation to disbursements, personnel, and other phases of the Center's administrative responsibilities; the holding of weekly problem-oriented staff conferences, and at least four major planning conferences; the existence of reports on consultation and evidence that the consultants have contributed materially to the development of the Center; the preparation of complete reports on the progress of the Center toward its stated goals.

The task of establishing the Center is expected to be substantially completed within two years, at which time the Center will continue its operations with minimal assistance from the California Council on Criminal Justice.

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**Task II: To Utilize Effective a Task Force on Law Enforcement, Law, and Ethics.**

This task force will employ a multi-dimensional approach to consider all points of view related to controversial aspects of the development of innovative approaches to the detection, prevention, control, and treatment of violent behavior. For example, it will subject to scrutiny the range of considerations which must be taken into account in connection with experiments which utilize human subjects. It will consider the ethical problems related to the use of prisoners as subjects for experimentation. It will consider the ethical problems inherent in the possible identification (labeling) of violence-prone individuals before they have committed an act of serious violence. It will consider questions relating to the nature of "informed" consent, in the light of recent challenges to the traditional understanding of that term. Among other tasks which this unit will address itself to will be the development of a position paper and guidelines on the following subject: In the event that the Center for the Study and Reduction of Violence is successful in efforts to develop reliable predictors and/or determinants of some types of violent behavior, so that it becomes possible to *predict the probability of occurrences* of those types of violence behavior, and to identify certain individuals who are characterized by a very high probability of committing individual acts of serious violence, what are the practical aspects and problems related to the initiation of preventive treatment of such individuals, and what ethical considerations must guide the process of bringing such individuals into treatment situations designed to reduce the likelihood that such individuals will commit acts of serious violence?

Persons representing as wide as possible a spectrum of political, philosophical, ethnic, and religious backgrounds will be invited to participate in discussions of the above problems and to cooperate in the formulation of position papers and guidelines.

The Task Force on Law Enforcement, Law, and Ethics will maintain liaison, and consult with state and local agencies concerned with law enforcement, corrections, and the courts, and has the responsibility of securing and maintaining cooperative relationships with those agencies.

An effort will be made to develop research approaches which utilize law enforcement and corrections personnel as participant-researchers in the problems which they encounter in the course of their work.

Staffing requirements of the Task Force on Law Enforcement, Law, and Ethics include:

A Coordinator (*James Fiek, former high ranking officer in the Los Angeles Police Department* and now a member of the Department of Political Science at UCLA) who will be responsible for ensuring that the Task Force maintains liaison with key agencies and departments in the area of law enforcement corrections, probation, and other areas of the criminal justice system of the State of California. The Coordinator will be responsible for working with the Director to formulate and implement programs in the Center which will respond in an innovative manner to the needs and concerns of the criminal justice system.

A Specialist in Law and Ethics (*Richard A. Wasserstrom, Ph.D., LL.D., Professor of Philosophy and Law, UCLA*) who will conduct and organize studies and deliberations related to the ethical and legal considerations involved in the goal of the Center, and will supervise the preparation of position papers related to those considerations.

A Field Liaison Specialist (TBA) who will travel throughout the State of California, maintaining contact with local officials in the area of law enforcement, corrections, detention, probation, and other elements of the criminal justice system in the field. The Field Liaison Specialist will report back to the Center on the problems of and the needs of those systems and officials, and on the usefulness of the Center's program as it relates to those groups as consumers.

The above staff members of the Task Force on Law Enforcement, Law, and Ethics will meet regularly with the Director and with other key Center staff members involved in administration, evaluation, and planning.

The success of the Task Force on Law Enforcement, Law, and Ethics will be evaluated on the basis of (a) the degree to which it succeeds in receiving and interpreting the needs and concerns of the law enforcement and criminal

justice community to all of the other task forces within the Center, (b) the degree to which it succeeds in transmitting the information and findings developed by the Center to the law enforcement and criminal justice systems, working with the task force on education and training, and in helping those systems to improve performance, (c) the degree to which it provides the Center as a whole with a sound legal and ethical basis for its ongoing activities.

*Task III: To Develop and Maintain Facilities for Education and Training, and the Communication of Knowledge in Useful and Available Forms to Various Consumer Groups.*

This task force will provide library and bibliographic services concerning violent behavior, both to staff members of the Center and members of the public. It will design innovative educational models, and will produce educational and scientific monographs, pamphlets, brochures, educational materials, and multi-media presentations including films, videotapes, tapes, and graphics. Consumer groups will include mental health personnel educators, law enforcement personnel, students, corrections workers, offenders, and the public in general.

The Task Force on Education and Training will play a key role in communicating—promptly and accurately—the knowledge developed through the research activities of the Center to all individuals and groups in the California community who are concerned with the problem of violent behavior and ways in which the effects of such behavior can be mitigated and reduced. Such reliable and up-to-date information is necessary to the formulation of community action with respect both to the reduction of individual acts of serious violence and assistance to the victims of such violence. The education and training component will therefore function in close relationship with, and as an adjunct to, all other task forces of the Center.

Meetings, conferences, and training programs, including workshops, will be conducted by this task force, both at the premises of the Center and in the field.

The educational programs of the Center will be coordinated with the programs of the State Department of Health, the California Department of Corrections, the California Council on Criminal Justice, with local school systems throughout the State, and with other appropriate groups and agencies. The task force on education and training will translate the research and study findings of the Center into tangible and applicable models related to training and education. It will identify and develop appropriate projects and initiate and catalyze their study in terms of education and training.

During the first year of operation of the task force on Education and Training, the multi-media audio-visual unit will produce four 30-minute films. The tentative schedule of those films is as follows:

- (1) Film concerning the problem of the battered child, and methods for assistance and treatment of both children and families of battered children.
- (2) Training film on the operation of programs for the treatment and rehabilitation of heroin addicts.
- (3) Training film on police intervention in family crises.
- (4) Training film on Psychiatric Emergency Team intervention in family crises.

Staffing requirements of the Task Force on Education and Training are as follows:

An Education and Training Specialist who will plan, organize, administer and evaluate the Center's training and education programs as described above, and will determine needs for educational services, developing major and short-range program objectives and evaluating progress in achieving those objectives.

A Librarian-Bibliographer will supervise the building of a library, and administer its operations.

A Media Coordinator will be responsible for initiating planning of the media-related projects of the Center, and will assume full responsibility for the conception, design, and execution of all technical aspects of film and videotape production, working with all other staff members of the Center to interpret their needs in terms of the area of his responsibility.

A Film and TV Production Supervisor, and a film and TV Production Specialist, who will work under the direction of the Media Coordinator to perform all of the technical tasks necessary to produce education and training films and videotapes of high professional quality.



Appropriate clerical and secretarial support.

**Task IV: Research and Development:** In this application, funds are requested for the six operational task forces described below. Additional funds will be obtained to carry out additional specific projects.

**Task IV-A: Survey of Violence in California:** This task is characterized by the following component tasks:

To develop with maximum rigor definitions of the forms and types of violence to be identified, measured, counted, or estimated in the survey; to scrutinize available statistics in California and to analyze their validity; to conduct field investigations and interviews in an attempt to develop firm incidence and prevalence rates of various violent phenomena in the State and in selected populations. Special attention will be paid to the degree to which certain types and categories of violence are under-recorded in the available statistics; and finally, utilizing the baseline data developed in the course of the above survey, investigations and evaluations components of the Center will conduct operational analysis of the effectiveness of various experimental attempts to reduce the level of the designated categories of violence in selected areas among selected populations. The major known correlates of violence are sex (male), age (youthful), ethnicity (black), and urbanicity. Violent behavior appears, additionally, to be related to participation in subcultures with particular attitudes towards the value of human life, and with attitudes equating violent physical expression with "manliness." "Subcultures" may be viewed as regionally based, that is, composed of neighborhood associations. One strategy to be utilized will be selective sampling of metropolitan neighborhoods in California, to discover and compare norms of violence among various ethnic groups (Caucasian, Black, Chicano, and Oriental). Varying, normatively based, personal perceptions of what constitutes violent behavior and of what circumstances demand official intervention undoubtedly influence regional "reporting rates" for violent behavior. Selected sampling of ethnic communities to investigate non-official estimates of the occurrence of violent behavior and the norms surrounding such behavior will provide a "correction factor" for official statistics.

The staff required for the task Survey of Violence in California, and the program responsibilities of task force members, is as follows:

A full-time Sociologist with experience in criminal justice research will coordinate the work of the Survey; a Public Health Specialist (MPH) with experience in Epidemiology, and experience in the development and evaluation of educational programs based on epidemiological research will organize and supervise on-site programs related to the Survey; an experienced Statistician, with extensive experience in data processing and the use of computers, will provide ongoing statistical support for the Survey.

Consultants with special experience in the collection, publication, and evaluation of criminal statistics and vital statistics will be utilized; the equivalent of two full-time field investigators to check on the methods in various localities by which criminal and vital statistics are collected and recorded, and also to do field investigations in selected spot check areas to collect data on the incidence or unreported violent behaviors, will be employed. Medical and Psychiatric consultation, especially from psychiatrists, psychologists, and social workers with extensive experience in epidemiological investigations involving psychiatric and mental health problems will be utilized. Appropriate clerical and secretarial support will be required.

Available resources to be utilized in carrying out the Survey are the Survey Research Centers of the University of California Los Angeles and the University of California Berkeley. Field workers studying violence as it is observed in hospitals will select institutions, with emergency rooms, as listed in the American Hospital Association Guide to the Health Care Field (1972). This publication provides data concerning all hospitals in the State of California. Data on deaths including suicide and homicide may be obtained for the last ten years for a moderate fee, using data stored on computer tapes, from the California Department of Vital Statistics. The staff of the Center for the Study and Reduction of Violence has already established close relationships with the Chief Medical Examiner-Coroner of the County of Los Angeles and with many of the hospitals in the Southern California area.

**Task IV-B: Determinants of Violence:**

**General Discussion:** The task is to develop models for the prediction of the probability of subsequent violence in individuals concerning whom a decision



must be made whether to hold the individual in a situation where relatively extensive external controls exist, or to utilize minimal external controls, or to release the individuals with minimal external controls. Decisions regarding the extent and nature of external controls necessary for the safety of an individual and of others with whom an individual may come into contact are made daily at many levels of the social and criminal justice systems. Some of the situations in which actions are taken with respect to this problem are based in part upon judgments of the dangerousness of individuals, and occur in such situations as the follows:

Police Officers called upon to intervene in family violence.

Police Officers' decisions on whether to hold a subject in jail or to release the subject after questioning.

Court decisions concerning bail.

Court decisions on sentencing and probation.

Decisions by corrections officials concerning the placement of an offender, and readiness for parole.

Decisions concerning the type of Aftercare required by individuals discharged from institutions.

Decisions concerning placement of juveniles in work camps and/or in foster homes.

Decisions concerning hospitalization of mentally disordered persons who are a danger to themselves or others.

Decisions concerning discharge of mental patients from hospitals.

