

Preventing Violence: A Primer

Prepared by Prevention Institute*

Violence is among the most serious health threats in the nation today, jeopardizing the health and safety of the public. It is a leading cause of injury, disability, and premature death. It produces a significant disparity, disproportionately affecting young people and people of color, and it increases the risk of other poor health outcomes. Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.ⁱ Violence affects young people, families, and communities, and can occur in homes, schools, workplaces, and neighborhoods. There are multiple forms of violence, including but not limited to community/street, family, gang, gender, intimate partner, intergenerational, sexual, school, and structural violence.

The health consequences for those who are victimized or exposed to violence are severe and can include serious physical injuries, post traumatic stress syndrome, depression, anxiety, substance abuse, and other longer-term health problems.ⁱⁱ In addition, the social impacts of violence—diminished academic achievement and worker productivity, the deterioration of families and communities—are substantial and costly.ⁱⁱⁱ For all these reasons, understanding and approaching violence as a preventive/public health issue can have added value. Further, such an approach emphasizes prevention *in the first place*, community-wide solutions rather than one individual or family at a time, and public health practitioners have experience as a neutral facilitator of collaboration.

Mayors and police chiefs are increasingly asserting that *we cannot arrest our way out of this problem*, in addition to a number of health organizations naming violence as a public health issue,^{iv,v,vi,vii} in June 2008, the U.S. Conference of Mayors adopted a resolution calling youth violence a public health crisis and urged the federal government, states, and cities to recognize youth violence as a public health epidemic that requires a sustained multi-faceted approach focused on prevention.^{viii} According to Urban Networks to Increase Thriving Youth through Violence Prevention (UNITY)[†], a prevention framework can reconceptualize violence as a public health issue, while offering the foundation for an integrated strategy of programs, practices, and policies at the local, state, and national levels.^{ix}

Violence is a learned behavior that can be unlearned or not learned in the first place; it is preventable.^{x xi xii} Prevention programs and strategies have a demonstrated track record in reducing violence. For example:

- Cities with more coordination, communication, and attention to preventing violence have achieved lower violence rates.^{xiii,xiv,xv}
- The CeaseFire Chicago model has been replicated 16 times and has been validated by a 3-year U.S. Department of Justice study conducted by 4 universities, showing 41–73% drops in shootings and

* Determined to improve health and safety for all, especially those most in need, [Prevention Institute](#) builds health, safety, and equity into key policies and actions to transform the places where people live, work, play, and learn. The Institute's strong commitment to quality prevention is characterized by community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, Prevention Institute has focused on injury and violence prevention, traffic safety, nutrition and physical activity promotion, youth development, community health, and health equity. For more information, www.preventioninstitute.org.

† [Urban Networks to Increase Thriving Youth through Violence Prevention \(UNITY\)](#) is a national initiative that builds support for effective, sustainable efforts to prevent violence before it occurs, so that urban youth can thrive in safe environments with supportive relationships and opportunities for success. Facilitated by Prevention Institute, UNITY works with major cities across the U.S. and is funded by the Centers for Disease Control and Prevention, with supplementary funding from The California Wellness Foundation, to provide more intensive attention in CA. For more information: <http://preventioninstitute.org/UNITY.html>

killings, and 100% drops in retaliation murders^{xvi}. The first year of impact regularly shows 25–45% drops in shootings and killings, and the return of businesses have been seen in these neighborhoods.

- Schools can reduce violence by 15% in as little as 6 months through universal school-based violence prevention efforts.^{xvii}
- The City of Minneapolis has documented a 40% drop in juvenile crime in 2 years since implementing its 4-point public health based Violence Prevention Blueprint for Action.

Recognizing that law enforcement alone cannot solve the problem of violence, practitioners have increasingly turned toward a broader, more comprehensive approach. The *Three Keys to Preventing Violence* is a framework that incorporates public health, law enforcement, social service, and education perspectives.

Key 1- Violence is complex and requires a comprehensive approach

The determinants of violence are multiple, complex, and often interrelated. A successful strategy must include the participation of a broad group of individuals and a range of activities that link with, build upon, and add value to each other.