Decisions concerning suspension and/or expulsion of school children or, conversely, their readmission to school.

In summary, this task force will conduct research with the aim of providing data, testing devices, and similar prediction instruments which may be of assistance of personnel involved in making the above and similar decisions.

Previous research on the problem of prediction of violence such as homicide, suicide, and assault, yields helpful clues, but has failed to provide objective instruments that are more valid than the "clinical" evaluation of the experienced worker. Some of the reasons that previous efforts have had but limited success are as follows:

It is unreasonable to expect to develop a unitary predictor of the disposition to violence. Violent behavior comprises a variety of dissimilar acts, performed by a variety of different persons, at different time periods in their lives, and with different determinants of the behavior. Experience suggests that in constructing objective scales, or item pools, or checklists, a somewhat different instrument will be required for each decision-making site. The problems, the people, and the behavior, constitute in each setting a task which is unique, although it may share many features with the prediction task in other settings. This leads to the conclusion that a somewhat different approach to the problem of prediction of dangerousness is needed for each setting in which the decision must be made concerning disposition or diversion.

Moreover, certain items carry so much weight that they must be considered separately. Such items include age, sex, ethnic background, and urbanicity. Other key items which would be considered as predictors would include previous history of violent behavior, together with the circumstance of such violence, and its chronicity; the situation into which the individual is moving; and the mental and physical status of the individual.

#### *Specific Procedures*

The task force will conduct this investigation in five phases, as follows:

1. Review of existing data, including a bibliographical survey.
2. Selection of three sites at which potentially dangerous individuals are seen, and at which pilot investigations of the determinants of violence can be conducted. Three provisional settings have been identified, as follows:

- (a) Municipal court decisions on the sentencing of convicted offenders where psychiatric-psychologic consultation has been solicited by the court. The task is to explore the prediction of future dangerousness in these offenders.

- (b) The second setting will be a correctional institution for prisoners convicted of felonious assault and/or homicide. The decision which will be studied concerns release of prisoners with the problem being the prediction of the likelihood of repetition of violent behavior.

- (c) The third provisional setting is the neighborhood served by an individual police facility. The problem concerns the escalation of individual violence in

neighborhood situations and the decision by police concerning the type of intervention appropriate to reduce the possibility of danger of destructive violence to individuals.

3. Enumeration of significant items or variables which might possibly discriminate, according to various experts, between potentially dangerous and potentially nondangerous individuals. During phase three the task force will interview experienced decision makers working in the chosen settings concerning the basis upon which they reach their decisions. *Sample case histories* and situations will then be presented to the experts, who will be asked to rate the individuals involved in the sample cases for dangerousness. The experts will be asked to identify specific criteria they use to arrive at their decisions. These criteria then become items for an item pool from which will be constructed a rating scale. The items are expressed clearly and without ambiguity, so that a clear, codeable, reply may be given. Further tests are then conducted to ensure that the items are understood clearly by persons who use the item pool, and that they are responded to in a reliable way.

4. During the fourth phase of the investigation on determinants, *retrospective studies of individual case records are performed*, and the cases are rated on the items developed in phase three. This is a retrospective study of cases in which the outcome is known. The purpose of such a retrospective study is to distinguish which of the items developed in phase three do in fact discriminate between outcomes which are violent and those which are nonviolent. Suitable statistical procedures will be developed and applied to the analysis of this data. In the past we have employed discriminate function analysis to select items which could successfully predict the probability of certain individuals committing suicide. The task force will select items which predict violent outcome, and will construct scales which are suitable for use in the setting for which they were originally designed.

5. In phase five the scales or *checklists will be used by appropriate personnel as part of a prospective study*. The details of the design of this phase of the investigation will be worked out in field conferences with representatives of cooperating agencies. This final phase validates the prediction instrument through follow-up studies.

The tasks outlined above require for their completion, a minimum of four years. Phases one, two, and three are expected to require one year for their completion. State four will require an additional year; stage five an additional two years. This task force will produce several completed prediction instruments suitable for extensive use. To the extent that these procedures are successful in three settings, the same procedures will subsequently be applied—with appropriate variations—to a number of other decision-making settings.

Staffing for this task force will include the Center Director, Robert E. Litman, M.D. as the leader of the task force, together with a full-time research psychologist, a statistician, a part-time staff psychiatrist, and a part-time research psychologist with special experience in court-consultation work. In addition there will be appropriate clerical and secretarial support, and extensive use of coding and key-punching personnel.

The progress of the task force on determinants of violence may be evaluated on the basis of its adherence to the schedule in that by the end of the first year the first three phases of work should have been carried to completion in at least two of the three settings designated.

#### *Task IV-C: Biological Aspects of Violence:*

This task includes four sub-components, all involving biological aspects of the development and the behavioral expression of violence in human beings. A fifth sub-component involving research in the biology of aggression in primates will be planned by this task force but will not be activated during the first year of the operations of the Center. The components of this task are as follows:

*The question of violence in females will be examined from the point of view that females are more likely to commit acts of violence during the pre-menstrual and menstrual periods.* Previous investigations have indicated that as much as 75% of female violent acts occur during 20-25% of the days of the monthly cycle. This project will investigate the relative strength of hormonal and psychosocial factors which in combination affect the high risk of violence during the female cycle. Hormonal monitoring will be done by the determination of estrogen and progesterone levels in the plasma: *The findings of this study will have direct application to the medical treatment of potentially violent females.*

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The senior investigator for this task force on the biological aspects of violence is Richard Green, M.D. He will carry out a special analysis of a group of boys presently under study who are characterized by low levels of aggression. He will compare these boys with groups of boys who display average levels of aggression and with another group of boys who have excessive levels of aggression involving episodes of violent behavior. There will be studies of hormonal levels in these males and also studies of their interactions with their families. This study has important implications for the theory of constitutional predisposition to violence, and it may also have important therapeutic implications in the design of parent education programs.

A third task for Dr. Green's task force will be the investigation of the feasibility of using the drug Cyproterone Acetate in the treatment of violent sex offenders such as rapists and child molesters. Several investigators in other countries have reported that this drug produces a temporary, safe, and reversible suppression of androgen secretion in males. For this reason Cyproterone Acetate has been accepted for use in the United States for the treatment of certain types of cancer in males. It has been observed that suppression of androgen secretion often reduces or eliminates the urge toward violent activity in male sex offenders. It is theoretically possible that offenders who have received this drug might then be safely transferred to a residential institution in a local community. In such a residential situation, after care, psychological treatment and therapy, might be carried out in a more normal environment than that offered by a prison hospital. If the treatment proves successful, the drug would be cautiously withdrawn, and the offender kept under careful observation.

A further task of the biological aspects task force of the Center will be to coordinate preliminary studies in California on persons with the chromosome defect *XXY*, and on the relationship of this defective genetic condition to violent behavior on the part of the persons who carry this genetic abnormality. Reports from other countries and from the United States have been conflicting and confusing on the matter of whether or not there is a real disposition toward violence on the part of persons who carry an extra Y chromosome.

The staffing requirements of the task force on biological aspects of violent behavior include a full-time psychiatric investigator (Richard Green, M.D.), a research psychologist half-time (Merilee Oakes, Ph.D.), a research assistant, and appropriate clerical support. This personnel will collect suitable subjects and interview them; keep suitable records; see that blood specimens are secured and analyzed for hormone levels; and conduct experiments in an orderly manner, keeping in mind the ethics of human experimentation and the right of prisoners and hospital patients in connection with participation in human experiments.

The research staff of the task force on biological aspects of violence has available to it resources of Harbor Hospital and the hospital at the UCLA Medical Center for the housing of patients and for the conducting of laboratory examinations.

Evaluation of the work of the task force on biological aspects of violence should be based both upon contribution to knowledge and contribution to the development of improved treatment models. The task force on violence in females should report on cause-effect relationships which will be meaningful to gynecologists and internists in prescribing medication for female patients which would relieve the physiological states found to be associated with premenstrual and menstrual-correlated violent behavior. The study of nonviolent youngsters is, again, in the field of basic knowledge, but it should yield definite recommendations for the detection of potential violence-producing behavioral interactions in family situations. The investigation of Cyproterone Acetate may take months, or years, to complete, in view of the problems related to securing subjects, treating them, and following up their subsequent course of behavior. Evaluation criteria should require that the first steps in this program have been completed in an orderly and productive manner by the end of the first year, with a progress report describing what has been accomplished, problems encountered, and future course of contemplated tasks. In respect to the evaluation of work related to the *XXY* research, various facilities for identifying violent *XXY* subjects should have been located and feasibility studies conducted, together with preparation of a cost benefit analysis on carrying out a large scale study on the *XXY* problem.

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*Task IV-D: Violence Against Children—Prevention and Treatment Models.*

Existing data suggest that there are approximately 7,000 young children victimized by serious physical abuse in California every year. Since 1967 Dr. M. Paulson and his staff at the Neuropsychiatric Institute have been studying battered children with an emphasis on treatment of those children and on changing the behavior of maltreating parents. It has been Dr. Paulson's hypothesis that characteristics of abuse-potential could be detected before-the-fact, and that as a result family pathology might be treated before the child is victimized, or early in the course of the child abuse syndrome.

In this study the family histories and follow-up records of approximately fifty families are being examined and analyzed. The data include MMPI tests, ongoing observations of abused children and their parents by mental health professional staff, and other data. During the first phase, follow-up observations will be made on children and parents who have already been seen and treated in the past. Data accumulated over six years will be analyzed to provide a basis for future intervention programs and new approaches to treatment. These new approaches will be applied to new families with battered children, and the effectiveness will be evaluated. This project is expected to produce a model for successful family intervention on behalf of battered children—intervention which can be applied in hospitals, doctors' offices, and mental health facilities.

The staffing required for this task includes a senior research psychologist (M. Paulson, Ph.D.), a research assistant with abilities as a group therapist (preferably a psychiatric nurse), psychiatric and statistical consultation, and appropriate clerical support.

Resources to be utilized by the task force on violence against children will include interview rooms, recording equipment, computer facilities, and the facilities of the multi-media audio-visual component of the Center for the Study and Reduction of Violence.

By the end of the first year, the task force should have produced a book on the problem of battered children and methods of treatment and work with families on prevention of further injuries; a film on the same subject should have been produced in cooperation with the task force on violence against children by the multi-media audio-visual unit of the Center; previously existing data should have been processed and evaluated, and new groups of parents should have been incorporated into a study using improved intervention techniques. It is expected that the film produced on the problem of child abuse will be useful for training and education of hospital employees, police, mental health workers, physicians, and other front line workers who encounter the syndrome of battered babies and severe child abuse.

*Task IV-B: Violence in Schools—Prevention Models*

The task force on violence in schools (under the direction of Irving Berkovitz, M.D., Senior Psychiatric Consultant from the County Health Services Department Mental Health Division to the Los Angeles Unified School District) will survey the problem of *violence in the schools from the standpoint of behavioral scientists*. Dr. Berkovitz has organized a series of one-day regional conferences on the problem of violence in schools. At the first conference (February 1973) representatives from 20 schools, together with representatives from a number of community organizations, discussed various problems, and it was indicated that there has been a continually rising number of threats, beatings, sexual assaults, and homicidal assaults occurring on school premises. Several categories of violence were described. These categories include violence by students towards students, violence by students towards teachers, counter-violence by teachers and school personnel toward students, and finally, an alarming increase in violence toward students and school personnel from non-students—that is, strangers from outside the schools. A number of schools and school districts have sought to use a variety of approaches directed toward the reduction of these different categories of violence in the schools. Participants in the conference reported that while some of the experimental approaches have failed, other new approaches have been relatively successful. For example, representatives from the Duarte school district reported considerable success in reducing school tension and the number of violent incidents through an overall plan which included the selection and training of students to act as monitors in crisis periods and to assist in keeping order, mobilization of parental support, development of a hot-line rumor control telephone service, and direct efforts to

improve the morale of teachers and to encourage greater communication and greater friendship between students and teachers.

The task force on violence in schools will cooperate closely with the task force on a survey of violence in trying to define categories of degrees of violence in schools, so that incidents of violence may be given a gradation of severity and counted in number and quality, so that a given school, during a given time period, may be evaluated in terms of the seriousness of the problem of violence.

The task force on violence in the schools will continue to survey the community for approaches to the reduction of school violence that have had some success in practical application. These approaches will be combined into a more total approach that will be tested during the school year 1973-1974 in two junior high schools which have agreed to participate in the program. One of these junior high schools is located in a predominantly Black ethnic area; the other in a predominantly Chicano area. The plan of the task force is to survey the schools on the initial level of violence, and then to introduce new anti-violence programs.

The two programs will be presented to the respective schools by ethnic field workers, and will be monitored by consultants. Staffing required for this task includes Dr. Berkovitz, as planner, originator, and coordinator; a research assistant, two part-time field workers, and appropriate clerical support.

Evaluation of the task force on violence in schools should be based upon the following criteria: completion of a comprehensive review of existing efforts on the part of the schools to decrease violent behavior; combination of successful aspects of those efforts into a model for the reduction of violence in schools; design of a model susceptible of explanation, demonstration and application in school situation; completion of an experiment designed to test the feasibility and to demonstrate some decrease in school violence as a result of introduction of the model.

#### *Task IV-F: Serious Sex Offenders—Treatment Model.*

The task force on serious sex offenders will focus, during the year 1973-1974 on serious sexual offenses, and particularly on forcible rape. The task consists of several components, including the following:

(1) The study of the rapist. Rape is a pathological expression of several psychiatric problems. Some of these problems are sexual, some are related to factors of aggression, and some are related to the inability of the individual to cope with minimal every day problems of life.

(2) The task force will be concerned with the problems faced by the victims of rape, and will develop sympathetic understanding, examination, and treatment of persons who have suffered the traumatic effects of victimization of forcible rape.

(3) This project is concerned with the *treatment of violent sexual offenders in special hospitals*, and rehabilitation through after-care programs specifically designed to introduce the offender back into the community in a protected living environment to further his rehabilitation.

Staffing this task force as Senior Investigator will be Joshua Golden, M.D., who will interview rapist offenders and their victims. Among Dr. Golden's tasks will be the development of close cooperative relationships with the workers at Atascadero State Hospital and with police investigators in Los Angeles and other counties. An effort will be made to select and train several police officers whose work brings them into relationship with rapists, either in the process of apprehension or of interrogation, or through other appropriate assignments for participation in the task force as part-time investigators. It is believed that the creative use of police officers as participant-observers in the work of the task force will add important knowledge to an understanding of the phenomenon of rape.

The task force on serious sex offenders will, in addition, conduct a feasibility study of the design of a new type of residential facility to be used as a half-way, or part-way, residential facility for the after-care of persons who have been discharged from a hospital for mentally disturbed sex offenders.

For purposes of evaluation, this task force should be expected to produce a monograph on the design and functioning of a new type of residential community-based facility for the rehabilitation of violent sexual offenders. In addition, it should produce scientific reports, and eventually a book, on the psychological and social factors involved in a large series of rape occurrences.

These factors would include elements in the lives of both the perpetrator and victim which happen to put them into proximity at the time of the violent episode, and would also describe the subsequent life experiences of both persons. The task force should be expected to produce a series of recommendations dealing with improved techniques for the detection and prevention of rape, with improved after-care for victims of rape, and with the treatment and rehabilitation needed to reduce the possibility of recidivism in persons who have been convicted of rape.

**36. Work Schedule:** As indicated in the above discussion of the various tasks, and the methodology associated with those tasks, different elements within each task will require differing amounts of time for their completion. In general, the work of the task forces will be of an ongoing nature, featured by the completion of successive phases—accompanied by reports, presentation of models, and presentation of recommendations, and other appropriate and concrete contributions to the solution of the problem of individual violent behavior. It is contemplated that the Center for the Study and Reduction of Violence will become a permanent and ongoing institution.

**37. Systemwide Impact:** 1. Impact on Police (including all law enforcement agencies): The essential impact of the program of the Center for the Study and Reduction of Violence upon the police and law enforcement system will be the provision of a broader range of alternatives and options related to the making of appropriate decisions when confronted with situations, during the course of their activities, in which the risk of violence is inherent. For example, the Center will develop models for training programs for personnel as a means of reducing the probability of violence during those occasions when the police are called upon to intervene in family disputes. Another impact of the Center upon the law enforcement system will be to *increase the efficiency techniques for improved diversion of non-criminals into ancillary helping channels along medical and paramedical concepts*. The Center may have an eventual impact upon the reporting of crime, through its efforts to increase the reliability of reporting of certain previously under-reported types of violence. Finally, by stimulating some law enforcement personnel to view themselves as investigators with a research function, the Center may contribute to the trend already in existence toward an increasing professionalization of police personnel. It is expected that some law enforcement personnel, as a result of their work with the Center, will choose to go on to advanced studies related to the work of the Center, and to take degrees in those studies.

2. Impact on Courts (including all courts, the district attorney's office, and the public defender's office). The Center's impact upon the courts and the district attorney's and public defender's offices will be that of improving decision making by providing better indicators of the potential dangerousness of accused offenders. Moreover, to the extent that improved treatment models are developed and applied, there will be less frustration of efforts to rehabilitate offenders, so that increasing numbers of such individuals may remain in the community as productive individuals, relieving the judicial system to a corresponding extent. It is expected that the ethical and legal investigations of the Center will be of assistance to the courts in efforts to interpret questions related to civil rights and constitutional law.

3. Corrections (including jails, institutions, and camps, and the probation office and parole offices). With respect to this area, the Center will have an impact in improving the decision making process regarding the question of whether or not to release a prisoner. There will be an impact in the form of improved treatment within institutions themselves, in the form of new and promising techniques for after-care of offenders who are returned to their home communities and who require new types of assistance in readjusting to life situations outside of an institution. In addition, the Center will develop new types of intervention and treatment models which may be applicable for use in parole offices and/or work camps, probation offices, and similar intermediate detention situations and facilities.

4. Other community based projects. The Center for the Study and Reduction of Violence will have an impact on many community projects. For example, the Center plans to investigate the role and effectiveness of treatment programs for heroin addicts, comparing the incidence of violent behavior among individuals being maintained on methadone with the incidence of violent behavior among heroin addicts who are in non-medication after-care programs (for example, parolees from the federal facility on Terminal Island).

*Agencies Contacted:* In the course of developing plans for the establishment of the Center for the Study and Reduction of Violence, a large number of agencies has been contacted, including (but not limited to) the following agencies.

Department of Corrections, State of California (Allen Breed)  
 District Attorney's Office: Field Station (A. T. Collier)  
 Monterey County Sheriff's Department (Wm. A. Davenport)  
 Los Angeles Police Department (D. Gates)  
 California Peace Officers Association (J. Glavas)  
 Vacaville State Hospital (Luk Kim)  
 Los Angeles County Probation Department (G. Pedersen)  
 Los Angeles District Attorney's Office (Quon Kwan)  
 Department of Corrections, State of California (R. Proculier)  
 Police Department, Cypress, California (Geo. Savord)  
 Department of Corrections, State of California (S. Shepard)  
 Los Angeles County Peace Officers Association (A. Sill)  
 Los Angeles County District Attorney's Office (R. Sinetar)  
 State of California Attorney General's Office (E. Younger)

38. *Evaluation Design.* Criteria for evaluation have been included in the description of work task and methodology for each of the task forces indicated in Section 35 of this grant application. Evaluation of the Center for the Study and Reduction of Violence as a total program will be the responsibility of the Advisory Committee and the Coordinating Council. The Advisory Committee will be appointed by the President of the University of California, upon consultation with the Secretary of the Health and Welfare Agency and the appropriate University Chancellors. *The Advisory Committee* will meet regularly with the Center Director and participate actively in evaluating the Center's objectives, programs, and effectiveness. In so doing, it will provide a continuous review of the Center for responsiveness of the Center's efforts to the national context and the Health and Welfare Agency. *The Coordinating Council* will be appointed by the Secretary of the Health and Welfare Agency. It will work in cooperation with the Center's Advisory Committee to assist the Center in the pursuit and accomplishment of the objectives and priorities set forth by the Health and Welfare Agency, and will evaluate the work of the Center.

The Task Force on Administration, Planning and Evaluation of the Center for the Study and Reduction of Violence will, in addition, provide for ongoing evaluation of Center operations, and report on progress of the Center for purposes of internal evaluation.

Because new approaches to complicated problems are to be explored and developed, it can be anticipated that there will be changes in tasks and in strategies during the course of ongoing Center operations. Blind alleys will be abandoned; promising new avenues will be followed up. At the end of the first six months of operations, a detailed and comprehensive internal evaluation will be conducted, and a Progress Report will be issued indicating what has been accomplished, the difficulties which have been encountered, and changes which may be indicated in method of approach or personnel. This report will be prepared under the direction of the Center Director, and will be submitted to the staff of the California Council on Criminal Justice by January, 1974.

[Item III.B.2.c]

#### MEMORANDUM ON THE CENTER FOR THE STUDY OF VIOLENT BEHAVIOR

PREPARED BY THE COMMITTEE OPPOSING PSYCHIATRIC ABUSE OF  
 PRISONERS—APRIL 5, 1973

In his January, 1973, State of the State message Governor Reagan announced the formation of a Center for the Reduction of Life-Threatening Behavior. Several proposals have been drafted to obtain funding for this project, the most recent of which has been submitted March 1 to Dr. Stubblebine and the CCCJ, and which will be considered by the Senate Health and Welfare Committee on April 11th. The project has been re-named the Center for the Study of Violent Behavior.

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We recognize, as all citizens must, that violence is a major concern today. It is therefore uncomfortable for us to be put in the position of opposing an attempted solution to this most severe problem. Nevertheless, because we are concerned both with the reduction of violence and with the protection of human rights, we are forced to object strenuously to a plan which is lacking in scientific merit and which contains no ethical or legal safeguards against abuse.