To understand the necessary range of activities, violence-prevention practitioners have used the *Spectrum of Prevention*,^{xviii} a tool that enables people and coalitions to develop a comprehensive plan while building on existing efforts. The *Spectrum* encourages people to move beyond the educational or “individual skill-building” approach to address broader environmental and systems-level issues. When the six levels of the *Spectrum* are used together, they produce a more effective strategy than would be possible by implementing a single initiative or program in isolation. The *Spectrum* can be used to develop initiatives that build on the shared strengths of groups concerned with preventing violence and preventing chronic disease.

Spectrum of Prevention

Level of Spectrum	Definition of Level	Examples
1. Strengthening Individual Knowledge and Skills	Enhancing an individual’s capacity to prevent injury and promote safety	Bystander training
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety	Stage community plays that reinforce positive cultural norms and models of bystander action
3. Educating Providers	Informing providers who will transmit skills and knowledge to others	Train teachers to build skills to interrupt inappropriate comments and promote behaviors that promote a climate condoning violence
4. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact	Engage grassroots, community-based organizations and sectors of government
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety	Implement and enforce sexual harassment and sexual violence prevention practices in schools
6. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes.	Establish policies at schools to provide sexual violence prevention curriculum to all students and training to all staff

Key 2- Risk and resilience factors must be addressed

Successful violence prevention requires the strengthening of factors that protect and support individuals, families, and communities, as well as the reduction of factors that threaten their well-being. A growing body of research demonstrates the interrelationship between risk and resilience,^{xix} the ability of resiliency to mitigate the

effects of some risks,^{xx} and the importance of focusing on both sets of factors.^{xxi} The following table delineates violence risk and resilience factors that are grounded in the research and have been used in multiple planning processes and initiatives to prevent violence, such as in Alameda County in California.

Risk Factors	Resilience Factors
<ul style="list-style-type: none"> • poverty and economic disparity • discrimination and oppression • negative family dynamics • firearms • media violence • alcohol and other drugs • incarceration and re-entry • experiencing and/or witnessing violence • community deterioration • illiteracy and academic failure • truancy • mental illness • traditional gender socialization 	<ul style="list-style-type: none"> • economic capital • meaningful opportunities for participation • positive attachments and relationships • good physical and mental health • social capital • built environment • high quality services and institutions • emotional and cognitive competence • artistic and creative opportunities • ethnic, racial, and intergroup relations • media and marketing

Key 3- Preventing violence requires an integrated strategy for action

Successful efforts to prevent violence integrate an understanding of the complex issues, policies, and systems that affect individuals, families, and communities into an action plan that strategically coordinates, supports, and strengthens multiple efforts. At a UNITY convening, young people and representatives from cities across the country prioritized strategies to prevent violence. City representatives identified a set of key strategies from across the prevention continuum, labeled by Philadelphia youth and adopted here as *Upfront*, *In The Thick*, and *Aftermath*, respectively. *Upfront* strategies are those that everyone needs. Strategies *In the Thick* are aimed at those who may be at increased risk, and *Aftermath* deals with the consequences of violence after it has occurred to reduce the chances it will reoccur. Activities at each level of the *Spectrum of Prevention* can support effective implementation of these strategies.^{xxii} In addition to prioritizing these specific strategies to prevent violence, city representatives underscored the need for supportive infrastructure (e.g., collaboration, data and evaluation, training, staffing, funding, and effective communication).

Primary Prevention UPFRONT	Secondary Prevention IN THE THICK	Tertiary Prevention AFTERMATH
<ul style="list-style-type: none"> • positive early care and education • positive social and emotional development • parenting skills • quality after-school programming • conflict resolution • youth leadership • quality education* (including universal school-based violence prevention strategies) • social connections in neighborhoods • economic development* 	<ul style="list-style-type: none"> • mentoring • mental health services** • family support services • conflict interruption and street outreach 	<ul style="list-style-type: none"> • mental health services** • successful re-entry
<p>* For broad categories that are largely under the purview and mandate of specific agencies, the focus should be on delineating the elements within that category that will specifically address violence. ** e.g., therapeutic foster care, functional family therapy, multi-systemic therapy</p>		