In 1968 California officials secretly amygdalotomized three prisoners, paying scant regard to legal and ethical issues of informed consent. This serious tampering with the human brain yielded no favorable results for reducing crime or violence. In fact, the prisoner reported by officials to be the most improved is still in prison. His old symptoms have returned, and he now suffers additionally from memory loss and other effects of the brain destruction. A program of mind-crippling psychosurgery was nearly established in 1971, before secret documents came to public attention and forced the Department of Corrections and the University of California, San Francisco (which had agreed to perform the operations) to back off from their plan. The proposed Center for the Study of Violent Behavior represents a resurrection of this same scientifically invalid, ethically deficient, and legally questionable practice. Although the present proposal represents only a small proportion of the research to be conducted by the Center, already the guidelines are clear as to the direction in which the Center's work will be navigated. Chemical castration, psychosurgery, and testing of experimental drugs on involuntarily incarcerated individuals are prominent features of the proposal. Notably lacking is research into the ethical and legal limitations on such activity. In the press release accompanying the proposal Dr. Stubblebine emphasizes that the Center will "develop standards to absolutely protect the legal, civil, and human rights of any person volunteering to participate in any program to be conducted by the Center." No such research is outlined in the proposal, yet the projects it seeks to fund immediately involve the most severe intrusion into the human psyche. The proposal establishes no mechanisms to protect the rights of the persons who will be experimented upon.

In an age of rapidly advancing technology, when new methods of scientific control of mind and behavior are becoming a reality, and when the cry for law and order at any cost is at its most shrill, it is necessary to be even more sensitive to the preservation of human dignity and fundamental principles of liberty and freedom. It is also necessary to be sensitive to the possibility of political manipulation of scientific research to repress healthy dissent and legitimate disagreement in a changing society. Our examination of the proposed Center convinces us that it is particularly susceptible to political manipulation, totally devoid of protections for human rights and liberties, scientifically inadequate, and generally unresponsive to the pressing need for a decrease in the level of violence in our culture. A brief examination of the reasons why we are forced to this conclusion follows.

#### POLITICAL MANIPULATION

It is significant that the latest proposal does not address itself to the key administrative points: how the Center is to be structured and who shall control it. Examination of earlier drafts of the Center proposal, in which these points are covered in some detail, reveals that the original plan for a partly University-controlled Center has been replaced with a facility controlled by politically appointed State officials. For example, in Draft No. 2 it is stated that the University of California will obtain direct operational control almost immediately and that the Health and Welfare Agency (HWA), in establishing the Center, will conform to policies and procedures of the University (p. 11). In draft No. 3, however, control by U.C.L.A. has evaporated. Fiscal and operational control is vested in two committees, neither of which contains a University majority. Draft No. 3 drops the requirement that HWA meet U.C.L.A. policies and procedures.

In Draft No. 2 the "Advisory" Committee to assist the Director in running the Center is to be appointed by the President of the University *after consultation with the secretary of HWA*. The Committee is to be composed of 80% faculty members of "University-related" members and 20% State of California members. One important function of the Committee is to make the operation of the Center and its research and action projects responsive to the needs of HWA (p. 14).



Draft No. 3 retains the "Advisory" Committee and its functions, but makes a highly significant alteration in its structure. Under the new draft, the ratio of University to State members is reduced from 80%-20% to 50%-50%, thus insuring that the University will not control the Center. In addition, now that the University has lost control of the Committee, the function of the "Advisory" Committee becomes one of governance. Page 8 of Draft No. 3 states that "The Center will be within the University of California, and will be controlled by an Advisory Committee composed of University and State members." Thus this Committee is advisory in name only; in actual fact it replaces the Director as the governing agent of the Center.

Draft No. 2 gives the Director authority to secure non-State funding without the consent of the State's Coordinating Council (p. 13). Draft No. 3 gives the Director no such authorization, thus making all outside funds politically dependent on State approval and appraisal.

In addition to an "Advisory" Committee, both drafts include plans for the establishment of a Coordinating Council to be composed *exclusively* of State officials appointed by the Secretary of HWA. In Draft No. 3 the membership of this Council includes members of the legal, medical, and law enforcement communities on an *ex officio* basis (p. 7). Draft No. 2 contained no such provision. The explanation for this change is found in the objectives of the Center. Draft No. 3 states that the Center will serve as a focus for the University, the State Government, the judicial system, and law enforcement for the development of models to reduce violence (p. 8). Draft No. 2 did not as clearly tie the Center into providing models for the judicial and law enforcement officials. Both drafts, however, view the function of the Coordinating Council as insuring that the programs at the Center pursue the objectives and priorities of HWA. One wonders what happens to academic freedom when the funding and direction of University professors is dictated by political appointees. The Council is also designed to see that programs developed at the Center be put into use by the appropriate State agencies (Draft No. 2, p. 14; No. 3, pp. 7-8).

The Coordinating Council in both drafts is given the authority to review and clear all grant requests not generated by the Center, which indicates that research and action outside the University will be funded through the nominally University-based Center. Where will these outside researchers be located? Will they work in the State prisons, which are specified as loci of the Center's work in Draft No. 2, but which are not named specifically in Draft No. 4?

*Summary.* The Center will be controlled by State officials who will determine what research and what action is carried out, how funds are to be acquired and disbursed, and how Center programs are to be implemented. U.C.L.A. will control the day-to-day operation of the Center but will have minimal ability to set goals and policies. The progression from Draft No. 2 to Draft No. 3 clearly shows the intention of HWA to retain full decisional control over the Center's work. Since the University has no members on the Coordinating Council and only 50% representation on the Advisory Committee, it is clear that control is never really turned over to U.C.L.A. Regrettably, we have not yet had time to examine whether the California Constitution and laws establishing the University of California allow this type of Center to be under its auspices. Our initial reaction is that there is a Constitutional problem presented by the control mechanism as presently conceived.

This Center is, in short, a laboratory for the Department of Corrections and law enforcement officials with the diaphanous veneer of U.C.L.A. used to make it appear to be a respectable University research facility. The analogy of weapons research under Defense Department grants to University science departments immediately springs to mind. Thus, rather than basic, solid research on violence and its causes, we will see programs of control, detection, and prevention developed for implementation by law enforcement officials. Indeed, early drafts of the Center proposal indicate that these are its primary goals (Draft No. 2, p. 2; No. 3, p. 1). Both drafts concentrate on "detection, prevention, control and treatment" while virtually ignoring the most important aspect of all: the causes of violence. Such a set of applied goals, ignoring the cause, is inconsistent with an understanding of the nature of violence but perfectly compatible with suppression techniques whose nature is to impose violence on individuals in the name of medical treatment and/or law enforcement.

## ETHICAL QUESTIONS

As noted earlier, the emphasis in Dr. Stubblebine's press release on development of ethical and legal strictures on research and testing is nonexistent in the actual programs sought to be funded. It seems quite clear that the Center is not concerned with these matters, since it intends to use chemical castration drugs on involuntarily committed men (Draft No. 4, p. 25), psychosurgery and other mind-destroying interventions into the brain (p. 27 and the *San Francisco Examiner* (April 1, 1973) report of remarks by Drs. West and Stubblebine), and other types of human experimentation (pp. 12, 31, 35) before any guidelines have been developed as to the legality or ethical validity of these practices. A sensitivity to human values and legal rights would have made the investigation of the moral, legal and religious aspects of the question of violence the top priority that must be resolved before any human research begins. The fact that this has not been done speaks for itself.

Draft No. 4, the current draft, thus intends immediately to begin research with human subjects. To the best of our knowledge this research has not been cleared by the appropriate U.C.L.A. Committee on Human Experimentation. The University of California, San Francisco, regulations require that *"No grant or contract will be approved and no gift will be accepted until the protocol has had campus approval"* (emphasis in original). We assume that U.C.L.A. has similar regulations. Has their Committee on Human Experimentation approved the proposal? Have they seen it? If not, how can the Center legally operate? It should be noted here that if the Committee had already given permission they would have done so in the absence of a scientifically rigorous program and in the absence of ethical and legal limitations built-in to that research. If HWA presently funds the Center without the Human Experimentation Committee having been consulted, HWA may itself be in violation of the law.

Another point which may be subsumed under the heading of Ethical Questions is the lack of research on control over the technologies being developed. With the heavy emphasis on prior detection and subsequent suppression of violent behavior, it is certain that techniques of control will be developed which are potentially capable of political abuse by governmental authorities. We have far too many examples in this century of humanely intended research being politically used for inhumane purposes. Nowhere in the several drafts of the proposal is there any mention of a program to evaluate methods for preventing abuse of scientific research on violence. If our technology continues to advance significantly further than our ability to control that technology, we will become helpless to resist being oppressed by it. Thus research on control would seem to be a logical high priority, but it is wholly absent from the proposal. Since implementation of the Center's research and action is placed in the hands of correctional, law enforcement, and public school officials, there is even greater need to devise methods to protect citizens against manipulation for political purposes.

## SCIENTIFIC MERIT

Draft No. 4 contains the fullest statement so far of the nature of the research and action to be conducted at the Center. cursory examination suggests that most of the projects are too vague to constitute scientific research and too incomplete to be seriously considered for funding. Closer examination reveals some terrifying implications.

Certain projects could be legitimate and useful, such as those which seek to coordinate the literature on violence (p. 23) or establish emergency service (p. 56). But other projects are more questionable. Why establish a public relations television program ("Violence Clinic") now when the research that is to be the basis of the programs has not yet been begun? Why fund a project on Cultural Differences in Violent Behavior from State welfare monies when the diverse American sub-cultures are not involved, but rather the investigators want a paid trip to Yemen to study what they call a tribe of "Indians" who take an exotic narcotic drug?

Of far more serious concern are the projects which involve direct intrusion into the minds and bodies of human subjects. To fund such projects on the basis of a two or three paragraph general description is to throw scientific methodology out the window. In almost all cases these projects have no fully defined goal and no specified procedure for achieving a goal. In some cases the research has already proven to be ineffective. For the purposes of this

memorandum we would like to concentrate on the project which attempts to link Violence Prediction and Brain Waves. At least one-third of the total number of projects are based on the same scientific view.

This project has been done before. It is basic psychosurgery, and associated attempts to develop mass screening methods to detect the "potentially violent" person, with no scientific basis for understanding the causes of violence. The theory which is advanced to support this research has been expressed by Drs. Vernon Mark, William Sweet and Frank Ervin. In the summer of 1967 they published in the *Journal of the American Medical Association* a letter suggesting that the Detroit riot of that summer was caused not by poverty, poor housing, etc., but by individuals with malfunctioning brains. This thesis is further expounded in Mark and Ervin's book, *Violence and the Brain*, which describes their preference for psychosurgery and indicates their desire to develop mass screening methods to predict violence through a battery of tests to be applied to the general public, or segments thereof, in routine examinations. But these doctors have not been content to sit in academic offices and expostulate theories of social control. Using almost \$1,000,000 of Federal money; they have performed brain operations to control violence. In one instance they secured the patient's consent while he was having his brain electrically stimulated. He later retracted this consent but was coerced into changing his mind again. In another case their patient committed suicide after two operations, when a third was being planned, an outcome which the psychosurgeons found to be "gratifying", since the woman's ability to plan and execute her death showed that the brain operations had not impaired too drastically her cognitive facilities. Michael Crichton's terrifying novel, *The Terminal Man*, is based on one of the patients of Drs. Ervin, Mark, and Sweet. The proposal listed on page 27 of the current draft is the Ervin-Mark-Sweet research project. Dr. Ervin is presently on the faculty of U.C.L.A. An earlier draft (No. 1, of the proposal indicates that he will take part in the research. Why is he not listed in the recent proposals when it is his ideas and his experience which forms the background of this program? Is it conceivable that he would not participate in a program that has been his life's work? And why did Dr. Ervin come to U.C.L.A. just as funding appeared to be imminent for continuation of his research in Boston?

The proposal to equate violence with brain dysfunction, which is so prominently featured in several of the projects under submission in Draft No. 4, was considered recently by Congress when Ervin, Mark, and Sweet applied directly to Congress for an additional \$1 million to continue their scientific exploits. Congress finally turned them down after investigation disclosed the shoddy operation they were running and the scientific invalidity of the approach they were taking. It was shortly after the denial of this money to Ervin-Mark-Sweet that the announcement was made by Dr. Earl Brian, Secretary of HWA, that \$1 million would be given to fund the U.C.L.A. Center. Coincidence?

We do not have answers to the questions of the preceding two paragraphs, but we do have the following information about Dr. Ervin and his colleagues. Fuller documentation is available for each of the facts stated below.

An internal document from the Federal funding source, the Law Enforcement Assistance Administration (LEAA), indicates that the Boston group (Ervin-Mark-Sweet) engaged in the following practices: they paid a consultant at twice the lawful daily rate in violation of express terms of their grant; they attempted to purchase equipment on a non-competitive basis from a company in which Dr. Ervin is the major stockholder; Dr. Ervin left the project without notifying LEAA, which he was required to do, and appointed as a replacement a non-qualified person. In addition, a scientific peer review of their research, requested by LEAA, found that it "contributes relatively little to our knowledge of biological factors in violence" and concluded that the project was "unsatisfactory" in carrying out the stated aims of the original grant proposal. "The authors have not come up with any test procedure for the identification of violent criminals and have advanced no concepts of heuristic value that might serve as a basis for further work," (emphasis added) The psychosurgery trial now being litigated in Detroit has revealed that one of the doctors at the Lafayette Clinic visited the Boston group and what he found was "quite disturbing": low morale on the part of the staff, low level personnel preparing

the report to the funding source on the results of the program (not one member of this staff was a physician), and poor results only partially describe Ervin-Mark-Sweet's scientific research. Corroboration of this viewpoint was obtained from other doctors who had worked with them. Dr. Jose Delgado of Yale complained of "sloppy" practices. Most important of all is the fact that their research did not and cannot establish a link between temporal lobe epilepsy and violence. Careful reading of their publications shows that they use psychosurgery to pacify patients who then still retain their brain disorders but no longer cause as much trouble to their caretakers. Ervin-Mark-Sweet do not seem to believe in follow-ups, but what evidence does exist suggests that their patients have become duller people. One is presently in a V.A. hospital in Los Angeles and is expected never to return to society again. Ervin and Mark describe him in *Violence and the Brain* as a "brilliant engineer." Society has lost the value of his mind through the intervention of the Boston group. This must not be allowed to happen at U.C.L.A.

Other projects in Draft No. 4 are also open to serious question. One illustration is provided by the Treatment of Violent Young Offenders project at page 46. It need only be pointed out that solitary confinement, torture, electric shock, and mind-altering drugs have all been used under the label of "behavior modification," the technique proposed for this experiment. In California in particular, these practices have been undertaken on prisoners and mental patients as "treatment." Dr. Stubblebine has been quoted by the *San Francisco Examiner* as saying that this behavior modification project will employ punishment—what kind of punishment is not stated. Does Dr. Stubblebine know? Does he care one way or the other? Should open-ended funding be given for "punishment?"

#### CONCLUSION

This brief memorandum concludes by placing the Violence Center in the perspective of other voices heard around the country as to the "answer" to violence. A Santa Monica psychosurgeon has spontaneously offered to do brain operations on California prisoners, especially young aggressive males. Dr. Ralph K. Schwitzgebel, a colleague of Dr. Sweet, and Dr. Robert L. Schwitzgebel of the Claremont Graduate School in California have just published a book, *Psychotechnology: Electronic Control of Mind and Behavior*, in which they describe the present and potential use of brain implants and radio telemetry to monitor human emotions, location, and behavior, and to control behavior in various fields, including law enforcement. Dr. Barton Ingraham and Dr. Gerald W. Smith, both recent recipients of Ph.D. degrees from the School of Criminology, University of California, Berkeley, recently advocated the permanent implantation of radio receiver-transmitters in the brains of parolees (*Issues in Criminology*, Fall, 1972). They envision the automatic monitoring of parolees by a computer which, if it detected a *probability* of misbehavior by the parolee, would cause him to abandon his activities by delivering an electrical shock to his brain and/or by calling the police to his radio-monitored location. A number of prototypes of such devices have been tested under field conditions, and the Schwitzgebel brothers have designed methods to insure that the wearer of the device cannot remove or disarm it.

A recent report, not yet fully confirmed, discloses a program in California to computerize files on "pre-delinquent" children so that early behavior problems can be filed and the individuals who exhibit these tendencies can be checked for the rest of their lives. The computer files of these primary-grade children are prepared without the consent of their parents and are tied into the files of law enforcement agencies.

This is a grim picture indeed. We ask that U.C.L.A. not become a place where politicians obtain the techniques for scientific pacification of our population. As taxpayers we ask that money be spent only on carefully drafted proposals with at least a possibility of reducing the level of a healthy violence in our society and that a blank check not be given to pursue research on methods of repression. As concerned citizens we ask that strict adherence be paid to the legal rights and guarantees of freedom which serve as a cornerstone of our nation. And finally, as human beings we ask for the preservation of our dignity.

[Item III.B.2.d]

**"THE UCLA PROJECT ON LIFE-THREATENING BEHAVIOR: SOME FACTS, APRIL 4, 1974**

For some time a number of faculty members from several departments at the University of California have sought support for studies relating to life-threatening behavior. Some of these studies are already in progress. All of them are socially important, ethically sound, and scientifically valid. This faculty group approached the California Department of Health more than a year and a half ago to request a large grant.

The Department of Health agreed to support the UCLA proposal, and asked the California Council on Criminal Justice (CCCCJ) to put up half the money. After extensive hearings, CCCCJ unanimously endorsed the UCLA program (then called the Center for the Study and Reduction of Violence) in July, 1973.

The University proposed to establish a program that would include a small core group of resource people, a media laboratory, and a number of studies. These were to cover: "Work on the epidemiology of violence in California; child abuse (thousands of infants are crippled or killed each year by their parents); homicide among children (increasing); suicide among young people (also increasing); the prediction of pathological outbursts by disturbed individuals; cross-cultural studies of violence; treatment methods for both perpetrators and victims of violence (including rape and other violent sex offenses); postventive help for the survivors of those who die violently; community crisis centers for the assistance of those seeking help for control of their own violent impulses; drug and alcohol-related violence (including that on the highways); animal models of violence and aggression; and others including a study of ethical problems of research on violence." (UCLA public information release, March 23, 1973).

The orientation of this program was multidisciplinary. It was to provide an integrated consideration of how medical, psychological, social and cultural factors interact to influence the act of violence, its perpetrator and its victim. While biological variables were included in several studies, the preponderance of emphasis was on the psychological and sociocultural aspects of certain types of life-threatening behavior. Mass violence, collective violence, large-group conflict and war were excluded; these issues have been extensively studied elsewhere. The UCLA focus was to be on the individual and the small group, including the family.

No psychosurgery (or surgery of any kind) was ever contemplated. No dangerous experimentation was to be carried out on prisoners or anyone else. No abrogation of human rights would be permitted. The reality was a consortium of approximately 30 faculty members planning to pool their efforts in studying some life-threatening behaviors of special concern to the health- and mental health-related disciplines.

Elaborate controls and safeguards (including those for confidentiality and informed consent) govern all work with patients and research subjects at the UCLA Center for the Health Sciences, or by UCLA faculty anywhere. This Project was no exception.

The goal was to make a contribution in an area of great relevance and concern to the community, for the benefit of all. Those most affected by violence—poor people, minority groups, the underprivileged in general—would obviously stand to benefit the most.

Unfortunately, public concern was stirred up by a barrage of misinformation initiated by a small group of persons who for various reasons were politically opposed to the proposed enterprise. This group has issued a steady flow of distortions, quotations out of context, references to irrelevant documents, and outright falsehoods which have been widely disseminated, quoted and requested. Their campaign had sufficient political impact to block establishment of the program, and even led to intimidation of some of the would-be investigators. Such an outcome obviously has very serious implications for academic freedom.

A revised version of the proposal is now being prepared for submission to NIMH, despite continuing contumely and attack. The faculty's intent remains as previously described: "... To study a variety of pathologically violent behaviors; their causes and precursors; conditions that foster or aggravate them; acceptable methods of preventing or diminishing such behaviors and

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preconditions; and techniques for treating or mitigating the harmful consequences . . . (This) program will concentrate on violent behaviors that take place in an individual or small group setting; behaviors that are irrational, impulsive or uncontrolled; behaviors that are likely to bring perpetrators and/or victims into the sphere of responsibility of health-related professions, either directly or through consultation with other disciplines." (June, 1973, official proposal).

If funds are obtained, the work will be administered in the Psychiatry Department's well-established Laboratory for the Study of Life-Threatening Behavior under the direction of Edwin S. Shneidman, Ph.D., Professor of Medical Psychology, Sociology, and Psychology. Dr. Shneidman is also editor of the Journal, *Life-Threatening Behavior*. The Coordinator of the Project is Joshua Golden, M.D., Associate Professor of Psychiatry and Assistant Dean of the School of Medicine. Dr. Golden is an authority on psychosomatic medicine and human sexuality. A current list of individual project titles and participants is attached.

The revised Project on Life-Threatening Behavior will be subject to all proper safeguards and controls before any work can be initiated. There will be no surgical procedures, no experimentation of any kind involving prisoners, no noxious conditioning or punitive behavior modification procedures. A sworn affidavit to this effect is on record in the Chancellor's office. Governance of the Project is a University responsibility. Regardless of the sources of research funds, University constraints and procedures will always apply.

The Project on Life-Threatening Behavior must be reviewed in many ways by many groups. These include a special Chancellor's Advisory Committee, the School of Medicine's Human Subjects Review Committee, and the Project's National Advisory Council (see attached list of members). It must be approved by both the Chancellor and the Board of Regents before going to NIMH. A Public Advisory Committee will be appointed if the program finally comes into being. And the state legislature will undoubtedly require its own review before removing its present proscription against initiation of the work.