References

- ⁱ World Health Organization (WHO). Violence. Available at: <http://www.who.int/topics/violence/en/>. Accessed on 3/21/09.
- ⁱⁱ Lynch M. Consequences of children's exposure to community violence. *Clinical Child and Family Psychology Review*. 2003;6(4):265-74.
- ⁱⁱⁱ Vera Institute of Justice. Cost benefit analysis of LA's gang prevention efforts. Available at: http://www.advancementprojectca.org/doc/p3_cost.pdf. Accessed on 4/15/09.
- ^{iv} US Centers for Disease Control and Prevention (CDC), Division of Violence Prevention. A timeline of violence as a public health issue. Available at: www.cdc.gov/ncipc/dvp/timeline.htm. Accessed on 4/1/09.
- ^v World Health Organization (WHO). WHA49.25 Prevention of violence: A public health priority. Available at: http://www.who.int/violence_injury_prevention/resources/publications/en/WHA4925_eng.pdf. 1996. Accessed on 7/30/09.
- ^{vi} Department of Health and Human Services. Youth violence: A report of the surgeon general. 2001.
- ^{vii} U.S. Conference of Mayors. Adopted resolutions: Youth violence as a public health crisis. 76th Annual Meeting. 2008. Available at: www.usmayors.org/resolutions/76th_conference/chhs_11.asp. Accessed 3/3/09.
- ^{viii} The U.S. Conference of Mayors, 2008 Adopted Resolutions: Youth Violence as a Public Health Crisis 76th Annual Meeting, June 20-24, 2008, Miami. Available at: http://www.usmayors.org/resolutions/76th_conference/chhs_11.asp. Accessed on August 4, 2008.
- ^{ix} Prevention Institute. Overview of the UNITY RoadMap: A framework for effective and sustainable efforts. Oakland, CA: 2008.
- ^x U.S Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes fo Health, National Institute of Mental Health.. Youth Violence: A Report of the Surgeon General. Rockville, MD: 2001.
- ^{xi} Centers for Disease Control and Prevention: National Center for Injury Prevention and Control. Understanding Youth Violence: Fact Sheet. 2008. Available at <http://www.cdc.gov/ncipc/pub-res/YVFactSheet.pdf>
- ^{xii} Butchart A, Phinney A, Check P, Villaveces A. Department of Injuries and Violence Prevention, World Health Organization. Preventing violence: a guide to implementing the recommendations of the World report on violence and health. Geneva: 2004.
- ^{xiii} National Crime Prevention Council. Six Safe Cities: On the Crest of the Crime Prevention Wave. USA: 1999.
- ^{xiv} Prothow-Stith, Deborah, and Howard R. Spivak. Murder Is No Accident. San Francisco: Jossey-Bass, 2004.
- ^{xv} Weiss, Bille. An Assessment of Youth Violence Prevention Activities in USA Cities. Southern California Injury Prevention Research Center, UCLA School of Public Health: June 2008.
- ^{xvi} Skogan, Hartnett, Bump, and Dubois. Executive Summary: Evaluation of CeaseFire-Chicago. May 2008. Accessed at http://www.northwestern.edu/ipr/publications/ceasefire_papers/executivesummary.pdf
- ^{xvii} Hahn R. Effectiveness of Universal School-Based Programs to Prevent Violent and Aggressive Behavior. *Am J Prev Med* 2007;33(2S):S114-S129.
- ^{xviii} Cohen L, Swift S. The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*. 1999;5:203-207.
- ^{xix} Pollard JA, Hawkins JD, Arthur MW. Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research*. 1999;23:145-158.
- ^{xx} Bradley RH, et al. Early indications of resilience and their relation to experiences in the home environments of low birth weight, premature children living in poverty. *Child Development*. 1994;65(2):346-360.
- ^{xxi} Smith C, Lizotte AJ, et al. Resilient youth: Identifying factors that prevent high-risk youth from engaging in delinquency and drug use. In: Hagan J, ed. *Delinquency and disrepute in the life course*. Greenwich, CT: JAI Press, 1995, 217-247.
- ^{xxii} Prevention Institute. Overview of the UNITY RoadMap: A framework for effective and sustainable efforts. Oakland, CA: 2008.