Some of the well-informed individuals and groups that have endorsed the Project include the Dean of the School of Medicine, the Chancellor of UCLA, the Medical Director of the American Psychiatric Association, the Citizens Advisory Mental Health Council of California, the Faculty Council of the UCLA School of Medicine (representing the entire faculty), and 123 full-time members of the Department of Psychiatry. It is hoped that other fair-minded colleagues, in the interests of academic freedom and of the great public need for new work on this problem, will add their support.

Few research proposals have ever included such elaborate procedural safeguards. All of those connected with this effort hope that these procedures will finally be given a chance to function, and that the concerned scientists will be allowed to proceed with this legitimate and important task without further harassment.

[Item III. B.2.e]

To: UCLA Center for the Study and Reduction of Violence.

From: Richard Laws, Ph.D., Staff Psychologist—Experimental, Atascadero State Hospital.

Date: March 29, 1973.

Subject: Research projects for fiscal year 1973-74.

My input to the research program at Atascadero State Hospital has been in application of my knowledge of conditioning techniques to the study and treatment of sexual offenders, development of a comprehensive program for treatment of these patients, development of an electrophysiological laboratory, and in the planning and production of training films for use with this population.

Within our electrophysiological laboratory we presently have the capability of (1) programming the presentation of a wide variety of audio-visual stimuli, with concurrent recording of (2) heart rate, both directly and in beats per minute, (3) galvanic skin response, (4) changes in penis volume, (5) electromyographic responses, and (6) alpha and beta brain waves. We are presently in the process of developing portable bio-feedback devices which can be used for self-monitoring *in vivo*.

My interests are primarily in the alteration of human sexual responsiveness. It should be emphasized that none of the procedures to be described are intended to function as the sole means of treatment; rather, they are intended to complement concurrent education and social re-training activities.

Following are brief descriptions of the research projects planned for FY 1973-74:

1. *Biofeedback and Self-Control.* We have coupled an audio feedback device to a standard penile transducer. A subject wearing the transducer on his penis hears an audio signal that increases in direct proportion to the expansion of the transducer as he becomes sexually aroused. While concurrently recording sexual response, heart rate, galvanic skin response, and muscular tension, we propose to retrain fantasy in the aggressive sexual offender. We will accomplish this by fantasy training as previously reported by Hilgard and by Marquis. There have as yet been no investigations of the physiological correlates of fantasy re-training. One of the clinical problems one frequently sees is that rapists tend to persist in sadistic fantasy and this would appear to be a fertile population for study. This procedure would apply to about 30% of the population.

2. *Fading Procedure to Alter Sexual Responsiveness.* This procedure involves the "fading in" of appropriate sexual stimuli during arousal to inappropriate sexual stimuli in order to change sexual responsiveness. Two slide projectors are positioned so that their images overlap on a screen. When a subject becomes aroused to a deviant stimulus, a superimposed non-deviant stimulus is gradually faded in while the deviant one is faded out. Thus, in terms of retraining, the subject learns to experience sexual arousal in the presence of a new or unfamiliar stimulus. When coupled with social re-training, this procedure has been shown to be effective in altering sexual preference. This technique is most useful with male and female pedophiles who represent about 55% of the population.

3. *Shaping of Sexual Response.* Although it has rarely been attempted, there is no reason to suppose that the sexual response is not amenable to operant reinforcement, i.e. provision of a desired reward following production of a response to some criterion. This reward could be money, points exchangeable for something, time to look at a deviant stimulus, etc. Starting at some very low criterion, the subject would be required to produce a penile response to an appropriate stimulus using appropriate fantasy. Once he could easily reach this criterion for longer and longer periods, the criterion would be raised as well as the time period for maintaining the response. This procedure would be most useful with those patients who are generally impotent except when confronted with deviant stimuli and would be applicable to anyone who engages in the deviant behavior exclusively, about 50% of the population.

4. *Classical Conditioning.* The simplest of the conditioning procedures, this involves the simple temporal pairing of deviant stimuli (unconditioned stimulus or US) and non-deviant stimuli (conditioned stimulus or CS) while penile changes are concurrently monitored. In the typical procedure the CS is presented first, goes off and is followed by the US. After many pairings, presentation of the CS alone will elicit the conditioned response (CR). A variation is called backward conditioning where the US is on first, followed by the CS. In either case, a large response to the CS following training is the criterion of conditioning. This is also an attempt to change sexual responsiveness and could be applied to 50%-60% of the population.

5. *Satiation.* Satiation simply refers to overloading the subject with constant display of deviant stimuli. Many patients respond to only deviant stimuli. In this procedure two motion picture projectors and two slide projectors run continuously, providing the subject a massive overdose of deviant stimulation while his sexual response is monitored. The point here is to give him more than enough of what he wants in order that he may become unresponsive to these particular stimuli, and over a long enough span of training, become uninterested in them. *This procedure is useful for those individuals with highly specific or exotic sexual interests, e.g. fetishists, those turned on only by pornographic materials, etc. It would apply to about 10% of the population.*

6. *Exposure.* Many patients simply are ignorant of the details of appropriate sexual behavior and are therefore unresponsive. The exposure procedure simply provides motion picture and still representations of non-deviant sexual behav-

for while sexual response is monitored. While the mechanism of action is not clear, exposure appears to contribute to changes in sexual responsiveness much in the manner that implosion desensitizes fear responses. Although time-consuming, this procedure is applicable to 75% of the population.

7. *Dimensions of Sexual Interest.* This procedure is not treatment, but rather a method of investigating the sexual interest patterns of pedophiles. Subjects are shown a series of 132 slides which are evenly divided between adult females, males and pre- and post-pubescent boys and girls, all nude. When each slide is displayed it is out of focus. By manipulating a hand-held push-button, the subject can focus the slide, then maintain it in focus by pushing at the correct rate. If he stops button pushing, the slide goes back out of focus and the next one appears. It usually takes the subject 20-30 pushes to focus the slide. We count all pushes beyond the focus point as "interest" responses. We can then evaluate the data in terms of what was looked at: (a) full body, (b) face only, (c) area from shoulders to waist, and (d) area from waist to mid-thigh. Similar data using non-pedophilic subjects and a different method were published by Freund who hypothesized that children, rather than being desired for themselves, were used as adult surrogates. Our early returns with pedophile subjects tend to confirm these results. This method is applicable to 55% of the population.

[Item III.B.2.f]

STATE OF CALIFORNIA, DEPARTMENT OF MENTAL HYGIENE,  
NEUROPSYCHIATRIC INSTITUTE,  
CENTER FOR THE HEALTH SCIENCES,  
Los Angeles, Calif., January 22, 1973.

J. M. STUBBLEBINE, M.D.,

Director of Health, Office of Health Planning, State of California, Sacramento, Calif.

DEAR STUB: I am in possession of confidential information to the effect that the Army is prepared to turn over Nike missile bases to state and local agencies for non-military purposes. They may look with special favor on health-related applications.

Such a Nike missile base is located in the Santa Monica Mountains, within a half-hour's drive of the Neuropsychiatric Institute. It is accessible but relatively remote. The site is securely fenced, and includes various buildings and improvements making it suitable for prompt occupancy.

If this site were made available to the Neuropsychiatric Institute as a research facility, perhaps initially as an adjunct to the new Center for Prevention of Violence, we could put it to very good use. Comparative studies could be carried out there, in an isolated but convenient location, of experimental or model programs for the alteration of undesirable behavior.

Such programs might include control of drug or alcohol abuse, modification of chronic antisocial or impulsive aggressiveness, etc. The site could also accommodate conferences or retreats for instruction of selected groups of mental health-related professionals and of others (e.g., law enforcement personnel, parole officers, special educators) for whom both demonstration and participation would be effective modes of instruction.

My understanding is that a direct request by the Governor, or another appropriate officer of the State, to the Secretary of Defense (or, of course, the President) would be most likely to produce prompt results. Needless to say, I stand available to participate in any way that might be helpful.

Sincerely yours,

LOUIS JOLYON WEST, M.D.,  
Medical Director.

[Item III.B.2.g]

PRESS RELEASE FROM CALIFORNIA STATE HEALTH AND WELFARE AGENCY

NOVEMBER 8, 1973.

California Health and Welfare Secretary Earl Brian today said that the "barbaric" slaying of nine people in Victor, California last Wednesday "again

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underscores the immediate need to take positive action to protect our citizens from violent crimes."

"In just four years in California we have had 62 mass murder victims—62 innocent people brutally slain by sick individuals. Murder seems to have become an everyday reality in our society, taking the lives of persons from all walks of life, such as the killing of Oakland School Superintendent Marcus Foster last Tuesday," Brian said.

"Some of these killers have previous records of confinement in our state prisons, or treatment in our community facilities and state mental hospitals. This only reaffirms what we have been saying again and again: currently we do not have the knowledge or expertise to be able to predict violent behavior in individuals, nor do we have a system in law to properly protect the public from potentially violent persons.

"Last January Governor Reagan proposed the formation of a Center for Study and Reduction of Violence, under the joint sponsorship of the Health and Welfare Agency and the University of California at Los Angeles. This Center was proposed so that we could assemble all available research on the causes of violence, initiate further comprehensive studies, and eventually furnish law enforcement officials, mental health officials, and corrections personnel with realistic methods of detecting and preventing bizarre violent acts such as these mass murders. That proposal was specifically blocked by the state legislature in its 1973 session.

"We have also supported a revision of the state's system for handling mentally ill persons confined by the criminal courts. That bill, AB 1758, would transfer the responsibility for housing sick criminal offenders from the Department of Health to the Department of Corrections. Through this change we would be able to provide proper mental health service to these disturbed individuals in separate, more secure medical-psychiatric facilities, for protection of the public.

"In another example of callous disregard for public safety, the bill was referred to Limbo in committee, where it has languished since last June.

"While some elements of the legislature have seen fit to take these subjects lightly, we have gone ahead and initiated a special task force within the Department of Health to study all existing laws and administrative regulations relating to the mentally disordered criminal offenders to try and find better ways to protect both the public and the individual rights of the patient.

"Since these few legislators have tied our hands on initiating the Center for the Study and Reduction of Violence, and have pigeonholed legislation for reforming the Mentally Ill Penal Code commitment system, I am compelled to make a public plea for quick action by the legislature when they reconvene in January. Sixty-two people have died in barbaric mass slayings; many more have died in individual murders. I implore the leadership of both parties in the legislature to move, and move quickly, on these urgently needed programs," Brian concluded.

#### [Item III.B.3.]

#### CLOSED ADOLESCENT TREATMENT CENTER—PROGRAM DESCRIPTION\*

The Closed Adolescent Treatment Center bases its program on a combination of three treatment modalities, although other approaches are used in addition when necessary. In brief, the I-level system is used for classification, matching with staff, and matching with peers. The Behavior Modification program is the backbone of the program, beginning very intensely, and having less importance as the child increases his/her ability to assume responsibility. As the individual reinforcement through the point system lessens in importance, the group through increased responsibility in Guided Interaction Therapy, becomes more important. Ideally, then, the student learns to handle his own behavior, then to be concerned with the behavior of his peers, and eventually he learns to handle himself in social environments outside of the institution. Following is a more detailed description of the three interacting approaches.

\* Enclosed in June 13, 1973 letter from Donald Santurelli to Chairman Ervin (Item III.A.5. above).

# I. THE INTERPERSONAL MATURITY LEVEL SYSTEM OF CLASSIFICATION

All students are given an I-level diagnosis in the Juvenile Reception Diagnostic Center. This is the differential diagnosis and treatment system devised by Margeurite Warren and her associates in the California Youth Authority. Arthur Dorsey, Chief of the Probation Department of San Diego County, has devised a method of matching staff and students in two general groups rather than in the strictly homogeneous groupings originally devised in I-level research. Because of the simplicity and apparent value of this manner of dividing groups, our program has chosen Dorsey's approach. Below is a schematic diagram of the two groups for those familiar with the I-level system.

I-2		I-3	I-4
Instrumental.....	Acting out aggressive....	Cultural conformist, Manipulator.....	Neurotic acting out.
Expressive.....	Acting out passive.....	Culturally immature.....	Neurotic anxious.

The staff then is divided into Instrumentals and Expressives. Briefly, the criteria used for this division are as follows:

**Instrumentals**—Those who have major concerns with control, achievement, and task completion.

**Expressives**—Those who have major concerns with nurturance, openness, and resolution of feelings.

The two different groups of staff are matched with the students and each group does the majority of treatment and makes the treatment decisions for the students in their groups.

## II. BEHAVIOR MODIFICATION

In general, this is a combination of a point and level system. Points are given 4 times a day in 7 areas which measure the major difficult areas for these youth (e.g., relationships with adults, relationships with peers, being straight). Points range from 0 to 3. There are no negative points given so that the weaker students are not penalized and end up always "in the hole" point-wise. Reinforcements for points are generally increased privileges and they are arranged so that adequate progress earns about 1 increased privilege every week or ten days. Team movement is determined both by acquisition of points and GIT approval. The teams range from 1 to 5 with great differences in both privileges and responsibilities. Students begin the program on Level 2—that is they are treated as responsible individuals until they show differently. A "bust" to Team 1 occurs if there is a Critical Incident (both of these are described in the attached program). There is one "Team" at each end of the continuum for special circumstances: Monad, at the lower end, and Special Status at the upper end. Monad is a very sparse program which uses concrete reinforcers for those students who are not functioning in the point system. Special Status is a sort of Halfway House arrangement for students moving out into the community.

Discipline is described in the attached program and involves both a student "hooking" procedure and 10 minute trips to a "Time-Out" room to remove social reinforcement.

## III. GUIDED INTERACTION THERAPY

GIT is basically an intensive group therapy approach with emphasis on the use of positive peer pressure. As is known, most of these youths have long-standing difficulty in relating to adults, but listen readily to peer advice. The GIT approach strongly encourages the principles of helping and caring for each other. Groups meet 6 days a week for 1½ hour sessions.

The makeup of staff of the Closed Adolescent Treatment Center was designed to provide an optimal combination of both Instrumental and Expressive individuals, and in general to combine Correctional and Mental Health approaches. The job classification chosen as the best available to combine these qualities was that of Camp Counselor, a category devised in the planning for the Youth Camps in Colorado. One benefit of this category is that it combines treatment with daily living experience duties in the job specifications. Also, it has the

added benefit of having very loose educational requirements so that individuals of varied backgrounds can be hired. The present staff consists of the following individuals: 1 Clinical Psychologist (Team Coordinator), a part-time Psychiatric Consultant, 1 Social Worker, 1 Sr. Correctional Counselor, 3 Psychiatric Nurses, 1 Recreational Therapist, 1 Occupational Therapist, 2 Special Education Teachers, 4 Camp Counselor III, 5 Camp Counselor II, and 5 Camp Counselor I. The staff rotates shifts about once a month and the majority work a 4 day week, 10½ hour shift. This allows maximum coverage during critical periods of the day, and also allows considerable overlap of shifts for maximum team communication. The program, through this system, is as extensive and structured on weekends and evenings as it is during weekdays.

#### DAILY SCHEDULES

##### A. Week days

6:30 AM—up, personal hygiene—make bed.  
 7-7:30, prepare dining tables—breakfast cleanup.  
 7:30-7:45, clean room.  
 7:45-8:30, work detail and inspection.  
 8:30-10:00, school or RT.  
 10-10:30, break  
 10:30-12, school or RT.  
 12-1:00, prepare dining table—eat lunch—clean up.  
 1-2:30, RT or OT 1 day/week will need business meeting to pay points and vote on levels.  
 2:30-4:30, GIT.  
 4:30-5:00, break  
 5-6:00, prepare dining tables, eat dinner, clean up.  
 6-7:30, quiet room, OT or RT.  
 8-9:00, snacks.  
 9:00, lights out (until Level III—then 10 PM lights out).

##### B. Weekend

Sat. 7:30-9, up, personal hygiene, eat.  
 9-12, unit clean up.  
 12-1, lunch.  
 1-2, "Turn-on Group"—(informal values type meeting).  
 2-5, activities and free time.  
 5-6, dinner.  
 6-9, evening activities and snacks.  
 9 PM, lights out (until Level III—then 10 PM lights out).  
 Sun. 7:30-9, up, personal hygiene, eat.  
 9-12, "Turn-on Group"—free time.  
 12-1, lunch.  
 1-3, personal laundry.  
 3-4:30, GIT.  
 4:30-5, break.  
 5-6, dinner.  
 6-9, evening activities and snacks.  
 9 PM, lights out (until Level III—then 10 PM lights out).

#### TEAM I

##### Method of arriving

No student enters the program on Team I. A student is "busted" to Team I for two reasons: 1) a Critical Incident, or 2) joint decision of staff and GIT, because of total lack of responsibility and/or gross misbehavior.

#### DESCRIPTION AND PURPOSE

Team I is a discipline team to correct gross misbehavior and lack of responsibility. It is more of an individualized program than any other team (except Monad, where concrete reinforcers are used instead of points). This individualization is designed to reinforce small increments in positive behavior. It is achieved by starting the student out with the base privileges and restrictions (listed below) and setting up a schedule of points to earn the extra

privileges individually for each child (rather than on a set number of points for everyone as it is on higher teams.) Individualization is also achieved by staff making extra effort to give reinforcement (both verbally and point-wise) at scoring sessions more frequently and for smaller improvements in behavior than on other Teams.

Another important factor on Team I is peer isolation. Since the student has demonstrated gross misbehavior, he is obviously not being effected positively by the peer culture and is not helping them either. Therefore, he is removed from contact with them until he improves. Although basically isolated until he earns limited activities, the student should have three regular work details a day (if possible just with Team I) and calisthenics, if possible. Also, staff should assign activities while student is in his room, such as: sanding a piece of furniture, writing life history, or cleaning.

Discipline while on Team I is somewhat different from other teams since peer communication is limited. If the Team I student violates a house rule, and other students are present, they may say "Check yourself" (that's all). If he continues, they should book him (without speaking). (If they don't book him, staff should book them for supporting delinquent activity.)

More likely, there will be no other students present, and in that case staff should check and book violations of house rules, and have discipline committee meetings and remove earned privileges. In any point category that can't be rated, the student should get a 1.

These privileges are all the student gets as soon as he is "busted". Anything else must be earned.

1. Bed and linen only in room.
2. Meals in room (no snacks or desserts).
3. Five cigarettes (1 after breakfast, 1 in midmorning, 1 after lunch, 1 in GIT, and 1 either after dinner or before bed.)
4. State Clothes.
5. Attend GIT.
6. Emergency phone calls only.
7. Communication with staff only.
8. In bed (and lights out) one hour before Team II.
9. Out of room only for work detail, calisthenics and bathroom.

#### PRIVILEGES TO BE EARNED

The order in which these privileges are earned and the points required will be determined by the GIT group and staff as soon as possible after being "busted". The student will be on base privileges until that time. The following are privileges to be earned, but are not rank ordered, and they can be arranged in almost any order:

(a) Eat in dining room with Team I at separate table (no talking, may have desserts and snacks).

(b) Limited cottage movement. This means they may participate in recreational activities (OT, RT, TV) separate from other kids and at staff discretion and convenience for two hours a day (maximum). The student may also request extra work detail or calisthenics at staff discretion and convenience.

(c) May attend school at teacher's discretion and in whatever manner or order he or she requests (e.g., take tests, individually, with Team I, with all Teams).

(d) May receive mail and write one letter a week.

(e) May go to bed (lights out) at same time as Team II.

(f) May have reading material in room, assigned by teacher.

(g) May wear personal clothes.

(h) May earn minimum allowance (50¢ per week and order from canteen).

(i) May talk to other Teams.<sup>1</sup>

#### PROMOTION TO TEAM II

Promotion varies with each individual based on required points set up by staff and GIT, and also based on staff and GIT approval.

<sup>1</sup> This should be a final privilege before moving to Team II.

## TEAM II

*Purpose*

1. Student treated as responsible, respected person until student shows otherwise.
2. Student begins identifying and working on problems.

*Privileges*

1. Can wear personal clothes and wear make-up.
2. May have desserts and snacks.
3. Bed at 9 PM weekdays and 10 PM weekends (Fri. and Sat.).
4. Unrestricted consumable items.
5. Communicate with anyone except Team I.

*Points required*

6. 200—May have limited reading and writing materials in room.
7. 500—may receive packages and/or may order from canteen.
8. 800—may decorate room.
9. 1000—cottage movement with advisors.
10. 1200—may participate in enrichment program.
- 1400 points required to move to Team 3.

## TEAM III

*Purpose*

1. Continue working on own problems.
2. Begin helping others to identify and work on problems.

*Privileges*

1. Bed at 10:00 PM—may earn up to 2 hours later on weekends through school program.
2. Cottage movement without supervision—notify staff.
3. Two 5 minute monitored phone calls per week (e.g., 1 in, 1 out, or other combinations).
4. May go to dances.
5. Canteen privileges (supervised).
6. 100—May have personal radio (not a radio supplied by CATC).
7. 200—Volunteer may begin attending GIT groups.
8. 300—Supervised walks with staff, 1 per week for ½ hour, limited to grounds.
9. 400—May become advisor.
10. 500—Gym privileges, 1 day per week, with other Team III members having 500 points.
11. 600/1000—Family may visit with staff present/ or volunteer.
12. 800—Staff supervised activities (movies, gym) out of cottage but on grounds.
13. 1200—Unlimited walks on grounds with staff.
- 1450 points required to move to Team IV.

## TEAM IV

*Purpose*

- A. Start testing ability to handle responsibility off grounds
- B. Further develop care and help for others.

*Privileges*

1. Unrestricted bedtime hours.
2. Doors to room open at staff discretion.
3. 10 minute unmonitored phone calls (maximum 2 calls) per week.
4. Free mornings two times per month.
5. 300—supervised activities off grounds.
6. 600—friends may begin attending GIT groups.
7. 600/1200—family or volunteer may visit without staff present.
8. 900—unsupervised walks on grounds or with member of Team 5.
9. 1200—friends may visit with staff present after attending 5 GIT group meetings).
- 1450 points required to move to Team IV.

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## TEAM V

*Purpose*

- A. Continue testing responsibility.
- B. Begin formulating plans for release.

*Privileges*

1. Choice of appliance (radio, TV; etc.)
2. Meet with parole or probation officer.
3. May have 8 hours off grounds under adult supervision.
4. May have weekend passes.
5. May accompany another student on visit with adults.

Team 5 no longer on point system. Times of grounds privileges to be decided by GIT group with staff approval.

## MONAD

*Method of arriving*

This team is for students who refuse to work on the program or their delinquency problems and who prefer to do "hard time". It is strictly a staff decision as to whether or not a student goes to Monad, and should be used only in extremely difficult cases, such as: repeated "busts" to Team I, absolute refusal to work on progress, or repeated Critical Incidents.

*Description of program and purpose*

Time spent on Monad is lost time in that no points are earned to get out of the program. Immediate concrete privileges are earned rather than points. Monad is a stark, unpleasant situation designed to motivate students to work on their problems. There is a minimum 24 hour stay.

*Base privileges and restrictions*

1. Mattress on floor in room (that's all).
2. Pajamas or nightgown only.
3. Nutritious meals, but not appetizing (e.g., mush, pureed meals, Granola, other cereal, soup, vitamin pills).
4. Doing mental, monotonous work or calisthenics several times a day in order to earn concrete reinforcement.
5. Emergency phone calls only.
6. Communication with staff only.

*Earned privileges*

Immediate concrete reinforcers will be earned by a prearranged schedule set up by staff, selected from the following list (which is not arranged in any particular order).

- a. Cigarettes (no more than 5 a day)
- b. Regular meals (in room)
- c. Bed
- d. State Clothes
- e. One or two hours of recreation a day
- f. The privilege to participate in the program (attend GIT and earn points) <sup>1</sup>

*How to be promoted from Monad*

Staff decides how and when a student gets off Monad and if he goes to Team I or back to original team.

## SPECIAL STATUS

*Purpose*

- (A) Finalize Plans for Release and Follow-up
- (B) Release

*Privileges*

- (A) No automatic busts—Staff makes disciplinary decisions
- (B) May work or attend school off grounds
- (C) Pre-release or Half-Way House

Note: GIT Group and Staff must approve all—level moves, passes, visits off grounds, visits with volunteers, family or friends (off and on grounds)

<sup>1</sup> Should be last privilege.

## POINT CATEGORIES

**1. Relationship with Adults**

Does interact with adults, accepts criticism, is friendly vs. Withdraws, back-talks, curses (out loud or under breath), glares, interrupts, hassles for attention, overly dependent.

**2. Relationship with Peers**

Effective and appropriate interaction—is friendly to all peers, confronts peers about negative behavior, accepts criticism from peers, is concerned and helpful with peers, vs. Belittles (ranks) others, pressures, fights, carries rumors, argues frequently, overly submissive, overly dependent, withdrawn

**3. Self-Maintenance**

Clothes, neat, repaired, and appropriate (not too revealing), no body odor, nails clean. Wears clean underwear (and bras for girls), hair brushed, teeth clean vs. Is sloppy and generally not clean, clothes not mended or inappropriate

**4. Attitude Toward and Quality of Work**

Works willingly, volunteers, does an excellent job, and needs little supervision, or works well if supervised (average) vs. Has to be prodded to work, needs constant supervision, refuses to work

**5. Willingness to Participate**

Encourages others and actively involved. Or attends activity, but doesn't seem in the mood for it, and not well involved vs. Participates but is disruptive or refuses to participate

**6. Impulsive Behavior**

Shows self-control, tolerance of frustration, patience, ability to put off rewards vs. "Wants what he wants when he wants it," strikes out impulsively (verbally)

**7. Being Straight**

"Levels" with people, is open, honest, admits to part in conflicts, takes responsibility for own actions vs. Plays a delinquent role (acts tough, "fronts people off"), impresses others with made up stories, being phony, lying, conning, manipulating

**8. Personal Contract**

Individualized for each student.

**Scoring:** In all of these categories, except personal contract, the scoring is as follows: 3 = good. Did better at positive things than usual or than others. 2 = average. Did the positive things most of the time. 1 = below average. Did some negative things. 0 = poor. Did several negative things, or one thing quite intensely.

The *Personal Contract* is scored once a week, and changes points as follows:

**1st Contract**

- 10 = good.
- 7 = average.
- 5 = below average.
- 0 = very poor.

**2nd Contract**

- 12 = good.
- 9 = average.
- 5 = below-average.
- 0 = very poor.

**3rd Contract**

- 15 = good.
- 12 = average.
- 5 = below average.
- 0 = very poor.

## CRITICAL INCIDENTS

The following are considered critical incidents and will result in an immediate bust to Team I. This includes copping out to a critical incident.

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1. Attempted AWOL
  2. AWOL
  3. Physical assault on staff or student
  4. Possession of drugs or intoxicants (this includes bringing drugs or intoxicants back to the unit from pass).
  5. Taking drugs or intoxicating vapors (this includes coming to the unit high).
  6. Any smoking in room (includes smell of smoke).
- Any critical incident on Team I will have consequences to the student decided by GIT and Staff.
- Time on Team Level I will be decided by GIT and Staff. There will be three possible alternatives for getting off Team Level I.
1. Student will remain on Team I for specified time and begin program all over again.
  2. Student will enter accelerated program, i.e., week in each level until he or she reaches level they were busted from.
  3. Student can return to previous level.
- The alternative chosen for leaving Team I is the decision of GIT and Staff.

#### DESCRIPTION OF TIME OUT AND GUIDELINES

Time-out will be utilized for students at staff's discretion—with the understanding that at least two staff determine a student's need for a time-out period. Time-out will be for a specified 10 minute period only. These are possible guidelines for utilizing time-out.

1. Continued direct refusal of an order
2. Continued verbal assault on staff or another student
3. A student may request time-out when they feel they need it.

#### GYM POLICY

Students on Team II, or those on Team III who have less than 500 points, may earn Gym on Wednesdays based on their participation in their respective GIT groups; and on Sundays based on their behavior over the weekend. Students on Team I who have earned appropriate amounts of points on Team I may be included in Sunday Gym Group.

*Wednesday.*—GIT Instrumental and/or Expressive groups may earn the privilege of going to Gym on Wednesday afternoons based on their participation as a group in GIT for the six previous sessions. Each student will be graded at the end of each session. He will be told his grade during the summary by the group leader and that grade will be recorded in that group's GIT notebook.

The grading will be as follows: +1 for positive interaction, showing real concern for others, being straight, confronting peers; 0 For very little or no interaction, or where student shows nearly equal amounts of both positive and negative interaction; and -1 For negative interaction, disrupting the group, "copping an attitude", delinquent talk or running games.

Charles Franklin and Chuck Wler will determine the total number of points their respective groups must earn. The required total may vary according to number of students involved in the group and realistic expectations for that group at that time.

*Sunday—group behavior.*—The entire student group (except Monads and some Team I) may earn Gym on Sunday afternoons based on their behavior as a group during the weekend. It will be determined by the total number of points earned by all students from the 2:30 PM grading period Friday until the 2:30 PM grading period Sunday, inclusively (7 grading periods). The total number of points required may be found by multiplying the number of students earning points by 85 (if ten students were earning points a total of 850 points would be required).

If one or more students are put on Monad Status prior to 2:30 PM Friday they would not be included in the number of students earning points. However, if one or more students are put on Monad between 2:30 PM Friday and 2:30 PM Sunday the number of students originally figured will not be changed. This is to promote all students to help eliminate misbehavior.

*Loss of gym privileges.*—An AWOL, or attempted AWOL, from Gym (going to, at, or coming from) will result in all usual restrictions for a critical offense,



plus automatic loss of Gym for a minimum of two weeks (may be longer at staff discretion). Staff will determine any discipline of group based on their knowledge of the AWOL plan and to what extent they tried to prevent it.

Other incidents (refusing to participate, damaging equipment, refusing a direct order, etc.) will be handled by usual booking and discipline procedure. (Bookings will result in loss of next earned Gym privilege.)

#### HOUSE RULES FOR CATC STUDENTS

1. No negative talk, like "How nice it was to get stoned", or "what fun I had on the run".
2. No yelling or running in or across cottage or talking out the windows.
3. No racial slurs.
4. No drug oriented posters, clothing, or other material.
5. No talking about AWOL on the unit.
6. No threats of physical violence.
7. Do not support self-destructive behavior, e.g., supplying drugs, not booking violations of rules, hiding AWOL plans.
8. No deliberate disregard or sabotage of rules—no student is to interfere when staff is correcting another student.
9. No foul language on the floor or off the unit.
10. No using record player or television without permission.
11. No entering the office without permission.
12. If sick and excused from school must remain in bed in your room.
13. If student does not attend activities must stay in his or her room.
14. No homosexual or heterosexual behavior (includes such things as pressuring, notes, pairing off, kissing, sitting or lying on each other.)
15. No lying or covering up inappropriate behavior.
16. Dress appropriately at all times—girls dresses not more than 6 inches above the knees, tops and shorts that are not revealing, wear bras. Boys—wear shirts at all times, no bare chests. All students to be neat and clean at all times.
17. Help keep the unit clean: (a) Chores *must* meet unit standards; (b) Personal bedroom spotless—bed made neatly, floor dusted and mopped, everything put away and in its place; and (c) Cottage will be cleaned daily.
18. No self-mutilation—tattooing of self or others, piercing ears, etc.
19. No meetings in rooms or without staff member in area.
20. No borrowing or trading of clothes, make-up, cigarettes—*anything*.
21. Do not associate with Team I members except in group (GIT).
22. No wrestling or horseplay.

#### DISCIPLINE

Discipline is a tool and often is misunderstood. Discipline teaches the responsibility of doing something hard. It is a very important part of growing up to be a socialized and responsible person. A result of discipline is realizing the effects of your own actions. Discipline also helps to alleviate guilt feelings. Discipline teaches an awareness of the results of one's own actions. The purposes of discipline are:

- (1) To break down one's front or delinquent role.
- (2) To control behavior.
- (3) To break bad habits.
- (4) For motivation.
- (5) To teach responsibility to oneself.

#### DISCIPLINE PROCEDURES

##### A. Booking

Students will book (write a ticket) other students for breaking rules in the following manner:

- (1) First, warn the person of the infraction by saying "check yourself!". If they persist, book them, and tell them you are booking them.
- (2) Do not make invalid (revenge, petty) bookings. (The staff will screen out invalid bookings and confront the person who did it.)
- (3) Any student may book another student for breaking a rule violating discipline already imposed. The student does not have to be in your GIT group.